



"You Wanna Fight?"

Campaign hits the airways and print venues

Brad Fixler

This fall, UCH and CU Cancer Center launched a joint marketing campaign to promote the Cancer Center overall, and more specifically our lung cancer program. The campaign is intended to raise the level of knowledge about the benefits an NCI-designated cancer center brings to the state of Colorado and its residents.

The campaign is comprised of a 30-second TV commercial to air on KCNC-TV (channel 4), with a heavy emphasis



on airing during Bronco's games on Sundays in order to reach the largest number of people as quickly as possible. In addition, half-page print ads will appear in Sunday editions of The Denver Post and double-spread print ads in 5280 Magazine. Furthermore, the campaign will be visible online on various websites such as YahooHealth to help drive inquiry about the program via the web.

The campaign, which we're calling "Wanna Fight?" delves into some of the emotions an individual may feel after a cancer diagnosis. Specifically, the ads tap into the emotions of resolve and strength in a highly visible and poignant way. So, if you haven't seen it yet, be on the lookout for the campaign running primarily in the seven-county Denver metro area. You can also visit the UCH YouTube channel (<http://www.youtube.com/watch?v=SuHyW7EHQn0>) to see a version of the TV commercial.

Survivor in Every Rink

Four times the survival rate and five times the survivors

Erika Matich

"You guys are always trying to show off."

That's not a comment one might relish hearing -- unless you're talking about a cancer center's survival rates for advanced cancer. And it's exactly what Chris Draft, the former NFL player and driving force behind Team Draft, said when the University of Colorado Cancer Center told him how many tickets they wanted for his new campaign to change the face of lung cancer. Specifically, when Team Draft asked Dr Ross Camidge for a lung cancer survivor to help launch their 'Survivor at Every Rink' initiative, Camidge didn't just send one patient, he sent five. Camidge is the head of the thoracic oncology clinical program at the University of Colorado Cancer Center -- the revolutionary program with survival rates for advanced lung cancer that consistently run up to 4 times the national average. (<http://www.uch.edu/conditions/cancer/lung>)

In reality, Chris Draft wants to find more show offs. He wants to find physicians, researchers and lung cancer survivors who want to stand up and be counted. Draft wants to

change the way many may think about lung cancer. He and his wife, Keasha, launched Team Draft (www.teamdraft.org) after she was diagnosed with lung cancer. Their hope was that Keasha's fight to dance, smile and live would give hope, comfort and inspiration to patients, care givers and health care providers battling lung cancer every day.

Part of Draft's efforts to change the face of lung cancer include a 'Survivor at Every Rink.' It's an initiative to get lung cancer survivors at an NHL game in every city with an NHL team. For the Colorado Avalanche game against the Dallas Stars on October 15th, Draft reached out to Camidge for help. After contacting a series of patients to see who was free and might be interested, Camidge found himself in the interesting position of having rather more survivors than tickets. But this was just another everyday challenge for Chris Draft -- Draft went to work with the Colorado Avalanche and within a day more tickets arrived.

Without exception, the survivors were excited about the game.

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Randy Cordova (second from left in the photo) was among the first to accept Draft's offer to attend. He was a little bit concerned though. He had a radiation treatment the day of the Avalanche game but Cordova was feeling well enough to stay for the whole game.

"I'm feeling great," said Cordova. "No side effects at all from the radiation therapy. In fact, I went fly fishing yesterday at Rocky Mountain National Park."

Those are the kinds of stories Camidge wants patients to tell and Draft wants people to hear.

"We have made huge advances in the last 5 years in the treatment of lung cancer," said Camidge. "We are helping people by identifying therapies that can bring lung cancer under control and, by doing this, give them back control of their lives. We're proud to support the goals of Team Draft -- especially, when the patients and their friends and family get to have some fun together in the process."



Five stage IV lung cancer patients from the University of Colorado Cancer Center, enjoying an Avalanche Hockey Game with their friends and loved ones.

2013 Director's Overview: Tough Times and Bold Moves

D. Ross Camidge, MD, PhD

It is my pleasure and my honor to welcome you to the 2013 Lung Cancer Colorado Fund (LCCF) newsletter and to thank you for all you have done to support us in the past, and, I hope, all the support you will continue to give us in the future.

