

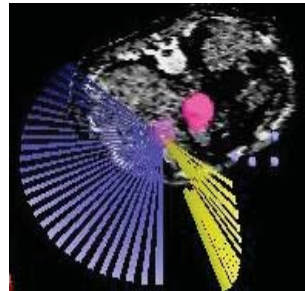


MISSION STATEMENT

The mission of the **Gastrointestinal Cancer Program** at the University of Colorado Cancer Center is to provide the highest quality **multi-disciplinary care** to patients, while conducting **innovative research** and **educational programs** to improve outcomes.

The GI Cancer program includes:

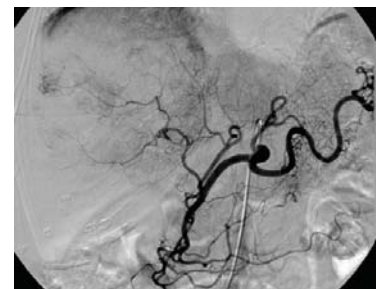
- physicians and other health providers from six different disciplines (medical oncology, radiation oncology, surgical oncology, interventional radiology, gastroenterology, interventional endoscopy), all specializing in GI cancers
- multidisciplinary tumor boards and clinics, where patients are seen by multiple specialists in one place
- multiple cutting-edge research trials
- genetic counseling and screening/prevention
- educational programs



IN THE SPOTLIGHT:

“PARAGON” Study for Colorectal Cancer

The University of Colorado Cancer Center has just opened one of the first joint trials with the Interventional Radiology Division: “Feasibility and Prospective Randomized Study of Transarterial Chemoembolization using Irinotecan Bead in Combination with Second Line Chemotherapy in the Treatment of Patients with Unresectable Metastatic Colorectal Cancer (PARAGON).” This study is looking to enroll previously treated (“second line”) advanced colorectal cancer patients with liver-predominant disease. The Irinotecan Bead is a polymer that absorbs chemotherapy and is injected intra-arterially into colorectal liver metastases. The microscopic beads become lodged in the tumor vasculature, providing high concentrations of prolonged chemotherapy locally to the tumor. Patients are randomized to either standard chemotherapy with irinotecan (regardless of KRAS status), or to standard chemotherapy plus the Irinotecan Bead treatment. This nationwide study, also recently opened at Northwestern University (Chicago) and Lahey Clinic (Boston), is being led by the University of Colorado (Principal Investigator: Wells Messersmith). It is actively recruiting patients. For more information, contact either Dr. Wells Messersmith (Wells.Messersmith@ucdenver.edu) or Brittany Hines (Brittany.Hines@ucdenver.edu).



GI Cancer Program Clinics

Medical Oncology

Chemotherapy, both standard and investigational, for GI cancers.

Faculty: S. Gail Eckhardt, MD; Madeleine Kane, MD, PhD; Stephen Leong, MD; Wells Messersmith, MD; Colin Weekes, MD, PhD.

Referrals: 720-848-0300 (Christine Miller)

Clinical Trial Contact: 720-848-0634 or brittany.hines@ucdenver.edu; or see individual trials for contact information.

Individual Providers emails listed in faculty section.

Surgical Oncology

Operative approaches, both curative and palliative, in GI cancers.

Faculty: Martin McCarter, MD; Nathan Pearlman, MD

Referrals:
Michelle (Shell) Adams - 720-848-0300

Clinical Trial Contact: 720-848-0634 or brittany.hines@ucdenver.edu

Radiation Oncology

Faculty: Tracey Schefter, MD; David Raben, MD; Laurie Gaspar, MD; Brian Kavanagh, MD, MPH.

Referrals: 720-848-0150 or fax to 720-848-0112

Clinical Trial Contact:
Tracy King - 720-848-0663 or tracy.king@ucdenver.edu

Interventional Radiology

Interventional radiologic procedures (embolization therapies, ablative therapies, palliative pain procedures), both approved and investigational, for GI cancers.

