Duncan Family Institute for Cancer Prevention and Risk Assessment

Annual Report

for the period

April 1, 2008 – March 31, 2009

THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER
Making Cancer History®

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Duncan Family Institute for Cancer Prevention and Risk Assessment

ANNUAL REPORT

April 1, 2008 – March 31, 2009

We are pleased to present our first report on the progress being made in the Duncan Family Institute for Cancer Prevention and Risk Assessment.

Building the Future of Cancer Prevention

Cancer develops over years and goes through a precancerous stage. However, the existing approach for screening and surgical interventions is generally in the moderate to severe precancerous stages or at a point where cancer has developed. There is now a real opportunity to intervene in the earliest stages of cancer development and to stop or slow its progression.

Figure 1 Entrance to M. D. Anderson Cancer Center's Cancer Prevention Building, home to the Duncan Family Institute.

We know that cancer results from the interplay of lifestyle choices or exposures, such as tobacco use, poor diet, physical inactivity, viruses, and occupational exposures and inherited factors, such as major defects in cancer-promoting and cancer-inhibiting genes and subtle differences in the way these genes are coded and expressed. This interplay of exposures and inherited factors results in a cascade of events including loss of cellular growth control and identity, leading to evasion of normal cell death, insensitivity to anti-growth signals, cellular energy dysregulation, tissue invasion and spread and other factors that contribute to the development of cancer. To add to the complexity, the interplay of both exposures and inherited factors varies across populations and combines with other factors—such as access to screening— to result in disparities in the incidence of cancer in populations.

M. D. Anderson is uniquely positioned to take the lead in cancer prevention by accelerating the discovery and translation of research findings from the laboratory to the clinic and into the community. We have demonstrated expertise, a long history of achievement in prevention science and clinical application, well-established research and clinical programs and services, and the high volume of patients and people necessary for conducting sound studies. The Duncan Family Institute for Cancer Prevention and Risk Assessment provides us the opportunity and resources to extend our expertise across disciplines and bring together the best scientists and clinicians to make scientific discoveries focused on the earliest stages of cancer development and translate those discoveries into new tools that can be used to reduce the burden of cancer and advance public health.

Fostering Discovery, Development, and Dissemination in Cancer Prevention

The Duncan Family Institute research programs will allow us to probe questions to discover what is abnormal vs. normal in cancer and consider these differences in their proper scientific context. We hope to develop these discoveries into the key elements of clinical trials and research studies focused on cancer prevention and generate sound experimental data so that we can translate these findings into pharmacologic and behavioral interventions that stop or slow the development of cancer. We will then find better ways to disseminate these findings to professionals and the public to make a "real world" impact.

We continually challenge ourselves to think about how discoveries can be developed to better answer important questions in cancer prevention, such as "What might work?", "How or why does it work (or fail to work)?", "Who might benefit?", "How will we test to see if it works?" and "How will we know if it works?". Each of the Duncan Family Institute research programs, described in more detail below, is targeted to answering one or more of these questions.

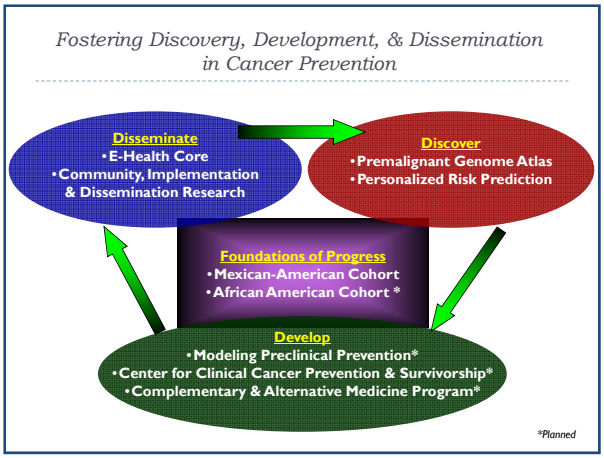


Figure 2: The translational continuum of "Discovery, Development and Dissemination" supported by Foundations of Progress provides a framework for considering the Duncan Family Institute's portfolio of programs.

The Duncan Family Institute Premalignant Genome Atlas Program will help us understand more about the risk factors contributing to the progression from healthy individuals to those with precancerous lesions to cancer patients. By determining the genetic and molecular differences between normal and precancerous tissues as well as among precancerous tissues, we can develop better risk prediction tools and targeted prevention efforts. We anticipate beginning this program with patients at risk for gastrointestinal malignancies.

The Personalized Risk Prediction Program will focus on extending our understanding of why some people get cancers and others do not. Technological advances make it possible to cost-effectively study genetic variation across the entire human genome and conduct genome-wide association studies (GWAS) to identify genetic associations with observable traits (nicotine dependence or weight, for example) or the presence or absence of a disease or condition. We are further developing the resources, which include biospecimens and demographic, clinical and genetic risk factor data by cancer site, to build risk models to identify, quantitate and stratify individuals most at risk for cancer. Over time, these risk models will be developed into tools for use in the clinic and by the general public to identify individuals at risk for cancer and to tailor plans that are personalized to their unique risk profiles.

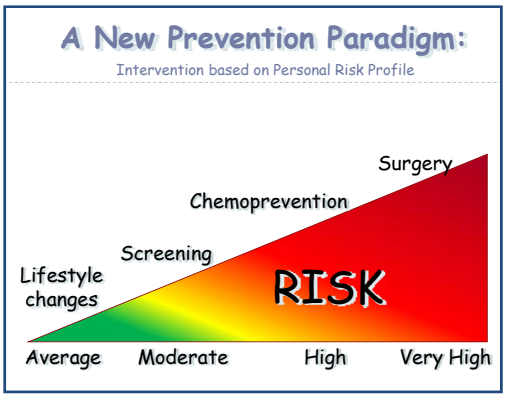


Figure 3: Interventions can be personalized to an individual's risk for development of cancer.

Through the **E-Health Program**, investigators will be able to access core resources to create and enhance behavioral assessments designed to better understand the lifestyle factors that contribute to the development of cancer. Through the pioneering use of technology, including kiosks, automated telephone prompts, multimedia with data capture, web-based programs and CDs (in English and Spanish), developed through the E-Health Program, scientists will be able to develop and extend behavioral interventions targeted towards lifestyle changes that reduce cancer risk and make these interventions accessible to those most in need.

Figure 4: Alex Prokhorov, M.D., Ph.D., professor of behavioral science, is a co-director of the E-Health program. His vision for the program is translated here into "Escape with Your Life" — a video game-based tobacco prevention program targeting youth who are at risk for initiating smoking behaviors. This web initiative inspired development of the Duncan Family Institute E-Health Program.

The Mexican-American Cohort was initiated several years ago to address the specific cancer-related issues of an understudied, underserved and rapidly growing segment of our population. It is anticipated that this will become the largest long-term health study of Mexican-Americans and serve as a foundation for critical research on the impact of acculturation and unique exposures in this population. Through the Duncan family's generosity, we will be able to expand recruitment activities to develop a more representative sample of Mexican-Americans within Harris County, Texas and to add information about dietary habits—enhancing the value of this resource to investigators in answering questions about the direct and indirect (obesity and diabetes) cancer risks in this population.

Figure 5: Community-based research is a partnership between scientists and the communities in which they work. Our Mexican-American Cohort program team distributed water and ice after Hurricane Ike in the neighborhood that is home to many cohort participants.

Through the **Community, Implementation, and Dissemination Research Program,** we will develop resources to support investigators who are exploring new ways to close the gap between research discovery and program delivery. There is a tremendous need to more quickly move research-driven cancer prevention strategies into the population to have a greater impact on public health. Because implementation and dissemination research requires long-term relationships and partnerships with the communities where this research is centered, it is important to invest in building and sustaining these over time. These partnerships provide a foundation so that scientists can focus their collaborations in the community on addressing research questions and on accelerating the pace of discovery.

Figure 6: Lorna McNeill, Ph.D., seated above, teams with community partners to co-lead Project Church, an important resource for Duncan Family Institute faculty who are doing community-based research.

Progress – Strategic Planning

The support of the Duncan family has catalyzed a multidisciplinary planning process, engaging the Division of Cancer Prevention and Population Science senior faculty in three retreats (April 2008, May 2008 and December 2008) focused on defining research opportunities and scientific priorities for the Duncan Family Institute. The product of these meetings was a consensus on

the principles for prioritizing investments and the allocation of Duncan Family Institute funds. The faculty also agreed to create the Scientific Executive Committee to include representatives from the full range of cancer prevention disciplines as well as health policy experts.

In addition, the faculty came together in working groups on multiple occasions in the winter of 2008 to identify research areas that extend from the Duncan Family Institute's research programs to compete for future anticipated resources from the Cancer Prevention and Research Institute of Texas (CPRIT). This provided the first opportunity to consider how to strategically leverage the Duncan Family Institute initiatives to expand research programs. Ideas include development of research programs in tobacco cessation, youth risk factors, health disparities, genetic association, clinical prevention and survivorship.

M. D. Anderson's External Advisory Board (EAB) met in January 2009 to provide the institution's leadership with feedback on its research institutes and centers. EAB members with special expertise in cancer prevention met with Duncan Family Institute senior faculty to discuss plans for the Duncan Family Institute. These EAB members include Andrew Dannenberg, M.D., Weill Cornell Cancer Center, New York; Susan Curry, Ph.D., University of Iowa and formerly University of Illinois, Chicago; Thomas Sellers, Ph.D., Moffitt Cancer Center, Tampa; and William Nelson, M.D., Ph.D., Kimmel Cancer Center at Johns Hopkins, Baltimore.

In its written report, the EAB indicated that "the proposed programs are meritorious as presented." The board encouraged prevention team members to strategically invest with consideration for clearly defining goals and milestones; reserving some funds for a few very novel, high-risk/high-reward projects (such as the Premalignant Genome Atlas Program); maintaining flexibility to seed new opportunities; paying attention to leveraging opportunities for catalytic growth; and periodically reviewing and realigning investments. The EAB thought it important for the Duncan Family Institute to focus on the unique aspects of cancer prevention, development of internal and external collaborations, increasing diversity of the population (especially in Houston), and the opportunity to integrate our research with M. D. Anderson's cancer control services to make "real-world" impact in the community more quickly than might otherwise be possible.

