Reaching the Next Level

New Deputy Director Leads Clinical Trial Expansion

When former Virginia State Senator Emily Couric was diagnosed with metastatic pancreatic cancer in 2000, she was forced to travel out of state to find a clinical trial, because that trial was not available to her at UVA.

In the years that followed, UVA began increasing the number of clinical trials available to patients. Now Robert Dreicer, MD, MS—the Cancer Center’s new deputy director and associate director for clinical research—plans to strengthen and expand UVA’s clinical research trials programs.

Clinical trials are often a patient’s last hope, as they allow access to the most promising new treatments. These new trials—some of which will be based on discoveries made in UVA labs—will be conducted in the Emily Couric Clinical Cancer Center, named in Couric’s honor.

“Cancer clinical trials have been done at UVA for a long time,” Dreicer says. “But we can’t be satisfied in terms of their number and breadth. The more trials we are able to offer, the more patients and families we can help.”

Since Dreicer arrived, two new trials have opened with eight additional trials planned for treatment of prostate, bladder, and kidney cancers.
Cancer care may take place in the clinic, but it begins with research and clinical trials. In this issue of *Investing in Hope*, you’ll meet three researchers driven to offer patients better options—access to more clinical trials close to home, earlier cancer detection, and a groundbreaking imaging agent that may change the odds for pancreatic cancer patients. I am also excited to announce that UVA Cancer Center has taken a big step in empowering the work of all our researchers—and researchers across the world. As a new member of the Oncology Research Information Exchange Network (ORIEN), UVA will collaborate with renowned cancer centers around the globe to share data and research findings. This alliance gives our investigators almost instant access to more than 100,000 tumor samples and genetic studies that would have taken years to pull together otherwise—the best way to speed clinical trials and better serve our community.

All the best,
Tom Loughran, Jr., MD
Director, UVA Cancer Center

Beating the Odds

Moving Cancer Treatment Closer to the Clinic

One UVA biomedical engineer’s work with proteins unique to cancer cells holds incredible promise for improving some of the world’s grimmest cancer survival rates.

Kimberly Kelly, PhD, discovered a biomarker for pancreatic cancer that led to the development of an imaging agent that can detect the disease in its earliest stages, when it is most treatable. She’s also exploring ways in which her protein can deliver cancer-killing agents directly to the cells—without causing the usual chemotherapy side effects.

That’s exciting news for pancreatic cancer patients. Pancreatic cancer is the fourth-leading cause of cancer death, with less than a six percent, five-year survival rate.

Kelly’s promising new technology might never have left the lab if Kelly hadn’t stepped out of the lab herself. In 2010, Kelly decided to launch her own biotech company, ITi Health Incorporated, as her provisional patent for her discovery was about to expire.

“No one wanted to license the technology and convert it from a provisional filing to a patent,” Kelly says. “But my CEO Greg Fralish and I believed in the technology so much that we didn’t want it to die like that. So we decided to license it ourselves.”

Kelly’s work has received funding from two National Institutes of Health awards and early private funding from UVA’s partnership with the Coulter Foundation. Currently, the imaging agent is in phase one clinical trials as part of a Buchanan Endowment grant awarded to UVA’s High-Risk Pancreatic Cancer Clinic.

Still, advancing the technology requires far greater funding than grants can typically provide to academic investigators. Through her company and its research data, Kelly hopes to attract a large pharmaceutical company’s support. That kind of interest could move it through the final phases of development and into the clinic—where it could begin saving patients’ lives.

“I don’t want to make something that just works well in my lab,” Kelly says. “I want to create something that will be useful to patients. The only way to do that is by having the funds to conduct clinical trials, and then license the technology to someone who can get it out to the public.”

“I don’t want to create something that just works in my lab.”

—Kimberly Kelly, PhD
When Marty Whitlow was diagnosed with ovarian cancer six years ago, she and her husband John were devastated. But Marty was a fighter, and the minute she went into remission, her goal was clear.

