Since the first class of Postdoctoral Fellowship Grants was awarded in 1992, the primary goal of the Lymphoma Research Foundation’s (LRF) early career investigator grants has been to encourage early career medical researchers to maintain their focus on lymphoma by providing the support and protected time needed to establish a track record as a successful researcher. However, once the Foundation’s grant project is successfully completed, what’s the next step?

For many researchers, that step is pursuing a grant from the National Institutes for Health (NIH), the United States government’s primary funder of medical research. NIH grants are a laudable accomplishment for a researcher at any stage of their career, but for a researcher transitioning from early career projects overseen or mentored by a senior researcher to an established independent investigator in their own right, receiving NIH funding can be a significant step into the latter stage of their career.

Several recent Lymphoma Research Foundation early career grantees have successfully transitioned from their Foundation grant to NIH funding, demonstrating both their own promise as the next generation of lymphoma researchers, but also crediting the Foundation’s early funding as key to their success. Grant alumni have noted that LRF funding and mentoring programs have supported ‘high-risk/high-reward’ projects that need to establish proof of concept before receiving federal funds; has helped introduce them to senior colleagues and peers with whom they can collaborate; and has provided the funds and protected time to focus their career on lymphoma and CLL academic research instead of moving to industry and/or another area of research.

“The Lymphoma Research Foundation has long supported early career researchers as a way of keeping the brightest and most...

[CONTINUED ON PAGE 3]
Dear LRF Friends and Supporters,

Since the Lymphoma Research Foundation’s (LRF) inception, we have prioritized funding early-career investigators in order to ensure the strength and commitment of the next generation of lymphoma research. Federal funding remains a significant step in establishing a career as an independent medical researcher, and yet it is also becoming increasingly difficult for early career scientists to obtain that funding. In our cover story, we explore why funding from organizations like LRF has become crucial to improving researchers’ ability to obtain federal funds, and hear from Foundation grant alumni who have successfully made this transition.

In September, the Foundation hosted a Biden Cancer Community Summit in order to discuss the issues facing early career scientists and how we can ensure they get the both the financial and training support they need to succeed and pursue successful careers in the field of lymphoma research. Details about this program may be found on page 10.

Finally, significant grant alumni accomplishments are also highlighted in this issue. A landmark study on adverse effects experienced by patients receiving treatment for lymphoma was published in *The Lancet Hematology* in June 2018. LRF is proud that the first author on this study is a alumna of the Lymphoma Clinical Research Mentoring Program; an interview with her can be found on page 5. Our newest Scientific Advisory Board member, John Timmerman, MD, is himself a former Foundation early career grantee; his profile begins on page 4.

The Foundation’s Young Investigator Grants, and the subsequent achievements of its alumni, would not be possible without your continued support. Thank you for all you do to aid the Foundation and the broader lymphoma research community, in seeking to eradicate lymphoma and serve those touched by this disease.

Sincerely,

Meghan Gutierrez
Chief Executive Officer

---

**Team LRF Spotlight: Vera Belitsky**

To celebrate being two years cancer-free, Team LRF member Vera Belitsky of Swampscott, MA, turned her love of swimming into a unique Swim-a-Thon. Vera swam 30 miles in 60 days at her local pool and hosted a celebration bash, raising more than $7,000 to support LRF’s mission.

Have an idea about turning your own passion into support for LRF? Learn more about creating your own Team LRF “Fundraise Your Way” event by visiting support.lymphoma.org/fundraiseyourway or contact Claudia Becerra at cbecerra@lymphoma.org.

Team LRF member Vera Belitsky celebrates the fundraiser she developed, raising thousands of dollars for the Foundation.
innovative young minds in lymphoma research,” noted Thomas M. Habermann, MD, of Mayo Clinic, Chair of the Foundation’s Scientific Advisory Board, “It is gratifying to have so many LRF grant recipients report that the Foundation’s grant was key to their progress towards major government funding, and an independent research career.”

Supporting Early Career Researchers in a Myriad of Ways

The Foundation’s Postdoctoral Fellowships, which support PhD and MD postdoctoral and clinical fellows performing a spectrum of research ranging from laboratory studies of lymphoma biology to early stage clinical studies of new therapies, have been the cornerstone of the Foundation’s research grants portfolio for more than a quarter century. Over time, the Young Investigator program has expanded to provide additional support to early career clinical faculty and fellows through the Clinical Investigator Career Development Award and the Lymphoma Clinical Research Mentoring Program.