Progress – Scientific Executive Committee Organization and Governance

The Duncan Family Institute for Cancer Prevention is governed by an 11-member Scientific Executive Committee chaired by the vice president and division head for Cancer Prevention and Population Sciences, and comprised of the chairs of the departments of Behavioral Science, Clinical Cancer Prevention, Epidemiology and Health Disparities Research; the directors of the division's three centers, the Behavioral Research and Treatment Center, the Center for Research in Minority Health and the Cancer Prevention Center; the vice president for health policy; and the Institute's executive director. The scientific executive committee guides the development of research priorities, reviews new resources and projects for funding decisions, promotes shared leadership and interdisciplinary collaboration, approves allocations of resources and evaluates progress. This committee was created in February 2009 and is meeting regularly during the Institute's initial period of program and resource development.

The Institute's administrative leadership is provided by its executive director, Jenny Tektiridis, appointed in November 2008. She reports to the vice president for cancer prevention and is accountable to the vice president and the Scientific Executive Committee for the administrative aspects of research planning and development and the operation of the Duncan Family Institute.

Progress – Prioritization Principles, Funding Allocations and Anticipated Return on Investment

As with any organization, there is a need to establish priorities and focus investments toward them. The Scientific Executive Committee has defined five principles that describe our approach to prioritizing investments in research resources (infrastructure) and research projects. Each of the projects must:

- meet a critical research need,
- be a scientific opportunity with great translational potential,
- target a future priority of patients and/or population,
- have little or no chance for support elsewhere, and
- provide an opportunity for synergistic collaboration.

Not all investments will meet all guidelines, but they will all be considered within the context of these principles.

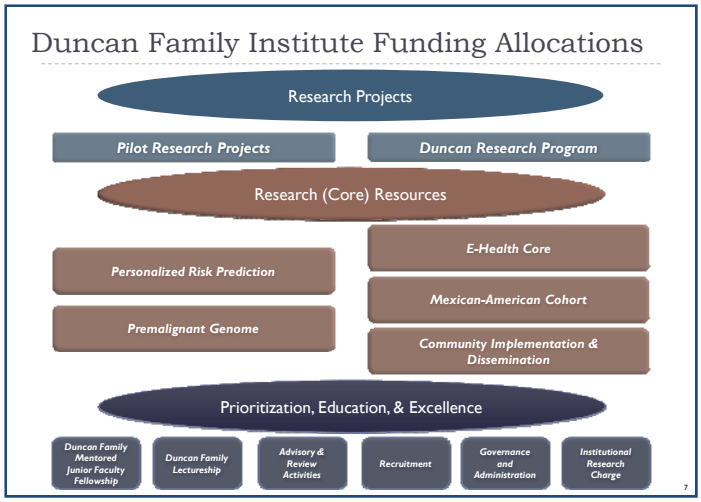


Figure 7: Duncan Family Institute funds are allocated to development of research resources and pilot research projects, as well as the supporting prioritization, education and excellence components of the Institute.

The Scientific Executive Committee has allocated Duncan Family Institute funds across three distinct categories: research resources—the infrastructure to support multiple research projects, which often has no other source of funding; pilot research projects, which are essential for developing ideas from concept to preliminary data so that they are positioned for support with peer-reviewed funding; and prioritization, education and excellence, which includes funding for a Duncan Family Institute Fellow and a Duncan Family Institute Lectureship, as well as support for recruitment, advisory activities and administration.

Investments of Duncan Family Institute funds are expected to generate a significant return in the form of: additional research funding, including the possibility of support through CPRIT and the anticipated increase in funding from the National Institutes of Health; new discoveries published in scientific journals and presented at scientific meetings; and increased collaborations. In the medium-term, we expect to see new and improved cancer prevention clinical trials and research studies aimed at better risk identification and new risk-assessment models, development of new agents for intervention, and creation of clinical cancer prevention practice guidelines. Long-term, of course, these investments are expected to generate new and enhanced community services and "real world" benefit, including changes in clinical and public health practices, shifts in health policy, and improvement in overall health of individuals and their families, neighbors and communities—as well as future generations.

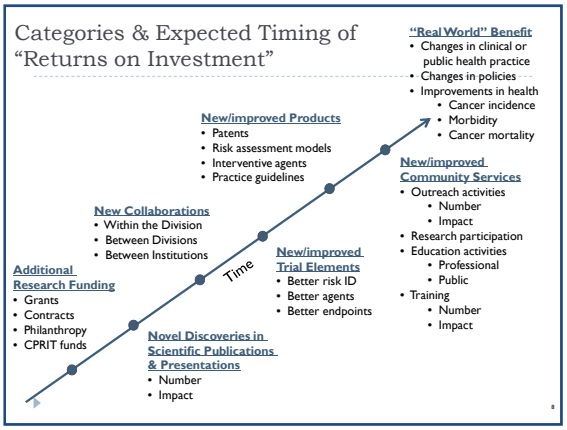


Figure 8: Investments in research are expected to generate a "return" in academic products such as publications and new funding. Over the medium- to long-term, discoveries will move to the clinic and have "real world" benefit through changes in clinical practice and public health policy.

Future Plans

Among the most exciting opportunities that lie ahead is the planned expansion of evidence-based cancer prevention and screening services and research programs in the Cancer Prevention Center (CPC). While M. D. Anderson is best known as the leading facility for cancer treatment in the United States, the healthy public is progressively discovering its excellence in the area of cancer prevention research and practice. The center expects to see more than 14,500 patients this year, an increase of 9 percent over last year, and projects growth to continue at a similar rate for the next several years. The CPC provides the ability to take cancer prevention research discovery from the lab to the clinic more effectively and quickly than might otherwise be possible because of its integration with the Division's research initiatives and through the Duncan Family Institute. Future plans for the center's prevention services include:

Figure 9: M. D. Anderson's Cancer Prevention Center offers evidence-based cancer prevention and screening services and a wellness-oriented approach to cancer prevention and survivorship. The center expects to see more than 14,500 patients during FY09.

- expansion of genetic testing and counseling,
- addition of endoscopy services for gastrointestinal screening (e.g., colonoscopy)
- extension of individual personalized cancer risk education to include programs focused on family risks

Another exciting new direction in the CPC is the expansion of survivorship services. These include a range of services important to cancer survivors to mitigate the short-term, chronic and delayed side effects of treatment such as fertility preservation, cardiac and neurologic toxicities and endocrine and bowel/bladder dysfunction issues. Psychosocial counseling services will be added to support cancer survivors with stress management, development of coping strategies, and methods of dealing with sexual and reproductive issues. Extending the center's focus to prevention of secondary cancers will be another important addition.

Figure 10: The central monitoring room of the Behavioral Research and Treatment Center is part of the state-of-the-art facilities for research studies related to tobacco cessation, psychosocial oncology and psychophysiology.

Future research directions for the Duncan Family Institute include enhancing programs in tobacco research, energy balance (including nutrition and physical activity), integrative epidemiology (combining genetic and demographic data to develop models of cancer risk), sexual and reproductive health, integrative medicine and survivorship. We believe that research is not limited to the laboratory but must take place in the clinic and the community to affect real world change and address issues of health disparities. The Duncan Family Institute will develop resources to enhance and maintain the cutting-edge research technologies in prevention laboratories, such as the Behavioral Research and Treatment Center; add laboratories to support nutrition and exercise science research; and acquire new resources to support and expand community-based research studies.

While M. D. Anderson has been fortunate to attract world-class faculty to its cancer prevention and population sciences programs, the institution has identified opportunities to expand its expertise in behavioral science, epidemiology, health disparities research and clinical cancer prevention. Additionally, it aims to develop mechanisms, including the creation of endowed chairs, to recruit additional faculty whose vision for new research directions will propel the

discovery of novel tools to better assess cancer risk, new methods for screening, and chemopreventive and behavioral interventions to reduce risk.

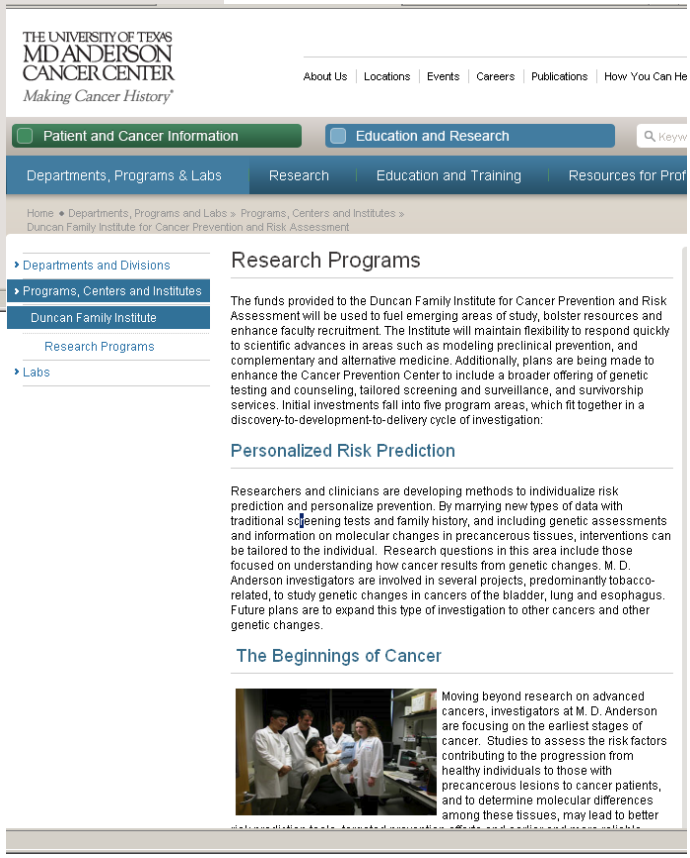
Future plans also include enhancing collaborations to extend our expertise to larger, multi-project programs that span multiple disciplines across departments within M. D. Anderson and with outside institutions, including the University of Texas at Houston School of Public Health (UTSPH), Texas A&M University and Baylor College of Medicine. A February 2009 retreat with the UTSPH, attended by more than 100 participants and including all UTSPH campuses through videoconferencing, was structured to describe resources and research directions across institutions and catalyze proposals responsive to a seed funding application for community-based implementation and dissemination research. A similar retreat with Texas A&M is planned for early summer 2009.

