

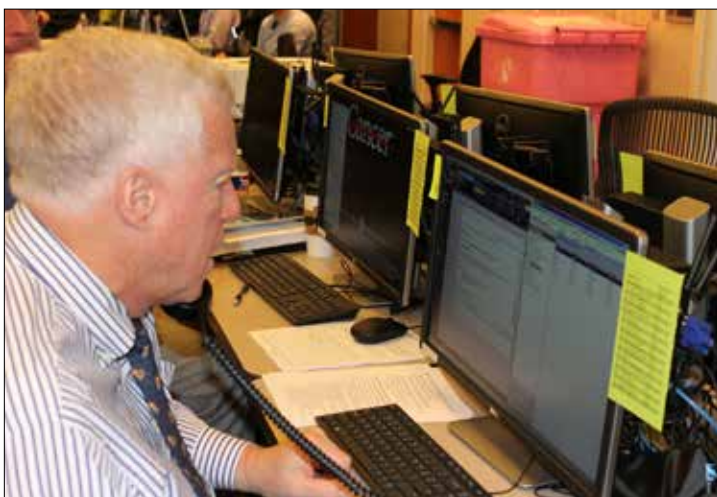
# DoCMessages

A Division of Cancer Medicine Information Exchange

THE UNIVERSITY OF TEXAS  
**MDAnderson**  
**Cancer Center**  
Making Cancer History®

VOL. 13, NO. 1, 2016

## OneConnect: Countdown to the launch



**Roy Jones, MD, PhD**, professor of Stem Cell Transplantation and Cellular Therapy, (*left*) answers a call while inputting patient data in the new Epic electronic health record at the OneConnect Command Center in preparation for the March 4 go-live date. **Bryan Kee, MD**, assistant professor of Gastrointestinal Medical Oncology, works on personalizing his selection of action icons that will appear on his homepage as an at-the-elbow facilitator looks on, ready to assist.

"The transition time leading up to launch has been a top priority for our division and the entire institution for three years," said **James Yao, MD**, chair of Gastrointestinal Medical Oncology, who serves as a Cancer Medicine faculty representative for the build stage and the conversion of ClinicStation to the new Epic electronic health record.

The new technology will allow clinical and research data collection to be customized and will merge into one platform the many applications which had to be used in conjunction with ClinicStation, such as systems to schedule patients, view images such as CT scans, and order and document the receipt and administration of medications. "We've invested quite a bit of effort to do the best we can to ensure a smooth transition, and we're prepared, but we just have to be ready for the unexpected," Yao said.

Part of the preparation at the division level has been weekly meetings—and sometimes more often than that—with a team

of advanced practice providers, research nurses, pharmacists assigned to our areas, clinical administrative directors, faculty, and technology representatives to monitor progress timelines and discuss related concerns. Specialists from other areas of MD Anderson also attend these meetings, at the request of **Martha Salas, MBA, MSW**, division administrator.

As go-live approaches, the Cancer Medicine leadership team has established the email account [DoCMOneConnect@mdanderson.org](mailto:DoCMOneConnect@mdanderson.org) to communicate division-specific OneConnect issues. The division SharePoint site [OneConnect Resources](#) will serve as a repository for pointers, checklists, announcements and discussions. The DoCM IT hotline, 3-3500, and [Cancer Medicine Call Center](#) also are available to assist. The division administrative office conference room FC11.2017 will serve as our local Command Center through go-live and as long as needed after March 4.

— Photos and story by Maxsane Mitchell

# Accolades

## Faculty credited for outstanding work during 10th annual awards program

—By Maxsane Mitchell

Division Head **Patrick Hwu, MD**, presented the State of the Division Address at Grand Rounds on Dec. 15, 2015, highlighting multiple successes in Cancer Medicine in fiscal year 2015 and sharing some of our goals for the next several years. These objectives will be further delineated in the forthcoming 2015 Annual Report. Following the address, several Cancer Medicine faculty members were honored for their contributions to patient care, education, and research as part of the 10th Annual Faculty Recognition and Awards Program.

### The John Mendelsohn Lifetime Scientific Achievement Award

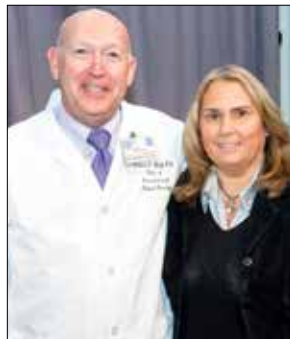


**Bruera (left) accepts lifetime achievement award from Division Head Patrick Hwu, MD.**

Nominators described **Eduardo Bruera, MD**, chair of Palliative Care, Rehabilitation and Integrative Medicine, as transformative and visionary, and credited him with leading the largest supportive care and palliative oncology program in the United States. Colleagues said that his groundbreaking research changed clinical practice to include the use of methadone and opioid rotation for pain control, methylphenidate for cancer-related fatigue, dexamethasone for nausea,

oxygen and opioids for dyspnea, and neuroleptics for delirium, among others. He developed what is now considered standard practice: the Edmonton Symptom Assessment System, which uses a zero to 10 scale to assess common symptoms that some patients experience—pain, fatigue, nausea, depression, anxiety, drowsiness, changes in appetite and well-being, and shortness of breath. Bruera serves as principal investigator for three NIH R01 grants, has published close to 800 peer-reviewed manuscripts, and mentors palliative/supportive care fellows at MD Anderson and abroad. He is a frequent invited lecturer and consultant, and receives international requests from physicians in Europe, Australia, and Asia to come to MD Anderson and observe our program firsthand. “I’m delighted to receive this award because Dr. Mendelsohn was instrumental in recruiting me here 16 years ago, and I must give my thanks to our amazing faculty and staff who go out there every day with enormous optimism that they can do something much better for your patients when they are having a bad time. I’m thankful to all of you for supporting our research efforts to leave things a little better than we found them. I’m proud to be here.”

### The Melvin L. Samuels Award for Excellence in Patient Care



**Deputy Division Head Robert Wolff, MD, (left) congratulates Weber.**

**Donna Weber, MD**, professor of Lymphoma/Myeloma, was recognized for outstanding clinical care that led to Food and Drug Administration (FDA) approval of lenalidomide and dexamethasone for relapsed multiple myeloma. Colleagues recalled Weber first noted that a patient whose myeloma was refractory to both steroids and thalidomide dramatically responded to thalidomide after steroids were given for a rash that developed during thalidomide therapy.

Separately the agents didn’t work, but clearly there was additive or synergistic effect when given in combination. This led to a formal clinical trial of the combination for refractory myeloma, and subsequently, of the thalidomide derivative, lenalidomide with steroids, that proved extremely active. Results of the latter trial were published in the *New England Journal of Medicine* and won FDA approval for relapsed disease. “I would like to acknowledge my *ad interim* chair, **Dr. Robert Orlowski**, for his support, and my clinic team—**Tawakalitu Raji, Alexis Shield, Sonja Polk-Davis**, and particularly, **Tiffany Richards**—who deserves this award more than I do. I would, most importantly, like to thank our patients who give us the privilege of letting us into their lives, especially those who choose to go on a clinical trial because through their efforts, they have changed the median survival of myeloma from three years to eight-to-10 years,” she said.

