

## SNO Mourns the Passing of Jan Esenwein



Jan Esenwein  
1949-2017

It is with tremendous sadness that we share that Janis Lynn (Piwetz) Esenwein died suddenly earlier this year. Jan had served as the Chief Administrative Officer of the

Society for Neuro-Oncology since its inception in 1995.

Jan was a devoted servant of the Society, and played a vital role in helping to create the dynamic organization that SNO is today. Active even before SNO was incorporated as a non-profit, she was considered to be the matriarch of the Society. She personally folded and sealed the first membership notices, and for many years the main SNO telephone rang in her living room. She knew most members by name and took a genuine and fond interest in their work and activities. In recognition of her many years of devoted service to the Society, she was awarded with the SNO Public Service Award during the SNO Annual Meeting in 2015. Throughout her career, she supported the vision and efforts of the Society's founders, helping the organization to rise to a level of participation and activity that few would have predicted over 20 years ago.

In recognition of Jan's extraordinary contribution to the field of neuro-oncology, the leadership of SNO has decided to name the Public Service award in her honor, which will henceforth be known as the Jan Esenwein Public Service Award in Neuro-Oncology.

## Recap of the 21<sup>st</sup> Annual Scientific Meeting and Education Day of the Society for Neuro-Oncology

By Albert H. Kim and Roy E. Stowd



The 21<sup>st</sup> Annual SNO Meeting was held at the beautiful Fairmont Scottsdale Princess Hotel in Arizona

The 21<sup>st</sup> annual scientific meeting of the Society for Neuro-Oncology took place on November 17-20, 2016 in Scottsdale, Arizona. The meeting was one of the most heavily attended annual meetings with 2,166 attendees at the main meeting representing 42 countries. Over 970 participated in

a very well-attended Education Day, co-chaired by Manmeet Ahluwalia, Jaishri Blakeley, Kristina Hardy, and Keith Ligon, which focused on Precision Medicine – the current state and future directions for precision approaches to brain tumor clinical trials and care.

The main meeting was co-chaired by Manish Aghi and Tracy Batchelor who are to be congratulated for organizing a varied program of uniformly high quality. Abstract submissions for the meeting reached a new record with 1,024 total submissions up from 914 in 2015. Webcast, e-Posters, and i-Talks offered new interactive ways to experience meeting content. In addition to the 640 traditional posters, 219 oral presentations, and 54 e-Talks were presented. “Best of the Day” video highlights, the SNO Twitter feed, and the SNO annual meeting App helped connect attendees and link to important updates. Pulitzer Prize-winning author and hematologist/oncologist, Dr. Siddhartha Mukherjee, delivered a keynote address highlighting successes and challenges in the field. The following summarizes just a few of the many important updates and advances presented at this year's meeting.

### 2016 WHO Classification of Brain Tumors

For the first time, the 2016 World Health Organization (WHO) Classification of Tumors of the Central Nervous System combines molecular and histologic parameters to define brain tumors. In his keynote presentation, Dr. David Louis (Boston, MA) reviewed the restructuring in the 2016 WHO Classification including major changes to diffuse gliomas, medulloblastomas, and embryonal tumors as well as several other additions and removals. In this new classification infiltrating astrocytomas and oligodendrogliomas are grouped into the family of “diffuse gliomas” which are defined by molecular alterations in the isocitrate dehydrogenase-1 (IDH1) gene and chromosome 1p19q codeletion. Newly



Pulitzer Prize Winning Author Siddhartha Mukherjee delivered a special keynote supported by Novocure entitled: *The Landscape of Cancer*.



Guha Award recipient Michael Taylor delivered a lecture entitled: *Biology of Medulloblastoma Dictates Behaviour in the Clinic*.



Margaret Wrensch received the Lifetime Achievement Award from SNO President Nino Chiocca.



David Louis received the 2016 Levin Award which honors an individual with a career commitment to neuro-oncology, who has demonstrated leadership and, through scientific innovation, has made extraordinary achievements in neuro-oncology research.