The Duncan Family Institute is committed to developing the next generation of cancer prevention and survivorship research investigators and clinicians. Toward that end, a state-of-the-art cancer prevention curriculum is planned, along with a cancer prevention clinical training program to complement the institute's highly regarded research training program.

APPENDIX

Website

http://www.mdanderson.org/education-and-research/departments-programs-and-labs/programs-centers-institutes/duncan-family-institute/duncan-family-institute-for-cancer-prevention-and-risk-assessment.html



Duncan Family Institute for Cancer Prevention and Risk Assessment

Scientific Executive Committee Membership

Department / Center and Role	Name	Scientific Executive Committee Role
Division Cancer Prevention and Population Sciences - VP	E. Hawk	Chair Voting Member
Department of Behavioral Science – Chair	E. Gritz	Voting Member
Department of Clinical Cancer Prevention - Chair	E. Hawk, Chair – ad interim	Voting Member
Department of Epidemiology – Chair	C. Amos, Deputy Director, (pending recruitment of chair of epidemiology)	Voting Member
Department of Health Disparities Research – Chair	D. Wetter	Voting Member
Cancer Prevention Center – Director	T. Bevers	Voting Member
Behavioral Research and Treatment Center – Director	P. Cinciripini	Voting Member
Center for Research on Minority Health – Director	L. Jones	Voting Member
Vice President, Health Policy	L. Foxhall	Voting Member
Special Representative – Epidemiology	R. Chamberlain	Non-voting Member
Duncan Family Institute – Executive Director, Research Planning & Development	J. Tektiridis	Non-voting Member

[as of 3/12/2009]

Duncan Family Institute for Cancer Prevention and Risk Assessment

Charge to the Scientific Executive Committee

The Duncan Family Institute for Cancer Prevention and Risk Assessment Scientific Executive Committee is a standing committee advisory to the vice president for Cancer Prevention and Population Sciences. The committee provides oversight of research and the use of Duncan Family Institute funds and ensures the excellence of its research programs. The executive committee will:

- Establish guidelines for project and core resource funding.
- Determine allocation of funds to projects and core resources.
- Request and review progress reports from investigators funded by the Duncan Institute and approve allocation of subsequent year funding based on progress and productivity.
- Guide research priorities and development of new programs.
- Promote shared leadership and inter-disciplinary collaboration.
- Evaluate Duncan-funded programs.
- Create standing and ad hoc subcommittees to address issues as they arise.
- Recommend changes to executive committee membership to ensure the expertise to provide programmatic oversight is represented.

Recommendations of the Scientific Executive Committee will be made by consensus where possible, otherwise by majority vote. Given that this committee is advisory, the vice president for Cancer Prevention and Population Sciences has the right to veto recommendations of the committee.

Duncan Family Institute for Cancer Prevention and Risk Assessment

Research Program Directors

Research Program	Director
Personalized Risk Prediction	C. Amos, Ph.D. M. Spitz, M.D./M.P.H.
Premalignant Genome Atlas	X. Wu, M.D./Ph.D. E. Hawk, M.D./M.P.H.
E-Health Core	A. Prokhorov, M.D./Ph.D. W. Demark-Wahnefried, Ph.D.
Mexican-American Cohort	M. Bondy, Ph.D. M. Forman, Ph.D.
Community, Implementation, and Dissemination Research	D. Wetter, Ph.D.

Biostatements

for

Duncan Family Institute for Cancer Prevention and Risk Assessment

Scientific Executive Committee Members

and

Research Program Leaders

Ernest T. Hawk, M.D., M.P.H., is vice president and division head for Cancer Prevention and Population Sciences at The University of Texas M. D. Anderson Cancer Center.

Prior to his appointment at M. D. Anderson in December 2007, Dr. Hawk held several positions at the National Cancer Institute (NCI) in Bethesda, Md., since 1996. He most recently served as director of the Office of Centers, Training and Resources. His other NCI posts included chief and medical officer in the Gastrointestinal and Other Cancers Research Group, medical officer in the Chemoprevention Branch and chair of the Translational Research Working Group.

Dr. Hawk has been involved in preclinical and clinical chemoprevention research focused on nonsteroidal anti-inflammatory drugs and COX-2 inhibitors, and has earned numerous awards, including the prestigious NCI Research Award for Distinguished Achievement in Cancer Prevention.

A native of Detroit, Mich., Dr. Hawk earned his bachelor's and medical degrees at Wayne State University and his master of public health degree at Johns Hopkins University. He completed an internal medicine internship and residency at Emory University, a medical oncology clinical fellowship at the University of California, San Francisco and a cancer prevention fellowship at NCI.

Dr. Hawk currently serves as deputy editor for Cancer Prevention Research.

Selected publications:

1. Steinbach G, Lynch PM, Phillips R, Wallace M, **Hawk E**, Gordon G, Sherman J, et al: The effect of celecoxib, a cyclooxygenase-2 inhibitor, in familial adenomatous polyposis. N Engl J Med 342:1946-1952, 2000
2. Sinicrope F, Lynch P, Half EO, Morris J, Morrow J, Ayers FD, Stephens C, Patterson S, **Hawk E**, Levin B: Cell proliferation and apoptotic indices predict adenoma regression in a placebo-controlled trial of celecoxib in Familial Adenomatous Polyposis (FAP) patients. Cancer Epidemiol Biomarkers Prev 13(6):1-8, 2004
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Christopher I. Amos, Ph.D., is the deputy ad-interim chair of the Department of Epidemiology and leads the Computational and Genetic Epidemiology Section. He also directs the Human Pedigree Analysis Resource, a core facility of the Cancer Center Support Grant which supports research for individuals with increased familial risk for developing cancer.

Dr. Amos' research has ranged from investigating familial factors for prostate, head and neck, lung and colon cancers to the study of Peutz-Jeghers syndrome, a rare syndrome predisposing to polyps and multiple cancers. He is currently leading a study to identify genetic risk factors for lung cancer using a genome-wide association approach. By this method, his team identified a novel locus influencing lung cancer susceptibility in a region of chromosome 15q containing acetyl-cholinergic acid receptors.

Dr. Amos has directed the statistical genetics core for the North American Rheumatoid Arthritis Consortium and the Genetic Epidemiology of Lung Cancer Consortium. He also directs the informatics core of Dr. Louise Strong's NIH-funded program project grant (P01) entitled "Mutational model for childhood cancer" and of a grant from Genome Ontario. Dr. Amos serves as the Secretary/Treasurer for the International Genetic Epidemiology Society and has served as its President.

Dr. Amos earned an M.S. and Ph.D. in Biometry from LSU Medical Center in New Orleans, LA. He has appointments in the Departments of Bioinformatics and Computational Biology at M. D. Anderson, the Department of Epidemiology at the UT School of Public Health, the Graduate School of Biomedical Science at UT Health Science Center and Rice University.

Selected Publications:

1. **Amos CI**. Successful design and conduct of genome-wide association studies. Hum Mol Genet 16 Spec No. 2:R220-5., 2007. PMID: 17597095
2. Gorlov IP, Gorlova OY, **Amos CI**. Relative effects of mutability and selection on single nucleotide polymorphisms in transcribed regions of the human genome. BMC Genomics 9:292, 2008. e-Pub 2008. PMCID: PMC2442617.
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Therese B. Bevers, M.D., is professor of Clinical Cancer Prevention and the medical director of the Cancer Prevention Center and prevention outreach programs at M. D. Anderson Cancer Center.

In her role as medical director, Dr. Bevers has overseen the growth and program development of the Cancer Prevention Center—the first comprehensive clinical cancer prevention service program in the country—since its opening in 1996.

Her clinical and research interests are in the area of breast cancer prevention, screening and diagnosis. She was the M. D. Anderson principal investigator (PI) on the groundbreaking Breast Cancer Prevention Trial which demonstrated that tamoxifen reduced the risk of developing breast cancer by one half and the STAR trial which showed that raloxifene had similar benefits but fewer risks. She is currently the institutional PI of a cancer prevention study of polyphenon E, an active substance of green tea, in women at increased risk for breast cancer. Dr. Bevers chairs the National Comprehensive Cancer Network's guideline panels on Breast Cancer Screening and Diagnosis and Breast Cancer Risk Reduction.

A native Texan, Dr. Bevers completed her medical school and residency in Family Practice at The University of Texas Health Science Center at San Antonio. She is the recipient of many awards including the Julie and Ben Rogers Award for Excellence in Prevention in 2006.

Selected Publications:

1. Cristofanilli M, Yamamura Y, Kau SW, **Bevers T**, Strom S, Patangan M, Hsu L, Krishnamurthy S, Theriault RL, Hortobagyi GN. Thyroid hormone and breast carcinoma. Primary hypothyroidism is associated with a reduced incidence of primary breast carcinoma. Cancer 103(6):1122-8, 3/2005.
2. Fisher B, Costantino JP, Wickerham DL, Cecchini RS, Cronin WM, Robidoux A, **Bevers TB**, Kavanah MT, Atkins JN, Margolese RG, Runowicz CD, James JM, Ford LG, Wolmark N. Tamoxifen for the prevention of breast cancer: current status of the National Surgical Adjuvant Breast and Bowel Project P-1 study. J Natl Cancer Inst 97:1652-62, 11/2005.
3. Shen Y, Dong W, Esteva FJ, Kau SW, Theriault RL, **Bevers TB**. Are there racial differences in breast cancer treatments and clinical outcomes for women treated at M.D. Anderson Cancer Center? Breast Cancer Res Treat 102:347-56, 9/2006.
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6. Lu J, Wei Q, Bondy ML, Brewster AM, **Bevers TB**, Yu TK, Buchholz TA, Meric-Bernstam F, Hunt KK, Singletary SE, Wang LE. Genetic variants in the H2AFX promoter region are associated with risk of sporadic breast cancer in non-Hispanic white women aged </=55 years:. Breast Cancer Res Treat 110(2):357-66, 7/2008.
7. **Bevers TB**. Ultrasound for the screening of breast cancer. Curr Oncol Rep 10(6):527-8, 11/2008

Melissa L. Bondy, Ph.D., is a professor of in the Department of Epidemiology at Texas M. D. Anderson and director of the Childhood Cancer Epidemiology and Prevention Center, a collaborative program between M .D. Anderson, Baylor College of Medicine and Texas Children's Hospital.

