The newly established Department of Hematopoietic Biology and Malignancy within the Division of Cancer Medicine seeks a Chair to oversee all department functions and operations. This novel basic science department requires a visionary leader to develop collaborative research in the hematologic malignancies by integrating efforts among numerous basic science and clinical departments and programs across the institution, and catalyzing collaborative research between basic scientists with translational and clinical investigators. The Chair will build the department by recruiting internationally recognized experts and promising scientists in relevant fields to augment existing research and apply new technologies and discoveries.

Ideal applicants will be known nationally and internationally in their field and will demonstrate an established track record of scientific excellence in laboratory-based, hypothesis-driven research leading to the development and translation of innovative therapeutic strategies to the treatment of human cancer. Candidates will have excelled in an academic environment at the rank of full professor, as well as hold a distinguished record of securing research funding through peer-reviewed grants and other external funding.

The Chair will lead a cutting-edge basic and translational research program in the area of Hematopoietic Biology and Malignancy, provide administrative leadership, and assume full administrative responsibility for all areas of the academic department. These responsibilities include laboratory research, faculty development and evaluation, integrated educational programs for fellows and students, finance and budget, long-range planning, and resource allocation including laboratory space. The incumbent will provide mentorship for junior faculty and facilitate their growth in research, academic, and professional areas. Finally, the incumbent will also represent the department, division, and/or institution in local, regional, state, and national matters.

The Department of Hematopoietic Biology and Malignancy aims to enable the bench and bedside integration of research that will accelerate novel insights and discovery for translation into therapeutics and diagnostics for improved patient outcomes. Discovery includes broad-based efforts to establish the efficacy of new drugs, novel approaches, and new treatments for hematologic malignancies.

Ideal applicants will have demonstrated leadership in dealing with stakeholders both within and outside their institution, developing and evaluating programs, resolving operational issues, and managing financial and human resources. Interested candidates should send a copy of their curriculum vitae and references along with a supplemental narrative statement to address their qualifications (2-3 pages) to the following contact: Hematopoietic Biology and Malignancy Chair Search Committee, Attention: Jennifer Anderson, Office of the Provost and EVP, The University of Texas MD Anderson Cancer Center, 1515 Holcombe Boulevard – Unit 1492, Houston, TX 77030; Email: jaanders@mdanderson.org.
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A career in cancer research? Computational skills wanted

Cancer researchers are generating mounds of molecular data on tumor biology. Scientists with molecular and computational backgrounds are needed to move the growing field of precision oncology forward. Researchers with both skill sets, however, have a leg up. By Gunjan Sinha

When William Pao was a medical oncology fellow at Memorial Sloan Kettering Cancer Center (MSKCC) during the early 2000s, treating patients with metastatic non-small cell lung cancer (NSCLC) was rote: Every patient received the same chemotherapy regimen. But the odds of benefiting were hit or miss: “Only about 20% could expect to see their tumors shrink,” Pao says. “There was no way to know ahead of time who was going to benefit.” Even more nerve-racking for the patients was the fact that typically six weeks would pass before he could assess tumor response.

Today, depending on the mutations found in individual tumors, there are several unique drugs available to treat metastatic NSCLC. Therapies can be tailored, and for many patients the odds of surviving have gone from months to years. The success of “targeted therapies” in oncology—so named because they disable cancer cells in very specific ways—is being hailed a watershed moment in cancer therapy. Basic research on cancer mechanisms has led to over 40 targeted cancer therapies currently on the market, which take the form of monoclonal antibodies, small molecule drugs, and immunotherapies.

As targeted therapies take center stage in cancer treatment, they are profoundly changing the way research is done. Like many other medical research disciplines, oncology is going molecular. The success of such drugs has fueled a push toward studying basic molecular mechanisms of cancer growth, which has brought with it “a crush of data so large that no human brain alone would be able to make heads or tails of it,” says Levi Garraway, assistant professor of medicine at the Dana-Farber Cancer Institute in Boston, Massachusetts. The complexity of the technology and tasks required to design targeted drugs and study their efficacy has grown so great that groups of scientists with varied expertise are required to continue to move the field forward, he adds. Although scientists working in the field today have largely picked up skills along the way, there will be a massive increase in demand for translational researchers with computational, analytical, and clinical trial expertise who can turn data into concrete knowledge. Future oncologists will need to have a much deeper understanding of tumor biology on a molecular level than their predecessors. “That is where the breakthroughs have been and will continue to be,” Garraway says.