Mary Lovely was awarded the SNO Public Service Award in recognition of her many contributions to the field of neuro-oncology, and her tireless efforts to improve the lives of brain tumor patients, their families and caregivers.

recognized entities include diffuse midline glioma H3 K27M (WHO Grade 4 pediatric glioma), RELA fusion-positive ependymoma, and epithelioid glioblastoma (GBM). Gliomatosis cerebri, among other entities, was removed.

### Epigenetic Mechanisms of Glioma

Mutations in the IDH1 gene are common in low-grade gliomas (LGGs). Keynote presentations from Drs. Joseph Costello (San Francisco, CA) and Bradley Bernstein (Boston, MA) highlighted genetic and epigenetic mechanisms underlying IDH1 mutant glioma progression. Dr. Costello demonstrated striking parallels between the branching tumor evolution observed using both genetic (DNA sequencing) and epigenetic (DNA methylation) data in paired primary and recurrent LGG specimens. Although the great majority of LGGs retain IDH1 mutation upon progression/recurrence, both deletion and amplification of the IDH mutant allele coincided with malignant progression in a subset of progressive LGG patients. Data from Dr. Bernstein showed that IDH1 mutant-associated DNA hypermethylation disrupted insulator protein (CTCF) binding at specific sites. Compromised insulator function affects chromosome topology leading to increased expression of PDGF receptor alpha (PDGFRA), a receptor tyrosine kinase and glioma oncogene, elucidating the oncogenic role of IDH-mutation.

### Update on Outcomes from EF-14

Final progression-free and overall survival data from the phase 3 EF-14 trial showed significant survival benefit for patients receiving Tumor Treatment Field (TTF) therapy. This prospective, multi-center, phase 3 study was initiated in 2009 to test the efficacy and safety of combining TTF with temozolomide (TMZ) compared to TMZ alone following radiation therapy in newly diagnosed GBM. Results of the intent-to-treat analysis of all 695 enrolled patients with a mature minimum follow up 18 months (median 36) show a median progression-free-survival of 6.7 months (95% CI 6.1-8.1) in the TTF/TMZ experimental group compared to 4.0 months (95%CI 3.8-4.3) for the TMZ alone control group (HR 0.63, p<0.00005). Median overall survival from randomization was 20.8 months vs 16 months, respectively (HR 0.65, 95%CI 0.54-0.79, p<0.00062) and 2-year survival was 42.5% (95%CI 38-47%) vs 30.0% (95%CI 24-37, p<0.001). Quality of life analyses to determine perceived patient burden are forthcoming.

### ACT IV: EGFR VIII-targeted Vaccine in Newly Diagnosed GBM

Despite favorable results in single arm phase 2 trials, the Epidermal Growth Factor Receptor (EGFR) VIII-targeting vaccine rindopepimut failed to show a survival advantage in patients with newly diagnosed GBM. This international, double-blind, phase 3 trial enrolled 745 patients at 165 centers. The trial was terminated for futility in early 2016 after a second planned interim analysis. Median OS was 20.1 months (95%CI 18.5-

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22.1) in the rindopepimut group compared to 20.0 months (95%CI 18.1-21.9) in control patients with minimal residual disease (HR 1.01, p=0.93). Anti-EGFR VIII humoral response was similar to that observed in prior phase 2 studies. Surprisingly, in patients with bulky disease a trend towards an overall survival advantage was observed with rindopepimut (HR 0.79, 95%CI 0.61-1.02, p=0.066); however, this was not supported by progression-free survival analysis (PFS HR 0.86, 0.66-1.12 ).

### **KEYNOTE-028 Glioblastoma Cohort**

The first efficacy results of immune checkpoint inhibitor therapy in patients with recurrent GBM were presented. The KEYNOTE-028 study evaluated the safety and efficacy of the anti-PD-1 monoclonal antibody pembrolizumab as monotherapy in an expansion cohort of 26 recurrent glioblastoma patients with positive PD-L1 expression. Pembrolizumab had a manageable safety profile with grade 3-4 treatment-related AEs observed in 15.4% of patients (lymphopenia, type 2 diabetes mellitus, arthritis, and syncope). While only 1 partial response was observed, 12 patients (46%) experienced stable disease at a median duration of 39.4 weeks (95% CI 7.1-85.9), median PFS 2.8 months (95%CI 1.9-9.1), and median OS 14.4 months (95%CI 10.3-not reached). Durable response was suggested in 4 patients who continued therapy >54 weeks following enrollment.

