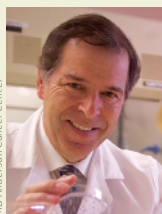


PEOPLE



MD Anderson Cancer Center

Garth Powis, DPhil,

began his new role as the director of the Sanford-Burnham Cancer Center in La Jolla, CA, on May 1. He replaced Kristiina Vuori, MD, PhD, who

is currently Sanford-Burnham's president and interim CEO.

Most recently, Powis worked at The University of Texas MD Anderson Cancer Center in Houston, where he served as chair of Experimental Therapeutics and director of the Center for Targeted Therapy. A molecular and translational pharmacologist, Powis studies the mechanisms that allow cancer cells to endure stress. His research interests include the inhibition of PI3K-AKT survival signaling, redox and hypoxia signaling, and KRAS signaling. He has developed 3 investigational cancer drugs currently in clinical trials, and he is working on novel drugs to inhibit oncogenic KRAS but not wild-type KRAS.

Powis serves on the editorial boards of several journals and has 15 patents and more than 350 publications to his credit.



Mike Ciantelli

Jon R. Lorsch, PhD,

has been named director of the National Institute of General Medical Sciences (NIGMS). Currently a professor in the department of

biophysics and biophysical chemistry at Johns Hopkins University in Baltimore, MD, Lorsch plans to join the NIH this summer. He will take the reins from Judith Greenberg, PhD, who has served as acting director of NIGMS since July 2011.

Lorsch's lab studies how protein synthesis works in normal cells and how the process can be corrected when it goes awry in cancer and other diseases.

At NIGMS, Lorsch will oversee a budget of \$2.4 billion, which primarily funds basic research in cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, biological chemistry, biomedical technology, bioinformatics, and computational biology. The institute also supports research training and programs to increase diversity in the research workforce.

Varmus: "Let's Do the Best We Can"

Although its budget will drop about 5% this year, the National Cancer Institute (NCI) aims to maintain its current 13% to 14% grant approval rate and to push forward with major initiatives, director Harold Varmus, MD, told attendees at the American Association for Cancer Research Annual Meeting 2013 in Washington, DC, on April 8.

Except for maintaining grant awards and trainee support, "we're trimming everything we can trim," Varmus commented. "However, the NCI still has a budget of \$4.8 billion and a lot can be done with that."

Among initiatives this year, the NCI will accelerate its push into precision medicine by taking steps toward a "cancer knowledge commons" that aggregates information from many sources. "The NCI and many other agencies are in the process of figuring out how to do that," Varmus said. While The Cancer Genome Atlas (TCGA) is scheduled to wind down by late 2014, part of the TCGA network will be sustained to aid this work, he said.

In a related effort, NCI is planning clinical trials designed to further explore the use of whole-genome sequencing, including one trial that examines patients' exceptional responses to investigational therapies. (Varmus gave examples from research by the lab of David Solit, MD, of Memorial Sloan-Kettering in New York, NY, including one recent *Science* article; *Science* 2012;338:221.) A second planned trial will match more than 1,000 patients with existing therapies, while a third trial will test the use of adjuvant therapies in patients with early-stage lung cancer.

Varmus noted that in recent months the Frederick National Laboratory for Cancer Research (formerly known as the Frederick Cancer Research and Development Center) in Frederick, MD, has gained not just a new name but new leaders, a new advisory group, new facilities, and new projects. Among those projects, one will target the RAS pathway,

while another will seek advances in preclinical testing—including better models for patient-derived xenografts and improved analyses of combination therapies.

Additionally, Varmus called for "cultural change" in 3 areas of cancer research. One concerns broader sharing of information and resources, and he said that in the coming year NCI will take steps to "ensure that clinical trials, negative and positive, are adequately reported." A second is in the ability to replicate research results; "we're going to move with delicacy here, but this is an important issue," he declared. The third is in attempts to improve the evaluation process, including a pilot experiment in which grant applicants include a different form of biographic sketch that emphasizes their 5 leading contributions to science.

Overall, in cancer science today, "we do have better tools, we have more information, and we have better talent," Varmus summarized. "Unfortunately, we have less money, but we can do a lot, so let's do the best we can." ■

AstraZeneca Reorganizes Drug Research

Pharmaceutical giant AstraZeneca announced cuts of 1,600 jobs related to research and development, as part of a global restructuring, in March.

The company has not specified where the research cuts will come from, but has said that it will focus its research efforts on oncology, cardiovascular and metabolic conditions, and inflammatory and respiratory disorders.

Cancer researchers in the company's Alderley Park, UK, site will be offered relocation packages to move several hours away to a new facility in Cambridge, a bioscience hub that will also host AstraZeneca's global corporate headquarters after a move from London. The company's Boston, MA, oncology unit will remain open, although Gaithersburg, MD, will become its U.S. R&D hub.

Unlike neuroscience, which the company will deemphasize, oncology offers a high return on investment, a