At barely two and a half years old, the LCCF, representing the University of Colorado's overall Lung Cancer Team, has already become a force for good for those whose lives have been affected by lung or other thoracic cancers. For those of you who may not be familiar with our fund's story, the LCCF was started to address all of the different needs of the University of Colorado Cancer Center and the University of Colorado Hospital's combined fight against these cancers (www.uch.edu/lcc-fund). In addition, by facilitating and profiling the work conducted by the Team here, the LCCF aims to create a model that others will replicate and, by so doing, raise cancer survival rates both nationally and internationally to the levels we routinely achieve in Colorado. Consequently, while the name 'Colorado' may suggest the fund is just for those in Colorado, it is not. Our vision is much further reaching.

However, at this point I have to confess there is a rather large problem with our vision. No matter how smart, no matter how dedicated the Team is, without resource, we won't be able to achieve even a fraction of our goals. In a time of government shutdowns and

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economic crises, philanthropy has never been more important in making medical breakthroughs happen. In this year's newsletter you will read about some ways in which philanthropy can affect change. This year we have used some of the funds already generated by the LCCF to support our first 'seed grant.' These grants, administered by a pre-existing scientific review board in the institution, typically are for \$30-50,000 and usually cover some lab or other consumables plus part of the salary and benefits of the researcher and/or of a member of their group for about a year. Their goal, as the name suggests, is to generate preliminary data that can be used to grow more support from other sources. Sometimes people are surprised by the need for salary support in a grant – 'Surely your salaries are paid by the University,' they say – but, while that may be true for some very wealthy universities, unfortunately that's not how things work for most of academia and certainly not in Colorado, where many investigators survive grant to grant. Which brings me to perhaps the boldest move yet by the LCCF. If we really want to make a permanent difference, we need to find a way to attract, and retain, the brightest and best in the field at the University of Colorado – so please check out our new initiatives on page 6 that we hope will keep the University of Colorado at the head of the pack when it comes to thoracic cancers – lung cancer, thymic cancer and mesothelioma.



Lungs 4 Life presents check to LCCF at 2012 Colorado Cancer Day

Please pass this newsletter on to anyone you can think of, post it on-line, send it to your friends, do whatever you can to make a difference. As always, we couldn't do this without you. We appreciate everything that you do.

A Change at the Top

Kristin Richeimer

The International association for the Study of Lung Cancer (IASLC) is a long established medical organization that has helped to gather researchers and practitioners together for research, for education and to facilitate developments in all aspects of lung cancer for decades. Recently, for example, it helped to develop the most comprehensive guidelines on the staging of lung cancers (how far a cancer has spread around the body) ever written, as well as facilitating clear international guidelines on molecular testing that will help accurately shepherd in this testing in many countries around the world. Since 2003, The University of Colorado's Dr Paul Bunn has been the Chief Executive Officer (CEO) of the IASLC and now the Board of Directors has selected Fred R. Hirsch, MD, PhD, also from the University of Colorado, as the organization's new CEO. Dr. Hirsch took over following the World Conference on Lung Cancer organized by the IASLC in Sydney, Australia in October 2013.

"Dr. Hirsch is an outstanding choice for the Chief Executive Officer of the IASLC and I am proud to announce that he will replace me in this role," says Dr. Bunn.

Dr. Hirsch is a Professor of Medicine and Pathology whose research interests prominently include the exploration of new biomarkers that can either predict longevity or benefit from key targeted therapies, in addition to work on the early detection of lung cancer. He holds a medical degree and doctorate from the University of Copenhagen and a degree from the Copenhagen Business School. In 2007, he received the Mary J. Matthews Award for life-time achievements in pathology and translational research of thoracic malignancies.

Dr Hirsch's appointment continues to reinforce Colorado's role as a world leader in the study and care of those affected by lung and other thoracic cancers. In fact that reputation helped Colorado to secure Denver as the next location for the World Conference on Lung Cancer which is set to occur in the Fall of 2015, when more than 20,000 lung cancer researchers are expected to visit the City to attend the meeting.