Faculty: Charles Ray, MD; Rajan Gupta, MD; Janette Durham, MD; Kimi Kondo, DO; and Brian Peyton, MD

Referrals: email charles.ray@ucdenver.edu, rajan.gupta@ucdenver.edu, janette.durham@ucdenver.edu, kimi.kondo@ucdenver.edu, brian.peyton@ucdenver.edu.
or
page Chuck Ray at 303-266-2794

Jody Ferris (scheduler) - 720-848-7630

Clinical Trials: contact Chuck Ray at charles.ray@ucdenver.edu or page at 303-266-2794.

Interventional Endoscopy

Endoscopic options on the diagnosis and therapy regarding gastrointestinal and pancreaticobiliary malignancies.

Faculty: Raj Shah, MD; Norio Fukami, MD; Brian Brauer, MD; Yang Chen, MD

Referrals:
Jackie Westlund - 720-848-2775
Maureen Oswald - 720-848-2746

Please fax information for review to: 720-848-2757

Hereditary Colorectal Cancer Program

Cancer risk assessments to evaluate if a family has hereditary colon cancers.

Faculty: Dennis Ahnen, MD

Referrals:
Lisen Axell - 303-724-0610
Fax: 303-724-0964
Email: lisen.axell@ucdenver.edu

GI Cancer Program Clinics

Colorado Colorectal Screening Program

The Colorado Colorectal Screening Program (CCSP) is a statewide screening program operated by the University of Colorado Cancer Center. The CCSP pays the costs for screening, diagnosis, and treatment of colorectal cancer for Coloradans who need to be screened (over age 50 or younger if high risk or symptomatic) but do not have health insurance. For more information about the program, see the CCSP website at www.uccc.info/colonscreen. For information on participating clinics call 866-227-7914.

Multi-Disciplinary Gastrointestinal Tumor (MDGIT) Clinic

For GI cancer patients who require multidisciplinary cancer care with surgical, radiation and/or medical oncologists, this clinic allows the patient to be seen by these disciplines simultaneously. Contact Jennifer Allen at 720-848-0116 or email at jennifer.allen@ucdenver.edu.

GI Cancer Clinical Trials

To schedule new patients please call 720-848-0300 (ask for Christine Miller) or email/call the investigators and clinical research coordinators listed below.

General Eligibility Criteria:

Biopsy-proven cancer. No chemotherapy or therapeutic radiotherapy 2-4 weeks prior to starting on study.
Performance Status < 2 with life expectancy of > 12 weeks and adequate organ function. Some studies require PS < 1.
No active brain metastasis (must have completed local therapy and be off steroids, anticonvulsants).
18 years or older, unless otherwise specified.

• ESOPHAGEAL CANCER

1. *Phase II study of erlotinib and radiotherapy for elderly patients with esophageal carcinoma*

Rationale: Elderly patients often can't tolerate multi-agent chemotherapy and radiation. This study address this issue by combining a targeted therapy pill approved for lung and pancreas cancer (erlotinib, or tarceva) with radiation for elderly patients.

Contact: Tracey Schefter (tracey.schefter@ucdenver.edu) or Laurie Draheim (laurie.draheim@ucdenver.edu)

2. *Barrett's Registry*. Offering surveillance and endoscopic treatment of patients with Barrett's esophagus. with dysplasia or early cancer.

COMIRB: 07-0303

Contact: Norio Fukami (norio.fukami@ucdenver.edu).

Upcoming:

1. *Phase I/II Study of neoadjuvant therapy with cisplatin, docetaxel, panitumumab plus radiation therapy followed by surgery in patients with locally advanced adenocarcinoma of the distal esophagus* (ACOSOG Z4051) John Mitchell, MD

• COLON CANCER - PREVENTION

1. *Family Health Promotion Project* (COMIRB 03-858)- This NCI-funded study is testing a telephone based educational and barriers counseling intervention to promote colonoscopy screening in members of families at high risk for colorectal cancer. For information contact Jan Lowery PhD 303 724-0595.

