

## In memory of Dr. Hans-Jørgen Nielsen, MD



A message from Dr. Sudhir Srivastava as we mourn the loss of a friend and colleague

We mourn the death of noted scientist and physician Dr. Hans-Jørgen Nielsen, MD, Professor of Surgical Oncology, University of Copenhagen. Hans passed away Saturday, September 26. He was 71 years old, he was the Consultant, Head of Surgical Immunology Laboratory, Hvidovre Hospital and Senior Research Scientist Department of Surgical Gastroenterology, Hvidovre Hospital and a Senior Research Scientist

Department of Surgical Gastroenterology, and Hvidovre Hospital. He authored 304 peer reviewed articles.

Hans' started his working career in the trucking business, and then went to medical school. This possibly could partly explain why Hans had focus on combining scientific vision and perspective to practice, translating science in order to benefit patients.

Has was a member of the Early Detection Research Network (EDRN) from 2015-2020. He was well known to the GI Collaborative Group and others members of the EDRN including staff in DCP's Cancer Biomarker Research Group. Hans was a delightful man who ran a tremendously successful sample banking operation in multiple hospitals in Denmark. He was a surgeon by training but had devoted himself full time to research in recent years. Hans was a man with positive energy, warm and open hearted. He was friendly and collaborative. He dedicated time and resources to EDRN, of his own motivation. He believed in EDRN's mission, personnel, and purpose.

He hosted a number of EDRN members at a meeting in Copenhagen in 2014. It was memorable for his generous hospitality and spirit. We will miss him.

---

## Program Feature: Liquid Biopsy Steering Committee

Liquid Biopsy is a test performed on a sample of blood or biofluids to detect circulating tumor cells (CTC), other tumor related cells, nucleic acids, and extracellular vesicles. Detection of these analytes may be used to determine cancer at an early stage. The NCI had developed a new public private partnership consortium entitled, “**Precompetitive Collaboration on Liquid Biopsy for Early Cancer Assessment**,” to support research to advance liquid biopsy technologies specifically for early cancer detection, to distinguish benign disease from cancer, and to distinguish aggressive from nonaggressive cancer. Combining the complementary expertise of both academics and industry may increase the likelihood of developing a viable diagnostic assay.



### Why the use of a Precompetitive Collaboration?

Entities (that might ultimately become commercial competitors) share information and collaborate on early stages of research and development, and may define domains (e.g., establishing standards, best practices), where joint efforts may be beneficial to all stakeholders.

- It is a means of efficient utilization and sharing of resources that allows effective movement to market competition.
- Precompetitive alliances with industry will help harmonize and validate liquid biopsy technologies, methods and assays and facilitate the translation of these technologies into clinical practice

Six academic/industrial teams have been funded; two from the Mass General, one each from Johns Hopkins University, Yale University, UCLA, the University of Miami. Each team consists of a group of experts that include oncologists, bioinformaticians, researchers, and, at least, one industry partner. Currently they are developing a variety of unique assays/technologies that range from capture enhancements, microscope integration, nanoplasmonics, and specialized machine learning algorithms and bioinformatic analyses. Ovarian, breast, lung and brain cancers are the model systems being studied and there are, at least, two teams focused on each cancer type. The Consortium conducts work with the assistance of two working subgroups: the Biospecimen Working Group, and the Study Design working group as well as a Steering Committee. The SC is comprised of the two investigators designed in the multi-PI team from each funded site as well as an NCI representative.

Another important aspect of this consortium is the use of restricted funds to support collaborative efforts within the program. Thus far, six collaborative projects have commenced. The working groups are instrumental in setting “standard operating procedures” and other components of these collaborations. Progress has been excellent within the first two years of the program as one new technology has already received CLIA approval. Two other technologies/assays are being tested and validated in CLIA approved laboratories.

---

## **Inaugural AACR Scientific Achievement Award: Daniel D. Von Hoff**



Daniel D. Von Hoff, M.D., F.A.C.P., FASCO, FAACR is a Distinguished Professor at the Translational Genomics Research Institute (TGen)<sup>1</sup> in Phoenix, Arizona. He holds the Virginia G. Piper Distinguished Chair for Innovative Cancer Research at HonorHealth Clinical Research Institute and the Margaret Givan Larkin Endowed Chair in Developmental Cancer Therapeutics at Hoag Hospital and Medical Director of Research at McKesson Specialty Health and the Chief Scientific Officer for US Oncology Research specializing in phase I clinical trials. He is also Professor of Medicine at the University of Arizona and at the Mayo Clinic, Scottsdale, AZ and Senior Consultant of Clinical Investigation at the City of Hope.

Dr. Von Hoff is an internationally renowned cancer researcher, who has contributed to the discovery and development of many approved anticancer therapeutics that are used routinely in the treatment of numerous types of cancer. These therapeutics include, but are not limited to, dexrazoxane, docetaxel, fludarabine, gemcitabine, irinotecan, mitoxantrone, nab-paclitaxel, paclitaxel, topotecan, vismodegib, pexidartinib, and nanoliposomal irinotecan. Notably, his work involving gemcitabine and nab-paclitaxel combination therapy in pancreatic cancer patients was one of the first to demonstrate improved response rates, progression-free survival, and overall survival in patients with metastatic pancreatic cancer.