*Fred Hirsch (left)
and Paul Bunn
(right) on an
IASLC visit at the
Hofburg Palace in
Vienna, Austria*



New Faces on the Team

From the executive suite to the surgical suite, University of Colorado Cancer Center has been busy recruiting some very talented individuals to join the team. Meet James (Jamie) Bachman, Executive Director, Oncology Services and Dr. Robert (Rob) Meguid, Thoracic Surgeon.



Jamie, I see that most of your previous experience was in the Northeast, is this where you grew up?

Jamie: I've spent most of my adult life on the East Coast, but I was born and raised in the Buckeye state on a healthy diet of Maid Rites and the Great Darke County Fair.

Tell us about your childhood? Do you have siblings? If so, where do you fall in the line?

Jamie: I'm the older of 2. My younger sister lives with her husband in Istanbul, Turkey so we're all grateful for modern conveniences like email and Skype. We grew up in a small rural community, where my dad was a Lutheran Pastor and my mom taught kids with special needs.

Tell us what it was like building up Cancer Centers in New York City. Did you live in Manhattan? What was your favorite aspect of living in New York?

Jamie: I did live in Manhattan, at the nexus of the universe (the corner of first and first for those of you who didn't watch Seinfeld). The energy, diversity, and culture are second to none. The food is not so bad, either. Building a cancer center in mid-town Manhattan was an experience of lifetime, where people excelled even outside of their comfort zone to get ready. I'll never forget assembling IV poles on the sidewalk the weekend before opening with a crew of my physician and nurse colleagues.

Tell us what you do in your spare time/hobbies?

Jamie: What is this spare time you speak of? I love to watch live sports, golf, ski, ride my bike, travel, and cook. I'm about to try my hand at home brewing, so may have a new favorite hobby soon. Stay tuned.

We heard that you have two kids...ages, names?

Jamie: Miles the dog is our firstborn son (7). Amelia is 4 and Max is 2.

So you have lived in the NE, the Midwest and now the West...tell us what you like best of each.

Jamie: The people...all for different reasons



What music do you listen to? Do you play an instrument?

Jamie: My tastes are pretty eclectic; anything from jazz to bluegrass classic rock to rap. Whatever the mood dictates. I LOVE music.

What inspires you?

Jamie: My kids inspire me to be a good person and do the right thing every day.

Are you artistic?

Jamie: There's not an artistic bone in my body, but I married an artist. Does that count?

If you could be any animal, what animal would you be and why?

Jamie: A dog; eat, play, sleep, repeat

Where do you see yourself in five years?

Jamie: Denver, Colorado

Tell us something about yourself we would never know had you not told us.

Jamie: I ran with the bulls in Pamplona, Spain. Coolest thing I'll never do again.



Rob, you've moved around a bit; where all did you live while growing up?

Rob: I grew up in Boston, and then moved to Los Angeles and then Syracuse, NY.

Tell us about your educational background.

I attended Brown University in Providence, Rhode Island, for undergraduate and medical school and moved to Baltimore for my general surgery residency at the Johns Hopkins Hospital. While at Johns Hopkins, I pursued 3 years of dedicated research and obtained a Masters degree in Public Health at the Bloomberg School of Public Health. I performed my cardiothoracic surgery fellowship at the University of Washington in Seattle.

Throughout my formal education, I was a research fellow in the Surgical Nutrition and Metabolism Laboratory at the SUNY Health Science Center in Syracuse, the Center for Surgical Research at Brown and in the Surgical Oncology Research Laboratory at the Massachusetts General Hospital, in Boston.

You are a thoracic surgeon; what clinical areas interest you?

I joined the University of Colorado Department of Surgery faculty in July 2012. I have numerous clinical interests including surgery for benign and malignant diseases of the lung, esophagus chest wall, mediastinum and trachea. I also perform reconstructive surgery for chest wall deformities and surgery

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for end-stage lung disease including lung transplantation. Whenever appropriate, I employ minimally invasive thoracic surgery, such as VATS lobectomy.

Tell us about your research interests.

As the director of the Surgical Outcomes and Applied Research program, I manage a concerted effort to study and improve surgical patient care. My research interests are identifying systems and processes of care which lead to improved outcomes for surgical patients, in order to improve patient care. We are currently undertaking a study on preoperative patient assessment, in order to better inform patients about their risks, and ultimately decrease their risk of postoperative complications.