These grants support the development of early career researchers in lymphoma in two distinct ways. The Career Development Award and Postdoctoral Fellowship provide salary support and protected time to their recipients; applicants and their institutional sponsors must commit to spending a significant portion of their work hours on their Lymphoma Research Foundation grant project during the duration of the grant. The Foundation estimates its funding provides over 40,000 hours of protected time for research each year.

The Lymphoma Clinical Research Mentoring Program (LCRMP) provides support through a direct mentoring of its selected applicants. LCRMP participants, also called LRF Scholars, attend a week-long program in which they work with senior and expert lymphoma researchers to refine a clinical research project. Scholars also attend presentations on important aspects of building a clinical research career, such as working with both internal institutional teams and collaborating with external organizations such as the National Cancer Institute Cooperative Groups, preparing successful publications and presentations of their research, and applying for grants.

The Foundation grant alumni who have gone on to receive NIH funding are spread evenly across these three grant mechanisms, encompassing both laboratory and clinical research projects and both those investigators who received salary support and protected time as well as the LRF Scholars who received direct mentoring. The Foundation’s varied approach to its early career funding, constructed to reach as many early career researchers as possible, is successfully aiding researchers across its portfolio in developing as independent lymphoma researchers.

[CONTINUED ON PAGE 6]
The Lymphoma Research Foundation is pleased to announce the election of John M. Timmerman, MD of Jonsson Comprehensive Cancer Center, University of California, Los Angeles, as its newest Scientific Advisory Board (SAB) member.

Dr. Timmerman, who holds the distinction of being the only researcher to be awarded both a Lymphoma Research Foundation Postdoctoral Fellowship Grant and a Clinical Investigator Career Development Award, joins the growing proportion of the SAB that received one of their first career grants from the Foundation. Nine of the current members, and eleven members total, received one of the Foundation’s Early Career Grants in the early days of their research career. Dr. Timmerman’s five-year term began on July 1, 2018.

The Foundation’s Scientific Advisory Board, comprised of 45 world-renowned expert clinicians and scientists in lymphoma, advises the Foundation on the direction of its research funding and scientific programs, assists in the development and updating of patient education materials, and provides key input on issues which impact lymphoma research and patient care.

“We are excited to have Dr. Timmerman as part of the Scientific Advisory Board,” said Thomas M. Habermann, MD, of Mayo Clinic, Chair of the Scientific Advisory Board. “With a full twenty percent of the Board having received a Lymphoma Research Foundation Young Investigator Grant, it is a true testament to the longevity and quality of the Foundation’s research portfolio.”

The Foundation also announced the departure of long-time Scientific Advisory Board member Riccardo Dalla-Favera, MD, of Columbia University. Dr. Dalla-Favera’s translational research expertise has made him a key contributor to the review of the Foundation’s grants; the Foundation thanks him for his service on behalf of the entire lymphoma research community.

Dr. Timmerman is Associate Professor of Medicine at the David Geffen School of Medicine, University of California, Los Angeles (UCLA), and a member of the Tumor Immunology Program at UCLA’s Jonsson Comprehensive Cancer Center. His laboratory research is focused on tumor immunology and cancer immunotherapy. Among other accomplishments, he is one of the contributors to a preclinical study of nivolumab (BRAND) in relapsed or refractory Hodgkin lymphoma presented at the 2015 Annual Meeting of the American Society of Hematology (ASH) and simultaneously published in the New England Journal of Medicine, which helped establish checkpoint inhibitors as a viable class of therapy in lymphoma.

Dr. Timmerman received his MD from Boston University, and completed his internship and residency at the University of California, San Francisco, before a postdoctoral fellowship at Stanford University, where he worked with world-renowned lymphoma researcher Ronald Levy (a former Scientific Advisory Board member), before moving to UCLA. Dr. Timmerman holds the distinction of being the only person to have received both a Postdoctoral Fellowship Grant and a Career Development Award from the Lymphoma Research Foundation, and is now the ninth Scientific Advisory Board member who received a Foundation Young Investigator Grant early in their career.

Even before joining the SAB, Dr. Timmerman has been a frequent participant in LRF’s educational programs, including serving as faculty for the 2018 North American Educational Forum on Lymphoma, and frequently recommends the Foundation’s education materials to his own patients.
As the number of available therapies for lymphoma continues to grow, the need to understand how the side effects of new types of therapies, such as novel agents, immunotherapies, and other chemotherapy-free regimens, affect patient quality of life has become increasingly significant.

