

# THE CANCER LETTER

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## Officials: "Separations" in Normal Range As Critics Claim Brain Drain in the Clinic

*By Paul Goldberg and Matthew Bin Han Ong*

When surveyed by the Faculty Senate in October 2012, nearly a third of faculty members at MD Anderson Cancer Center said they were likely to leave the institution within three years.

Of that number, 9.3 percent said they were likely to leave within one year (The Cancer Letter, [Jan. 18, 2013](#)).

More than a year later, the numbers of faculty members departing from MD Anderson don't look out of the ordinary, MD Anderson officials said.

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### Capitol Hill

## NIH, NCI Get Higher Funding in 2014 Budget

*By Matthew Bin Han Ong*

Congress has passed a \$1.012 trillion omnibus spending bill, easing the sequestration cuts set for fiscal 2014 and keeping the government open through September. President Barack Obama is expected to sign the bill by Saturday.

Two days short of another shutdown, Senate members voted 72-36 to approve the measure Thursday night. The action came after Republicans

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### In Brief

## Baylor Campus to Build Joint Cancer Center; Beck Named Deputy Director of Fox Chase

BAYLOR COLLEGE OF MEDICINE, CHI St. Luke's Health and the Texas Heart Institute have expanded their educational, clinical and research affiliations in conjunction with Catholic Health Initiatives, which sponsors and operates the newly named CHI St. Luke's Health.

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## Rate of Departure Stands at 7%, Same Level Hit Twice Before

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During the 2013 fiscal year, 111 faculty members departed from MD Anderson. While that absolute number is the highest ever, these departures accounted for 7 percent of the faculty.

MD Anderson figures show that the same rate of departure has been observed twice before, in fiscal 2010 and fiscal 2007.

Critics say that many departures are caused at least in part by the management style and policies of President Ronald DePinho, who is beefing up the basic science programs and increasing financial targets for clinicians.

Administration officials dispute this explanation. The reasons for departures—the official term is “separations”—cannot be attributed to a specific cause, they say.

“Separations were within the same range we have tracked for more than a decade,” said Jim Newman, director of external communications. “Faculty leave MD Anderson for a variety of reasons. People come and go from all academic institutions for an endless variety of reasons. Sometimes they disclose those reasons. Sometimes they don’t. What we know for certain is that departures and arrivals are constant at all academic institutions.”

Critics—who include outside observers, insiders, and former faculty members—say that MD Anderson is losing world-class clinicians who made the institution

SEPARATION REASONS	FY 10	FY 11	FY 12	FY 13
Death	1	1		4
Non-Renewal	7	6	6	11
Retirement	18	17	13	18
Resignation of Appointment	59	59	63	74
Transfer to Affiliate	12	4	3	4
Visa Declined	1			
<b>Total</b>	<b>98</b>	<b>87</b>	<b>85</b>	<b>111</b>

Source: MD Anderson

a premier destination for cancer care. Now, these stars are scattered all over the country.

Newman says the people who are joining MD Anderson are of high caliber.

“When clinicians and researchers leave, the caliber of new faculty is consistent and always very high,” Newman said to *The Cancer Letter*. “This has been the trend for several years and that trend continues today.”

Altogether 31 full professors left MD Anderson in fiscal 2013. This number of departures is the highest since 2003, though another spike occurred in 2010, when 30 professors left. As senior people departed, 11 faculty members were hired at the rank of professor.

“Within academic institutions, faculty members are normally—not always—but normally hired at a junior academic rank,” Newman said. “Ranks include professor, associate professor, instructor, etc. Faculty ‘move up’ in rank over time.”

The lists of faculty members departing and arriving appear on page 5.

Several directors of cancer centers said they are actively recruiting MD Anderson faculty, and insiders at MD Anderson say that the ranks of senior clinical faculty are thinning.

The 7-percent attrition observed in 2013 is in the same ballpark as the result of the faculty survey, where 9.3 percent of faculty members signaled their intent to leave. And, of course, it’s also not clear whether the faculty members who are actually leaving are the same people who signaled their intent to leave.

Some insiders point out that the market for scientists and clinicians is tight and that those who have grant support and world-class credentials have an easier time finding another job.

“There is no question that Ron DePinho has brought in some spectacular basic scientists to MD Anderson, but the quality of clinical and translational researchers who have left in the past year or so has been

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FACULTY SEPARATIONS											
Rank	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13
Professor	13	9	16	11	18	18	19	30	23	18	31
Associate Professor	8	11	7	13	11	15	13	12	21	19	17
Assistant Professor	16	31	24	25	37	19	33	32	28	31	31
Instructor	9	12	20	26	27	19	18	24	15	17	32
Instructor ad interim					1						
<b>Total</b>	<b>46</b>	<b>63</b>	<b>67</b>	<b>75</b>	<b>94</b>	<b>71</b>	<b>83</b>	<b>98</b>	<b>87</b>	<b>85</b>	<b>111</b>
Percentage of Total Faculty	4%	5%	5%	6%	7%	5%	6%	7%	6%	5%	7%

