

THE

CANCER LETTER

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Sequestration

"Start Fighting" Says Former Rep. John Porter To Crowd of 12,000 at AACR Washington Rally

By Matthew Bin Han Ong

In better days, former Rep. John Porter presided over the bold plan to double the NIH budget 15 years ago.

The Republican representative from Illinois was a powerful advocate for medical research while he served as chair of the House appropriations subcommittee that funded NIH.

After leaving Congress, Porter watched half of the doubling erode as America's ideological war intensified and Congressional priorities shifted. As a result, NIH lost about 23 percent of its purchasing power.

On April 8, the understandably infuriated Porter addressed a crowd of 12,000 people who filled Mt. Vernon Square for the Rally for Medical Research in Washington, D.C.

"It's time to get mad and really start fighting," Porter said. "Medical research is hurting—your future and the future of your institution is at stake."

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A video about the rally [is posted on The Cancer Letter website](#).

Cancer Communications: The Cost

House Launches Probe of NCI Spending On Cancer Communications, Education

By Paul Goldberg

Republican leaders of the House Energy and Commerce Committee and House Appropriations Committee launched an investigation of NCI spending on the Office of Communications and Education.

It's highly unusual, and likely unprecedented, for oversight and appropriations committees to collaborate on investigations.

(Continued to page 6)

In Brief

Dmitrovsky Named Provost at MD Anderson; Paulsen Leaves to Chair Duke Radiology

ETHAN DMITROVSKY was named provost and executive vice president of **MD Anderson Cancer Center**.

Dmitrovsky is chair of the pharmacology and toxicology department at the Dartmouth University Geisel School of Medicine. He will begin his role at MD Anderson July 15.

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President Obama unveils his budget proposal, which eliminates sequestration cuts and increases the NIH budget, but cuts Medicare reimbursement for oncologists

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Porter Saw NIH Budget Double Then Slip By 23% Over Decade

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The rally was organized primarily by the American Association for Cancer Research as part of the group's annual meeting, which had a reported attendance of 18,000.

"If you can't get involved and get passionate about what medical research means to our country and our future, who can?" said Porter, now chair of Research!America, one of the 200-plus organizations that co-sponsored the rally. "We cannot rest until the sequester is replaced—until the pressure of the sequester is removed from medical research."

Porter and the researchers in the crowd had reasons to be frustrated.

The 5.1 percent sequestration cuts drained \$1.486 billion from NIH and as much as \$219 million from NCI. Researchers, squeezed by already flat budgets and the increasing costs of biomedical inflation, are now demanding an appropriation of \$32 billion to NIH's fiscal 2014 budget—a \$2.8 billion increase above current funding levels.

White House, Members of Congress Show Support

The Rally of Medical Research invites comparison with an earlier event, called The March: Coming Together to Conquer Cancer, a milestone in national cancer advocacy, which drew 150,000 people to the National Mall (The Cancer Letter, [Oct. 31, 1997](#), [Oct. 2, 1998](#)).

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The March was an effort to build a uniform political constituency modeled on the 1990 celebration of Earth Day, an event that involved 200 million people in 140 countries. The March failed to create that constituency, but it did lend momentum to the doubling of the NIH budget.

President Barack Obama expressed his support for the April 8 rally in a brief statement that was "hot off the press," said AACR CEO Margaret Foti, who read the president's remarks at the event.

"I send greetings to all those joined together to raise awareness for medical research," Obama wrote. "Throughout our nation's history, we have depended on the ingenuity of our people to pioneer innovation and solve the problems of our time.

"To meet the challenges of the 21st century, we must commit to a serious, sustained effort to advance medical research.

"By investing in the best ideas and supporting the work of our scientists, we will improve health and change lives in ways that we could have never imagined.

"And in taking bold steps to further discovery today, we will inspire the doers and the makers of tomorrow and ensure America remains at the forefront of human understanding," Obama wrote. "As you gathered to promote the importance of medical research, I wish you all the best."