In June 2018, *The Lancet Hematology*, a world-renowned academic journal, assembled a commission of 40 international clinicians, clinical investigators, regulators, biostatisticians, and patient advocates for a special issue "Beyond Maximum Grade: Modernising the Assessment and Reporting of Adverse Events in Haematological Malignancies." Serving as first author on the commission’s study was Gita Thanarajasingam, MD, of Mayo Clinic, Rochester. Dr. Thanarajasingam is a 2016 LRF Scholar, whose Lymphoma Clinical Research Mentoring Program (LCRMP) project focused on improving the ways in which researchers and clinicians assess and describe the toxicities, or side effects, patients experience.

The Commission also included Foundation Scientific Advisory Board Chair Thomas M. Habermann, MD, of Mayo Clinic, Rochester, who served as senior author on the study, as well as contributions from Scientific Advisory Board member Lindsay Morton, PhD, of the National Cancer Institute, and Amylou Dueck, PhD, of Mayo Clinic, Scottsdale. Drs. Dueck and Morton were part of the LCRMP workshop faculty in 2016 and assisted Dr. Thanarajasingam in developing her own research in this area.

Dr. Thanarajasingam recently answered a few questions about the Lancet Commission and resulting study, and her experience as an LRF Scholar.

**Why was a study like this needed? Why should clinicians and researchers re-examine how side effects (toxicities) are evaluated?**

The way we treat many types of lymphoma has changed dramatically over the last two decades. New treatments, including oral targeted therapies (like ibrutinib, and venetoclax), immunomodulators (like lenalidomide) and immune therapies (like nivolumab and pembrolizumab) bear completely different side effects (toxicities) than conventional intravenous chemotherapies. The newer therapies are also often administered for longer periods of time than conventional chemotherapies – months and even years. Our traditional ways of assessing side effects of treatment do not give clinicians or patients any information about when a side effect might arise, how long it might last or when it might resolve, which is crucial for patient education as well as to optimize medications and other supportive strategies we can use to mitigate those side effects.

The usual approach to looking at side effects focuses mainly on the occurrence of life threatening (or “high grade”) events. These are important to evaluate the safety of a treatment in clinical trials. However, when treatments are administered over longer periods of time, there are also chronic, cumulative and late effects which may not be life threatening but can substantially impact a patient’s tolerability of the treatment and their quality of life. As such, toxicity evaluation should include the perspective of the patient directly via the use of patient-reported outcomes (PRO). If we really want to put the patient at
Early Career Funding and NIH Funding: Increasing Demand and Decreasing Supply

Since fiscal year 2010, the Lymphoma Research Foundation has awarded over 72 percent of its grants to its early career program, figures which are in line with other non-governmental nonprofit funders. A report produced by the Health Research Alliance, a consortium of medical research funders that includes the Lymphoma Research Foundation, noted that across its then 61 member organizations, just under half of the funds awarded in 2012 went to early career development and training. By contrast only five percent of grants awarded by the NIH in that year went towards the same purpose.

At the same time, the report noted that total support for biomedical research in the U.S. from foundations and public grant-making charities in 2012 was 2.4 billion dollars, still just a mere fraction of the 41.1 billion provided by the federal government. These findings illustrate that even though non-profit funders like the Lymphoma Research Foundation are an increasing source of funding for early career researchers, the government still remains the chief resource for a researcher looking for funding.

Obtaining funding as an independent investigator from the NIH's National Cancer Institute (NCI), the division of the NIH to which most lymphoma research applications are submitted, has been considered “hypercompetitive” for over a decade. In 2006, the percent of investigators receiving NIH funding dropped precipitously – from nearly 30 percent of applications receiving funding to just above 15 percent, where it has remained for the last decade. Thanks to programs such as the 21st Century Cures Act, which have increased federal cancer funding, the gap between total applications and projects funded is narrowing slightly (see chart, page 3). However, success rates – defined by the NIH as the percent of grants funded versus the total number of applications received –within the NCI for fiscal year 2017 were between 12 and 30 percent. (See chart, page 1).

Moreover, demographic trends within the NIH’s funded researchers seem to indicate an increasing reluctance to fund researchers without an established track record. A 2016 study published in *PLOS One* found that the percentage of all awards given to investigators under 55 has declined significantly in the last two decades. Investigators age 24-40, despite programs implemented by the NIH in 2006 to increase the amount of funding awarded to early career investigators, have declined from being 20 percent of all awardees in 1998 to about 15 percent in 2016; investigators 41-55 declined from 60 percent to 50 percent of all awardees. At the same time investigators over 56 years of age went from less than 20 percent of all awardees to nearly 35 percent (See chart page 6). In a funding climate where they are already at an extreme disadvantage, early and mid-career researchers must establish a prior record of successful grant funding before they even apply for their first NIH grant – making programs like the Lymphoma Research Foundation’s early career grants crucial.

