Her odds were fading. Her cancer was prevailing. But Kristin Kleinhofer saw survival in scientific teamwork. She’d read stories of leukemia patients like her, people once out of options yet now in remission due to immunotherapy. The science was built on decades of alliances spanning many institutions, many doctors — including researchers at Fred Hutch. That’s where she went. That’s where collaboration saved her life.
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PAY TO THE ORDER OF: A cause for celebration
HONOR YOUR SPECIAL DAY BY SUPPORTING LIFESAVING RESEARCH

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TARGETING CANCER

The numbers can be staggering, but they serve a purpose. They help define the scope of cancer’s challenge. They reveal when progress is made. And because every number represents real individuals — sisters, sons, co-workers and buddies — whose lives depend on that progress, they motivate. Here are just a few of the statistics on which our sights are set.

INCIDENCE

31 PEOPLE around the world will die of cancer in the two minutes it will take to read this graphic.

312 PEOPLE around the world will die of cancer in the 20 minutes it will take you to read this issue of Hutch Magazine.

MORTALITY

PER 100,000* 14.1 MILLION 2016

PER 100,000* 1.7 MILLION 2016

PER 100,000 182.0 2012

PER 100,000 454.8 2012

PER 100,000 8.2 2012

PER 100,000 0.6 2012

PER 100,000* 102.4 2016

PER 100,000 171.2 2016

DEADLIEST CANCERS

Age-standardized rate, 2008–2012; Per 100,000, age-adjusted to the 2000 US standard population

CANCER IS THE LEADING CAUSE OF DEATH IN 21 STATES

182.0 PER 100,000*

454.8 PER 100,000 Age-standardized rate, 2008–2012

KEY

WORLD

U.S.

Source: National Cancer Institute; American Association for Cancer Research; North American Association of Central Cancer Registries; American Cancer Society; GLOBOCAN

MOST COMMON CANCERS

Age-standardized rate, 2008–2012

FROM THE DIRECTOR

Linking minds and labs across the nation and world to spur cures

GREAT SCIENCE DOES NOT HAPPEN IN ISOLATION. Cures do not occur in a vacuum. At Fred Hutch, and in other labs around the country and globe, scientists are working on research that will fuel more cures for cancer. The fastest way to end the scourge of cancer is by joining forces, sharing knowledge and resources, and uniting to kill a common enemy. Collaboration is in Fred Hutch’s character — and our science. Look at the teamwork among researchers across our five scientific divisions. To further enhance these collaborative interfaces, we are establishing new Integrated Research Centers at the Hutch to engender cross-disciplinary interdisciplinary research. Look at the Cancer Consortium — a partnership between UW Medicine, Seattle Children’s, Fred Hutch and Seattle Cancer Care Alliance that brings together great minds dedicated to delivering discoveries to patients to prevent, treat and cure cancer. And look at the four pairs of colleagues you’ll meet in this issue of Hutch Magazine who are merging their missions across institutions, cities and continents. At their core, these missions are the same: saving lives.

I recently met with Vice President Joe Biden when he visited Fred Hutch on his Cancer Moonshot listening tour. He asked, “Are we collaborating enough?” He and I spoke of the drive to break down silos. That means pooling the talents of people with often-divergent priorities — folks from academic sciences, medicine, government and the private sector — and convincing them to converge for this singular cause.

Our urgency is driven by the friends and loved ones — the many millions of Americans — diagnosed with cancer each year. In this country, cancer will kill nearly 600,000 people in 2016, as the statistics on the previous page reveal. There is no time to waste. We must work together.

We are one of several cancer centers in the U.S. engaged in a communal effort to make immunotherapies available to more cancer patients. For example, Fred Hutch, Seattle Children’s and Memorial Sloan Kettering in New York, have together founded Juno Therapeutics to commercialize promising immunotherapies developed by researchers at the three institutions.

We’ve also collaborated for years with medical researchers in China in part to better understand the spectrum of cancers that are endemic in that region of the world. And there’s the new UCI-Fred Hutch Cancer Centre in Kampala, Uganda, the first comprehensive cancer hospital jointly built by U.S. and African cancer organizations in sub-Saharan Africa. It’s the latest product of a partnership that has been growing and innovating for more than a decade.

