

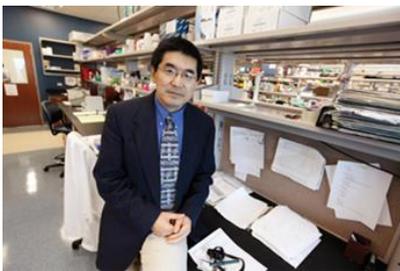


# Director's Update

December 19, 2016

## Focus on Cancer Biology Research Program

*Message from Ming You, MD, PhD, Director of the MCW Cancer Center*



Welcome back to the Director's Update newsletter. I hope you had the opportunity

to review the last issue (Nov. 22, 2016) which included the latest report from our ESAB and information about our decision and plans to submit for NCI designation in January 2018.

Moving forward, each issue of the Director's Update will focus on a major topic or section of the Cancer Center Support Grant (CCSG), the mechanism for NCI designation. Cancer centers comprise formal research programs, shared resources (labs and cores), clinical trials facilities and processes, and an administration core. This week we'll start with a focus on our Cancer Biology research program, which is one of the three formal research programs of the MCW Cancer Center.

The Cancer Biology program has strong, well-funded research leadership in Balaraman (Raman) Kalyanaraman, PhD and Carol Williams, PhD. Raman and Carol have developed Cancer Biology (CB) into a strong and cohesive program that includes a cadre of peer-review funded investigators, a number of publications in high-impact cancer journals and research collaborations with several innovative cores and members from other programs. Another major accomplishment is the weekly Cancer Biology research forum which hosts presentations by both internal and external researchers and is well-attended by members from both within and outside of the CB program.

Our ESAB provided a great deal of positive feedback about the CB program and Carol's and Raman's leadership. Specifically, the ESAB wrote:

- Cancer Biology is led by strong, senior, highly respected and productive cancer researchers whose work is

directly relevant to the Program themes.

- Clear cancer focus for the Program and research themes, and relevant to many Program members.
- Excellent overall funding for the Program.
- A strong case for added value of the MCWCC to the CB Program and also for the CB Program to the MCWCC overall mission and scientific program goals.

Gaps identified by the ESAB included a lack of CB program members who are engaged in interdisciplinary and collaborative research that aligns with multiple program themes (as opposed to a more narrow focus on a single theme). A second gap is a lack of large center-type grants such as P01s and multi-PI grants. A third concern is how the CB program and its members link to clinical research and the development of new cancer therapies.

In this issue, you'll see how we're approaching these concerns and filling the gaps. I am grateful for the strong efforts of Cancer Biology members like Dr. Kathleen Schmainda, Dr. Mike Dwinell and Dr. Hallgeir Rui and the leadership, strategic direction and productivity from Carol and

Raman. These are cancer center champions who are actively pushing us toward NCI designation, attacking weaknesses and leveraging strengths.

I challenge all CB members to find new ways to collaborate together, collaborate across the research themes of the program and collaborate beyond your area of the research continuum. We need every member to have at least two collaborations (one intra-programmatic and one inter-programmatic) that result in either joint publications or multi-PI peer-reviewed grants. If you have formal or informal collaborations that may not be captured or known, please let Raman or Carol know. Almost all collaborations start with an informal discussion in the hallway or at the coffee pot – so take some time to reach out to colleagues that you haven't before, particularly to discuss how to translate or correlate basic science cancer biology projects with clinical research efforts.

I hope you enjoy learning more about our Cancer Biology program. As always, please contact me at any time with your questions and ideas.



**Ask me how  
we're making southeastern  
Wisconsin healthier and  
more equitable and  
prosperous.**

**Ask me about NCI  
Designation.**



## An Interview with Cancer Biology Research Program Co-Leader Carol Williams, PhD

By Anne Mathias

**MCW Cancer Center:** What were your overall thoughts about the 2016 ESAB review of the Cancer Biology program?

**Dr. Williams:** What I really liked about the ESAB review this year was how we were able to have face to face conversations with the members of our ESAB in real time. We presented our sections of the grant early and then met in small groups with the reviewers to have a real discussion. It was so helpful -- they were able to clarify their concerns, and we were able to respond to their comments and questions and explain anything that was unclear. Having this type of facilitated interaction was an outstanding way to get really valuable and actionable feedback.

