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Outside the Box

Former Dana-Farber researcher Laurie Glimcher returns to run storied institution



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Laurie Glimcher, president and CEO of Dana-Farber Cancer Institute.

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Coming back to Dana-Farber felt familiar for [Laurie Glimcher](#). She had started her research career at Dana-Farber, and was a Harvard Medical School graduate. While she stepped away from Boston for five years to serve as dean of Cornell University's medical college, Weill Cornell Medicine, returning to the Longwood Medical area was like coming home. Seven months into the role, Glimcher has her feet wet and is looking at the next steps for the institution. It's a trying time, as federal legislators debate possible cuts to research funding, and as hospitals grapple with expensive pharmaceuticals and dwindling reimbursements. Glimcher sat down with reporter Jessica Bartlett to discuss how to lead the organization despite the challenges, and how Glimcher wants to turn cancer from a death sentence to a chronic disease.

Has the health care landscape changed since you were last here?

When I was here before, I was a scientist running a big lab. I wasn't thinking all that much about health care. That changed when I became dean at Weill Cornell Medicine. ... I do think we are in a very difficult position ... all the hospitals in Massachusetts are struggling. Including the very best hospitals in Massachusetts. We all have to be cognizant of how we will maintain our stature of outstanding teaching hospitals that do cutting edge research and offer the best care in an environment that's fiscally constrained.

What is Dana-Farber doing in that environment?

Ninety-three percent of our patients are outpatient. Our patient volume has steadily increased and continues to. We also think it's really important to deliver care to the community. Ninety percent of patients with cancer get treated in the community. ... But only 3 percent of patients in the community are in clinical trials ... When there are cancers for which we have no acceptable current therapeutics, everyone deserves the option to go on a clinical trial. We've expanded throughout New England. established four satellites ... we've also established recently a lot of partnerships. We provide consultation and advice. We do tumor boards with the local oncologists, and our hope is to do clinical trials in those settings.

We've talked before about the NIH funding. Research is a huge part of what you do. How have you begun to grapple with potential cuts?

Dana-Farber is unique. We have equal number of researchers and clinicians ... that is both a huge opportunity and a wonderful thing in terms of getting discoveries but it's also a big challenge. ... Our faculty do very well getting NIH grants. Nevertheless if you think about an 18 percent hit, you're talking multimillion-dollars that could affect this institution. This hasn't come as a total shock. Over the years funding has sequentially declined. This would be devastating because it's a huge decrease. I'm optimistic given huge bipartisan support for biomedical research that we won't look at an 18 percent cut. ... I've been on the hill, talked to a number of legislators. I am a glass half full type of person. I'm optimistic we won't see this draconian cut.

Is there anything the hospital can do to offset those?

We have to be aware to raise funds from other sources. I'm a big fan of partnering with the private sector. It's better for our patients. ... The other source, of course, is philanthropy. I don't think any institution in this country would be where it is without generous donors. We punch above our weight at Dana-Farber, but it's become increasingly important that we continue to do that.

Where do you focus in Year 2?

We're the only cancer institute that offers to every patient the opportunity to sequence their tumor. And we do that because of philanthropy. Health insurers are not

reimbursing us for those costs, so to offer that means we have to raise philanthropic funds. About 60 percent of the results we get from those sequencing informs our clinical treatment. That's pretty exciting. We want to continue to do that, expand it. And now we have a whole other set of biologic processes — awakening the immune system. Cancer immunology at Dana-Farber is historical ... we have a wonderful cancer immunology faculty. I'd like to enlarge that further. We have an outstanding faculty here, and we don't need to recruit dozens of people here. We have a really fabulous group of researchers. But there are some key areas I would welcome further strength — that's certainly part of the plan.

I read somewhere when you interview people for jobs you ask what their dream is. What is your dream?

My dreams have changed over the years. When I set out, I said if I'm going to be a scientist I want to do something that's important. ... I'm gonna take big risks and try crazy ideas. Otherwise it's not worth doing this...I have a risk taking phenotype. I can be impetuous. I try to aim high ... I was fortunate that enough of my crazy ideas bore fruit. My dream back then was to be passionate about whatever I did. ... My dream for Dana-Farber is we will turn cancer, at least some, into chronic diseases. Maybe we will cure some. But if we could just turn cancer into a chronic disease like we did for HIV/Aids, that would be remarkable. I believe we can make and have made great progress. The last 10 years have been amazing. The next 10 will be as well. I want to do everything I can to make it happen.



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