### **MEDI4736 in Bevacizumab-Naïve Recurrent GBM**

Preliminary safety and efficacy data from the ongoing phase 2 multicenter, open-label study of the anti-PD-L1 antibody MEDI4736 (durvalumab,) were presented for cohort B (bevacizumab-naïve first recurrent GBM). In these 31 patients treated with durvalumab monotherapy, no grade 4/5 serious treatment-related adverse events (TRAEs) were observed; grade 3 TRAEs were reported in 9.7%. Response rate was 13%, Median PFS was 13.9 weeks (95%CI 8.1-24.0), and 6-month PFS was 20% (90%CI 9-7-33.0) with 5 of these 6 patients remaining progression free at 1 year.

### **Interim Data of First-in-class IDH Inhibitor**

Interim data from the phase 1 study of AG120, a first-in-class IDH1 inhibitor, were reported. The agent was very well tolerated with no dose-limiting toxicities and the Maximum tolerated dose was not reached. An overall radiographic response rate (ORR) of 3% (95%CI 0.4-10.7) was reported. Of the 65 patients with recurrent of progressive IDH1 mutant glioma, no objective radiographic response was observed in the enhancing disease cohort (n=31), and a 9% PR and 83% SD was observed in the non-enhancing disease expansion cohort. Median treatment duration was 8.1 months (95%CI 1.4-17.8) in patients with non-enhancing disease, with 42% of patients still on treatment, compared to 1.9 months (95%CI 0.4-10.4) in enhancing disease. Using volumetric measurement of FLAIR tumor volume, 58% of patients with non-enhancing tumor had stable or decrease slope on drug.

### **Key Top Scoring Abstracts**

Soeren Mueller (Diaz Laboratory, San Francisco, CA) presented results of single-cell profiling of glioblastoma biopsies using RNA sequencing data, which suggest that mutations affecting PDGFRA enhance proliferation and are found in 16% of GBM.

Yi Fan (Philadelphia, PA) presented data on the contribution of cellular plasticity to chemotherapy response and showed that tumor endothelial cells

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*David Louis delivered a Friday morning keynote on the 2016 WHO classification of CNS tumors entitled: An overview and a review of diffuse gliomas in adults.*



*David Ellison delivered a second Friday morning keynote on the new WHO classification of CNS tumors entitled: What's new for pediatrics?*



*Joseph Costello delivered the first Saturday keynote entitled: The parallel lives of mutations and epimutations during tumor evolution.*



*Bradley Bernstein delivered the final keynote of the meeting entitled: Epigenetic mechanisms of glioma initiation and evolution.*

# SNO 21st Annual Meeting Abstract Award Winners



**Adult Clinical Research**  
Results of the phase Ib KEYNOTE-028 multi-cohort trial of pembrolizumab monotherapy in patients with recurrent PD-L1-positive glioblastoma multiforme  
*David Reardon*



**Adult Basic Research**  
*Award supported by the National Brain Tumor Society, presented by Kris Knight (L)*  
Single-cell profiling of glioblastoma biopsies identifies a family of activating PDGF-receptor deletions  
*Soeren Mueller*



**Young Investigator-Clinical Research**  
Epigenomic treatment for IDH wild-type grade III glioma, targeting dysregulation of EZH2-H3K27me3  
*Ohka Fumiharu*



**Clinical Research Pediatric**  
Integrated molecular and pathological characterisation of non-brainstem paediatric high grade glioma from the HERBY phase II randomised trial  
*Alan Mackay*



**Quality of Life Research**  
*Award supported by the Sontag Foundation, presented by Kay Verble (L)*  
Mutant IDH1 promotes tumor-associated epilepsy in glioma patients  
*Craig Horbinski*



**Translational Research Adult**  
Fatty acid oxidation is required for the respiration and proliferation of malignant glioma cells  
*Elizabeth Stoll*