**MCW Cancer Center:** In your role as co-leader of the Cancer Biology program, what are your top goals for the coming year as we prepare for CCSG submission?

**Dr. Williams:** Raman and I are in agreement that there are three major objectives for the CB program.

First, we are going to work with our members to adjust the aims of the CB program to better show how our members integrate within and between each of the aims. As we tighten up the aims and scientific themes, we will be able to really showcase the strengths of our members and really

show integration between the aims and themes.

A second initiative is to increase our multi-PI applications of NCI R01s. If you read the interview with Dr. Pasche from Wake Forest cancer center, he stresses the importance of multi-PI grants. Our ESAB made a comment that we're not capitalizing well on the complementary strengths of our members and their research, and the best way to show this is through the submission of multi-PI grants. It makes absolute sense for our members, because we know the NCI is much more likely to fund applications that have complementary scientific expertise. So not only do multi-PI submissions support the goals of the CB program and cancer center and directly address a concern of the ESAB, but this also increases the likelihood of an investigator getting funded.

P01 applications go along with this goal, and I'm proud to say that we have several wonderful disease-focused teams planning P01s or in the submission process -- there's been a great surge in PPG planning groups. Not only do we have the breast and pancreas P01s which have been submitted or in revision, there are activities and teams looking at a lung cancer P01, an immunotherapy P01 and a neuro-oncology P01.

The third initiative is to create linkages to our clinical research members from the basic science side of the program. We are developing both formal and informal opportunities for networking between basic science and clinical research members. For example, Dr. Rui is doing a seminar for more than 70 physician scientists about how to add basic science correlatives to clinical

research. We will ask him to give the same seminar at our Cancer Biology Forum, and then facilitate some type of an interactive workshop to get these teams working together on new projects and protocols. We are also identifying existing forums, like the annual retreat and other program meetings, where we can specifically address how pre-clinical data and concepts can be handed off from basic to clinical researchers.

**MCW Cancer Center:** What do you see as the most significant challenges to overcome?

**Dr. Williams:** I think all of the program leaders agree that it's a challenge to show how each program is addressing cancer disparities in the catchment area. We also struggle to define those characteristics that make our programs unique. However, we can combine these two challenges into a strength because we have a totally unique opportunity to address the specific cancer disparities in our area. We have wonderful opportunities for CB members to collaborate with Cancer Control and Outcomes members on projects that will truly make a difference and set us apart from other programs.

**MCW Cancer Center:** What are three things Cancer Biology members can do to support the process and successful submission?

**Dr. Williams:** First of all, every member who's planning to submit a peer-reviewed cancer grant should consider making it a multi-PI grant -- with another CB member, or better yet, with a member from another research program. Please contact me or Raman, and

we can help identify appropriate collaborators who will be valuable co-PIs by providing complementary scientific expertise or technical skills, to make your grant application as competitive as possible.

Next, think hard about how your research impacts the catchment area. Many of our members are addressing the molecular and genetic factors that lead to greater incidence or worse prognosis of cancer. The disparities in our area are due to greater incidence and worse prognosis of many cancers including breast, prostate and pancreatic -- so we are wonderfully poised to address what causes these disparities from a biological standpoint.

Finally, I'd ask our members to promote collaboration by always showing each other respect, collegiality, and encouragement. These aren't just buzzwords -- these are powerful tools for research and grant success. I can't tell you how wonderful it's been to work on the recent P01 submission with the breast cancer PPG team. Because of the respect and encouragement shown to every member of that team, each person came to all of the meetings, met the aggressive deadlines and, most importantly, did their very best work. We are so committed to that project because we're so committed to each other as colleagues.

"...promote collaboration by always showing each other respect, collegiality, and encouragement. These aren't just buzzwords -- these are powerful tools for research and grant success."

