THE CANCER LETTER

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# ASCO Proposes Two IOM Workshops On Changing Clinical Trials Group System

*By Paul Goldberg*

The American Society of Clinical Oncology is asking the Institute of Medicine to conduct two workshops focused on implementation of an IOM report that called for changes in cooperative groups.

The proposal was approved by the ASCO board at its meeting Sept. 14 and 15 and is being proposed to IOM. The cost of the workshops would likely be covered by ASCO, sources said.

The professional society's objective is to monitor implementation of the report IOM report that called for an overhaul of the publicly funded infrastructure for conducting clinical trials (The Cancer Letter, April 16).

The implementation plan suggested by ASCO calls for conducting two

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*In the Cancer Centers:*

## Duke Comprehensive Cancer Center Wins Five-Year, $30 Million Core Grant Renewal

**DUKE COMPREHENSIVE CANCER CENTER** received a five-year, $30 million core grant renewal from NCI to support clinical, research, and educational programs. The center retains its designation as comprehensive, continuing to be one of 40 such centers in the U.S. DCCC was established in 1972 and has received continuous funding from NCI since 1973, when it was named as one of the original eight comprehensive cancer centers.

**FRED HUTCHINSON CANCER RESEARCH CENTER** received almost $17 million from the NCI Early Detection Research Network for projects on colon cancer biomarker discovery, breast and ovarian cancer biomarker validation, and the ongoing coordination of the EDRN.

Founded in 1999, the EDRN brings together dozens of institutions to help accelerate the translation of biomarker information into clinical applications and to evaluate new ways of detecting cancer in its earliest stages and determine cancer risk. The five-year awards will support:

• EDRN data management and coordinating center. Biostatistician **Ziding Feng** was awarded $10 million to lead the EDRN data management and coordinating center. The Hutchinson Center has coordinated the EDRN since 2000.

• Two colon cancer biomarker developmental laboratories. **Paul Lampe** and **Samir Hanash** were awarded $3.4 million to perform both broad

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## ASCO Seeks IOM Involvement In Implementation Of Report

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workshops of stakeholders in the clinical trials system. One of these workshops would be held early in 2011, and another a year later.

At the first workshop, the goal would be to invite the parties identified in the IOM report and ask them to describe their plans for implementing recommendations. At the follow-up workshop, these same players would be asked to return with updates on what they did and what impact their actions had. The workshops would have to be approved by the National Cancer Policy Forum at a meeting next month.

"The essence of it is to monitor and examine the implementation plans by various stakeholder groups," said a source familiar with the process. "Part of the impetus for this is all the stuff in the report that is outside the NCI, because the NCI is going to do what they are going to do, and the groups are going to do what they are going to do. There are various ways in which these activities can be monitored. The question is, 'What about FDA? What about CMS? What about OHRP? What about the commercial payers?' There is a whole bunch of other stakeholders who are mentioned explicitly in the IOM report as ideally needing to make some change in their policies and operations. Nobody is talking to them to see what they are doing."

The planning committee for the workshops will include Richard Schilsky, chief of the Section of Hematology-Oncology and deputy director of the University of Chicago Comprehensive Cancer Center, as well as Jan Buckner, chairman of North Central Cancer Treatment Group, chair of medical oncology at Mayo Rochester, and chair of the group chairs.

In a related development, the chairs of the cooperative groups met in Philadelphia on Sept. 14, at the office of the Coalition of Cooperative Groups, to discuss their reactions to the IOM report. Three groups—Cancer and Leukemia Group B, North Central Cancer Treatment Group, and the American College of Surgeons Oncology Group—recently consolidated some of the "back end" operations of their statistical centers (The Cancer Letter, July 2).

However, according to sources who were present at the meeting, several group chairs cautioned against moving hastily to implement the IOM report, describing it as the latest in a long series of similar expert panels that have published recommendations for change.

Any meaningful change would likely mandate m erging the groups' tissue banks and other biospecimens collected from patients enrolled in their trials.

Insiders said that NCI is in a strategic position to mandate consolidation of the groups' tissue banks. The institute has been contemplating shifting tissue banks from grant to contract funding, and last time the issue came up—during Andrew von Eschenbach's stint as NCI director—all cooperative group tissue banks were shifted to U24 grants.

Earlier this year, these grants expired simultaneously and the groups went through competitive renewal. However, despite what appeared to be fundable scores as a consequence of peer review, instead of getting new grants, the groups were told that they would get two-year extensions while NCI officials consider how to support tissue banks.