2. *Colon Cancer Family Registry* (COMIRB 02-676) and *Cancer Genetics Registry* (COMIRB 99-118)

These two NCI-funded cancer registries both collect demographic, family history and risk factor data from patients with colorectal cancer and their family members. The registries are used for gene identification

studies and for identification of families for prevention trials. Contact Jan Lowery PhD 303 724-0595

3. *Selenium Polyp Prevention Trial* (COMIRB #00-957)- This is a controlled trial of selenium supplementation for the prevention of adenomatous polyps of the colon in patients who have recently had previous colonic adenomas removed. Contact Amy Therrian 303 399-8020 x 2596 or Theresa Dunn 303 399-8020 x 3438

• COLON CANCER - ADJUVANT

Stage II (lymph nodes uninvolved)

1. *A randomized phase III study FOLFOX +/- bevacizumab in stage II colon cancer at high risk for recurrence, to determine prospectively the prognostic value of molecular markers* (E5202, COMIRB 05-1014)

Rationale: The trial addresses two key issues: first, can molecular tests on patient tumors be used to decide whether or not they would benefit from adjuvant chemotherapy. Second, does adding bevacizumab in such patients add to the efficacy of standard therapy (FOLFOX). Contact: Wells Messersmith (wells.messersmith@ucdenver.edu) or Brittany Hines (brittany.hines@ucdenver.edu, or 720-848-0634)

Stage III (lymph nodes involved)

1. *Phase III randomized study of Oxaliplatin (OXAL) Plus 5-Fluorouracil (5-FU)/Leucovorin (CF) with or without Cetuximab (C225) after curative resection for patients with stage iii colon cancer* (N0147, COMIRB 07-0855)

Rationale: FOLFOX is the standard therapy for patients with colon cancer with lymph node involvement. This trial addresses whether the addition of cetuximab (approved for advanced colon cancer) improves outcomes. KRAS testing has been incorporated into this study. Contact: Wells Messersmith (wells.messersmith@ucdenver.edu) or Brittany Hines (brittany.hines@ucdenver.edu, or 720-848-0634)

• COLORECTAL CANCER-ADVANCED

1st line

1. *Phase III trial of Folfex or Folfiri with bevacizumab, cetuximab, or both in patients with untreated metastatic adenocarcinoma of the colon* (C80405, COMIRB 05-0941)

Rationale: All of the agents included in this

trial are FDA-labeled for colorectal cancer, but cetuximab is traditionally used for drug-resistant disease. The question addressed in this trial is which "targeted therapy" (cetuximab, bevacizumab, or both) is best to give with traditional chemotherapy for this disease. KRAS testing has been incorporated into this study.

Contact: Wells Messersmith (wells.messersmith@ucdenver.edu) or Brittany Hines (brittany.hines@ucdenver.edu, or 720-848-0634)

2. *Randomized, phase 2B study of sunitinib plus FOLFOX, versus bevacizumab versus FOLFOX, as first-line treatment in metastatic colorectal cancer* (WIRB 20080169)

Rationale: Sunitinib is a multi-targeted kinase inhibitor that is FDA-approved for kidney cancer. A previous phase I study at UCCC showed promising activity with FOLFOX/Sutent, and this study follows up on these results.

Contact: Wells Messersmith (wells.messersmith@ucdenver.edu) or Brittany Hines (brittany.hines@USHSC.edu)
Phase II Trial of FOLFOX with sunitinib or bevacizumab

Upcoming

APO4565g, A Phase Ib study of the safety and pharmacokinetics of Apo2L/TRAIL administered in combination with the folfox regimen and bevacizumab in patients with previously untreated, locally advanced, recurrent, or metastatic colorectal cancer (Wells Messersmith)

2nd line/3rd line

1. *Phase Ib, dose-escalation study of the safety and PK of Apomab in combination with cetuximab and irinotecan or FOLFIRI chemotherapy in patients with previously treated metastatic colorectal cancer* (COMIRB 07-0375)

Rationale: Apomab is a fully human antibody that activates the "death receptor" (Apo2L/TRAIL), which leads to programmed cell death of cancer cells. This study combines apomab with standard therapy, cetuximab and irinotecan in colorectal cancer patients who progressed on first-line therapy. Includes PK studies.