FACULTY HIRES											
Rank	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13
Professor	10	9	7	10	8	7	7	6	3	15	11
Professor ad interim						3		1		2	2
Associate Professor	18	19	14	12	10	13	9	5	7	11	7
Associate Professor ad interim				1	3					1	
Assistant Professor	51	60	61	74	58	79	58	58	72	82	67
Assistant Professor ad interim			2	9	2	7	3	1	1	1	1
Instructor	32	49	53	48	40	46	41	42	40	66	56
Instructor ad interim				1	2						2
Temporary Director		11									
<b>Total</b>	<b>111</b>	<b>148</b>	<b>137</b>	<b>155</b>	<b>123</b>	<b>155</b>	<b>118</b>	<b>113</b>	<b>123</b>	<b>178</b>	<b>146</b>

stunning,” said Fadlo Khuri, deputy director of Emory University’s Winship Cancer Center and chair of the Department of Hematology and Medical Oncology at Emory. Khuri, a former MD Anderson faculty member, has continuing ties within that institution.

Newman said attrition isn’t weighted toward clinicians.

“MD Anderson clinicians make up 59 percent of our faculty,” he said. “Researchers make up 41 percent of our faculty. During FY13, 66 percent of separations were research faculty. Separations of associate and assistant professors were also higher among research faculty. This is in line with historical data. Traditionally, most separations at MD Anderson are among research faculty.”

Ultimately, the lists of faculty members coming and going are about intangibles.

Consider the departures column:

- Raphael Pollock, who was fired from his administrative position as head of the Division of Surgery after challenging MD Anderson’s new financial targets. He has since moved on to become

director of the division of surgical oncology at the Ohio State University Wexner Medical Center and the chief of surgical services of the Ohio State University Comprehensive Cancer Center.

- James Abbruzzese, chairman of the Department of Gastrointestinal Medical Oncology and Digestive Diseases at MD Anderson. It’s not publicly known why Abbruzzese left to become the chief of the Duke Division of Medical Oncology and associate director for clinical research for the Duke Cancer Institute. Abbruzzese left after the end of the fiscal year.

- Garth Powis, director of the Center for Targeted Therapy, left for the Sanford-Burnham Medical Research Institute.

And in the arrivals column:

- Jim Allison, former chair of the immunology program and director of the Ludwig Center for Cancer Immunotherapy at Memorial Sloan-Kettering Cancer Center, who now heads the [MD Anderson Immunology department](#) and is the executive director of the Moon Shots Program immunotherapy platform. Allison is a member of the National Academy of Sciences and the

TOTAL FACULTY											
Rank	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13
Professor	278	297	325	336	362	387	412	436	444	479	509
Associate Professor	248	269	276	303	311	325	344	351	362	366	384
Assistant Professor	408	446	466	493	521	537	545	544	543	577	577
Instructor	121	137	165	180	170	171	173	170	163	193	196
<b>Total</b>	<b>1055</b>	<b>1149</b>	<b>1232</b>	<b>1312</b>	<b>1364</b>	<b>1420</b>	<b>1474</b>	<b>1501</b>	<b>1512</b>	<b>1615</b>	<b>1666</b>

Institute of Medicine and an investigator of the Howard Hughes Medical Institute. Most recently, he won the Breakthrough Prize.

- Ethan Dmitrovsky, former professor and chair of the Department of Pharmacology and Toxicology at the Geisel School of Medicine at Dartmouth, was named provost and executive vice president.

- Helen Piwnica-Worms, a member of IOM and chair of cell biology and physiology and professor of Internal medicine at Washington University School of Medicine in St. Louis, who moved to MD Anderson to become vice provost of science and a professor at the Department of Cancer Biology,

Leonard Zwelling, a scientist and former administrator that left last year, said he is concerned about attrition of clinicians.

“Of great concern is the number of prominent people on the list including clinical division heads, department chairs and executives,” said Zwelling after reviewing a list provided to him by The Cancer Letter. “While no one is irreplaceable, at some point plans for spending may need to be altered if billings and revenue are adversely affected by these vacancies. There is no way a new young clinical faculty member can bring in the revenue that an established clinician with a practice developed over years can.

“The issue is not the comings or goings. The issues are the whys and what is the plan to restore the value lost by the departures.”

Another former faculty member, Lovell Jones, similarly sees problems with attrition of senior faculty.

“Looking at the numbers and names of the

individuals who have left MD Anderson over the last year, it is obvious to me that there continues to be a morale problem at Anderson,” Jones, professor emeritus and UT Distinguished Teaching Professor at MD Anderson, said to The Cancer Letter. “Over my years at Anderson, the sense I got was that faculty came to Anderson for life.

“Some left for career opportunities, but there were never in such numbers as exhibited over the last year. Think about it, what would make you leave the ‘number 1 cancer center’ to go somewhere else?

“It’s generally not the start-up packages, Anderson has incredible ones. It is generally not the access to patients, Anderson sees more than any other single cancer center. What has changed to make people vote with their feet? That is the question the numbers say to me.

“Finally, I had the unique opportunity to have met R. Lee Clark, the visionary who was MD Anderson’s first president, early in my career. I often wonder these days of what he would say about all the things going on.”

The MD Anderson administration’s view is that all is well.

“Separation rates are within the normal range we have witnessed for more than a decade,” Newman said. “Clinical departures were less than research departures. I can answer in general terms: At every institution, departures of senior staff can impact specific clinics. However, MD Anderson’s performance has been stable and our overall clinical operation has grown in the number of patients treated, the total number of clinical staff and total number of clinical faculty.”

