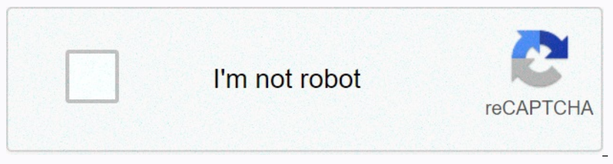

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Bill plunkett study guide

Below is a list of questions that appeared on the seller licensing exam I took last week. I was surprised at how much I could remember. Please send me questions and/or feedback. Good luck! Oh, and I passed! 1) In NYS, how old do you have to be to enter into contracts? -18 2) What other ability should they possess? –Mental and emotional ability 3) What happens if one of the contracting parties is a minor? –The agreement is invalid by the minor 4) What do the Zoning Board's appeals do? –Grants variances 5) What regulates building codes in nys? – Building codes 6) What does the municipal engineering office do? –Oversees the planning and construction of major highways, sewerage systems and water connections 7) If a real estate advertisement indicates that the property is near a geographical area, what else must the advertisement cover? –It must contain the name of the geographical area where the property is actually located 8) Who is usually exempt from property tax? – Disabled people, veterans, farmers, the elderly, gold star parents (whose children die in war) and star homeowner programs 9) Who is not usually exempt from property taxes? –Other homeowners 10) What covers fully for personal property lost in a fire? –Replacement cost 11) Find the square meters in a rectangular shaped floor plan. Note: learn how to find area boxes and rectangles 12) What is cash on cash return on a $2 million property with an installment of 500,000 and $15,000 monthly rental income?-36 percent 13) Who hires the agent? –Principal or principal 14) What is not a CMA (comparative market analysis)? –A valuation 15) What can a seller not do? –Raise money directly from the customer or customer 16) When should the agency's information form be submitted? –At the first substantive contact 17) What action does the agency (who he or she represent) describe from the seller? –Agency information form 18) What is another name for the roof slope? –Pitch 19) Which carcinogenic component was used as insulation in electrical transformers that contaminated soil and groundwater? –PCB or polychlorinated biphenyler20) What can brokers give their sellers if they are independent contractors? –Office phone 21) What is right to access water from a river or stream called? –Riparian 22) What protected the Civil Rights Act of 1866, without exception? –Race 23) What protected the 1988 Amendment to the Civil Rights Act? –Disability and familial status 24) What is convincing owners to sell/rent property by telling them a certain group of people moving into the area called? –Blockbusting 25) What is it called when agents refuse to do business in a particular area based on the characteristics of the people who live there? –Redlining 26) Unless a smaller property is listed, the transfer of ownership of real estate in nys creates what kind of interest? -Fee Simple 27) What is another name for the transfer of title to real estate? –Conveyance 28) What does it call when the government dictates how a property can be used? –Zoning 29) Who issues real estate licenses? –NY Department of State 30) Who oversees licensing and registration of mortgage bankers and brokers? –NYS Banking Division 31) Which department oversees drinking water security? –NYS Department of Health 32) Who decides the Commission? –Principal/principal and broker 33) What happens when the agent represents the seller but also works in the buyer's best interest? –Secret dual agency 34) A real estate salesman is what kind of agent? –Special 35) What clause in the deed describes the property? –Legal descriptions 36) What type of income is partnership/investment? –Portfolio 37) What is the name of the policy that provides additional liability coverage beyond the primary policy? –Umbrella policy 38) What kind of maintenance is fixing a leaky faucet? –Corrective maintenance 39) What is the property tax based on? -Estimated value 40) What is the market value? –What the property will sell for in a competitive marketplace 41) What is a loft lease? –It is a lease for space that is not divided into room 42) What types of commercial real estate use the percentage lease? –Shops / shopping malls 43) Who is responsible for the terms of the lease if the unit has been sublet? –Tenant 44) What is the government's taking of private property for general use called? –Eminent domain 45) How many years is a residential investment property depreciable for? -27.5 years 46) How much profit can a single person claim from the sale of a personal home that is tax-free? -$250,000 47) What is the right to use another's land that falls short of ownership called? Servitut 48) Joe wasn't paid for the supplies and labor he gave to homeowner Smith. What kind of pledge for will he file against Smith? –Mechanics lien 49) What does the same function as a circuit breaker serve? –Hedging 50) What type of property is created when only one person holds ownership of real estate? –Ownership in severalty 51) How much should the seller reimburse the buyer for refusing to provide a property disclosure form? -$500 52) The