**Highlights from Foundation Grant Alumni**

Despite the difficulties of obtaining NIH/NCI funding, the Lymphoma Research Foundation has seen several recent recipients of their Young Investigator Grants progress to NIH funding. Several grant alumni recently offered their thoughts on how their Foundation grant contributed to their successful NIH applications.
GRANT ALUMNI SUCCESS

Lapo Alinari, MD, PhD
The Ohio State University
• 2016 LRF Scholar (LCRMP)
• 2018 NCI K08 Clinical Investigator Award

Dr. Alinari is an Assistant Professor of Internal Medicine at The Ohio State University Comprehensive Cancer Center-James, and an alumni of the 2016 LCRMP. His research focuses on the identification of novel targets and the development of therapeutic strategies for aggressive B-cell non-Hodgkin and Hodgkin lymphoma.

“I was greatly honored to receive one of the 2016 Lymphoma Research Foundation Clinical Research Mentoring Program Awards. This award has been critical to my career as a physician scientist in providing me with the necessary clinical research knowledge to develop my own independent research program and to obtain NIH funding. In addition, this award allowed me to obtain personalized mentorship and to establish a network of collaborators which has been instrumental as I started my career as an independent investigator.”

Catherine Diefenbach, MD
New York University
• 2014 Career Development Award
• 2014 NCI R03 Small Grant Program

Dr. Diefenbach is an Assistant Professor in the Department of Medicine at New York University Langone Medical Center, Perlmutter Cancer Center. She focuses on clinical research for a variety of lymphomas including Hodgkin and T-cell lymphomas.

“As a junior investigator, the importance of this grant could not be overstated. Receiving my LRF grant gave my career enormous momentum, and allowed me to make important connections in the field. The validation and financial independence that the LRF grant provided me, gave me the resources and the confidence to follow my scientific interests, and led to many new and exciting areas of investigation, and other funding from the NIH and an American Cancer Society career development grant.”

Javeed Iqbal, PhD
University of Nebraska Medical Center
• 2013 Postdoctoral Fellowship Grant
• 2017 NCI UH2 Exploratory/Developmental Cooperative Agreement
• 2018 NCI R41 Small Business Technology Transfer

Dr. Iqbal is an Associate Professor in the Department of Pathology and Microbiology at the University of Nebraska Medical Center (UNMC). His research studies the genomic signatures of non-Hodgkin lymphoma, in particular peripheral T-cell lymphoma, and he currently leads the Iqbal Lab at UNMC.

“The initial support from LRF had a tremendous impact for future grant applications including the ones from NIH. It provided foundations and preliminary data for translational research grant from other nonprofit funders, which further helped me to obtain clinical and translational research grants (UH2/UH3) and a small business grant (R41) from NIH. Subsequently these efforts led to a specific T-cell lymphoma project in a recently awarded PO1 to LLMPP [the Lymphoma/Leukemia Molecular Profiling Project, of which Dr. Iqbal is a member].”

Oreofe Odejide, MD
Dana-Farber Cancer Institute
• 2014 Postdoctoral Fellowship Grant
• 2017 NCI K08 Clinical Investigator Award

Dr. Odejide is Assistant Professor of Medical Oncology at Dana-Farber Cancer Institute. Her research focuses on analysis of patterns of care, comparative effectiveness of treatments, and quality of care for patients with hematologic cancers from diagnosis through the end of life.

“Receiving an LRF grant was invaluable in helping me to obtain NIH funding. My LRF award enabled me to carry out a series of studies focused on improving quality of end-of-life care for patients with lymphoma, which provided strong preliminary data for my NIH K08 application. The investment that LRF made in my career was pivotal in helping me to build a publication portfolio that was sufficient to obtain an NIH K08 award.”

[CONTINUED ON PAGE 8]
Grant Alumni Success
[CONTINUED FROM PAGE 7]

Lisa G. Roth, MD
Weill Cornell Medicine
• 2013 Postdoctoral Fellowship Grant
• 2017 NCI K08 Clinical Investigator Award

Dr. Roth is an Assistant Professor in the Departments of Pediatrics and Pathology and Laboratory Medicine at Weill Cornell Medical College, where she is also the Charles, Lillian, and Betty Neuwirth Clinical Scholar in Pediatric Oncology. Her research focuses on improving outcomes for children with non-Hodgkin lymphoma, included Burkitt lymphoma.

