Message from the Founder

January 2010

Happy New Year!

The close of the decade marked the first five years of Canary Foundation’s pursuit of cancer early detection tools. The year 2009 was filled with milestones but was not without its challenges in the difficult economic climate.

A key scientific milestone was achieved in the Canary Ovarian Cancer Program. Dr. Nicole Urban, our first funded researcher in 2002 and the principal investigator in a government-funded Specialized Program of Research Excellence (SPORE), was awarded $11.5 million to continue work in ovarian cancer. Central to the program is the introduction of a blood biomarker panel to high-risk clinics. Additionally, pending FDA approval, the program will expand to include molecular imaging for such women. This is a huge milestone for the program, as the first products are moving to clinical trial.

Midyear marked another strategic milestone for early detection as the Canary Center at Stanford opened its doors. This facility is the only center in the world dedicated to early detection of cancer, combining elements of research and clinical trials in both blood biomarker and molecular imaging technologies. It promises to become a global innovator in this field.

Our partnerships continued to grow across the board, with additional foundations, industry partners, and research institutions dedicating more resources to early detection initiatives.

Despite the tough economic times, you, our valued supporters, rallied throughout the year, allowing us to sustain all our programs. As the economy recovers, we hope to add programs in brain, breast, and colon cancer.

Our mission is to bring early detection tests to clinical trials for all major solid tumors by 2015. The first five years of the journey has us tracking on schedule. Collectively, we have invested $50 million to move this important cancer strategy forward. With your help, we can provide the support scientists need to succeed.
How Did Canary Measure Up to the Goals Set in 2009?

January 2010

Following are the five goals Canary set one year ago in January 2009. We achieved all five in the 12 months allotted.

1. Bring one molecular diagnostic test to clinical trial for a high-risk community. It is important that we continue to drive the technology through the translational pipeline. Our goal is to bring the ovarian panel and imaging test to women in high-risk clinics.

   Canary researchers have won a major federal grant from the National Cancer Institute (NCI) that will allow ovarian blood and imaging tests to begin in the first quarter of 2010.

2. Bring Canary Center at Stanford online. This center will serve as a major hub of investment and activities for the next five years and beyond. Achieving complete scientific capability is the core goal.

   The Canary Center at Stanford came online in June 2009.

3. Win a major grant through NCI for one of our programs. Leverage will be critical for the next three years. Many of our teams have applied for NCI grants in support of our programs. We hope to win one or more such grants.

   Canary researchers were awarded an $11.5 million grant for work in ovarian cancer. The Lung Team established a multimillion dollar partnership with the Early Detection Research Network (EDRN) from NCI.

4. Establish three additional partnerships for our programs. Partnerships with foundations such as The Lustgarten Foundation for Pancreatic Cancer Research, The Thomas G. Labrecque Foundation, and Orchard Supply Hardware are vitally important to continued scientific investment. It is our goal to establish three additional partnerships.

   Canary Foundation has engaged in six new partnerships in prostate, never-smoker lung, and ovarian cancer research: Eastern Virginia Medical School (EVMS), Beth Israel Deaconess Medical Center of Harvard Medical School, University of Michigan, Tianjin Lung Cancer Institute of Tianjin Medical University General Hospital, City of Hope (Duarte, California), and Stanford University. We added three new partnerships with foundations in 2009: LUNGevity, Joan’s Legacy: Uniting Against Lung Cancer, and the Anna Fuller Foundation.
How Did Canary Measure Up to the Goals Set in 2009? (continued)

5. Establish a Canary leadership council to expand our reach. We must expand our fundraising capacity. It is our intent to institute a Canary advisory board that will support our introductions and network of support. This will be a challenging year on a global level, but adversity can provide opportunity. Many supporters and organizations are looking for ways in which to partner. Many cancer organizations are seeing the opportunity in early detection. Canary Foundation provides a unique platform to deliver a substantial change to the cancer landscape in the next five to seven years. Thank you for your continued support and enthusiasm.

Our initial leadership council was established. Members of the leadership council invest annually in Canary success, provide introductions, and attend an annual update.
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Canary Foundation Early Detection Series with Jenny Allen

January 2010

The first event of the Canary Foundation Early Detection Series will take place Wednesday, February 3, from 11:30 a.m. to 1:30 p.m., at the Menlo Circus Club in Atherton, California. The purpose of the Early Detection Series is to further engage Canary Foundation with its community. By sharing our vision, mission, and strategy with the community, we will be one step closer to achieving our goal of creating simple tests that identify and isolate cancer at its earliest, most curable stage.