seller tells the listing agent he filed for bankruptcy the previous year. The seller does not stop listing the property with the agent. But what fiduciary duty does the agent owe to the seller? -Confidentiality What kind of financing is used to buy a new property when the old property has not been sold yet? -Swing loan or bridge loan 54) Who is the borrower of a mortgage? -Mortgagor 55) What Does The Property Settlement Procedures Act (RESPA) require? –Good faith estimate of the closing costs of federally funded loans 56) What is the right reserved for the condo association that gives them the first opportunity to purchase or lease a unit when it becomes available? –Right of proposal 57) A coop is what kind of ownership? –Leasehold 58) What is the summary of the chronological history of the title and related documents to what is called? -Abstract of Title 59) What type of mortgage is when a new mortgage that is higher in amount wraps around an existing first mortgage that is smaller in amount? –Wraparound mortgage 60) What document provides detailed information about an apartment or coop project? –Offer plan 61) What is the name of the process that calculates the value of an asset in the past, present and future? –Time value of money 62) What does it call when a building loses its desirability due to an outdated design function? –Curator 63) What types of investment properties are warehouses and distribution centres? –Manufacturing 64) What controls issues like sound, pets in an apartment or coop? –House Rules 65) What is homeman real estate? –Residential apartments, 1-4 family homes, mobile homes & farm dwellings 66) What is the area the tenant actually occupies and uses? – Useful square or net square images 67) Who writes the contract first? –Buyer 68) What is the budget set aside for repairs and major improvements? –Capital reserve budget or replacement reserve budget 69) What is another name for ground lease? –Ground lease 70) What allows landlords to increase rents during the rental period? –Escalation clause 71) What are tax advantages on investment properties called? –Tax shelters 72) What kind of listing agreement is it where the listing broker receives commission for the sale of the property even if the owners themselves sell the property? –Exclusive right to sell 73) What is an implied clause in an act? –Grantor owns the property and has the right to convey it or the right to silent enjoyment 74) What does Regulation Z (TILA) require next to the publication of interest? –Installment 75) What does the secondary mortgage market do? –Buying and Selling Mortgages Interview Navigation Material Interview Profile Submitted: 9 July 2014 Interview Information: Three interview sessions: 25 March 2013, 10 April 2013, 8 May 2013 Total approximate duration: 6 hours and 30 minutes Interviewer: Tacey A. Rosolowski, Ph.D. For supplemental materials: Contact, Resources Center, Research Medical Library: Javier Garza, MSIS, jjgarza@mdanderson.org About the Interview Subject: William Plunkett, Ph.D. (b. Boston, May 4, 1943), joined Md. Anderson in 1975 as an assistant biochemist at the Department of Developmental Therapeutictherapeutics. He joined the faculty of this department as an assistant professor later that year. He is now a full professor at the Department of Experimental Therapy and has a joint appointment in the Department of Leukemia. Dr. Plunkett's research has focused on studies of the cellular mechanisms of tumor viability. He has investigated the roles of nucleoside analogues, fludarabine and gemcitabine, as well as mechanisms of cell apoptosis. His translational collaborations result in innovative strategies for killing tumor cells. He is a co-director of the Moon Shot Program devoted to chronic lymphocytic leukemia. Since 2008, Dr. Plunkett has served as vice chairman of the Department of Experimental Therapeutics. In addition, from 1993 to 2004 he was head of the Division of Cellular & Molecular Pharmacology, Department of Experimental Therapy, then as head of research development from 2005-2008. Major topics covered: Personal and formed background View of history of biomedical sciences; development of team science Research: nucleoside analogues; gemcitabine, fludarabine; mechanisms for cell death, DNA repair Research collaborations: with Pharma; the importance of collegiality; inter-disciplinary discussions The CLL Moon shot program department of developmental memories of Emil J Freireich, MD Department of Experimental Thereutics: origin; strategic plan for; education initiative, department culture MD Anderson's conflict resolution Process Research Integrity Officer: roles; cases, research issues; Ethics of MD Anderson Executive Leadership: Opinions on Regarding transcripts and audio files In accordance with oral history best practices, this transcript was intentionally created to preserve the conversational language of the interview sessions. (The language has not been edited to match written prose). The subject of the interview was given the opportunity to review the transcript. All requested editorial changes are listed in brackets [ ], and the audio file has not been modified