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## WHY NOW

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To some extent, the answer to that question would be Martin Luther King, Jr.'s answer: "Now, because it is long overdue."

But what is special about now is that there have been three developments in the field of cancer research that have caused the tumblers in nature's cosmic lock to align so that it is possible, for the first time, to open the safe.

First, new technologies, including genomics and molecular biology, have permitted us to understand, specifically, what makes a cell malignant. This has given us rational targets for the development of new therapeutics. Second, scientific advances have provided us with the ability to hit those targets with relative safety and effectiveness.

Finally, the paradigm for understanding cancer and its treatment has begun to change, so that a critical mass of the cancer research establishment is available to pursue a course of clinical development that moves the new basic science understanding into clinical reality as rapidly as possible. Heretofore, this was not the case, and most cancer clinical researchers insisted, for example, on considering breast cancer to be one disease and on trying to develop "one size fits all" therapies.

One of the watershed events that demonstrated the potential of our new understanding and new targeted therapeutics was the development of Herceptin; the success of this approach for that target and drug played a major role in the paradigm shift, as did the development of other targeted therapies such as Gleevec and Rituxan. These new therapeutics will initially have an effect on the outcomes of cancer similar to the effects of breakthroughs in anti-HIV drugs on the lives of AIDS patients; they will convert the disease into a chronic, manageable medical problem. In the future, they will increase cure and prevention opportunities.

Why now? Because the tumblers are lined up, and sooner or later we will be able to pull the handle and open the safe. Funding for this translational research has largely come through the federal government, and even in good times was very conservative and tradition-bound. Now there is the added problem that federal funding is decreasing for the first time in over three decades. The Stand Up to Cancer model is focused on providing the funding to pull that handle faster and the oversight to make sure that the

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funded remain effectively on task. It would be conservative to estimate that the handle will be pulled ten years earlier with SU2C's involvement. In human terms, the lives of hundreds of thousands of sisters, brothers, daughters, sons, mothers and fathers who will need these transformed therapeutics in the next 10 years depend upon our success.

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\*\*\*\*\* [www.standup2cancer.org/magazine](http://www.standup2cancer.org/magazine)