

## Gauging Discontent

### **UT System (Again) Directs DePinho To Cure MD Anderson Faculty Angst**

*By Paul Goldberg*

Over the past two years, four separate surveys attempted to gauge the level of faculty morale and satisfaction at MD Anderson Cancer Center.

All produced similar results: faculty morale is low, and a large proportion of the faculty says the administration is tone-deaf to their needs. The executive leadership is seen as not appropriately responding to internal issues.

The latest survey—conducted by the UT System and reported on Nov. 3—allows comparison with the earlier efforts.

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## The Survey Results

### **Greenberg: More Work Needs to be Done**

After three very similar surveys yielded results that pointed to disaffection and disenfranchisement on the part of the faculty at MD Anderson, the UT System officials said they expect a “renewed, constructive and collaborative effort” to address the problems.

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## In Brief

### **Nathan Receives Lifetime Achievement Award For Impact in Pediatric Cancer Research**

DAVID NATHAN is the first recipient of the **Boston Children’s Hospital Lifetime Impact Award** at the hospital’s second annual Global Pediatric Innovation Summit.

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## Greenberg Plans to Meet With MD Anderson Faculty

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The MD Anderson Faculty Senate administered two recent surveys of the faculty (The Cancer Letter, [Jan. 18, 2013](#), [March 29, 2013](#), [Sept. 20, 2013](#)). MD Anderson's administration attempted to accomplish the same task in its biennial BIG Survey of the faculty and staff (The Cancer Letter, [May 24, 2014](#)).

The UT System's foray into the business of measuring the feelings of MD Anderson faculty members is evidence of how seriously it takes the situation at the Houston-based institution. Commenting on the results, UT System officials said that they continue to expect Ronald DePinho, the cancer center's president, to make improvements.

"The Chancellor and I have shared the survey results with [MD Anderson] President Ronald DePinho and the executive leadership team," wrote Raymond Greenberg, the UT System executive vice chancellor for health affairs, in a letter accompanying the survey results. "In so doing, we have emphasized our desire for a renewed, constructive and collaborative effort to address them."

In the latest survey, across all questions, about half of the respondents said they were dissatisfied, and about a quarter said they were neutral. Overall satisfaction with the administration ran at around 25 percent. The survey results appear on page 1.

In the letter summarizing the findings, Greenberg noted that he was anticipating better results and that he would schedule face-to-face meetings with the faculty and the administration to set goals for improving this situation.

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The UT System's brief survey, which contained only six questions, was sent to 1,578 faculty members at MD Anderson in September. Responses were received from 966 faculty members, which included 640 clinicians and 326 non-clinicians. The faculty members were asked to focus on their experience over the last six months.

In one of the more intriguing findings, clinicians were split on the question of patient safety, with 39 percent saying they were satisfied with patient safety, and 34 percent saying they were dissatisfied.

The UT System's willingness to pose this question indicates its willingness to accept that the faculty would be split on this all-important question.

The latest assessment of patient safety is consistent with the results from a 2013 Faculty Senate survey, where clinicians said that the administration's demands to increase workloads have eroded patient safety (The Cancer Letter, [Sept. 20, 2013](#)).

In that survey, more than half of the clinical faculty members who answered the question on patient safety said that aggressive financial quotas set by the administration of MD Anderson President DePinho are harming patient safety. In an anonymous free-response section, one clinician reported having made "two major clinical mistakes in the past year due to over burdened clinical demands on complicated patients.

"One of these incidents clearly resulted in a patient death," the clinician wrote anonymously.

MD Anderson officials said that patient safety hasn't been compromised. "Patient safety is always our top priority," the cancer center officials said of the UT System survey results. "MD Anderson has many measures in place to help ensure the safety of the patients we care for."

In a separate statement commenting on the most recent results, Greenberg and UT System Chancellor Francisco Cigarroa didn't address the faculty's difference of opinion on patient safety.

"We all share a faithful promise and abiding commitment to patients who put their full trust in MD Anderson for safe, effective and compassionate care, innovative treatments, and new discoveries," the two officials said in the statement sent to The Cancer Letter.

Here are the highlights of the latest findings:

- One in four faculty members said they agreed with the statement "I support the changes being implemented by executive leadership."

- The same proportion—25 percent—agreed with the statement "Executive leadership has shown appropriate recognition of my contribution to the institution."

- Only 14 percent agreed with the assertion that “overall morale has improved as a result of recent changes made by the executive leadership.”

- The statement “Executive leadership is open to faculty ideas and recommendations” was supported by 23 percent of respondents.

- Among clinicians, 19 percent said they were satisfied with clinical expectations, 15 percent said they had sufficient time for academic responsibilities.

- Among non-clinicians, 45 percent were dissatisfied with institutional support for their research, while 31 percent expressed satisfaction.