accordingly. Redaction tools to the transcript and audio files may have been made in response to the interview subject's request or to eliminate personal health information in accordance with HIPAA. Chapter Summaries Interview Session One: 25 March 2013 (listen/read) Chapter 00A Interview Identifier (listen/read) Chapter 01 (Educational path) A time for change in the sciences (listen/read) Topics covered Character, Values, Beliefs, Talents Personal Background Career Inspirations to practice science/medicine influences from people and life Researcher Evolution of Career in Research and Researcher History of Science, Cancer Research Dr. Plunkett briefly sketches his family history. (His father was a research technician at a metal laboratory in Milton, Massachusetts, and Dr. Plunkett still has a titanium cup that his father made for him.) He then discusses his pathway, which begins with his undergraduate years at Springfield College, where he heard Dr. Frances Crick talk about DNA. He explains his decision to focus on biochemistry when he attended graduate school at Amherst and describes the lively atmosphere of experimentation during this period when the biological sciences were in fermentation. Dr. Plunkett then describes how the emerging science of molecular biology spurred the understanding of genetics. Chapter 02 (Researcher) Focusing on a Research Career (Listen/Read) Topics Covered Researcher Career Formative Experiences Influences From People and Life Experiences Definitions, Explanations, Translations Professional at Work Evolution of Career Mentoring On Research and Researcher The History of Science, Cancer Research In this chapter, Dr. Plunkett talks about important events that focused his research career, starting with a competitive summer research scholarship in physiology he could secure at the Biological Laboratory at Woods Hole, Massachusetts. He describes the groundbreaking work being done and the mentorship he received. He goes on to talk about several mentors who had an impact on his career including Seymour Cohen (Univ. of Pennsylvania) and Bud Moner of Amherst who were very open to Dr. Plunkett's interest in purifying and classifying enzymes. He gives a portrait of Seymour Cohen, giving a brief story about how Cohen moved from U. Penn to the University of Colorado Medical Center in Denver, inviting Dr. Plunkett to join him. Dr. Plunkett describes the next work he performed in Colorado on nucleoside analogues (which offer a definition of these molecules) and notes other researchers influential in this field of research at the time. Chapter 03 (Joining MD Anderson / Coming to Texas) An interest in therapeutic applications and a job offer from J Freireich (listen/read) Topics covered Researcher Professional Path Overview Definitions, Explanations, Translations Funny Stories Joining MD Anderson Portrait MD Anderson History Dr. Plunkett begins this chapter which explains the growth of his interest in therapeutic applications of biochemistry. He defines nucleoside analogues, the focus of his research throughout his career. Dr. Plunkett describes how Dr. Cohen brought an influential researcher in for a spot visit: this was how Dr. Plunkett met Emil J. Freireich [Oral History Interview] from M.D. Anderson and, during their brief interaction, received an invitation to come and work at M.D. Anderson. Dr. Dr. Freireich's skills as an analytical listener, which goes on to explain the structure of the Department of Developmental Therapeutics and Dr. Freireich's role as one of its founders and a mentor to an entire generation of researchers. Dr. Plunkett next explains some bureaucratic hurdles that had to be addressed before he could be hired at Md. Anderson. He also sketches out the institutional restructuring that took place in 1983 under the leadership of Dr. Charles LeMaistre, noting that this move allowed clinical people to move into more leadership roles. Chapter 04 (Researcher) Basic and Clinical Researchers in Conversations at MD Anderson (Listen/Read) Topics Covered Researcher Professional Path Overview Definitions, Explanations, Translations Funny Stories MD Anderson Portrait MD Anderson History Multi-Disciplinary Approaches Institutional Assignments and Values MD Anderson Culture Professional Practice The Professional at Work MD Anderson Previous collaborations on research and researcher Dr. Plunkett discusses the position of basic researchers in an institution where clinical investigators have more of a voice. He lists the series of individuals who have led the Department of Medicine and sketches the history of the Department of Experimental Therapy. He notes that he and his colleagues have never had a department leader from the basic sciences who would make the cases on their behalf. He then sketches the evolution of the relationship between basic and clinical researchers, starting in '75, when Dr. Emil Freireich established weekly meetings of specialties (sometimes with 40-50 people) to discuss how to treat solid tumors, hematologicmalignancies, and other cancers. He describes the (sometimes emotional) nature of the meetings. He tells an anecdote about the role of statisticians in