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CANCER CONSORTIUM NEWS

July 2022

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FROM THE CANCER CONSORTIUM

Updates

Please join us in welcoming the Cancer Consortium's new Administrative Coordinator, Raya Polyak!

Hailing from Ontario, Canada, and raised in Seattle, Raya has been with the Fred Hutch since 2019 and spent three years with the Cancer Information Service as a Bilingual Information Specialist. She loves travel, walks with her middle-aged Chiweenie, Peewee, and indoor cycling. Her go-to takeout is poke from 45th Stop and Shop, she's a regular at Pablo y Pablo, and she also moonlights as a Front Desk Manager at City Cycle, an indoor cycling studio in Greenwood. She joined the team on June 1st and is so thrilled to be a part of this dynamic, hard-working team, and hopes to live up to Karen Sole's impressive legacy!



Upcoming Events

excited to announce our first Specimen and Data Acquisition Network (SAN) symposium! The 2022 SAN Symposium will be held on Thursday, July 21st, 2022, from 1:00-4:30 PM. Join us in connecting with the scientific community and peers at healthcare institutions from the region. Listen to talks about Advances in Digital Pathology and Data Access & Sharing from field experts. Find more event details [here](#).

Please feel free to forward this invite to your network. Students, postdocs, trainees, and all interested colleagues are welcome!

Register using [this link](#).

- **September 28-30, 2022: Dr. E. Donnell Thomas Symposium**

This first-ever [Dr. E. Donnell Thomas Symposium](#) will feature over 20 leading researchers from around the world who will share their current research on improving survival after a bone marrow and stem cell transplantation, adoptive cell therapy, gene therapy, and hybrid therapies. Our schedule will feature keynotes from Dr. Carl June of the University of Pennsylvania and Dr. Rainer Storb of Fred Hutch. Options for in-person and virtual attendance are available. Register using [this link](#).



2022 SAN SYMPOSIUM
 Share, Learn, Grow Together
THURSDAY, JULY 21ST
 FRED HUTCH
 ARNOLD BLDG, BEHNKE SUITES, M1-305/307
 1100 FAIRVIEW AVE, SEATTLE WA
Hybrid Event

REGISTER NOW!
 Visit our website
<https://research.fredhutch.org/specimen-acquisition-network/en.html>
 for more details

Join us at 1pm!

| | |
|------------------------------|------------------|
| Concurrent sessions | 1-3 pm |
| Digital Pathology | |
| Data Access & Sharing | |
| Networking Happy Hour | 3-4:30 pm |

Scan to learn more & register

SAN PARTNERS

FRED HUTCH | UW Medicine | BC CANCER | SWEDISH | OHSU | SEASIDE MEMORIAL | Research Network | LEGACY HEALTH

CONSORTIUM LEADER CLOSE UP

In this issue of the Cancer Consortium Newsletter, we are profiling Sarah Holte, PhD, and Ted Gooley, PhD, Co-Directors of the Biostatistics Shared Resource (BSR). They told us about some of the things going on at the BSR, their favorite parts of being biostatisticians, and what they do when they're not solving complex problems for investigators.

Dr. Ted Gooley is a renowned biostatistician who specializes in the design and analysis of laboratory research, clinical trials and observational studies. He has been involved in hundreds of such studies at Fred Hutch and throughout the world. He directs both the Biostatistics Shared Resource at the Hutch and the Clinical Biostatistics Program within the center's Clinical Research Division. In addition to his work on many large-scale projects, Dr. Gooley contributes to clinical trials for blood cancers, rheumatic diseases, breast cancer and ovarian cancer. He teaches a class in biostatistics and clinical trials to



fellows who are starting a career in blood stem cell transplantation.

Dr. Sarah Holte's primary interests include biostatistics and biomathematics and in particular, the interplay between the two. Her specific interests involve identifying, developing and

evaluating statistical approaches that can be used in combination with mathematical models defined by differential equations for viral and immune system dynamics.

Dr. Holte also serve as Director for the CFAR Biometrics Core.



Dr. Holte specializes in the analysis of nonlinear time series data and estimation and inference for parameters in differential equations models. She's the PI of an R21 designed to create a large database of individuals enrolled in studies during acute HIV infection. This requires careful database design. Her ultimate goal is to have many groups contribute to the database so that it is possible to evaluate a large cohort for prevalence and associates of Post-Treatment Control of HIV infection.