The rally appeared to be heavy with Democrats: in addition to Obama's remarks, Reps. Rosa DeLauro (Conn.) and Chris Van Hollen (Md.) spoke. The only active Republican representation came in the form of a statement from Sen. Jerry Moran (Kan.), which was read to the crowd by Porter:

"Given the vast amount of progress made over the last century and the great potential current research holds, now is not the time to waver on America's commitment to advancing cures and treatments for disease," Moran wrote. "On March 23, 2013, the Senate adopted a bipartisan amendment that Sen. [Richard] Durbin (D-Ill.) and I offered to the 2014 budget resolution to boost funding for NIH and support our country's investment in medical research.

"Previously, on June 14, 2012, I offered an amendment in the Senate Appropriations Committee to increase funding for NIH in 2013.

"These amendments were fully paid for and would have prioritized medical research without adding a dime to our nation's annual deficit.

"I offered these amendments to send a clear signal to our nation's researchers and scientists that Congress supports their work and needs to make sure that they



have the resources needed to carry out important research,” Moran wrote.

Van Hollen said the low success rate diminishes the chances that important discoveries will be made.

“Now we’re here today because we know, that every time [NIH Director] Dr. [Francis] Collins and his team at NIH get a promising new research proposal from one of you or another scientist around the country, that has great promise and great potential, every time they have to say no to one of those promising proposals, we all lose,” Van Hollen said.

“We lose a little bit of hope, because that proposal may well have led to a new discovery—a new discovery that can help us find a treatment or a cure to a new disease.”

DeLauro said medical research makes business sense.

“If we cannot get the naysayers on the humanity of medical research, let’s get them on the economics,” she said. “Two years ago, only 18 percent of the proposals were supported and that is the lowest grant approval rate in NIH history.

“And now the sequester—that means layoffs, less research grants, and the slower pace for the important scientific research.

“Life-saving research is being cut because of ideology, and that’s wrong,” DeLauro said.

NIH, NCI to Staff: Avoid Lobbying Activities

Collins was originally on the program, but later declined to speak at the rally.

“Dr. Collins regretted that he was unable to attend, but there is no question that he is very supportive of the advocates who participated in the Rally for Medical Research,” said Jon Retzlaff, managing director of science policy and government affairs at the American Association for Cancer Research.

NCI instructed employees to avoid lobbying activities, and that they may only attend the AACR Rally for Medical Research only in “personal capacity” and on “personal time.”

This means staff would need to use their lunch break or leave to participate in the event.

The April 4 email sent to NCI employees by Nancy O’Hanlon of the institute’s Ethics Office, includes guidelines for appropriate conduct:

“Dear Colleagues,

In his email on March 1st, the HHS Designated Agency Ethics Official reminded everyone of the need to avoid lobbying activities.

Recently, I became aware of the invitation from the AACR (also attached) to participate in its Rally for Medical Research taking place on April 8th and have been asked whether employees can participate in this event.

I confirmed with the NIH Ethics Office and was

advised that employees MAY attend the AACR Rally for Medical Research—but only in his/her personal capacity and on his/her personal time. Employees attending the AACR meeting during the work day may attend this event during their lunch break or must use leave.

Employees MAY NOT participate in this rally on behalf of NIH and may not represent themselves as NCI employees if asked to speak. If asked to speak, one may identify oneself as someone involved in medical research.

For additional information about the anti-lobbying restriction, please see <http://ethics.od.nih.gov/topics/lobbying.htm>.”

The text of Porter’s speech follows:

We have played nice.

We have made our arguments for research respectfully and with an abundance of evidence.

And you have been magnificent, spreading the word about the importance of medical and health research to policymakers through emails, Hill meetings, op-ed pieces, supporting advertising, and otherwise impacting them in nice ways.

But we have not yet convinced them to end the sequester and put medical research at a high national priority and provide strong funding.

So, it’s time to get mad and really start fighting.

I assume that many, if not most, of you consider yourselves to be moderates.

It’s time to be “militant moderates.”

I consider many of you to be intellectual.

Time to be “intellectual activists.”

So, let’s ask them if disease touches their family and friends and whether that concerns them.

Ask them if they are aware that people will die, others will be disabled or denied new therapies that would be developed to help them, if strong support for medical research were forthcoming.

Ask them if they understand that scientific opportunity to improve human health has never been greater.