## Dr. Boris Pasche, Director of Wake Forest Cancer Center and NCI Cancer Center Reviewer, Stresses Importance of Large Collaborative Grants and Translational Discoveries

By Anne Mathias



Boris Claude Pasche, MD, PhD, is the Chair of Cancer Biology and Director of the Comprehensive Cancer Center at Wake Forest Baptist.

### MCW Cancer Center:

What are the critical measurements and

accomplishments that will help our Cancer Biology program achieve a fundable score?

**Dr. Pasche:** The rules and regulations for NCI designation are fairly straightforward. For example, your members should be funded. Unfunded members should only be those who are very active in clinical research. The NCI will look at the percent of funded members for the program, and the amount of (NCI or other peer-review) funding per member.

Having almost all of your program's members funded is particularly important if you don't have a lot of PPG and multi-investigator grants in the program. Without P01s and multi-investigator grants, the program will likely be excluded from exceptional or outstanding descriptors. Right now, I think it's critically important for your CB program that any new grant applications be

multi-PI applications. As a cancer center and for the program, it's vital that you maximize the number of new multi-PI grants where a member of another program is the co-PI. To minimize the critique about a lack of PPGs and multi-PI grants, it's really important to have very strict membership guidelines, with predominately funded investigators as members.

In terms of how research programs are judged these days, there is a push to see that each program stands on its own – from basic science to translational research resulting in clinical trials. Your Cancer Biology program will want to show what's coming out of the program has been or will be translated into patient care. You have to show what was discovered by members in the program, and how that was translated into animal models and then into a clinical trial. This is the number one thing your reviewers will be looking for. Does the center and program include leading physicians and scientists who are not only good collaborators but also lead investigations that will change patient care?

For publication, it's pretty straightforward. You need high impact pubs, and the higher the intra- and inter-programmatic and inter-institutional, the better. Reviewers will be looking for percentages in the 20's. They are also looking for publications that have a direct impact on cancer diagnosis, treatment, and screening in any way. So, what was the bottom line -- how did your paper lead to a new trial that may change the game?

You also must highlight how you are addressing your catchment area – reviewers are very sensitive to that. And for you guys,

it's even more critical. Otherwise, why would such a small state need two cancer centers?

You must show how you are addressing the needs of this underserved population. People know Milwaukee – it's segregated, it's poor, there are racial tensions and social problems. You must be right up front about that and show what you've done (like hire Dr. Stolley), what you're doing now (like your unfunded formative work), and what you plan to do to make an impact.

Your minority accrual to treatment trials should match the rate of minorities living in your catchment area. If you're not there, then you must show what you are doing to increase African American accrual. Do you have navigation and education programs? Are you addressing translation needs and health literacy issues? If your accrual is low, then show that you are aware of your weaknesses, that you have a good plan to address this, and how it has improved in the last few years.

**MCW Cancer Center:** What types of surprises or unexpected issues have you seen come up in the research program sections of the grant or at the site visit?

**Dr. Pasche:** Don't skirt or cover up your weaknesses. Reviewers will expect you to have weaknesses, what they will want to see is a plan to address these.

Your reviewers will ask you the obvious questions: why do you need another cancer center in a moderately sized state? What differentiates you as a center? What difference are you making in your catchment area? Why don't you have a strong pre- and post-doctoral training program in cancer? What are you doing to develop a pipeline and train underserved minorities?

Don't try to hide– hit the major issues head-on.

**MCW Cancer Center:** What were the key accomplishments or game changers that can transform a CB program?

**Dr. Pasche:** We had eight to ten T32's or R25s for the entire cancer center, so several linked to each program. This was critical. If you have none right now, then look at existing T32s and see if you can increase the cancer focus of your existing training grants.

We were also able to show several major breakthroughs that changed cancer treatment in the U.S. These were in very high impact publications. We could show the impact of the program and center on cancer patients. That's the bottom line here – what have you done to reduce the burden of cancer for patients in your area and throughout the country.