We value and encourage collaboration and I am proud to say it defines who we are, what we do, where we’re headed. I believe this collegial commitment will lead us all, much faster, to cures.
everything had failed kristin kleinhofer. first, her body — invaded by leukemia in 2010. and then, her treatments — a chemotherapy slog that spanned parts of four years, causing infections, fevers, nausea, rashes, abscesses, jaundice and leaky heart valves, yet delivering just two temporary remissions.

by autumn 2014, the leukemia was back. kleinhofer, pictured above, saw one shot at survival: immunotherapy. she learned that scientists at fred hutchinson cancer research center were genetically modifying patients’ immune systems — specifically their t cells — to seek and destroy precisely her type of advanced disease. she landed a spot in the seattle trial. she received one iv bag of her own re-engineered immune cells. it worked. the leukemia became undetectable in her blood. that allowed her, three months later, to undergo a successful double cord blood transplant at seattle cancer care alliance, fred hutch’s treatment arm. she’s remained in remission since.

her path to remission relied on two pivotal collaborations: chats among three physicians at three medical centers ushered her into the hutch trial, and a cross-continent partnership that began years earlier laid some of the critical, scientific groundwork that kept kleinhofer alive.

that alliance between fred hutch immunotherapy researcher dr. stan riddell and german microbiologist and immunologist dr. dirk busch began with a fellowship meant to encourage scientists from across the planet to join forces. after securing that funding, they linked their labs and minds eight years ago to better understand the unique behaviors of single t cells, and then use those cells in immunotherapies to attack cancers and infections in patients.

“vice president [joe] biden was recently at the hutch and this is one of his big ideas for the cancer moonshot: how do we get scientists to share more openly?” riddell said. “[our partnership] is an example of the kind of success we can have in taking this approach.”

they also proved that collaboration could thrive amid the usual fight for research dollars — a reality riddell also mentioned to biden.

“funding these kinds of initiatives is unique and actually something that’s missing in science,” riddell said. “[our partnership] is an example of the kind of success we can have in taking this approach.”

in addition to biden’s push to shatter silos, the vice president listed crucial areas of focus, including immunotherapy, precision medicine, public-private partnerships and data sharing.

at fred hutch, thought leaders in those areas opt to brainstorm with counterparts at other institutions to speed cancer cures. while researchers often work solo, they

the cancer killers

across research centers, scientists and innovators shelve competition to chase a common enemy
realize their potential can be exponential when they band with peers. But that requires scientists to set aside any sense of competition to link with the best person, regardless of where they work.

In the realm of cancer research — where many organizations may chase the same dollars — these covenants are built on openness, trust and the humble knowledge that lives are on the line, researchers say. Rivalries, they know, tend to slow the process, and the cures.

For patients like Kleinhofer, such collaborations can ultimately erase late-stage disease and sometimes change the course of science.

“That’s why I feel very blessed — all these amazing doctors getting me back into remission,” Kleinhofer said. “They all want to fight for your life.”

DR. STAN RIDDELL AND DR. DIRK BUSCH: UNITING FOR CURES

Near midnight, they walked through the English Garden, a vast Munich park packed with streams, foot bridges, tree groves, beer gardens, even some sheep. Riddell and Busch were headed back from a casual dinner at Busch’s house, bound for Riddell’s hotel.

Busch had a pitch. A decade earlier, he’d learned of Riddell’s pioneering T-cell studies. Busch found the blossoming science so intriguing, he moved his own research in that direction. Now, he wanted to team with Riddell to study T-cell immunology, ultimately taking their discoveries to patients. The pact would require Riddell to work at Busch’s labs and live in Munich for months at a time. Riddell’s wife and family would join him on those trips.

“I wanted to take you through this way because I wanted you to see how beautiful Munich is,” Busch told him that night in 2008. The stroll helped close the deal.

“It didn’t take much convincing,” Riddell later recalled. “He really reached out to me not just as a scientific collaborator but as a person. That was the kind of relationship we would really have to have to make this project successful.”