### The Irwin H. Krakoff Award for Clinical Research



**Jonasch (left) accepts award from Deputy Division Head Jorge Cortes, MD.**

Nominators consider **Eric Jonasch, MD**, professor of Genitourinary Medical Oncology, a heavy hitter in the medical oncology management of kidney cancer. He developed neoadjuvant treatment in collaboration with medical oncology and surgical colleagues for patients with metastatic kidney cancer, and he started one of the first von Hippel-Lindau (VHL) clinical programs to develop treatment

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# Accolades

## The Irwin H. Krakoff Award for Clinical Research

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strategies and trials for patients with this inherited cancer predisposition syndrome. Additionally, Jonasch was a co-PI on a NIH Roadmap project that used a nano-medicine approach to reprogram the protein-folding machinery needed to reverse the phenotype of mutated VHL protein—work that may someday revolutionize renal cancer treatment and impact therapies for Alzheimer's, Parkinson's and Huntington's diseases as well. "I'm overwhelmed and grateful for this award. I am thankful to our faculty clinical and research collaborators, as well as our research nursing team and data managers. I think we have developed a program that is second to none, and that is in large part due to the work of the entire team, so I accept this award on their behalf," said Jonasch.

## The Emil Frei, III Award for Excellence in Translational Research

**Marina Konopleva, MD, PhD**, professor of Leukemia, was recognized for developing an outstanding research program targeting the bone marrow stem cell niche and investigating the role of chemokine receptors and their link to cell signaling apoptosis. Her work includes two clinical trials testing her hypothesis that targeting the hypoxic microenvironment will ameliorate chemotherapy resistance and improve outcomes in patients with acute leukemias. Konopleva has funded projects in the AML-P01, the CML-P01, Leukemia & Lymphoma SPORE grants, and the AML/MDS Moon Shot. She also was awarded a Cancer Prevention and Research Institute of Texas (CPRIT) grant. Upon accepting her divisional honor, Konopleva thanked her research mentor, **Michael Andreeff, MD, PhD**, for helping her come to the United States to conduct laboratory studies. "I also must credit my lab team and the patients who entrust their lives to us," she said.



**Konopleva credits lab team and patients during acceptance speech.**

## The Potu N. Rao Award for Excellence in Basic Research

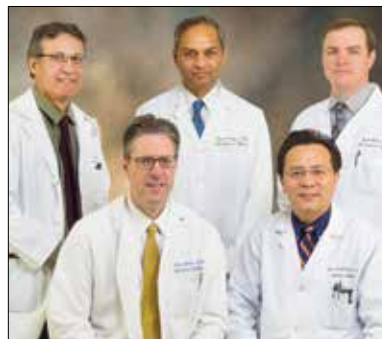
Colleagues of **Timothy Thompson, PhD**, professor of Genitourinary Medical Oncology, laud him for advancing their understanding of the role of growth factors and oncogenes in prostate cancer. His successes include being the first to demonstrate multistage carcinogenesis induced by RAS and Myc oncogenes in prostate cancer, discovering that elevated transforming growth factor  $\beta$ -1 and  $\beta$ -3 mRNA levels are associated with RAS and Myc-induced carcinomas, and

characterizing tumor growth and the metastasis suppression properties of Glipr1 gene-modified macrophages in a metastatic model. Thompson then translated these findings in the clinic to show that intraprostatic injection of the Glipr1 tumor suppressor gene expressed by an adenoviral vector shows promise as a neoadjuvant therapy for localized low- to intermediate-risk prostate cancer. The professor, who also plays a major role in the Prostate Cancer Moon Shot, thanked his department chair and lab team for their support and dedication.



**Thompson co-leads the Prostate Cancer Moon Shot.**

## The Waun Ki Hong Award for Excellence in Team Science



**Top row from left: Samaniego, Neelapu, Westin. Bottom row from left: Fowler, Wang.**

The B Cell Lymphoma Team consists of **Drs. Nathan Fowler, Sattva Neelapu, Felipe Samaniego, Michael Wang, and Jason Westin**, and all of the Department of Lymphoma/Myeloma. The team is developing safer, non-toxic therapies to improve upon the CHOP regimens that originated at MD Anderson in the 1970s. In addition to being granted

a Moon Shot Program in 2015, the group's successes include developing the R2 combination of rituximab plus revlimid/lenalidomide in mantle cell lymphoma and incorporation of the regimen in the National Comprehensive Cancer Network (NCCN) guidelines as standard of care for B cell malignancies. A randomized, Phase III clinical trial is now underway to determine if the regimen should become the new standard of care for first-line follicular lymphoma. Furthermore, they found ibrutinib, a first-in-class, once-daily drug, to have remarkable efficacy in relapsed/refractory mantle cell lymphoma patients, and it was approved by the FDA in 2013 through the "breakthrough mechanism." Finally, the team has made great strides testing immunotherapies in follicular lymphoma, furthering understanding of the mechanisms of action of the immune system in response to lymphoma. "I'm very proud of our team. We are all passionate about what we're doing together to cure lymphoma," said Wang, co-leader of the B Cell Lymphoma Moon Shot.

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# Accolades

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## The Gerald P. Bodey Award for Excellence in Education

Colleagues of **Michael Davies, MD, PhD**, associate professor of Melanoma Medical Oncology, extol him as a major factor in the division's successful renewal of its T32 training grant for the Hematology/Oncology Fellowship Program. Other accomplishments include launching a seminar series to support research interest among our fellows and to improve their grant-writing and interview skills, initiating weekend sessions to give physician-scientist applicants and faculty time to meet and discuss shared interests, and serving on the Advanced Scholars Executive Committee. Upon accepting his award, Davies made sure to thank his wife for supporting his work and acknowledged his first educational advisors. "I'd like to thank my own teachers and mentors who set tremendous examples for me, starting with Drs. Peter Steck, **Waun Ki Hong**, Gordon Mills, and **Patrick Hwu**. I also was fortunate to grow up with a father who was absolutely passionate about teaching and education, and he actually continues to be my best teacher," he commented.



In a nomination letter, **Jennifer McQuade, MD**, (right) lauded **Davies** as an outstanding educator and mentor.

## Two division faculty take executive roles to standardize operations



**Varadhachary**



**Wierda**

Two Division of Cancer Medicine faculty members were tapped by the Executive Clinical Operations Team (ECOT) to serve in the role of executive medical directors (EMDs). **Drs. Gauri**

**Varadhachary** and **William Wierda** are among the inaugural team to help determine standards for the operations of our ambulatory clinics. Their responsibilities include working to better ensure efficient use of resources, improving communication between clinical department chairs and center medical directors (CMDs), and conveying their colleagues' concerns to senior leadership at MD Anderson. The EMDs will contribute ideas for best practices across service lines and provide mentorship and development opportunities for our CMDs. They will also provide high-level strategic support to both CMDs and clinical administrative directors and participate in the recruitment of any future clinic leader.