Can you talk a little bit about what the Biostatistics Shared Resource does, and any exciting things going on there?

• **Sarah Holte:** We're always available for standard biostatistics works, but our expertise includes high-dimensional data that is becoming more and more ubiquitous as devices and laboratories collect more and more detailed information. It started with genetics, and moved on to microbiome, proteomics, metabolomics. These are all hundreds or even thousands of measurements on one person. My particular area of expertise is longitudinal complex time series. We have a lot of expertise in very complex statistical methods. We can work with both complex patterns of data over time and also complex data at a single time point. For example, one of the projects I'm working on right now involves a lot of longitudinal data. So for that type of work the question is, how do you best describe or summarize all of these measurements? How do you pick out the variables that really provide the information you need?

Another important role of the BSR is that we're matchmakers. If we get a question and we have a junior investigator from public health or clinical sciences, we try to get them matched with an investigator who has data that they're interested in. And that helps our junior biostatisticians develop relationships with Hutch investigators that might persist for their entire career.

• **Ted Gooley:** I think people don't really understand what we do. I think a lot of people think that the BSR is just a cadre of biostatisticians who are sitting around waiting to work, but we do this kind of stuff outside the Shared Resource, too. The value of the Shared Resource is that through the CCSG, we get money that is intended to help people who need biostats support but don't have the funding for it. So maybe somebody got a grant, and they didn't write biostats support into that grant, but they have data they need help analyzing – whether it's complex or relatively simple stuff. That's what the Biostats Shared

year.

- **SH:** We also have a very large group of master's-level statisticians – although I hate using those terms, because we're all colleagues. We all work as a group. Our SRAs, or statistical research assistants, are amazing. They're the ones who really get in and get their hands dirty with the data, and they're so important to the Shared Resource. We usually work together in teams on these projects, to combine all of our different abilities and hopefully get a successful result for the investigator we're working with.

- **TG:** Absolutely. And as far as collaboration goes, I think that extends to the people who come to us as well, because they possess skills that we don't have and we possess skills that they don't have. So in addition to the collaboration on our team, there's definitely collaboration with the clinicians we work with as well.

What's your favorite part of your job?

- **TG:** My favorite part of my job, both in the BSR and outside of it, is collaborating with the clinicians. Some are very very sophisticated quantitatively, and some are less comfortable with those kinds of methods. So taking what can be relatively complex statistical methods and explaining those in a way that clinicians can understand so that they can address the questions they want to address with the data they have – to me, that's very rewarding. I very much enjoy my collaborative efforts with the clinicians I work with. I've been doing this for 30 years and almost every single one of them, I've thoroughly enjoyed. The clinicians we work with here are really superb. Sometimes I think the clinicians are better students when I try to teach them something than I am when they try to teach me something.

- **SH:** I would totally second that. Even after all these years, there's always something more to learn. These collaborations with these people are great, and getting something very complicated and helping them understand it is very rewarding. Every project I feel like I learn something new.

What do you do when you're not at work?

- **TG:** I love spending time with my wife. I'm also a sports nut. I love watching sports. I don't participate in sports as much as I used to, but I still play golf in my spare time. I like to work in the yard, and I've got new stuff to learn about yards now that I live in the Sonoran Desert instead of the Pacific Northwest – slightly different plants work down here than they do up there.

We enjoy traveling, and we hope to travel more in the coming years. I'm also building a woodshop in our new house in Arizona. I'm a bit of a novice woodworker, and I hope to gain more skills and make things in my woodshop. And I'm an animal person, so I like spending time with Hazel, my dog. She's blind, so she likes to be sitting in peoples' laps.

- **SH:** Spending time with my husband, Tim, who is also actually a biostatistician in the Shared Resource. We're both trained as theoretical mathematicians, and I did my postdoctoral training in biostats in Seattle. We lived apart for 9 years, after I got the opportunity to come to Seattle, so spending time with Tim is number one. I really enjoy needle crafts, too. I've been knitting for nearly 50 years, and I'm really good at it. Also

Where is your favorite place?