The launch event will feature New York playwright and comedian Jenny Allen as she shares her experience with ovarian cancer. Her play, I Got Sick Then I Got Better, recently received notable reviews. Allen is a writer and performer whose profiles, essays, and reviews have appeared in many magazines, including the New Yorker, the New York Times, Vogue, Esquire, More, the Huffington Post, and Good Housekeeping. The event will benefit Canary Foundation’s ovarian cancer research, specifically its two ovarian clinical trials. For more information on this event, visit our Cancer Early Detection Series page.

On January 5, 2010, Emily May and Julie Weinberg had the opportunity to conduct a phone interview with Jenny Allen. She was kind enough to reflect on her experience with ovarian cancer and the hopes that she has for Canary Foundation.

Can you talk about your experience with ovarian cancer—the path from diagnosis to subsequent treatment?

Well, I was sort of not diagnosed. In 2003, I started having a low-slung, achy feeling in my abdominal area. I felt this way more days than not, and more as the day went by. I thought not that much about it because I, among many others, didn’t really have a raised consciousness about gynecological cancers.
Canary Foundation Early Detection Series with Jenny Allen (continued)

I did have a friend who had at that time been diagnosed with ovarian cancer. I remember saying to the doctor, trying to be half-funny, “I think I have ovarian cancer!” and my gynecologist responded, “You don’t have ovarian cancer. Hardly anyone gets ovarian cancer.” He didn’t offer an explanation of what the cause of the pain was. He seemed stumped by it, and he didn’t offer any insights.

I had the sonogram and the results said “no findings of a concerning nature.” Next, I had an ultrasound. I learned at this point that it’s very hard to detect ovarian cancer with an over-the-belly ultrasound. It’s hard to see and very shadowy. In my experience, it’s not a determinative test for diagnosing ovarian cancer. My ultrasound came back with no problems and I thought, “Great. I’ve got a clean bill of health.” So there I was congratulating myself for even pressing the issue. It’s funny: What now seems cavalier at the time seemed quite cautious—I was going to my doctor after all.

In late 2004, I went back to the gynecologist for my yearly checkup. I brought up the pain once again and he suggested that I may be perimenopausal. He was very blasé about it. As a part of my yearly checkup, I had a pap smear. About a week later, he called me and said that he had some disturbing news—that my pap smear had shown the presence of irregular cells.

Pap smears are specifically used as diagnostics for cervical cancer, not ovarian cancer. I had a biopsy and it came back saying that I had endometrial cancer—a cancer of the inner lining of the uterus. I was very fortunate to have a technician who was really good at reading the results. The good news was that it was Stage I endometrial cancer. To be really safe, doctors did a joint hysterectomy and oophorectomy within 10 days of my diagnosis—a complete removal of my reproductive organs.

When they went to remove my reproductive system, they found—to their surprise—a cancerous tumor on one of my ovaries. They weren’t looking for it and they had no reason to think it would be there.

**How were you treated for the ovarian cancer?**

I had a summer’s worth of chemotherapy—six sessions of intravenous chemotherapy every three weeks at Sloan-Kettering in New York City. I also received intraperitoneal (IP) therapy. It’s like the abdominal cavity is a big dirty bowl and you’re finally washing it.

**What role did your family play during your treatment?**

I have two daughters—one was a teenager, still in college, and the other was around 8 years old, so it wasn’t really right for them to be with me. Desperate as I was for their company, I couldn’t ask them for it. As my children, I couldn’t ask for them to watch this. I felt mostly upbeat, but I felt quite emotional. Sometimes I would look at my children
Canary Foundation Early Detection Series with Jenny Allen (continued)

and it would hit me that it’s possible I’m not going to get through this. I thought, “I cannot leave them. I just cannot leave them at this junction.” I would sob to myself because I just felt so bad for them. I felt this would be a terrible burden for them.

Were you writing your play at this point?
No. I was taking notes, though. I felt that if I didn’t take notes about this, then I shouldn’t even call myself a writer. They weren’t very good notes and I did very little research at the time. I think I was so traumatized by this that the notes were never that detailed or reflective. I just soldiered through it. I’d become overcome with tiredness, but I reminded myself that one day, when I feel better, I’d be sorry if I didn’t write about this. One day, if I don’t die, I’ll have to write about this, as I am a professional writer. It would be pathetic if I didn’t find something to say out of this.