How did you become interested in treating lung cancer?

I was fortunate to be exposed to the care of cancer patients while growing up, as my father was a surgical oncologist. This exposure, combined with my interest in medicine, led to a research fellowship in oncology. While I entered surgical residency at Johns Hopkins with an interest in surgical oncology, I developed an interest in thoracic oncology while working with a mentor, Steve Yang, Professor of Thoracic Surgery and Oncology. His passion for patient care, and his compassion for his patients, combined with my research interests, led me to pursue a career in thoracic oncology.

What are your interests/hobbies?

My family is rapidly becoming my focus, as my wife and I are welcoming our first child in January. My wife is the clinical director of the pancreatic cancer and cyst multidisciplinary clinic, also at the University of Colorado. We enjoy hiking and skiing/ snowboarding here in Colorado. While I realize everything is going to change after our daughter is born, I hope to have the time to continue playing ice hockey.

How are you enjoying Colorado?

This state is astoundingly beautiful – and we are slowly exploring it. I have the privilege of providing care to people at an incredible institution with an outstanding team of world-class physicians and staff. To have all of this in a location as special as Colorado is unique.



NTRK1: a new oncogene and target in lung cancer

Erika Matich

To the list of oncogenic drivers of lung cancer that includes ALK, EGFR, ROS1 and RET, results of a University of Colorado Cancer Center study published in Nature Medicine show that mutations in the gene NTRK1 cause a subset of lung cancers.

“We’re reconceptualizing lung cancer as many, related diseases. And we need to learn to identify and treat each individually. Now we show another oncogenic driver of the disease that begs its own targeted treatment,” says Robert C. Doebele, MD, PhD, investigator at the CU Cancer Center and associate professor of medical oncology at the CU School of Medicine.

The group, in collaboration with Pasi A. Jänne, MD, PhD from the Dana-Farber Cancer Institute, started with

lung cancer tumor samples from 36 “pan-negative” patients, meaning that no other driver oncogene had been identified. The team used targeted, next-generation DNA sequencing to analyze the samples for possible mutations in a couple hundred potential oncogenes identified as drivers of other cancers. NTRK1 had been identified as a driver of thyroid cancer and so was included in the panel (though drug development had stalled due in part to the relative rarity of the thyroid disease). Sure enough, next-gen sequencing identified NTRK1 gene fusions as the potential driver in two of these samples.

Doebele and colleagues took the lead back to the CU labs, where Marileila Varella Garcia, PhD, developed a specific test for NTRK1 fusions to test other patients.

But the study went a step beyond identifying the oncogene. “whether a drug is already approved or just sitting on the shelf in a pharmaceutical company somewhere, many drugs exist that turn off these candidate genes,” Doebele says.

In this case, Doebele describes “walking up the street” to Array BioPharma (Boulder, CO), who happened to have several compounds specific for this gene. “Now we need to fund a clinical trial to see if patients with NTRK1 fusions respond to these drugs.



Dr. Robert Doebele (left) and Dr. Marileila Garcia

Thinking Big - Making a Permanent Difference

Ross Camidge, Angela DellaSalle, Erin Henninger and York Miller

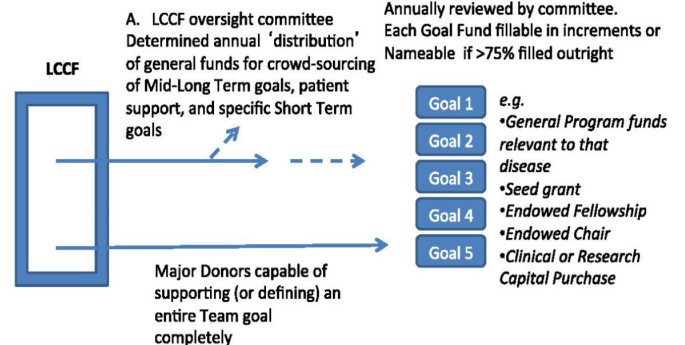
Since the creation of the LCCF, we have consistently raised approximately \$40-50,000 a year, through sponsored activities and individual donations large and small. While we routinely give to specific infrastructure improvements and for patient financial assistance, the majority of our funds have gone to fund research. For example, elsewhere in this newsletter you can read about how in 2013 some of these funds are acting as a 'seed grant' or 'pilot project' for Dr Subhajyoti 'Subho' De. Dr De represents a new kind of scientist, who uses powerful computer analyses to look for patterns in the human genome, or in this case the cancer genome, that could identify more targetable subtypes of lung cancer.