Ask them if they are willing to see the foundation shrink upon which most pharmaceuticals, biotechs, and medical device companies depend to build profits and provide jobs.

Ask them whether they are going to allow America’s world-wide leadership in science and technology to slip away in the face of new and strong global competition.

Tell them what cancer or Alzheimer’s or heart disease or diabetes costs our economy every year.

Then cap it all off with Mary Lasker’s familiar words: “If you think research is expensive, try disease.”

The job of Congress—appropriators, leadership, every Member—is to choose national priorities going forward and put national resources behind them.

Ask them where basic medical and health research places on their list.

Tell them to address our debt and deficit problem where the real money lies—entitlements and tax reform—where Americans fully realize reforms must be made.

Get activist. Get militant. Get fighting mad.

Speak with passion and pound on the table.

Medical research is hurting.

Your future and the future of your institution are at stake.

And even more importantly, the future of our people and our country is at stake.

Time for them to step up and have the courage to do their jobs or step aside for those who will.

Let this Rally be the starting point of a huge initiative to change thinking in Washington.

You are part of medical centers and research institutions all across America.

Go home and recreate this rally in your own communities.

Get local media attention.

Get people to understand the impact of cuts not just on your institution but on the entire community.

Then get them involved in impacting your local Congressperson and two Senators.

These are the people allowing the sequester cuts to occur.

These are people that are accountable to you.

We cannot rest until the sequester is replaced, until the pressure of the sequester is removed from medical research.

This cannot be done without your work, each one of you.

Become an activist for what you believe in.

A militant activist.

If you can’t get involved and get passionate about what medical research means to our country and our future, who can?

Thanks for listening to me.

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Appropriations 2014

Obama Plan Good News for NIH, Bad News For Some Oncologists

By Paul Goldberg

Should Congress pass the 2014 budget President Obama proposed earlier this week, NIH and NCI would get back the money they are losing in sequestration and—on top of it—a nearly two-percent raise.

This would be good news for NIH, as it prepares to cut nearly \$1.486 billion from its \$30.7 billion budget sometime between now and the end of September. Cuts to NCI could be as high as \$219 million.

Since Obama's \$3.77 trillion budget proposes slashing heretofore sacrosanct entitlement programs, including Medicare, the reducing of reimbursements for oncologists would likely be particularly severe for small clinics.

The White House budget, [released April 10](#), seeks to cut the deficit by \$1.8 trillion over the next 10 years, meeting Republicans half-way. It helps reduce the deficit by including new taxes on the wealthy—an approach that may doom it on the Hill.

"To be clear, the package I am offering includes some difficult cuts that I do not particularly like," Obama said in an introduction to the budget. "But these measures will only become law if congressional Republicans agree to meet me in the middle by eliminating special tax breaks and loopholes so millionaires and billionaires do their fair share to cut the deficit. I will not agree to any deal that seeks to cut the deficit on the backs of middle class families. I am willing to make tough choices that may not be popular within my own party, because there can be no sacred cows for either party."

The proposal includes \$5.126 billion for NCI. In 2012, the institute had the budget of \$5.068 billion, and under the current continuing resolution its budget stands at \$5.103 billion, which is then reduced by sequestration.

Up to \$8 million of the amount proposed for NCI could be used for facilities repairs and improvements at the NCI's Frederick campus.

For NIH, direct obligations under the 2012 budget were at \$30.82 billion, the 2013 continuing resolution is \$31.064 billion, and the budget proposal is \$31.341 billion.

The budget proposal's language for NIH reads: "Budget will increase focus on research that aims to increase understanding of the brain, improve the clinical trials network, and enhance the development of new therapeutics to treat diseases and disorders that

affect millions of Americans. NIH will implement new policies to collect better data on trainees and institutions' administrative costs."

This language notwithstanding, no NIH unit is slated to receive a substantial increase. Separately, Obama has asked Congress to set aside \$100 million to map the human brain.

"We are very encouraged with the president's FY 2014 budget proposal for NIH—in that it would eliminate the ill-conceived and downright dangerous sequester and restore the \$1.5 billion that NIH is required to cut over the next six months," said Jon Retzlaff, managing director of science policy and government affairs at the American Association for Cancer Research.