Don't skirt or cover up your weaknesses. Reviewers will expect you to have weaknesses, what they will want to see is a plan to address these.

# Congratulations MCW Cancer Center Members

## Dr. David Margolis is named a "Healthcare Hero" by *Milwaukee Biz Times*



MCW Cancer Center member David Margolis, MD, has been named a Healthcare Hero by the Milwaukee Biz Times, along with two other MCW physicians. Dr. Margolis was nominated by Midwest Athletes Against Childhood Cancer, Inc. (The MACC Fund).

Dr. Margolis is a professor of pediatrics (hematology and oncology), a pediatric cancer researcher and interim chief of pediatric hematology and oncology at Children's Hospital of Wisconsin. Recently Dr. Margolis

has been active in supporting the MCW Cancer Center's work in public policy and community outreach, helping host MCW's Cancer Moonshot Summit and meeting with Speaker of the House Paul Ryan to discuss support for the Cancer Moonshot and federal funding for cancer research.

Dr. Margolis received his award in the Physician category, which honors a physician whose performance on the job is considered exemplary by patients and peers. The awards were presented on Thursday, Dec. 8, at Potawatomi Hotel and Casino.



Whenever I introduce myself, I say, "I help kids with cancer." That's what we do at the Medical College of Wisconsin Cancer Center, Froedtert Hospital and Children's Hospital of Wisconsin – we help people with cancer. And in southeastern Wisconsin, a diverse region with much of the state's population, it's very important we continue to provide nearby access to world-class, research driven cancer care.

- Dr. David Margolis in a letter to Speaker of the House and WI Representative Paul Ryan

# Congratulations MCW Cancer Center Members

## Dr. Elizabeth Gore Appointed to NRG Oncology Leadership Position



MCW Cancer Center member Elizabeth Gore MD, Professor of Radiation Oncology has been appointed as Co-Chair of the NRG Oncology Publications Committee. NRG Oncology is the largest group within the National Cancer Institute (NCI), National Clinical Trial Network. NRG Oncology is a non-profit research organization whose mission is to conduct oncologic clinical research and was formed from the legacy groups National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG), and the Gynecologic Oncology Group (GOG). The NRG Oncology Publication Committee

oversees all aspects of publications for the entire group.

Christopher Schultz, Professor and Chair of the Department of Radiation Oncology, has recognized this achievement, "because of the tremendous productivity of NRG Oncology, the Publication Committee has a wide reach and a high level of responsibility. We are very pleased to have one of our senior faculty represent our institution".

Dr. Gore is also the co-chair of the NRG Oncology New Investigator Committee and has led numerous clinical trials through the NRG Oncology Thoracic Committee. She is an institutional Co-PI at Froedtert & Medical College and the institutional PI for Zablocki VA Medical Center affiliate both of which have been members of RTOG for over 40 years. MCW was the 3<sup>rd</sup> leading accruing full member institution for North America in 2015. The Zablocki VA Medical Center has been a top VA accruing institution in RTOG/NRG Oncology for over 40 years.



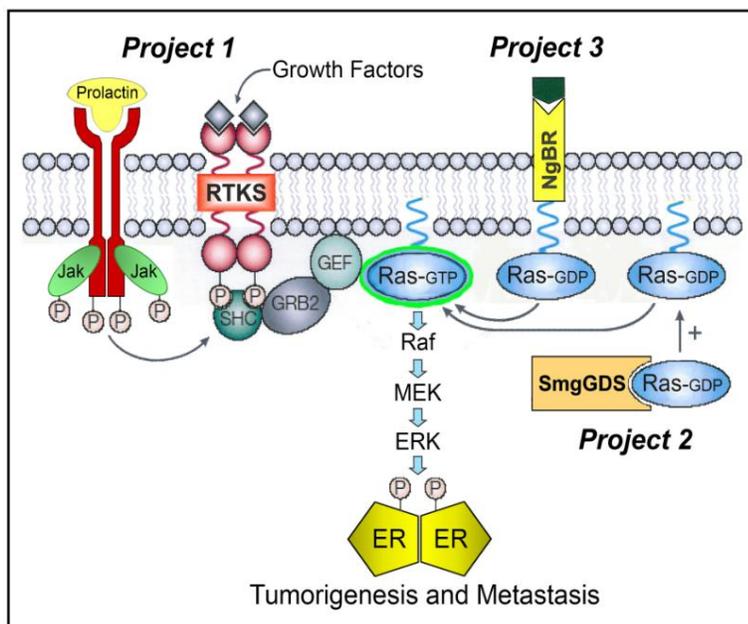
## Breast Cancer, Pancreas Cancer and Neuro-Oncology P01 Grants Fill Gaps Before NCI Designation Submission

