



Director's Update

The MCW Cancer Center Members' Newsletter

SPRING 2016



The 'Moonshot' and NIH Renewed Focus on Cancer

Ming You, MD, PhD, Director of the MCW Cancer Center

President Obama announced in his final State of the Union Address that Vice President Biden will be in charge of a new national effort to cure cancer. This is the "cancer moonshot" that Vice President Biden originally called for last year, after his son Beau died of brain cancer. Biden's plan calls for increased funding and decreased barriers in research, and his goal is to double the current pace of progress. Leaders and legislators have responded to this call to action, and recently congress passed the most robust increase in decades for federal cancer research funding.

Earlier this year, the Dean, **Joseph Kerschner, MD** had a rare opportunity to meet with Francis Collins, MD, PhD the Director of the National Institutes of Health (NIH). Dr. Kerschner and Dr. Collins discussed the emphasis on cancer in the proposed NIH budget, and how that comes at an opportune time for MCW's push for NCI designation.

Dean Kerschner said, "Without question, there will be substantially more money in the NCI pipeline to fund important projects – likely in the range of \$680 million. Two of the areas of emphasis which directly relate to areas where MCW and our partners are poised to make significant advances include immunotherapy and pediatrics. Specifically, we discussed the area of immunotherapy in which, with the recruitment of **Jeffrey Medin, PhD**, as the MACC Fund Professor in the Department of Pediatrics, MCW is poised to take a national leadership position. We also discussed pediatric cancer as an emphasis, and with our partnership with the Children's Research Institute and Children's Hospital of Wisconsin, we should be able to take advantage of this area."

The Dean also spoke to Dr. Collins about the NIH's focus on cancer disparities research. This is a vitally important issue in our Southeastern Wisconsin catchment area, and will be a major factor in the NCI's assessment for our designation. Our communities face significant cancer disparities, and **Melinda Stolley, PhD**, our Associate Director of Cancer Control and Outcomes is working with her team to build research and outreach programs to study and address these disparities and build a pipeline of minority cancer researchers.

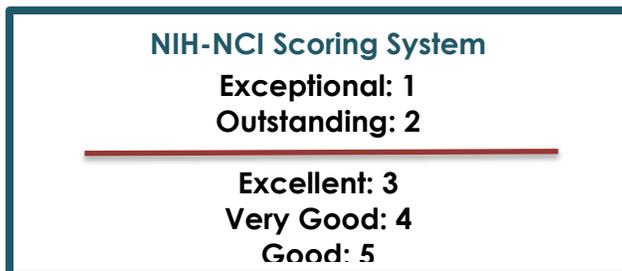
This is an exciting time to be a cancer researcher and to be pursuing NCI designation. I ask each of you to take on the challenge put forth from President Obama and Vice President Biden as we work to cure cancer in our lifetimes.

ESAB Feedback and Strategic Plan

Ming You, MD, PhD

Welcome to the latest edition of the Director's Update newsletter. We are changing the direction of this communication to focus primarily on our path to NCI Designation. Here we will share the recent feedback from the External Scientific Advisory Board (ESAB), the current state of our research programs, growth in peer-reviewed funding and publications in cancer-focused journals, development of our shared resources and cores, and progress on the accomplishments needed in order to successfully submit for designation.

As most of you know, at our last review I asked the ESAB to score and provide descriptors as if we were submitting the grant to the NCI. The NCI Scoring System is listed below.



The ESAB provided these scores and descriptors to the MCW Cancer Center for the draft grant submission and site visit from September 2015.

Director's Overview: Excellent-Outstanding 2.6

Administration: Outstanding: 2.0

Planning & Evaluation:

Excellent-Outstanding 2.6

Clinical Protocol and Data Management:

Excellent-Very Good 3.4

Protocol Review and Monitoring:

Excellent-Very Good 3.4

Hematologic Malignancy & Transplantation:

Outstanding-Excellent 2.4

Cancer Biology: Very Good-Excellent 3.6

Cancer Control and Outcomes:

Very Good-Excellent 3.6

Molecular Cancer Therapeutics: Very Good 4.0

Pathology Research Bio Core: Excellent 3.0

Flow Cytometry: Excellent 3.0

Biostatistics: Excellent 3.0

Bioenergetics: Excellent-Very Good: 3.4

Biomedical Imaging: Very Good: 4.0

Dean Kerschner, President Raymond and I are in agreement that every area needs to be scored a 2.0 with a descriptor of "Outstanding" by our ESAB before we submit for designation. We are getting close in several areas, and the **Administration section has already achieved a 2.0 / "Outstanding."** The feedback we received from our ESAB is that our administration team is performing at the level of an established NCI designated cancer center. I want to take a moment to congratulate **Marilyn Larson** on her leadership and her team on their hard work to build such a strong resource.