Varadhachary is responsible for the Ambulatory Treatment Center, the Clinical Center for Targeted Therapy, the Clinical and Translational Research Center, and the Gastrointestinal Cancer Center. Wierda serves the Bone Marrow Aspiration and Leukemia centers, the Lymphoma/Myeloma Center, and the Stem Cell Transplantation and Apheresis centers. Thomas Buccholz, MD, executive vice president and physician-in-chief, said the center medical directors will remain the primary medical leaders of our centers, and will continue participating in research, academic and other programmatic initiatives, such as the Cancer Network.

## Shpall inaugural recipient of Clark Prize



**Shpall**

Congratulations to **Elizabeth Shpall, MD**, professor of Stem Cell Transplantation and Cellular Therapy, for being named the first clinical faculty winner of the new R. Lee Clark Prize. This \$5,000 award was established in 2016 to recognize leading faculty members who model Dr. Clark's dedication to scholarship, service, and social responsibility.

In the nomination letter, Shpall was lauded for her international leadership in the field of stem cell biology, hematology, medical oncology and hematopoietic transplantation, and for her research accomplishments encompassing fundamental studies of stem cells and hematopoietic transplantation for the treatment of cancer.

Her landmark trial demonstrating that CD34 positive stem cells can reconstitute hematopoiesis and immunity after myeloablative chemotherapy was noted, as well as her work in developing "purging" approaches to eliminate malignant cells from the graft. Additionally, Shpall's manuscript, "Enforced fucosylation of cord blood hematopoietic cells accelerates neutrophil and platelet engraftment after transplantation," was selected by the *Blood* journal editors as one of the top 10 manuscripts of 2015.

Shpall established and directs MD Anderson's Cord Blood Bank, directs the Cell Therapy Laboratory, serves as deputy department chair and as chair of the Clinical Research Committee, and is a member of the Promotion and Tenure Committee. Shpall was acknowledged during the President's Recognition for Faculty Excellence Event on Feb. 22.

# Research and Education

## Fellows learn ins and outs of mentor-mentee relationship

The transfer of knowledge and experience across generations of physicians and scientists through mentor-mentee relationships is a critical part of ensuring continuity of the best quality care in medicine. This is especially true in the fields of hematology and oncology, where cancer patients ultimately benefit from the advice and advocacy provided by more senior investigators to younger clinician researchers that may help them find their niche and best path forward in their career. At their monthly research curriculum series that began on Feb. 9, the first-year Division of Cancer Medicine Hematology/Oncology fellows had the opportunity to interface with a panel of five investigators from the division at various stages of their careers on the subject of establishing and benefiting from a mentor-mentee relationship.

The panel included **Daniel Halperin, MD**, assistant professor of Gastrointestinal Medical Oncology (GIMO), **Jennifer Litton, MD**, associate professor of Breast Medical Oncology, **Van Morris, MD**, assistant professor of GIMO, **Nina Shah, MD**, assistant professor of Stem Cell Transplantation and Cellular Therapy, and **Nizar Tannir, MD**, professor of Genitourinary Medical Oncology. A renowned mentor to many investigators over the years, Tannir emphasized that fellows should first identify their passion and then find a mentor in that field with whom they can establish an honest, reciprocal, and hopefully life-long relationship. Litton encouraged fellows to seek out multiple mentors at various stages along the career continuum that can advise on both personal and professional topics. Specifically, she recommended finding someone beyond their field of interest to provide an outsider's view on important career decisions. Along these

same lines, Halperin suggested that a mentor, whether one or more people, should be a technical teacher, a coach helping clarify longer-term objectives, and a personal advocate. He was lucky to find all of these components in one person. Morris

recommended allowing relationships to develop organically as fellows follow their clinical and research interests. He noted that completing projects helps provide momentum and further opportunities, and this is much easier to do when you are invested and interested in the project. Further, he said that while working with the biggest names at the institution can be rewarding, these individuals are less likely to have the time a fellow may need

from the relationship. Shah said that fellows should do their homework when selecting a mentor in terms of finding someone who will be sensitive to their personal and professional needs, as well as sponsor them through important career milestones.

The entire panel agreed that it is crucial to understand when a mentor-mentee relationship is not working, and that it is acceptable for the mentee to gracefully and professionally step away from that interaction. Additionally, all emphasized that both parties have responsibilities to each other; and the ideal mentor should provide an informed, non-judgmental, global perspective on a variety of career and personal issues, while also advocating for mentees and helping to advance their careers. On the other side, mentees must demonstrate initiative and interest in their projects, as well as an ability to follow through with their commitments.



In addition to the research curriculum series that started in February, first-year fellows attend weekly Introduction to Research sessions each fall. Above, **James Yao, MD**, chair of GIMO, discusses opportunities in his department.

—By Erica Di Pierro

# Research and Education

## B Cell Lymphoma team aims to double cure rate in 5 years

— By Erica Di Pierro

Leaders: **Michael Wang, MD**, professor of Lymphoma/Myeloma, and **Richard Champlin, MD**, professor and chair of Stem Cell Transplantation and Cellular Therapy



Wang

The goal of the B Cell Lymphoma Moon Shot is to double the 30% cure rate in five years. Opening the program update on Feb. 2, **Michael Wang, MD**, professor of Lymphoma/Myeloma and co-leader of the moon shot, stated that “there is no better time” to achieve this goal given the unprecedented technologies available in this era of medicine, and the ever-expanding repertoire of promising therapies at various stages along the clinical pipeline. The moon shot has three primary flagship projects: 1) targeted therapy, 2) cellular therapy, and 3) immunotherapy.

Wang delivered an update from the **targeted therapy flagship**, which combines pre-clinical and clinical investigations to identify the most potent therapy combinations. While ibrutinib has shown tremendous promise in the clinic, resistance to this targeted agent is increasingly common. Wang’s team is working to reveal therapy combinations to overcome this resistance and delineate the mechanisms underlying it. They found that combining ibrutinib and rituximab reduced tumor volume and prolonged survival in a patient-derived xenograft (PDX) mouse model of mantle cell lymphoma. A clinical trial based on this data yielded an unprecedented 88% overall response rate, with only four patients out of 50 showing no response. This dramatic result is thought to reflect synergy between the two agents, with ibrutinib mobilizing tumor cells out of the protective microenvironment niche and into the peripheral blood where they are more vulnerable to attack by rituximab. Additionally, gene expression analysis of ibrutinib-sensitive and -resistant mantle cell lymphoma samples has identified 15 genes associated with and predictive of primary ibrutinib resistance. This work has associated dysregulation of the mTOR pathway with ibrutinib resistance; indeed, combining ibrutinib and an mTOR inhibitor in mantle cell PDX mice reduced the tumor burden. Also discussed was a pilot study and trial using PDX mice to personalize treatment and optimize patient response. In the clinical sphere, Wang described several investigator-initiated trials, including a forthcoming Phase Ib/II study of rituximab, lenalidomide, and ibrutinib before chemotherapy led by **Jason Westin, MD**, assistant professor of Lymphoma/Myeloma, and the Phase III RELEVANCE trial in follicular lymphoma led by **Nathan Fowler, MD**, associate professor of Lymphoma/Myeloma, that aims to replace chemotherapy with lenalidomide and rituximab.