The rise of molecular oncology

Lung cancer in particular has become the “poster child” for how research and treatment have changed, says Charles Swanton, a research oncologist at the Francis Crick Institute in London, England. The advent of therapies directed at tumors with mutations in epidermal growth factor receptor (EGFR), anaplastic lymphoma kinase (ALK), and B-Raf proto-oncogene (BRAF) genes over the past decade have dramatically changed outcomes, he says. These therapies were born out of a deep understanding of the potent genetic drivers of lung cancer, particularly in nonsmokers.

Pao was involved in studies of EGFR tyrosine-kinase inhibitors while at MSKCC, where he trained in medical oncology. He was part of a team that recognized that only about 10% of patients with NSCLC responded to the small molecule erlotinib—those whose tumors harbored mutations in the gene encoding EGFR. Those patients can benefit from the drug for years, says Pao. “Just being able to pinpoint patients has been a significant achievement.”

Pao’s career trajectory has paralleled the rise of molecular oncology. As a student at Yale University in New Haven, Connecticut, he earned his M.D. and Ph.D. degrees and trained in a basic immunology lab. He then studied cancer cell signaling, discovering mechanisms of sensitivity and resistance to targeted agents. Today Pao heads the Oncology Discovery and Translational Area at Hoffman-La Roche, cont.>

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Regional Focus: China—June 24  ■  Postdoc Careers—August 26  ■  Faculty Careers—September 16  ■

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based in Basel, Switzerland. He is now tasked with developing new drugs that harness immune cells to attack cancer cells or target cancer cells directly. As part of its push toward precision oncology, the company announced early last year that it would spend $1.03 billion to buy a 56.3% stake in Cambridge, Massachusetts-based Foundation Medicine, a company that uses genetics to help select drugs for cancer patients. One project involves probing Foundation Medicine’s growing database of tumor profiles for specific mutations and using that information to either design drugs or to parse patients into clinical trials of the company’s drugs, says Pao.

Similarly, Wendy Winckler’s career path in oncology research “followed the genomic era,” she says. Winckler is executive director of Next Generation Diagnostics at the Novartis Institutes for BioMedical Research in Cambridge, Massachusetts. She came to the company three years ago from the Broad Institute in Cambridge. Prior to that, she earned her Ph.D. in genetics at Harvard University and then landed her first job helping to build The Cancer Genome Atlas. She then became director of the Genetic Analysis Platform at Broad—a technology group that collaborated with both Broad and external scientists to generate and analyze diverse types of genomic data. “Having come from the science side, I was able to get experience in technology and also in being head of a large group.”

Computational skills a plus

At Novartis, Winckler leads a department of 37 people. One early project was to help Genoptix—a Novartis daughter-company acquired in 2011 and located in Carlsbad, California—to commercialize a diagnostic test for lung cancer patients. That particular assay tests for “actionable mutations”—changes to those genes in a lung cancer sample that have been identified to date as helping guide treatment. Another major project is to characterize the tumors of patients across the company’s ongoing cancer clinical trials to try to understand how genetic changes may influence response.

In Winckler’s lab, about half of the scientists have computational expertise, and the other half have extensive wet lab skills. The most successful people, however, engage in both realms, she says. “Exposure to lab environments helps computational biologists have a more intuitive understanding of the data and an easier time planning sequencing experiments; lab scientists familiar with data analysis approaches can provide important insights while interpreting results.”

Dual training has certainly benefited Marcin Imielski, a molecular pathologist at Weill Cornell Medicine in New York City. “Where I am right now is exactly where I hoped I would be,” he says. “I feel like I have a single career instead of two, which I think is a big challenge for all M.D.-Ph.Ds.”

Imielski earned his undergraduate degree in computer science and then entered a newly christened M.D.-Ph.D. program in genomics and computational biology at the University of Pennsylvania in Philadelphia in 2001. He then chose pathology for his clinical training because he wanted “synergy between his research and his future clinical role,” he says. At Weill Cornell, Imielski is participating in the precision oncology effort, which will sequence tumor DNA to match patients to particular therapies.