**Andrew Parsa Young Investigator-Basic Science/Translational**  
Stimulated Raman scattering microscopy provides diagnostic intraoperative histopathologic images in brain tumor patients  
*Daniel Orringer*



**EANO Travel Grant Winner**  
18FET-PET uptake dynamics serves as an additional imaging biomarker in astrocytomas with IDH1/2 mutation and NIMG-34 no LOH1p/19q  
*Bogdana Suchorska*



**Basic Research Pediatric**  
R206H ACVR1 significantly accelerates diffuse intrinsic pontine glioma pathogenesis  
*Christine Hoeman*



**Translational Research Pediatric**  
Modeling adult proneural and mesenchymal glioblastoma using RCAS/t-va technology  
*Cameron Herting*

undergo c-Met-mediated transformation into mesenchymal stem-like cells, leading to temozolomide resistance.

Mariella Filbin (Suva Laboratory, Boston, MA) profiled adult and pediatric glioblastomas using single-cell RNA sequencing and showed that most cancer cells differentiate along specialized glial programs with a subpopulation of undifferentiated cells expressing neural stem cell-like programs.

Elias Sayour (Mitchell Laboratory, Gainesville, FL) used a preclinical cellular immunotherapy model to show that RNA nanoparticles can be combined with tumor RNA and supersede dendritic cells in mediating anti-tumor activity.

Cameron Herting (Hambardzumyan Laboratory, Atlanta, GA) used RCAS/t-va technology to generate adult proneural and mesenchymal GBM mouse models that more closely resemble human tissue samples. These models recapitulated the microenvironmental and molecular features of human tumors and may allow for accurate preclinical testing of subtype-specific targeted therapies.

Fumiharu Ohka (Natsume Laboratory, Nagoya, Japan) reported on the in vivo mechanisms of IDH wild-type grade 3 glioma formation. Using an IDH wild-type grade 3 glioma mouse model, these researchers showed that upregulation of EZH2, a methyltransferase of histone H3K27, is a major alteration. These data suggest that IDH wild-type grade 3 gliomas may depend on EZH2 dysregulation, a potential novel therapeutic target.

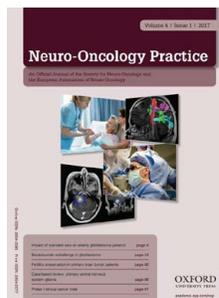
Daniel Orringer (Ann Arbor, MI) presented data on the intraoperative use of stimulated Raman scattering microscopy, a simple, automated method for rapid intraoperative histopathological imaging of fresh, unprocessed human surgical specimens. This method may ultimately contribute to more thorough histological sampling particularly at the brain-tumor interface.

Christine Hoeman (Becher Laboratory, Durham, NC) developed the first genetically engineered mouse model of diffuse intrinsic pontine glioma (DIPG) harboring both H3.1 K27M and ACVR1 mutations. Using the RCAS/t-va system, these researchers showed that activating bone morphogenic protein (BMP) pathway mutations in ACVR1 which encodes for the Activin A receptor contributes to the tumor growth in this model. Treatment with an ACVR1 inhibitor decreased tumor neurosphere viability.

Members of SNO are encouraged to mark their calendars for the 22<sup>nd</sup> Annual Meeting which will be held in San Francisco from November 16-19, 2017.

## Key Papers from Neuro-Oncology and Neuro-Oncology Practice

Members are invited to explore a collection of some of the key papers published in 2016 from SNO's two official journals, *Neuro-Oncology* and



*Neuro-Oncology Practice*.

This collection features the most downloaded, and highest Altmetric scoring articles of the year. To view the collection, visit the OUP Neuro-Oncology website, or simply [click here](#).



*Both SNO journals have been completely redesigned for 2017!*

## WFNOS Magazine Now Available!

The leadership of the Society for Neuro-Oncology (SNO) and the European Association of Neuro-Oncology (EANO) are pleased to announce that a new issue of the World Federation of Neuro-Oncology Societies (WFNOS) Magazine is now available as a complimentary pdf [download](#).