Some eight years later, the Fred Hutch immunotherapy pioneer and the German immunologist operate Focus Group Clinical Cell Processing and Purification, part of the Technical University of Munich. Their group works to develop clinical cell therapeutics to treat infections and certain cancers. The Institute for Advanced Study funded Riddell’s involvement and the pair’s subsequent immunotherapy research via a fellowship worth more than $100,000.

Indeed, immunotherapy’s core principle is to customize the body’s natural defenses to fight disease. While that emerging science is showing immense promise, progress doesn’t happen in a vacuum.

Riddell and Busch had been individually fascinated by the curing potential of T cells — white blood cells that can detect abnormal cells, including cancerous cells. Subsets of T cells can be removed from patients, reprogrammed genetically and returned to the body to kill cancer, researchers have found.

“But in order to do that, the critical element was to have technologies that would allow you to purify those cells and to really study how they could work and how they could be used,” Riddell said. “Dirk, as part of his translational work, was really focused on how to develop technologies to be able to do that.”

“Stan’s work and our work in Munich,” Busch agreed, “came together very tightly to really develop these kinds of tools. So,
Chemistry is crucial — both in crafting cures and in the collaborations that accelerate those advances. Indeed, Holland and Michor have forged a long alliance built equally on personal rapport and academic generosity.

They met as researchers at Memorial Sloan Kettering Cancer Center in New York City, pulled together by a grant meant to show how mathematicians could collaborate with cancer biologists. Holland’s team helped write the grant. Michor and others created the science.

Their study was rooted in taking measurable pieces of biology, like the rate of a tumor’s growth, then creating mathematical models to represent those changes.

By combining their expertise in cancer biology and computational modeling, they believe their collaboration could result in better treatment for patients — improving existing therapies like radiation for brain cancer.

Next, the two researchers want to test a new radiation schedule in a clinical trial.

“Together, we’ve achieved a lot more than the sum of our parts,” Holland said.

In 2013, Holland went west, recruited by Fred Hutch to become the director of the Human Biology Division. Michor had moved as well, to Dana-Farber. Their combined science continued to thrive despite their 3,000-mile separation. They have now co-authored 11 papers.

At the heart of their partnership lies an understanding — in the end, it doesn’t matter who gets the praise or the points for shared discoveries.

“You have to have a broad enough view of the world to know there’s a lot of people who know a good deal more about stuff than you do, and you respect them for it,” Holland said.

“The motivation has to be to achieve the goal, whatever it takes, as opposed to just get the credit for what you have done.

“At the end of the day, everybody gets credit and everybody wins.”

Continued >
In real time, the pact was consummated with remarkable swiftness. In March 2016, they met for the first time in Robinson’s Seattle office. The deal between Fred Hutch and GRAIL was signed about two weeks later. That speed was fueled by a shared vision. Their multifaceted research and technology partnership meshes with the larger quests of both Fred Hutch, where “cures start here,” and of GRAIL, which uses an eight-word mission statement: “Detect cancer early, when it can be cured.” GRAIL is developing a nucleic acid-based blood test that will be used to diagnose tumors in patients before they show symptoms—at early stages when the odds of curing malignancies are far higher, the company says.

Marrying early detection—a core of Hutch science—with a company driving to get just such a product to market underscores the value of public-private partnerships, and how they help make it possible to cure cancer, Robinson said.

“There’s no way you can do this in one organization. The only way to do this in my mind — and it should be on everyone’s mind — is to collaborate,” Robinson said. “They’re doing exactly what we are so excited about. We just hope to have more partners that are very GRAIL-like and very Elaine-like.”
to the massive wealth of genomic data on FireCloud, Trunnell said.

"The Hutch can move much more quickly by leveraging work that's already been done elsewhere," Trunnell said. "I absolutely could build out a computational infrastructure. I've done it before. I did it at Broad. [But] I have no interest in doing that because it doesn't move science forward fast enough.

"To make science go fast, being able to partner extramurally is really key."