**Richard Champlin, MD**, professor and chair of Stem Cell Transplantation and Cellular Therapy (SCTCT), and co-leader of the moon shot, spoke about advances in the **cellular therapy flagship**, focusing on both chimeric antigen receptor (CAR) T

## Moon Shot Update

cells and CAR NK cells. Laurence Cooper, MD, PhD, of Pediatrics, has developed a novel method for generating CAR T cells using the enzyme transposase that has been licensed in industry and is entering national clinical trials. In collaboration with Cooper, **Partow Kebriaei, MD**, professor of SCTCT, has pioneered a system to propagate these cells, which have been proven in several clinical trials to eliminate minimal residual disease and prevent relapse following stem cell transplant. Champlin noted, “There are many companies now trying to commercialize this approach, and our technology is one of those that’s out there in national clinical trials.” The ultimate goal of this technology is to develop a universal donor “off-the-shelf” CAR T cell, eliminating the three- to four-week period currently required to generate patient-specific CAR T cells. Leading the CAR NK cell effort, **Elizabeth Shpall, MD**, and **Katy Rezvani, MD, PhD**, professors of SCTCT, have developed methods to expand CAR NK cell numbers ex vivo, and to enhance their survival and cytotoxicity once in the patient.

With Rezvani’s technology, CAR NK cells have been engineered to target B cell marker CD19, to express interleukin 15 for improved persistence, and to encode a caspase 9 “kill switch” in case of unintended toxicity or tumorigenicity.

Updates from the **immunotherapy flagship** were provided by **Sattva Neelapu, MD**, associate professor of Lymphoma/Myeloma, focusing on quantification of the anti-tumor T cell effector response as a proxy for likelihood of response to immunotherapy. This measurement takes into account immunostimulatory and immunosuppressive factors in the tumor microenvironment that may affect T effector cell activity, and assigns a score predicting therapy response and clinical outcome accordingly. A high score suggests the tumor may be treated with checkpoint blockade and other immune agents, while a low score indicates a tumor more likely to benefit from combinations of targeted therapy or CAR T cell therapy. Working with follicular lymphoma patient samples, Neelapu and his team identified a 41-gene signature to distinguish an anti-tumor T effector cell subset from other T cell subsets in the microenvironment. When applied to samples from a trial of relapsed follicular lymphoma patients treated with pidilizumab and rituximab, a high level of gene signature expression was associated with longer progression-free survival. These findings await validation in larger studies. Neelapu noted that additional biomarkers and mutational analyses will be needed to understand the mechanisms of immune escape/resistance at play when a patient returns an intermediate score. The overall aim of these studies is to use the T effector score to guide personalized therapy and predict outcomes. Also discussed was use of the PD1-blocking antibody pembrolizumab alone and in combination with rituximab.

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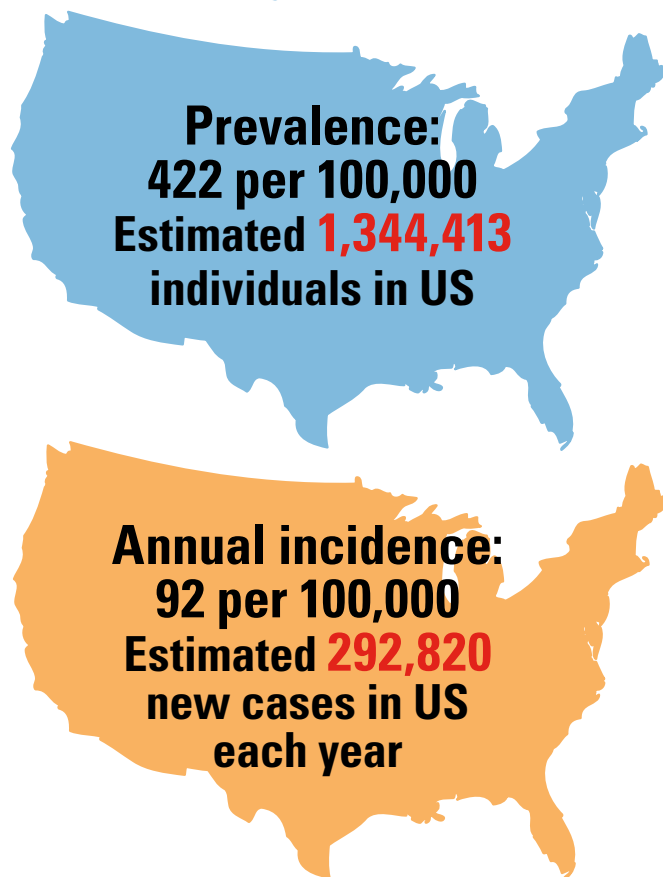
# Research and Education

## GIMO faculty review details by disease type

— By Erica Di Pierro

The Gastrointestinal Medical Oncology (GIMO) faculty convened Aug. 28 and 29, 2015, to share recent research and clinical progress, voice suggestions for internal improvements, and illuminate a path toward future successes. **James Yao, MD**, chair, outlined goals for the department to include curing more patients with early stage GI malignancies and increasing survival of patients with distant metastatic GI malignancies. He stressed that while incidence and mortality of the most common GI cancers (colon, rectal, and stomach) have declined steadily over the last 40 years, pancreatic cancer has remained stable, and others like liver, esophageal, and neuroendocrine cancers are occurring more frequently. In developing strategies to treat and improve survival in patients with GI malignancies, Yao suggested that investigators find balance between disease biology-based approaches and drug development.

### Gastrointestinal malignancies



Surveillance, Epidemiology, and End Results (SEER) Program ([www.seer.cancer.gov](http://www.seer.cancer.gov)) SEER\*Stat Database. National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released April 2014, based on the November 2013 submission.

\*Prevalence rate based on 19-year limited duration prevalence analysis.

## Research Retreats

### Hepatocellular carcinoma

**Ahmed Kaseb, MD**, associate professor of GIMO, gave an overview of hepatocellular carcinoma (HCC), which accounts for 4% to 5% of all human cancers with one million new cases annually worldwide. Hepatitis C virus (HCV) infection was discussed as a major risk factor for HCC, as it can lead to cell proliferation and differentiation, inflammation, and miRNA-mediated epigenetic changes. MD Anderson is participating in the first genome-wide association study to determine risk for HCC in HCV-positive and HCV-negative populations. Kaseb discussed efforts within the GIMO HCC section to drive personalized therapy based on underlying liver conditions and patient-specific biomarkers, including cirrhosis, hepatitis status, HIV status, and lipid and HbA1C profiles. These efforts are supported by R01 and R21 grants earned by GIMO faculty, and several publications have already resulted from these efforts. Translational research in the clinic is focusing on identifying more prognostic biomarkers for risk stratification, therapy selection, and response prediction. Other clinical studies include systemic sorafenib treatment combined with yttrium-90, multiple immune checkpoint inhibitors including pembrolizumab and nivolumab, the immune stimulator OX40, and anti-angiogenesis mediators. Kaseb indicated the need for resources to isolate circulating tumor DNA and handheld devices for real-time data entry in the clinic.