presenting analysis of data. He notes that the meetings influenced the design of investigations and led Dr. Michael Keating to set up a database for the Department of Leukemia. Dr. Plunkett then talks about how basic and clinical researchers worked together, first describing the receptive mindset required for collaboration. He shows with an example from studies of drugs to treat hematologic malignancies. Dr. Plunkett describes how much easier researchers can get research proposals approved in the seventies. Then he explains the symbiotic relationship between basic and clinical researchers, where clinicians need a basic scientific basis to confirm their clinical findings (giving clinical research street cred). Chapter 05 (Researcher) Working on Nucleoside Analogs (Listen/Read) Topics Covered Researcher Overview Definitions, Explanations, Translations MD Anderson History Multidisciplinary Approaches Institutional Assignments and Values MD Anderson Culture Professional Practice The Professional Work MD Anderson Past Collaborations On Research and Researchers Dr. Plunkett begins the story of his research on nucleoside analogues. He first mentions the collegiate environment that Dr. Emil Freireich established in the Department of Developmental Therapeutics and how this encouraged basic and clinical researchers to work together, extending laboratory results to patients. He collaborated with Drs. Michael Keating and Freireich on pharmacokinetic profiles of leukemia treatment with various drugs (ARA-C Cytarabine was the first studied) and explains that Dr. Ken McCready helped them acquire leukemia samples. He defines pharmacokinetics and pharmacodynamics. (He explains Dr. Kenneth McCready's work on intracellular metabolism and recovery of leukemia cells.) He then begins to talk specifically about his own work, and to post his previous research in Colorado that focused on Fludarabine in B-cell malignancies. He then explains the effects of nucleosides on DNA replication, RNA metabolism and DNA modifications that silence gene expression. Dr. Plunkett describes how to go about designing translational research projects and the need for researchers to know two languages to do this. First, the researcher needs to understand how cancer works to maintain its replication ability. By learning the mechanism of action, the researcher is then positioned to ask which cells would be susceptible to intervention. He gives examples of two studies that come from this type of interrogation. He then examines what translational research can accomplish and notes his ongoing activities with the Department of Leukemia –necessary so that he can keep up his understanding of the clinical dimension of his research studies. Chapter 06 (Researcher) Drug Studies (and how collegiality can move them along) (listen/read) Topics covered By researcher Overview Definitions, Explanations, Translations MD Anderson History Multi-Disciplinary Approaches Institutional Assignments and Values MD Anderson Culture Professional Practice The Professional At Work Industry Partnership at Pharmaceutical And Industry MD Anderson Previous collaborations on research and researcher Dr. Plunkett describe singling out his work with Fludarabine and his discovery that it was effective on chronic lymphocytic leukemia, resulting in a treatment that is now standard for care. He explains that he first acquired Fludarabine through his professional networks (with colleagues sometimes passing packages of drug samples for study at a conference), a resource that has continued to bring him new compounds, such as Clofarabine. Dr. Plunkett emphasizes how important it is to maintain collegial relationships with colleagues across institutions. He then talks about academic institutions doing much less drug development now than before. Chapter 07 (Administrator) Co-director of Scottish Program (listen/read) Topics covered The Researcher Overview Multi-Disciplinary Approaches Institutional Assignments and Values md Anderson Culture professional practice The professional at work MD Anderson Previous Collaborations Discovery and Success Dr. Plunkett notes that Dr. Ronald DePinho's has given drug development a central place in his leadership mission, which in a team of people devoted to this research initiative. He explains that shares board assignments in the Leukemia Moon Shots Program with Dr. Michael Keating and lists the four promising research areas that they couldn't pursue before (due to lack of resources) and which have now been funded. Four clinical trials of patients with chronic lymphocytic leukemia focus on Ibrunitib and its effects on a signaling pathway never previously investigated. He describes these trials and concludes this chapter with some comments on the effectiveness of fludarabine-cytoxan-rituximab in the extension of leukemia patients' lives. Interview session two: 10 April 2013 (listen/read) Chapter 00B Interview Identifier (listen /read) Chapter 08 (Researcher) Working with Fludarabine; The Importance of Extra-Institutional Connections and Ethics (Listen/Read) Topics Covered Researcher Overview Definitions, Explanations, Translations MD Anderson History