Contact: Wells Messersmith (wells.messersmith@ucdenver.edu)

2. *Phase I/II clinical, pharmacological, and biological study of BAY 43-9006 (sorafenib)*

in combination with cetuximab and irinotecan in patients with advanced colorectal cancer (COMIRB 07-0571)

Rationale: Sorafenib is FDA-approved for kidney cancer and GIST, and blocks two validated pathways in colorectal cancer: EGFR and VEGR. This study combines sorafenib with standard therapy, cetuximab/irinotecan, in patients with colorectal cancer who progressed on first-line therapy. Includes PK and tumor biopsies.

Contact: Wells Messersmith (wells.messersmith@ucdenver.edu)

3. *Randomized phase 2 study of FOLFOX or FOLFIRI with AG-013736 (axitinib) or bevacizumab in metastatic colorectal cancer after failure of first-line therapy.* (WIRB 20080603)

Rationale: Axitinib (AG-013736) is a potent VEGFR-1,2,3 inhibitor under development for several cancer types. This study examines whether axitinib can be substituted for bevacizumab in the 2nd-line setting.

Contact: Stephen Leong (stephen.leong@ucdenver.edu) or Brittany Hines (brittany.hines@ucdenver.edu)

4. *Feasibility and Prospective Randomized Study of Transarterial Chemoembolization using Irinotecan Bead in Combination with Second Line Chemotherapy in the Treatment of Patients with Unresectable Metastatic Colorectal Cancer* (PARAGON) (COMIRB 08-0335)

Rationale: Patients with liver-predominant colorectal cancer may benefit from liver-directed therapy with an irinotecan-loaded polymer bead. These microscopic beads are injected intra-arterially by interventional radiology, where they become lodged in tumor vasculature. Patients are randomized to standard chemotherapy versus standard chemotherapy plus the irinotecan-loaded bead.

Contact: Chuck Ray (Charles.Ray@ucdenver.edu), Wells Messersmith (Wells.Messersmith@ucdenver.edu), or Brittany Hines (Brittany.Hines@ucdenver.edu).

• RECTAL CANCER

1. *A clinical trial comparing preoperative radiation therapy and capecitabine with or without oxaliplatin with preoperative radiation therapy and continuous intravenous infusion of 5-fluorouracil with or without oxaliplatin in the treatment of patients with operable*

carcinoma of the rectum (NSABP R-04, COMIRB 06-0703)

Rationale: This trial address two questions. First, can capecitabine (oral) be substituted for the standard of care, IV 5-FU? Second, does the addition of oxaliplatin improved outcomes? This 2x2 study gives neoadjuvant chemoradiotherapy prior to surgical resection. Contact: Brittany Hines (brittany.hines@ucdenver.edu, or 720-848-0634)

• PANCREAS CANCER-ADJUVANT

1. *Phase II trial of gemcitabine and GI-4000 vaccination versus placebo in patients with resected pancreas cancer* (COMIRB 07-1131)

This trial tests the addition of a vaccine targeting the most frequent KRAS mutation in resected pancreatic cancer, combined with standard adjuvan gemcitabine.

Contact: Martin McCarter - martin.mccarter@ucdenver.edu or Brittany Hines - brittany.hines@ucdenver.edu.

2. *A Phase II study of HyperAcute®-Pancreatic Cancer Vaccine in Combination with Chemotherapy and Chemoradiotherapy in Subjects with Surgically Resected Pancreatic Cancer.* (COMIRB 08-1025)

Rationale: This trial includes standard chemotherapy of gemcitabine and 5-FU along with radiation. Patients will also receive a pancreas cell-based vaccine to stimulate the immune response against their pancreatic cancer. The vaccine will be injected into the skin every 2 weeks throughout the study.

