



Stephen Nimer, MD, works with researcher Gloria Mas-Martin, PhD, in his lab at Sylvester Comprehensive Cancer Center.

including detection of early pancreatic cancer and advances in studying viruses linked to cancer, as well as discoveries related to melanoma, breast cancer, and hematologic malignancies, says Nimer. They have also gained new insights into the genetic underpinnings of various cancers.

Recent investigations led by Maria Figueroa, MD, associate professor of human genetics at UM, for example, shed light on how epigenetic changes in hematopoietic stem cells (HSC) over time may contribute to acute myeloid leukemia (AML) and possibly other blood cancers.

For the study, Figueroa's team compared changes in HSCs in groups of younger (ages 18 to 30) and older (ages 65 to 75) patients and discovered thousands of epigenetic changes that profoundly influenced gene expression (*Cancer Discov* 2019;9:1080–101). Some of the changes affected regula-

tory regions of transcription factors, including KLF6, which is important for blood cell differentiation and can be altered in AML.

The NCI was also impressed with the center's commitment to community outreach and engagement, says Erin Kobetz, PhD, MPH, professor of medicine at UM. For the past 15 years, Kobetz has collaborated with community partners in Miami's Little Haiti neighborhood to address disparities in prevention, detection, and treatment of cervical cancer—a largely preventable disease that disproportionately affects Haitian women.

One of the project's initiatives involved creating a simple kit that allows women to screen for cervical cancer in their own homes, thus overcoming cultural stigmas and access issues that have traditionally hampered efforts to care for these patients, says Kobetz, who launched a mobile clinic to distribute the kits. The strategy led to greater participation in screening and is now used as a model for other efforts to improve the detection of colorectal and skin cancers, as well as sexually transmitted infections.

“The NCI has expanded its criteria around community outreach and now looks for cancer centers to think creatively about how to match science to local needs,” says Kobetz. “The goal is to ensure that underrepresented and vulnerable populations are represented in our scientific portfolio and have access to clinical trials.” —*Janet Colwell* ■

For more news on cancer research, visit *Cancer Discovery* online at <http://cancerdiscovery.aacrjournals.org/CDNews>.

NOTED

The FDA approved the selective TRK inhibitor entrectinib (Rozlytrek; Genentech) in adults with ROS1-positive, metastatic non-small cell lung cancer. The agency also granted the drug an accelerated approval in adults and children ages 12 and older with NTRK-positive solid tumors whose cancer has progressed on other therapies, or who lack first-line treatment options. The approvals were based on four trials in which the therapy elicited high overall response rates and durable responses.

Medicare will begin covering chimeric antigen receptor T-cell therapies per a final rule issued by the Centers for Medicare & Medicaid Services (CMS; <https://www.cms.gov/medicare-coverage-database/>). The coverage, which extends to FDA-approved therapies as well as CMS-approved off-label uses, includes tisagenlecleucel (Kymriah; Novartis) and axicabtagene ciloleucel (Yescarta; Gilead) for certain leukemias and lymphomas.

Preliminary results suggest that AstraZeneca's experimental WEE1 inhibitor **adavosertib (AZD1775) may be a promising first-line treatment for pancreatic cancer** (*J Clin Oncol* 2019 August 9 [Epub ahead of print]). In a phase I trial, patients treated with the drug in combination with gemcitabine and radiation had a median overall survival of 21.7 months and a median progression-free survival of 9.4 months.

Celgene will pay Immatics \$75 million up front to jointly develop three adoptive cell therapies for cancer—and up to \$505 million more in milestone payments for each therapy. As part of the deal, Immatics will handle the initial development and validation of the therapies, at which point Celgene will have the option to take over development, manufacturing, and commercialization.

Globally, 11.5 million years of healthy life were lost in 2017 due to childhood cancer, according to a study based on the Global Burden of Diseases, Injuries, and Risk Factors Study of 2017 (*Lancet Oncol* 2019;20:1211–25). Researchers also found that childhood cancer was the sixth leading cause of cancer burden and the ninth leading cause of childhood diseases, disorders, illnesses, and infections.