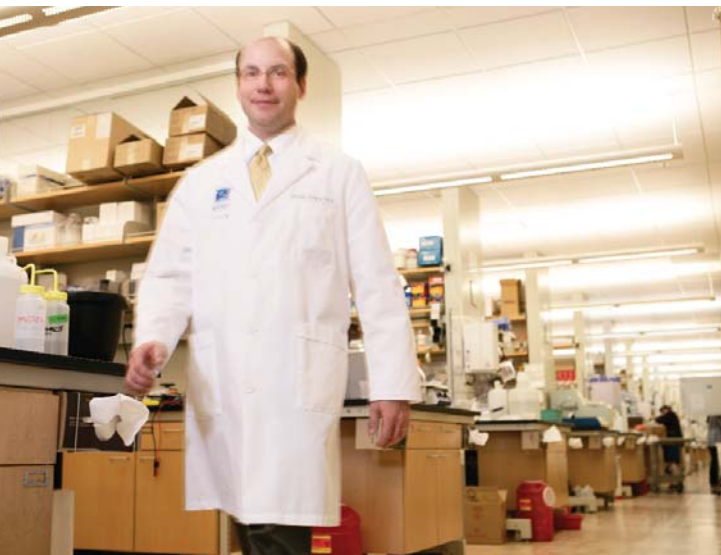


# Early Translational Research

Since its beginning, HCI has emphasized the importance of translational research—the development of laboratory discoveries into clinical therapies for cancer patients. Many people may think of this process as the discovery of new drugs to test on patients only. However, it also involves basic science—the research that discovers new details about how normal and cancer cells develop and grow.



*“Our researchers and clinicians excel in their areas of expertise, and we are working hard to build better bridges between them,” says David Jones, PhD.*

In May 2007, Huntsman Cancer Institute (HCI) announced the creation of a new leadership position, Senior Director of Early Translational Research. David Jones, PhD, an HCI investigator since 1997, was appointed to the position.

“In my view, translational research spans the entire process of making the fundamental basic science discovery in the laboratory, analyzing its implications, and developing a practical application clinicians can use to benefit patients,” says Jones.

“Our groups of researchers and clinicians excel in their areas of expertise, and we are working hard to build better bridges between them. HCI takes a unique approach to the problem by aiming for seamless collaborations.”

It’s a three-pronged approach, according to Jones. First, searches are in progress for new faculty members to fill the middle ground between lab and clinic. “We’re looking for research people who understand the implications of fundamental basic science discoveries and can integrate them into relevant clinical problems. For example, Alana Welm’s current study (see Research Highlights, page 12) began from basic research to understand how tumors metastasize, or spread. Her team discovered a protein that promotes breast tumor growth and metastasis in mice. Now she’s collaborating with other HCI investigators to develop diagnostic tools and treatments based on the new knowledge about

this protein. From the clinical side, we’re looking for doctors who will participate in discussions of the basic science, so that a few years later when a clinical trial results from that research, clinicians have been steeped in the idea and are ready to take it forward,” Jones says.

Second, HCI is building the expertise and ability to identify possible new drugs in-house with a shared resource that will eventually be available to all HCI labs. That resource will focus on finding the drug compounds that “hit” the cancer targets—specific cellular processes in cancer development—discovered by basic research. The resource can then run studies to test those compounds in animal models such as mice or in tissue cultures. “Once we have tested a promising drug, we can work with pharmaceutical companies to make it suitable for use in humans and then bring it back to HCI for clinical trials,” says Jones.

The third approach is a bit more philosophical. “Clinicians think of HCI as a hospital. Basic researchers think of HCI as laboratories. An important part of my job as a senior director is to make communication between these groups easier so we function with one mission,” says Jones. “The bottom line is that HCI offers patients unique options that aren’t available anywhere else. And that comes from spinning the energies of both clinical and research expertise into one vision.”