• **SH:** Minneapolis, Minnesota. I'm a Minnesotan. There's a lot of people who have this weird affection for it, and I'm one of them. I'm hoping to get a condominium or a duplex there – I'm sort of transitioning into my retirement years, and I want to be spending a lot more time in Minneapolis. I'd always thought I'd go back after I left to go to grad school. If I could call anyplace home, it's Minneapolis and St. Paul.

• **TG:** I like wherever I'm at. But if I had to choose a place, it would probably be the Grand Canyon. It's been a long time since I've been there, but I've spent quite a bit of time there in the past. I'm closer now, so I hope to get back to the Grand Canyon very soon.

How would you each describe your leadership style?

• **TG:** We're all pretty friendly and collaborative. I think one of the most important things in any walk of life is to be kind and understanding and welcoming and respectful. I think anybody who works in our group at the BSR is that way. We're all considered equals. That's the other thing I would say about leadership – I think everybody that we work with and for should be considered equal. Not one person is more important or less important than everybody else. I guess that extends to life in general too.

• **SH:** I agree completely. Another thing is that I'm very careful of is making sure that our SRAs aren't overworked, and that they're happy. The SRAs often don't feel that they have the ability to push back on investigators when they're being overworked, and so I'm always checking in with people that they're not being worked too hard. We can't have our colleagues being overwhelmed constantly. As supervisors, I feel we need to make sure our people aren't inadvertently taken advantage of. I meet with the people I supervise regularly and make sure they have the opportunity to let me know if there's anything that has gotten out of control – and if they are feeling overworked, then it's my job to go to the investigator and advocate for them and discuss ways that we can prioritize their work.

What else would you like people to know about the BSR?

• **SH:** Ted and I and all of our colleagues are very nice people, and we like to draw people out and have a little bit of fun. Everybody in the Shared Resource are good communicators, and we enjoy drawing people out into conversations if they're inclined toward it.

• **TG:** Yeah, we're very easy to work with.

• **SH:** I think it would be nice for people to know that we're very friendly and welcoming, and we want people from all the divisions and programs to come to us. I think we do a really good job of making sure that we can get the work done that the researcher wants. We can do whatever they need, whether it's a basic power calculation for a grant or a really sophisticated and difficult problem.

• **TG:** Agreed. We will get things done, and we're always friendly and competent.

Updates

OCOE is excited to share that this year they were able to offer more community grant funding to support community-based organizations in addressing cancer-related health inequities in their own communities. Learn more about this year's grantees [here on the Fred Hutch website](#).

Pathways to Equity Symposium Spotlights Indigenous Health

In case you missed it, the OCOE hosted the 2022 Pathways to Equity Symposium on Thursday, May 19th, 2022 from 8:30 AM–12:30 PM. Keynote speaker [Dr. Donald Warne](#) (Oglala Lakota) from the University of North Dakota shared insights and experiences regarding the root causes of health inequities among Indigenous people.

In addition, the 2022 Beti Thompson Health Equity Research Award was presented to [Dr. Bárbara Baquero](#) from the University of Washington, and the Community Champion Award was presented to Mr. Benjamin Young of the Communities of Color Coalition.



Read more about the Symposium [here](#).

OCOE Podcast Enters Its Second Season

As the OCOE pivoted from in-person to virtual outreach and education during the pandemic, they launched a monthly podcast series entitled *Cancer Health Equity NOW*. The podcast is now in its second season!

In May, the episode titled, "OCOE, CBPR Practices, and Spokane" featured OCOE staff Craig Dee, Danté Morehead, Jayleen Ceja, Hallie Pritchett and Daniel Padron.

Listen to this and other episodes [here](#).

FROM THE FRED HUTCH SCIENCE EDUCATION PARTNERSHIP (SEP)

Consortium Member Dr. Beth Lawlor Featured in Fred Hutch Science Education Partnership's "Careers in Cancer" Series

Hematologist-Oncologist Dr. Beth Lawlor was recently featured in the Fred Hutch SEP's ongoing career profile series, which showcases different individuals and careers across all of the Consortium's partner institutions. The series supports the Frontiers in Cancer Research initiative and is designed to raise awareness about science-related career and educational opportunities for high school students. You can read Dr. Lawlor's profile [here](#).