Contact: Colin Weekes (colin.weekes@ucdenver.edu) or Brittany Hines (Brittany.Hines@ucdenver.edu).

• PANCREAS CANCER- LOCALLY ADVANCED

1. *Randomized Phase II/III study of TNFerade biologic with 5FU and radiation therapy for the first-line treatment of locally advanced pancreatic cancer* (COMIRB 06-0359)

Rationale: This trial includes standard therapy of continuous infusion 5-FU and radiation. Patients are randomized to receive either standard care, or standard with the addition of TNFerade, a recombinant viral vector with TNF, injected into the tumor directly weekly via endoscopy.

Contact: Raj Shah (raj.shah@ucdenver.edu) or Max Smolkin (max.smolkin@ucdenver.edu or 303-724-1872)

2. *Phase I study of bortezomib given IV once weekly prior to and during concurrent fixed-dose paclitaxel and radiation in patients with locally advanced, non-metastatic pancreatic or biliary cancer* (COMIRB 04-0414)

Rationale: This trial uses a novel chemotherapy approved for multiple myeloma, bortezomib (Velcade), in combination with paclitaxel and radiation in an effort to shrink tumors enough for resection.
Contact: Tracey Scheffter (tracey.scheffter@ucdenver.edu) or Robyn Swing (robyn.swing@ucdenver.edu)

• PANCREAS CANCER-ADVANCED

First Line

1. *Phase I/II study of gemcitabine, cepectabine and ZD6474* (COMIRB 07-0129)

Rationale: This trial adds ZD6474 to an active combination in pancreas and bile duct cancer, gemcitabine and capecitabine. ZD6474 is a molecularly targeted oral drug against EGFR and VEGFR. Includes PK studies.

Contact: Stephen Leong (stephen.leong@ucdenver.edu)

Second Line:

1. *Phase II trial of AZD0530 in previously treated metastatic pancreas cancer* (COMIRB 07-1192)

Rationale: AZD0530 is an oral inhibitor of Src, which is frequently overexpressed in pancreas cancer and results in metastasis, invasion, and angiogenesis in lab models. This is an NCI-sponsored trial conducted with the phase II consortium (P2C) anchored at Mayo Clinic and Johns Hopkins.

Contact: Wells Messersmith (wells.messersmith@ucdenver.edu) or Brittany Hines (brittany.hines@ucdenver.edu)

2. *Phase II portion (extended cohort in pancreas cancer) of phase I trial:*

Rationale: Focal adhesion kinase (FAK) is in the Src pathway and is often overexpressed in pancreas cancer. It is also involved in invasion and motility/metastasis.

Contact: Ross Camidge (ross.camidge@ucdenver.edu) or Stacy Grolnic (stacy.grolnic@ucdenver.edu)

• HEPATOCELLULAR

1. *Two stage multicenter open label study of mapatumumab ([HGS1012] a fully human monoclonal antibody to TRAIL-R1) in combination with sorafenib as first line therapy in subjects with advanced hepatocellular carcinoma* (COMIRB 08-0590)

Rationale: This protocol combines the standard treatment for advanced hepatocellular carcinoma (HCC), sorafenib (Nexavar), with an investigational drug mapatumumab, which is a fully human monoclonal antibody to TRAIL-R1 (Tumor necrosis factor-related apoptosis-inducing ligand). TRAIL induces programmed cell death through activation of death receptors.

Contact: Stephen Leong (Stephen.Leong@ucdenver.edu) or Brittany Hines (Brittany.Hines@ucdenver.edu).

2. *GIDEON. Global Investigation of Therapeutic Decisions in Hepatocellular Carcinoma and of its treatment with sorafenib.* (COMIRB 08-0182)

Rationale: This protocol does not involve a novel therapeutic, but rather aims to collect data on patients treated with the standard-of-care for hepatocellular carcinoma, sorafenib (Nexavar). The aim is to broaden the understanding of "real world" outcomes of HCC.