How did humor help in your recovery?
I enjoy having a sense of humor. I was laughing. I was sort of carrying on in a way. I have two daughters and I didn’t want them to get upset for me. I had a lot of adrenalin and I just felt like I could get through this. This was the kind of challenge that reminded me of my birth family. They did this thing really well—like, “you climb the mountain and you don’t complain about it.” My family has a kind of stout, stiff-upper-lip quality and I thought, this is really coming in handy now!

How did this affect your view of the medical industry?
I was mad at my doctors. And it changed my perspective of the medical industry. I was declared Stage II after the second of three IP treatments. After the final chemo was done I found out I was IIC—not just Stage II—and I was really devastated. I’ve found that women complain of being most upset and despondent after the chemo stops. I found that to be the hardest, hardest time.

One thing that Mr. Listwin talks about is how it’s so hard to diagnose ovarian cancer and there really aren’t that many tools, until it’s so obvious. There are ways of trying to keep an eye on a woman who’s complaining of this pain that isn’t going away. You can do something laparoscopically. You can do a transvaginal ultrasound. You can run a CA125 test. Most doctors don’t think to do these things.

As you know, this luncheon will raise funds for Canary’s two ovarian clinical trials in both the blood and imaging arenas. Canary is dedicated to finding cancer early through blood and imaging tests. These clinical trials are imperative to Canary’s mission. Can you comment on the need for early detection tools?
If we had early diagnostic tests, they would have caught my cancer when I started complaining about my pain. They might have found the endometrial cancer and maybe the ovarian cancer. They may have removed it before it fully developed.
Canary Foundation Early Detection Series with Jenny Allen (continued)

**When did you start writing your piece, I Got Sick Then I Got Better?**

I started to write about it in early 2007. I felt very sad and very angry, and I felt like I needed to write something. I took a writing class titled, “Writing for Solo Performing.” The combination of stand-up and this class made me feel that, of course, I had to do a show about my experience with cancer—it was my life and a story I had to tell. My misadventures with cancer.

**What was your motivation to speak at Canary Foundation’s Cancer Early Detection Series?**

The medical industry believes that there’s no way to make money off of early diagnostics, so no one will invest. It’s individuals who have lost mothers, daughters, wives, and friends who are investing in early diagnostics. It still makes me angry when I think about it—that progress doesn’t seem to be made unless it’s by the drug companies who are pushing the marketplace. It’s people like Don Listwin and Canary Foundation that are actually trying to make a difference. I came to realize that if you have been given time, it is your obligation to tell your story and raise awareness. Of course I want to speak at Canary’s event—and if I didn’t, my life should have been given to someone else. What I’m saying is, “I have to tell you this story right now and I need you to hear this so much.” I believe that through awareness and early diagnostics, this really can change. If an organization like Canary Foundation extends its hand to you, you can’t say no because it’s foundations like Canary that will create the change in early cancer detection that we need. It’s an honor and it’s a reminder to me that I am very, very lucky.

Learn more about Canary Foundation’s ovarian clinical trials.
Canary Canada Benefits from Punjabi Student Association Fundraiser

January 2010

The Punjabi Student Association (PSA) strives to serve their Vancouver Island community by fundraising and volunteering for those in need, including homeless people, charities, and nonprofit organizations serving Vancouver Island. Their aim is to get youth more involved in community activities, and their membership includes students at the University of Victoria, Camosun College, and local high schools. They are looking to create a more positive image for Indo-Canadian youth and to show that they are dedicated to shaping their community’s future.

PSA held a “Spooky Fun Fest for Kids” Halloween event on October 31st and their “Bollywood Meets Hollywood” fundraising event on November 13th to benefit Canary Foundation of Canada. They chose Canary because many individuals in the group have been affected by cancer, and they believe early detection of cancer is important to the health and vitality of their community.

Dr. Brad Nelson of BC Cancer Agency’s Trev & Joyce Deeley Research Centre and Canary’s science team hosted the PSA Executive Team for a laboratory tour on December 17, and Simone Matricke, Canary Scientific Program Manager, was on hand to answer any Canary science program-related questions. The group saw several laboratories where Canary research is being conducted and met some of the Canary research team. They enjoyed seeing all the equipment and hearing about the cancer research being done at the center. It became evident that several of the PSA members have taken science courses, as they asked questions that delved into the use, cost, and efficiency of the laboratory equipment.
Canary Canada Benefits from Punjabi Student Association Fundraiser (continued)

Harloveleen Bains (President & Founder), Andy Randhawa (Co-Vice-President), and Vik Dhindsa (Co-Vice-President) presented Pat McCowan of Canary with a check for $2,000 on behalf of the PSA and expressed the association’s interest in continuing to be involved with Canary through volunteer opportunities. We look forward to working with the Punjabi Student Association in the future and wish them all the best on their final exams.
Science Update: Ovarian Cancer Program

January 2010

The Canary Ovarian Cancer Team met in October to review its recent research progress and to plan for 2010. The discussions concentrated on two clinical trials that are being launched: the recently added cost-effectiveness modeling project and the continued discovery of novel biomarkers.