"We call it 'democratizing the access to data,'" Getz added. "So now that platform can be used by many collaborators focusing their time on the actual science ... not 'Where's my file?' or 'Why is my job not running?' or 'I need to buy more hard drives,' which used to be the case."

The big goal behind Big Data is to develop new, more targeted treatments for patients based on their own genes, and the genes of their cancers. By understanding which gene mutations exist in which patients, doctors could better predict which patients are most likely to respond to specific therapies and which are more apt to develop a resistance, Getz said.

To scale that scientific mountain, scientists and engineers must next look at hundreds of thousands of genomes, Trunnell said. But in time, when a patient enters the clinic, their genome will tell doctors what course of treatment would work best — and offer a likely prognosis, researchers predict. In short: The promise of precision medicine rests with more teamwork.

"Gaddy is the scientist-architect. What I bring is the engineering," Trunnell said. "We both understand the problems, we understand the needs," Getz said. "And we understand that by collaborating together, we will get much bigger results."

Rachel Tompa, Sabrina Richards and Susan Keown also contributed to this story. Write to Bill Briggs at bbriggs@fredhutch.org.

To read more about Fred Hutch's latest research and stories, go to fredhutch.org/news.
I imagine driving to the emergency room only to find there’s no entrance. You can see the doctors and nurses through the windows, but you can’t find a way in to access their care.

Dr. Angelique Richard, a staunch champion of improving patients’ access to cancer care, doesn’t need to imagine such a scenario. The longtime oncology nurse, now chief nurse executive and vice president of Clinical Operations at Fred Hutch’s treatment arm, Seattle Cancer Care Alliance, has seen it play out for decades with patients who don’t have the money, the insurance, the trust or the language skills necessary to navigate a complex, and often confusing, health care system.

“I’ve seen people present very, very late. Many times that’s the situation with people who are minorities or underrepresented or are uninsured or underinsured. They present later in their care, doesn’t need to imagine such a scenario. Dr. Angelique Richard, a staunch

The longtime oncology nurse, now chief nurse executive and vice president of Clinical Operations at Fred Hutch’s treatment arm, Seattle Cancer Care Alliance, has seen it play out for decades with patients who don’t have the money, the insurance, the trust or the language skills necessary to navigate a complex, and often confusing, health care system.

“I’ve seen people present very, very late. Many times that’s the situation with people who are minorities or underrepresented or are uninsured or underinsured. They present later in their care,” she said. “I’ve also seen patients literally have to hire disease so their options aren’t as great,” she added. “I didn’t know what questions to ask. And there were so many things I’d never heard of. She even asked the oncologist about clinical trials and I’m now participating in one. It was very helpful.”

Richard also connected her sister with breast cancer survivors who helped answer questions about treatment, buying wigs and foods to avoid — or focus on — during chemo. Since then, Paige has gone on to advocate for and support others diagnosed with breast cancer: “I want to see how I would pay for any of it.”

Richard not only helped her younger sister deal with the anguish of a cancer diagnosis, she pointed her to crucial resources, such as a social worker, a patient navigator and a hospital fund designed to help uninsured and underinsured women. Months before, Richard herself had facilitated the Susan G. Komen grant that paid for her sister’s diagnostic mammogram.

“If I hadn’t had her help navigating all of that, I would have spent a lot of time stressing out, and that’s not exactly what patients should have to go through,” Paige said. “I don’t have a health care background, so I didn’t know what questions to ask. I didn’t know how I would pay for any of it.”

Richard wants to see a health care system where every patient has access to specialized cancer care, innovative new treatments and clinical trials, regardless of socioeconomic or insurance status. Her three decades in health care — and the profound insights she gained during her sister’s cancer journey — have also pushed her to seek better support for patients and families, who are often overwhelmed and/or worn down by baffling medical-speak and a Byzantine insurance system.

Since joining SCCA in 2014, Richard has made key inroads, connecting with community groups like the African-American cancer advocacy group, Cierra Sisters; expanding the SCCA mobile mammogram program; setting up a new public health partnership with the national social service nonprofit Mercy Housing; and creating a training and mentorship program for cancer care providers in Guam, where both oncologists and oncology nurses are scarce.