Multidisciplinary Approaches Institutional Assignments and Values MD Anderson Culture Collaborations Professional Practice The Professional at Work Industry Partnership at Pharmaceutical Companies and Industry MD Anderson Previous collaborations on Research and Researchers Business of Research Understanding Cancer, History of Science, Cancer Research Ethics Professional Values, Ethics, Purpose Dr. Plunkett reviews the history of his work with Fludarabine and focuses specifically on how connections with colleagues at other institutions helped drive his research. He begins by explaining how fortunate he has been to have contacts with chemists and biochemists at other institutions who were very willing to provide subjects for examinations to anyone interested. He explains how John Montgomery gave Fludarabine, a gesture that led to a ten-year investigation into its actions. Dr. Plunkett also mentions the work of MD Anderson's doctoral student, Peng Huang, who pursued these mechanisms and developed the knowledge base that led to combining the drug with others. Dr. Plunkett explains that the process of acquiring drugs for studies is quite different now, as pharmaceutical companies (and their legal advisers) control research very tightly. Dr. Plunkett explains that this new system restricts the imagination and the researcher's freedom to push ideas in different directions. Pharmaceutical companies are writing the recipe for study, Dr. Plunkett notes, and this is not the spirit of science we want someone to be Dr. Plunkett next explains the conclusions on Fludarabine that Dr. Huang established and then discusses the two investigative lines this work gave rise to. Dr. Varsha Ghanda took up an investigative line, pairing Fludarabine with Cytarabine. He discusses the results of this study (published in 1988), referring to a graph (provided below). Combining Fludarabine and Cytarabine (ara-CTP) was frontline work in the treatment of certain cohorts of patients with myeloid leukemia. A third element is now added to the mix, Myelotarg, an antibody that creates even better results. Dr. Plunkett explains the next motive for selecting patients for the Fludarabine/Cybarabine study: a cohort who did the best on what was available at the time. He describes the ethical dimensions of clinical trials. He then sums up his ethical values as a basic scholar: The truth above all, the gold standard for reproducibility. He comments next on his 5-year role as Research Integrity Officer, and to point out that many cases investigated reveal honest errors. He explains how errors can occur, and that a common discrepancy between the data and the visual figures used to summarize dathe explains an image processing analysis software that is currently used to locate anomalies. Chapter 09 (An Institutional Unit) CLL Moon Shot Program (Listen/Read) Topics Covered Researcher Overview Definitions, Explanations, Translations MD Anderson History of Interdisciplinary Approaches Institutional Assignments and Values MD Anderson Culture Collaborations Administrator Professional Practice The Professional at Work Discovery and Success Patients, Treatment, Md Anderson Snapshot MD Anderson Impact Institutional Processes Dr. Plunkett begins by explaining how Dr. Huang discovers as the basis for the CLL Moon Shots Program established under Dr. Ronald DePinho. He explains that Dr.Huang's work began with the hypothesis that repairing DNA in a cancer cell might be our friend if that repair included a compound, such as Fludarabine, that would ultimately inhibit the cell's ability to function. He notes that this has set a standard of care for CLL and that remission rates have gone above 70%. He then describes how the basic work opened up exploratory areas that are now part of the Moon Shots Program. Data managers have noticed that survivors of this treatment develop secondary malignancies at a higher rate. Studies now focus on biologically based strategies, asking how CLL occurs (a pathogenesis issue) and what keeps it going (a matter of pathophysiology). He describes the studies currently under way that address these issues from different perspectives. The next Dr. Plunkett explains how the CLL Moon Shot Program is structured and how the individual studies prioritized. He notes that patients patients are very aware of CLL therapies and shop for treatment armed with information they have acquired from blogs and online sources. He explains the long and short-term goals of the CLL Moon Shots program. Chapter 10 (The Administrator) Team Science and Training Team Scientists (listen/read) Topics covered Researcher on Research and Researcher Overview Understanding Cancer, History of Science, Cancer Research Multi-Disciplinary Approaches Institutional Assignments and Values MD Anderson Culture Collaborations Administrator Professional Practice The Professional at Work Discovery and Success Educator MD Anderson Culture Understanding Department Dr. Plunkett begins this chapter by noting that his entire career has been based on the team science method. He also explains that team science is highly appreciated (its importance is undertaken by NCI) but the model of PI on