

PEOPLE



Brigham and Women's Hospital

Monica M. Bertagnolli, MD, began a 1-year term as president of the American Society of Clinical Oncology (ASCO) on June 4 at the organization's 2018 Annual

Meeting in Chicago, IL, succeeding Bruce Johnson, MD. Bertagnolli is chief of the division of surgical oncology at Dana-Farber/Brigham and Women's Cancer Center and a professor of surgery at Harvard Medical School, both in Boston, MA. Bertagnolli has previously served on the ASCO Board of Directors and the ASCO Cancer Prevention Committee. Her laboratory studies the adenomatous polypoidis coli gene, which is involved in colorectal carcinogenesis.



University of Chicago Medicine

Ralph R. Weichselbaum, MD, professor and chairman of the Department of Radiation and Cellular Oncology and co-director of the Ludwig Center for Metastasis

Research at the University of Chicago in Illinois, received the David A. Karnofsky Memorial Award at the ASCO annual meeting for his outstanding contributions to cancer research. Weichselbaum's discoveries in basic mechanisms of signal transduction and gene expression after radiation exposure led to research on radio-inducible gene therapy and the integration of chemotherapy and radiotherapy.



NCI

Also at the ASCO annual meeting, **Douglas Lowy, MD**, deputy director of the NCI and the chief of the Laboratory of Cellular Oncology in its Center for Cancer

Research, received the Science of Oncology Award for his contributions to basic and translational research. Lowy studies the biology of papillomaviruses and the regulation of normal and neoplastic cell growth. His research on human papillomavirus (HPV) led to the development of three FDA-approved HPV vaccines.

Congress Gives NIH \$3 Billion Increase

In March, President Donald Trump signed into law a budget bill for fiscal year (FY) 2018 that increased NIH funding by \$3 billion—a 5% boost over last year—and NCI funding by \$275 million—a 9% jump. Researchers expect this money to translate into more cancer research grants and a greater willingness to fund risky projects.

Roy Jensen, MD, director of The University of Kansas Cancer Center in Kansas City, had hoped that the NIH would see more funding than in FY 2017, and rumors had led most researchers to expect a \$2 billion hike. “It came as a real surprise that Congress was going to increase it by \$3 billion,” he says. “It is a testament to the fact that a bipartisan majority believes in the power of biomedical research and is willing to prioritize it.”

One benefit of the funding boost is that the NCI will be able to fund more research grants. Tannaz Rasouli, senior director of Public Policy & Strategic Outreach at the Association of American Medical Colleges in Washington, DC, notes that six out of every seven proposals submitted to the NCI currently go unfunded.

More grant funding will particularly benefit two groups of investigators, says Stan Gerson, MD, director of the Case Comprehensive Cancer Center in Cleveland, OH: young researchers establishing their labs, and researchers at risk of shuttering their labs because one of their proposals has scored what would currently be just below the pay line. For these individuals, “the increased funding will have a huge effect.”

Higher levels of funding will also encourage researchers to submit more high-risk, high-reward proposals, says George Demetri, MD, director of the Center for Sarcoma and Bone Oncology at Dana-Farber Cancer Institute in Boston, MA. “If our usual success rates continue to apply, we could bring in nearly 10% more money to do our research. The increased federal funding should allow for more flexibility for our best investigators to pursue riskier but potentially high-impact scientific projects.”

Although many of the grants awarded in the next year may go to research powerhouses, institutions of all sizes are expected to benefit. For example, funding has increased for the NIH's Institutional Development Award (IDeA) program, Rasouli points out. This program aims to build biomedical research capacity by supporting cancer research and other scientific ventures in states that have historically received lower levels of NIH funding.

Researchers and public policy experts emphasize that the budget increase conveys an important message to budding cancer researchers. “When Congress invests substantially and consistently in the NIH, it sends a strong signal to the next generation of scientists about the prospects for a career in medical research,” says Rasouli.

Although the forecast for cancer research looks bright for FY 2018, researchers are already looking ahead to FY 2019 and wondering whether the NIH will be as lucky. “Most people mean to do well, and Congress values cancer research tremendously. But the budget process is remarkably anxiety-provoking,” reflects Gerson. —Kristin Harper ■

Adjuvant Therapy for Melanoma Prolongs RFS

The PD-1 inhibitor pembrolizumab (Keytruda; Merck) may be an effective adjuvant therapy for patients with advanced melanoma: The drug significantly reduces the risk of recurrence for patients with stage III melanoma, according to clinical trial data presented on April 15 at the American Association for Cancer Research 2018 Annual Meeting in Chicago, IL, and concurrently published in *The New England Journal of Medicine* (N Engl J Med 2018 Apr 15 [Epub ahead of print]).

Pembrolizumab received FDA approval in 2014 for metastatic melanoma, and it has since been greenlighted for certain forms of lung, head and neck, and gastric cancers, as well as urothelial carcinoma and Hodgkin lymphoma.

In the phase III KEYNOTE-054/EORTC 1325-MG trial, researchers enrolled 1,019 patients with stage IIIa, IIIb, and IIIc melanoma at high risk of recurrence

CANCER DISCOVERY

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