Additional recommendations from the ESAB include:

- Growing NCI funding, particularly in translational research and research that impacts the Southeastern Wisconsin catchment area.
- Combining the two MCWCC basic science research programs to create a single, more robust cellular biology program.
- Additional publications in high-impact cancer journals.
- Recruiting NCI-funded faculty especially in the areas of pancreatic cancer basic science, breast cancer clinical research, and behavioral science.
- Increasing cancer clinical trial accrual in two critical areas-solid tumors and minority accrual.

We have some work to do, but it is also important to remember how far we have come. Since 2010, we've grown our NCI funding by 69%, increased accrual to cancer clinical trials by over 120% and brought in some truly game-changing recruits. If we continue to grow in these areas and additional areas as recommended by the ESAB, our prospect for designation is very positive.

Congratulations MCW Cancer Center Members!

Jennifer Knight, MD recently had a paper published in *Cancer Clinical Research* (January 2016).

Low Socioeconomic Status, Adverse Gene Expression Profiles, and Clinical Outcomes in Hematopoietic Stem Cell Transplant Recipients



Dr. Knight provided this summary of the paper. "Even after accounting for health behaviors and access to care, the stress of poverty can bring with it a biologic residue that adversely impacts cancer

outcomes. Knight et al (*CCR*, 2016) recently identified that a pattern of gene expression previously linked with chronic exposure to adverse conditions was upregulated in hematopoietic stem cell transplant recipients of low socioeconomic status. Further, this gene expression pattern was significantly predictive of adverse clinical outcomes in this group, including increased relapse and worse survival. This research helps us understand how the body responds adversely to conditions of chronic stress, and how this response might help explain why individuals living in conditions of chronic poverty experience worse cancer outcomes. These gene expression differences provide useful therapeutic biologic targets to improve outcomes in socially at-risk populations through targeted pharmacologic or behavioral intervention."

Matthew Riese, MD, PhD currently has a paper published in *Science Signaling* (March 2016).

The Adhesion Molecule PECAM-1 Enhances the TGF- β -mediated Inhibition of T Cell Function



Dr. Riese provided this summary: "PECAM-1 is a protein known to play an important role as an adhesion molecule that helps cells stick to each other. In this manuscript by the Newman and

Riese labs, an unexpected role for PECAM-1 was identified in the signal transduction pathway of TGF-beta, a potent immunosuppressive molecule, in T cells. Stimulation of T cells with TGF-beta resulted in phosphorylation of the intracellular domain of PECAM-1 and subsequent binding to SHP-2, an inhibitory protein. Moreover, growth of tumor cells known to be dependent on TGF-beta was delayed in PECAM-1 deficient mice, relative to normal mice. These data identify a novel pathway downstream of TGF-beta in T cells, and suggest that disruption of the TGF-beta/PECAM-1 interaction could be a new way to enhance the anti-tumor activity of T cells for cancer treatment. The manuscript was featured as an "Editor's Choice" in *Science Signaling* and accompanied by an editorial review. In the first week after publication, the full article has been viewed or downloaded over 400 times."

Congratulations MCW Cancer Center Members!



Jason Jarzembowski, MD, PhD, associate professor of pathology at the Medical College of Wisconsin and medical director of Pathology & Laboratory Medicine at Children's Hospital of Wisconsin, has

been elected to serve as the Pathology Discipline Chair for the Children's Oncology Group (COG). This is a five-year appointment that began on March 1, 2016.

The Children's Oncology Group (COG) is a National Cancer Institute-supported clinical trials group and is the world's largest organization devoted exclusively to childhood and adolescent cancer research. The Pathology Discipline Chair is one of only eight discipline chairs in COG, and is responsible for overseeing central pathology review for COG trials, supporting pathology-based research efforts on pediatric cancer, and serving on the COG Executive Committee.