### **What’s on Greenberg’s Mind?**

Here are the plot points that emerge from Greenberg’s cover letter as well as a similarly worded statement sent to The Cancer Letter:

- In September 2013, DePinho has been told to improve the faculty’s morale.

“We made recommendations to President DePinho and his leadership team to address areas of perceived needed improvement,” Greenberg and Cigarroa said in a statement. “We were pleased that President DePinho and his team acknowledged those areas identified and agreed to focus their efforts on them. Based upon discussions with many faculty members over the past year, we believe that the executive leadership team was sincere and persistent in attempting to engage faculty and enhance the work environment.”

- The UT System took the unusual step of designing this survey in order to measure DePinho’s performance under the 2013 mandate to improve MD Anderson’s faculty morale.

“The instrument was developed by the UT System with multiple rounds of input from both the Faculty Senate and the Office of the Provost of MD Anderson,” Greenberg wrote in the cover letter. “The content areas were selected to reflect issues that had been raised in various forums over the past year. Although we did not have baseline data for these questions in the exact same format, comparisons can be made on some topical areas to the results of the Faculty Senate survey of the clinical faculty a year ago and the BIG Survey conducted by MD Anderson about six months ago.”

- While improvements appear to have been made,

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the state of affairs measured in the survey doesn’t meet the UT System’s expectations.

Greenberg and Cigarroa have been meeting with faculty members throughout the past year, and “this feedback led us to anticipate that the results of the faculty survey would reflect a greater perception of progress,” they said in a statement. “The results tell us that more work needs to be done, and this remains a work in progress.”

- The DePinho administration continues to have the support of the UT System leadership.

“We see this as a work in progress, since we know it takes time for significant change to permeate through an organization as large and complex as MD Anderson,” Greenberg wrote.

In their joint statement, Greenberg and Cigarroa noted that MD Anderson’s faculty retention rates are high.

“We are also pleased to note that faculty retention at MD Anderson remains among the highest for UT health institutions,” the officials said. “Additionally, MD Anderson has been successful in adding to its cadre of exceptional faculty. Membership in the National Academies, for instance, has risen to 14—an increase of 11, in the last three years.

“These and other accolades reflect the widespread peer recognition of the MD Anderson faculty as leaders and innovators in the field of cancer research and patient care.”

- DePinho appears to have been given more time to fix the problems.

“We have strong confidence in President DePinho, his executive leadership team, and the faculty at MD Anderson,” Greenberg and Cigarroa wrote. “We will look forward to continued conversations with MD Anderson’s faculty and executive team to ensure their full participation in the process and to advance MD Anderson’s critical mission of making cancer history.”

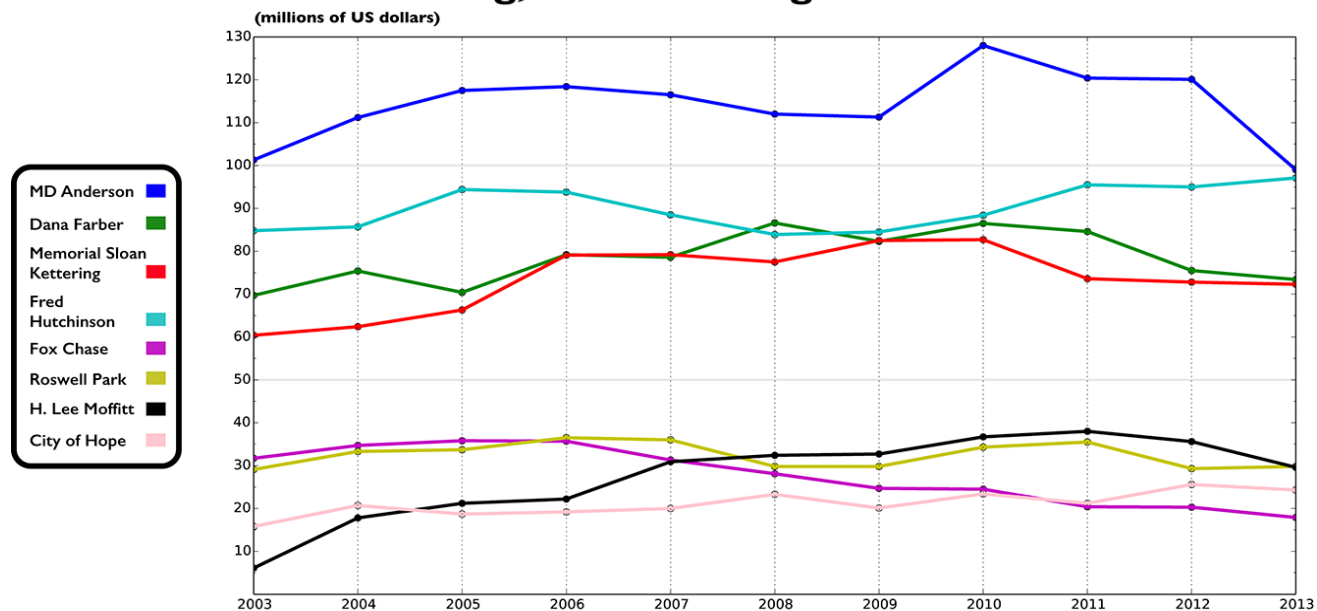
### **Zwelling: Expecting a Different Arrhythmia?**