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## Departures

Academic Rank	Name	Department
<b>Professor</b>	Abruzzo, Lynne*	Hematopathology
	Anderson, Peter	Pediatrics - Patient Care
	Ang, Kie-Kian	Radiation Oncology Department
	Arap, Wadih	Genitourinary Medical Oncology
	Beahm, Elisabeth K	Plastic Surgery
	Coombes, Kevin R*	Bioinformatics & Comp Biology
	Cox, James D*	Radiation Oncology Department
	DuBois, Raymond N	Cancer Biology
	Esteva, Francisco J	Breast Medical Oncology
	Ewer, Michael*	Cardiology
	Faderl, Stefan H	Leukemia
	Hamir, Amirali Nurali	Veterinary Medicine & Surgery
	Jackson, Edward F	Imaging Physics
	Jones, Lovell A*	Health Disparities Research
	Koller, Charles A	Leukemia
	Legerski, Randy J*	Genetics
	Liang, Shoudan	Bioinformatics & Comp Biology
	Mehta, Kapil*	Experimental Therapeutics
	Pasqualini, Renata	Genitourinary Med Onc - Rsch
	Paulson, Erik	Diagnostic Radiology
	Pollock, Raphael E*	Surgical Oncology
	Powis, Garth	Experimental Therapeutics
	Puduvalli, Vinaykumar K	Neuro Oncology
	Salahudeen, Abdulla K	General Internal Medicine
	Schiffman, Jade S	Head & Neck Surgery
	Silverman, Paul M*	Diagnostic Radiology
	Tong, William P*	Cancer Systems Imaging
	Wang, Dingzhi	Cancer Biology
	Wei, Qingyi*	Epidemiology
	Yi, Qing	Lymphoma/Myeloma - Research
	Younes, Anas	Lymphoma/Myeloma
<b>Associate Professor</b>	Chelouche Lev, Dina	Cancer Biology
	Gorlova, Olga Y	Epidemiology
	Green, Marjorie C	Breast Medical Oncology
	Holsinger, Floyd	Head & Neck Surgery
	Kojima, Kensuke	Leukemia - Research
	Le, Xiaofeng	Experimental Therapeutics
	Li, Hongdi	Cancer Systems Imaging
	Liao, Warren S*	Experimental Therapeutics
	LoBiondo-Wood, Geraldine	Nursing, Department of
	Millikan, Randall E	Genitourinary Medical Oncology
	Palmer, J Lynn*	Biostatistics

## Departures

Academic Rank	Name	Department
<b>Associate Professor</b>	Phan, Alexandria	GI Medical Oncology
	Rhodes, Helen E	Gyn Onc & Reproductive Med
	Vega-Vazquez, Francisco	Hematopathology
	Vogel, Lynn	Bioinformatics & Comp Biology
	Wang-Johanning, Feng*	Veterinary Sciences
	Zhang, Sean X	Radiation Physics - Pt Care
<b>Assistant Professor</b>	Arold, Stefan Theodor	Biochemistry&Molecular Biology
	Babber, Parikshet A	Emergency Medicine
	Bradshaw, Kalonda	Psychiatry
	Chen, Su S	Hematopathology
	Cheng, Kwai Wa	Systems Biology
	Darnay, Bryant G	Experimental Therapeutics
	Dayyani, Farshid	Genitourinary Medical Oncology
	Erickson, Heidi S	Thoracic H&N Med Onc - Rsch
	Gorlov, Ivan P*	Genitourinary Med Onc - Rsch
	Katayama, Hiroshi	Translational Molecular Path
	Koh, Mei Yee	Experimental Therapeutics
	Lin, Jie	Epidemiology
	Liu, Wei	Radiation Physics
	Liu, Zhensheng*	Epidemiology
	Ma, Jianzhong	Genetics
	Majumdar, Shonali	Leukemia - Research
	Mazurek, Nachman*	Gastroenterology Research
	McLemore, Michael Steven	Pathology
	Napierala, Marek	Molecular Carcinogenesis
	Onufer, Jane A	Diagnostic Radiology
	Paxton, Raheem Jamaal	Health Disparities Research
	Qiu, Peng	Bioinformatics & Comp Biology
	Reddy, Shrikanth A	GI Med Oncology - Research
	Reitzel, Lorraine R	Health Disparities Research
	Saintigny, Pierre	Thoracic/Head & Neck Med Onc
	Sampath, Deepa	Experimental Therapeutics
	Settle, Stephen Holloway	Radiation Oncology Department
Staquicini, Fernanda I	Genitourinary Med Onc - Rsch	
Wagner, Jamie Lynn	Surgical Oncology	
Wang, Rui-Yu*	Leukemia - Research	
Wu, Chih-Chieh	Epidemiology	