Kathleen Schmainda, PhD, Medical College of Wisconsin professor of radiology and Cancer Center member was selected for induction into the elite American Institute for Medical and Biological Engineering (AIMBE) College of

Fellows.

Dr. Schmainda was reviewed and elected by peers in the College of Fellows for the development of biologically relevant and clinically actionable MRI metrics of the vascular and invasive status of brain tumors.

The AIMBE College of Fellows is comprised of the top two percent of medical and biological engineers in the country. The most accomplished and distinguished engineering and medical school chairs, research directors, professors, innovators, and successful entrepreneurs, comprise the College of Fellows.



Research Program and Shared Resource Update

Hallgeir Rui, MD, PhD

Research Programs

As Dr. You shared; we have some work to do to further develop our research programs. As the Cancer Center's Associate Director of Basic Science and Shared Resources, I am responsible for growing and improving the basic science research programs and core facilities.

Currently, our highest scored program is Hematologic Malignancy & Transplantation (HMT), which is led by **Dr. Bill Drobyski**. HMT received a score of 2.4, and a descriptor of Outstanding to Excellent. I'd like to recognize Dr. Drobyski for his hard work and leadership in developing this successful program. Hematologic cancer research and treatment is clearly a strength of MCW, and this score reflects these strengths, including the CIBMTR and the BMT clinical team, which bring in a critical volume of patients and supports many successful clinical research projects in this area.

One recommendation from the ESAB was to appoint a PhD scientist to co-lead HMT with Dr. Drobyski. I am pleased to report that **Dr. Jeffrey Medin**, one of our most exciting cancer-focused recruits and the newly appointed MACC Fund Chair, has agreed to help lead the HMT program. This new leadership brings a very strong focus on immunotherapy and other personalized cancer therapeutics. Dr. Medin also brings vast experience in gene therapy, retroviral and lentiviral vector construction and Chimeric Antigen Receptor (CAR) T Cells. With Dr. Medin joining Dr. Drobyski to lead this program, it is likely that the HMT program will score a 2.0/Outstanding when reviewed by the ESAB this year.

The most significant and far-reaching recommendation by the ESAB was to consolidate our Cancer Biology and

Molecular Cancer Therapeutics programs into a single, more comprehensive research program that can encompass all aspects of cancer biology, with a focus on strengths in cell signaling, metabolism/energetics and genetics.

By combining the two programs into one, we created a much more robust team. The new combined Cancer Biology program consists of approximately 33 researchers who have annual peer-reviewed funding totaling \$10.5 million, with almost 50% of this funding from the NCI. A breakdown of the combined Cancer Biology program follows.

Shared Resources

Our Shared Resources are also in need of improvement, and are currently quite far away from a consistent score of 2.0 and descriptor of "Outstanding."

In addition to documented usage by Cancer Center members, the most important measurement our Shared Resources is the impact these resources have on funded and published science. The NCI is now looking at the number and type of peer-reviewed funding and high-impact publications the resource has supported. It is also important that our Shared Resources are innovative and cutting-edge, and not simply seen as a standard lab or service available at all institutions. We are making adjustments to the makeup, services, equipment and expertise provided by these resources to increase and highlight innovative aspects and uniqueness of each core.

The easiest thing our members can do to help increase the scores of our Shared Resources is to be sure to acknowledge the resources in publications, posters and presentations, and to let us know when a resource is part of a peer-reviewed funded project.

If you would like to learn more about the Cancer Center's Shared Resources, visit: <http://www.mcw.edu/cancercenter/research/SharedResources.htm>