Dr. Bondy leads a multi-faceted, expansive research program. The Brain Tumor Program is comprised of several studies, including a 14-center international consortium genetic linkage study, led by Dr. Bondy, to find a familial predisposition to glioma, the most common brain tumor affecting adults Additionally, she is involved in a case-control study to understand epidemiological and genetic factors related to sporadic glioma, a study of the genetic predictors of neurocognitive deficits following treatment for glioma, and a study of the epidemiology of meningioma. Her breast cancer research program interests include studies of the genetic, clinical and epidemiologic predictors of early stage breast cancer, a bi-national breast cancer study in Mexican and Mexican-American women, and research in inflammatory breast cancer.

Dr. Bondy's disparities research interests are reflected in her 10-plus year development of the Mexican-American Cohort and multiple sub-studies. She is a leader in collaborative studies which involve the Pediatric Survivorship program with Baylor College of Medicine and Texas Children's Cancer Center, the National Children's Study (Community Core Director), and the PACGENE Consortium study of familial pancreas cancer (Gloria Petersen, PI, Mayo Clinic).

Dr. Bondy is the co-director (with John DiGiovanni, Ph.D.) of the Center for Environmental Diseases and serves on the Scientific Advisory Board of Susan G. Komen for the Cure. She co-chairs the Brain Tumor Epidemiology Consortium, and serves on numerous NIH advisory committees. She is also on the External Scientific Advisory Boards of the University of Minnesota Cancer Center, NYU Cancer Center, Thomas Jefferson Cancer Center, Roswell Park Cancer Center Prevention Program, St. Jude's Cancer Prevention Program, the Brain Tumor Center at UCSF and the Brain SPORE Advisory Committee at Mayo Clinic. Dr. Bondy is a past recipient of the Julie and Ben Rogers Award for Excellence in Prevention. She earned her master's of science and doctorate degrees, both in epidemiology, from the University of Texas School of Public Health.

Selected Publications:

1. Hernandez-Valero MA, **Bondy ML**, Spitz MR, Zahm SH. Evaluation of Mexican American migrant farmworker work practices and organochlorine pesticide metabolites. Am J Ind Med 40:554-60, 2001.
2. Strecker MN, Williams AJ, **Bondy M**, Johnston DA, Northrup H. Knowledge and attitudes of Hispanic women and their health care providers about breast cancer risk factors and screening. Community Genet 5:222-31, 2002.
3. Saunders, KC, Strom SS, Garzon A, Spitz MR. **Bondy ML**. Willingness to provide biologic samples: results from a health urban population of Mexican and Mexican-American in Texas. Annals of Epidemiology 15:586, 2003
4. **Bondy ML**, Wilkinson AV, Spitz MR, Strom SS, Prokhorov AV, Barcenas CH, Cao Y, Saunders KC. Effects of nativity, age at migration, and acculturation on smoking among adult Houston residents of Mexican descent. Am J Public Health 95:1043-9, 2005.
5. Wilkinson AV, Spitz MR, Strom SS, Prokhorov AV, Barcenas CH, Cao Y, Saunders KC, **Bondy ML**. The Impact of Nativity, Age at Migration, and Acculturation on Smoking Among Adult Houston Residents of Mexican Descent. Am J Public Health 6:1043-1049, 2005.
6. Hernández-Valero MA, Wilkinson AV, Forman MR, Etzel CJ, Cao Y, Bárcenas CH, Strom SS, Spitz MR, **Bondy ML**. Maternal BMI and country of birth as indicators of childhood obesity in children of Mexican origin. Obesity (Silver Spring) 15(10):2512-9, 10/2007.
7. Barcenas CH, Wilkinson AV, Strom SS, Cao Y, Saunders KC, Mahabir S, Hernández-Valero MA, Forman MR, Spitz MR, **Bondy ML**. Birthplace, years of residence in the United States, and obesity among Mexican-American adults. Obesity (Silver Spring) 15(4):1043-52, 2007.
8. Wilkinson AV, Waters AJ, Vasudevan V, **Bondy ML**, Prokhorov AV, Spitz MR. Correlates of cognitive susceptibility to smoking among Mexican origin youth residing in Houston, Texas: a cross-sectional analysis. BMC Public Health 8(1):337, 9/26/2008.

Robert M. Chamberlain, Ph.D., serves as the principal investigator for two continuously funded NCI awards that support the M. D. Anderson Cancer Prevention Research Training Program. The program supports predoctoral and postdoctoral fellows and graduate students. Through its cross-disciplinary emphasis, the program expands the perspective of the trainees by moving from their base of strength in a particular specialty (e.g., medical oncology, molecular genetics, behavioral science, bioinformatics) to equip them with basic knowledge in the other disciplines in cancer prevention research. The program's main objective is to immerse trainees in the type of cross-disciplinary research environment typical to cancer prevention, with the endpoint objective of launching each trainee toward the scientific research role of principal investigator relatively earlier in his or her career. In the past 17 years, the program has sponsored graduate students in more than 300 short-term cancer prevention research experiences, more than 40 pre-doctoral trainees, and 40 postdoctoral fellows. The program has experienced great success recruiting and training women and minorities, as 81 percent of trainees are women and 23 percent are ethnic minorities. Altogether, donors have supported the careers of more than 10 postdoctoral fellows who have gone onto independent research faculty positions at academic centers around the United States.

Dr. Chamberlain's research focuses on social characteristics associated with cancer risk modification and chemoprevention trial participation, including sociodemographic and behavioral factors of recruitment and adherence (Dr. Waun K. Hong's Biology and Chemoprevention of Head and Neck Cancer Program Project). He has developed identification and recruitment strategies for control subjects in Dr. Margaret Spitz's epidemiologic research, and co-directs the Community Outreach Education for the Center for Research in Environmental Diseases (National Institute of Environmental Health Sciences), which addresses environmental health issues in central Texas through schools, government agencies, media and environmental groups.

Dr. Chamberlain holds both and M.A. and Ph.D. in Sociology and Anthropology from the University of Missouri-Columbia.

Selected Publications:

1. Shah NM, Soliman AS, Banerjee M, Merajver SD, Ismail K, Seifeldin I, Hablas A, Zarzour A, Abdel-Aziz A, Ayed FB, **Chamberlain RM**. Knowledge Gained After a Brief CME Module on Breast Cancer Diagnosis. J Cancer Educ 21:169-174, 2006.
2. Chang S, Hughes DC, **Chamberlain RM**. Works-in-progress: guiding junior scientists through career development applications. J Cancer Educ 23(3):142-8, 2008.
3. Wilkinson AV, Vasudevan V, Honn SE, Spitz MR, **Chamberlain RM**. Sociodemographic characteristics, health beliefs, and the accuracy of cancer knowledge. J Cancer Educ 24(1):58-64, 2009.
4. Gritz ER, Tripp MK, James AS, Harrist RB, Mueller NH, **Chamberlain RM**, Parcel GS. Effects of a Preschool Staff Intervention on Children's Sun Protection: Outcomes of Sun Protection Is Fun! Health Educ Behav. In Press.
5. Chang S, Hughes DC, **Chamberlain RM**. Works In Process: Guiding Trainees Through Career Development Applications. J Cancer Educ. In Press.

Paul M. Cinciripini, Ph.D. is professor and deputy chair of the Department of Behavioral Science, and director of M. D. Anderson's renowned Tobacco Treatment Program. He has more than 25 years experience conducting basic and clinical research in the area of smoking cessation and nicotine psychopharmacology.

Dr. Cinciripini's major research accomplishments fall into three main areas. The first includes basic laboratory studies evaluating psychophysiological, psychopharmacological and genetic aspects of nicotine dependence. Examples of his work in this area include studies on how smokers regulate their nicotine intake to maintain certain levels of exposure (titration/compensation); how stress affects nicotine intake and other biological aspects of addiction such as neural pathways for information processing and decision making; genetic factors that predict response to treatment, such as antidepressant and other medications; and studies of the interaction of genes and environmental factors on the neurobiological process associated with nicotine withdrawal.

His second area of focus is the assessment of treatment process measures and psychological characteristics of the smoker that may influence the success of an intervention. Examples of his work in this area include studies of the effects of depression, coping behavior and self-efficacy related to nicotine dependence.

Finally, he emphasizes the development and testing of novel approaches for the treatment of nicotine dependence in the form of behavioral and pharmacological therapies used alone and in combination. Examples of his work in this area include the development of a "scheduled smoking" procedure and a recent application of this technology for delivery on a handheld computer; development of a smoking cessation video series for pregnant smokers; evaluating combination therapies using nicotine replacement, behavioral counseling, and other approaches; and testing novel pharmacological compounds, including anxiolytics, antidepressants, nicotine partial agonists, and cannabinoid antagonists. Dr. Cinciripini, completed his graduate training in clinical psychology at Auburn University, He has been the recipient of several NIH, extramural and industry-sponsored research grants and is the author of more than 80 articles and book chapters.