However, if we really want to change the world, we need to do much more than seed grants. We need to find a way attract, and retain, the brightest and best in the field. In academia, good people are always in demand, and it is not unusual for other institutions to try to entice our star players away, or block our plans to bring in new stars, with promises of more resource or guaranteed funding. While we will continue to have our oversight committee distribute our general funds annually to areas covering a series of short-term goals, we are now working together to also define larger mid- and long-term goals, agreed upon by representatives of the whole Team that the LCCF can help find donors to resource. These might be major capital purchases, for example for a specific piece of technical equipment, or, more often, they will be endowments – major sums of money whose interest can generate that most valuable of academic resources, a reliable income stream for a specific person, project or group. The first of these that we have all decided upon is an endowed training fellowship, as the total required is relatively modest at \$500,000, to generate interest that will support a research trainee in the program. By thinking and working together as a Team, when we start to publicize this 'Wedding Registry' of our needs – both through specific fund-raising and on our website (<http://www.uch.edu/lcc-fund>) – we hope donors will know that they are not just supporting this or that individual, but an overall mission to change the lives of those affected by these diseases. Sometimes there will be benefactors who will have the ability to support an entire fund-raising goal and the appropriate Foundations behind the LCCF will work together with them to ensure that whatever they want to achieve from their investment occurs. Sometimes, we will use multiple smaller donations, or to use a more modern term – we will use 'crowd-sourcing' – to build up the funds for each goal gradually over time. But however we achieve our goals, the end result will

be the same – not giving up, not giving in, all of us fighting together to change the world for everyone affected by lung and other thoracic cancers.

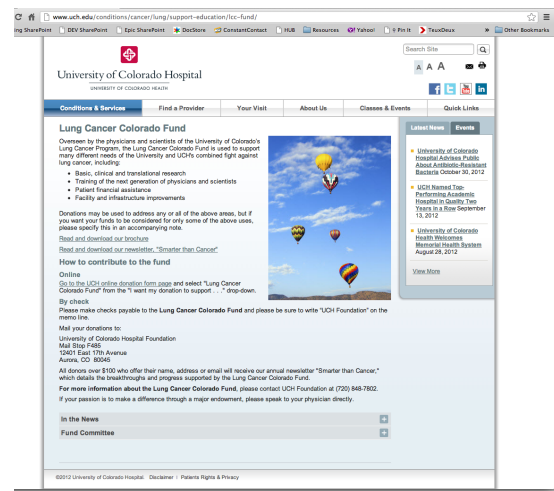
Endowments are an important and effective way to support the lung cancer program, by ensuring the long-term viability of important, cutting-edge research, the ability to recruit and retain leading researchers, and training the next generation of physicians and scientists through endowed chairs, professorships, and fellowships. An endowment is a permanent fund established for a specific purpose, that is invested and the distributions support the program for which the endowment was established. You can establish an endowment with cash, securities, real estate or through an irrevocable bequest.

Building thoracic cancer philanthropy



Lung Cancer Colorado Fund Online

Be sure to check our Lung Cancer Colorado Fund page for frequent updates and the latest related stories in the media. www.uch.edu/lcc-fund