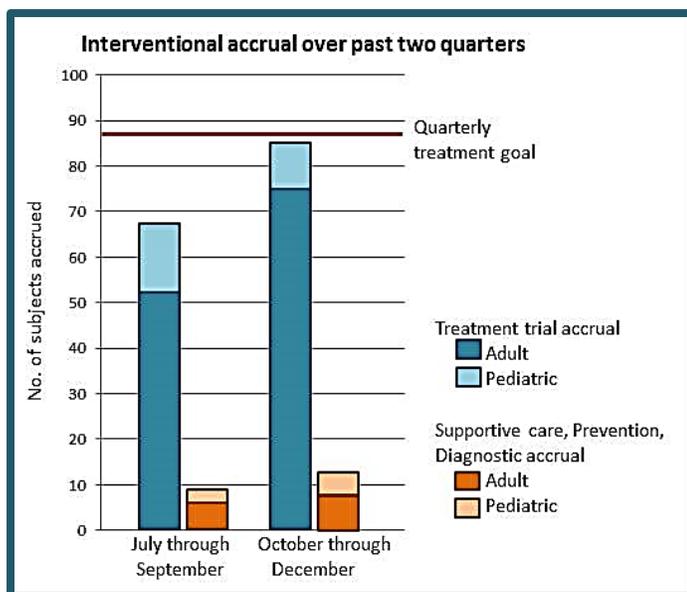


Cancer Clinical Trial Accrual Update

James Thomas, MD, PhD

The MCW Cancer Center, as the area's premier research and treatment destination, places a strong emphasis on clinical trial recruitment. Ultimately, this results in cancer treatment advances. Leading academic cancer centers accrue at least 10% of their new patients onto treatment trials. At MCWCC, that translates to a goal of about 87 subjects accrued per quarter and about 348 subjects per year. Those numbers include accruals to trials managed by the adult and pediatric clinical trials offices, the Department of Obstetrics and Gynecology and other departments. We are continuing to grow trial accrual, but here are two areas that require our attention – accrual to solid tumor treatment trials and the accrual of minority patients to cancer clinical trials.

Treatment accruals last quarter:

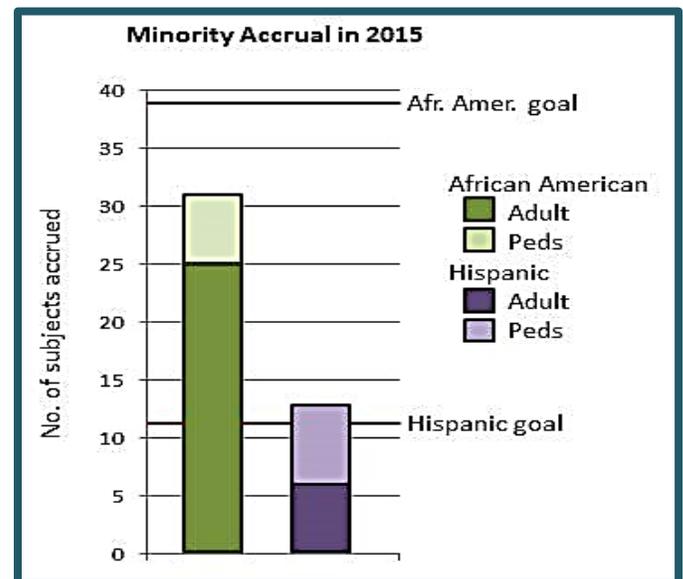


In 2015 we accrued 331 patients to treatment trials. This shows growth over the 2014 total of 327, but we did not quite reach our 2015 goal of 348.

This last quarter we accrued 85 patients to treatment trials. This was up significantly from the previous quarter's total of 68. Accrual leaders: **Dr. Jennifer Knight's** propranolol investigator-initiated trial accrued eight subjects. **Dr. Parameswaran Hari's** Phase I/II ixazomib trial accrued six subjects. Also, ECOG-E4112 (**PI: Dr. Tracy Kelly**) accrued five breast subjects. This trial evaluates the use of MRI to determine the need for a lumpectomy or mastectomy and Oncotype Dx results to evaluate the need for post-lumpectomy radiation treatment.

Minority accrual in 2015:

Minority accrual is critical to our mission to provide better cancer treatment for Southeastern Wisconsin's underserved populations. In 2015 we accrued 31 African Americans to treatment trials falling short of our goal of enrolling 10% of all African American cancer patients seen. We did accrue 10% of Hispanic/Latino patients to treatment trials in 2015.



New Trial Highlights

Parameswaran Hari, MD, and his fellow, Dr. Dhakal Binod, began accruing subjects to an IIT that opened in early October. The CTO Early Phase team manages this phase I/II study, which investigates the efficacy of

combining bendamustine, dexamethasone and ixazomib (an IND) in **relapsed/refractory multiple myeloma (MM) patients.**

Ben George, MD serves as principal investigator for a trio of new Merck clinical trials that study the use of pembrolizumab in patients with **metastatic gastric or gastroesophageal junction adenocarcinoma.** This immune checkpoint inhibitor (PD-1 inhibitor) is already FDA approved for treatment of melanoma and non-small cell lung cancer. In the wake of promising new data with immunotherapy, researchers are evaluating various immune checkpoint inhibitors in multiple cancer types to assess their efficacies.