One of the major milestones for 2009 was the approval of a large, five-year government SPORE grant led by Dr. Nicole Urban at the Fred Hutchinson Cancer Research Center in Seattle, Washington. The grant includes two clinical trials geared toward the early detection of ovarian cancer. The novel markers screening trial to test the diagnostic benefits of adding the blood biomarker candidate HE4 to a screening regimen of CA125 and traditional pelvic ultrasound will begin enrolling women during the first quarter of 2010. The other trial will test molecular ultrasound using microbubbles that are targeted against VEGFR-2, a biomarker found in tumor vasculature, pending FDA approval of the microbubbles. These trials are pushing forward both steps of the screening strategy that Canary has envisioned—a blood test followed by molecular imaging. Canary funded much of the research leading up to these trials and will support the trials themselves as well. Thus, with the launching of both trials, 2010 promises to be a landmark year in translating our research into clinical application.

The advent of novel cancer screening strategies such as blood biomarker panels and molecular imaging (as opposed to single blood biomarkers and conventional anatomical imaging) has created a need to model their potential cost-effectiveness and patient outcome benefits. Our Ovarian Team is engaged in these modeling efforts to guide the pursuit of the most promising screening strategies among those that are under development. One such model has been built under the leadership of Canary team members Drs. Nicole Urban, Martin McIntosh, and Charles Drescher at the Fred Hutchinson Cancer Research Center. During 2009, Canary added a new project to its ovarian portfolio—using this model to investigate the costs and benefits of including new biomarker candidates such as HE4 in the blood screen (where currently only CA125 is approved for use), or switching from conventional pelvic ultrasound to molecular ultrasound, which selectively enhances the signal from tumor sites. The Canary Ovarian Team used the October meeting to discuss how this particular model can draw on related efforts undertaken by other Canary team members, such as a natural history model published by Dr. Patrick Brown in July 2009, or a biomarker secretion model that is being extended in Dr. Sanjiv Gambhir’s laboratory to include an imaging component. Findings from these studies can increase the soundness of our cost-effectiveness predictions. Our goal is to present the cost-effectiveness modeling results of various novel screening regimens at the annual Canary Symposium in May 2010.
In addition to the clinical trials and modeling projects, Canary researchers are working on discovering novel biomarkers for both blood and imaging tests to further increase their performance. Dr. Brown and Dr. McIntosh, for example, are using deep sequencing technologies to identify biomarkers that are truly cancer-specific and never found in healthy tissue. The laboratories of Dr. Drescher and Dr. Gambhir are pursuing new, tumor-specific vascular biomarkers, since VEGFR-2 may not always distinguish cancer from other conditions.

In summary, Canary’s Ovarian Cancer Program remains strong and diverse. We are excited that several of our efforts are now entering the stage of translation to clinical application. In 2010, we look forward to reporting findings from our early and midstage research projects as well as the progress made by the clinical trials.
Science Update: Prostate Cancer Program

January 2010

The year-end Canary Prostate Team meeting in Seattle showcased the many achievements of the team in 2009 and laid the groundwork for continued momentum in the coming year. The Prostate Active Surveillance Study (PASS) clinical trial is progressing seamlessly under the leadership of the dedicated urologists, pathologists, and clinical coordinators at all sites. As the trial is running smoothly, the team is preparing to bring additional sites on board—from Harvard University, University of Michigan, and Eastern Virginia Medical School—to boost patient population numbers and ethnic diversity. These sites are enthusiastically gearing up for participation, bringing the total number of institutions participating in the study to 10 across the United States and Canada. To date, more than 280 patients have been enrolled, and we are on track to achieve our goal of enrolling 1,000 patients and following each of them for a minimum of five years.

Over the years, the trial collects specimens from patients followed closely via active surveillance, so that blood, tissue, and urine collections will be available from patients whose cancer went on to show signs of progression and from those whose cancer did not progress. These specimens will be used to identify biomarkers that signal aggressive disease requiring immediate treatment, versus indolent disease that may be safely left untreated. Specimens will be placed in a central repository housed at the Fred Hutchinson Cancer Research Center. The team is in the midst of reviewing guidelines for specimen sharing and access to be agreed upon by all collaborating sites. Under this agreement, researchers from outside the Canary team will also be able to apply for access to specimens to test promising prostate cancer biomarkers.