Technically, the tissue banks can be pooled into a single mega-bank. "This just requires more freezers, more storage areas and bigger databases," said an individual familiar with the process.

If the goal is to maximize control, NCI could finance the banks through a single contract that would place the tissues outside control of the groups.

Alternatively, the institute could continue to consolidate the banks and fund them through a grant, it would have to come up with a political entity to govern this structure.

Sources said this issue appears to be under discussion at NCI and some expect a proposal before the Board of Scientific Advisors in November.

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Many of these issues are expected to come up at the Sept. 21 meeting of the Clinical Trials and Translational Research Advisory Committee. The meeting is expected to begin with remarks by NCI Director Harold Varmus and will include a half-hour discussion of implementation of the IOM report.

*Philanthropy:*

## Stand Up To Cancer Says $80 Million In Pledges Made

Stand Up To Cancer said it has raised $80 million has been pledges in connection with the Sept. 10 telecast.

The one-hour fundraising event was broadcast live on the television networks and a variety of other stations.

The event's organizers said to The Cancer Letter that 80 percent of this year's proceeds came from philanthropists and corporate and organizational donors. The remaining 20 percent came from the public. Information about the cost of the event was not available.

A similar event was held in 2008. Nielson reports that the telecast was seen by 18.3 million people, up 15% from two years ago,

This year, Major League Baseball made a $20 million donation, in addition to the $10 million given two years ago. Other major SU2C contributors include Sidney Kimmel, Amgen Inc., Bloomberg Philanthropies, GlaxoSmithKline and Wallis Annenberg & The Annenberg Foundation, Cancer Treatment Centers of America, the Gateway for Cancer Research Foundation and Comcast recently joined that group. ABC2, MasterCard, Virgin America, Brains on Bikes, Milken Family Foundation, Sony Computer Entertainment America and The Island Def Jam Music Group.

The American Association for Cancer Research conducts peer review of the research projects. SU2C's next phase in the grant selection process will be to issue a call for proposals for a second round of Innovative Research Grants. These grants support high-risk and potentially high-reward projects with significant potential for translational application. Each individual IRG recipient receives up to $750,000 over three years.

AACR will issue this call on behalf of Stand Up To Cancer within the next six weeks. The current 13 IRG projects, totaling $9.68 million, were announced in December of 2009.

In May 2009, SU2C announced its first round of three-year Dream Team grants to five multi-institutional, cross disciplinary research teams, totaling $73.6 million.

In conjunction with the Sept. 10 broadcast, the AACR and SU2C launched the AACR-SU2C Clinical Trials Finder, a resource for cancer patients to identify clinical trials.

The telecast is available at www.su2c.org/2010show.

*Industry News:*

## Cell Therapeutics To Appeal FDA Decision On Pixantrone

*By Paul Goldberg*

Cell Therapeutics Inc. of Seattle said it intends to appeal the FDA decision not to grant an accelerated approval to pixantrone for relapsed and refractory aggressive non-Hodgkin's lymphoma.

At its March 22 meeting, the FDA Oncologic Drugs Advisory Committee recommended unanimously against approval (The Cancer Letter, April 9). Subsequently, the agency issued a Complete Response Letter rejecting and telling the sponsor to conduct an additional clinical trial.

In a statement earlier this week, CTI said it would file an appeal under the FDA's Formal Dispute Resolution process.

Lawyers who practice FDA law say it's unusual for sponsors to make use of the process, and when they choose this route, they usually do so confidentially.

CTI said it reached this decision "by taking into account that CTI believes there are no approved or effective therapies for patients with relapsed or refractory aggressive NHL beyond second relapse."

The company said its PIX 301 study was the first and only randomized trial in this patient group "to demonstrate significant improvement in clinically relevant endpoints including complete response rate, overall response rate, and progression free survival while being safe and effective in this indication."

"After discussions with a number of leading U.S. and international lymphoma experts and leading biostatisticians, all of whom have reviewed the PIX 301 protocol, statistical plan and trial results, we felt encouraged to appeal the initial decision and have our data reviewed in the context of a trial that achieved statistically and clinically meaningful primary and secondary endpoints in this end stage patient population

for whom there are no approved or effective agents," said Jack Singer, chief medical officer at CTI.

"We are committed to conducting a confirmatory trial in this patient population but continue to strongly believe that the PIX 301 data met the requirements for accelerated approval with sufficient scientific rigor," Singer said.