"The fact that the president is also proposing to provide NIH with a 2 percent increase on top of his efforts to resolve the sequester disaster, indicates to us that the president is making medical research a national priority, which is precisely what all of us (the thousands of people who gathered in D.C. on Monday to participate in the Rally for Medical Research) hoped to see once the budget was released."

Research!America President and CEO Mary Woolley was similarly pleased with the budget proposal.

"The president's FY14 budget proposal offers a lifeline for medical research to replace sequestration's damaging footprints," Wooley said in a statement. "The budget includes \$31.3 billion for the National Institutes of Health, as well as increases for the Food and Drug Administration and National Science Foundation. These increases would take our nation in the right direction, but we're concerned that budget proposals from Congress—one from each of the House and Senate—unlike the president, fail to reverse sequestration.

"Sequestration, 10 years of across-the-board spending cuts, will drag our nation down from its leadership position in research and development as other countries aggressively ramp up investments, attracting American businesses and young scientists concerned that federal funding is on the decline, that the U.S. no longer prioritizes research."

More Cuts Threaten Physicians

Oncologists are starting to feel the pain of sequestration cuts, which will affect all services rendered starting April 1. Oncologists will lose 2 percent off the Medicare payment for all services, including drugs. Under sequestration, this cut is intended to save the government \$588 million.

The President's budget will make additional cuts to physician reimbursement.

The proposals for Medicare include cutting reimbursement for Part B drugs from its current level—the average sales price plus 6 percent—to ASP plus 3 percent.

“The budget proposal appears to apply cuts primarily to physicians, but also mentions rebates that will be required by manufacturers,” said Sandra Swain, president of the American Society of Clinical Oncology. “ASCO is deeply concerned about the proposed cut for drug reimbursements. If Congress were to enact the President’s proposed cut to the Part B drug formula, such a draconian measure could significantly impact patients’ access to cancer treatment at a particularly difficult and precarious time in their lives.

“This cut would come on top of the 2 percent sequester cut instituted on April 1 of this year. The sequester cut alone has already led to troubling signs that practices are being forced to shift patients to hospitals and other settings for their chemotherapy—resulting in more fragmented, possibly more expensive care for the 60 percent of oncology patients who are covered under Medicare.

“This emerging crisis underscores that Medicare’s system of reimbursement of cancer care is deeply flawed. Our country needs payment approaches that maintain patient access and focus on supporting high-quality, cost-efficient, and patient-centered care.”

On the radiology side, the budget proposal would exclude some imaging services from the in-office ancillary services exception (IOASE) to the Stark self-referral law and calls for prior authorization for advanced imaging services.

However, the budget proposal didn’t include specific reductions in reimbursement for advanced diagnostic imaging services.

The president also proposes a 21 percent increase to the FDA budget, or \$821 million over the fiscal 2012 level. The agency will receive \$4.7 billion, of which \$2.6 billion would be appropriated by Congress. The rest of the funds would be collected from user fees.