An important aspect of specimen collections from multiple institutions, such as the PASS collection, is assurance that samples have been collected in the same manner and that quality of the samples is maintained. The study has now collected a sufficient number of specimens to implement our first quality control testing. The results of these first tests, presented at the team meeting, indicated good uniformity across sites and suggested only slight modification of urine collection protocols to optimize for transcript-based biomarker tests. Plans are now under way to test PASS samples for a urinary biomarker known as PCA3, which is proposed to signal prostate cancer aggressiveness, in collaboration with Gen-Probe Incorporated. We will report on these studies in the coming year.
Science Update: Lung Cancer Program

The Canary Lung Team ended 2009 with an exciting and productive 1.5-day meeting in New York City. The meeting allowed Lung Team researchers to assess their progress to date and solidify goals for the coming year. In addition, we welcomed several New York area lung cancer experts to explore potential collaborations and met face to face with our partners from foundations (The Thomas G. Labrecque Foundation, Joan’s Legacy: Uniting Against Lung Cancer) and government (Early Detection Research Network of the National Cancer Institute).

It was clear from the researchers’ updates that the team has generated a large amount of biomarker discovery, molecular imaging, and screening implementation data toward the ultimate goal of early detection of potentially lethal types of lung cancer. Highlights on the biomarker discovery front were a number of proteins and methylation markers that are found in different levels in lung cancer versus control. The EDRN-Canary project to discover biomarkers of lung cancer among nonsmokers is now in full swing, with new candidate markers coming from gene expression, genomic, proteomic, methylation, and mitochondrial DNA studies. Regarding screening implementation, the team discussed new data on the ability of computerized tomography (CT) screening to detect potentially lethal lung cancer while it is still at a curable stage. The emerging consensus is that while CT screening can detect small lung lesions, knowledge about which of these lesions needs immediate treatment and which of them can be safely followed is essential to saving lives, while sparing unnecessary surgeries. Molecular imaging and blood tests that we are working toward would provide the tools to distinguish lethal from indolent disease at its earliest stage. In addition, our work is addressing the need to identify which individuals at risk should be screened and at what screening intervals.
These projects are producing a tremendous flood of data that will need to be carefully integrated and analyzed to identify the most promising biomarkers. Recognizing the need to enable all the team to store and access one another’s data for analysis, Canary Foundation brought together software experts from GenoLogics and NASA’s Jet Propulsion Laboratory to build a custom system for the lung cancer project. Shortly after the New York meeting, the software team unveiled the new system prototype, which will provide a centralized hub for sharing data generated on common sets of cell line and tissue samples, with associated clinical information. The system connects directly with the EDRN’s extensive, curated biomarker database, allowing comparison with results from the greater research community and providing a pipeline for release of the data into the public domain. Researchers will begin using the software in early 2010 when the system is completed. The system will be expanded as our discoveries lead to validation studies over the next year and as researchers provide feedback along the way.
Science Update: Pancreatic Cancer Program

January 2010

Throughout 2009, Canary’s Pancreatic Cancer Team has made progress in both the blood biomarker and molecular imaging arenas that has paved the way to exciting targets and milestones in 2010. For pancreatic cancer blood biomarkers, for example, one of our team’s major achievements is the completion of several key protein biomarker profiling experiments carried out under the leadership of Dr. Teri Brentnall at the University of Washington, Seattle. Protein profiling (or proteomics) entails the identification and quantification of thousands of proteins, in this case from pancreatic cancer patient tissue or blood samples. The results from cancer samples are compared to healthy control samples and to other diseases that afflict the pancreas (such as pancreatitis) in order to uncover biomarkers that selectively identify pancreatic cancer. The proteomics experiments our team has conducted have generated large lists of proteins that now need to be meticulously analyzed to identify the best biomarkers—one of our goals for 2010. To verify their diagnostic potential, candidates identified through this analysis will be tested in cancer patient and control blood samples, which were collected under the direction of Dr. Hoda Anton-Culver of the University of California, Irvine. In fact, this testing process has already begun for a few candidates—those that had been under previous development by the Lustgarten Foundation Biomarker Consortium in partnership with Canary Foundation. The pilot testing of new biomarkers will continue in 2010 as more of the jointly generated reagents become available, and as our own proteomics results are distilled down to the most promising candidates.