FDA regulations provide the administrative dispute resolution mechanism to obtain review of any decision by raising the matter with the supervisor of the office that made the decision.

By taking the administrative route, the company foregoes the option of suing the agency. Now, it will be able to file a suit only after the administrative remedies are exhausted, which could take months or years.

"I've seen the process used quite a bit, but typically when sponsors are using it, they work to keep it within the confines of the agency," said John Engel, an attorney with the Washington firm of Engel and Novitt.

"The trend I've seen is that biopharmas are doing this more and more, even though the industry has developed a long-standing view that typically it's not going to change the result," Engel said. "It is a mechanism for airing of scientific disputes without diverting the resources of the sponsor or the agency in litigation. And when there's no legal issue to sue the agency on, or simply no desire to pursue it in the courts, my experience in working with FDA has been that it is much more productive for a sponsor to marshal its data and present its scientific and science policy case to the agency—through an FDRR or otherwise—on a confidential basis rather than making it public."

One company, Allergan Inc., sued FDA, claiming that the agency's ban on promotion of off-label uses of its drug Botox violated its First Amendment rights. However, the company dropped that suit earlier this month as part of settling off-label promotion charges.

Meanwhile, CTI said it continues to prepare for the initiation of an additional pixantrone clinical study in the U.S. that would serve as either a post-approval confirmatory study or as a registration study for approval in the U.S.

Similar to anthracyclines, pixantrone inhibits Topo-isomerase II, but unlike anthracyclines—rather than intercalation with DNA—pixantrone alkylates DNA—forming stable DNA adducts, with particular specificity for CpG rich, hyper-methylated sites.

At the ODAC meeting March 22, Richard Pazdur, director of the FDA Office of Oncology Drug Products, said the company's pivotal trial was incomplete and its results unreliable.

*In the Cancer Centers:*

## Kochevar Named Administrator At University Of Colorado

(Continued from page 1)

proteomic and glycomic screens and analyses to find colon cancer biomarkers. **Bill Grady** will share a $1.6 million grant with co-principal investigator **Sanford Markowitz**, of Case Western Reserve University, to identify and validate methylated genes as new biomarker targets for colon cancer.

• A clinical epidemiology and validation center for breast and ovarian cancer. **Christopher Li** received $2.5 million to lead this center. He plans to validate breast and ovarian cancer biomarkers with phase III studies.

**UNIVERSITY OF COLORADO CANCER CENTER** has recruited **Mark Kochevar** as its top administrator, associate director for administration and finance. "He will have a lead role in taking UCCC to the next level as we develop a strategic plan and complete our National Cancer Institute comprehensive cancer center grant renewal," said UCCC Director **Dan Theodorescu**.

Kochevar comes to UCCC from the Medical College of Georgia Cancer Center, where he led the administrative development and management of that newly established center. He started his career at NCI, where he spent 17 years as an administrator for cancer treatment and causation programs. Kochevar then was the administrative director of the University of Maryland Marlene and Stewart Greenebaum Cancer Center, where he led the administrative process for the center's NCI P20 Center Planning Grant application, awarded in 1999, and its P30 Cancer Center Support Grant application. Kochevar led a successful development of a Cancer Research Grant application under the State of Maryland Cigarette Restitution Funds Program.

**ARIZONA CANCER CENTER** and the Queensland Institute of Medical Research in Australia received a grant from The Atlantic Philanthropies for the development of the Pan-Pacific Skin Cancer Consortium. The initial one-year, $500,000 award, shared between the two institutions, will fund new international collaborations in cutting-edge skin cancer research to address an increasingly severe disease problem in Australia and the U.S., and for development of standard practices for acquiring human skin cancer patient data and tissue specimens.

"This Pan-Pacific Skin Cancer Consortium will

link outstanding researchers, teachers and students from Australia and the United States, and multiply all of our ongoing efforts in prevention, detection and treatment of skin cancer," said **David Alberts**, Arizona Cancer Center director, and **Robin Harris**, co-director of the AZCC's Skin Cancer Institute.

Also at ACC, **M. Elena Martínez**, co-director of the Cancer Prevention and Control Program, was appointed to the NCI Board of Scientific Advisors. Martínez also serves as co-director of the AZCC's Cancer Health Disparities Institute and is the Richard H. Hollen Professor of Cancer Prevention at the AZCC and professor of epidemiology at the University of Arizona.