### Neuroendocrine tumors



Halperin

A conversation on high-grade (G3) neuroendocrine carcinoma (NEC) and low-grade (G1 and G2) small bowel neuroendocrine tumors (NETs) was led by **Arvind Dasari, MBBS**, and **Daniel Halperin, MD**, assistant professors of GIMO. First, G3 NECs were discussed with emphasis on the need for clinical trials and therapeutics to treat these rare, aggressive neuroendocrine malignancies that often affect GI organs.

Research goals include performing targeted mutational analysis; developing taxanes, and PARP and ATR inhibitors for treatment; and creating patient-derived xenograft (PDX) mouse models to help better understand the disease.

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# Research and Education

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## GIMO faculty review details by disease type

The incidence of NETs has increased significantly over the last 40 years. Current therapies such as lanreotide and octreotide block hormone release and are able to significantly extend progression-free survival in patients with G1 and G2 gastroenteropancreatic NETs. Recently, two phase III studies in which MD Anderson either led or played a significant leadership role reported significant benefits—everolimus in lung and GI NETs and <sup>177</sup>Lu-Dotatate in small bowel NETs. Ongoing translational projects include generation of PDX mice and analysis of cancer testis antigen (CTA) expression. Future clinical trials will include lenvatinib (a VEGFR2/3 kinase inhibitor) and the NY-ESO-1 vaccine, which initiates an immune response against tumor cells expressing CTA.

### Colorectal cancer



Kopetz

**Scott Kopetz, MD, PhD**, associate professor of GIMO, provided a look at research and clinical advances within the colorectal cancer (CRC) section. While five-year overall survival now exceeds 30%, few therapeutic breakthroughs have occurred in the last 10 years and current approved targets are limited to EGFR and VEGF. As one way to address this, the Assessment of Targeted Therapies Against Colorectal

Cancer (ATTACC) biomarker screening program was created to characterize the genomic alteration spectrum of metastatic CRC patients and pair them with available clinical trials and targeted therapy. Some recent promising advances include targeting BRAF V600E-mutated CRC with vemurafenib; use of the immune checkpoint inhibitor nivolumab to treat CRC with high levels of microsatellite instability; and employing trastuzumab and pertuzumab, monoclonal antibodies typically used to treat breast cancer, to target CRC with HER2 amplification. A major goal for the section by Fiscal Year 2018 is to shift to a new ATTACC screening platform that identifies RNA-based CRC signatures. The newly initiated Colorectal Cancer Moon Shot will focus heavily on this idea, pushing deep characterization of CRC adenomas and carcinomas; identifying therapeutic vulnerabilities of the major CRC subtypes; and piloting vaccines, cellular therapies, and immunotherapies, many of which are already in development. Kopetz would like to improve cross-department trial infrastructure and the clinical database.

### Translational research

Kopetz then led a discussion covering translational efforts, including projects on identifying novel drivers and targets for improved combination therapeutics in clinics; mechanisms of therapy resistance and metastasis; dysfunction of stemness pathways leading to tumor initiation, progression, and recurrence; development of *in vivo* PDX mouse GI cancer models; and immunotherapy, tumor microenvironment, and biomarker

studies. Kopetz spoke about blood-based liquid biopsy as a minimally invasive means to diagnose and characterize GI malignancies that may be able to more accurately reflect tumor heterogeneity than solid biopsy. Flagship projects for the recently launched Pancreatic, Colorectal, and Human Papilloma Virus (HPV) Moon Shots were also presented, as well as needs of the translational group, which include consolidated lab space, administrative and financial support, and pre-clinical core labs.

### Cancer of unknown primary

**Gauri Varadhachary, MD**, professor of GIMO, and **Kanwal Raghav, MD**, assistant professor of GIMO, gave a glimpse at studies on cancers of unknown primary (CUP) origin. Identifying the malignant tissue of origin is critical because it is deeply interwoven with the biology and treatment of the disease. However, when diagnostic efforts fail to turn up the origin, the disease becomes largely driven by genetics. A major effort in the field, therefore, is to genomically characterize as many CUP tumors as possible; a current collaboration between MD Anderson and Jackson laboratories is assessing actionable mutations in CUP using the JAX clinical cancer panel with the primary objective of rating and typing mutation(s) in such tumors. Identification of actionable mutations can also drive development of novel therapies. The MPACT study (Molecular Profiling based Assignment of Cancer Therapy) seeks to understand whether patients with advanced solid tumors and few remaining treatment options benefit more from a drug that specifically targets their particular mutations versus one that does not. This trial focuses on loss- or gain-of-function mutations in three genetic pathways including DNA repair, PI3K and RAS/RAF, and the hope is that results might help direct treatment options for CUP. Several publications are in the works, including a recent study on profiling of a CDX2, CK20+ GI CUP subset. In the future, the field will likely move toward immunotherapy, early therapeutics, and blood based biopsy.

### Anal cancer

**Van Morris, MD**, assistant professor of GIMO, brought the department up to speed on developments in cancer of the anal canal. Like a number of other GI cancers, the incidence of anal cancer is on the rise with a 2% increase per year. The strongest risk factor is HPV infection, which is associated with over 90% of squamous cell carcinoma anal tumors. Currently, there is no defined standard of care for metastatic disease, very little data on mutational profiles, and no published cell lines or PDX models. Collaboration among GIMO, the Institute for Personalized Cancer Therapy, and HPV researchers seeks to change this by performing whole exome sequencing, RNA sequencing, and reverse phase protein array (RPPA) of paired tumor/normal samples from patients with metastatic anal cancer. Further, PDX models and cell lines have been established for this rare disease. Clinical trials are investigating the utility of immunotherapies, bacteria-based approaches, CAR T cell therapy, and an OX40 stimulator. Efforts within the newly minted HPV Moon Shot are expected to advance the field.



# Research and Education

## Stem Cell faculty cover wide range of topics at retreat

—By Claire Blondeau

The Stem Cell Transplantation and Cellular Therapy (SCTCT) research retreat was held in June 2015, in the Hickey Auditorium. It was organized by discussion category, and speakers were given 10- to 15-minute time slots in which to present an overview of their research topics.

### Clinical research program

First up was Department Chair **Richard Champlin, MD**, with an overview of challenges in the SCTCT clinical research program. Associate Professor<sup>1</sup> **Gabriela Rondon, MD**, focused on protocol research, and Professor **Roy Jones, PhD, MD**, gave a demonstration of the Velos eResearch system. This session wrapped up with a discussion of factors necessary for success in clinical and translational research.

### Cord blood & haploidentical transplants

Major opportunities in cord blood were presented by Professor **Elizabeth Shpall, MD**, director of our Cord Blood Bank. Associate Professor **Stefan Ciurea, MD**, rounded out this session with a presentation on haploidentical (half-matched) transplants.

