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Professor Charles E. Geyer: neoadjuvant therapy is becoming standard of care for HER2+ breast cancer

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Introduction

Charles E. Geyer Jr. (*Figure 1*), MD, FACP, is Professor of Medicine in the Division of Hematology, Oncology and Palliative Care, Department of Internal Medicine, at the Virginia Commonwealth University School of Medicine, and he is also an Associate Director for Clinical Research at Virginia Commonwealth University Massey Cancer Center.

As a board certified medical oncologist, Dr. Geyer is an internationally recognized expert in breast cancer with his expertise in the study and treatment of breast cancer. Dr. Geyer is also an excellent clinical researcher, collaborating with international laboratory and clinical investigators.

As the director of medical affairs at the National Surgical Adjuvant Breast and Bowel Project (NSABP) from 2004 to 2011, he oversaw the development of and played a key role in the national cooperative group's clinical studies for breast and colorectal cancers. He was also the founding cochairman of the NCI (National Cancer Institute) Breast Cancer Steering Committee. He was also previously president and chief medical officer of the Statewide Clinical Trials Network of Texas (CTNet).

Interview

During the 2016 China-America Summit Forum on Breast Cancer in Guangzhou, China, we were honored to meet Dr. Geyer and invited him for a brief interview to share his opinions on neoadjuvant systemic therapy for breast cancer, to introduce the NCI Breast Cancer Steering Committee, and to share his experience in doing clinical research.

During the interview, Dr. Geyer stated that neoadjuvant therapy is becoming more and more routine in the United States, especially in those centers active in clinical trials. In the United States, neoadjuvant therapy has become a standard for triple negative breast cancer and for HER2+ breast cancers, because those are the cancers that have the highest chance of going away completely with the therapy, referred to as a complete pathologic response.



Figure 1 Professor Charles E. Geyer Jr.

In the absence of such a response, patients have a much higher chance of recurrence than those having a complete response. In the USA, they tend to use neoadjuvant therapy for those tumor types.

Dr. Geyer also introduced the National Cancer Institute Breast Cancer Steering Committee for us. Some years ago, the NCI restructured the way it reviewed and approved clinical trials that were sponsored by the NCI. For many years, the decisions were made by a committee comprised of people from the NCI. And several years ago, they decided that they should have cancer leaders from outside the NCI to review and make the decision, so established a steering committee for each type of cancer, called Steering Committees. Dr. Geyer was a founding co-chair of the Breast Cancer Steering Committee for three years.

When being ask to share some stories along his career with our readers, Dr. Geyer said that he is most proud of being part of clinical research and he has been very happy and rewarded with his desire to do clinical research. When he finished his training, he thought he was going to be a doctor that didn't do research. He would just take good care of the patients and observe what researchers did and changed his practice as studies finished. He quickly realized



Figure 2 Professor Charles E. Geyer: neoadjuvant therapy is becoming standard of care for HER2+ breast cancer (1). Available online http://www.asvide.com/articles/1184

that in order for him to really be do the best for his patients, he needed to be part of clinical research. So he joined the NSABP early in his career and has been very active in that. Finally, Dr. Geyer stated that it is important for cancer specialists to recognize that today's best therapies are still not working well enough and we need to work together in

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clinical research to make treatments better for our patients globally.

For more details about this interview, readers can refer to the following video (*Figure 2*).

Acknowledgements

None.

Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

References

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