Contact: Wells Messersmith (wells.messersmith@ucdenver.edu) or Brittany Hines (brittany.hines@ucdenver.edu)

• BILARY CANCER

1. *Phase I study of bortezomib given IV once weekly prior to and during concurrent fixed-dose paclitaxel and radiation in patients with locally advanced, non-metastatic pancreatic or biliary cancer* (COMIRB 04-0414)

See above under "Pancreas Cancer-Locally Advanced"

2. *Phase I/II study of gemcitabine, cepectabine and ZD6474* (COMIRB 07-0129)

See above under "Pancreas Cancer - Advanced"

• NEUROENDOCRINE CANCERS ADVANCED

1. *Phase III randomized double blind study of Sunitinib vs. Placebo in patients with progressive advanced metastatic well differentiated pancreatic islet cell tumors* (WIRB 20070562)

Rationale: With a similar theme as above, this trial uses a multitargeted signaling inhibitor, sunitinib, versus placebo for a subset of neuroendocrine tumors: pancreas islet cell tumors. Again, patients are allowed to be on a stable dose

of octreotide. A crossover is allowed upon progression for patients receiving placebo. Contact: Madeline Kane (madeleine.kane@ucdenver.edu) or Brittany Hines (brittany.hines@ucdenver.edu, or 720-848-0634)

2. *A Phase 2, Multicenter, Two-Tier Study of IMC-A12 in Combination With Depot Octreotide in Patients With Metastatic, Well- or Moderately-Differentiated Carcinoid or Islet Cell Carcinoma (IMCL CP13-0710)* (COMIRB 08-0510)

Rationale: This study uses a monoclonal antibody to the Insulin-Like Growth Factor Receptor-1 (IGF-1R), given intravenously every two weeks, in combination with standard treatment (octreotide) in patients with metastatic neuroendocrine tumors which have progressed on 0-1 prior therapies. Contact: Stephen Leong (Stephen.Leong@ucdenver.edu) or Brittany Hines (Brittany.Hines@ucdenver.edu).

• GENERAL GI CANCER TRIALS

1. *Gastrointestinal Cancer Tissue Collection for Animal Xenograft Studies* (COMIRB 08-0439)

Rationale: Cancer research is hindered by the lack of good animal models, and cell lines often do not represent the true biology of disease. The study takes tumor tissue that is removed during a standard-of-care surgery (e.g., resection of liver metastases from colon cancer), and places small pieces into mice for drug testing and biological assays. The goal is to make drug development a correlative lab assay development more rapid and efficient. Most GI cancers are eligible.

Contact: Wells Messersmith (wells.messersmith@ucdenver.edu) or Brittany Hines (brittany.hines@ucdenver.edu, or 720-848-0634)

Upcoming:

1. *S0711, "Phase I Pharmacokinetic Study of Dasatinib (BMS-354825) in Patients With Advanced Malignancies and Varying Levels of Liver Dysfunction"*

Contact: Wells Messersmith (Wells.Messersmith@ucdenver.edu) or Sue Majeski (Susan.Majeski@ucdenver.edu)

• Phase I Trials

The GI Cancer program at the University of Colorado Cancer Center strongly supports the developmental therapeutics program. In fact, many of the trials listed above are partly

phase I, partly phase II, and are conducted within the phase I program. A developmental therapeutics newsletter is sent out quarterly.

GI Cancer Faculty

Medical Oncology



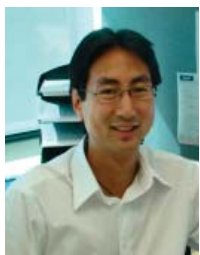
S. Gail Eckhardt, MD (Professor; Director, Developmental Therapeutics Program and Medical Oncology Division) trained at University of Texas and UVA, and served as Associate Director of Clinical Research at the Institute for Drug Development in San Antonio prior to being recruited to set up the UCCC DT program in 1999. A recognized national leader in drug development and GI cancers, she serves on numerous national committees and editorial boards in addition to running a large laboratory effort.