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| Program and Financing (in millions of dollars) | | | |
|---|---------------|---------------|---------------|
| Identification code 75–9915–0–1–552 | 2012 actual | 2013 CR | 2014 est. |
| Obligations by program activity: | | | |
| National Cancer Institute (0849) | 5,068 | 5,103 | 5,126 |
| National Heart, Lung, and Blood Institute (0872) | 3,052 | 3,098 | 3,099 |
| National Institute of Dental and Craniofacial Research (0873) | 410 | 413 | 412 |
| National Institute of Diabetes and Digestive and Kidney Disease (0884) | 1,795 | 1,808 | 1,812 |
| National Institute of Neurological Disorders and Stroke (0886) | 1,625 | 1,636 | 1,643 |
| National Institute of Allergy and Infectious Diseases (0885) | 4,487 | 4,518 | 4,579 |
| National Institute of General Medical Sciences (0851) | 2,428 | 2,445 | 2,401 |
| National Institute of Child Health and Human Development (0844) | 1,320 | 1,329 | 1,339 |
| National Eye Institute (0887) | 702 | 707 | 699 |
| National Institute of Environmental Health Sciences (0862) | 764 | 769 | 771 |
| National Institute on Aging (0843) | 1,121 | 1,110 | 1,193 |
| National Institute of Arthritis and Musculoskeletal and Skin Disease (0888) | 535 | 539 | 541 |
| National Institute on Deafness and Other Communication Disorder (0890) | 416 | 419 | 423 |
| National Institute of Mental Health (0892) | 1,479 | 1,489 | 1,466 |
| National Institute on Drug Abuse (0893) | 1,052 | 1,060 | 1,072 |
| National Institute on Alcohol Abuse and Alcoholism (0894) | 459 | 462 | 464 |
| National Institute of Nursing Research (0889) | 145 | 146 | 146 |
| National Human Genome Research Institute (0891) | 513 | 516 | 517 |
| National Institute of Biomedical Imaging and Bioengineering (0898) | 338 | 340 | 339 |
| National Center for Complementary and Alternative Medicine (0896) | 128 | 129 | 129 |
| National Institute on Minority Health and Health Disparities (0897) | 276 | 278 | 283 |
| John E. Fogarty International Center (0819) | 70 | 70 | 73 |
| National Library of Medicine (0807) | 337 | 340 | 382 |
| Office of the Director (0846) | 1,458 | 1,468 | 1,473 |
| Buildings and facilities (0838) | 99 | 126 | 126 |
| Cooperative Research and Development Agreements | 18 | 17 | 17 |
| National Center for Advancing Translational Sciences (0875) | 575 | 579 | 666 |
| Type 1 Diabetes | 150 | 150 | 150 |
| Total direct obligations | 30,820 | 31,064 | 31,341 |
| Reimbursable program activity | 3,166 | 3,168 | 3,377 |
| Royalties | 87 | 88 | 88 |
| Reimbursable program activities, subtotal | 3,253 | 3,256 | 3,465 |
| Total reimbursable obligations | 3,253 | 3,256 | 3,465 |
| Total new obligations | 34,073 | 34,320 | 34,806 |

Source: Office of Management and Budget

Cancer Communications: The Cost House Committees Investigate NCI Communications Spending

(Continued from page 1)

The investigation was announced in a letter to NIH Director Francis Collins. No Democrats signed the letter, dated April 12.

“The House has demonstrated strong support for the core mission of the National Institutes of Health (NIH) to invest in basic biomedical research that can lead to better health and cures for diseases,” the letter states.

“The OCE spending concern comes at a time of cuts to research from budgetary sequestration and when the NCI success rate for grant applications is at an all-

time low of 14%. Given the need for the NIH to find ways to control spending, our committees are interested in examining the expenditures of the 27 Institutes and Centers within the NIH for separate offices of communications or public relations as well as the NIH Office of the Director.”

The letter cites a story in *The Cancer Letter*, which reported that the OCE budget was at \$45 million in 2012.

The *Cancer Letter* is running a series focused on the cost of NCI’s cancer communications enterprise. The stories have prompted [an editorial in the journal Nature](#).

The stories in the series follow:

- “Is \$45 Million Too Much to Spend on PR? NCAB Panel Weighs NCI Communications Budget” (*The Cancer Letter*, [Dec. 7, 2012](#)).

- “NCI Ends Brash Foray Into the News Business—Emails Tell the Story of the NCI Cancer Bulletin” (*The Cancer Letter*, [Feb. 1](#)).

- “NCI Spent \$381.2 Million on PR from 2006 to 2012, Vastly Outspending Other NIH, FDA Units” (*The Cancer Letter*, [March 1](#)).

- “Nature Editorial Criticizes NCI PR spending” (*The Cancer Letter*, [March 15](#)).

A standard definition of public relations includes educational functions. According to a definition [used by the Public Relations Society of America](#), “public relations is a strategic communication process that builds mutually beneficial relationships between organizations and their publics.”

The letter was signed by Energy and Commerce Committee Chairman Fred Upton (R-Mich.), Vice Chairman Marsha Blackburn (R-Tenn.), Chairman Emeritus Joe Barton (R-Texas), Health Subcommittee

Chairman Joe Pitts (R-Penn.), Vice Chairman of the Health and Oversight and Investigations Subcommittees Michael Burgess, (R-Texas), Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Chairman Jack Kingston (R-Ga.), and Subcommittee Vice Chairman Rodney Alexander (R-La.).

