PEOPLE


NYU Langone Medical Center

Benjamin G. Neel, MD, PhD, became director of the Laura and Isaac Perlmutter Cancer Center at NYU Langone Medical Center, an NCI-designated cancer center in New York, NY, in January. He succeeds William L. Carroll, MD.

A renowned cancer biologist and expert in cell signal transduction, Neel previously served as director of the Ontario Cancer Institute at Princess Margaret Cancer Center, Canada's largest cancer research center, a position he held for 14 years. He was also a professor of medical biophysics at the University of Toronto. His research focuses on cell signaling in cancer and developmental disease, the functional genomics of breast cancer, and ovarian cancer tumor–initiating cells.

In his new role, Neel will oversee the building of world-class translational programs in immunotherapy; cancer genetics, targeted therapies and epigenetics; imaging; community outreach; and supportive care.


Bristol-Myers Squibb

Bristol-Myers Squibb announced that **Giovanni Caforio, MD,** the company's current chief operating officer, will become its CEO effective May 5. He will succeed Lamberto Andreotti, who will become executive chairman of the board, a position he will retain after he retires in August.

After earning his medical degree at the University of Rome in Italy, Caforio began his career in medical affairs at Abbott Laboratories, where he spent 12 years in various leadership positions. He joined Bristol-Myers Squibb in 2000 as vice president and general manager, Italy, in the Worldwide Medicines Group. In 2007, he was named senior vice president, U.S. Oncology. In 2010, he was named senior vice president, Global Commercialization, Oncology and Immunology, before becoming president of U.S. operations in 2011.

Olaparib Approved for Advanced Ovarian Cancer

The FDA's recent approval of olaparib (Lynparza; AstraZeneca) provides a new treatment for some women with advanced ovarian cancer and may bring personalized medicine for the disease one step closer.

On December 19, the FDA endorsed olaparib, a PARP inhibitor, for patients with ovarian cancer who carry germline *BRCA* mutations and who have had at least three lines of therapy. A diagnostic test developed by Myriad Genetics that detects *BRCA* mutations in blood samples also received approval.

To support its action, the FDA cited a single-arm trial in which the drug induced objective responses in 34% of 137 women with advanced ovarian cancers. The median duration of response was 7.9 months. Whether olaparib improves overall survival in these patients remains unclear.

About 20% of patients with ovarian cancer have the hereditary *BRCA* mutations that make them eligible for olaparib, notes Ursula Matulonis, MD, of Dana-Farber Cancer Institute in Boston, MA, although some of these women can be cured by platinum-based therapies such as carboplatin.

"Approval of olaparib is a very positive step. It really expands the options for women with germline *BRCA* mutations," Matulonis says. Several of her patients meet the criteria for the drug, and she plans to prescribe it for them. Before olaparib's approval, these women had only two treatment choices: join a clinical trial or receive chemotherapy with agents such as doxorubicin and paclitaxel.

Trials have also evaluated olaparib in breast, pancreatic, and prostate cancers. "The safety profile of this drug is reasonable, and it is mostly well tolerated," says Eileen O'Reilly, MD, of Memorial Sloan Kettering Cancer Center in New York, NY, who has participated in studies of olaparib in patients with pancreatic cancer. It can trigger side effects that include fatigue and nausea, and there's a small risk of myelodysplasia, the decreased production of blood cells, she says.

The FDA's decision marks olaparib's first approval in the United States; European regulators sanctioned its use for advanced ovarian cancer in December, too. The approval also breaks new ground in another way: Olaparib is the only treatment for ovarian cancer that targets a specific genomic defect, Matulonis notes. Personalized medicine is the norm for breast cancer, she says, but "this is a first step toward personalized medicine for ovarian cancer." ■

Organoid Model Advances Pancreatic Cancer Research

Researchers in the Netherlands and the United States have developed a culture system for pancreatic cancer capable of rapidly generating three-dimensional (3-D) organoid models from normal and diseased pancreatic tissue, providing a window into the molecular underpinnings of tumor progression and a potential path to identifying new drug targets.

In a recent study, researchers established normal and neoplastic pancreatic organoids—tiny 3-D organ-like structures comprised of hundreds to thousands of cells—from mouse and human pancreatic ductal cells (Cell 2015;160:324–38). The 3-D culture strategy enabled researchers to grow normal pancreatic cells—which has not been possible in 2-D culture conditions—and study them alongside diseased pancreatic cells in order to analyze the molecular pathways that correlate with disease progression.

"By growing the cancer as an organoid we were able to capture the earliest stages of disease," says study co–senior author Hans Clevers, MD, PhD, professor of molecular genetics at the Hebrecht Institute, Royal Netherlands Academy of Arts and Sciences, who first developed organoids representing a variety of tissues, including the small intestine, colon, stomach, liver, and prostate. "Furthermore, this allows us to identify molecular pathways that are altered in the cancer compared to normal cells."

When the cancerous organoid cells were transplanted into mice, they successfully replicated the full spectrum