Selected Publications:

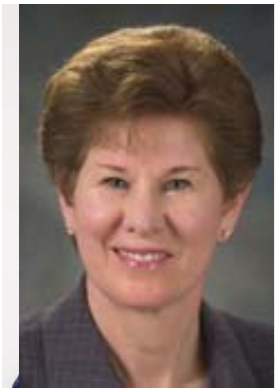
1. Businelle MS, Kendzor DE, Costello TJ, Cofta-Woerpel L, Li Y, Mazas CA, Vidrine JI, Reitzel LR, **Cinciripini PM**, Ahluwalia JS, Wetter DW. Light versus heavy smoking among African American men and women. Addict Behav 34(2):197-203, 2/2009. e-Pub 10/2008. PMCID: PMC2614080.
2. Kendzor DE, Costello TJ, Li Y, Vidrine JI, Mazas CA, Reitzel LR, **Cinciripini PM**, Cofta-Woerpel LM, Businelle MS, Wetter DW. Race/Ethnicity and Multiple Cancer Risk Factors among Individuals Seeking Smoking Cessation Treatment. Cancer Epidemiol Biomarkers Prev 17(11):2937-45, 11/2008. PMID: 18990734.
3. Kendzor DE, Cofta-Woerpel LM, Mazas CA, Li Y, Vidrine JI, Reitzel LR, Costello TJ, Businelle MS, Ahluwalia JS, **Cinciripini PM**, Wetter DW. Socioeconomic status, negative affect, and modifiable cancer risk factors in African-American smokers. Cancer Epidemiol Biomarkers Prev 17(10):2546-54, 10/2008. PMCID: PMC2602870.
4. Lam CY, Robinson JD, Carter BL, Wetter DW, Minnix JA, **Cinciripini PM**. Nicotine differentially inhibits the acoustic startle reflex in African American and Caucasian American smokers. Addict Behav 33(12):1521-8, 7/2008. e-Pub 7/2008. PMCID: PMC2612003.
5. Carter BL, Lam CY, Robinson JD, Paris MM, Waters AJ, Wetter DW, **Cinciripini PM**. Real-time craving and mood assessments before and after smoking. Nicotine Tob Res 10(7):1165-1169, 7/2008. PMID: 18629726.
6. Blalock JA, Robinson JD, Wetter DW, Schreindorfer LS, **Cinciripini PM**. Nicotine withdrawal in smokers with current depressive disorders undergoing intensive smoking cessation treatment. Psychol Addict Behav 22(1):122-128, 3/2008. PMID: 18298238.
7. Blalock J, Fouladi R, **Cinciripini P**, Markowitz J, Klein D, Rothbaum B, Arnow B, Manber R, Riso L, Sui D, McCullough J, Jr. Cognitive and behavioral mediators of combined pharmacotherapy and psychotherapy of chronic depression. Cognitive Therapy and Research 32:197-211, 2008.

Wendy Demark-Wahnefried, Ph.D., R.D., is a tenured professor in the Department of Behavioral Science. She joined M. D. Anderson in the fall of 2007, after holding a dual professorship of surgery and nursing at Duke University Medical Center for almost two decades. Dr. Demark-Wahnefried is a nutrition scientist with training in biochemistry, genetics and behavioral science. Her research career has spanned basic science studies focused on determining mechanisms of action of food-related components on neoplastic progression, to clinical research that involves nutrition-related concerns of cancer patients, as well as determining effective lifestyle interventions that improve the overall health of cancer survivors and their families. Her laboratory has conducted some of the largest studies exploring metabolic and body composition changes in response to cancer treatment, and also has developed and tested lifestyle interventions that respond to these needs and improve overall health. In 2003, she was named Komen Professor of Survivorship for her work in energy balance and breast cancer. An area of research in which Dr. Demark-Wahnefried has experienced particular success is the delivery of home-based lifestyle interventions among cancer survivors and their families, where she has led and continues to lead a number of NIH-funded trials aimed at improving diet and exercise behaviors.

Dr. Demark-Wahnefried has published more than 100 peer-reviewed articles in journals such as *Journal of Clinical Oncology*, *Journal of the American Medical Association* and *Cancer Epidemiology Biomarkers and Prevention.* She has held membership on many editorial and review boards, including the Susan G. Komen Breast Cancer Foundation, the NIH Epidemiology and Population Sciences Special Emphasis Panel, and serves on such national and international boards as *Lancet Oncology*'s International Advisory Board, the Canadian Breast Cancer Foundation, the American Cancer Society's Advisory Panel on Diet and Exercise and the American College of Sport's Medicine's Board on Cancer Survivorship. Dr. Demark-Wahnefried holds a Ph.D. in nutritional science from Syracuse University.

Selected Publications:

1. Morey MC, Snyder DC, Sloane R, Cohen HJ, Peterson B, Hartman T, Miller PE, Mitchell D, **Demark-Wahnefried W**. RENEW: A randomized clinical trial to improve function among older long-term survivors of breast, prostate and colorectal cancer. Journal of the American Medical Association 301: 1883-91, 2009.
2. Gritz ER and **Demark-Wahnefried W.** Health Behaviors Influence Cancer Survival. Journal of Clinical Oncology 27:1930-2, 2009
3. **Demark-Wahnefried W**, Polascik TJ, Madden JF, Switzer BR, George SL, Ruffin MT, Snyder DC, Hars V, Albala DM, Walther PJ, Robertson CN, Moul JW, Dunn BK, Brenner D, Minasian L, Stella P, Vollmer, RT Impact of flaxseed supplementation and dietary fat restriction on prostate cancer: Results of a multi-site phase II randomized controlled trial. Cancer Epidemiology, Biomarkers & Prevention 17:3577-3587, 2008.
4. **Demark-Wahnefried W,** George SL, Switzer BR, Snyder DC, Madden JF, Polascik TJ, Ruffin MT, Vollmer RT. Overcoming challenges of designing and implementing a phase II randomized controlled trial using a presurgical model to test a dietary intervention in prostate cancer. Clinical Trials 5:262-272, 2008.
5. **Demark-Wahnefried W,** Clipp EC, Lipkus IM, Lobach D, Snyder DC, Sloane R, Peterson B, Macri JA, Rock CL, McBride C, Kraus WE. Main outcomes of the FRESH START trial: A sequentially-tailored diet and exercise mailed print intervention among breast and prostate cancer survivors. Journal of Clinical Oncology 25:2709-2719, 2007.
6. Seewaldt VL, Goldenberg V, Jones LW, Peace C, Broadwater G, Scott VS, Bean GR, Wilke LG, Zalles CM, **Demark-Wahnefried W.** Overweight and Obese Peri- and Post-Women Exhibit Increased Abnormal Mammary Epithelial Cytology. Cancer Epidemiology, Biomarkers and Prevention 16:613-616, 2007.
7. Doyle C, Kushi LH, Byers T, Courneya KS, **Demark-Wahnefried W,** Grant B, McTiernan A, Rock CL, Thompson C, Gansler T, Andrews KS, for the 2006 Nutrition, Physical Activity and Cancer Survivorship Advisory Committee. Nutrition and Physical Activity During and After Cancer Treatment: An American Cancer Society Guide for Informed Choices. CA: A Cancer Journal for Clinicians 56: 323-353, 2006.



Michele R. Forman, Ph.D., is a professor in the Department of Epidemiology, Cancer Prevention and Population Sciences at M. D. Anderson Cancer Center and an adjunct faculty member at the University of Texas School of Public Health and the Department of Pediatrics - Baylor College of Medicine.

Prior to her appointment at M. D. Anderson in January 2006, Dr. Forman held several positions at NCI in Bethesda, Maryland from 1976 to 2005. Her most recent NCI post was senior nutrition epidemiologist in the intramural program of the Center for Cancer Research. Prior to joining NCI, she was an associate professor at Johns Hopkins University in Baltimore, Maryland.

Dr. Forman began her research career in maternal and child health, moved into chronic disease research in the1980s and now focuses on early life exposures and risk of chronic disease. She has also developed clinical nutrition studies in the areas of hormones, micronutrients and other biomarkers of dietary response. Most of her research career has been spent studying health disparities. She is recognized as the "guru" to the CDC-Behavioral Risk Factor Surveillance system and her maps of obesity across the United States are familiar to everyone in her field. Dr. Forman has 30 years of research experience, conducting nutritional epidemiology studies in international settings as well as nationally. She has been on the editorial boards of several nutrition journals and has more than 120 peer-reviewed publications.

A native of New York, Dr. Forman was trained in epidemiology, nutrition and anthropology at the University of North Carolina at Chapel Hill; earning a MSPH degree in 1974, a master's of art in 1975, and a doctorate D. in epidemiology in 1977.

Selected publications:

1. **Forman MR**, Trowbridge FL, Gentry EM, Marks JS, Hogelin GC. Overweight adults in the United States: The Behavioral Risk Factor Surveys. Am J Clin Nutr 44:410-6, 1986.
2. Pettit DJ, **Forman MR**, Hanson RL, Knowler WC, Bennett PH. Breastfeeding in infancy is associated with a lower prevalence of non-insulin-dependent diabetes mellitus in Pima Indians. Lancet 350:166-168, 1997.
3. **Forman MR**, Hursting SD, Umar A, Barrett JC. Nutrition and Cancer Prevention: A multidisciplinary perspective on human trials. Annual Review of Nutrition 24:223-54, 2004.
4. **Forman MR**, Cantwell MM, Ronckers C, Zhang Y. Through the looking glass at early life exposures and breast cancer risk. Cancer Investigations 23:609-624, 2005.
5. Zhao F-H, **Forman MR**, Belinson J, Shen Y-H, Graubard BI, Patel A, Rong S, Pretorius RG, Qiao Y-L. Risk factors for HPV infection and Cervical Cancer among unscreened women in a high-risk rural area of China. Internat J Cancer 118:442-8118, 2006
6. Premkumar A, Venzon D, Avial N, Johnson D, Remaley A, **Forman MR**, Eng-Wong J, Zujewski J, Stratton P. Gynecologic and hormonal effects of raloxifene in premenopausal subjects at high risk for developing breast cancer. Fertility and Sterility 88:1637-44, 2007.
7. Cantwell MM, **Forman MR**, Cardwell C, Murray LJ. Association of early life factors and brain tumour risk in a historical cohort study. Br J Cancer 99(5):796-9, 9/2008.
8. Colbert LH, Graubard BI, Michels KB, Willett WC, **Forman MR**. Physical activity during pregnancy and age at menarche of the daughter. Cancer Epidemiol Biomarkers Preven 17(10):2656-2662, 10/2008.
9. Mahabir S, Wei Q, Barrera SL, Etzel C, Spitz MR, **Forman MR**. Dietary magnesium and DNA repair capacity as risk factors for lung cancer. Carcinogenesis(29(5)):949-56, 2008.
10. Thelus R, Bondy ML, Wilkinson A, **Forman MR**. Pubertal development in Mexican American girls: The family's perspective. In Press.