LCCF funded Lung Cancer Pilot Project: Dr. Subhajyoti De

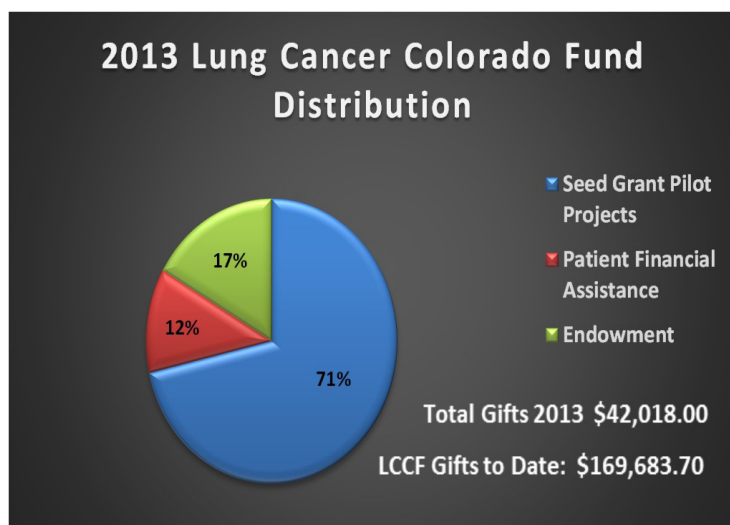
Dr. De is an assistant professor in the University of Colorado School of Medicine. He completed his PhD work at the University of Cambridge, UK and postdoctoral training at Harvard University before joining the the University of Colorado in 2012. Working in close collaboration with basic scientists and clinicians the goal of his laboratory is to identify the origins and implications of DNA-related abnormalities in different cancer types using bioinformatics – using computer analysis of massive, complex genomic datasets to find patterns that may provide new insights into cancer. Further details about his work can be found at <http://www.sjdlab.org/>

In the new project funded by the Lung Cancer Colorado Fund, Dr. De and his team plan to systematically survey mutations occurring outside the protein-coding regions of the genome in non-small cell lung cancer. Every mutation that has been described to date in lung cancer that influences responsiveness to specific targeted therapies occurs in the protein-coding region



of genes. But almost a third of lung cancer patients have no mutations in these areas in the major cancer causing genes – raising a question about what is driving these cancers. Dr. De came up with a provocative hypothesis that regions of DNA outside of the protein coding genes (which cover only 2% of the genome) could hold the clue. For example, some of these regions may contain the on/off instructions for different genes and drive cancers through greatly increased expression of the protein-coding part of some signaling genes, even though the protein itself is normal. Dr. De's team plans to test their hypothesis by screening the international Cancer Genome Atlas for recurrent patterns of mutations in lung cancer in the so-called 'promoters' of many potential cancer causing genes. In the future, if they can generate these data, they then plan on taking advantage of the outstanding lung cancer research environment and facilities on the Anschutz Medical campus to follow up on their findings from a clinical and biological perspective. Their work, if successful, ties in with a number of new approaches being explored in Colorado, looking at the 'drivers' in non-classically mutated lung cancers and could open up a whole new frontier in lung cancer research.

Income and Expenditures Lung Cancer Colorado Fund



Funding Lung Cancer Research One Hole at a Time: An Interview with Jon Wilmot

Stefani Bender-Przybylski, RN, BSN

Jon Wilmot is a young patient with stage IV, metastatic lung cancer who is not only beating the odds; he is investing in the future by raising money to help further lung cancer research. He was first diagnosed in March 2011. Not long after his diagnosis the University of Colorado Cancer Center team at UCH discovered that he had a very rare BRAF mutation in his lung cancer. This kind of mutation is normally associated with melanoma and is currently not being tested for in lung cancer by the majority of oncologists in the USA. In January 2013, he began treatment in a clinical trial of a targeted agent specific to his rare mutation. Jon is a longtime employee and Vice President of Operations at an auto warranty company.

Jon: When I told my colleagues about my diagnosis, they immediately wanted to do something to help so they decided on a golf tournament fundraiser. Really, I think it was just an excuse for them to play golf.



The epitome of health, Jon had never smoked, ate well and was an avid athlete and cyclist. Such an athlete, that he started his own company, Ultra Mount Displays distributing displays for sport jerseys as a way to make side income. In October of 2010, Jon developed a cough and wheezing. After visits to multiple physicians and months of tests and different treatments for pulmonary ailments, he eventually got a biopsy and a diagnosis of lung cancer.

Stefani: What went through your mind when you got the diagnosis?

Jon: The first thing that goes through your mind is, no way. This makes no sense. How can this be? Once it settles in you start to think "what do I have to do to beat this?" Who can help me?