“The LRF award was my first lymphoma grant and was instrumental to the start of my career as a translational researcher. This award enabled me to focus the majority of my time on researching novel therapies in pediatric B-cell lymphoma. The work generated during that time served as the basis for my NIH K08 proposal, which was funded last year. With this award, I am now able to accelerate and expand my lymphoma research program.”

Jonathan Schatz, MD
University of Miami Health System
• 2011 Career Development Award
• 2014 NCI R01 Research Project Grant Program

Dr. Schatz is Associate Professor and Aim Leader of the Biologic and Molecular Basis of Therapeutic Targeting in the Tumor Biology Program at the University of Miami Sylvester Comprehensive Cancer Center. His research focuses on understanding mechanisms of resistance to therapy in non-Hodgkin lymphomas. He received his Foundation grant while at the University of Arizona.

“Support from the Lymphoma Research Foundation early in my academic career was instrumental for my development and ability to receive peer-reviewed NIH/NCI funding. My LRF award allowed me to maintain the crucial protected time that was necessary for me as a physician-scientist to accomplish key goals in the laboratory and generate preliminary data for my R01. I also gained valuable experience in not just applying for external grant funding but also administering and managing these awards, skills that will serve throughout my career.”

Lili Wang, MD, PhD
City of Hope
• 2013 Postdoctoral Fellowship Grant
• 2017 NCI R01 Research Project Grant Program

Dr. Wang is an Associate Professor in the Department of Systems Biology at the City of Hope Beckman Research Institute, where she runs the Wang Lab. Her research focuses on the genetics of chronic lymphocytic leukemia. She received her LRF Postdoctoral Fellowship Grant while at Dana-Farber Cancer Institute.

“Since I work with the CLL murine model, the LRF fellowship provided me sufficient time to generate solid preliminary data to recapitulate the feature of this chronic disease. This prestigious fellowship also gave me confidence and support at a critical juncture to proceed to an R01 grant. Since I have started my own independent group at City of Hope, I would like my postdocs to apply to LRF in the near future.”

Looking Towards the Future

Though the Lymphoma Research Foundation’s Early Career Grants have already aided several researchers in obtaining NIH funding and further establishing their careers, the Foundation hopes to do more for researchers at this vulnerable point in their careers. In September 2018, the Foundation convened a Biden Cancer Community Summit on the topic, “Supporting the Next Generation of Lymphoma Scientists” offering early career scientists and the senior researchers who mentor them the opportunity to discuss the impact of public and private support for early career researchers as well as the gaps which currently exist (for more on the Summit, see page 10).

“The Lymphoma Research Foundation has always prioritized funding for early career researchers in our research grant portfolio,” noted Meghan Gutierrez, Lymphoma Research Foundation Chief Executive Officer. “The Foundation intends to continue to look for ways to advocate for increased support for the innovative minds currently receiving training as lymphoma researchers in order to ensure that recent advances in our understanding of lymphoma progress ever closer to a cure with each successive generation.”
the center of evaluation for the side effects of the lymphoma therapies that we prescribe, we need to assess not only safety but also the tolerability of these treatments in new ways. This commission for The Lancet Haematology that I lead aims to do just that.

**What do you want patients and caretakers to understand about this study?**

I would love for patients and care takers to understand that lymphoma oncologists are increasingly recognizing the burden of side effects that patients bear, and that we want to study those side effects better. We know that treatment toxicity can be different and longer lasting with newer treatments, and we are trying to devise better ways to listen to our patients and incorporate their perspectives to truly understand and improve what they experience during treatment. I hope most of all that this commission reflects a commitment to improve the experience of lymphoma treatment for our patients and their caretakers.

**How do you see this study affecting the standard of care for patients with lymphoma?**

The commission brought together patient advocates, lymphoma clinicians, clinical researchers, biostatisticians and regulators (in charge of approving new drugs) from around the world. The short term goal of this project was to define tangible steps toward improving the way we look at side effects in clinical trials. The long term goal is that lymphoma oncologists in practice will have a clearer understanding of the side effects of the treatments we prescribe, how they affect our patients over time, and how to best manage them so the experience of receiving treatment is better for our patients. The new standard of care will be better, more focused side effect evaluation and management for lymphoma patients.