Commenting on the latest survey, MD Anderson officials said that “in response to recent concerns, leadership at MD Anderson has greatly expanded two-way communications with faculty. For example: Efforts to develop a new strategic plan for MD Anderson engaged faculty members.

“Furthermore, the plan itself focuses on addressing many of the issues unique to MD Anderson as well as those linked to the overall changing face of health care we have heard about over the past 14 months.

“Of course, solving problems and building trust takes time. We are committed to this process and hope faculty share this commitment.”

## NCI Funding, Freestanding Cancer Centers



From last week's issue of *The Cancer Letter*, how MD Anderson's NCI grant funding dropped from its high point of about \$130 million in 2010 to its low of under \$100 million in 2013. The amounts are not adjusted for inflation. (The Cancer Letter, [Oct. 31.](#))

In his blog, former MD Anderson faculty member Leonard Zwelling offered the following assessment of the UT System's findings: "All I can ask is how many more times will someone take the pulse of the faculty and expect a different arrhythmia? Will it necessitate a flat line to call the EMTs? (That's Executive Men of (U) Texas)."

The Faculty Senate's executive committee met with DePinho on Nov. 5 and will disseminate the results of the meeting to the full Faculty Senate Nov. 11. No date has been set for Greenberg's visit to the Houston institution.

In a recent setback, MD Anderson lost the bragging rights of being the No. 1 cancer hospital in the US News and World Report rankings, after claiming the top spot seven years in a row (The Cancer Letter, [July 14](#)). Memorial Sloan Kettering Cancer Center edged ahead of the Houston institution, likely because US News changed the methodology it uses to calculate scores. MSKCC earned a higher patient safety score than MD Anderson, and this year, US News changed the weights used in calculation of the overall result.

Meanwhile, several key researchers have left MD Anderson since Sept. 1, 2011, the day DePinho assumed the institution's top job (The Cancer Letter, [Jan. 17](#)).

Altogether, 31 full professors left MD Anderson in fiscal 2013. This number of departures is the highest since 2003, though another spike had occurred in 2010,

when 30 professors left. As senior people departed, 11 faculty members were hired at the rank of professor.

Also, in the past two years, the amounts of money MD Anderson received from NCI dropped dramatically from just under \$130 million to under \$100 million.

The decline places MD Anderson's total NCI funds a bit below the 2003 level and only slightly above Fred Hutchinson Cancer Center (The Cancer Letter, [Oct. 31](#)).

Can the drop in NCI funding at MD Anderson be attributed to faculty departures? Indeed, many of the top-level faculty members who left the institution took their grants with them.

"We don't see current levels being related to departures or arrivals," MD Anderson officials said in response to questions from The Cancer Letter. "The grants coming in appear to offset any grants leaving."

The drop in NIH and NCI funding can be seen at many institutions and can be attributed to flat budgets and sequestration. MD Anderson differs from many of these institutions, because it can also apply for money from the Cancer Prevention and Research Institute of Texas.

"Many MD Anderson researchers are submitting grant proposals to CPRIT instead of NCI, because success rates are so low at the federal level," MD Anderson officials said. "The numbers tell this story. According to the graphs you published, the recent decrease in NIH funding for [MD Anderson] was



approximately 30 million from 2011 to 2013. In comparison, MD Anderson has brought in close to \$62 million in CPRIT funding since October 2013. In total, MD Anderson has received more than \$185 million from CPRIT since it was formed in 2007.”

However, in recent years, CPRIT was subject to a moratorium, which made funds unavailable (The Cancer Letter, [Aug. 25](#), [Sept. 5](#)).

“Since CPRIT funding is slated to end in 2017, it seems worrisome that they are trying to put all of their eggs in that basket and decrease their pursuit of NIH funding, which may be more competitive, but has always been the ‘gold standard’ for research merit,” said a cancer researcher at another top-tier institution, who spoke on condition that their name wouldn’t be used.

MD Anderson officials said the institution isn’t losing faculty:

- “Our faculty retention success is exceptional,” the cancer center’s officials said in a statement, “In FY14, 90 percent of the faculty who were considering competing offers from other institutions were retained at MD Anderson.