By Anne Mathias

As the MCW Cancer Center prepares for designation, one major gap identified by the MCW Cancer Center's ESAB, as well as other internal and external reviewers, is a lack of Program Project grants (PPG) such as NIH P01s. PPGs are large center grants that include multiple, coordinated investigators and several defined and complementary research projects and cores that work together to address a specific public health issue. PPGs also include an administrative core that provides organizational and financial oversight for the grant. Most designated cancer centers have at least one PPG in each of the established research programs.

The Cancer Biology program is fortunate to have three P01s currently in review, in process for resubmission, or scheduled for planned submission.

A P01 titled "Strategies to Overcome Endocrine Resistance in Metastatic Breast Cancer" was submitted in September 2016 by Co-PIs Dr. Hallgeir Rui and Dr. Carol Williams. Recent recruitment of strong breast cancer researchers has led to the submission of this PPG that is focused on overcoming drug resistance in aggressive estrogen receptor-positive (ER+) breast cancer. This grant includes first-of-its-kind experimental breast cancer models for drug targeting of latent metastases. The novel therapeutic approaches were made possible by using unique metastasizing ER+ patient-derived tumor models that were developed here at MCW. This P01 is led by research projects from Dr. Hallgeir Rui, Dr. Carol Williams and Dr. Robert Miao and includes innovative cores directed by Dr. Joshi, Dr. Flister and Drs. Mackinnon and Rui.



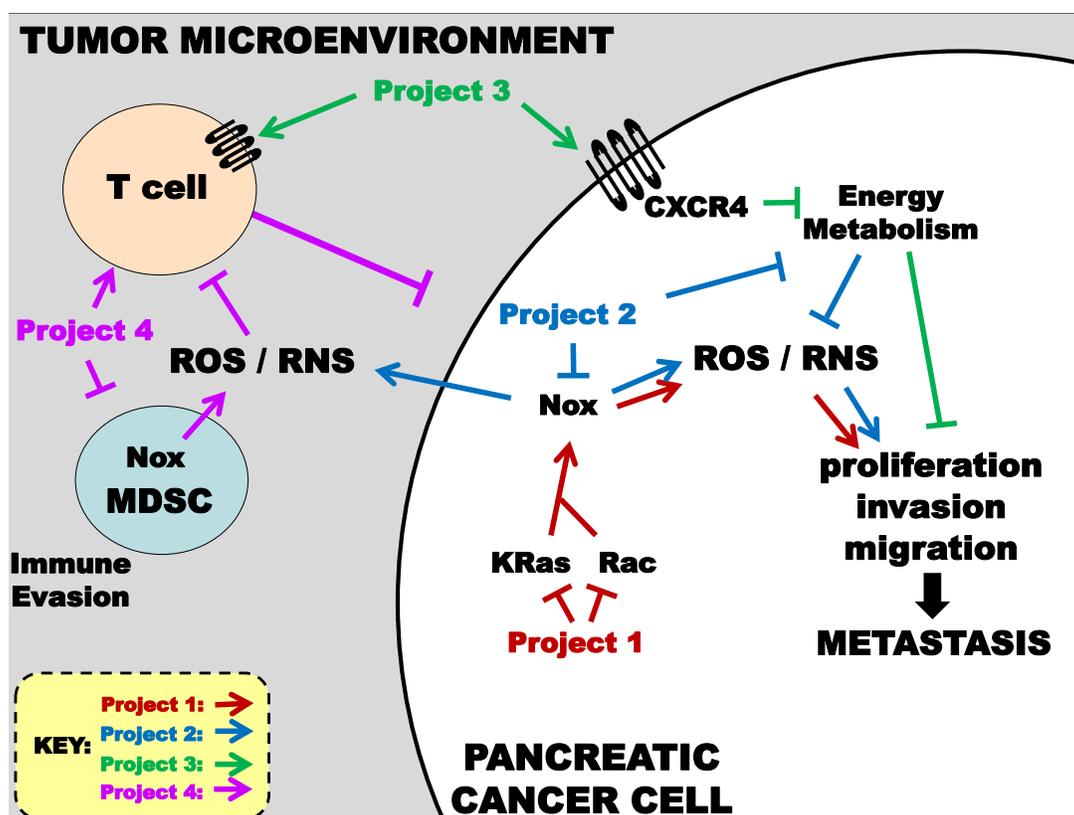
Above: Collaborative project organization for the breast cancer NCI P01 submitted Sept. 2016.