Fortunately, Jon found some of the top researchers and clinicians in lung cancer in the world were literally in his own back yard.

Even though his mind was spinning, he sought out a consultation from the University right from the start.

Jon: There was a time of doubt but I quickly put that out of my mind. I have too much to live for. There is no other option!

One reason there was no other option, was that in July of 2010, Jon and his wife of 13 years, Leann, adopted a beautiful chestnut haired baby girl, Marlee.

Jon: First and foremost I have to thank Leann for being my rock throughout this experience. I can't imagine going through this process without her. Sometimes as the patient



it is easy to forget what our loved ones go through and I would venture much of it is just as difficult if not more difficult than what we go through as a patient. She has been there through it all and is a big part of my success. I love you, Honey!

Adopting Marlee was one of the best days of our lives. It was eight months prior to my diagnosis. I remember the day after my diagnosis, I was laying in bed with Marlee and I said, "God how could you have given us Marlee if you knew this was going to happen!" I was mad! God answered me instantly. "I gave you Marlee because I knew this would happen. She is the angel I sent to watch over you." I was humbled. Since that day I have chosen to believe that I am healed, it's just taking my body a little time to catch up.

Stefani: How does this affect your daily life now versus when you were first diagnosed?

Jon: When I was first diagnosed I was thinking that I know other people who have cancer. Wow, I just hope I can walk to the mail box and back. I thought my previous way of life was something of the past. As I started to go through treatment I realized I needed to push myself; hiking, jogging and mountain biking were a part of my life. They helped me not only physically but mentally. I realized I needed to make these activities a part of my life again. I set some goals for myself and tried to get out as much as I could. Over time I was able to do all of the things I set out to do. I got back on my mountain bike and rode the trails. I hiked and jogged whenever I could. I still do these activities and have added road

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cycling this year; 1,350 miles and 80,000 vertical feet and counting so far this year. Some days are tougher than others but I always find I feel better (physically and mentally) after one of these activities.

As noted above, Jon's friends from work wanted to do something to help in his fight so they organized the Jon Wilmot Annual Golf Tournament. At present, Jon and his team are working on developing a website presence for the future tournaments.

Jon: Jason Winchester and Paul Leary were the ones who came up with the idea for the fundraiser. They did all the research and organizing (their wives also played a big part in getting everything set-up). The tournament typically takes place in May at Arrowhead Golf Course, a one of a kind experience. The cost per player is around \$140 which includes golf, a cart, driving range, food, non-alcoholic drinks, a bag tag and, of course, a donation to the Lung Cancer Colorado Fund. This coming May will be the fourth year. In the first three years we have raised over \$15,000.

My wife, Leann Wilmot, has also been very active. She has participated in two of the Colfax half marathons raising more than \$9,000.

In addition to these formal fund raising activities my co-workers have been very active in coming up with ideas to generate donations. Some of the activities have included making a



donation for a month of casual attire and offering casual attire to our sales partners during the annual meeting for a donation. These activities generated about \$4,000.

If you could meet Jon in person, not only would you not guess that he had a cancer diagnosis, you would find that his positive giving personality makes you feel better by being in his presence. He is truly a patient that gives back to his care team through his optimism and light of spirit.

Jon: My faith, my family, my friends (this includes the staff at University Hospital) and my will, that's what keeps me going. As

I mentioned earlier, there is no other option. As for limitations, I don't feel I have any. Have there been ups and downs in the past two and a half years? Yes. I think that happens in all of our lives. Success depends on how you handle the downs. My advice is to have faith, to set goals and to plan your next activity, trip or whatever. We all know where negative thinking leads. I choose to look at the positive.

With so much to live for, Jon knows research isn't just a nice idea, it's an investment in his future. That's why he and his friends and family are doing everything they can to work with their team at the Cancer Center to fund lung cancer research one step, one casual attire day, one golf hole at a time.

To contribute:

Lung Cancer Colorado Fund
University of Colorado Hospital Foundation
Mail Stop F485
12401 East 17th Avenue
Aurora, CO 80045

or online at: <https://www.uch.edu/donation-form/>

then choose Lung Cancer Colorado Fund from Drop down box, enter your donation amount, donation type and complete the general information requested.



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