The text of the letter follows:

Dear Dr. Collins:

The House of Representatives has demonstrated strong support for the core mission of the National Institutes of Health (NIH) to invest in basic biomedical research that can lead to better health and cures for diseases.

With increasingly tight Federal budgets, every dollar invested at the NIH becomes even more precious.

A March 13, 2013, editorial in *Nature* voiced concerns over excessive and unfocused spending at the National Cancer Institute (NCI). The *Nature* editorial, citing an article from “*The Cancer Letter*,” pointed out that NCI spent about \$45 million in Fiscal Year 2012 on the NCI’s Office of Communications and Education (OCE), almost double what the Food and Drug Administration spent on communications, including drug and food safety announcements.

The editorial further stated that the OCE allotment would cover more than 100 RO1 research grants. The OCE spending concern comes at a time of cuts to research from budgetary sequestration and when the NCI success rate for grant applications is at an all-time low of 14 percent.

Given the need for the NIH to find ways to control

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spending, our Committees are interested in examining the expenditures of the 27 Institutes and Centers (IC) within the NIH for separate offices of communications or public relations as well as the NIH Office of the Director.

Pursuant to Rules X and XI of the U.S. House of Representatives, to help us understand the amount of funds used by NIH and its Institutes and Centers for communications or public relations purposes, we ask that you provide written responses to the following requests for each NIH IC:

1. Identify the Office of Communication and Education or similar type function.
2. List public relations or communications contracts, agreements or other similar mechanisms.
3. Provide the annual office budget and contract expenditures for Fiscal Years 2010, 2011, 2012 and projected for Fiscal Year 2013 for each office or public relations function identified in (1) and (2).
4. Provide the total amount of NIH-wide expenditures for each of the identified fiscal years spent on any and all communications, public relations, or public education activities.
5. Provide a list of ideas for focusing or controlling such expenditures such as consolidating administrative tasks and/or finding any funds that could be reprogrammed for research.

SU2C

First Pediatric Dream Team Announced at AACR Meeting

Stand Up To Cancer and the St. Baldrick's Foundation announced the formation of the first Dream Team dedicated to childhood cancer research during the American Association for Cancer Research's annual meeting in Washington, D.C.

The project is titled "Immunogenomics to Create New Therapies for High-risk Childhood Cancers," and is estimated to start July 1, with the first clinical trials scheduled to open within the first year.

John Maris, director of the Center for Childhood Cancer Research at The Children's Hospital of Philadelphia, will lead the team. Crystal Mackall, chief of the NCI Pediatric Oncology Branch, is co-leader of the project.

The SU2C-St. Baldrick's Pediatric Dream Team Translational Cancer Research Grant will provide \$14.5 million in funding over four years for researchers in two disciplines of translational pediatric cancer

research—genomics and immunotherapeutics.

"In the past 20 years, very few new therapies have been developed for pediatric cancer," said Maris, who is also the Giulio D'Angio endowed professor at the University of Pennsylvania School of Medicine.

"It is our goal, indeed our expectation, that we will initiate a sustained effort to maximize pediatric cancer cure rates through a genomics-anchored immunotherapeutic program."

In addition to Maris and Mackall, the principal team members are: Poul Sorensen, of the British Columbia Cancer Agency; Donald Parsons, of the Baylor College of Medicine; Michael Taylor, of The Hospital for Sick Children, in Toronto, Canada; Michael Jensen, of the Seattle Children's Research Institute; and Paul Sondel of the University of Wisconsin.

The team's advocates include: Kelly Cotter, a childhood cancer survivor; Jay and Liz Scott, of the Alex's Lemonade Stand Foundation; Patrick Sullivan, of the Team Finn Foundation; and Lisa and Mac Tichenor, of the What Would Willy Want Foundation.

While researchers at the NCI will be participating fully as members of the team, in accordance with policy, no funds from the grant are going to the NCI. The team will have access to \$500,000 research instruments and equipment donated by Life Technologies Corporation to SU2C.