Joshi Chitambar Chen Williams Rui McNally Mackinnon Bergom Flister Miao Sun  
 Above: Breast Cancer Working Group. Not pictured: Chaudhary, Tsaih, Laud, Chervoneva, LaViolette, Nevalainen

A pancreatic cancer P01 was submitted last year, led by PI Dr. Michael Dwinell. The submission was scored and the grant will be resubmitted in 2017. This PPG, titled "Basic and Translational Biology of Pancreas Cancer" sits in MCW's sweet spot at the confluence of the tumor microenvironment and cancer cell metabolism, an area of research that will lead to new, targeted therapies for pancreatic cancer. The revised application will emphasize interactions between pancreas cancer cells and the immune cells within the microenvironment. Pancreatic cancer has one of the lowest survival rates of any other types of cancers, and the incidence of this cancer is growing in the United States. This submission includes four complementary research projects lead by Dr. Dwinell, Dr. Kalyanaraman, Dr. Johnson and Dr. Williams and three supporting research cores directed by Dr. Tsai, Dr. Li Lily Wang and Dr. Kalyanaraman.

In addition to these two submitted P01s, Dr. Kathleen Schmainda is planning a third NCI P01 submission in the area of Neuro-Oncology.



Above: Collaborative project organization for the pancreatic cancer NCI P01 to be submitted in 2017.

## Associate Director of Basic Science and Shared Resources Emphasizes Collaboration and Novel Science

By Rachel Italiano



As the MCW Cancer Center approaches the final year of preparation before NCI designation submission, Dr. Hallgeir Rui, Associate Director of Basic Science and Shared Resources, believes that the continued and increasing involvement

and support of the MCW president and Dean are significant game-changers.

"Their commitment and support were lauded as exceptional by ESAB during the pre-meeting dinner," he said.

The Cancer Biology Program and Shared Resources descriptions were also well received. Cancer Biology's excellent progress over the last year was recognized, and productive suggestions for further strengthening of the program description were made by the reviewers. Major improvement from last year in the Shared Resources descriptions were also highlighted, although there are some technical details of membership usage and budgets that need to be improved.

According to Dr. Rui, the new format used this year for the visit allowed for "a much more granular feedback on the written components of the CCSG draft proposal. We had time to focus on getting written segments right and products were sent out by the deadline so reviewers had time to evaluate them in greater depth than previously."

The valuable and thoughtful feedback provided by ESAB is probably a combined reflection of a better product, adequate evaluation time for reviewers and the break-out format, which facilitated greater in-depth discussions and feedback.

While Cancer Biology received good feedback overall, reviewers also noted some areas for future improvement. Cancer Biology, as a basic science program, should de-emphasize "overselling" of tenuous connections to outreach activities and minor pilot trials with limited power. The program should also work to increase funding per member through limiting inclusion in the final program roster to funded members. The program should also work to increase intra- and inter-programmatic publications and joint grants.