Contents of this issue include:

- Boron Neutron Capture Therapy for Malignant Brain Tumors
- Viral Induction of Gliomas
- Bevacizumab in Glioblastoma
- It is Not Just About Biology and Drugs . . .
- Interview with Christine Marosi
- Determinants of long-term survival in glioblastoma—EORTC 1419
- Hotspots in Neuro-Oncology
- Update from Kathy Oliver of the IBTA

To download the entire issue (Vol. 2, #1) at no charge, visit the EANO website or to view the pdf, simply [click here](#).

## Recap of the 2017 SNO Wilkins-Barrick International Outreach Course held in Sri Lanka

Recap submitted by Ruvini Abeygunaratne

A SNO Wilkins-Barrick International Outreach Course in Neuro-Oncology was held in Colombo, Sri Lanka on the 21st of January 2017. This was made possible by the generous grant awarded by the Greg Wilkins-Barrick Chair in International Surgery with matching support from the SNO Foundation. This momentous meeting was indeed a landmark event as it also initiated the first Neurosurgical academic sessions in Sri Lanka, which is a feat in itself.

Recovering from thirty years of civil war, Sri Lanka is making leaps and bounds in catching up with the rest of the world with regards to medical progress, and the course was another important building block in this process.

The course was held on the 21st of January at the Galleface hotel this was preceded on the 20th by an inauguration ceremony, where we welcomed our national and international speakers. As the function was a key event, the Minister of Health attended as the chief guest. It was a great privilege to have some of my teachers who are also experts in the field of neuro-oncology attend as speakers. It was also a great honor to have Gelareh Zadeh as our guest of honor and a speaker. We were able to cover all important aspects of neuro-oncology. The attendance was astounding and unexpected. Neurosurgeons but also neurologists, pathologists, anesthesiologists, radiologists and their trainees attended. The feedback we received was outstanding.

The course laid the first building block in not only bringing attention to the practice of neurooncology in Sri Lanka but also bringing together the neurosurgeons and allied professional to provide the best evidence based management for this important group of patients. The importance of a multidisciplinary approach was emphasized throughout the course.

The course initiated a cascade of events. Firstly and most importantly the importance of working together for the betterment of the patients. Great emphasis was placed on the importance of a multidisciplinary approach to

*Editor's note: thanks to the generosity of the University of Toronto, the Krembil Neuroscience Centre, and the SNO Foundation, two Wilkins-Barrick International Outreach Courses were organized in 2017. A recap of each course is provided here and on the following page.*



*The Wilkins-Barrick SNO International Outreach Course held in Sri Lanka in January was a landmark event for the country after 30 years of civil war.*

patient care. The need to initiate a recruitment drive for more neurosurgeons is currently being looked into as we are in need of at least one hundred neurosurgeons for the population of Sri Lanka and currently we only have fifteen. Protocol driven management is being established, and we are in the process of setting up a brain tumor database. With regards to allied professionals, we will be looking into training specialist nurses in the area of neuro-oncology, which is a new concept in Sri Lanka. We are also looking into aspects of patient education and support networks for patients and their families when dealing with malignant brain tumors. We would also be looking into the establishment of links with other units of excellence from around the world for guidance and training opportunities.

The organizers would like to thank wholeheartedly on behalf of the neurosurgeons association of Sri Lanka the Greg Wilkins-Barrick Chair in International Surgery and the Society for Neuro-Oncology for awarding us this grant and being pivotal in the events that followed.

## Recap of the 2017 SNO Wilkins-Barrick International Outreach Course held in Marrakech

*Recap submitted by Eric Bouffet*

On April 8th, 2017, immediately after the 2017 SIOP Africa meeting, the 2017 Wilkins-Barrick SNO International Outreach Course took place in Marrakech, Morocco. Due to this particular sequence of events, the course chose to focus predominantly, if not exclusively, on paediatric brain tumours. Its main objective was to identify and address the most prominent challenges that impact access to and quality of care in constrained resources settings. With 9 keynote speakers, of which 6 were from North America and 3 from Africa, the program proved to be quite dense, as the entire course was delivered in one day. Yet, attendance was very high, comprising over 150 delegates, all in excellent spirit.