### Regenerative medicine

After lunch, Shpall continued with opportunities in regenerative medicine and mesenchymal stem cells (MSCs), followed by Assistant Professor **Amanda Olson, MD**, and Jean-Bernard Durand, MD, associate professor of Cardiology, who spoke about MSCs for heart and lung disease; **Michael Andreeff, MD, PhD**, professor of Leukemia, who presented on MSCs for cancer treatment; and Pediatrics Instructor Hiroki Torikai, MD, who updated the group on the current state of engineering hematopoietic progenitor cells (HPCs) and induced pluripotent stem cells (iPSCs).

### Minimal residual disease

Assistant Professor **Krina Patel, MD**, began with a discussion of minimal residual disease (MRD) molecular detection methods, followed by Associate Professor of Hematopathology Jeffrey Jorgensen, MD, PhD, with MRD by flow cytometry; Professor of Leukemia **Farhad Ravandi-Kashani, MD**, on MRD considerations for acute lymphoblastic leukemia (ALL) and acute myeloid leukemia (AML); Champlin and Assistant Professor **Betul Oran, MD**, on MRD detection in AML; and Associate Professor **Partow Kebriaei, MD**, on MRD detection in ALL.

### Myeloma

Major questions for SCT in multiple myeloma were posed by Professor **Muzaffar Qazilbash, MD**, followed by a presentation of novel approaches for myeloma by Associate Professor of Lymphoma/Myeloma **Jatin Shah, MD**.

### Transplant Strategies

Pre-exposure prophylaxis (PrEP) regimens for SCT and myeloid leukemia were presented by Professors **Yago Nieto, MD, PhD**, and **Uday Popat, MD**. Assistant Professor of Pediatrics Priti Tewari, MD, followed by non-malignant diseases, and Professor of Lymphoma/Myeloma **Michael Wang, MD, MS**, ended the session with novel SCT opportunities for lymphoma.

### Immunology & immunotherapy

Professor **Jeffrey Molldrem, MD**, opened the session exploring transplant immunology. This was followed by opportunities with natural killer (NK) cells by Associate Professor of Pediatrics Dean Lee, MD, PhD; chimeric antigen receptor (CAR) NK cells by Professor **Katy Rezvani, MD, PhD**; and regulatory T cells (T regs) for prevention of graft vs. host disease (GVHD) by Assistant Professor **Simrit Parmar, MD**.

### Cellular therapy

Former Professor of Pediatrics Laurence Cooper, MD, PhD, presented plans for CAR T cells. **Nina Shah, MD**, assistant professor and SCT center medical director, talked about NK cells with autologous SCT for myeloma. Patel described novel cell therapies for myeloma, and Rezvani continued with antiviral cytotoxic T lymphocytes. Translation of cell therapy projects in the good manufacturing practices (GMP) lab were described by Assistant Professor **Eric Yvon, PhD**, and Assistant Professor **Gheath Al-Atrash, DO, PhD**, discussed checkpoint inhibitors.

The day concluded with a reception in the foyer.

<sup>1</sup> All faculty in this article are from SCTCT unless otherwise stated.

The web-based Velos Clinical Research Management System supports clinical trials through such functions as protocol and patient management, regulatory and adverse event reporting, data safety monitoring, budgets, milestones, and invoicing.

## Grand Rounds

### ASCO initiatives in personalized medicine Standards needed for field to advance



Schilsky

Richard Schilsky, MD, chief medical officer of the American Society of Clinical Oncology (ASCO), on Jan. 5 outlined the current state of personalized medicine in cancer care, focusing on the complexities of using molecular profiling to match patient mutations with appropriate drugs. He emphasized that while the newest generation of genomic and molecular tests provide a wealth of information about a patient's

cancer, the oncology community has not yet reached a level of precision to reliably identify the small fraction of patients who will see clinical benefit from the results of these tests. Obstacles to this goal include a lack of standard guidelines for tissue collection and processing, considerable variation in test quality and reporting of results across platforms and laboratories, limited test validation and established clinical utility, and oncologist difficulties in understanding of and confidence in results provided by the tests they order. The end result is an increasingly complicated path to drug selection from a process meant to help understand more about a patient's specific tumor than previously possible. In fact, little evidence currently exists to support the use of genomic profiling in therapy selection. To help change the game for this complex but powerful approach to cancer treatment, ASCO is undertaking multiple efforts to educate oncologists and foster evidence-based validation of tests, biomarkers, and mutation variants used to select therapy. The organization offers a program in cancer genetics and tumor genomics for physicians through ASCO University, a joint annual workshop with the National Cancer Institute and the European Organization for Research and Treatment of Cancer (EORTC) for development of diagnostics, and molecular oncology tumor boards to help clinicians practice interpreting genomic test results. Importantly, ASCO is also activating a clinical trial, Targeted Agent and Profiling Utilization Registry Study (TAPUR), that will seek to describe the activity and toxicity of commercially available targeted anti-cancer drugs prescribed for patients with advanced cancers possessing a genomic variant known to be a drug target or to predict sensitivity to a drug. The primary aim of the trial is to reflect the real-world practice of medicine, allowing inclusion of any test selected by the practicing oncologist as long as it is performed in a CLIA-certified, CAP-accredited lab. The ultimate hope is that this evidence-based clinical approach will support the use of genomic tests in driving drug selection for given mutation variants.

Written summaries of Cancer Medicine Grand Rounds are now available on the intranet alongside the video recordings. Navigate there from the division home page or go to: <https://cmapps.mdanderson.edu/grandrounds/grandrounds.cfm>.

New on our website!

### Targeting resistance in glioblastoma Model sheds light on how tumor cells communicate



Wick

Visiting from the German Cancer Research Center at the University of Heidelberg, Wolfgang Wick, MD, spoke about pre-clinical and clinical work unraveling mechanisms of disease and therapy resistance in glioblastoma and other brain cancers on Jan. 12. Using mice implanted with fluorescently labeled primary brain tumor cells from patients, Wick and his team have developed a model for visualizing tumor distribution

throughout the brain. This method has brought to light a novel feature of brain tumor cells, termed microtubes, which are membrane protrusions of varying lengths that appear to connect and allow communication between tumor cells. Wick explained that the microtubes contain actin filaments as well as organelles, including nuclei and mitochondria; nuclei seem to travel along the microtube helping the tumor cell to divide and colonize different parts of the brain. Interestingly, the tumor cell network that results from these cell-to-cell connections uses calcium waves to communicate. Connection to this network promotes resistance to radiotherapy and the ability to maintain a consistent level of calcium; unconnected cells appear to accumulate high levels of calcium that can ultimately be toxic. Wick has identified growth associated protein 43 (GAP43) as playing a role in formation of these cellular outgrowths, as its expression is enriched in tumor cells connected to the microtube network, and inhibition of GAP43 leads to increased sensitivity to radiotherapy. On the clinical side, Wick spoke about recent changes in the field, including grouping grade 2 and grade 3 gliomas together in clinical trials, and using IDH mutation and 1p/19q co-deletion status as critical parameters in classifying brain tumors. He also mentioned numerous trials that have tried to delineate the best treatment options for patients, including comparing radiotherapy, chemotherapy, and the combination of both, as well as different chemotherapy options. In Wick's view, there has not yet been enough conclusive data in the field to establish that one regimen is better than another. He also spoke briefly about immunotherapy and small molecule trials that will aim to treat specific mutations, the latter involving extensive molecular workups to match mutations with therapies.