UVA Cancer Center had given her hope and support, and she was determined to give as much of that back as she could. Over the years, she, John, and a group of friends—dubbed “Team Teal”—raised more than $150,000 through grassroots efforts. Their overarching goal is to mobilize the community around ovarian cancer awareness and promote collaborations that make research possible, John explains.

Ovarian cancer is known as the “whisper cancer” because it is often not detected until it’s advanced, which means there are few treatment options. However, groundbreaking efforts are currently underway at UVA Cancer Center to make early detection more common.

Gynecologic oncologist Chip Landen, MD, is helping lead these efforts. “As a physician scientist, it’s very important to me that my work helps my patients and has a very clear path to the clinic,” Landen says.

Landen hopes to treat ovarian cancer through a combination of early detection, chemotherapy, and drug therapy to specifically target chemotherapy-resistant cells. This tiny percentage of tumor cells—less than one percent—is responsible for patients’ relapses. When he and John met and talked about this research, John immediately realized this was the kind of work the Marty Whitlow Ovarian Cancer Research Fund wanted to support.

After Marty passed away in the fall of 2014, John’s commitment to the fund and UVA only grew stronger. For John, the ability to give back has been a huge part of this journey. “We’re very excited about how we’ve structured the fund,” John says. “Part of it is a liquid fund that Chip’s lab can access whenever there is an immediate need. The other part is an endowment fund, which is Marty’s fund. It’s wonderful that her name will be associated with the fight against ovarian cancer forever.”

The 21st Annual Run for Life 5k, put on by the Zeta Tau Alpha sorority at the University of Virginia, has always had a tradition of giving back—but this year was special. Since 1995, the race has raised nearly $350,000 for breast cancer research, education, screening, and treatment. The event’s go-to person and advisor has been Paxson MacDonald, who helped ensure the race grew into the tradition it is today. In 2013, Paxson was diagnosed with glioblastoma, a deadly and rare brain tumor, and she passed away in the fall of 2014. This year, the race was run in loving memory of the incredible woman who gave so much to this event and her community.
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cancers that were previously unavailable.
Dreicer envisions a time when the opportunity to enroll in a clinical trial will be available for all hematologic and solid tumor cancers.

“As we expand, we’re looking forward to the day when none of our patients need to leave the support of home and family in order to take advantage of cutting-edge therapies,” says Cancer Center Director Tom Loughran, Jr., MD.

From the Lab to the Patient’s Bedside
UVA’s basic science, or discovery science, program has been celebrated over the years for answering key questions on why cancer starts and how best to stop it. In recent years, translational research efforts have expanded, moving discoveries in the lab to the clinic. At the same time, the Cancer Center has also significantly increased recruitment of physician investigators in order to expand clinical research. As a result, clinical trials have been steadily increasing at the center—and patients are the biggest beneficiaries of this growth.

“In addition to developing new trials, we need to make the process more efficient so that we can continue to recruit new investigators and make real progress in developing new therapies for patients,” says Dreicer.

A urologic medical oncologist who most recently directed clinical research programs at the Cleveland Clinic’s Case Comprehensive Cancer Center, Dreicer has spent his career as a clinical investigator, and as an administrator overseeing clinical research operations. Now, pushing UVA’s research efforts to the next level is Dreicer’s main focus.

“We want to move from an NCI [National Cancer Institute] designated clinical cancer center to an NCI designated comprehensive cancer center that addresses the needs of our community,” Dreicer says.

NCI comprehensive cancer center designation requires that a center go above and beyond basic laboratory, clinical, and population-based science. A facility must, among other things, provide leadership and initiative while conducting all phases of clinical research—including clinical trials.

Dreicer is currently focused on improving the infrastructure of the Cancer Center so that it better supports patients and researchers. He is also recruiting additional personnel, including research coordinators, nurses, and data managers, all of whom will work alongside investigators to ensure that regulations are followed, patient data is protected, and patient care is coordinated across the care experience.

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Ready to Run!

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The more trials we are able to offer, the more patients and families we can help.”