Lewis E. Foxhall, M.D. is M. D. Anderson's vice president for health policy and associate professor in the Department of Clinical Cancer Prevention. His work focuses on community-based cancer prevention and early detection, access and quality of care for low-income populations. He received his medical degree from Baylor College of Medicine and his clinical background is in family medicine.

Dr. Foxhall is responsible for coordination of M. D. Anderson's charity care program through leadership of the Uncompensated Care Advisory Committee as well as administrative coordination of the M.D. Anderson/Harris County Hospital District oncology program. He is the immediate past chair of the Harris County Healthcare Alliance, an umbrella organization for safety-net medical provider organizations in Houston and Harris County.

Dr. Foxhall currently leads efforts to advance comprehensive cancer control at M. D. Anderson. He previously led a statewide effort to update the Texas Cancer Plan and served as chair of the Texas Comprehensive Cancer Control Coalition. He is director of the Texas Cancer Information website project and chairs the Texas Medical Association's Physician Oncology Education Program, both funded by CPRIT. He serves on the Texas Department of State Health Services Advisory Council and previously chaired the Texas Health Care Information Council.

Dr. Foxhall supports policy development and outreach programs in collaboration with government agencies, voluntary health organizations and organized medical groups. He serves as liaison to community physicians and is medical director of the Office of Physician Relations. Currently, he is president of the Harris County Medical Society, an officer of the American Cancer Society High Plains Division Board of Directors and a board member of the National American Cancer Society Cancer Action Network.

Selected Publications:

1. Neiman L, **Foxhall L**, Groff J, Cheng L. Applying Practical Preventive Skills in a Preclinical Preceptorship. Academic Medicine 76(5):478-483, 2001.
2. Hawley ST, **Foxhall L**, Vernon SW, Levin B, Young JE. Colorectal cancer screening by primary care physicians in Texas: a rural-urban comparison. J Cancer Education 16(4):199-204, 2001.
3. **Foxhall L**, Cook E. The Selenium and Vitamin E. Prostate Cancer Prevention Trial. Texas Medicine:24, 2001.
4. Tilley BJ, **Foxhall L**, Chen L, Goddrich TJ, Nieman LZ. Barriers to student preventive practices during preclinical preceptorship. Texas Medicine 8(6):13-14, 2002.
5. **Foxhall L**, Von Eschenbach AC. Counseling Patients About Prostate Cancer Screening. American Family Physician 65(9), 2002.
6. Sifuentes F, Chang L, Niemann LZ, **Foxhall L**. Evaluating a Diabetes Foot Care Program in a Preceptorship for Medical Students. The Diabetes Educator 28(6):930-937, 2002.
7. Nieman L, **Foxhall L**E, Velasquez MM, Groff JY. Preparing Preclinical Medical Students for Brief Smoking Cessation Interventions. Association for Medical Education in Europe, Relevance in Medical Education Conference. Bern, Switzerland, 9/2003.
8. Brunton S, Anderson R, **Foxhall L**, Liker H, Mennie G, Schroy PC, Wright W. Colorectal Cancer Screening: A Renewed Imperative for Primary Care Clinicians. Ilinois Academy of Family Physicians Evidence-Based CME 1, 2003.
9. Nieman LZ, **Foxhall L**E, Chuang AZ, Prager TC. Evaluating the Texas Statewide Family Practice Preceptorship Program. Academy Medicine 79(1):62-68, 2004.
10. Nieman LZ, Velasquez MM, Groff JY, Cheng L, **Foxhall L**. Implementation of a Smoking Cessation Counseling Module in a Preceptorship Program. Family Medicine 37(2), 2/2005.

Ellen R. Gritz, Ph.D., is professor and chair of the Department of Behavioral Science and holds the Olla S. Stribling Distinguished Chair for Cancer Research at M. D. Anderson. She is an established leader in cancer prevention and control research and internationally known investigator. Dr. Gritz has published extensively on cigarette smoking behavior: prevention, cessation, pharmacologic mechanisms, and special issues of concern to women and high-risk groups, including ethnic minorities, youth, cancer patients and persons living with HIV/AIDS. Dr. Gritz is currently PI of an NCI-funded R01 grant to evaluate an innovative, cell phone-based smoking cessation intervention in an HIV-positive, low income, tri-ethnic population. This is a medical high-risk, underserved population with elevated smoking prevalence (50 percent or higher).

Dr. Gritz is also PI of an ACS-funded grant to evaluate a behavioral sun protection, skin cancer prevention intervention in families of melanoma survivors with children under 12. Other research includes genetic testing and counseling for hereditary cancers, and cancer survivorship. Dr. Gritz has served on several cancer center and other advisory boards. She is a member of the Institute of Medicine (IOM). From 2002-2008, Dr. Gritz served on the Board of Directors of the American Legacy Foundation, the large, non-profit public health foundation established in 1998 as part of the Master Settlement Agreement, and was vice-chair of the board (2005-2008). Dr. Gritz was president of the Society for Research on Nicotine and Tobacco (2006-2007), and president of the American Society of Preventive Oncology (ASPO) (1993-1995).

She has received numerous honors, including American Society of Preventive Oncology's (ASPO) Joseph W. Cullen Memorial Award for outstanding research in smoking, ASPO's Distinguished Achievement Award, and M. D. Anderson's Margaret and James A. Elkins, Jr. Faculty Achievement Award in Cancer Prevention. Most recently, Dr. Gritz was the 2008 recipient of both the Alma Dea Morani, M.D,. Renaissance Woman Award, which honors an outstanding physician or scientist, and the Society of Behavioral Medicine, Cancer Special Interest Group's Outstanding Biobehavioral Oncology Award. She is a fellow of the Society of Behavioral Medicine and the American Psychological Association, and is senior editor for Behavioral Sciences of the journal, *Cancer Epidemiology, Biomarkers, and Prevention.* Dr. Gritz has more than 295 publications to her credit, including numerous journal articles, as well as books, book chapters and teaching aids. Dr. Gritz holds a Ph.D. in psychology from University of California at San Diego and a Ph.D. in clinical psychology from University of Southern California.

Selected publications:

1. **Gritz ER**, Brunswick A, and Bierman KL. Psychosocial and behavioral aspects of smoking in women: Initiation; Maintenance and Cessation, In: The Health Consequences of Smoking for Women: A Report of the Surgeon General, 1980, US Department of Health, Education, and Welfare. Public Health Service, Office of the Assistant Secretary for Health: Washington, DC. p. 271-291, 292-359.
2. **Gritz ER**, (Contributing Editor, Chapter 5). Women and Smoking. A Report of the Surgeon General, 2001, US Department of Health and Human Services, Centers For Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Washington, DC.
3. **Gritz ER**, Dresler C, Sarna L. Smoking, the missing drug interaction in oncology clinical trials: Ignoring the obvious. Cancer Epidemiol Biomarkers Prev 14:2287-93, 2005.
4. **Gritz ER**, Vidrine DJ, Fingeret MC. Smoking cessation. A critical component of medical management in chronic disease populations. Special Issue on the State of the Science, Tobacco Control. American Journal of Preventive Medicine 33:S414-S422, 2007

Lovell Jones, Ph.D. is a professor in the Department of Health Disparities Research as well as the Department of Biochemistry & Molecular Biology at M. D. Anderson Cancer Center. He has more than 35 years of experience in addressing minority health and the health of the underserved. As a scientist, Dr. Jones has done extensive research into the relationship between hormones, diet and endocrine responsive tumors and has presented his work both nationally and internationally. He has edited one of the few comprehensive textbooks on this subject: *Minorities & Cancer*. Dr. Jones has either chaired or co-chaired numerous major events regarding the underserved and cancers, including the American Cancer Society South Central U.S. Regional Hearings on Cancer and the Poor and the 1st National African Cancer Education meeting in Abuja, Nigeria. Dr. Jones is co-author of the congressional resolution designating the third full week in April as "National Minority Cancer Awareness Week." For his work, the NIH/National Center on Minority Health and Health Disparities recently awarded him its Director's Award for Excellence in Health Disparities.

Dr. Jones' research work also involves determining the mechanism by which natural and environmental estrogenic agents may initiate cancers in hormonally responsive tissue. He is the PI on two NIH grants, one titled "The Women's Health Eating and Living Study," an NCI grant studying the role of diet on prevention recurrence of second primaries in breast cancer survivors. The other grant was awarded by the Centers of Excellence for Community Partnership, Outreach, Research & Training from the National Center on Minority Health & Health Disparities. In addition, Dr. Jones is the PI on the Centers for Medicare and Medicaid Cancer Prevention and Treatment Demonstration grant titled: " Facilitated Assistance, Research, & Outreach Services ".

In January 2000, Dr. Jones was named the first director of the congressionally mandated Center for Research on Minority Health (CRMH), a multidisciplinary center which aims to a) foster research that addresses the causes of health disparities and translates scientific results back to the communities affected by those disparities; b) encourage minority students to pursue careers in the biomedical sciences; and c) increase recruitment and retention of minority and medically underserved populations into clinical trials. Dr. Jones received his Ph.D. from the University of California, Berkeley.