Dr. Von Hoff has published more than 741 papers, 143 book chapters and over 1186 abstracts. Dr. Von Hoff has received many prestigious awards for his work, including the 2010 David A. Karnofsky Memorial Award from ASCO for his outstanding contributions to cancer research leading to significant improvement in patient care, the 2019 AACR Distinguished Public Service Award in recognition of his extraordinary clinical research career and leadership in establishing the AACR/ASCO Methods in Clinical Cancer Research Workshop to educate and train young clinical investigators, and will receive the inaugural AACR Daniel D. Von Hoff

Award for Outstanding Contributions to Education and Training in Cancer Research<sup>2</sup>. “The AACR is thrilled to establish an award to honor Dr. Von Hoff’s exceptional contributions to the training of cancer investigators,” said Margaret Foti, Ph.D., M.D. (hc), chief executive officer of the AACR.

At present, Dr. Von Hoff and his colleagues are concentrating not only on the development of therapies for patients with advanced pancreatic cancer, but also on finding biomarkers for early detection of pancreatic cancer. Dr. Von Hoff is an investigator in NCI’s Pancreatic Cancer Detection Consortium (PCDC)<sup>3</sup>, a consortium focused on developing and testing new molecular and imaging biomarkers for early detection of pancreatic cancer. He is a champion of early detection of this lethal disease and has been the driving force for many important collaborative activities within PCDC. Dr. Von Hoff is proud to have been a mentor and teacher for multiple medical students, medical oncology fellows, graduate students, and post-doctoral fellows.

Dr. Von Hoff says “My colleagues and I have been working in taking care of patients with advanced pancreatic cancer for some time. It has been a privilege to care for these incredible people. We have been able to work on a couple of regimens preclinically and clinically, including gemcitabine, nanoparticle paclitaxel + gemcitabine and nanoliposomal irinotecan + 5FU + leucovorin. We are proud they have been approved by the FDA but these gains have only been modest. Certainly, we think that if these regimens (or better ones) are used earlier in disease they could have a lot more impact. Although I am a slow learner ([those who know him will tell you that he is a very modest gentleman]), I have finally figured out that early detection is critical. I am so fortunate to have been working with my colleagues here in Phoenix/Scottsdale, as well as my outstanding colleague Dr. Ajay Goel and his team at City of Hope on plasma and exosomal microRNA as a methodology for early detection. In addition, I have been welcomed into the PCDC and EDRN where I have thankfully been exposed to incredible people working on this special goal of early detection. I am learning a lot; they are great investigators and teachers and there is excellent leadership from the NCI. It is a privilege to be part of the program. We have to catch this monster earlier and wipe it out.” Congratulations, Dan!

**References:**

1. <https://www.tgen.org/faculty-profiles/daniel-von-hoff/>
2. <https://www.aacr.org/about-the-aacr/newsroom/news-releases/daniel-d-von-hoff-md-facp-fasco-faacr-to-receive-inaugural-aacr-scientific-achievement-award-established-in-his-honor/>

<https://prevention.cancer.gov/major-programs/pancreatic-cancer-detection-consortium>

## Scientific Accomplishment

Cancer Epidemiology, Biomarkers, and Prevention, an AACR journal has highlighted the two decades of advances made by the NCI's Early Detection Research Network (EDRN). As noted by Dr. Robert Bast, the Co-Editor of the CEBP Focus, "The EDRN has introduced rigor into biomarker development with guidelines, study design standards, biomarker reference sets, and the most rigorous blinding policy in the biomarker field. Importantly, the EDRN has developed an array of statistical and computational tools for early detection biomarker evaluation and developed a multidisciplinary team-science approach." Dr. Srivastava's article on the organizational structure of EDRN attributes "The success of the EDRN has been due, in part to a tremendous commitment of its members. A highly democratic, yet mission-focused, agenda has been adopted that seeks out the best science from within the EDRN and outside the EDRN, identifies and prioritizes opportunities for new applications, and oversees the conduct and reporting of pivotal translational studies. Throughout the process, quality control measures are implemented to minimize the risk of false discovery or bias."

You can read the article here:

<https://cebp.aacrjournals.org/content/29/12#CEBPFocus>

## Upcoming Meeting

March 23rd 2020 - EDRN Steering Committee Meeting (Virtual Via Zoom)

---

**All the Best In The Coming New Year, 2021!**  
**Contact Us**

[@NCIPrevention](#) | [prevention.cancer.gov](http://prevention.cancer.gov) | [NCICBRG@mail.nih.gov](mailto:NCICBRG@mail.nih.gov)  
[Felicia.EvansLong@nih.gov](mailto:Felicia.EvansLong@nih.gov) and [Juan.Villanueva@nih.gov](mailto:Juan.Villanueva@nih.gov)

(240) 276-7040

9609 Medical Center Drive Rockville, MD 20850

Stay Connected with the National Cancer Institute



Chat with us: [LiveHelp](#) Call us: 1-800-4-CANCER (1-800-422-6237)

SUBSCRIBER SERVICES:  
[Manage Subscriptions](#) | [Help](#)