grants is still based on the independent researcher who are many parameters used in academic institutions to assign promotion and tenure and even laboratory space. (Dr. Plunkett notes that department presidents Dr. John Mendelsohn and Dr. Ronald DePinho are both team scientists.) Dr. Plunkett next talks about training students and young teachers for team science, noting that his laboratory is a magnet for people who want to learn hypothesis testing at the clinic, as the Department of Experimental Therapeutics outlined its translational research strategy. Dr. Plunkett explains that he chooses new students and teachers based on their fit with the culture of the laboratory and department. He also notes that the culture of collegiality and division can spread to other departments. He tells of a PhD student with a degree in philosophy that he took on trial and who stopped working as a research nurse and phlebotomist in Leukemia. Chapter 11 (Administrator) Mentoring, Education and Team-Science Culture (Listening/Reading) Topics covered at Mentoring The Educator The Mentoring Education Portrait MD Anderson Culture MD Anderson Ethos Diversity at MD Anderson Understanding the Department of Professional Values, Ethics, Purpose institutional Assignments and Values Dr. Plunkett explains that he believes in mentoring through examples as well as the importance of determining when young people are ready to embrace information about getting promoted. He gives examples of challenges faced by fellows who want to advance as Md. Anderson faculty and speaks at length about the successes of Dr. Varsha Gandhi. He also mentions the importance of public exposure and the importance of the company, white knuckle handshakes that are so important in American culture. Next he talks about the department's mentoring program for young faculty, led by Dr. Varsha Ghandi. To underline his philosophy of active mentoring, Dr. Plunkett This discussion [which means the interview] is the only time this door is closed. He articulates his belief that working in a laboratory is mentoring and he also notes that the department's Journal Clubs and Research Meetings offer mentoring opportunities (and this is not the case in all MD Anderson departments). These big, collegiate meetings model for interns how we can work together. Dr. Plunkett comments on the career paths of physician researchers and notes that the department does not see many medical fellows. He then explains that his commitment to teaching comes from the desire to create a new generation of researchers. He notes that he has stayed engaged in his field because of his success in creating end products (both knowledge and treatment). He has oriented his laboratory towards clinically relevant questions that can be answered. Chapter 12 (Researcher) Research with Gemcitabin (listen/read) Topics covered by the researcher on research and researchers at pharmaceutical companies and industry Overview definitions, Explanations, Translations Multi-disciplinary Approaches Collaborations Understanding Cancer, History of Science, Cancer Research Dr. Plunkett tells the story of the contributions his laboratory made to show the efficacy of the drug Gemcitabin. He first notes that he had many friends in pharmaceutical companies in the early

1980s, among them Gerald Grindy at Eli Lily, where Gemcitabine was developing. He explains that he was asked to work with Gemcitabine because of its structural similarity to Cytarabine, a drug he had previously worked on. He recalls the rate –a few months-- with which the lab showed that Gemcitabine had metabolic effects, specifically inhibitory ribonucleotide reductase. Paul Heinemann made the observations on the metabolic mechanisms by which Gemcitabine was retained in cells of circulating leukocytes. This became a multi-billion dollar drug for Eli Lily, approved for use in solid tumors. Dr. Plunkett explains that a cultural/political divide between scientists and the management of large companies made it difficult for Gerald Grindy to convince Lily to continue supporting the drug. The drugs additional possibilities have not been investigated. Dr. Plunkett then notes that the high cost of drug research often causes projects to be released if preliminary results do not lead in the predicted direction. He explains the importance of conducting rational tests of hypotheses and of reporting negative results. Chapter 13 (Researcher) Utilize cell death mechanisms and DNA Repair to kill tumor cells (listen/read) Topics covered Researcher on research and researchers at pharmaceutical companies and industry overview definitions, explanations, translations Multi-disciplinary Approaches Collaborations Understanding Cancer, History of Science, Cancer Discovery and Success Dr. Plunkett tells the story of his recent (and very gratifying work) on mechanisms of cell death (apoptosis) and Imatinib, the poster child of targeted therapy. He explains that CLL cells depend (depending) on several proteins for their survival, one of which is very short-lived so if one can block its production, all CLL cells will die. Dr. Cortez and Kartajian showed imatinib results. This work also gave