Office: 303-724-3850
Pager: 888-733-9479
Pager: 303-266-6721
gail.eckhardt@ucdenver.edu



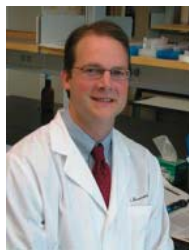
Madeleine Kane, MD, PhD (Professor; Director, Clinical Investigations Core) got her MD from the University of Miami and her PhD (Biochemistry) from the University of Maryland. She joined the UCCC faculty in 1985 and specializes in GI cancers and Head/Neck Cancers. Dr. Kane serves as the Director of the Clinical Investigations Core at UCCC.

Office: 720-848-0354
Pager: 303-266-5584
madeleine.kane@ucdenver.edu



Stephen Leong, MD (Assistant Professor) joined the UCCC in 2007 after completing his fellowship here. Dr. Leong was educated at the Royal College of Surgeons in Ireland, and did his residency at the Albert Einstein Medical Center. Dr. Leong specializes in novel targets such as IGFR and TRAIL, and conducts numerous phase I and GI clinical trials.

Office: 303-724-3837
Pager: 303-266-3574
stephen.leong@ucdenver.edu



Wells Messersmith, MD (Associate Professor; Director, GI Med Onc Program) trained at Harvard Medical School and Johns Hopkins, and joined the UCCC faculty in 2007. Dr. Messersmith conducts both local and national translational clinical trials in cancers of the pancreas, colon, liver, and GIST. He also is a member of the phase I program, with targets such as EGFR, VEGF, and Src.

Office: 303-724-0747
Pager: 303-266-0560
wells.messersmith@ucdenver.edu



Colin Weekes, MD, PhD (Assistant Professor) trained at the University of Nebraska (MD/PhD, Cell Biology), University of Alabama, and Johns Hopkins, where he completed his oncology fellowship. Dr. Weekes directs a translational laboratory focusing on the tumor microenvironment and targets such as MTOR, and conducts pancreas cancer and phase I clinical trials.

Office: 303-724-0295
Pager: 303-266-2905
colin.weekes@ucdenver.edu

Interventional Radiology



Charles Ray, Jr MD (Professor; co-Director, Radiology Clinical Research) trained at Rush Medical College, University of Illinois, and Massachusetts General Hospital. He was Director of Interventional Radiology at Roswell Park Cancer Institute prior to joining the faculty of University of Colorado in 1999. Dr. Ray specializes and conducts research in oncologic interventional radiology and pain management.

Office: 720-848-6590
charles.ray@ucdenver.edu

GI Cancer Faculty

Radiation Oncology



Tracey Schefter, MD (Associate Professor) trained at Queen's University in Kingston, Ontario and did her residency at Princess Margaret Hospital in Toronto. After completing a fellowship at MD Anderson Cancer Center, she joined the UCCC faculty in 2000 and served as the fellowship founder and program director. She directs numerous clinical trials in GI cancers and serves on multiple national committees.
Office: 720-848-0116
tracey.schefter@ucdenver.edu



David Raben, MD (Associate Professor) received his medical degree from The Bowman Gray School of Medicine, Wake Forest University, Winston Salem, North Carolina, and completed his residency in Radiation Oncology at Johns Hopkins University, Baltimore, Maryland. Dr. Raben has established himself in the area of translational research combining radiation with biologic agents that alter the cancer cell growth cycle to enhance the effectiveness of radiation therapy for head and neck cancer. He serves on various local and national committees.
Office: 720-848-0116
david.raben@ucdenver.edu