**Your LCRMP project also sought to better understand adverse events and long-term toxicities. Why have you decided to focus on this area for your research?**

My goal as a lymphoma oncologist is to take care of the patient as a whole, not just their cancer. The patient’s experience of side effects and quality of life while on treatment constitutes a big part of that. I have seen many patients take drugs that cause side effects over time that aren’t life threatening, but impact them greatly and, in some cases, cause them to stop taking effective therapies. For example, consider the concert pianist whose progressive finger numbness from brentuximab vedotin affected his passion and livelihood; or, the executive who couldn’t chair board meetings due to intrusive gastrointestinal side effects of idelalisib. These time-dependent toxicities and their true impact on the patient are not captured in the way we currently look at side effects. I feel strongly that this oversight is not compatible with patient-centered cancer care. Hence, I’ve become impassioned about developing my research career in improving toxicity assessment.

**How did your participation in the LCRMP impact the development of this project?**

The LRF LCRMP was an integral part in the development of this large scale international commission on improving toxicity evaluation. I first introduced my ideas on improving time-dependent toxicity analysis at the LCRMP. There, I was connected to Dr. Amylou Dueck, an extraordinarily talented senior biostatistician and leader in the assessment of patient-report-
As part of the Lymphoma Research Foundation’s ongoing efforts in support of early career lymphoma researchers, the Foundation was proud to host a Biden Cancer Community Summit on September 21, 2018. The Summit, one of several held across the country in conjunction with the national Biden Cancer Summit in Washington, D.C. on the same day, answers the Biden Cancer Initiative’s call for conversations within all communities impacted by the realities of cancer— including the lymphoma community, researchers and healthcare providers, as well as patients and caregivers.

Participants on the panel included members of the Foundation’s Scientific Advisory Board with a particular interest in developing early career researchers, including 2018 Co-Chairs of the Lymphoma Clinical Research Mentoring Program (LCRMP), Andrew M. Evens, DO, of Rutgers Cancer Institute, and Sonali M. Smith, MD, of The University of Chicago, as well as Ari Melnick, MD, of Weill Cornell Medicine, who has sponsored a number of recipients of Postdoctoral Fellowship Grants from the Foundation.

Current and former grantees from all three of the Foundation’s Young Investigator Grant programs were also represented, including Jonathon B. Cohen, MD, MS of Emory University (2014 LCRMP and 2016 Career Development Award); and John Pagel, MD, PhD of Swedish Cancer Institute (2004 Career Development Award).

The panel discussed several aspects of how the current funding climate impacts those in the earliest stages of their research careers. Researchers in fellowships or the first few years of a faculty position have the opportunity to foster their professional development as independent researchers in lymphoma and chronic lymphocytic leukemia (CLL). Initial funding, many times the first grant received by a researcher, allows them the invaluable experience to act as the lead, or principal, investigator on a project and provide crucial mentoring and protected time for their own research. This funding also enables early career researchers to focus on a specific disease state, such as lymphoma, establishing their expertise and commitment to studying this disease.

The current gap in federal funding impacts not only funds for research, but those for mentoring programs, which offer the opportunity to learn from expert and experienced cancer researchers and collaborate with researchers outside their own institutions. Mentoring programs also encourage skill development, and help solidify disease-specific project goals, and the direction of a scientist’s research for the rest of their career. In addition, the “high risk – high reward” science which is the hallmark of translational research is almost never funded by corporations and most often pursued by early career scientists and proves difficult - if not impossible - to pursue mid-career or later.

Following the Summit, the Foundation will publish an action plan highlighting the ways in which the cancer community can support early career scientists and establish national priorities to ensure sustainable support for the next generation of cancer investigators.

Dr. Andrew D. Zelenetz, Chair-Elect of the Foundation’s Scientific Advisory Board and moderator of the Summit, said, “The Lymphoma Research Foundation has been committed to funding early-career researchers for over twenty-five years, but there is still more we can do to ensure we are not losing talented scientists to other career paths. We hope with this Summit to draw more attention to the issues facing the next generation of scientists and seek solutions that will allow the research community, and lymphoma research in particular, to continue to grow and develop.”
The Lymphoma Research Foundation’s volunteer Scientific Advisory Board, comprised of 45 world-renowned lymphoma experts, guides the Foundation’s research activities, seeking out the most innovative and promising lymphoma research projects for support.