- “MD Anderson has one of the highest faculty retention rates among all UT System institutions. MD Anderson has the highest five-year retention rate among tenured/term-appointed faculty members across all UT health institutions and the second-highest five-year retention rate among tenured/term-appointed faculty members across all UT System institutions.

- “In the past 14 months, faculty-led search committees have successfully assisted in recruiting three clinical division heads—Surgery, Internal Medicine and Radiation Oncology—and three new department chairs.

- “While some concerns raised by faculty are unique to MD Anderson, tension between faculty and leadership is unfortunately common at most academic health institutions in the United States. Faculty members at American health institutions are facing unprecedented pressures derived from the reduced availability of federal funding for research and the greater reliance on clinical operations funding to help fill this void;

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the greater need for clinical productivity in the face of declining reimbursement from all payors; and a mounting regulatory burden that restricts the time devoted to actual patient care, research and education. At MD Anderson, leadership is working to engage faculty in collaboratively addressing issues these new tensions create.”

Douglas Boyd, an MD Anderson professor who has been active in a recent dispute over renewal of tenure, said he sees no tangible effort to improve morale at the institution (The Cancer Letter, [April 25, 2014](#)).

“The administration certainly has conjured up numerous meetings with faculty—alas it appears for public consumption and there is little evidence that they listen,” Boyd said to The Cancer Letter. “A case in point was the faculty senate’s recommendations for changes to the tenure renewal process for faculty receiving a unanimous vote (favoring renewal) by the Promotions and Tenure Committee—these recommendations were all summarily rejected.”

UT System Board of Regents has been supportive of DePinho’s handling of the tenure dispute (The Cancer Letter, [Oct. 10](#)). The dispute may result in censure of MD Anderson by the American Association of University Professors.

**“Ron Instills a Spirit of, ‘Yes, We Can Do It!’”**

On Nov. 5, two days after Greenberg circulated the results of the UT System survey, MD Anderson faculty members began to circulate a letter of support for DePinho.

The letter is addressed to Patricia Hurn, vice chancellor and counsel for health affairs and vice chancellor for research and innovation at the UT System. The version of the letter obtained by The Cancer Letter was signed by two individuals: Raghu Kalluri, chair of the Department of Cancer Biology, and Guillermina Lozano, chair of the Department of Genetics.

“We recognize that there are challenges experienced by our faculty at this point in time,” the sign-on letter from DePinho’s supporters read. “But this is not unique to our institution. In fact, from our many conversations with our colleagues around the country, we know that, at many, if not most, academic health institutions, faculty are feeling the pressures of reduced federal funding for research, of greater demands for clinical productivity to compensate for reduced reimbursement, as well as of increasing regulatory burden.

“On top of these, there is rising expectation from our patients for enhanced quality and experience of care. These external pressures are driving changes, and

we believe that many of these changes are positive, but nonetheless we appreciate that these changes can be difficult and anxiety promoting among our faculty.

“We are supportive of all the efforts the executive leadership of MD Anderson is driving, balancing the future of the institution and the needs of our faculty during this period. We are very pleased that, due to the superb leadership, our institution’s financial status is strong, allowing for internal support that our colleagues elsewhere do not get, including new peer-reviewed internal grant mechanism.”

If the surveys are to be believed, the letter’s effusive praise of DePinho and his administration reflect the view of a minority of MD Anderson’s faculty.

“Our confidence for success derives from the culture of accountability and excellence implemented by the leaders of MD Anderson, notably by our President Ronald DePinho and the leadership team he assembled. He has our unequivocal support. Ron instills a spirit of, ‘yes, we can do it!’ He also has high standards and reminds us that lives are on the line, that many are counting on us to cure this dreaded disease.

“There is positive energy in all corridors of MD Anderson. We are fortunate to have leaders of MD Anderson who are working tirelessly to deliver the promise of exceptional excellence in the treatment of cancer patients and discovery of new therapies. The faculty is inspired to succeed in this mission.”

### **Second Trip to Houston**

This would be Greenberg’s second trip to discuss morale at MD Anderson. On Sept. 18, 2013, nine days after coming to work at the UT System, he accompanied Kenneth Shine, his predecessor, at a meeting with MD Anderson faculty.

After hearing the grievances of faculty members, Shine cautioned the faculty members not to believe everything they read.

“The Houston Chronicle wants to publish papers, and The Cancer Letter is used to trying to be provocative or rake mud or whatever and that’s the role that the media plays,” Shine said at that meeting. “My only point that I would make to you is I don’t think it’s helpful to have this put in the newspaper.”

Negative coverage causes poor morale, Shine asserted. “Because that often means you could do the wrong thing and I’m very sensitive about morale,” he said. “What happens is the more bad media you get, the more detrimental that is to morale.”