Surgical Oncology



Martin McCarter, MD (Associate Professor) joined the UCCC faculty in 2001 after training at Cornell Medical School and the Memorial Sloan-Kettering Cancer Center. Dr. McCarter specializes in GI cancers and melanoma, and conducts laboratory-based research in tumor immunology and targeted therapies.
Office: 303-724-2725
martin.mccarter@ucdenver.edu



Nathan Pearlman, MD (Professor) trained at the University of Illinois and the University of Colorado, and did his fellowship at the Memorial Sloan-Kettering Cancer Center. Dr. Pearlman specializes in GI cancers, including esophageal, rectal, and advanced pelvic tumors.
Office: 303-724-2725
nathan.pearlman@ucdenver.edu

Hereditary Colorectal Cancer Program



Dennis Ahnen, MD (Professor) is a national leader in Cancer Prevention and Control and has conducted multiple clinical trials in colorectal cancer prevention. Dr. Ahnen has been the Co-Director of the Hereditary Cancer Clinic of the UCCC since its inception in 1994. He sees all families coming to the clinic with concerns of hereditary colorectal cancer. Dr. Ahnen is also the Colorado Principal Investigator (PI) for the Cancer Genetics Network, and the Colorado PI for the Collaborative Family Registry for Colorectal Cancer Studies.
Office: 303-399-8020, X3018
dennis.ahnman@ucdenver.edu



Tim Byers, MD MPH (Professor) is an expert in the area of nutrition and cancer. He is part of the faculty of the newly formed School of Public Health and Deputy Director of the University of Colorado Cancer Center. Dr. Byers is the Director of the Colorado Colorectal Screening Program. He has published over 290 papers on cancer risk factors, early detection, and prevention. His other research includes studies of behavioral and genetic risk factors for cancers of the breast, lung, and colorectum.
Office: 303-724-1283
tim.byers@ucdenver.edu

GI Cancer Faculty

Interventional Gastroenterology



Yang K. Chen, MD (Professor) received his specialty training in Digestive Diseases and Gastrointestinal Endoscopy at the Mayo Clinic, Rochester, MN. He is Professor of Medicine and section head of Gastrointestinal Endoscopy at University of Colorado Denver, and Clinical Practice Director and Chief of Endoscopy at University of Colorado Hospital.

Office: 720-848-2775

Fax: 720-848-2757

Email: yang.chen@ucdenver.edu



Brian Brauer, MD (Assistant Professor) obtained his M.D. degree from the University of Missouri-Kansas City and completed his residency and a fellowship in gastroenterology at Washington University, St. Louis. Following fellowship he completed a fellowship in Therapeutic Endoscopy at the University of Colorado in 2007. His clinical interests include ERCP, EUS, Cholangiopancreatography and Endoscopic Mucosal Resection.

Office: 720-848-2746

Fax: 720-848-2757

Email: brian.brauer@ucdenver.edu



Raj J. Shah, MD (Associate Professor) After completing an Advanced Interventional Endoscopy Fellowship at Maine Medical Center, Dr. Raj J Shah, joined the University of Colorado faculty in 2001. He is currently Associate Professor of Medicine and Director of Pancreaticobiliary Endoscopy Services. His primary research interests include investigating novel methods for the diagnosis and endoscopic treatment of benign and malignant pancreatic and biliary diseases and advanced pancreatic and biliary endoscopic imaging with miniature scopes for diagnostic and therapeutic applications.

Office: 720-848-2775

raj.shah@ucdenver.edu



Norio Fukami, MD (Assistant Professor) trained at MD Anderson Cancer Center. He led Japan's Showa University Northern Yokohama Hospital endoscopic ultrasound/ERCP service, then returned to MD Anderson Cancer Center and later joined the UCCC faculty in 2006. His research interests are in early detection of Barrett's esophageal cancer and endoscopic treatment, as well as diagnostic and therapeutic application of endoscopy and endoscopic ultrasound for pancreaticobiliary and gastrointestinal malignancies

Office: 720-848-2786

norio.fukami@ucdenver.edu