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas M. Habermann, MD</td>
<td>Mayo Clinic, Rochester</td>
</tr>
<tr>
<td>Andrew D. Zelenetz, MD, PhD</td>
<td>Memorial Sloan Kettering Cancer Center</td>
</tr>
<tr>
<td>Ranjana Advani, MD</td>
<td>Stanford University School of Medicine</td>
</tr>
<tr>
<td>Ash Alizadeh, MD, PhD</td>
<td>Stanford University School of Medicine</td>
</tr>
<tr>
<td>Stephen Ansell, MD, PhD</td>
<td>Mayo Clinic, Rochester</td>
</tr>
<tr>
<td>Nancy Bartlett, MD</td>
<td>Washington University Medical School</td>
</tr>
<tr>
<td>Christine Blum, MD</td>
<td>Winship Cancer Institute of Emory University</td>
</tr>
<tr>
<td>Catherine Bollard, MD, MBC+h</td>
<td>Children’s National Medical Center</td>
</tr>
<tr>
<td>Ethel Cesaran, MD, PhD</td>
<td>New York-Presbyterian Hospital</td>
</tr>
<tr>
<td>Bruce D. Cheson, MD, FACP, FAAAS, FASCO</td>
<td>Lombardi Comprehensive Cancer Center</td>
</tr>
<tr>
<td>Morton Coleman, MD</td>
<td>New York-Presbyterian Hospital</td>
</tr>
<tr>
<td>Sandeep Dave, MD, MS</td>
<td>Duke University</td>
</tr>
<tr>
<td>Kieron M. Dunleavy, MD</td>
<td>George Washington University</td>
</tr>
<tr>
<td>Kojo S.J. Elenitoba-Johnson, MD</td>
<td>Raymond and Ruth Perelman School of Medicine</td>
</tr>
<tr>
<td>Andrew M. Evens, DO, MSc</td>
<td>Rutgers Cancer Institute</td>
</tr>
<tr>
<td>Christopher R. Flowers, MD, MS</td>
<td>Winship Cancer Institute of Emory University</td>
</tr>
<tr>
<td>Jonathan W. Friedberg, MD, MMSc</td>
<td>James P. Wilmot Cancer Institute</td>
</tr>
<tr>
<td>Leo I. Gordon, MD, FACP</td>
<td>Robert H. Lurie Comprehensive Cancer Center</td>
</tr>
<tr>
<td>Ranjan Advani, MD</td>
<td>Stanford University School of Medicine</td>
</tr>
<tr>
<td>Stephen M. Horwitz, MD</td>
<td>Memorial Sloan Kettering Cancer Center</td>
</tr>
<tr>
<td>Eric D. Hsi, MD</td>
<td>Cleveland Clinic</td>
</tr>
<tr>
<td>Brad S. Kahl, MD</td>
<td>Washington University Medical School</td>
</tr>
<tr>
<td>Kara Kelly, MD</td>
<td>Osler Childrens Hospital</td>
</tr>
<tr>
<td>Ann S. LaCasse, MD</td>
<td>Harvard Medical School</td>
</tr>
<tr>
<td>Brian K. Link, MD</td>
<td>University of Iowa</td>
</tr>
<tr>
<td>John P. Leonard, MD</td>
<td>New York-Presbyterian Hospital</td>
</tr>
<tr>
<td>Izidore S. Lossos, MD</td>
<td>University of Miami Health System</td>
</tr>
<tr>
<td>Ari Melnick, MD</td>
<td>New York-Presbyterian Hospital</td>
</tr>
<tr>
<td>Lindsay Morton, PhD</td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>Owen O’Connor, MD, PhD</td>
<td>Columbia University Medical Center</td>
</tr>
<tr>
<td>Laura Pasqualucci, MD</td>
<td>Columbia University</td>
</tr>
<tr>
<td>Barbara Pro, MD</td>
<td>Robert H. Lurie Comprehensive Cancer Center</td>
</tr>
<tr>
<td>Kanti R. Rai, MD, BS</td>
<td>Hofstra Northwell School of Medicine</td>
</tr>
<tr>
<td>Kerry Savage, MD</td>
<td>British Columbia Cancer Agency</td>
</tr>
<tr>
<td>Laurie Sehn, MD, MPH</td>
<td>British Columbia Cancer Agency</td>
</tr>
<tr>
<td>Margaret Shipp, MD</td>
<td>Dana-Farber Cancer Institute</td>
</tr>
<tr>
<td>Sonali M. Smith, MD</td>
<td>The University of Chicago</td>
</tr>
<tr>
<td>Eduardo M. Sotomayor, MD</td>
<td>George Washington University</td>
</tr>
<tr>
<td>Christian Steidl, MD</td>
<td>British Columbia Cancer Agency</td>
</tr>
<tr>
<td>John Timmerman, MD</td>
<td>University of California, Los Angeles, Jonsson Comprehensive Cancer Center</td>
</tr>
<tr>
<td>Sven de Vos, MD, PhD</td>
<td>University of California, Los Angeles, Jonsson Comprehensive Cancer Center</td>
</tr>
<tr>
<td>David Weinstock, MD</td>
<td>Dana-Farber Cancer Institute</td>
</tr>
<tr>
<td>Hans-Guido Wendel, MD</td>
<td>Memorial Sloan Kettering Cancer Center</td>
</tr>
<tr>
<td>Michael E. Williams, MD, ScM</td>
<td>University of California, Los Angeles, Jonsson Comprehensive Cancer Center</td>
</tr>
<tr>
<td>Thomas Witzig, MD</td>
<td>Mayo Clinic, Rochester</td>
</tr>
<tr>
<td>Anas Younes, MD</td>
<td>Memorial Sloan Kettering Cancer Center</td>
</tr>
<tr>
<td>Members Emeritus</td>
<td></td>
</tr>
<tr>
<td>Joseph R. Bertino, MD</td>
<td>Founding Chair</td>
</tr>
<tr>
<td>Charles Colman, MD</td>
<td>San Antonio Cancer Institute</td>
</tr>
<tr>
<td>Saul Rosenberg, MD</td>
<td>Stanford University School of Medicine</td>
</tr>
</tbody>
</table>