Shared Resources also have aspects that still require some work. The descriptions should focus on high impact science critically supported by the resource with less detail about the science itself. The write-ups should also emphasize brevity and clarity; this will be achieved through a page reduction from twelve to six pages which is being implemented as a new format. Finally, budgets and membership usage numbers need to be provided in a clear and correct manner.

Dr. Rui has several goals for the upcoming year in preparation for CCSG submission. First, he wants to facilitate increased collaborative interactions in the form of joint publications and grants. He also wants to help Cancer Biology and Shared Resources leaders as well as MCW Cancer Center administration respond to ESAB feedback and make appropriate adjustments.

We can reach out to fellow colleagues and establish and strengthen collaborative initiatives, as there are numerous opportunities for multi-disciplinary progress that cannot be made by individual laboratories.

To support Cancer Center members in this process, Dr. Rui hopes to provide resources and support. Specifically, he wants to help Shared Resources secure funds for updating their technologies and support large instrumentation grants by MCWCC members. He also wants to facilitate assisting of junior members in the form of mentoring of grant proposals as well as providing resources and expertise for novel science, in particular in the area of breast cancer research and more generally for protein profiling of solid tumors.

Dr. Rui emphasizes that there are also things that he and other Cancer Center members can do to further support the process and successful submission of the CCSG. We can reach out to fellow colleagues and establish and strengthen collaborative initiatives, as there are numerous opportunities for multi-disciplinary progress that cannot be made by individual laboratories. Institutional research strength in vascular biology and immunology are two examples of areas that cancer center members can venture into. We can also continue to work ambitiously on novel and creative science and on growing and/or maintaining a strong external grant portfolio. Members can further maximize the use of institutional shared resources and clinical collaborations to further enhance the level of science in each laboratory. Finally, we can work jointly to improve the success rate in recruiting funded faculty with complementary cancer research portfolios.

As preparation for CCSG submission continues, Dr. Rui highlights a few challenges that must be overcome during the process: gain or maintain adequate research funding levels; make a compelling case for MCW Cancer Center providing research and innovative activities that positively affects the catchment area population; and support clinical research and continue to accrue patients into cooperative or Investigator-initiated trials.

To overcome these challenges, Rui believes that collaborative interaction by MCW

investigators with other Wisconsin-based organizations could be key to rapid progress.

"As a cancer center, we should be innovative in establishing fundable research within ongoing research activities, including patient navigation, patient decision making, population education and screening education," he said. "Exciting efforts are already ongoing in these areas. Support for development and performing investigator-initiated clinical trials is also a necessity in overcoming challenges.



"As a cancer center, we should be innovative in establishing fundable research within ongoing research activities, including patient navigation, patient decision making, population education and screening education."

## Basic Science Speaker Underscores Need for Transdisciplinary Focus on Prostate Cancer Disparities

By Anne Mathias



Research that impacts our southeastern Wisconsin catchment area and addresses cancer disparities in underserved populations is a critically important mission of all NCI Designated cancer centers. This impact on the catchment area is expected not only in the population

health areas, but as a theme in every research program.

MCW Cancer Center Grand Rounds on December 2, 2016 featured Dr. Michael Ittmann, a basic science cancer geneticist who spoke about new research that helps us understand the link between gene expression and prostate cancer disparities in African American men. Dr. Ittmann's team recently published findings that suggest genetic factors can contribute to the higher incidence of prostate cancer among African American men compared with men of other ethnic groups.

Dr. Ittmann's team has recently published findings that suggest genetic factors can contribute to the higher incidence of prostate cancer among African American men compared with men of other ethnic groups. Dr. Ittmann's lab identified MNX1 as a new oncogene – a gene that can cause cancer – that is more active in African American prostate cancer than in European American prostate cancer.

"African Americans have about one-and-a-half times the incidence and twice the mortality associated with prostate cancer of European Americans, and the reasons for this are not clear," said Dr. Ittmann. "We found 24 genes that were different between the African

American and the European American prostate cancer datasets. Some of the genes were less active in African American prostate cancer, but we concentrated on those that were more active as they could potentially be oncogenes. MNX1 was at the top of the list."