As reiterated by various speakers, constrained resources primarily mean that the development of neuro-oncology programs in Africa cannot follow Western blueprints. However, a number of topics can be addressed in a transcendental manner, such as the delay in diagnosis (a current hot topic). The UK-based HeadSmart program was presented as a successful example, to be possibly duplicated on the African continent, in spite of the extensively discussed context of limited health care resources. Regarding management, the issue of multidisciplinary care was addressed, as many teams still work in silo with little or no communication with other disciplines. As a consequence, many patients suffer from major management-related delays with significant impact on outcome.

Concerning management, the workshop was an opportunity to discuss the importance of the extent of surgery in specific tumor types. As in many other places with limited expertise in paediatric neuro-oncology and constrained technical facilities, the surgical management, in Africa, of patients with tumors such as medulloblastoma or ependymoma is often limited to a generous biopsy. This situation is changing in some countries, as illustrated by Dr. El Abbadi with her presentation on the surgical management of pediatric ependymoma in Morocco.

The use of radiotherapy in the management of pediatric brain tumors was also discussed, as was the issue of



*The 2017 Wilkins-Barrick SNO International Outreach Course held in Marrakech, Morocco was a great success, with over 150 delegates participating.*

radiosurgery and its increasingly high usage for paediatric brain tumours in some institutions. It was in this context that Jeanette Parkes pointed out the lack of data supporting the use of radiosurgery in children.

One of the highlights of the course was the session on the genetics of pediatric brain tumors, led by Uri Tabori, who elaborated on the possibility to screen, detect and treat paediatric brain tumours at an earlier stage (and consequently with improved outcome) in some populations with cancer predisposition syndromes. The course was also an opportunity to discuss the need to collaborate and try to close the “neuro-oncology gap” between high-income and low-income countries. It is clear that topics such as whole-genome sequencing, personalized medicine, checkpoint inhibition, or proton radiation have no place in countries with limited resources.

The role of the 2017 Wilkins-Barrick SNO International Outreach Course was therefore a unique opportunity to address these challenges: although there is no clear solution today on how we might close a widening gap between high and low income countries, awareness of the issue is important, and several contacts were made during this course, in particular between keynote speakers and participants eager to develop some form of collaboration.

## SNO Members Participate in 2017 Head to the Hill

By Monica Venere  
Young Investigator Committee Chair

On May 8-9, the Society for Neuro-Oncology sponsored nine members and staff to attend the National Brain Tumor Society's (NBTS) annual Head to Hill advocacy event held in Washington, D.C. They joined nearly 300 participants, representing 38 states, which converged on Capitol Hill for meetings with their respective congressional offices to garner their support for legislative action that directly impacts the brain tumor community.

The two day event started with a full day of advocacy training to prepare the diverse group of brain tumor patients, survivors, caregivers, researchers and medical doctors on how to best convey their message. Seating was organized by state which facilitated connections and allowed first-time attendees the opportunity to learn from the shared experiences of previous participants. A key element of the training was practicing how to effectively tell your story and fold it into the two NBTS legislative "Asks" for 2017. The first legislative action requested was a \$2 billion increase in appropriations for the National Institutes of Health (NIH) over the fiscal year 2017 level along with an additional \$60 million for the Peer Review Cancer Research Program of the Congressionally Directed Medical Research Program of the Department of Defense (DOD). Specifics of this request included a proportional increase to the National Cancer Institute (NCI), continued funding for the Cancer Moonshot and other priorities within the 21st Century Cures Act, and that the DOD program include adult and pediatric brain tumors within the finalized list of eligible topic areas for that funding mechanism.

The second legislative request was that each congressional representative co-sponsor and facilitate passage of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act of 2017. Specifics of this request

include the expansion of biorepository efforts for NCI-sponsored clinical trials, a national childhood cancer registry, further research for late effects of childhood cancers, and the inclusion of a pediatric oncologist within the National Cancer Advisory Board. The STAR Act was unanimously passed by the House during the 114th Congress but the fiscal year ended before it could get through the Senate hence the need for the 115th



Six Young Investigator members represented SNO at the National Brain Tumor Society's 2017 Head to the Hill event, including: Daniel O'Connell, Dima Hamideh, Surabhi Ranjan, Monica Venere, Nicole Lieberman, Jooyeon Nam. Also participating was SNO Board Member, Jeffrey Wefel, and SNO staff members, Chas Haynes and Carolyn Loch.