**SCIENTIFIC ADVISORY BOARD**

**National Headquarters**

Wall Street Plaza  
88 Pine Street, Suite 2400  
New York, NY 10005  
(212) 349-2910  
Helpline: (800) 500-9976  
helpline@lymphoma.org  
Website: lymphoma.org  
Email: LRF@lymphoma.org  

© 2018 Lymphoma Research Foundation

---

**About the Research Report**

Research Report is a publication of the Lymphoma Research Foundation, providing the latest updates on our grantees and their progress, as well as on the work of the Foundation. The Lymphoma Research Foundation is the nation’s largest non-profit organization devoted to funding innovative lymphoma research and serving the lymphoma community through a comprehensive series of education programs, outreach initiatives, and patient services.

**LRF Helpline**

The Lymphoma Research Foundation (LRF) offers a variety of support services to lymphoma patients, survivors, and caregivers. These programs include the LRF Helpline, which provides information about lymphoma and its treatment options, as well as the Lymphoma Support Network for peer support and encouragement. Individuals touched by lymphoma can also learn about novel and emerging therapies through our Clinical Trials Information Service. As part of this program, LRF staff can conduct individualized lymphoma trial searches for patients to assist them in making important decisions about their care. For more information about the Clinical Trials Information Service or any of LRF’s support services, please contact the LRF Helpline at 1-800-500-9976 or helpline@lymphoma.org, or visit lymphoma.org/learn/supportservices.
Lymphoma Research Foundation
Wall Street Plaza
88 Pine Street, Suite 2400
New York, NY 10005

IN THIS ISSUE:
- Foundation Grantees and NIH Funding
- Letter from the CEO
- Team LRF Spotlight
- New SAB Member
- Studying Treatment Side Effects
- Community Cancer Summit
- Scientific Advisory Board

LYMPHOMA TELECONFERENCES

LRF’s free teleconference programs are hour-long interactive programs that provide an opportunity for members of the lymphoma community to learn more about the disease, treatment options, clinical trials and promising research. You can listen in to the live teleconference on the telephone or via live web streaming. Teleconferences are available as podcasts following the live program.

Update on Mantle Cell Lymphoma
Friday, October 26, 2018
1:30 - 2:30pm Eastern
Speakers:
Peter Martin, MD
Weill Cornell Medicine
Manali Kamdar, MD, MBBS
University of Colorado Cancer Center

Update on CAR-T Cell Therapy for People Living with Lymphoma
Friday, November 16, 2018
1:30 - 2:30pm Eastern
Speakers:
Nancy Bartlett, MD
Washington University School of Medicine in Saint Louis
M. Lia Palomba, MD
Memorial Sloan Kettering Cancer Center/Weill Cornell Medicine

Scan using your smartphone to read our Research Reports online.

Reassessing Side Effects
An LRF grantee authors a landmark study on tracking side effects for patients on lymphoma therapies.
Details on Page 5.