Most scientists think that health disparities are explained by differences in biology, including genetics, and by socio-economic factors such as lack of access to healthcare services that make African American men less likely to receive regular physical examinations and screening for prostate cancer.

African American men in the greater Milwaukee area experience substantial health disparities when it comes to prostate cancer incidence. These disparities become significantly more pronounced for late-stage incidence of prostate cancer and prostate cancer mortality. This is important because prostate cancer has very good rates of survival if caught in the early stages.

Recently, cancer geographer [Dr. Kirsten Beyer mapped prostate cancer incidence, late-stage incidence](#) and mortality in the MCW Cancer Center catchment area, which includes seven counties in southeastern Wisconsin. The maps she created provide a [powerful and stark visual of prostate cancer disparities by race](#).

"African American men in the greater Milwaukee area, and in particular in Milwaukee's central city, have significantly higher rates of prostate cancer. When we look at late-stage incidence and mortality from prostate cancer, those disparities become even more significant," said Dr. Beyer. "A problem this big must be addressed from multiple vantage points – biology and genetics in addition to social determinants of health. If we focus on one without the other, we won't get a true understanding of the problem or develop effective interventions. That's why we're very excited to have Dr. Ittmann share his findings with us at Friday's Grand Rounds."

In addition to Dr. Beyer's mapping project, researchers at the MCW Cancer Center are pursuing projects that explore both the

biological and socio-economic factors that contribute to prostate cancer disparities in African American men.

[Dr. Melinda Stolley](#) and [Dr. Staci Young](#) are currently collecting qualitative data from African American men to understand the specific socio-economic barriers that prevent prostate cancer screening, early detection and treatment. This project, funded by the Greater Milwaukee Foundation, partners with key community organizations such as Walnut Way, to speak with prostate cancer patients and survivors and men who have not had the disease.

"It's important we also speak with men who have not had prostate cancer so we understand baseline knowledge of the disease and attitudes toward screening, which may help us determine why so many more African American men are diagnosed at a late stage," said Dr. Stolley, who is the principal investigator on this project.



In addition to prostate cancer disparities work in the community, a team from the MCW Cancer Center studies these disparities in the lab. [Dr. Marja Nevalainen](#) leads a team that collects prostate tumor samples from African

American patients and uses these samples to grow these tumor types and study the biological differences.

"We know that prostate cancer in African American men is more aggressive and more difficult to treat," said Dr. Nevalainen. "We are one of the few institutions in the country to successfully grow these tumor types in animal models in order to study the biological and genetic differences."

Dr. Nevalainen and her team met with Dr. Ittmann to discuss this work and potential future collaborations.

Dr. Ittmann was invited to the MCW Cancer Center by [Dr. Liang Wang](#). Dr. Wang also studies genetic variations and human cancers

and focuses on biomarker studies to develop personalized medicines for prostate and other types of cancers.

"As the MCW Cancer Center moves closer to submitting the designation grant, the NCI places a very strong emphasis on how our research impacts our southeastern Wisconsin catchment area," said Dr. Wang, who is a professor of pathology at MCW. "By bringing in research leaders like Dr. Ittmann, we strengthen the work we're doing to address prostate cancer from both a biological and social standpoint. This type of translational research that approaches cancer disparities at the bench, the bedside and out in the community has a direct impact on underserved communities in our area."

MCW Cancer Center Grand Rounds features highly respected and nationally recognized cancer researchers from around the country. Grand Rounds are the first Friday of the month at noon in Conference Room M on the 3rd floor of the Froedtert & MCW Clinical Cancer Center.

"...the NCI places a very strong emphasis on how our research impacts our southeastern Wisconsin catchment area. By bringing in research leaders like Dr. Ittmann, we strengthen the work we're doing to address prostate cancer from both a biological and social standpoint. This type of translational research that approaches cancer disparities at the bench, the bedside and out in the community has a direct impact on underserved communities in our area."

--Liang Wang, MD, PhD