But there is much more to do when it comes to eliminating barriers to care, she said. “We have many efforts that are underway, but we know that the community-at-large — particularly minorities — may have issues with trusting traditional medicine. There have been studies in the past that have shaken that trust. We have an opportunity and an obligation to right that wrong, if you will.”

A compassionate big sister to all, Richard is well-placed to do just that. “Nursing is the No. 1 trusted profession in the country,” she said. “I think we’re in a wonderful position to help restore trust.”

Write to Diane Mapes at dmapes@fredhutch.org

LEFT PHOTO: Dr. Angelique Richard and her sister Apryl Richard Paige on Apryl’s wedding day, May 24, 2014. Photo courtesy of Fred Fox Studios.
RIGHT PHOTO: Vice President Joe Biden speaks with Richard during his visit to Fred Hutch on March 21, 2016. Photo by Robert Hood / Fred Hutch
Buying power

From cars to candleholders, companies and customers join forces to save lives

BY ANDREA DETTER

IF YOU’VE SHopped at Safeway recently, purchased a glassybaby votive or even had your car serviced, you may have helped save someone’s life. In the truest sense of retail therapy, dozens of companies and their customers have banded together to benefit research into next-generation cures, and programs for current patients, at Fred Hutch.

For the past decade, Safeway stores in the Pacific Northwest have hosted campaigns asking customers to add a small donation to their grocery bill when they check out. Thousands of shoppers have responded generously. This year’s March promotion alone raised nearly $700,000 for research activities at Fred Hutch and UW Medicine. Those check stand donations have, over time, launched numerous pilot studies and provided a van that offers mammograms in communities where access to breast screening services may be challenging. Many women have had tumors detected earlier because of the program.

“Corporate giving fuels cancer research and galvanizes community members, through their workplaces, in their day to day lives — not just when they are affected by cancer. It can mean the difference between a breakthrough research project receiving funding or not. It can enable a patient’s husband or child to stay with her during the most challenging fight of her life.”

A colon cancer survivor herself, Prescott appreciates the power of these programs: “It feels good to see companies supporting cancer research in their own backyard and doing their part to support their clients and customers who may be facing cancer,” she said.

It’s often just as personal for the companies that give, like Michael’s Toyota. Two members of the dealership’s corporate family survived breast cancer, and their team wanted to give back. Michael’s Toyota became the first dealership to partner with Fred Hutch. Now, other area auto dealers also run promotions through which they make a donation per car sold or serviced.

Cancer survivor and glassybaby founder Lee Rhodes explaining to Fred Hutch supporters at the first IN for the Hutch fundraiser in 2012. Photo courtesy of Phototainment

The power of every gift and every dollar

Donations to Fred Hutch — whether $5 or $5,000 — make breakthrough research possible. The combined generosity of more than 60,000 gifts will help Fred Hutch achieve its goal of $50 million this fiscal year.

RAID AUGUST 13 & 14

FRED HUTCH

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RIDE. RESEARCH. CURE.
Emily Cousins was diagnosed with breast cancer when she was nine months pregnant with her first child, Colm. She started treatment weeks after his birth. Photo courtesy of Emily Cousins

Inaugural retreat explores unanswered questions surrounding cancer, fertility and pregnancy

EMILY COUSINS WAS DIAGNOSED with breast cancer at 32. She was nine months pregnant. She wasn’t prepared for the dual unknown roles that came days apart: New mother and cancer patient.

“I had imagined the first months of being a mother, and suddenly it looked so different from what I had anticipated. And it was painful,” Cousins said. “I remember sitting down with friends, and we were talking about pregnancy, and then I realized, ‘oh my god, I still have to do chemotherapy and surgery.’”

In April, Cousins was among a group of cancer investigators and patient advocates who gathered at the Fred Hutch–hosted Cancer & Pregnancy Retreat to discuss the unique issues at the intersection of cancer and reproduction.

Key themes emerged from the retreat: Many doctors — primary care providers and oncologists included — don’t have the right information to communicate to their patients about fertility and pregnancy, and there’s a lot that researchers still need to know to better inform patient and provider decisions.