Congress to again take action on this bill. Speaking to the group during the training session were the SNO Vice President and SNO Public Policy Committee Co-Chair, Terri Armstrong, APN, PhD, and the SNO Former Vice President, Mark Gilbert, MD who were also involved in organizing the final brain tumor event of the day; the Collaborate Ependymoma Research Network (CERN) Foundation butterfly release.

On the second day of the event, attendees readied themselves with comfortable walking shoes and donned matching "Head to Hill 2017" t-shirts to embark on a full day of congressional meetings. Each state group, or sub-group for those states with a large contingent present, was slated to meet with both Senate offices as well as the House representatives for the respective district of each attendee. The majority of meetings were with Legislative Directors or Legislative Assistants whose job it is to convey the "Asks" to the members of Congress. The personal stories worked on during the training session were shared and put into context to the need to increase medical research funding and pass the Childhood Cancer STAR Act. SNO members in attendance were able to provide additional details from the research perspective at the meetings.

SNO thanks the NBTS for the opportunity to be part of this event and work together on the common goal of advancing medical research for brain tumors.

## Neuro-Oncology Fellowship Match Update

For the past several years, neuro-oncology fellowship program directors have desired a centralized fellowship match program, which would standardize the process among institutions and allow for a coordinated approach to fellowship matching for both institutions and applicants alike. A formal match would create a registry of all of the participating programs in one location for candidates to explore, as well as a universal application/interview timeline and a list of documents for applicants to have ready. It would encourage the pursuit of best fit scenarios for both programs and candidates and help to unite our growing field.

A collective meeting of the known programs directors met during the 2015 SNO conference to propose the creation of a match. It was approved with enthusiastic support from the program directors as an apparent natural next step. Led by Dr. John De Groot (MD Anderson) and Dr. Scott Plotkin (Harvard Medical Center), a committee was formed to explore the best possible options. Based on their discussions, an agreement was reached with a prominent fellowship matching company, SF Match, which will serve as the managing entity of the process.

The Society for Neuro-Oncology will serve as the sponsoring organization.

The approved match timeline is as follows:

October 1, 2017 - applications open  
February 28, 2018 - applications close  
March 1, 2018 - interviews period begins  
May 31, 2018 – interview period ends  
June 7, 2018 - rankings due at 12:00noon PST from candidates & programs  
June 21, 2018 - results posted  
June 22, 2018 - vacancies posted

Applications for the 2019 fellowship year will be accepted beginning October 1, 2017. For complete information, visit <https://www.sfmach.org/Specialty.aspx> and select the neuro-oncology tab.

### Institutions participating in the Neuro-Oncology Matching Program

- Barrow Neurological Institute at St. Joseph's Hospital and Medical Center
- Beth Israel Deaconess Medical Center at Harvard Medical School
- Cleveland Clinic
- Columbia University Medical Center
- Duke University/Preston Robert Tisch Brain Tumor Center
- Henry Ford Health System – Hermelin Brain Tumor Center
- Johns Hopkins University
- Massachusetts General Hospital
- Mayo Clinic Arizona
- Mayo Clinic, Rochester
- Memorial Sloan Kettering Cancer Center
- Northwestern University
- Stanford University
- The Ohio State University
- University of California, Irvine
- University of California, Los Angeles (UCLA)
- University of California, San Francisco
- University Hospitals Case Medical Center
- University of Alabama at Birmingham
- University of Colorado
- University of Michigan Medical Center
- University of Rochester Medical Center
- University of Utah/Huntsman Cancer Institute
- University of Virginia
- University of Washington School of Medicine
- University of Texas MD Anderson Cancer Center
- University of Texas Southwestern Medical Center
- Yale School of Medicine

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The Society for NeuroOncology

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#### SNO News

The SNO News is published two times per year  
and is distributed to members and friends of  
the Society for Neuro-Oncology.

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