However, at that meeting, Shine acknowledged that DePinho had made mistakes, particularly when he

went on a nationally televised program to offer what turned out to be poor investment advice: buy stock in Aveo Pharmaceuticals Inc., a company DePinho and his wife Lynda Chin, a researcher at MD Anderson, had co-founded (The Cancer Letter, [June 1, 2012](#), [May 3, 2013](#), [May 10, 2013](#)).

“Dr. DePinho made a serious mistake, which he has acknowledged,” Shine said at the 2013 meeting with the faculty. “The question is, how much of a pound of flesh do you extract because of that significant error?”

Greenberg said little at that meeting, but sources close to Greenberg confirm that he has been looking deeply into the situation at MD Anderson.

On Jan. 5, 2015, UT System Chancellor Cigarroa will be replaced by Adm. William McRaven, currently commander of the U. S. Special Operations Command.

## **Survey Focuses on Morale, Satisfaction, Patient Safety**

(Continued from page 1)

The latest survey, conducted by the UT System, was designed to support comparisons with the results of earlier surveys conducted by the MD Anderson Faculty Senate and its administration.

The results of the UT System’s survey were distributed with a letter from Raymond Greenberg, the executive vice chancellor for health affairs.

*The text of Greenberg’s “Dear Colleagues” letter, dated Nov. 3, follows:*

Dear Colleagues:

As you will recall, the UT System undertook a survey of the faculty of UT MD Anderson in September. I want to thank you for providing your input. Over 60% of the faculty completed the survey, with similar response rates across academic ranks. We believe that the survey provides a valid and unbiased sampling of faculty opinion.

The instrument was developed by the UT System with multiple rounds of input from both the Faculty Senate and the Office of the Provost of MD Anderson. The content areas were selected to reflect issues that had been raised in various forums over the past year. Although we did not have baseline data for these questions in the exact same format, comparisons can be made in some topical areas to the results of the Faculty Senate survey of the clinical faculty a year ago and the Big Survey conducted by MD Anderson about six months ago.



Consider your experiences at MD Anderson Cancer Center over the last six months and indicate whether you agree or disagree with the following statements:

		ALL RESPONSES			
Question 2:		Strongly Agree or Agree	Neutral	Strongly Disagree or Disagree	Response Count
Q2A	Executive Leadership is focused on enhancing the work environment at MD Anderson	26%	26%	48%	960
Q2B	Overall morale has improved as a result of recent changes made by Executive Leadership	14%	21%	65%	957
Q2C	Executive Leadership has shown appropriate recognition for my contributions to the institution	25%	29%	46%	957
<i>answered question</i>					962
<i>skipped question</i>					4

		CLINICAL FACULTY				NON-CLINICAL FACULTY					
Question 2:		Strongly Agree or Agree	Neutral	Strongly Disagree or Disagree	Response Count	Strongly Agree or Agree	Neutral	Strongly Disagree or Disagree	Response Count		
Q2A	Executive Leadership is focused on enhancing the work environment at MD Anderson	26%	25%	49%	635	27%	26%	47%	325		
Q2B	Overall morale has improved as a result of recent changes made by Executive Leadership	15%	21%	64%	634	13%	21%	66%	323		
Q2C	Executive Leadership has shown appropriate recognition for my contributions to the institution	24%	27%	48%	633	26%	32%	42%	324		
<i>answered question</i>					637	<i>answered question</i>					325
<i>skipped question</i>					3	<i>skipped question</i>					1

Consider your experiences at MD Anderson Cancer Center over the last six months and indicate whether you agree or disagree with the following statements:

		ALL RESPONSES			
Question 3:		Strongly Agree or Agree	Neutral	Strongly Disagree or Disagree	Response Count
Q3A	I have the ability to influence the quality of my work	64%	13%	24%	959
Q3B	The MD Anderson Cancer Center compensation structure is satisfactory	46%	23%	31%	957
Q3C	Executive Leadership is open to faculty ideas and recommendations	23%	26%	51%	959
Q3D	I support the direction and goals set by the Executive Leadership for the institution	29%	31%	40%	957
Q3E	I am satisfied with opportunities for advancement within the institution	31%	27%	43%	958
<i>answered question</i>					961
<i>skipped question</i>					5

		CLINICAL FACULTY				NON-CLINICAL FACULTY					
Question 3:		Strongly Agree or Agree	Neutral	Strongly Disagree or Disagree	Response Count	Strongly Agree or Agree	Neutral	Strongly Disagree or Disagree	Response Count		
Q3A	I have the ability to influence the quality of my work	59%	13%	29%	636	73%	13%	14%	323		
Q3B	The MD Anderson Cancer Center compensation structure is satisfactory	45%	24%	31%	634	48%	21%	31%	323		
Q3C	Executive Leadership is open to faculty ideas and recommendations	22%	26%	52%	635	25%	24%	51%	324		
Q3D	I support the direction and goals set by the Executive Leadership for the institution	29%	33%	39%	633	29%	29%	42%	324		
Q3E	I am satisfied with opportunities for advancement within the institution	31%	27%	42%	633	30%	26%	44%	325		
<i>answered question</i>					636	<i>answered question</i>					325
<i>skipped question</i>					4	<i>skipped question</i>					1





The following questions are for research faculty only. Consider your experiences at MD Anderson Cancer Center over the last six months in the following research areas; how satisfied are you with progress or improvements in these research areas?