\*Retired

## New Appointments

Academic Rank	Name	Department
<b>Professor</b>	Abdi, Salahudin Allison, James P Cho, Sang Hyun Danesh, Farhad R. Dmitrovsky, Ethan Feng, Ziding Futreal, Phillip Andrew Herlong, H. Franklin Hofmann, Marie-Claude C. Huh, Billy K. Maitra, Anirban McNiece, Ian Minsky, Bruce D. Nastoupil, Loretta Okhuysen, Pablo C Paulson, Erik K. Piwnica-Worms, David Piwnica-Worms, Helen Yee, Cassian	Pain Medicine Immunology Radiation Physics - Pt Care General Internal Medicine Thoracic/Head & Neck Med Onc Biostatistics Genomic Medicine Gastroenterology, Hepat,& Nutr Endocrine Neoplasia & HD-Rsch Pain Medicine Pathology Stem Cell Transplantation Radiation Oncology Lymphoma/Myeloma Inf Dis, Inf Ctrl and Emp Hlth Diagnostic Radiology Cancer Systems Imaging Cancer Biology Melanoma Medical Oncology
<b>Associate Professor</b>	Badgwell, Brian D Bratton, Shawn B. Edwards, Beatrice Kavelaars, Annemieke Li, Liang Miller, Adam H Thirumurthi, Selvi Thomas, Valencia Zhao, Hua	Surgical Oncology Molecular Carcinogenesis General Internal Medicine Symptom Research CAO Biostatistics Emergency Medicine Gastroenterology, Hepat,& Nutr Dermatology Epidemiology
<b>Assistant Professor</b>	Amaria, Rodabe N Arthur, Joseph A. Barcnas, Carlos Hernando Bednarski, Brian Keith Bernatchez, Chantale Bird, Justin Earl Carter, Brett Castillo Jr, Edward Chaffee, Beth K Chi, Pai-Chun M Cole Bergemann, Francesca Colen, Rivkah Conley, Anthony Paul Corse, Emily Cressman, Erik N.K. Curran, Michael de Dios, Marcel Alejandro	Melanoma Medical Oncology Palliative Care & Rehab Med Breast Medical Oncology Surgical Oncology Melanoma Med Onco - Rsch Orthopedic Oncology Diagnostic Radiology Radiation Physics Veterinary Sciences Radiation Physics - Pt Care Molecular Carcinogenesis Diagnostic Radiology Sarcoma Medical Oncology Immunology Diagnostic Radiology Immunology Health Disparities Research

## New Appointments

Academic Rank	Name	Department
<b>Assistant Professor</b>	Dlabal, Kara A	Cardiology
	Fagundes, Christopher P.	Health Disparities Research
	Farroni, Jeff	Critical Care
	Gao, Jianjun	Genitourinary Medical Oncology
	Gong, Ting	Molecular Carcinogenesis
	Gonzalez, Roberto	Psychiatry
	Hagan, Katherine	Anesthesiology & PeriOper Med
	Hanson, Summer Elizabeth	Plastic Surgery
	Herskovic, Jorge R	Bioinformatics & Comp Biology
	Hiremath, Adarsh	General Internal Medicine
	Hu, Chaoxin	Pathology - Research
	Hu, Shimin	Hematopathology
	Ifeanyi, Ifeyinwa Chinyelu	Anesthesiology & PeriOper Med
	Ignatius, Jerry Joseph	Psychiatry
	Jensen, Corey T	Diagnostic Radiology
	Kalambo, Megan	Diagnostic Radiology
	Kanagal Shamanna, Rashmi	Hematopathology
	Laxmisan, Archana	General Internal Medicine
	LeBleu, Valerie	Cancer Biology
	Lin, Chunru	Molecular & Cellular Oncology
	Lopez-Mattei, Juan	Cardiology
	Lu, Xinyan	Hematopathology
	Lynn, Rachel	Psychiatry
	Magden, Elizabeth Rebecca	Veterinary Sciences
	Manzano, Joanna-Grace Mayo	General Internal Medicine
	Massarelli, Erminia	Thoracic/Head & Neck Med Onc
	Mujtaba, Bilal	Diagnostic Radiology
	Muruganandham, Manickam	Radiation Physics - Pt Care
	Navai, Neema	Urology
	Ngo, An	Palliative Care & Rehab Med
	Nguyen, Quynh-Nhu	Radiation Oncology
	Ohanian, Maro	Leukemia
	Ostrin, Edwin Justin	Pulmonary Medicine
	Pino, Ramiro	Radiation Physics - Pt Care
	Raghav, Kanwal Pratap Singh	GI Medical Oncology
	Ramirez, David Luis	General Oncology
	Sabir, Sharjeel Hussein	Diagnostic Radiology
	Sawakuchi, Gabriel Oliveira	Radiation Physics - Pt Care
	Song, Min Sup	Molecular & Cellular Oncology
	Speer, Barbra Bryce	Anesthesiology & PeriOper Med
	Szvalb, Ariel David	Inf Dis, Inf Ctrl and Emp Hlth
Tatsui, Claudio Esteves	Neurosurgery	
Tewari, Priti	Pediatrics - Patient Care	
Thosani, Sonali	Endocrine Neoplasia and HD	
Von-Maszewski, Marian	Critical Care	
Woodard, Terri Lynn	Gyn Onc & Reproductive Med	
Yang, Liuqing	Molecular & Cellular Oncology	



## New Appointments

Academic Rank	Name	Department
Assistant Professor	Yvon, Eric S Zaky, Wafik Zarzour, Maria Alejandra Zhang, Miao	Stem Cell Transplantation Rsch Pediatrics - Patient Care Sarcoma Medical Oncology Pathology

*Sources: MD Anderson (Instructors excluded)*

### As Leadership Changes Continue, Fontaine, Leach Get New Posts

*By Paul Goldberg*

In another round of changes in the executive suite at MD Anderson Cancer Center, Dan Fontaine was appointed head the institutional advancement division, President Ronald DePinho announced in an email to the faculty and staff.