Imielski is also building his own lab, which will focus on understanding the role of complex DNA rearrangements in cancer. Part of his task is to develop analytical and computational tools to make sense of the data. He also plans to leverage the latest sequencing technologies to understand how complex rearrangements impact the tumor epigenome and perturb cancer genome structure over time.

Technology leads the way

Clearly, next-generation sequencing (NGS) technologies have had a trailblazing effect on career opportunities. Since the first targeted cancer therapy to treat chronic myelogenous leukemia became available in 2001, there has been an explosion in genomic technology. Where once it was possible to test tumor samples for only one mutation or genomic rearrangement at a time, NGS technology now enables testing for multiple gene mutations in multiple samples simultaneously. This technology has influenced not only the type and speed of cancer research being conducted, but it has also radically changed clinical practice. Recently, San Diego, California-based Illumina, one of largest manufacturers of sequencing machines, teamed up with Dana-Farber, MSKCC, and two other major U.S. cancer centers to define the “cancer actionable genome” to help tailor cancer therapies. Moreover, such technology is enabling research toward the next step in targeted therapy: understanding why cancers grow resistant to drugs.

At the Crick, Swanton’s lab is focused on exactly that. In collaboration with the University College London (UCL) Cancer Trials Centre and the UCL Cancer Institute, Swanton’s research group will be following about 850 patients with NSCLC from diagnosis to death as part of a clinical trial to understand tumor evolution. Tumors that are surgically removed as part of routine care will be dissected and different regions sequenced to build phylogenetic maps of the genomic events that drive cancer growth.

“Having come from the science side, I was able to get experience in technology and also in being head of a large group.”

—Wendy Winckler
As a leader in the field of cancer immunotherapy – a therapeutic approach that embarks on the body's own ability to fight cancer – Roche is leveraging its growing insight into the complexity of cancer immune-biology and its expertise in delivering personalised medicines to develop novel immune-based treatment approaches for cancer patients.

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About half of NSCLC patients go on to develop metastatic disease. As part of a second trial, Swanton’s lab will also study what happens to tumors under the selective pressure of various types of cancer therapies, from traditional chemotherapy to targeted drugs.

As successful as targeted therapies are, “they aren’t curing people,” Swanton says. Resistance to therapy is inevitable. Research questions in his lab are driven by “what we see happening in human tumors,” he says. The hope is that even better second- and third-generation therapies can be developed that can potentially limit the acquisition of resistance. “It’s a very exciting time where laboratory-based molecular analyses are underpinning drug discovery and development.”

At the German Cancer Research Center, (Deutsches Krebsforschungszentrum, or DKFZ) in Heidelberg, scientists working in precision oncology are also taking full advantage of advances in genomic technology. In 2012, the DKFZ formed the Heidelberg Center for Personalized Oncology (DKFZ-HIPO). The goal is to develop a clinical program for personalized oncology that will translate “the latest research and technologies from functional genomics and systems biology into clinical routine.”

The initiative is “very ambitious,” says Roland Eils, professor of functional genomics and bioinformatics and the codirector of DKFZ-HIPO. Of the several thousand cancer patients treated annually at the Heidelberg National Center for Tumor Diseases (NCT), whole-genome sequencing of tumors is offered to all patients who might benefit, says Eils. But DKFZ is taking research a giant step further. The cost of whole-genome sequencing is now comparable to exome sequencing, says Eils. So DKFZ-HIPO made a strategic decision to collect whole-tumor genome sequencing data for future research. If a patient consents, the sequence data is added to a database developed in-house. The database is designed to hold clinical annotations about patient progress and can perform multiple data analyses. So far, the database holds data from roughly 3,000 patients. The plan is to scale up to collecting whole-tumor genome sequence data from 3,000 to 4,000 patients annually. “That’s an awful lot of data that poses a variety of challenges,” says Eils. What’s more, the researchers hope to be able to add other types of omics data such as RNA sequencing, epigenetic information, and histone modifications.

Obviously there is a huge need for experts in data management who have computational skills, Eils says. In collaboration with Heidelberg University, the DKFZ does indeed train many students and physicians in informatics and data management. But regrettably there is a demand for such experts in other industries such as banking that pay better, says Eils. Hopefully scientists will be drawn to work in cancer research because of “interest and excitement.”