**Michael Bookman**, section chief of hematology/oncology at ACC, was appointed chairman of the Ovarian Committee of the Gynecologic Oncology Group. He has been a member of the GOG for the past 20 years.

**UNIVERSITY OF MARYLAND** School of Medicine received a $7.9 million federal grant that will benefit researchers at the University of Maryland Marlene and Stewart Greenebaum Cancer Center in Baltimore, along with other scientists at the University of Maryland. The grant will fund the acquisition of a superconducting 950 MHz Nuclear Magnetic Resonance magnet.

The University of Maryland will be the only academic institution in the U.S. and one of only two sites in the country to have a 950 MHz NMR spectrometer once it is installed on the Baltimore campus in November 2011. The bid to acquire the eight-ton spectrometer is a partnership between UMB and University of Maryland, Baltimore County, and the University of Maryland, College Park.

**VANDERBILT-INGRAM CANCER CENTER** began its Personalized Cancer Medicine Initiative, becoming one of the first cancer centers in the U.S. to offer cancer patients routine genotyping of their tumors at the DNA level. This information will then be used to personalize treatment by matching the appropriate therapy to the genetic changes, or mutations, that are driving the cancer's growth.

The first tumor types to be tested are certain forms of lung cancer and melanoma. Each patient's electronic medical record will be updated with genome-based treatment information, said **Dan Masys**, chair of the Department of Biomedical Informatics.

The Personalized Cancer Medicine Program is led by **William Pao**, the Ingram Associate Professor of Cancer Research and an expert in lung cancer.

The VICC program will examine more than 40 mutations in lung cancer and melanoma that are potentially relevant to existing and emerging targeted therapies. As additional important tumor-specific mutations are identified, they will be added to the screening panel.

**UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL**, scientists have been awarded two contracts totaling $2.4 million from SAIC-Frederick Inc. for the discovery of drugs for the treatment of childhood leukemia and brain tumors. The task order contracts were awarded in support of NCI's Chemical Biology Consortium.

**Stephen Frye**, professor of medicinal chemistry and director of the UNC Center for Integrative Chemical Biology and Drug Discovery in the UNC Eshelman School of Pharmacy, is principal investigator. Frye is also a member of UNC Lineberger Comprehensive Cancer Center. The centers are collaborating on both projects.

In acute lymphoblastic leukemia, a protein called Mer is abnormally expressed, making the cancer resistant to current therapies. Mer was initially discovered at UNC in the lab of **Shelley Earp**, Lineberger's director. UNC scientists will develop selective small molecules inhibitors of Mer kinase as drug candidates to treat pediatric ALL. They will also use the molecules as probes to further explore the mechanism whereby Mer activation sustains the survival of lymphoid and other tumors that express Mer, potentially opening doors to new treatments for other cancers. The team will collaborate with **Doug Graham**, a pediatric oncologist at the University of Colorado who was a student of Earp's and co-discoverer of Mer kinase.

A second project also targets a specific gene involved in gliomas. This research will target the protein product of a gene called IDH1 that is frequently mutated in gliomas. The role of IDH1 in this cancer has been defined through the work of **Yue Xiong**, the Kenan Professor of Biochemistry and Biophysics and a UNC Lineberger member.

**JOHN BYRD**, a leukemia specialist and researcher at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, received the inaugural Richard L. Schilsky Cancer and Leukemia Group B Achievement Award.

The award acknowledges exceptional individuals who make it possible for the CALGB to succeed in research that transforms care for cancer patients. Byrd's work in CALGB has included leading multiple multi-center clinical trials, correlative science efforts, mentorship of junior CALGB members, and administrative service to CALGB over the past decade.

Byrd is principal investigator of a Specialized Center of Research grant from the Leukemia & Lymphoma Society, which was recently renewed for $6.25 million over five years.

**MARK GOODMAN**, professor of radiology at Emory University School of Medicine, received the Michael J. Welch Award, bestowed annually by the Society of Nuclear Medicine. The award, which was presented at SNM's recent annual meeting, is given to an individual who has made outstanding contributions to radiopharmaceutical sciences.

Goodman is a member of the Winship Cancer Institute of Emory University and a program director at Emory Center for Systems Imaging. His research interests encompass PET and SPECT radiotracer development of oncology, brain and heart agents.