The AACR is responsible for administering the grant and provides ongoing scientific oversight to ensure that progress is being made.

First, the team will create a multi-institutional computing infrastructure to perform new analyses on childhood cancer genomes as well as normal childhood tissues to determine which molecules are on the surface of cancer cells, but not normal cells. Discoveries will be validated using tissue microarrays from cancerous and normal tissues from children.

The team will then create new immunotherapeutic drugs and approaches based on these discoveries in a collaborative manner with the Frederick National Laboratory and industry partners, and perform the necessary laboratory studies to determine if they are promising for testing in children.

In parallel, the team will develop an Immunogenomics Pediatric Cancer Dream Team clinical trials consortium to test the new immunotherapeutics in children.

A major goal of the team is to create a mechanism by which these highly specialized therapies can be exported to all children's hospitals for future testing and clinical application.

In Brief

Dmitrovsky to Leave Dartmouth To Become MD Anderson Provost

(Continued from page 1)

He will replace **Thomas Buchholz**, division head for radiation oncology, who had been serving as provost ad interim.

Dmitrovsky spent more than a decade on the faculty of Memorial Sloan-Kettering Cancer Center before moving to Dartmouth as department chair in 1998. He also served as dean ad interim of Dartmouth's medical school.

He's chair of the Board of Scientific Counselors-Clinical Sciences and Epidemiology of the NCI and chair of its PREVENT Cancer Drug Development Program external steering panel.

Dmitrovsky's research has focused on the mechanisms responsible for growth and differentiation effects of natural and synthetic derivatives of vitamin A. Pharmacological, cellular and molecular genetic approaches are used to identify pathways activated or repressed by retinoids to signal beneficial effects in cancer therapy and chemoprevention.

ERIK PAULSON, chair of diagnostic radiology at MD Anderson Cancer Center, will move to **Duke University Medical Center** to become chair of radiology.

Paulson joined the Duke faculty in 1991, and had served as a professor of radiology and as the chief of the abdominal imaging division since 2001. In 2009, he became vice chairman of clinical operations for radiology at MD Anderson.

MD Anderson plans to appoint an interim chair while a committee searches for a replacement.

ANIRBAN MAITRA will join **MD Anderson Cancer Center** as co-director of the Sheikh Ahmed Bin Zayed Al Nahyan Center for Pancreatic Cancer Research, and will serve as scientific director of the center.

Maitra will also be a professor in both the department of pathology and translational molecular pathology, as well as deputy division head for academic science.

Maitra is currently professor of pathology and oncology at Johns Hopkins University School of Medicine, and is an affiliate of the McKusick-Nathans Institute of Genetic Medicine.

He has been part of the team that has mapped

the mutational landscapes of pancreatic cancer, as well as pancreatic neuroendocrine tumors and cystic neoplasms of the pancreas.

ALAN WAYNE, clinical director of the NCI Pediatric Oncology Branch, is joining **Children's Hospital Los Angeles** and the **University of Southern California**.

He has been named director of Cancer and Blood Diseases and will serve as the division head of hematology-oncology and bone marrow transplantation in the Department of Pediatrics.

He will also hold positions as professor of pediatrics at the Keck School of Medicine at USC and as associate director for pediatric oncology at the USC Norris Comprehensive Cancer Center. He will begin July 1.

Wayne will hold the Stuart E. Siegel Endowed Chair at the hospital and his duties will include responsibility for the delivery of patient care services to all inpatients and outpatients of the cancer and blood diseases center and the hematology-oncology and bone marrow transplantation division.

He will also oversee direction for research and lead fundraising efforts.

At NIH, he serves as deputy clinical director for medical affairs in the NCI's Center for Cancer Research and heads the Pediatric Oncology Branch's Hematologic Diseases Section where he directs a research program to develop new treatments for hematologic malignancies.

ERIC HOLLAND will join **Fred Hutchinson Cancer Research Center** and the **University of Washington** as senior vice president and director of the Human Biology Division.

He will replace **Denise Galloway**, interim director and member of the Human Biology Division, who assumed that role in May 2011 upon the retirement of former division director **Barbara Trask**.