As he leaves the job of senior vice president for business affairs, he will retain some of the functions he has previously supervised in the newly created role of executive chief of staff.

In the email dated Jan. 16, DePinho wrote that “Dan will retain oversight of business development (for MD Anderson Cancer Network, Moon Shots Program external business opportunities, technology-based ventures and strategic industry ventures), regulatory matters (compliance, legal services, internal audit, information security, UT Police), and, for institutional advancement, he’ll also provide oversight for the Children’s Art Project, communications, corporate alliances, development, marketing, physician relations, public education and volunteer services.

“In his new position Dan will report to me,” DePinho wrote.

Facilities management, finance, human resources, and information technology will remain under the leadership of Leon Leach, executive vice president and chief business officer.

“Leon will continue to report to me and provide final business review and recommendations for all transactions that affect our financial well-being. Leon and Dan respectively will remain chairman and vice

chairman of MD Anderson Services Corp.,” DePinho wrote. “In addition to his other responsibilities, Leon has also agreed to provide leadership and coordination of the detailed development of our strategic framework, with participation and contribution to that effort from all areas of MD Anderson.”

The changes are part of a broader reconfiguration at the cancer center’s top administrative tier.

“As we continue positioning MD Anderson for ongoing success in a changing and highly competitive health care environment, fully integrating our public-facing and administrative functions is crucial,” DePinho wrote. “By doing this, we can impact more patients globally, share our knowledge and expertise, find innovative ways to raise both funds and national awareness, and anticipate and respond to market challenges.”

Last December, Thomas Burke stepped down as executive vice president and physician-in-chief at MD Anderson Cancer Center to accept the new position of executive vice president of the MD Anderson Cancer Network. Tom Buchholz, who served most recently as provost ad interim, was appointed to the reconfigured position of executive vice president and physician-in-chief.

In other recent changes, Gerard Colman stepped down as senior vice president and chief of clinical operations to accept a job as chief operating officer at Aurora Health System in Wisconsin, and Adrienne Lang stepped down as vice president for executive operations.

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## *Capitol Hill*

# NIH, NCI, FDA Funding Levels Grow Over Previous Fiscal Year

(Continued from page 1)

persuaded Sen. Ted Cruz (R-Texas) to drop his insistence to remove funding for the Affordable Care Act.

Cruz's speech clocked in at 17 minutes—a far cry from his 21-hour talkathon that helped force the unpopular 16-day shutdown last fall.

The House of Representatives adopted the bipartisan spending bill by a 359-67 vote Jan. 15.

The omnibus bill fleshes out the budget deal crafted by Rep. Paul Ryan (R-Wis.) and Sen. Patty Murray (D-Wash.) last month—the first compromise on the nation's finances through the full appropriations process since 2009 (The Cancer Letter, [Dec. 17, 2013](#)).

### **An Increase for NIH, NCI**

The bill provides \$29.9 billion for NIH, an increase of \$1 billion, or 3.5 percent, over post-sequester fiscal 2013. However, that number is about \$750 million below the pre-sequester level as well as the 2012 level of \$30.6 billion.

The House Appropriations Committee stated:

“This funding will continue support for basic biomedical research and translational research through the programs like the Clinical and Translational Science Awards and Institutional Development Award to support scientists as they conduct research to discover cures. Further, it provides full support for the NIH Office of Science Education and programs like the Science Education and Partnership Awards to support bio-medical research for the future.”

According to the Senate Appropriations Committee, the increase should allow NIH to continue all current research and begin approximately 385 additional research studies and trials.

NCI is set to receive \$4.923 billion, which is \$144 million over the fiscal 2013 post-sequester level—a 2.9 percent increase. However, the level is \$113 million below the pre-sequester and 2012 amounts of \$5.07 billion.

Up to \$8 million may be used for facilities repairs and improvements at NCI's Frederick, Md., federally funded research and development center.

Under the budget deal, \$63 million in spending authority is restored, while \$85 billion in cuts to mandatory programs and non-tax revenue increases would more than offset that spending,

reducing the deficit by \$23 billion (The Cancer Letter, [Dec. 17, 2013](#)).

The sequester relief funds are split evenly between defense and non-defense discretionary programs. This would account for about 89 percent of the estimated \$71 billion discretionary cuts that went into effect during fiscal 2013.

According to reports, the deal cancels about half of sequestration's cuts to all discretionary spending planned for 2014, and a quarter of the cuts scheduled for 2015.

This means most of the expected sequestration cuts, about 62.5 percent, will go into effect over both years. For now, the planned sequester cuts for 2016 through 2020 remain in place.

Also under the bill, FDA is slated to receive \$2.552 billion in discretionary funding, an increase of \$91 million over the previous fiscal year. This increase fully restores FDA's pre-sequester funding, and raises FDA funding beyond its fiscal 2012 budget.