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### Treating melanoma with the immune system Clarifying how checkpoint blockade works



Ribas

Antoni Ribas, MD, PhD, director of the Tumor Immunology Program at the Jonsson Comprehensive Cancer Center at The University of California Los Angeles, on Jan. 26 provided insight into the mechanisms that determine whether or not patients will respond to checkpoint blockade immunotherapy. Ribas led much of the work delineating how anti-CTLA4 and anti-PD1 agents work, and why we see heterogeneity of

response. He determined through a series of clinical trials and studies in the early 2000s that CTLA4-blocking agents including ipilimumab keep the brakes off of T cell proliferation in the lymphoid organs. Once allowed to expand, these populations of anti-tumor CD8 T cells traffic to and infiltrate the tumor to exert their therapeutic effects. In 10-15% of patients, release of this checkpoint blockade produces miraculous and rapid recoveries. However, once they reach the tumor, T cells may be rendered inactive by tumor cell expression of PDL1, a ligand that activates another T cell inhibitory checkpoint when it binds receptor PD1. Ribas has also been responsible for much of the work exploring the mechanisms of PD1 blockade; he determined that patients most likely to respond have large pre-existing populations of T cells ready to attack at the tumor periphery but held at bay by interaction with PDL1. Again, single-agent administration of anti-PD1 agents has made the difference between life and death in a subset of melanoma patients, and Ribas' work has identified the best known marker for identifying those patients who will benefit most. On the flip side of this idea, Ribas emphasized that we must also be able to understand why patients don't respond. For example, tumor cells express PDL1 as a downstream effect of interferon-gamma receptor activation; anti-tumor CD8 T cells release interferon-gamma and the tumor recognizes and hijacks this signal to ultimately shut down the T cell response through PDL1. However, Ribas found that some tumors are insensitive to interferon-gamma due to mutation of downstream pathway kinases JAK1 and JAK2, and therefore do not express PDL1. As a result, these patients would not benefit from PD1/PDL1 blockade, and in some observed cases would fail to recruit CD8 T cells to the tumor margins. Ribas' work has clarified some of the most basic mechanisms by which checkpoint blockade operates, and continues to pave the way forward for immunotherapy.



Kaseb

### HCC with & without cirrhosis:

#### A tale of two diseases

**Ahmed Kaseb, MD**, associate professor of Gastrointestinal Medical Oncology, spoke on Feb. 9 about the past and future of hepatocellular carcinoma (HCC) clinical trials and therapies, focusing

on the dichotomy between HCC with and without cirrhosis comorbidity. Approximately 70% to 80% of HCC cases are accompanied by cirrhosis, which severely limits liver function, can dramatically alter therapy response, and negatively impacts survival. In the clinic, these patients either undergo transplant or local or systemic therapies, while disease can often be resected in patients without cirrhosis. Kaseb noted that treatment options are limited for cirrhotic patients, and that the most common druggable targets across many other cancer types are expressed at very low levels in HCC. Liquid biopsy is currently being used to find potentially actionable alterations in HCC patients. These efforts also will help personalize diagnosis and therapy, while delineating molecular subclasses of the disease. Since hepatic reserve function can significantly impact therapy response, Kaseb and his team helped to refine the outdated parameters of the Child-Pugh score used to assess this critical measure. They found that plasma IGF1 levels were a strong proxy for liver function, and use of this parameter could help identify the best candidates for therapy.

HCC patients unaffected by cirrhosis are far more tolerant of cytotoxic therapies, which can help reduce tumor size to the point where resection is possible. Clinical trials for this subset of patients are focused on neoadjuvant cytotoxic agents for borderline resectable HCC. Numerous immunotherapy-based efforts are underway as well, with nivolumab showing promise in patients with no hepatitis and excellent liver function. Kaseb emphasized that to improve the outcomes of Phase III HCC clinical trials, it is crucial to focus on specific demographics and risk factors. Aside from cirrhosis, the most common risk factor for developing HCC in the United States and Texas is non-alcoholic steatohepatitis (NASH), a condition associated with inflammation, tissue damage, and fat accumulation in the liver that often co-occurs with metabolic syndrome. Future trials are likely to consider this condition in their design.

—By Erica Di Pierro



# Administration

## From the Chair: James Yao, MD, Gastrointestinal Medical Oncology

*I will celebrate my one-year anniversary as department chair for Gastrointestinal Medical Oncology on April 1, 2016. The time has flown by quickly, but I feel good knowing that we have a great team of faculty and employees that understands and shares the vision that we meet the needs of our patients through high-quality, efficient patient care and research that meaningfully impacts the field.*



Besides what we're doing to prepare for the institutional March 4 launch of OneConnect, I shared some goals with our group during a State of the Department meeting this past summer. The first is reinvigorating our clinical research enterprise. The number of therapeutic clinical trial registrations has been on the low side considering volumes of at least 3,600 new patients and consults for each year. *I want to see us triple the clinical trial accrual per year over the next five years.* We're approaching this objective from a number of angles that include achieving more accruals on existing trials, increasing the number of successful protocol activations (we have already activated more studies in FY 2016, from September to January, than in all of fiscal year 2015), and increasing the number of investigator-initiated studies as well as MD Anderson-led studies. In parallel, we are bolstering our departmental research infrastructure. Additionally, I've shared with our group that because we cover between 11 and 17 different diseases, we will be committed to pushing all areas and prioritizing opportunities. For example, as we discussed at a faculty retreat, there are a number of virally driven cancers in GI and those may be great targets to pursue in the era of immunotherapy.

This leads to the goal of *undertaking more strategic research alliances*,

as per Division Head **Patrick Hwu's** five-year plan for the division. This year we started a relationship with MERCK to offer trials that examine

novel immune therapy combinations. In this department, we will be seeking out more opportunities to work with other leading experts within the institution and in pharma and biotech industries to tackle some very tough pathways, namely P53, RAS, and APC, which are frequently altered in many GI malignancies.



On the clinic side, we are working with **Dr. Gauri Varadhachary**, a professor in the department and center medical director of the GI Cancer Center, to *address clinic exam room space constraints* through a room-pooling initiative that began at the start of FY 2016. The effort has changed the way doctors see patients. Previously physicians from several specialties had rooms that were devoted only to their use, and when the room was not occupied by a particular doctor's patients, the room was vacant. So if a particular doctor has a time gap between his or her next patient, the space is used by the patient of another oncologist rather than going dormant for 30 minutes to an hour or more. Eventually, we will have electronic boards directing the doctors to the room numbers where their patients have been assigned. Also this year, I'll be *recruiting for three faculty members*, with two of those being replacement positions: a master clinician and a clinical investigator. The third position will be for a physician scientist in an area of programmatic need.