**CORRECTION**: The Harold C. Simmons Comprehensive Cancer Center at UT Southwestern Medical Center received NCI designation as a cancer center, not as a "comprehensive" cancer center as reported in the Sept. 10 issue of The Cancer Letter.

Comprehensive status is awarded based on competitive peer review to some centers that conduct a wide variety of research, as well as community education, outreach, and prevention activities. It is unusual for an NCI-desgnated cancer center that has not gained comprehensive status to use the term "comprehensive" in its name.

*Professional Societies:*

## ASTRO Elects Steinberg; Restructures Its Staff

**The American Society for Radiation Oncology** announce the results of its recent election. These new officers will begin their terms at ASTRO's 52nd Annual Meeting in San Diego, Oct. 31-Nov. 4:

President-elect: **Michael Steinberg**, UCLA Center for Health Sciences. Secretary/Treasurer-elect: **Phillip Devlin**, Brigham and Women's Hospital. Education Council Vice-chairman, **Laura Dawson**, Princess Margaret Hospital. Government Relations Council Vice-chairman, **Bharat Mittal**, Northwestern Memorial Hospital.

Also, ASTRO has restructured its staff into four divisions: Advocacy and Clinical Affairs, Member Relations and Communications, Education, and Finance and Administration. Four staff members have been promoted to vice-president to head these divisions.

"Over the past year, ASTRO has been engaged in an extensive review of our strategic priorities to help the organization deal with the challenges that lay ahead for the specialty," **Laura Thevenot**, ASTRO CEO, said. "As a result of the strategic planning process, it became clear to me that our staff structure also needed to change to accommodate our new strategic plan and to help integrate and facilitate our work."

**Emily Wilson** is now vice-president of Advocacy and Clinical Affairs overseeing the organization's strategic efforts in health policy, research, government relations and quality. **Anna Arnone** is the vice-president of Member Relations and Communications managing ASTRO's communications, marketing, corporate relations and membership efforts. **Lynn Brown** is the vice-president of Education with responsibility for all education and meetings functions. **Terry Karras** is now vice-president of Finance and Administration. His division includes IT, accounting, finance and administration.

In addition, **Dave Adler** was named director of government relations, **Beth Bukata** was promoted to director of communications, and **Janet Mitchell** was promoted to assistant director of the annual meeting.

*Advocacy:*

## Barbara Brenner To Step Down From Breast Cancer Action

**BARBARA BRENNER**, executive director of Breast Cancer Action, announced her intention to retire at the end of the year. She has led the San Francisco-based organization for the past 15 years. The organization has 32,000 active members, Brenner said.

"BCA continues to build on our successful campaigns and programs such as Think Before You Pink and Milking Cancer, and will continue to carry the voices of all those affected by breast cancer," Brenner wrote in an email to members. "We remain committed to developing innovative ways to effect positive change in breast cancer policy and research, while providing essential information to those living with, or at risk for the disease."

Brenner said she is retiring to "take some time for myself, and to finally write that book about life on the inside of breast cancer advocacy."

BCA will celebrate its 20th anniversary at an event Oct. 7 in San Francisco.

*Funding Opportunities:*

## $3 Million In Pancreatic Cancer Research Grants Offered

Applications are being accepted for the 2011 Pancreatic Cancer Action Network–AACR grants. Nearly $3 million in research funding will be awarded.

Applications must be submitted online through proposalCentral at https://proposalcentral.altum.com/.

The grants program is designed to help incubate innovative research, grow the number of scientists directly working on pancreatic cancer, nurture collaborations across disciplines and institutions, and expedite scientific progress for patient benefit. Grantees participate in a mentorship program that connects them with leading scientists in the field. Ongoing career support activities offer opportunities for education and professional development.

More information is available at http://www.pancan.org/section_research/.

*Obituaries:*

## Karen Johnson, NCI Prevention Research Administrator, 64

**Karen A. Johnson**, 64, chief of the Breast and Gynecologic Cancer Research Group in the NCI Division of Cancer Prevention since 1999, died Aug. 19 of ovarian cancer at Washington Hospital Center.

Johnson managed research in breast and gynecologic cancer prevention, screening, early detection, developing cohort models, interventions, and endpoints for screening and prevention.

Johnson received a bachelor's degree in chemistry from Washington College in Chestertown, MD, in 1968. In 1972, she received a doctorate in chemistry from the University of Delaware.

She was a research chemist for DuPont in Wilmington before entering medical school at Thomas Jefferson University in Philadelphia, from which she graduated in 1981.