rise to a different approach to CLL, one that is not aimed at damaging DNA, but at causing cells to kill themselves. Dr. Plunkett next describes a project that re-transitions to nucleoside work, based on a compound much like Cytarabine. This story involves a Japanese scientist, Kira Matsuka, who provided Dr. Plunkett with CNDAC (2'-C-cyano-2'-deoxy-1-beta-D-arabino-pentofuranosylcytosine). Dr. Plunkett worked on the mechanism of action independently of support while Dr. Kartajian studied the drug in acute myeloid leukemia in patients older than 70, and a multi-center phase three trial is now underway. [1] Dr. Liu Xiaojung of Experimental Therapeutics conducts studies of the drug's mechanism of action. He has found that the drug targets a single break in the DNA strand, and was active in patients who could not repair double beach breakage. They have identified a cohort that lacks part of a gene that leads to the inability to do double beach breaks. The drug allows these patients to make double-strand breaks (meaning they will then be able to benefit from nucleoside treatment that introduces cancer-harmful agents into the DNA as it is repaired). Dr. Plunkett confirms that this has been one of the most satisfying studies, as it provides his basic laboratory research on molecularly targeted individualized research. He then lists other disease cohorts that can benefit from this kind of strategic approach. Interview session three: May 8, 2013 (listen/read) Chapter 00C Interview Identifier (listen/read) Chapter 14 (An Institutional Unit) Developmental Therapeutic and the Origin of the Department of Experimental Therapeutics (Listen/Read) Topics Covered Researcher Overview Definitions, Explanations, Translations MD Anderson History Portrait MD Anderson Culture Multi-Disciplinary Approaches Institutional Assignments and Values Collaborations Institutional Processes Joining MD Anderson To tell the story of how the Department of Experimental Therapeutics evolved, Dr. Plunkett begins with Dr. R. Lee Clark, who recognized two major forces in chemotherapy, Dr. Emil Frei, III, and Dr. J. Freireich, who came to Md. Anderson and created the Department of Developmental Therapeuticstherapeutics. Dr Plunkett explains that these two researchers were some of the first to apply combination treatments for leukemia, and their work revealed the first remissions with over 80% of the patients who reach long-term survivors). Dr. Frei left the department in 1972, leaving Dr. Freireich to lead the department. Dr. Plunkett emphasizes that Dr. Freireich brought together researchers from many fields who had a collaboration or a translational-research mindset: Developmental Therapeutics was a rockin' place, says Dr. Plunkett, and he explains the mix of people from different disciplines who came together. Dr. Plunkett then describes how Dr. Freireich was able to manage over thirty research projects at the same time. He then tells an anecdote about preparing a grant proposal in two weeks, eventually allotted funds that effectively gave his start-up funds when he arrived at M.D. Anderson. Chapter 15 (Institutional Change) Reorganizing Developmental Therapeutics: The Challenge of Naming Experimental Therapeutics (Listen/Read) Topics Covered Researcher Overview Obstacles, Challenges Controversy MD Anderson History MD Anderson Culture Multi-Disciplinary Approaches Institutional Assignments and Values Collaborations Institutional Processes Growth and/or Change on Research and Researchers Understanding Cancer, History Of Science, Cancer Research Dr. Plunkett begins this chapter by explaining how Md. Anderson was restructured when Dr. Charles LeMaistre replaced R. Lee Clark as president of the department. Under Dr. Clark, the medical enterprise was split between the Department of Medicine and Developmental Therapeutic. Dr. LeMaistre wanted to use organ sites as a principle of reorganization, so the faculty of Developmental Therapeutics was reorganized according to medical oncology principles. Dr. Plunkett explains that Dr. Krakoff was appointed head of the Department of Medicine (now the Department of Cancer Medicine) and oversaw the change. He describes what happened to the basic scientists during this process. Dr. Plunkett joined the Department of Chemotherapy Research. He describes how Dr. J. Freireich was relieved of his administrative duties after receiving an outstanding investigator award. He then notes that with this reorganization, basic researchers did not have administrative representation that understood their questions and subject. The situation got worse, he explains, when Dr. Bast took over from Dr. Krakoff as head of the Department of Medicine. Dr. Plunkett goes on to explain changes in the management of the Department of Medicine (up to 1998) and several name changes of the department (Department of Medical Oncology, Department of Clinical Investigation), and that it could be assumed that there was no structure to create collegiality among basic researchers. Dr. Plunkett then explains that the Department of Clinical Investigation (including the cellular and molecular biology section) asked Dr. Bast to rename the department