PEOPLE


Susan G. Komen

Judith A. Salerno, MD, MS, has been named president and CEO of the breast cancer research and advocacy group Susan G. Komen for the Cure in Dallas, TX, beginning in September. She succeeds the group's founder, Nancy G. Brinker, who will assume a new role focusing on Komen's global strategy and development.

Salerno is currently the executive director and chief operating officer of the Institute of Medicine (IOM) of the National Academy of Sciences. In that role, she has directed research and policy programs and has overseen the National Cancer Policy Forum, a consortium of government, industry, academic, and consumer representatives that examines emerging high-priority policy issues in cancer.

Prior to joining the IOM, Salerno was deputy director of the National Institute on Aging at the NIH. Board-certified in internal medicine, she has also directed geriatrics and extended care programs for the U.S. Department of Veterans Affairs.


Wellcome Library, London

Michael Stratton, MD, PhD, director of the Wellcome Trust Sanger Institute in Hinxton, UK, has been awarded a knighthood by Queen Elizabeth II in recognition of his outstanding scientific achievements.

Stratton has led international efforts to understand the genetic changes that cause cancer. In his early work, he discovered *BRCA2*, a hereditary breast cancer susceptibility gene. Subsequently, he founded the Cancer Genome Project at the Sanger Institute, and he directed the team that discovered mutations in the *BRAF* gene in malignant melanoma, which has led to new treatments for this disease. He continues to study the mutational processes that lead to the development of cancer.

Most Childhood Cancer Survivors Face Chronic Health Conditions

Behind the good news about the growing ranks of childhood cancer survivors is a troubling statistic: about 80% will develop a life-threatening or disabling chronic health problem by the time they reach age 45, according to a study from St. Jude Children's Research Hospital in Memphis, TN (JAMA 2013;309:2371–81).

Researchers recruited former St. Jude patients who were treated between 1962 and 2001 for leukemia, lymphoma, and tumors of the brain, bone, and other organs. They enrolled 1,713 patients in the study and followed them from 2007 to 2012. The patients' median age was 32, and half of them had been diagnosed with cancer at least 25 years earlier.

All the participants received a set of comprehensive core tests and a second round of tests that were specific to the treatment they had received. These assessments revealed a range of serious health issues, including abnormal lung function in 65%, endocrine problems involving the hypothalamus and pituitary gland in 61%, and heart abnormalities in 56%. Nearly half had evidence of neurocognitive impairment, including memory problems.

These disorders suggest that the cytotoxic effects of the chemotherapy and radiation the participants received years earlier may have damaged normal tissues, possibly triggering accelerated aging, the study's authors say.

Melissa Hudson, MD, study co-first author and director of St. Jude's Division of Cancer Survivorship, says the most surprising result was the lack of awareness among the survivors and their physicians about the increased risks. "Most had access to community physicians, but those providers did not have a sense of the spectrum of health issues that can result from childhood cancer treatments," she says.

Some health-care providers don't fully appreciate the late effects of chemotherapy and other treatments, agrees Kathy Ruble, RN, CPNP, PhD, who leads the Michael J. Garil Leukemia Survivorship Program at Johns Hopkins Medical Center in Baltimore, Maryland.

"When I refer patients to cardiologists, some of these doctors still say, 'Oh, you had your Adriamycin so long ago, if you don't have a problem by now, you're not going to have a problem,'" says Ruble. "But this study really helps to illustrate that the opposite is true. The cumulative incidence of problems continues for decades after patients finish treatment."

The Children's Oncology Group has published recommendations for the screening and management of late effects from pediatric cancer treatments, available at www.survivorshipguidelines.org. This website also features lifestyle tips for adult survivors of childhood cancer, such as ways to protect their heart, bones, and hearing as they age.

Hudson says she hopes the guidelines will facilitate the "triangle of collaboration" between survivors, oncologists, and primary care providers, because screening can help detect problems at an earlier and often more treatable stage. ■

England Launches National Cancer Database

Public Health England (PHE) has created a database containing detailed clinical information on each of the 350,000 cancers diagnosed in England every year, along with data from more than 11 million cancer patient records dating back 30 years.

Cancer clinicians in the UK will now have instant access to histopathology reports, imaging information, treatment responses, and patient-reported outcome surveys—all in one place. A primary goal of the National Cancer Registration Service for England database is to help oncologists personalize treatment for every patient, says Jem Rashbass, MD, PhD, national director of disease registration at PHE, a newly organized agency within the country's National Health Service.

"To personalize care, you need not just genomic data and tissue sample data from individual tumors, but you need very large, high-accuracy clinical datasets to find commonalities," says Rashbass, noting that the database