**ALL RESPONSES**

Question 6:	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied	Response Count
Q6A Administration's strategic agenda for research	28%	29%	43%	568
Q6B Institutional support for your research	31%	24%	45%	560
Q6C Institutional support for your department's research	28%	27%	45%	560
Q6D Integration of existing faculty with new initiatives	20%	31%	49%	564
			<i>answered question</i>	<b>574</b>
			<i>skipped question</i>	<b>392</b>

**CLINICAL FACULTY**

**NON-CLINICAL FACULTY**

Question 6:	CLINICAL FACULTY				NON-CLINICAL FACULTY			
	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied	Response Count	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied	Response Count
Q6A Administration's strategic agenda for research	33%	33%	34%	256	24%	25%	51%	312
Q6B Institutional support for your research	34%	27%	39%	250	29%	21%	51%	310
Q6C Institutional support for your department's research	31%	29%	39%	254	25%	25%	50%	306
Q6D Integration of existing faculty with new initiatives	24%	36%	40%	251	17%	27%	57%	313
			<i>answered question</i>	<b>258</b>			<i>answered question</i>	<b>316</b>
			<i>skipped question</i>	<b>382</b>			<i>skipped question</i>	<b>10</b>

**MD Anderson Cancer Center- Survey Respondent Profile**

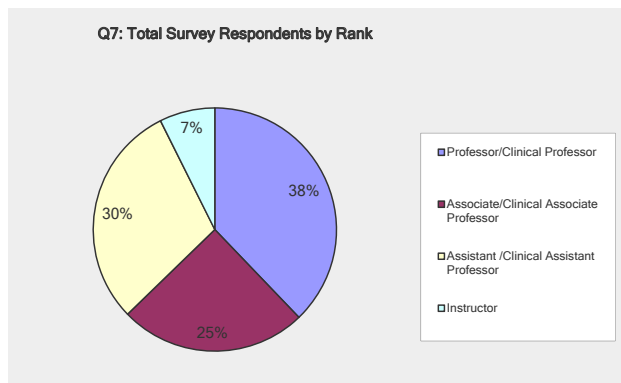
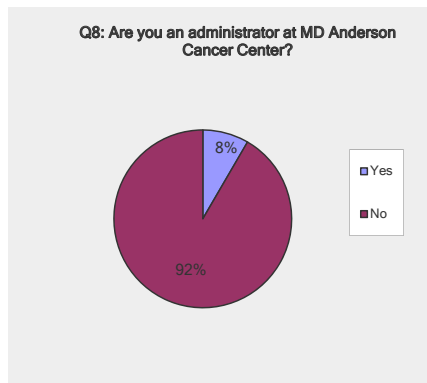
**SUMMARY OF SURVEY RESPONDENTS:**

Email invitations were distributed to 1,578 MDACC faculty in September 2014.  
 966 individuals submitted a response  
 640 were clinical faculty  
 326 were non-clinical faculty

**ACADEMIC RANK:**

Professor/Clinical Professor  
 Associate/Clinical Associate Professor  
 Assistant /Clinical Assistant Professor  
 Instructor

	Survey Respondents (%s)			Survey Respondents (#s)		
	Total	Clinical Faculty	Non-Clinical Faculty	Total	Clinical Faculty	Non-Clinical Faculty
Professor/Clinical Professor	38%	40%	33%	356	249	107
Associate/Clinical Associate Professor	25%	27%	20%	239	174	65
Assistant /Clinical Assistant Professor	30%	30%	30%	282	186	96
Instructor	7%	3%	17%	70	17	53
<i>Didn't identify rank in survey:</i>				<i>19</i>	<i>14</i>	<i>5</i>



## *In Brief*

### **Nathan Receives Lifetime Award For Pediatric Cancer Research**

(Continued from page 1)

Nathan is president emeritus of Dana-Farber Cancer Institute and physician-in-chief emeritus of Boston Children's Hospital. The award recognizes a clinician or researcher who has devoted their entire career to accelerating innovation in pediatric medicine.