The bill also provides \$85 million to restore the loss of funds due to sequestration cuts to FDA user fees.

The measure doesn't address mandatory spending, and doesn't include relief for sequestration cuts to Medicare payments—existing annual reductions to hospital budgets by 2 percent are set to continue through 2023.

### **Research Groups Push for More Relief**

The bill doesn't restore NIH funding to pre-sequester spending levels, the American Society of Clinical Oncology said in a statement Jan. 14.

“This functional cut in funding biomedical research is frustrating, given the potential for accelerating progress against cancer is so real,” said ASCO President Clifford Hudis. “ASCO looks forward to working with Congress this year to re-ignite our nation's commitment to cancer research, an area where the returns on our investment are extraordinary.”

In 2007, NIH received \$29.2 billion, or about \$32.8 billion adjusted for inflation, according to ASCO. The current allocation represents \$3 billion, about 10 percent less purchasing power in current dollars compared to 2007.

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“We are appreciative of the efforts of Labor-HHS-Education appropriations subcommittee members and staff to restore some of the sequestration cuts that slashed NIH’s budget by \$1.6 billion in FY 2013,” said Jon Retzlaff, managing director of science policy and government affairs at the American Association for Cancer Research.

“But it doesn’t change the fact that we are extremely disappointed that NIH will have \$750 million less to fund lifesaving research in FY 2014 than it had two years ago.

“Of course, these cuts are also occurring at a time when the list of scientific opportunities to pursue has never been longer,” Retzlaff said to The Cancer Letter. “And now, in order to prevent our nation’s research enterprise from falling further behind in FY 2015, it’s going to require that leaders in Congress provide a robust overall allocation to the Labor-HHS-Education appropriations subcommittees, especially since the total amount of funding for all discretionary programs is relatively flat in FY 2015.

“We continually hear how members of Congress are really focused on targeting precious tax dollars to important programs where they are needed the most. Well, the medical research community, which includes cancer patients, survivors, and their family members all across our nation, among the millions of others afflicted by the hundreds of other diseases, could effectively argue that there’s not a more important and productive federal agency than the National Institutes of Health.”

“We are also extremely grateful to the agriculture appropriations subcommittee members and staff, which has jurisdiction over funding to the Food and Drug Administration, for their efforts to not only restore the agencies sequester cut in FY 2013 but also provide an additional boost of funding. The FDA is being recognized for its great work in evaluating and approving life-saving drugs, but if our nation’s support for discovery research continues to decline, it’s going to be reflected in the overall number of promising applications that the FDA receives each year.”

Portions of the omnibus bill that support research, innovation, and public health ecosystem assures the nation’s future health and economic wellbeing, Research!America President and CEO Mary Woolley said in a statement Jan. 14.

“The growth in funding for the Food and Drug Administration, fueled in part by the common-sense return of the 2013 user fees, as well as the increases for the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality and

the National Science Foundation are welcome news,” Woolley said.

“But funding for the National Institutes of Health has been kept well below the level of scientific opportunity.

“We must eliminate sequestration once and for all, and grow our investment in NIH in order to slow and halt the progression of diseases and disabilities ranging from Alzheimer’s to diabetes to traumatic brain injury.

“The appropriators have worked in good faith to move the nation forward. But as long as Congress avoids the primary issues fueling our national debt—tax and entitlement reform—it will be difficult to invest robustly in solutions to our problems.”

The FY14 omnibus spending bill falls short of restoring funding for NIH’s lifesaving biomedical research, said Carrie Wolinetz, president of United for Medical Research.

“The proposed package won’t adequately reverse the damage done by last year’s budget sequester and ensure the nation’s biomedical research enterprise makes continued progress in lifesaving research and development,” she said.

The omnibus measure includes a 1 percent pay hike for federal workers and more funds for the Head Start program. It also restores a \$600 million cut to veterans with disabilities, and prohibits the U.S. Postal Service from ending Saturday mail service.

The bill freezes pay for the vice president and senior political officials, and cuts funding for the Affordable Health Act by \$1 billion.

“This agreement shows the American people that we can compromise, and that we can govern,” Senate Appropriations Committee Chair Sen. Barbara Mikulski (D-Md.) said in a statement. “It puts an end to shutdown, slowdown, slamdown politics.”

House Appropriations Chairman Hal Rogers (R-Ky.) said Wednesday he intends for the budget process to return to regular order this year, and to achieve individual approval of the committee’s 12 spending bills by the Sept. 30 deadline.

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## Tobacco Control

### **CDC: Lung Cancer Rates Drop Following Anti-Smoking Efforts**

The rate of new lung cancer cases decreased among men and women from 2005 to 2009, largely due to tobacco control efforts, according to a report from the Centers for Disease Control and Prevention.

The study found that lung cancer incidence rates went down 2.6 percent per year among men, from 87 to 78 cases per 100,000 men and 1.1 percent per year among women, from 57 to 54 cases per 100,000 women.

The fastest drop was among adults aged 35-44 years, decreasing 6.5 percent per year among men and 5.8 percent per year among women. Lung cancer incidence rates decreased more rapidly among men than among women in all age groups. Among adults aged 35-44 years, men had slightly lower rates of lung cancer incidence than women. Because smoking behaviors among women are now similar to those among men, women are now experiencing the same risk of lung cancer as men.