Before taking this role, I served for eight years as deputy department chair, and performed a number of administrative and process management duties. Surprisingly, I found that it was something I enjoyed doing. My new job as chair allows me to look at cancer care and research from a programmatic point of view, and affords me more opportunity to mentor junior faculty. I want them to be leading newer projects coming along. I'm meeting with them to talk about research ideas and strategies, but their growth is a win-win for the departments and ultimately our patients.

...

# Administration

## New deputy division head aims to expand clinical trials

— By Maxsane Mitchell



Cortes

"Unfortunately, not everyone can come to Houston, so we have an obligation to take our brand of care to other places," said **Jorge Cortes, MD**, professor of Leukemia, and new deputy division head for MD Anderson's Cancer Network, effective Sept. 1, 2015. Helping institutional leaders select hospitals with whom MD Anderson can share its expertise in patient care, research, and algorithms tops his list of priorities. "This is particularly important

as MD Anderson seeks to increase access to clinical trials," Cortes said. Notably, Division Head **Patrick Hwu, MD**, announced in December that increasing trial accruals is a top goal for Cancer Medicine. Giving input on which trials are most appropriate at network locations is part of what Cortes will be doing. "If faculty at a particular regional location is seeing a lot of lung cancer patients, then we want to offer more trials for lung cancer. But if a location is not seeing a lot of leukemia patients, then we don't need to open five trials for leukemias. We want to plan more strategically to use our resources," Cortes stated.

The MD Anderson Cancer Network reports that 10 out of 41 trials at Houston-area locations currently have division faculty as principal investigators. Cortes said enhancing infrastructure to manage the regulatory requirements of more trials is under consideration. "This role is attractive to me because I want to help establish a stronger sense of belonging and pride among the regional campuses. I'd like more faculty and employees at locations outside of the Texas Medical Center to feel as if they are 'as much MD Anderson' as I am, and that the only difference among us is the work address. The mission is the same for all of us," he noted.

Cortes will continue his responsibilities of seeing patients three days a week, serving as section chief for two subspecialties, working as deputy department chair, directing the department's fellowship program, and co-leading three SPORs. In fiscal year 2015, he saw 85 new patients, conducted 955 return patient visits, and attended 1,093 inpatient visits. The renowned leukemia specialist does not plan to reduce clinic days, but will adjust his schedule to accommodate administrative meetings and travel.

Because Cortes came to this institution as a fellow and now enjoys "somewhat of a successful and productive" career, he said he should make the time for this larger role. "MD Anderson is a leader, and we should be looking to expand when it makes sense," he noted. Merrill Kies, MD, professor of Thoracic/Head and Neck Medical Oncology, who previously served as deputy division head, stepped down in August after six years to focus on clinical care.



McKelvey

## McKelvey fills prescription for leading financial team

— By Maxsane Mitchell

**Florence McKelvey, PhD, MBA, CPA**, became the director of administration for the Division of Cancer Medicine effective Jan. 1, 2016. This role follows 10 years of service as director of MD Anderson's

Pharmacy Financial Services, where she was responsible for administrative processes for a network of 550 pharmacists, technicians, and support staff. She spearheaded negotiations for a \$1.5 billion drug contract and improved the organization and financial controls of the Pharmacy Patient Assistance Program, which helps patients procure free or reduced price medications. Before that, McKelvey worked for five years as associate director of General Accounting. She led a team that reconciled every dollar that MD Anderson received, averaging out to about 8 million transactions per month! McKelvey participates in several institutional initiatives, including the OneConnect Reporting Governance Team. "In fact, it was in part because of some of the institutional groups that I participate in that I learned how critical Cancer Medicine is to the heart of MD Anderson's business. I'm excited to work with **Dr. Patrick Hwu** and **Martha Salas** to help them advance strategies that will take us further with the challenges that arise from the Affordable Care Act, Moon Shot research, and the implementation of Epic," she said.

McKelvey explained that MD Anderson has millions of pieces of data stored in disparate systems, and that when someone wants information to determine metrics typically they have to tie together data from multiple platforms. One of her goals is to leverage the data gathering capabilities of Epic to streamline Cancer Medicine's reporting and budget processes. "Instead of having to search numerous places for information such as CARE, MedAptus, or IDX, Epic should integrate individualized systems into one location to create one clinical reporting universe," McKelvey said. Another goal is to expand the teamwork that exists between the finance group and department and clinic leaders. "We're interested in additional ways we can partner with groups and apply our financial expertise to a variety of topics and forums where we can be helpful," she said. Those areas include advising and teaching finance staff about procurement processes, financial controls, reconciliations, charge capture, effort reporting, and providing Hyperion and budget training. "I enjoy when people want to know more about finances. It's part of my personal mission to help people understand the numbers and the message that financial data is trying to tell them," said McKelvey, whose eyes light up everytime she talks about figures. She shares that enthusiasm not only at her day job, but at her night gig, too. With a bachelor's degree in accounting, a master of business administration, and a doctorate in healthcare management, McKelvey teaches graduate students at her alma mater, The University of Texas School of Public Health, which is right behind the Faculty Center.

## Brush with fame



Photo by Kenyon Holly, ATC clinical business manager

**Katie Couric** (3rd from right) visited with ATC and CTRC staff on Feb. 11 during a visit to the Clark Clinic transfusion unit. She was on site to interview **John Heymach, MD**, chief of Thoracic/Head and Neck Medical Oncology, and patients for a story to be featured on her Yahoo News website. View the video [online](#)!

## Upcoming Grand Rounds

Please note Division of Cancer Medicine Grand Rounds are cancelled until May so we can all devote our undivided attention to OneConnect go-live. We will resume Grand Rounds May 3 in Hickey Auditorium.

### May 3

Poul H.B. Sorensen, MD, PhD  
Professor, Department of Pathology,  
University of British Columbia  
Distinguished Scientist, BC Cancer  
Research Centre

### May 10

2nd Annual T32 Symposium

### May 17

#### Reuben Lotan Memorial Lecture

Danny R. Welch, PhD  
Chair, Department of Cancer Biology  
The Kansas University Medical Center

### May 24

Advanced Scholars Presentation

### May 31

Hematology/Oncology Fellows 2016 ASCO  
Presentations

## What's on Your Mind?

Have a question about a policy? Complaint or compliment? Want to know why we are doing something? We want to hear from you! Send an anonymous email to division leadership using the What's on Your Mind engine on the Cancer Medicine intranet. Navigate there from the [division home page](#) or go to: <https://cmapps.mdanderson.edu/woym/index.html>.

## DoCMessages is a publication of MD Anderson's Division of Cancer Medicine.

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Deputy Division Head for Research.....	Elizabeth Grimm, PhD
Deputy Division Head for Global Oncology.....	Jorge Cortes, MD
Division Administrator .....	Martha Salas, MBA, MSW
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