

interferon-mediated signaling,” Gajewski observes. “Overall, though, it’s important to consider combination immunotherapy early in the disease course. Eliminating the majority of tumor cells quickly, before extensive genetic variants emerge, may prevent secondary resistance from ever happening.” —*Alissa Poh* ■

NIH Prepares to Launch Precision Medicine Study

The NIH recently awarded \$55 million to several institutions to launch its Precision Medicine Initiative Cohort Program (PMI-CP), which aims to enroll at least 1 million Americans by 2020 in a long-term study starting this fall.

The PMI-CP will collect genetic information on participants along with their answers to a variety of questions about their lifestyle, behavior, and environment. They will also be asked about their health history, to contribute blood and urine samples for analysis, and to grant access to clinical data stored in their electronic health records.

The project has far-reaching implications for studying cancer and other diseases, says Joni Rutter, PhD, director of the Division of Programs and Strategic Implementation for the PMI-CP. “The comprehensiveness of the program and variety of information to be collected are unmatched,” she says. “It will allow scientists to identify new ways that these factors may be associated with one another and how they might impact diseases like cancer.”

With the PMI-CP, “we aim to achieve quadruple diversity—of people, health conditions, geographic areas, and data types—to build a rich resource for future studies,” adds Eric Dishman, PhD, PMI-CP director.

A unique feature of the project is allowing researchers and the public to access and view deidentified data via a secure website, as opposed to downloading files, says Rutter. Once approved for access, users will be able to identify and analyze the data pertaining to their research questions.

The project will facilitate cooperation among cancer researchers, says Roy Herbst, MD, PhD, chief of medical oncology at Yale Comprehensive Cancer Center in New Haven, CT. “We’re not finding many new genes through individual sequencing studies,” he says.

“These new centers will make it easier to collaborate and combine data with other research centers, which is especially important for rare cancers.”

In May, the NIH awarded Rochester, MN-based Mayo Clinic \$142 million over 5 years to create a biobank to collect, store, analyze, and distribute biospecimens. The latest funds will support development of three additional centers and/or partnerships:

- **The Data and Research Support Center** will organize and store datasets. It will also provide research support and analytic tools to researchers and the public. (Awarded to Vanderbilt University Medical Center in Nashville, TN, in collaboration with the Broad Institute in Cambridge, MA, and Verily Life Sciences in Mountain View, CA.)
- **The Participant Technologies Center** will support direct enrollment of participants and develop mobile applications to collect data from and communicate with them. (Awarded to Scripps Research Institute in San Diego, CA, and Vibrent Health in Fairfax, VA.)
- An initial set of **healthcare provider organizations** will assist with enrollment. It includes four regional medical centers and their collaborators (Columbia University Medical Center in New York, NY; Northwestern University in Chicago, IL; the University of Arizona in Tucson; and the University of Pittsburgh, PA), six community health centers, and Veterans Administration medical centers. —*Janet Colwell* ■

Greenebaum, Stanford Earn Comprehensive Status

The NCI has granted Comprehensive Cancer Center status to the University of Maryland’s Greenebaum Cancer Center in Baltimore and to the Stanford Cancer Institute (SCI) in Palo Alto, CA. They join 45 other centers that have earned the agency’s highest distinction—recognition of their leadership in research, education, and clinical care.

Currently, 69 institutions with strong basic and clinical research programs have been named NCI-Designated Cancer Centers. Comprehensive status requires additional breadth and depth: Institutions should not only bridge their basic and clinical research,

but also demonstrate the ability to connect these programs to their local populations. Greenebaum became an NCI-designated center in 2008 and subsequently expanded its activities—particularly in population science and clinical trial recruitment—to qualify for the higher ranking, says Director Kevin Cullen, MD.

“We have focused heavily on improving health disparities in cancer research and access to treatment, especially among African-Americans,” Cullen says. “Our population-science program is a big part of that and was a key component in moving us toward this designation.”

Nearly 33% of participants in Greenebaum’s clinical trials are African-American, compared with about 2% nationally—a testament to strong community ties, Cullen says. The Baltimore City Cancer Program offers breast, cervical, and colon cancer screening to uninsured and underinsured area residents. Those diagnosed with cancer receive information about clinical trials and enrollment assistance.

In addition, Greenebaum has built a network of partnerships with health centers and physicians across the state aimed at increasing access to trials in nonurban areas, which also helps facilitate population-based research, says Edward Sausville, MD, PhD, associate director for clinical research.

“Eighty percent of our referrals come from the city of Baltimore and 10 adjacent Maryland counties,” Sausville says. “Comprehensive designation will certainly be a basis for continuing to build alliances in those areas in order to ensure that all citizens of Maryland have the opportunity to consider clinical trial participation.”

Always strong in basic science, SCI was named an NCI-Designated Cancer Center in 2007. Garnering comprehensive status “was a matter of building our clinical research enterprise, recruiting physicians who are also superb researchers, and building our population-science program,” says Director Beverly Mitchell, MD.

The Stanford Cancer Initiative, launched in 2013, boosted the institute’s recent NCI review. The initiative “applies rigorous research analysis to every aspect of patient care in order to identify which modalities improve the care experience,” Mitchell explains. For