At UW Medicine, Holland will be a professor of neurological surgery, hold the Chap and Eve Alvord and Elias Alvord Chair in Neuro-oncology and will direct the Nancy and Buster Alvord Brain Tumor Center.

Holland is currently the Emily Tow Jackson Chair in Oncology and the founding director of the Brain Tumor Center at Memorial Sloan-Kettering Cancer Center, where he has built one of the nation's most successful brain cancer research and clinical programs. He specializes in the research and treatment of glioma

and metastatic brain tumors.

He was the first to use a system of postnatal gene transfer to study brain cancer formation in mice, providing a model for the development of gliomas and medulloblastomas, and his laboratory was the first to demonstrate that stem cells are more sensitive to changes that can lead to cancer. He was the first to demonstrate that the activity of a protein called Akt is elevated in human glioblastomas.

JAMIE BEARSE has been appointed president and CEO of **ZERO - The End of Prostate Cancer**.

Bearse is an 11-year veteran of the organization who has held the position of chief operating officer and most recently, chief strategic officer.

Bearse developed the DASH FOR DAD race series for ZERO and later merged it with the Great Prostate Cancer Challenge in 2009. Today called the ZERO Prostate Cancer Challenge, the race takes place in more than three-dozen cities across the U.S. and will generate more than \$2.5 million this year toward education and increasing prostate cancer research funding.

Bearse started at ZERO (then called the National Prostate Cancer Coalition) as the organization's press secretary where he won seven League of American Communication Professional awards, including the best non-profit publicity campaign of 2005.

GEORGETOWN UNIVERSITY MEDICAL CENTER launched the **Center for Cellular Reprogramming**, which will focus on the use of stem-like cells.

Richard Schlegel, chairman of the department of pathology at GUMC and a professor of oncology at Georgetown Lombardi Comprehensive Cancer Center will serve as the center's director. **Chris Albanese**, director of experimental pathology at Georgetown Lombardi, will be deputy director.

The Schlegel and Albanese labs will act as the center's hub, but its spokes already include 15 collaborators throughout Georgetown Lombardi and GUMC, and 10 from around the country—including investigators from Yale University School of Medicine, MD Anderson Cancer Center, Massachusetts General Hospital and the NIH.

Schlegel, along with colleague **Xuefeng Liu**, discovered that adding two different substances—a Rho kinase inhibitor and fibroblast feeder cells—to cancer cells or to normal cells pushes them to morph into stem-like cells that stay alive indefinitely. When

the two substances are withdrawn from the cells, they revert back to the type of cell they once were.

Georgetown Lombardi investigators are using conditionally reprogrammed cells to pursue biology-based studies in prostate, breast cancer, thymoma, head and neck and many other cancers, and are supporting two phase I clinical trials within the MedStar Georgetown Cancer Network.

Researchers at Yale, the University of North Carolina and Memorial Sloan Kettering Cancer Center are also investigating the utility of CRCs in a variety of diseases. NCI is using CRCs in studies of head, neck and genitourinary cancers.

FDA News

Breakthrough Designation Granted to Palbociclib

FDA granted a breakthrough therapy designation to **Palbociclib (PD 0332991)**. The experimental drug is being investigated for the treatment of advanced breast cancer.

Palbociclib has shown a significant increase in progression-free survival for patients with advanced breast cancer that was estrogen receptor positive and HER2-negative. Patients were given a combination palbociclib and the standard anti-estrogen treatment, letrozole, and were compared to patients receiving letrozole alone.

The designation was based on the preliminary analysis of the phase II data showing that the median PFS of patients given the palbociclib-letrozole combination was 26.1 months, compared to 7.5 months for those given letrozole alone.

Among patients with measurable disease, 45 percent receiving the combination had confirmed responses, compared to 31 percent with letrozole alone, and the clinical benefit rates were 70 and 44 percent, respectively.

The phase II clinical data were initially reported in December 2012 at the CTRC-AACR San Antonio Breast Cancer Symposium.

Palbociclib is developed by Pfizer Inc. and is being investigated by researchers from the Revlon/UCLA Women's Cancer Research Program at UCLA's Jonsson Comprehensive Cancer Center.

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Find more information at: www.cancerletter.com