In nominating Nathan for the award, David Williams, chief of hematology/oncology at Boston Children's and associate chairman of pediatric oncology at Dana-Farber, called his mentor a "proverbial 'triple threat'" who "combined outstanding clinical care, research and teaching leadership,...while he also steered two major academic institutions to greater heights."

Nathan's research was instrumental in the creation of the first successful treatment for iron overload in thalassemia patients, prenatal diagnosis of thalassemia and sickle cell disease, and the drug hydroxyurea, now a mainstay for managing the disease's painful effects for many patients. Nathan is also credited with enhancing the stature of both Boston Children's and Dana-Farber as research and teaching institutions.

**STEVEN FINKELSTEIN** was appointed national chief science officer of **21st Century Oncology**.

Finkelstein is national director of the Translational Research Consortium, the research arm of 21st Century Oncology, and an adjunct associate professor at the Translational Genomic Research Institute.

He has various leadership roles in the American Society of Clinical Oncology, the American Society for Therapeutic Radiology and Oncology, Radiological Society of North America, and the Radiation Therapy Oncology Group.

He also serves as vice chair of translational research for the Southwest Oncology Group radiation committee, and is editor-in-chief of the journal *Contemporary Radiation Oncology*.

**CITY OF HOPE** launched a stem cell therapy clinic. The Alpha Clinic for Cell Therapy and Innovation is funded by an \$8 million, five-year grant from the **California Institute for Regenerative Medicine**.

The grant will fund clinical trials focused on HIV, brain tumors and other diseases. Two trials were identified to launch the center, but additional trials are currently enrolling patients, which include transplants

of blood stem cells that have been modified to treat patients with AIDS and lymphoma; neural stem cells to deliver drugs directly to cancers hiding in the brain; and T cell immunotherapy trials developed by researchers in City of Hope's new Hematologic Malignancies and Stem Cell Transplantation Institute.

In addition to the Alpha Stem Cell Clinic grant, City of Hope has previously been awarded more than \$55 million in CIRM funds for laboratory and translational research primarily in HIV/AIDS and brain cancer.

**Karen Aboody**, professor in the Department of Neurosciences and Division of Neurosurgery, co-leader of the Developmental Cancer Therapeutics Program and principal investigator of a CIRM Disease Team Award, in collaboration with **Jana Portnow**, associate professor of Medical Oncology and associate director of the Brain Tumor Program, developed a neural stem cell platform for targeting cancer drugs selectively to tumor sites, potentially increasing efficacy and decreasing side effects.

In previous laboratory and first-in-human safety trials, Aboody and her team established that neural stem cells genetically modified to express a therapeutic enzyme migrated to cancer cells. These enzymes could then convert a prodrug—a benign form of a drug—into a potent cancer-killing drug at the tumor site. The prodrug itself can cross the blood-brain barrier which blocks most chemotherapy drugs.

In addition to these trials, the new clinic will eventually help advance T cell immunotherapies being developed for a number of cancers through the Hematologic Malignancies and Stem Cell Transplantation Institute, led by Stephen Forman, director of the T Cell Immunotherapy Research Laboratory. Patients have their T cells collected from the blood then modified using a lentivirus—a retrovirus which encodes the tumor recognition information into the T cell. The modified cells are able to identify proteins found on cancer cells, and, researchers believe, the immune system will be able to fight the cancer.

**THE AMERICAN CANCER SOCIETY'S** Pennsylvania Division, Southeast Region, recently honored researchers at **Fox Chase Cancer Center** and **Temple University School of Medicine**.

Among those honored were **J. Robert Beck**, senior vice president, deputy director, chief academic officer, chief administrative officer, and H.O. West and J.R. Wike Chair in Cancer Research at Fox Chase, who received the 2014 Cancer Control Award for his

individual achievements in the field of cancer control. Beck oversees all activities that support the academic and research operations of Fox Chase.

**Jean-Pierre Issa**, professor of medicine and director of the Fels Institute for Cancer Research and Molecular Biology at Temple University School of Medicine, was also honored with the 2014 Scientific Research Award for his important contributions in the field of epigenetics in the pathophysiology and treatment of cancer.

Issa's research has focused on understanding epigenetics in the pathophysiology and treatment of cancer. His work has helped to reveal that different cancers arise along different molecular routes—predominantly genetic vs. predominantly epigenetic, an important concept in the pathophysiology of cancer.

His focus on whole genome epigenetic studies has led to promising biomarkers for cancer detection, prognosis and prediction, and his proof-of-principle for epigenetic therapy of cancer is now standard of care in several types of leukemias.

In addition to both individuals, Fox Chase Cancer Center was honored as an organization with the Partners in Health Initiatives Award for its high level of commitment to the mission of the American Cancer Society.

**THE CANCER INNOVATION COALITION** held a policy briefing on Capitol Hill, calling for legislative and regulatory action in 2015 to be focused on U.S. cancer research.