In November 2015, Children's Hospital of Wisconsin opened an investigator-initiated study, a collaboration with investigators at Children's Hospital of Philadelphia and sponsored by Miltenyi Biotec, Inc. **Dr. Julie Talano** is the local principal investigator. Patients receiving allogeneic stem cell transplants can suffer acute and chronic graft-vs-host disease (GVHD). One way to alleviate this is through T-cell depletion. In this pilot study, investigators use the CliniMACS device to preferentially deplete alpha beta (ab) T-cell lineages (which contribute to GVHD) and CD19+ B cells from donor peripheral stem cells, while leaving in place gamma delta (gd) T cells and other immune molecules that enhance engraftment and have anti-infectious and antitumor properties. The hope is that this new technique will lead to increased engraftment and leukemia-free survival with less GVHD for patients whose donors are unrelated or partially matched relatives.



Cancer Disparities Research Update

Melinda Stolley, PhD

The MCW Cancer Center (MCWCC) is the only academic research center in Southeastern Wisconsin, a distinct region that includes large underserved minority populations.

These underserved populations experience significant cancer disparities, meaning that per capita; more minorities will be diagnosed with cancer and die from their disease.

In particular, African Americans experience substantial cancer disparities including: significant rates of pancreatic cancer, prostate cancer rates double the general population, lung cancer incidence and mortality rates well above the average, and high breast cancer mortality rates for African American women.

Inequities and gaps exist across the cancer continuum, from prevention and early detection to treatment and outcomes. Disparities are influenced by both biological and genetic factors in addition to social factors such as education, income, segregation, ethnicity and cultural norms and standards. It is very important that our gifted basic and laboratory scientists - an area of such strength at MCW - understand that important disparities research also happens in the lab - it's not just work out in the community.

MCWCC members should remember what a truly amazing and powerful resource we have in our 47-member **Community Advisory Board (CAB)**. This is a group with their fingers on the pulse of the cancer issues in our underserved communities, and wants to collaborate with us on research projects. The CAB mission is to advise us on the issues and factors of greatest concern to the community and develop research

and outreach efforts to reduce the burden of cancer in their communities. This includes conducting research all along the continuum that can help remove barriers to cancer screening and treatment, build stronger participation in cancer clinical trials, and study the underlying socio-economic issues that contribute to cancer disparities.

A request was made by our **Community Advisory Board** is to address the link between cancer and obesity. Again, MCW has a strong track record of obesity work in the basic science arena - genetic and biological research into the causes and treatment of obesity - as well as community engaged research in the field. This is an example of an area where our laboratory scientists, clinical researchers and community engaged investigators can work together to address causes and prevention of cancer.

Unfortunately, hyper-segregated Milwaukee provides an opportunity to explore the connection between segregation and cancer – both the biological and social impact of segregation. We already know that African-Americans often have poor access to health care and mistrust health care providers. That societal context works against getting screenings and other early detection efforts and even treatment. But what about the underlying biological impact of extreme segregation and institutionalized racism, and what physiological impact does this have on the success of cancer treatments or patient outcomes?

I encourage all members to think about how to integrate cancer disparities into their projects. I would be happy to talk to you at any time.

Lastly, I want to recognize members who are submitting and planning cancer disparities grants.

Submitted:

J. Meurer, Analysis of cancer screening performance and staffing at Froedtert/MCW and WFHC clinics

D. Nelson, Physical activity in schools

M. Stolley, Implementation and Dissemination of Moving Forward R01

K. Beyer, Neighborhoods and Breast Cancer Survival R01 submission

K. Beyer, Outdoor Activity for Breast Cancer Survivors seed grant proposal

J. Neuner, Fear as Barrier to CRC Screening R01

C. Chitambar & M. Stolley, R21 Metastatic Breast Cancer Resubmission

Planned Projects or Grants:

M. Nevalainen, Prostate Cancer in African American men

L. Kresty, Head and Neck Cancer in African American men

M. Stolley, P20 Submission with Milwaukee Public Schools planned for Jan. 2017

We've seen amazing productivity in this area over the last 6-9 months, and I am sure that this activity will lead to publications and peer-review funding in the near future.