**Precision medicine creates opportunities**

A candidate’s enthusiasm about the future of cancer research is certainly a huge plus when Swanton is searching for new hires. Important questions he asks himself include, “How do they think? Does this person bring fascination and interest? How can they contribute?”

With the goal to translate insights from his lab into the clinic, Swanton’s lab holds a full spectrum of expertise, from “bench to bedside,” including people with regulatory and clinical-trial experience.

The demand for such qualified people is set to grow, and not only within oncology. In January 2015, President Obama announced the Precision Medicine Initiative. Launched with a $215 million investment in the President’s 2016 budget, the initiative aims to “give clinicians tools to better understand the complex mechanisms underlying a patient’s health, disease, or condition, and to better predict which treatments will be most effective,” according to a statement issued by the White House. The bulk of the funding, $130 million, will go to the National Institutes of Health to launch a population study that will follow 1 million Americans over many years to track their health; the National Cancer Institute will receive $70 million to develop more effective personalized approaches to cancer treatment; the U.S. Food and Drug Administration will receive $10 million to develop a database to advance innovation in precision medicine; and the Office of the National Coordinator for Health Information Technology will receive $5 million to develop interoperability standards and address privacy and secure data exchange issues.

The amount of funding relative to the task is small, says Mark Rubin, head of the Institute for Precision Medicine at Weill Cornell Medicine and New York-Presbyterian Hospital, but “we are at the beginning,” he adds. “That this is coming down from the government tells us that patients want access to their data to improve outcomes and that the government and regulatory agencies are going to make sure we find ways to make it happen.” Moving forward, working in precision medicine could be an option for anyone with a scientific or mathematical background, he adds. For example, engineers who design devices will be needed as well as experts in population biology and epidemiology. “The opportunities will only expand.”

Gunjan Sinha is a freelance writer living in Berlin, Germany.

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Tenure Track Assistant Professor in Basic and Translational Sciences

The Department of Otorhinolaryngology: Head and Neck Surgery at the Perelman School of Medicine at the University of Pennsylvania seeks candidates for an Assistant Professor position in the tenure track.

The successful applicant will have experience in the field of genetics and biology of head and neck cancers with a focus on the role of microbiome in cancer etiology and/or cancer genomics, inflammation, and the development of novel therapeutic approaches to head and neck cancers. Particular areas of interest include tumor immunology or virology, genetics, bioinformatics, and/or translational therapeutics. Responsibilities include building an independent research program in basic and/or translational studies in head and neck cancer, training of graduate students and post-doctoral investigators, as well as to develop interactions with investigators within the greater cancer research environment at the Abramson Cancer Center and the Perelman School of Medicine at the University of Pennsylvania. In particular, the candidate should demonstrate the vision and potential or ability to interact with clinicians to foster translational research programs. We are looking for candidates with a keen interest in building interdisciplinary programs through interactions across the many basic and clinical departments within the Perelman School of Medicine as well as other Health related schools at the University of Pennsylvania. Key selection criteria will be research excellence and originality of science. Applicants must have an M.D. or Ph.D. or M.D./Ph.D. degree and have demonstrated excellent qualifications in research.

The Department of Otorhinolaryngology-Head and Neck Surgery is among the leading departments of its kind in the nation, and is home to basic and translational scientists who conduct world-class research in such areas as cancer, virology, microbiome, smell and taste, otology, audition, and cognition. The Perelman School of Medicine at the University of Pennsylvania provides for an intellectually vibrant and collaborative interdisciplinary environment with a wealth of cutting edge research resources. The ideal candidate should be an advanced postdoctoral trainee or early career investigator with an exceptional record of research achievement demonstrating a trajectory for success in academic medicine. Review of applicants will begin as they are submitted in March 2016 and will continue until the position is filled.

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RPCI, located in Buffalo, NY, is the world’s oldest cancer center established in 1898, which is known for numerous basic science and translational discoveries in oncology. RPCI is a NCI-recognized Comprehensive Cancer Center that runs multidisciplinary research combining, under the umbrella of its CCS Grant, multiple Programs aimed at understanding, preventing and curing cancer. It has state-of-the-art research infrastructure enabling all aspects of modern biomedical research – from discovery work towards clinical validation – and provides a highly stimulating academic and clinical environment.