Selected Publications:

1. Pierce JP, Natarajan L, Caan BJ, Parker BA, Greenberg ER, Flatt SW, Rock CL, Kealey S, Al-Delaimy WK, Bardwell WA, Carlson RW, Emond JA, Faerber S, Gold EB, Hajek RA, Hollenbach K, **Jones LA**, Karanja N, Madlensky L, Marshall J, Newman VA, Ritenbaugh C, Thomson CA, Wasserman L, Stefanick ML. Influence of a diet very high in vegetables, fruit, and fiber and low in fat on prognosis following treatment for breast cancer: the Women's Healthy Eating and Living (WHEL) randomized trial. JAMA 298(3):289-298, http://jama.ama-assn.org/cgi/content/full/298/3/289, 7/2007. PMCID: PMC2083253.
2. Gor BJ, Shelton AJ, Esparza A, Yi JK, Hoang TV, Liang JC, **Jones LA**. Development of a Health Risk Factors Questionnaire for Chinese and Vietnamese Residents of the Houston, Texas Area. J Immigr Minor Health 10(4):373-377, http://www.springerlink.com/content/m3467128250481vr/fulltext.pdf, 8/2007. e-Pub 10/2007.
3. Pierce JP, Newman VA, Natarajan L, Flatt SW, Al-Delaimy WK, Caan BJ, Emond JA, Faerber S, Gold EB, Hajek RA, Hollenbach K, **Jones LA**, Karanja N, Kealey S, Madlensky L, Marshall J, Ritenbaugh C, Rock CL, Stefanick ML, Thomson C, Wasserman L, Parker BA. Telephone counseling helps maintain long-term adherence to a high-vegetable dietary pattern. J Nutr 137(10):2291-2296, http://jn.nutrition.org/cgi/content/full/137/10/2291, 10/2007. PMCID: PMC2064909.
4. Rock CL, Flatt SW, Laughlin GA, Gold EB, Thomson CA, Natarajan L, **Jones LA**, Caan BJ, Stefanick ML, Hajek RA, Al-Delaimy WK, Stanczyk FZ, Pierce JP. Reproductive steroid hormones and recurrence-free survival in women with a history of breast cancer. Cancer Epidemiol Biomarkers Prev 3(17):614-620, 3/2008. e-Pub 3/2008. PMCID: PMC2575111.
5. Hernandez-Valero MA, Thomson CA, Hernández M, Tran T, Detry MA, Theriault RL, Hajek RA, Pierce JP, Flatt SW, Caan BJ, **Jones LA**. Comparison of baseline dietary intake of Hispanic and matched non-hispanic White breast cancer survivors enrolled in the Women's Healthy Eating and Living (WHEL) study. J Am Diet Assoc 108(8):1323-9, 8/2008.

Alexander V. Prokhorov, M.D., Ph.D., has spent most of his research career in Texas and is currently a professor in the Department of Behavioral Science and Director of the Tobacco Outreach Education Program (TOEP). During his tenure at M. D. Anderson, Dr. Prokhorov has established a strong record of state and federally funded research projects, and authored numerous peer-reviewed publications and book chapters. His work focuses primarily on creating and testing innovative tobacco prevention and cessation programs for high-risk teens and young adults. His interactive multimedia Web site ASPIRE (A Smoking Prevention Interactive Experience) has reached thousands of young users in Texas, across the nation and the world. He also develops programs aimed at increasing awareness of the tobacco risks among the general public and enhancing smoking cessation counseling skills among health care providers in Texas and beyond.

Dr. Prokhorov is a much sought after speaker for national and international conferences and seminars aimed at facilitating tobacco control and cancer prevention. He currently serves as chair of the Tobacco Special Interest Group of the American Society for Preventative Oncology, member of the Scientific Program Committee of the Society for Research on Nicotine and Tobacco, and member of the Julius Richmond Center of Excellence with the mission to protect children from exposure to secondhand smoke. His honors include the World Health Organization (WHO) Medal and Certificate (1990), George and Barbara Bush Endowment for Innovative Cancer Research (2003), M. D. Anderson Educator of the Month (September 2003); an invitation to testify on smoking and adolescents before the President's Cancer Panel (2007); and the Robert M. Chamberlain Distinguished Mentor Award Nominee (2009). Dr. Prokhorov received his M.D. from the 1st Moscow Sechenov School and his Ph.D. from The USSR Cardiology Research Center.

Selected Publications:

1. Stancic N, Mullen PD, **Prokhorov AV**, Frankowski RF, McAlister AL. Continuing medical education: What delivery format do physicians prefer? Journal of Continuing Education in the Health Professions 23(3):162-7, 2003.
2. **Prokhorov AV**, Winickoff JP, Ahluwalia JS, Ossip-Klein D, Tanski S, Lando HA, Moolchan ET, Muramoto M, Klein JD, Weitzman M, Ford KH. Youth tobacco use: A global perspective for child health care clinicians. Pediatrics 118(3):e890-903, 2006.
3. **Prokhorov AV**, Kelder SH, Shegog R, Murray N, Peters R, Agurcia-Parker C, Cinciripini PM, de Moor C, Conroy JL, Hudmon KS, Ford KH, Marani S. Impact of A Smoking Prevention Interactive Experience (ASPIRE), an interactive, multimedia smoking prevention and cessation curriculum for culturally diverse high school students. Nicotine & Tobacco Research 10(9):1477-1485, 2008.
4. **Prokhorov AV**, Ford KH, Mullin Jones M. Smoking Cessation among College Students: Challenges and Outcomes. In: Smoking Cessation: Theory, Interventions and Prevention. Ed(s) JE Landow. Nova Science Publishers, Inc: Hauppauge, New York, 2008.
5. **Prokhorov AV**, Ford KH, Hudmon KS. Smoking Cessation. In: Lung Cancer, Third Edition. Ed(s) J Roth, JD Cox & WK Hong. Blackwell Publishing: United Kingdom, 2008.

Margaret R. Spitz, M.D., M.P.H., during her 27-year career at M. D. Anderson, has conducted innovative epidemiology research that has helped propel the institution's Cancer Prevention Program to international prominence.

Dr. Spitz received her medical degree from the University of the Witwatersrand Medical School in Johannesburg, South Africa, and her master's of public health degree from The University of Texas School of Public Health at Houston. She joined the M. D. Anderson faculty in 1981 and was named founding chair of the Department of Epidemiology in 1995. Dr. Spitz has recruited an outstanding cadre of epidemiologists to her department, which now includes 29 faculty among more than 215 employees and a research budget exceeding $20 million. A recent NCI peer review concluded that M. D. Anderson's epidemiology program is "without peer."

The centerpiece of research in the department is an innovative epidemiology program that bridges laboratory studies and clinical research, and is highly interactive and well-funded. Dr. Spitz' own research focuses on inter-individual variation in susceptibility to the development of tobacco-related cancers, and the construction of risk models to identify high risk subgroups of smokers. Having contributed to more than 350 scientific publications, she currently serves as principal investigator on three RO1 grants totaling more than $8.3 million.

In 2004, Dr. Spitz received the Olga Keith Wiess Distinguished University Chair for Cancer Research and became the first woman in The University of Texas System selected for its highest endowed position. Among her many other accolades are the 1997 Texas Business and Professional Women's Award, the 2000 American Society of Preventive Oncology Distinguished Achievement Award, the 2002 AACR/American Cancer Society Award for Research Excellence in Epidemiology or Prevention and the 2003 Rosalind E. Franklin Award for Women in Science from the National Cancer Institute. At M. D. Anderson, she was the first recipient of the Julie and Ben Rogers Award for Excellence in cancer prevention and the Faculty Achievement Award in Cancer Prevention. She was recently inducted into the Greater Houston Women's Chamber of Commerce Hall of Fame, and The University of Chicago Cancer Research Center has announced Dr. Spitz as the 2009 Simon M. Shubitz Lecturer and Award recipient.

Nationally, Dr. Spitz served as co-chair of the NCI's Lung Cancer Progress Review Group and recently completed service on the NCI Board of Scientific Advisors. She sits on the external scientific advisory committees of several major cancer centers, has served on an NIH health study section and is past president of the American Society of Preventive Oncology.

Selected Publications:

1. **Spitz MR,** Wu X, Mills G. Integrative epidemiology: from risk assessment to outcome prediction. J Clin Oncol 23(2):267-75, 2005.
2. Engels EA, Wu X, Gu J, Dong Q, Liu J, **Spitz MR**. Systematic evaluation of genetic variants in the inflammation pathway and risk of lung cancer. Cancer Res 67:6520-6527, 2007.
3. **Spitz MR**, Hong WK, Amos CI, Wu X, Schabath MB, Dong Q, Shete S, Etzel CJ. A risk model for prediction of lung cancer. J Natl Cancer Inst 99(9):715-726, 2007.
4. Amos CI, Wu X, Broderick P, Gorlov IP, Gu J, Eisen T, Dong Q, Zhang Q, Gu X, Vijayakrishnan J, Sullivan K, Matakidou A, Wang Y, Mills G, Doheny K, Tsai YY, Chen WV, Shete S, **Spitz MR**, Houlston RS. Genome-wide association scan of tag SNPs identifies a susceptibility locus for lung cancer at 15q25.1. Nat Genet 40(5):616-22, 2008.
5. **Spitz MR,** Amos CI, Dong Q, Lin J, Wu X. The CHRNA5-A3 region on chromosome 15q24-25.1 is a risk factor both for nicotine dependence and for lung cancer. J Natl Cancer Inst 100(21). e-Pub 10/28/2008.

Jennifer H. Tektiridis, M.S., C.P.A. is the executive director for research planning and development in the Division of Cancer Prevention and Population Sciences. She is responsible for developing and overseeing new divisional initiatives, including the Duncan Family Institute for Cancer Prevention and Risk Assessment.

Prior to her current role, Tektiridis was the administrative leader for the Cancer Center Support Grant, which funds 19 research programs and 24 core laboratory resources at M. D. Anderson. This grant was recently renewed with a 15 percent increase, for a five-year total of more than $52.7 million, following an “Outstanding” peer review rating. She was recognized as a Rogers Award nominee for her contributions.