The coalition said that important gains in cancer may have reached a plateau, and that the number of new cancer cases diagnosed annually in the U.S. is projected to increase 45 percent, to 2.3 million Americans by 2030.

At the briefing, a coalition panel called for a reprioritization of funding from the federal government, as well as the private sector.

**John Harrington**, a cancer survivor and retired chief commercial officer for Sanofi Global Oncology, said the immediate problem is not a lack of resources, but what he called the nation's "collective complacency" regarding the continued position of the U.S. as a world leader in oncology care. As a consequence, 70 percent of clinical trials are now conducted outside the U.S.

"As a nation we are seeing a lifesaving, health-status-improving system threatened and fundamentally changed," Harrington said. "We would not look for an automobile that had the technology of the 1960's when we shop today for a new car. We would not look

at the operating system of the first computer as the comparator when selecting a new computer."

The group cited significant budget cuts, and that the NCI Clinical Trials Cooperative Group Program will only be able to enroll about 12,000 adult patients in clinical trials over the coming year—a 50 percent drop from the historical yearly average of 25,000 cancer patients enrolled in NCI-sponsored clinical trials, the coalition said.

**Edith Mitchell**, clinical professor of medicine and medical oncology with the Kimmel Cancer Center at Thomas Jefferson University said the opportunity to develop new cancer breakthroughs has never been more promising.

"This is an extraordinary time in oncology, one in which we continuously develop new research ideas propelling new knowledge and technology to empower us to deliver the best treatments and therapeutic outcomes for our patients," Mitchell said.

The coalition's panel also highlighted federal policy that covers oral chemotherapy drugs differently than those administered intravenously or by injections, resulting in far greater co-payments for oral cancer medicines.

Oral parity laws have been passed in 33 states and the District of Columbia, and the advocates are pushing for federal legislation that will require health plans to cover oral anticancer medications and injectable therapies equitably, so that patients pay the same cost percentage for each type of treatment.

### *Drugs and Targets*

## **Cyramza Combination Approved In Advanced Stomach Cancer**

FDA approved **Cyramza (ramucirumab) in combination with paclitaxel** as a treatment for advanced or metastatic stomach or gastroesophageal junction adenocarcinoma whose cancer has progressed on or after prior fluoropyrimidine- or platinum-containing chemotherapy.

Cyramza now has two FDA approvals for these patients, following an approval in April of Cyramza as a single agent, and was previously granted an Orphan Drug Designation. The latest approval was based

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on the phase III RAINBOW trial, which compared Cyramza plus paclitaxel to placebo plus paclitaxel. Efficacy endpoints in the trial included overall survival, progression-free survival and objective response rate.

Cyramza is an anti-angiogenic therapy. It is a vascular endothelial growth factor receptor 2 antagonist that blocks the binding of VEGF receptor ligands VEGF-A, VEGF-C, and VEGF-D. Cyramza inhibited angiogenesis in an in vivo animal model.

RAINBOW was a multinational clinical trial initiated in 2010, which randomized 665 patients. Cyramza plus paclitaxel significantly extended median overall survival compared with placebo plus paclitaxel (9.6 months (95% CI: 8.5, 10.8) compared to 7.4 months (95% CI: 6.3, 8.4), respectively (HR=0.81 [95% CI: 0.68, 0.96]; P=0.017).

**VELOS** recently activated its Investigational Drug System at **MD Anderson Cancer Center**.

The software supports drug inventory and accountability for all investigational agents used at MD Anderson. The product is the result of a multi-year initiative to create a next-generation commercial product to support Investigational Pharmacy Services.

When the system went live, it included over 100 MD Anderson pharmacists and technicians across 15 dispensing pharmacies, with approximately 1,000 active clinical trials. In addition, more than 20 years of data from two previous electronic accountability systems was imported into the new system, covering over 1.6 million drug-patient transactions. MD Anderson and Velos plan to continue their collaboration on future versions of the product.

## *Funding Opportunity* **NCI Hosting Small Business Innovation Research Forum**

NCI is hosting a Small Business Innovation Research Investor Forum Nov. 13 at Agilent Technologies in Santa Clara, Calif., where 28 SBIR-funded companies will present cancer therapeutics, diagnostics, and devices.

The previous three NCI SBIR investor forums have resulted in the closing of approximately \$300 million in investments and partnership deals to advance companies on the cutting-edge of cancer technology development.

With \$119 million in funding annually, NCI SBIR is one of the largest sources of early stage funding for small businesses focused on cancer. The program has funded 18 Bridge awards for a total of \$43 million in NCI funding—and venture capital firms, strategic partners, and other private investors have committed \$86 million for the same projects.

More details about the forum and the presenting companies are available at <http://sbir.cancer.gov/investorforum/>.

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