



Dr. Samuel J. Klempner: collaborations with Asian countries speed up gastric cancer research

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Expert's introduction

Samuel J. Klempner, MD, currently serves as the Director of GI Oncology and Precision Medicine at The Angeles Clinic and Research Institute, Samuel Oschin Comprehensive Cancer Institute, Cedars-Sinai Medical Center in the United States (*Figure 1*). He is a clinical and translational researcher focusing on experimental therapeutics in solid tumors, particularly upper gastrointestinal malignancies.

Dr. Klempner completed his residency in internal medicine at Brigham and Women's Hospital/Harvard Medical School, followed by a combined hematology-oncology fellowship at Beth Israel Deaconess Medical Center/Harvard Medical School. While at Harvard, he studied the mechanisms of resistance to targeted therapies in tumor cells in the lab of Dr. Lewis Cantley, PhD. He served as an Assistant Professor at the University of California Irvine [2013–2016] prior to joining The Angeles Clinic and Research Institute.

Dr. Klempner is currently an Editorial Board Member of *Translational Cancer Research (TCR)*. His research has been presented at major international meetings including the American Society of Clinical Oncology (ASCO), European Society of Medical Oncology (ESMO), and the American Association for Cancer Research (AACR). Besides, he published in prestigious journals such as the *Journal of Clinical Oncology (JCO)*, *Cancer Discovery*, *JAMA Oncology*, *Annals of Oncology* and others. He is also active in SWOG and serves on several grant review committees.

Interview

HBSN: *What led you to the study of oncology?*

Dr. Klempner: I always liked science. What actually led me to oncology was that my mom died at about 50 of colon cancer. I was in medical school at the time and I was frustrated by the lack of science driven treatment options for her and all cancer patients, so I decided that what I



Figure 1 Dr. Samuel J. Klempner.

wanted to do was try to work on bringing the science to the patients in whatever way that I could. That's ultimately what drew me to cancer.

HBSN: *Can you introduce us to your most recent funded research, including its scope, purpose, duration of funding and current status?*

Dr. Klempner: A lot of my research is clinical trials, clinical research as well as translational projects looking at patient samples and what we can learn from them to better select who is and who's not going to respond to a given therapy. Probably one of our largest ongoing projects is starting to look at ascites which is a major problem in gastric and esophageal cancers (more stomach than esophagus). About 40% of patients get peritoneal disease and ascites. It's a very symptomatic condition—associated with abdominal discomfort and nutritional deficiencies. It's really fascinating

the paucity of knowledge on the basics of what's in stomach cancer ascites, what is the tumor cell makeup, and what is the immune cell makeup. Our project is basically to take an overview of what ascites is. Our hypothesis is that the tumor cells surviving in ascites are different from the population surviving in lymph nodes or primary tumor. Perhaps those differences can be exploited particularly with regards to immune therapies. We are very interested in how the composition of the ascites changes over time during various treatment strategies, whether that's chemotherapy, anti-angiogenic, or immunotherapy. Our project collects serial ascites samples as well as primary tumor samples as much as possible. It's a broad profiling project looking at cytokine arrays, DNA sequencing and immune cell profiling. It's partly funded by collaborations, partly by philanthropy and partly by peer-reviewed grant mechanisms. In the US the accrual may be slower and there are certainly advantages to collaborations in countries like China, Korea and Japan where gastric cancer is much more common. We would love to find collaborations where we can all work together because we could get to the results much more quickly.

HBSN: *How do you expect it to further develop in the future?*

Dr. Klempner: I think we'll learn a lot from a project like this. We'll learn everyone's ascites is probably a little bit different but there are probably some broad patterns that perhaps can be biomarkers of response or resistance. Ultimately, the hope would be to be able to tailor therapies based on some ascites markers including exploring intraperitoneal therapies. There's some research previously with some trifunctional antibodies that was promising and perhaps abandoned a little bit early in my opinion, so hopefully resurrecting some intraperitoneal therapies, maybe even at the time of surgery.

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HBSN: *What sort of challenges/difficulties have you encountered during your research?*

Dr. Klempner: One of the hardest things is time management, especially when you have clinical responsibilities—patient care—which takes up a lot of your time. To do research you also need time. Balancing patient care and protected time for research is difficult. I have not figured out yet how to add more hours to the day or get rid of sleep, so I focus on efficiency. Besides, funding is a competitive environment and obtaining funding is a time intensive process as there's a lot of collaborative work.

HBSN: *As a professor, physician, researcher and chief, how do you strike a balance among all the duties and relieve stress?*

Dr. Klempner: In order to do your job the best, you have to have a good balance outside of work and sometimes come up with creative ideas from doing non-medical things. I like building things such as furniture, working on the house, travel, hunting, having a garden, and being outside. Thankfully I have a very understanding wife who doesn't mind that I work a lot.

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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