For the [Morbidity and Mortality Weekly Report](#), CDC used data from the National Program of Cancer Registries and the Surveillance, Epidemiology, and End Results program to assess lung cancer incidence rates and trends.

“These dramatic declines in the number of young adults with lung cancer show that tobacco prevention control programs work – when they are applied,” said CDC Director Tom Frieden.

Lung cancer incidence decreased among men in all U.S. census regions and 23 states, and decreased among women in the South and West and seven states. Rates were stable in all other states.

In 2010, states appropriated 2.4 percent of their tobacco revenues for tobacco control. The study indicated that continued attention to local, state, and national population-based tobacco prevention and control strategies are needed.

Strategies proven in previous studies to reduce tobacco use among youth and adults include: increased tobacco prices, comprehensive smoke-free laws, restriction of tobacco advertising and promotion, and mass media and community engagement campaigns.

Meanwhile, a new report from the surgeon general says that approximately 5.6 million children will die prematurely from diseases related to smoking.

The report, [The Health Consequences of Smoking—50 Years of Progress: A Report of the](#)

[Surgeon General](#), marks the 50-year anniversary of the 1964 surgeon general’s report which concluded that cigarette smoking causes lung cancer.

Since that time, smoking has been identified as a cause of serious diseases of nearly all the body’s organs. Today, researchers add diabetes, colorectal and liver cancer, rheumatoid arthritis, erectile dysfunction, age-related macular degeneration, and other conditions to the list of diseases that cigarette smoking causes. In addition, the report concludes that secondhand smoke exposure is now known to cause strokes in nonsmokers.

Twenty years ago, male smokers were about twice as likely as female smokers to die early from smoking-related disease. The new report finds that women are now dying at rates as high as men from many of these diseases, including lung cancer, chronic obstructive pulmonary disease, and heart disease. In fact, death from COPD is now greater in women than in men.

“Smokers today have a greater risk of developing lung cancer than they did when the first surgeon general’s report was released in 1964, even though they smoke fewer cigarettes,” said Acting Surgeon General Boris Lushniak, “How cigarettes are made and the chemicals they contain have changed over the years, and some of those changes may be a factor in higher lung cancer risks. Of all forms of tobacco, cigarettes are the most deadly.”

Although youth smoking rates declined by half between 1997 and 2011, each day another 3,200 children under age 18 smoke their first cigarette, and another 2,100 youth and young adults become daily smokers. Every adult who dies prematurely from smoking is replaced by two youth and young adult smokers.

## Funding Opportunities

### **Howard Hughes Medical Institute Seeks up to 25 New Researchers**

The Howard Hughes Medical Institute is seeking to appoint up to 25 new biomedical researchers through a national open competition. The initiative represents an investment of approximately \$150 million in basic biomedical research over the next five years.

The competition is open to basic researchers and physician scientists at more than 200 eligible institutions who study significant biological problems in all of the biomedical disciplines, including plant biology, as well as in adjacent fields such as evolutionary biology, biophysics, chemical biology,

biomedical engineering, and computational biology. Those selected in this competition will receive a five-year appointment to the institute, which is renewable pending scientific review.

“The flexibility that comes with HHMI support allows people to move into new scientific areas more easily,” said Erin O’Shea, vice president and chief scientific officer. “I can’t emphasize enough how difficult that kind of movement can be with traditional sources of funding.”

Applications must be received by June 3. Candidates [apply directly to HHMI](#). Successful candidates are expected to meet the following criteria:

- Hold a PhD, and/or MD, or equivalent degree.
- Hold a tenured or tenure-track position as assistant professor or higher academic rank (or the equivalent) at an eligible U.S. institution. Federal government employees are not eligible.
- Have more than five but no more than 15 years of post-training, professional experience.
- Be the principal investigator on one (or more) active, national, peer-reviewed research grants with a duration of at least three years.

All semifinalists will be expected to attend a scientific symposium at HHMI in April 2015 and present a brief research talk to HHMI scientific leadership and a final advisory panel. Finalists will be selected shortly after the scientific symposium.

HHMI announced its last open competition in 2012. That competition resulted in the selection of 27 biomedical scientists as HHMI investigators in 2013. Once selected, HHMI provides each investigator with his or her full salary, benefits, and a research budget over their initial five-year appointment. The institute will also cover other expenses, including the purchase of critical equipment.

Through the HHMI Investigator Program, the Institute has joined with more than 70 distinguished U.S. universities, hospitals, institutes, and medical schools to create an environment that provides flexible, long-term support for more than 300 Hughes scientists and members of their research teams.

HHMI investigators are widely recognized for their research accomplishments: 172 HHMI investigators are members of the National Academy of Sciences and 17 are Nobel laureates.

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## *In Brief*

### **Baylor Plans New Joint Center**

(Continued from page 1)

Baylor and CHI St. Luke’s signed a joint-venture agreement to open a new, acute-care, open-staff hospital on Baylor’s McNair Campus, which will eventually replace the current CHI St. Luke’s hospital in the Texas Medical Center. Baylor and CHI St. Luke’s will jointly operate the new hospital.