The SEP is looking for new volunteers to be featured in future career profiles! In particular, people who do work in the following fields or roles are encouraged to reach out:

- Any role related to blood cancers, leukemia, or pediatric cancers
- Bioethicist
- Hospice caregiver
- Oncology/palliative chaplain
- Palliative caregiver
- Phlebotomist
- Physical Therapist
- Radiation Technician/Technologist (oncology)
- Science/technical writer

If you would like to volunteer or nominate a colleague to be featured, please contact Kristen Bergsman (bergsman@fredhutch.org).

FROM THE CONSORTIUM SHARED RESOURCES

Genomics Shared Resource

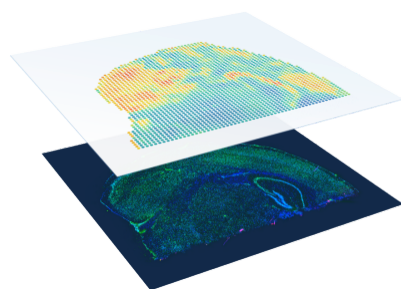
Genomics Shared Resource Welcomes New Director

Please join us in welcoming Dr. Anjalee Malge back to Fred Hutch as the new Director of the Genomics Shared Resource, as of May 2nd. Anjalee was a postdoctoral researcher in the Galloway lab before leaving in 2013 to join Dr. Lee Hood's lab at the Institute of Systems Biology. In 2018, she moved to Covance; as a senior manager in their R&D



department, she developed expertise in genomics. We are excited to have her here, and we wish her the best as she takes over the leadership responsibilities of the Genomics Shared Resource.

10x Genomics Visium Spatial Transcriptomics Now Supports FFPE



In partnership with Experimental Histopathology, the Genomics Resource offers full-service end-to-end support of spatial transcriptomics utilizing 10x Genomics Visium technology. We now support both fresh-frozen and formalin-fixed /paraffin-embedded (FFPE) sample workflows. Visium support includes tissue qualification, tissue optimization, and the complete spatial gene expression workflow from tissue sectioning and

placement through library preparation and sequencing. Contact us to learn more at genomics@fredhutch.org.

Therapeutic Products Shared Resource

Control teams in her role as TPP Facility Director. Dr. Otegbeye joined Fred Hutch as an Associate Professor in October 2021. She came from Case Comprehensive Cancer Center where she was the Medical Director of Cellular Therapy Quality, Regulatory and Protocol Review.

Comparative Medicine Shared Resource

New US Department of Agriculture Registration Number

As a result of the merger, the newly formed Fred Hutchinson Cancer Center was required to apply for a new USDA registration number. The new registration number is posted on the Comparative Medicine department's [Mission, Goals, and Values](#), [Grant Information](#), and [Comparative Medicine: How We Work](#) pages. Please update any documents, web pages, or sites that you manage with the new registration number, 91-R-0081.

FROM CLINICAL RESEARCH SUPPORT

Consortium Scientific Review Committee (SRC) Low Accrual Policy

Effective July 2022, the [Low Accrual Policy](#) has been updated to adjust yearly accrual expectations and include an additional closure criterion for trials with low accrual history. These changes enable customized goals based on each trial's unique accrual and duration targets, and addresses critiques from the National Cancer Institute.

As a reminder, all cancer-related interventional trials that are currently open to accrual or suspended are monitored by the SRC per the Low Accrual Policy unless assigned to the Exempt Track.

Trials will continue to be reviewed on the same annual cycle. Beginning in July, the following updates will be applied to each study on their regular review cycle:

- All trials on the Conventional Track are expected to accrue 50% of their target accrual rate each year. For example, a trial with a target of 12 accruals over 24 months would be held to an annual goal of 3 (12 accrual / 2 years * 50%).
- There is no change to the Alternative Track goal.
- Trials not meeting minimum annual accrual requirements for three review cycles will be administratively closed, with option to appeal.

Please ensure that protocol and subject related information are kept up to date in OnCore to avoid any unnecessary interruptions. To learn more, visit the [Clinical Research Support SRC website](#). Please contact CRScommittees@fredhutch.org with any questions.

Thank you for your support as we strengthen the oversight of Consortium trials!



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