Training and Education

Marja Nevalainen, MD, PhD

As the MCW Cancer Center progresses toward NCI

designation, a critically important part of our mission is to prepare the next generation cancer researchers to continue to develop and improve cancer care and work toward the extinction of cancer as a major health problem. In the role of Associate Director of Education, I am responsible for growing and developing cancer-focused education and training within the MCW Cancer Center. Numerous exciting educational activities are underway and will soon be available for MCWCC trainees at all levels – pre-docs, post-docs, junior faculty and fellows!

First, I am pleased to announce the newly minted flagship seminar series, the **MCW Cancer Center Grand Rounds**. The MCWCC Grand Rounds includes both basic and clinical cancer research topics and will serve as a central forum for exchange of ideas, views, implications and directions in cancer research over the broader translational spectrum. Spring 2016 MCWCC Grand Rounds will be held monthly on Tuesdays at noon in the Clinical Cancer Center Conference Room M (third floor).

The **May 24, 2016** MCWCC Grand Rounds will feature Richard Aplenc, MD, PhD, Associate Professor of Pediatrics at the Perelman School of Medicine, University of Pennsylvania and Attending Physician at Children's Hospital of Philadelphia, who will present, "If administrative data can't cure cancer, can it help kids with acute Myeloid Leukemia?"

Starting in the fall, the MCWCC Grand Rounds will provide **CME accreditation**, and will be held the first Friday of each month at noon in the same location, the CLCC Conference Room M. The MCWCC is excited to host prestigious and provocative speakers of our own MCW faculty and from other cancer centers. This is an opportunity to network, learn, and create collaborations. Attendance of both basic science and clinical trainees at all

levels is strongly encouraged. This is an excellent monthly learning opportunity for all trainees!

The next training event will be **May 3, 2016**, when Judy Quong, PhD will visit for an exciting presentation and roundtable opportunity for our trainees. Dr. Quong is the Executive Editor of Cancer Discovery, which is the top journal of the AACR. This event is for trainees at all levels (pre- and post-docs, junior faculty, fellows) as well as faculty members. The presentation begins with an introduction to the AACR and the AACR's journal portfolio, followed by guidance on the publication process, including a session called *Manuscript Submission/Revision Do's and Don'ts*. After the presentation a lunch roundtable discussion will provide students and trainees an opportunity to interact with and ask questions of Dr. Quong. Faculty members are welcome to schedule individual meetings with Dr. Quong during her visit. Please contact Kitty Marquardt at kmarquardt@mcw.edu if you would like to schedule a meeting. Trainees - Stay tuned for the invitation and RSVP request for this event.

The Cancer Center Research Retreat is on **April 29, 2016** and will provide a networking and presentation opportunity for trainees in the form of poster presentation sessions. The poster sessions will be crucial for faculty members to learn about ongoing, unpublished projects in MCWCC labs and to provide feedback to trainees. The MCWCC Annual Retreat will conclude with a roundtable lunch discussion with keynote speaker Dr. Rick Kittles for select faculty and trainees. A call for poster abstracts is forthcoming, and you can direct trainees and assistant professors interested in the poster presentation or the lunch roundtable discussion to contact Kitty Marquardt at kmarquardt@mcw.edu.

In addition to these training and education events, the MCWCC has several seed funding mechanisms available to trainees and junior faculty members. The MCWCC is proud of the **American Cancer Society's Institutional Research Grant (ACS-IRG)**, which MCW has held for almost 30 years. The ACS-IRG is a training grant awarded to an institution that

helps new investigators establish cancer-focused research projects by providing seed funding on a competitive basis. This is truly a remarkable and prestigious funding mechanism for junior faculty. We are submitting a renewal of the ACS-IRG this spring, and the renewal application is being carefully prepared by MCWCC leadership and administration staff. MCWCC members who have received ACS seed funds can help us renew this award by tracking all publications, presentations, posters and grants that are the result of ACS seed funding.