“What inspires me to be a part of this event and why I think this work is so important is that I needed research to help me make crucial decisions,” Cousins said.

Emily was nine months pregnant when she was diagnosed with breast cancer.
Dr. Aude Chapuis
10 questions about life outside the lab for the Fred Hutch immunotherapy researcher

BY BILL BRIGGS

Dr. Aude Chapuis fell in love with immunology while working with HIV patients in Switzerland. As a young physician, she moved to America in 2003 to continue her science. She chose Seattle when her Swiss mentor introduced her to Dr. Phil Greenberg at Fred Hutch. That same year, Greenberg welcomed Chapuis into his lab, where she learned adoptive immunotherapy. Today, her research focuses on developing novel ways to engineer the immune system to target cancer.

What surprised you most about American culture?
In Switzerland, you know very rapidly if a person is telling you, “I’ll be polite with you but, really, I don’t really want that.” But here, I had to relearn non-verbal and verbal communication. Americans use a completely different code to communicate with each other compared to Europeans. If somebody (here) is telling you something, what does that mean? Does that mean “yes” or “no”? Is it “Yes, I’ll do it but only if you force me to” or is it “Just to make you a favor?” I had to relearn that. But I grew more from having to learn a completely different culture.

The best music for a Sunday morning?
Right now it’s French songs for my kid, [Nils, age 3]. But I like jazz.

Favorite weeknight activity with your son?
When we come home, it’s just really nice to spend some time doing very simple activities with Nils. I love to come home, pour myself a glass of wine and start cooking. He’ll cook with some Play-Doh. No seriously, he puts it in the oven. So — very simple, peaceful activities.

If you had to choose one hike in Washington, where would you go?
It would be the Enchantments [in the Central Cascades] or Mount Baker [also in the Cascades]. We actually did the tour of the Enchantments some time ago. It was just mind-boggling how beautiful it was. I absolutely loved the fact that you’re in complete wilderness. Nobody is going to come rescue you. Unlike Switzerland, where there’s always a hut at the end of the walk.

The last time and place you were on skis?
Before my son was born. It was in Switzerland. But I’m planning to put him on skis next winter. So there’s no more years without skiing. Because I’ve been skiing every year since I was a child.

Is snowboarding in your future?
No. With a big NO. I love skiing. It’s like walking. Why should I fix my feet to a board?

What’s your favorite “Lord of the Rings” character?
“Sam” Gamgee. He is steadfast. He is reliable. And he never gives up hope. And that’s why Frodo can actually do what he’s supposed to do.

Your favorite TV show binge?
I loved “House of Cards” for sure. And this other Netflix show called “Sense8” — eight people who can feel what other people feel, and very strange things happen.

If you had a chance to share a meal with any scientist in history who would that be?
Oh man, that’s a tough one. I think it would be Marie Curie. What I would be looking for with her would be really her personality and her mode of thinking.

The happiest day of your life?
When my son slept through the night.
CANCER IS PERSONAL for Vice President Joe Biden. When his son Beau was diagnosed with brain cancer, Biden saw first-hand the dedicated collaboration of physicians from various institutions who were trying to save the life of his son. Since Beau’s death last year, Biden has become the architect of the National Cancer Moonshot Initiative and has been visiting research centers around the country to learn about the latest advances.

When he visited Fred Hutch on March 21 and met with Fred Hutch President and Director Dr. Gary Gilliland along with a panel of researchers, care providers and policymakers, Biden said he felt “immense hope” that progress in cancer research will pave the way for millions of lives to be saved.

“We’re at a place, in my view, where science and medicine have not been before,” Biden said. Gilliland noted that Fred Hutch is where many cures have begun, including Dr. E. Donnall Thomas’ pioneering bone marrow transplant research, which laid the groundwork for today’s advances in immunotherapy.

“We know you share the same commitment we do to curing cancer,” Gilliland told the vice president. “Like the architects of the original moonshot, Fred Hutch also specializes in doing what people once thought impossible.”