The three organizations will also develop a joint cancer center on the campus of the new hospital. Baylor is now home to an NCI-designated cancer center, and the goal would be for the center to achieve comprehensive status.

**Wayne Keathley**, formerly president of the Baylor College of Medicine Medical Center and Health Network, was appointed to serve as president of the medical center that will include the existing hospital and the hospital that will be completed on the McNair Campus. He will also be an executive of CHI.

Plans also call for community cancer centers across the region. The joint venture does not include Baylor’s outpatient clinics or its physicians. CHI plans to invest more than \$1 billion in the region’s health care infrastructure over the next five years.

**J. ROBERT BECK** was named deputy director and chief academic and administrative officer of **Fox Chase Cancer Center**.

Beck holds the H.O. West and J.R. Wike Chair in Cancer Research, and will also retain the title of chief medical officer for the present. In his new roles, he will oversee all activities that support the academic and research operations of Fox Chase.

Prior to joining Fox Chase in 2001, Beck held academic and professional positions at Dartmouth, Oregon Health and Sciences University, and Baylor College of Medicine.

**BARBARA ANN BURTNESS** was named clinical research program leader of the Head and Neck Cancers Program at **Smilow Cancer Hospital at Yale-New Haven** and co-director of the Developmental Therapeutics Research Program for **Yale Cancer Center**. She will become a professor of medicine in medical oncology and will begin her appointment April 1.

Burtness returns to Yale Cancer Center after eight years at Fox Chase Cancer Center, where she served as associate director of clinical research, as professor

of medical oncology, and as chief of the center's Head and Neck Oncology Section.

She is also chair of the Head and Neck Cancer Committee of the Eastern Cooperative Oncology Group and a member of NCI's Head and Neck Steering Committee.

Burtness's research concentrates on studies of targeted treatments for EGFR expressed head and neck cancers. She has shown that high EGFR expression predicted resistance to cetuximab in head and neck cancers and is the principal investigator of a phase I clinical trial of cetuximab with escalating doses of the mTOR inhibitor everolimus to target signaling from pAkt, and an investigator-initiated phase II trial of chemotherapy plus cetuximab, followed by addition of erlotinib.

**DMITRI ALDEN** was named an Honorary Foreign Member of the **French National Academy of Surgery**. He will be officially recognized at the academy's 2014 Solemn Ceremony Jan. 22 in Paris.

Of the academy's current 464 members, only 13 are American. Foreign members are chosen from surgeons across the globe, and elected by the academy's board of directors.

Alden completed training in hepatobiliary surgery and liver transplantation at the Pirogov Medical Institute, now the Moscow State Medical University, and in Paris under liver surgery professor Henri Bismuth at the Paul Brousse Hospital HepatoBiliary Center.

Alden has performed over 3,500 surgeries in the past 11 years and has been named in America's Top 100 Surgeons by the Consumer Research Council of America. He performs liver, bile and pancreatic surgery at Lenox Hospital in New York City.

**MD ANDERSON CANCER CENTER** and **Pfizer** will collaborate in the development of immune-based approaches to cancer treatment, the first such agreement made through MD Anderson's Moon Shots Program immunotherapy platform.

The three-year agreement is designed to accelerate the progress of immune-based treatments to cancer patients and to more efficiently identify and exploit new combination therapies, as well as biomarkers to guide and monitor treatment.

"Pfizer's Rinat unit is a leader in antibody drug development and has a strong track record of scientific innovation, making it an excellent partner for our first alliance," said Jim Allison, MD Anderson

chair of immunology and executive director of the immunotherapy platform.

Allison's basic research and subsequent drug development established immune checkpoint blockade, a treatment that allows T cells to combat cancer. The drug ipilimumab (Yervoy) became the first ever approved for late-stage melanoma, with more than 20 percent of patients achieving complete responses for five years and longer.

Patrick Hwu, chair of Melanoma Medical Oncology at MD Anderson, is co-director of the platform. Translational physician-scientist Padmanee Sharma, associate professor of Genitourinary Medical Oncology, is scientific director.

MD Anderson has invested \$40 million in the platform, including philanthropic funds and a \$10 million Established Investigator grant from the Cancer Prevention and Research Institute of Texas to recruit Allison from Memorial Sloan-Kettering Cancer Center in New York.

In addition, methods to increase a patient's own cancer-targeting T cells in the lab, or to customize their T cells via gene transfer and infuse them back into the patient, are both in clinical trials, including efforts in melanoma, lymphoma, and breast cancer.

**REGENERON PHARMACEUTICALS Inc.** and **Geisinger Health System** announced a research collaboration focused on studying the genetic determinants of human disease.

This research collaboration will include one of the largest U.S. populations of participants for the analysis and sequencing of genetic material and comparison to long-term health outcomes.

During the initial five-year collaboration, Geisinger plans to collect samples from more than 100,000 consented patient volunteers, while Regeneron will perform sequencing and genotyping to generate de-identified genomic data.

The collaboration will use Geisinger's the MyCode biorepository and extensive electronic medical records. Regeneron has built a team and an infrastructure to support sequencing and genotyping over the term of the collaboration. Regeneron intends to use its translational research and functional biology capabilities, including its VelociGene technology, to validate observed human genetic associations.

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