The **MCWCC Education and Training Committee** was formed and held its inaugural meeting. This committee is working on improving and solidifying cancer-focused education on all fronts. The primary focus and goal for the Education and Training Committee in the next few years is to position us for the successful application and administration of a **National Cancer Institute T32 Training Grant**. A prerequisite for the NCI T32 grant is an innovative and interdisciplinary cancer-focused graduate program. As the first step, the Education and Training Committee will establish a cancer-focused graduate course as part of the MCW graduate school curriculum. We have quite a lot of work ahead of us to get where we want to be! However, I am very excited about the spirit and teamwork at the MCW Cancer Center and the progress we've already made on cancer education and training at MCW!



Researcher Spotlight

Jeffrey Medin, PhD

Dr. Jeffrey Medin was recently recruited to MCW to fill the MACC Fund Chair for Pediatric Research. Dr. Medin brings a wealth of knowledge and practical application of immunology and other targeted therapies. He holds multiple patents and has experience in bringing novel therapies into the clinic.

MCWCC: What do you bring to the MCW Cancer Center as a researcher and as a program leader?

Medin: We have a lot of experience in immunotherapy. We have brought a couple of gene therapy trials into the clinic, so we also have experience in true translational research. I have a highly motivated and committed group. Indeed, a number of people moved from Toronto with me to join the lab here.

We have some new approaches that are cell- and gene therapy-based that we think can be applied to a variety of cancers. So we are looking forward to testing those and bringing them into the clinic. That's my mandate; the primary reason for my recruitment.

We also have experience in commercialization and involvement with corporate entities, which is the new direction of research. As research scales up, it gets expensive and you really need to have company partners involved.

MCWCC: What interested you about MCW and the Cancer Center?

Medin: The first is the commitment of the institution to cell and gene therapy. There is a palpable excitement about the possibility that these approaches offer.

Second is that there is a very dedicated clinical staff, which will make things easier.

There is a commitment to grow cell and gene therapy at the institution and part of that is to then use that as a trajectory to take the Cancer Center to the next level. Some of the tools and approaches that we bring to the table could help towards gaining NCI designation.

I have very been impressed with the organization of the Cancer Center to date and the individuals that are in key leadership and administrative roles.

MCWCC: What opportunities or assets do you feel MCW (and its partners) have that could make a real difference or impact on cancer and cancer research?

Medin: People assets - to reiterate what I said earlier. There is a fantastic group of committed individuals here. The institutional commitment is also something I have not seen for a while – commitment at a level that can really make a difference. There is dedication to these plans and there is a short-term and a long-term view as well. This is not just a passing fad. The institution understands that this is a long-term scientific endeavor.

Also, the support and interaction between MCW and the backing Foundations is very strong; the MACC Fund, Froedtert Foundation, etc. This creates strong engagement with the community.

MCWCC: What are some of your research and program leadership plans and priorities for the next couple of years?

Medin: We need to get more novel, home-grown, immunotherapy-based approaches into the clinic. We need to make MCW a local (and further abroad) destination for novel treatments. For example, we are working on cytokine-mediated therapy that is a more nonspecific immunotherapy; we also have developed some more specific ones that are related to targeting certain cancer receptors. Thus we are looking at educating the immune system against the cancer in a more general fashion and also in a much more specific and

directed fashion. Both of those are important, because each probably works for different cancers.

Another goal is also to help grow some of the junior faculty and aid them in transitioning into the granting system. Hopefully this will help to get them to begin thinking about research as part of their responsibilities. That way we can improve the dialogue between researchers and physicians. Everybody talks about that goal, but it is sometimes hard to do in practice. I've been impressed here; clinicians really want to do research and they want the researchers to engage with them. It is a two-way street.

Next step, we need to get some of these experimental treatments to become standard of care. We also need to make Milwaukee, MCW and the Cancer Center a destination site for these novel therapies. We need something to offer patients when other treatments have failed.

MCWCC: What do you think of Milwaukee so far?

Medin: It's been great. We can actually get to places in a reasonable amount of time and parking is feasible. The community has been very welcoming. The MACC Fund has had some events and they have been very welcoming to me and my family and those that came with me from Toronto. My wife works at Children's Hospital, so we're a committed cancer research family. We also have a son who started at University School last fall and is doing well.

MCWCC: In addition to research, what else are you passionate about?

Medin: I drive a fun Jeep, I enjoy photography, and I like to cook and eat and travel with my family. Let's see - I also have a boxing trainer and I teach every year in Palermo, Italy.