She completed an internship and residency in internal medicine at Georgetown University, a fellowship in medical oncology at Georgetown's Lombardi Cancer Center. In 1995, she received a master's degree in public health from Johns Hopkins University.

Johnson joined NCI in 1986 as a science associate in the Cancer Control Applications Branch. In 1988, she became an assistant professor of medicine at Georgetown University.

From 1991 to 1996, she was a program director in the Community Clinical Oncology Program. She served as NCI program staff for the National Surgical Adjuvant Breast and Bowel Project's P-1 trial with tamoxifen. She also served on other protocol and research committees within NCI and the U.S. Army Breast Cancer Research Program.

She left NCI to become a medical reviewer in chemoprevention at FDA from 1996 to 1998, when she returned again to NCI. She was the co-author of two books on cancer in the elderly.

Survivors include two brothers.

## Merrill Egorin, 62, Co-Leader, UPCI Drug Discovery Program

**Merrill J. Egorin**, co-leader of the University of Pittsburgh Cancer Institute's Molecular Therapeutics and Drug Discovery Program, died Aug. 7 of complications of multiple myeloma. He was 62.

Egorin was a graduate of Johns Hopkins and the Osler Medical Service at the Johns Hopkins Hospital. He trained in medical oncology and pharmacology in Baltimore Cancer Research Center and became a staff physician in 1981 at the University of Maryland Hospital. He became a professor of medicine, pharmacology, and experimental therapeutics and oncology, and served as head of the Division of Developmental Therapeutics of the University of Maryland Cancer Center from 1982 to 1998.

Egorin was recruited by UPCI in 1998 to lead its clinical and preclinical pharmacology activities. His research focused on development and application of antineoplastic agents. He was also known for his passion for teaching and mentoring aspiring physicians.

"Merrill believed, as I do, that great science leads to good medicine," said Nancy Davidson, director of UPCI. "His commitment to cancer patients, his laboratory, his students, the UPCI, and Pittsburgh will be greatly missed. But we are far better for his time with us. He leaves a huge gap but also a tremendous legacy of excellence, dedication, passion, and joy in all that he did."

Egorin is survived by his wife of 41 years, Karen Kantor Egorin; a son, Noah, and daughter, Melanie; his sister, Sara Egorin Hooper; and four grandchildren.

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The Symposium, a CME activity of the Tisch Cancer Institute of the Mount Sinai School of Medicine and The Chemotherapy Foundation, will be presented November 9-13 at the Marriott Marquis in New York City. A faculty of leading investigators report on new agents and clinical trials. The focus is on practical applications for clinicians in varied practice settings to achieve better outcomes for patients.

The Symposium begins Tuesday afternoon with a session on Pediatric Oncology, followed by full-day sessions on Hematology and GI Cancers on Wednesday; Gynecological, Breast, Head and Neck cancers and Personalized Medicine on Thursday; Prostate, Renal, Bladder, Melanoma and Endocrine Cancers and a dialogue on new models of practice in a changing environment for health care providers on Friday. Experts on practice issues will explore strategies for survival of small practices, effective ways to recruit patients for clinical trials, rapid learning systems for cancer care, and how a longer term view in development of educational activities will foster attitudes favorable to the future of live CME. New Perspectives in Oncology Practice for Oncology Nurses, Physician Assistants, Nurse Practitioners, Case Managers and Pharmacists is scheduled for Nov. 13.

Register online at www.chemotherapyfoundationsymposium.org.

Contact jaclyn.silverman@mssm.edu for further information.

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The Hematology/Oncology Division of the Department of Medicine at the University of California, Irvine (UCI) is recruiting a physician scientist for a tenured position at the associate or full professor level who will also be the Deputy Director of the Cancer Center. We are seeking an experienced translational scientist with an established research program focused on either basic/translational investigations or clinical/translational science. This is a senior leadership position with a National Cancer Institute (NCI) designated Comprehensive Cancer Center.

Applicants must hold an MD or equivalent degree, BE/BC in Hematology and/or Medical Oncology, and be eligible to obtain an active license to practice medicine in the state of California.

For more information, contact Krista Hollinger, MPH at kholling@uci.edu.

Application Procedure: Interested candidates must submit cover letter, curriculum vitae, a statement of research, a statement of teaching, and contact information for 3-5 references via the University of California's Academic Personnel RECRUIT system at http://recruit.ap.uci.edu.

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