Canary investigator Dr. Jürgen Willmann at Stanford University has been developing molecular ultrasound as an imaging tool for pancreatic cancer. Paralleling the ovarian imaging strategy, this technique makes use of microbubbles that are targeted against biomarkers within the tumor vasculature, causing them to adhere within tumor blood vessels and to selectively enhance the ultrasound signal from tumor sites. Using the tumor vascular biomarker VEGFR-2, Dr. Willmann has shown that molecular ultrasound is a viable imaging strategy for pancreatic cancer. However, this particular biomarker is also present in other diseases where new blood vessels form (pancreatitis is one example). Our major goal for 2010 is to identify novel vascular biomarkers that are specific to pancreatic cancer only and to develop them as microbubble targets. This will require validating any candidates that are identified through discovery experiments, constructing targeted microbubbles against them by adding specific antibodies onto the microbubble shells, subjecting all novel microbubbles to simulated flow stress conditions, and finally testing them in animal models. The ultimate goal of this involved process is to increase the diagnostic accuracy of molecular ultrasound in the clinic.

With these ambitious aims, 2010 will be a very active year for our Pancreatic Team. In light of the groundwork laid in 2009, we anticipate promising new results and developments for pancreatic cancer screening that we will share here each quarter of the coming year.
New on Canary’s Website: Reports from the Canary Center at Stanford

January 2010

In a major push to keep the Canary Foundation website up to date with current Canary projects and initiatives, we are now featuring a specific Canary Center at Stanford page that briefs our audience on the undertakings in the labs. Now you can see what’s going on in our new home at the Canary Center at Stanford.

Look for biweekly updates on the site that include photos of the labs and interviews with researchers about the projects on which they are working. Feature stories will also include the latest technologies that have entered the Center and the Canary platform, and brief bios of new team members. To read the stories and learn more about the Canary Center at Stanford’s Proteomics, Chemistry, and Bioinformatics Cores, visit the Canary Center at Stanford Profile page, or look for the link on the left side of Canary’s home page.

Painting of Canary by Tyler Bock, age 10.

“I love to paint. Especially animals. I painted this yellow Canary for my mom. My uncle died of cancer this summer. We have a lot of cancer in our family history. My mom hopes that Canary Foundation will prevent other people from dying of cancer and the hope of that makes us all feel better. So I hope that this yellow Canary reminds you of hope and makes you feel better too.”
Retired Stanford Professor Donates Equipment

Dr. Charles Yanofsky, former Morris Herzstein Professor of Biology and Molecular Biology (Emeritus) at Stanford University, retired this fall. Upon retiring, Dr. Yanofsky opened his laboratory and equipment to his fellow Stanford researchers. According to Dr. Yanofsky, he wanted “to save money for other scientists” by giving them the opportunity to incorporate the array of technologies from his lab into their own labs. The Canary Center at Stanford was fortunate enough to receive a few of the instruments from Dr. Yanofsky’s lab. When asked, “What motivated you to do such a thing?” he responded, “Why not? I’ve been here for 50 years. That’s a lot of equipment.”

Dr. Yanofsky started at Stanford in 1958 and studied gene regulation and gene-protein regularity in bacteria and fungi. In 1964, Dr. Yanofsky and colleagues established that changes in DNA sequence produce changes in protein sequence.

Canary Foundation and the Canary Center at Stanford are grateful to Dr. Yanofsky for his generosity.
Upcoming Events

January 2010

The Canary Foundation Cancer Early Detection Series launches on February 3, 2010, from 11:30 a.m. to 1:30 p.m., at the Menlo Circus Club in Atherton, California, with New York playwright Jenny Allen. She will candidly share her experience with ovarian cancer. The event benefits Canary Foundation’s ovarian cancer research. Tickets are now available.

The Sixth Annual Canary Symposium is scheduled for May 25–27, 2010, in Palo Alto, California. Past speakers and participants have included an impressive mix of leading academic researchers and clinicians, as well as commercial and foundational partners. The three-day symposium will include many cutting-edge scientific presentations and networking events. Online registration will be available in late January at www.canaryfoundation.org.

The Victoria Derby takes place June 12, 2010, on Vancouver Island, British Columbia, and the Vancouver Derby takes place on September 25, 2010, in Burnaby, British Columbia. Register your teams and start the fundraising!

The Orchard Supply Hardware (OSH) Annual Golf Tournament is scheduled for July 13, 2010.

The 2010 Cabana gala is scheduled for September 18, 2010.