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Please submit your CV and letter of interest to: Terese Lagattuta, Roswell Park Cancer Institute, Faculty Recruitment, Elm & Carlton Sts., Buffalo, NY 14263 or email: Terese.Lagattuta@RoswellPark.org

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**Memorial Sloan Kettering Cancer Center**

The Cancer Immunotherapy Center at Memorial Sloan Kettering (MSK) invites applications for tenure track faculty appointments at the level of Assistant, Associate, or Full Member. This Center is assembling outstanding physician-scientists who wish to address problems in immunotherapy at the laboratory-clinical interface in an environment that encourages collaborative team science. Successful candidates must demonstrate the ability to develop an independent research program as well as an interest in translational oncology. Candidates will join a faculty with a broad range of research interests, including transplantation, T and NK cell development and function, gene regulation, antigen presentation, infectious disease and tumor immunology. Faculty will be housed in state-of-the-art laboratories in the new Zuckerman Research Center and jointly appointed in the Department of his/her appropriate clinical specialty at MSKCC. Faculty will also be eligible to hold appointments in the newly established Gerster Sloan-Kettering Graduate School of Biomedical Sciences as well as the Weill Medical School and Graduate School of Medical Sciences at Cornell University. MSKCC offers a unique and vibrant research environment with programs in Human Oncology and Pathogenesis, Immunology, Pharmacology, Chemistry, Molecular Biology, Computational Biology, Genetics, Cell Biology, Developmental Biology, Cellular Biochemistry, and Structural Biology and close links with the Rockefeller and Cornell communities. The presence of world-renowned clinical programs in cancer research, treatment, and prevention offers unique opportunities for creative collaboration. Applicants must have an M.D., postdoctoral experience, and an active clinical interest.

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**Descriptions of the FY16 PRMRP Program Announcements and General Application Instructions are anticipated to be posted on Grants.gov by mid-March 2016:**

- Clinical Trial Award
- Discovery Award
- Investigator-Initiated Research Award
- Technology/Therapeutic Development Award
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All applications must conform to the Program Announcements and General Application Instructions that will be available for electronic downloading from the Grants.gov website (all viewable under CFDA number 12.420). Execution management support will be provided by the Congressionally Directed Medical Research Programs.

For more information, please visit:  
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Physiologist and Endocrinologist

New York Institute of Technology-College of Osteopathic Medicine (NYITCOM) seeks two faculty at the Assistant or Associate Professor level with teaching expertise in General Physiology (including pulmonary physiology or other areas of emphasis) and Endocrinology (including reproductive) in the Department of Biomedical Sciences. The Department currently has active research in cardiovascular disease/heart failure, renal physiology and development, neuroscience, and microbiology. Successful candidates are expected to contribute to the medical school teaching effort and develop an active research program. Applicants with a background in sensory pathways and integration (i.e. haptics), mathematical modeling or applied statistics are of particular interest. The area of research focus is open. The medical school provides strong institutional support for both teaching and research activities, including maintenance of core facilities, support for student workers, and access to IT resources.

The successful candidates will possess a Ph.D., D.O., M.D., or D.V.M. and 2+ years of post-doctoral research experience and demonstrated successful medical education/teaching experience. We offer institutionally-supported faculty salaries, a competitive benefits package, and a professional environment designed to enhance career development. To apply, please e-mail cover letter and resume to: Dr. A. Martin Gerdts, Chair of Biomedical Sciences at agerdts@nyit.edu. NYITCOM, PO Box 8000, Northern Blvd, Old Westbury, NY 11568-8000.

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The Pediatric Institute of the Cleveland Clinic invites applications for new faculty positions at the Assistant or Associate Professor/Staff level. Exceptional candidates at the Professor/Staff level will also be considered. The positions will be based in the Lerner Research Institute of the Cleveland Clinic with a primary focus on basic or translational research. Applicants should have a M.D., Ph.D., D.V.M. or equivalent degree with postdoctoral training and show exceptional promise for an independent career in academic science. The Pediatric Institute is seeking individuals with a special interest in basic cellular and molecular processes, and/or translational studies.

**Areas of special interest include, but are not limited to:**

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- Pediatric Care
- Microbiology
- Gastrointestinal
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- Obesity and Diabetes
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- Immunology

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