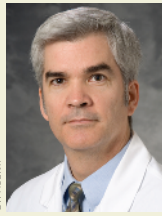


## PEOPLE



UMHealth

Medical oncologist **Howard Bailey, MD**, became director of the University of Wisconsin Carbone Cancer Center in Madison on April 1; he had been serving

as the center's interim director since September 2013. A professor of medicine at the university's School of Medicine and Public Health, he specializes in gynecologic and soft-tissue cancers and cancer prevention.

Bailey has worked as a cancer clinician and researcher since joining the faculty of the University of Wisconsin-Madison in 1994. He has led the development of three state- and nationwide clinical research networks to expand patients' access to clinical trials. In 2011, he was appointed to the committee that reviews all NCI-designated cancer centers. He is also the national chair of the American Society of Clinical Oncology's Cancer Prevention Committee.



University of Michigan Health System

Radiation oncologist **Theodore S. Lawrence, MD, PhD**, began his new role as director of the University of Michigan Comprehensive Cancer Center in Ann

Arbor in February. He succeeds Max S. Wicha, MD, who founded the cancer center 27 years ago.

As director, Lawrence aims to increase partnerships with community cancer centers so that patients can receive high-quality care closer to their homes. He plans to continue serving as chair of radiation oncology and to remain involved in patient care and research activities as well. His laboratory work focuses on chemotherapeutic and molecularly targeted radiosensitizers. His clinical research combines his laboratory studies with conformal radiation guided by metabolic and functional imaging to treat patients with pancreatic and other gastrointestinal cancers.

A member of the faculty of the University of Michigan since 1987, Lawrence has served in leadership positions for several organizations.

## Precision Medicine Initiative in the Offing

Presenting his agency's proposed budget of \$31.31 billion for fiscal year 2016 to a congressional subcommittee in March, NIH Director Francis Collins, MD, PhD, outlined plans for a new, multi-agency Precision Medicine Initiative (PMI) that could lead to more effective treatments for cancer and other diseases. Suggested by President Barack Obama in his State of the Union Address, the initiative, if funded by Congress, would cost \$215 million in its first year.

Historically, Collins told the committee, physicians have made recommendations for disease prevention and treatment based on what worked for an average patient, a one-size-fits-all approach. "Technology developments, along with the plummeting costs of DNA sequencing, now make it possible to develop an innovative approach to treatment that accounts for individual differences in patients' genes, environments, and lifestyles," he said.

For many years, cancer research has led the way in precision medicine, Collins noted. Now, the new initiative earmarks \$70 million for the NCI to support the near-term goal of linking more individual genome changes to cancer.

"Precision medicine is really about re-engineering the diagnostic categories for cancer to be consistent with its genomic underpinnings, so we can make better choices about therapy," says Harold Varmus, MD, director of the NCI at the time of the presentation.

Last year, the NCI announced four of its own precision medicine initiatives, three of which are under way: Lung-MAP, a multi-arm clinical trial that matches patients who have squamous cell carcinoma of the lung with an experimental therapy based on genetic biomarkers; ALCHEMIST, a trial involving patients with lung adenocarcinoma whose tumors harbor *ALK* or *EGFR* mutations; and the Exceptional Responders Initiative, a study of tumors that have shown remarkable responses to drug therapies. Its MATCH trial, which will enroll up to 1,000 patients with various late-stage cancers in phase II drug studies based

on mutations in their cancers, launches later this year.

The PMI "allows us to say to the public: Here's an important thing that's happening in cancer control, primarily in therapy, but with prospects for also improving our ability to make prognoses and design new therapies," says Varmus. "The PMI also intends to provide additional resources to do more clinical trials, do more genomics, and build better informatics platforms."

Also under the plan, the NIH would receive \$130 million to launch a long-term study of 1 million volunteers who agree to share their medical information with researchers. The remaining \$15 million would help the FDA and the Department of Health and Human Services to develop supporting regulatory infrastructure and data security protocols.

"It's big and long-term science. It's going to take time to realize the benefits," says Eric Green, MD, PhD, director of the National Human Genome Research Institute, an organizer of the million-person cohort study.

However, "one thing is clear," says Roy Herbst, MD, PhD, chief of medical oncology at Yale Comprehensive Cancer Center in New Haven, CT. "If we don't collaborate, develop larger data sets, and share that data, we'll never make the progress we want." ■

## Varmus Departs NCI for NYC

After nearly 5 years on the job, Harold Varmus, MD, stepped down as director of the NCI on March 31. A former president of Memorial Sloan Kettering Cancer Center in New York, NY, one-time director of the NIH, and a winner of the Nobel Prize in 1989, Varmus will join the faculty of New York City's Weill Cornell Medical College, where he says he will continue working toward his goal "to understand cancer as best we can."

The NCI's deputy director, Douglas R. Lowy, MD, began serving as interim director on April 1.

Noted cancer investigators say that Varmus's dedicated efforts spanned every division of the NCI and will