Tektiridis joined M. D. Anderson in 2002 as the first executive director for the Gulf Coast Consortia, responsible for developing and administering this six-institution collaborative’s interdisciplinary bioscience research and training programs.

Prior to joining M. D. Anderson, she held various executive leadership positions with responsibility for business operations, information technology and quality management functions in several organizations, including a laboratory supplies distributor and a retail energy start-up. She spent several years with a major consulting firm, providing process and IT planning and implementation expertise to companies in consumer and commercial service industries.

Tektiridis is a member of the Cancer Center Administrator’s Forum and served on the Alliance for Dedicated Cancer Centers Research Committee. She has a bachelor’s degree in geology and Spanish from Dickinson College. A certified public accountant, she has an master’s in business from Rollins College.

David W. Wetter, Ph.D., joined M. D. Anderson in 1995 and was appointed as the first Cullen Trust for Health Care Chair in the Department of Health Disparities Research in 2005. His research is targeted at eliminating disparities in health-related behavior through T2 translational research. Specific research interests include: theoretical models of addictive and health risk behavior; the epidemiology and public health impact of those behaviors; and the development and evaluation of theoretically-based interventions. Dr. Wetter's theoretical work includes the development and evaluation of a sociocultural and biobehavioral model of addictive and health risk behavior investigating neighborhood- and individual-level social context, affective vulnerability, associations encoded in memory, and acute determinants of relapse vulnerability using implicit and explicit measurements derived from cognitive psychology, as well as ecological momentary assessments. His intervention work focuses on high-risk and underserved populations, including the development and evaluation of palmtop computer-delivered treatments, telephone-based counseling, motivational approaches, and mindfulness-based treatments. Dr. Wetter has been conducting research on tobacco and tobacco-related disparities for almost 20 years and has an extensive NIH-funded grant portfolio with more than 80 publications. His research program has received awards from the Society of Behavioral Medicine, the Health Psychology Division of the American Psychological Association, and M. D. Anderson.

Dr. Wetter's has served as chair of the Community Level Health Promotion study section at NIH, contributed to the 2000 Report of the Surgeon General on Reducing Tobacco Use, been a member of the editorial board for Health Psychology, served as scientific consultant for the Treating Tobacco Use and Dependence Clinical Practice Guideline and the Smoking Cessation Clinical Practice Guideline; and was program chair for two annual meetings of the Society for Research on Nicotine and Tobacco. He has been an invited participant in numerous NIH workgroups and committees. A passionate advocate for students and education, Dr. Wetter has trained 15 postdoctoral fellows since 1995 and was the inaugural winner of the Leading Mentor in Cancer Prevention award at M. D. Anderson in 2008.

Dr. Wetter earned his doctorate in clinical psychology and a master's in epidemiology from the University of Wisconsin – Madison. He has a joint appointment in the Department of Behavioral Science at M. D. Anderson and an adjunct appointment at The University of Texas School of Public Health.

Selected Publications:

1. Reitzel LR, Vidrine JI, Li Y, Mullen PD, Velasquez MM, Cinciripini PM, Cofta-Woerpel L, Greisinger A, **Wetter DW**. The influence of subjective social status on vulnerability to postpartum smoking among young pregnant women. American Journal of Public Health 97:1476-1482, 2007.
2. **Wetter DW**, Mazas CA, Daza P, Nguyen L, Fouladi RT, Li Y, Cofta-Woerpel L. Reaching and treating Spanish speaking smokers through the National Cancer Institute's Cancer Information Service: A randomized controlled trial. Cancer 109 (2 Suppl):406-413, 2007.
3. Kendzor DE, Cofta-Woerpel LM, Mazas CA, Li Y, Irvin Vidrine J, Reitzel LR, Costello TJ, Businelle MS, Ahluwalia JS, Cinciripini PM, **Wetter DW**. Socioeconomic status, negative affect, and modifiable cancer risk factors in African American smokers. Cancer Epidemiology, Biomarkers, & Prevention 17:2546-2554, 2008.
4. Businelle MS, Kendzor DE, Costello TJ, Cofta-Woerpel L, Li Y, Mazas CA, Vidrine JI, Reitzel LR, Cinciripini PM, Ahluwalia JS, **Wetter DW**. Light versus heavy smoking among African-American men and women. Addictive Behaviors, 2008.
5. Kendzor DE, Costello TJ, Li Y, Irvin Vidrine J, Mazas CA, Reitzel LR, Cinciripini PM, Cofta-Woerpel LM, Businelle MS, **Wetter DW**. Race/ethnicity and multiple cancer risk factors among individuals seeking smoking cessation treatment. Cancer Epidemiology, Biomarkers, and Prevention 17:2937-2945, 2008.
6. Reitzel LR, Costello TJ, Mazas CA, Vidrine JI, Businelle MS, Kendzor DE, Li Y, Cofta-Woerpel L, **Wetter DW**. Low-level smoking among Spanish-speaking Latino smokers: Relationships with demographics, tobacco dependence, withdrawal, and cessation. Nicotine and Tobacco Research 11:178-184, 2009.
7. Vidrine JI, Businelle MS, Cinciripini PM, Marcus MT, Waters AJ, Reitzel LR, **Wetter DW**. Associations of mindfulness with nicotine dependence, withdrawal, and agency. Substance Abuse. In Press.

Xifeng Wu, M.D., Ph.D. is the Betty B. Marcus Chair in Cancer Prevention M. D. Anderson's Department of Epidemiology. She earned her medical degree from Shanghai Medical University in 1984 and her doctorate from The University of Texas School of Public Health in 1994.

Dr. Wu has created an integrative research program that is visionary in concept and revolutionary in approach. The centerpiece of her research is based on a multifaceted, highly interactive and multidisciplinary molecular epidemiology program that bridges field epidemiology, laboratory study and clinical research. Her laboratory has developed or adapted an array of phenotypic and genotypic assays to study inherited susceptibility markers for population studies. The medium-term objective of her research program is to identify and validate genetic biomarkers for cancer risk assessment and for clinical outcome prediction, with the long-term goal of incorporating epidemiological, clinical and genetic information to develop personalized risk prediction models for cancer etiology, prevention, treatment response and clinical outcomes. In her initial demonstration of success, she constructed the first bladder cancer risk prediction model and also showed that incorporating genetic factors may significantly improve prediction efficiency over epidemiologic and clinical variables only.

Dr. Wu is a productive and highly regarded cancer epidemiologist with more than 200 peer-reviewed publications, many of which are in highly acclaimed journals. She is the principal investigator of nine NIH funded R01 or equivalent epidemiological studies with a total budget of approximately $22 million, and is a major collaborator on 10 other projects. Dr. Wu supervises a 40-member research team and serves as mentor or advisor for several junior faculty, pre-and post-doctoral trainees, and clinical fellows, many of whom have been recognized with prestigious awards from inside the institution and from outside sources.

Dr. Wu was previously a recipient of one of the institution's Faculty Scholar Awards. In 2006, she was awarded the prestigious Ashbel Smith Professorship (2006-2011) by The University of Texas system. More recently in 2008, she earned The Margaret and James A. Elkins Jr. Faculty Achievement Award in Cancer Prevention and received the Julie and Ben Rogers Award for Excellence in Research. Nationally and internationally, her prominence is evidenced by invitations to present at many workshops, lectures, seminars, organization events. She has chaired several conference sessions and serves on study sections for NCI, the American Cancer Society, and other national and international organizations. She is an associate editor for several scientific journals.

Selected Publications:

1. **Wu X**, Gu J, Grossman HB, Amos CI, Etzel C, Huang M, Zhang Q, Millikan RE, Lerner S, Dinney CP, Spitz MR. Bladder cancer predisposition: a multigenic approach to DNA-repair and cell-cycle-control genes. Am J Hum Genet. 2006 Mar;78(3):464-79. PubMed PMID: 16465622.
2. **Wu X**, Gu J, Wu TT, Swisher SG, Liao Z, Correa AM, Liu J, Etzel CJ, Amos CI, Huang M, Chiang SS, Milas L, Hittelman WN, Ajani JA. Genetic variations in radiation and chemotherapy drug action pathways predict clinical outcomes in esophageal cancer. J Clin Oncol. 2006 Aug 10;24(23):3789-98. PubMed PMID: 16785472.
3. **Wu X**, Lin J, Grossman HB, Huang M, Gu J, Etzel CJ, Amos CI, Dinney CP, Spitz MR. Projecting individualized probabilities of developing bladder cancer in white individuals. J Clin Oncol. 2007 Nov 1;25(31):4974-81. PubMed PMID: 17971596.
4. Xing J, Chen M, Wood CG, Lin J, Spitz MR, Ma J, Amos CI, Shields PG, Benowitz NL, Gu J, de Andrade M, Swan GE, **Wu X**. Mitochondrial DNA content: its genetic heritability and association with renal cell carcinoma. J Natl Cancer Inst. 2008 Aug 6;100(15):1104-12. PubMed PMID: 18664653.
5. Ye Y, Wang KK, Gu J, Yang H, Lin J, Ajani JA, **Wu X**. Genetic variations in microRNA-related genes are novel susceptibility loci for esophageal cancer risk. Cancer Prev Res (Phila Pa). 2008 Nov;1(6):460-9. PubMed PMID: 19138993.
6. Hildebrandt MA, Yang H, Hung MC, Izzo JG, Huang M, Lin J, Ajani JA, **Wu X**. Genetic variations in the PI3K/PTEN/AKT/mTOR pathway are associated with clinical outcomes in esophageal cancer patients treated with chemoradiotherapy. J Clin Oncol. 2009 Feb 20;27(6):857-71. PubMed PMID: 19164214.
7. Lin J, Kamat A, Gu J, Chen M, Dinney C P, Forman M L, **Wu X**. Dietary Intake of Vegetables, Fruits and the Modification Effects of GSTM1, NAT2 Genotypes on Bladder Cancer Risk. Cancer Epidemiol Biomarkers Prev. In Press.