because the name was completely misleading activities, making it difficult to secure grants. (The department was renamed in 1998.) Dr. Plunkett explains more leadership changes after 1998. Dr. Hong became head of the Department of Medicine, which was renamed the Division of Cancer Medicine, and the Department of Experimental Therapy conducted a search for a full-time president. Dr. Plunkett notes that Bioimmunology merged with Experimental Therapeutics, and Dr. Ruben Lotan served as ad interim chairman. Dr. Plunkett then explains the reasons why Dr. Hong removed physicists from the institution eight years ago, going on to note some further changes in leadership. Chapter 16 (Building department department department of experimental therapeutics: a strategic plan for the department (listen/read) Topics covered Administrator Researcher Professional Practice The Professional at Work Collaborations Leadership Barriers, Challenges MD Anderson History MD Anderson Culture Multi-Disciplinary Approaches Institutional Assignments and Values Collaborations Institutional Growth Processes and/or Change Dr. Plunkett explains that the Department of Experimental Therapeutics was located on MD Anderson's main campus until January 2010, when the department began its move to South Campus. The increased space is an advantage, he explains, but the new location also presents several challenges. For example, the department uses primary materials from leukemia patients, located on the North Campus, and distance and transportation have created a problem, resulting in a slowdown in research. The department's faculty made many suggestions on the design of their South Campus space, but very few were followed. Dr. Plunkett reviews the pros and cons, then explains for a long time how the new space presents a real challenge of collaborative work, collegiality, and interaction. Dr. Plunkett explains that, as a result, Dr. Garth Powis (chair of the department) had an idea to create a strategic plan to answer the question, how do we make this a department that will represent us? Dr. Plunkett was chairman of the Strategic Plan Committee, explaining the initiatives they undertook as a result of the process: identifying opportunities to share equipment; to set goals for mentoring junior faculty, docent and post-docs; Create a team-taught course on mechanisms of cancer therapeutics to give the institution more institutional exposure. He lists activities held to increase social opportunities and collegial interaction. Chapter 17 (Administrator) faculty Senate and the revised conflict resolution process (listen /read) Topics covered Administrator professional practice The professional at work Leadership Obstacles, Challenges MD Anderson History MD Anderson Culture institutional processes Dr. Plunkett talks about his administrative roles within the field institution, touching briefly on its role as director of research for experimental therapeutics (2005-2008), then discuss its role in the review of the complaints process for the faculty. He explains that the Faculty of The Senate identified the problem: a lack of defined avenues of complaint, and this led to Dr. John Mendelsohn creating The Blue Ribbon Panel for Peer Review and Conflict Resolution, a 12-15 person panel. He explains the problems with the existing complaint process and then lists the three options that the panel has put in place to create a rational set of measures to resolve conflicts. 1) Confer with the Ombudsman, 2) Work with a professional mediator, 3) Present conflict to a faculty panel. Dr. Plunkett talks about the main sources of conflict for the faculty. Chapter 18 (Overview) Conflict of Interest: Md. Anderson Faculty and Rectors (Listen/Read) Topics Covered Administrator Professional Practice The Professional on Work Leadership Barriers, Challenges MD Anderson History MD Anderson Culture Institutional Processes Ethics on Ethics Dr. Plunkett explains that in the nineties, conflict of interest became such a widespread issue at the department that a conflict of interest committee was convened (1996) with President Dr. John Mendelsohn's support. After Dr. Stephen Tomasovic resigned as the first committee chairman, Dr. Plunkett took on that role. At that time, conflicts of interest were dealt with through collegial agreements that did not involve any legal assistance. The Committee wrote a formal policy that was adopted. Dr. Plunkett explains conflict of interest issues that arise because of John Mendelsohn's role in the development of the drug Cetuximab (as well as the concurrent problems that arise because he was involved with Enron.) Dr. Plunkett describes the impact of conflict of interest policy. He describes how conflict of interest can arise for clinical faculty in an environment where pharmaceutical companies had been open trying to buy doctors. Conflict of interest can sometimes arise for translational researchers, he explains, but does not really affect basic researchers. Dr. Plunkett then talks about the restrictions that exist to prevent conflicts of interest then extends the discussion to the current president, Dr. Ronald DePinho. He notes that M.D. Anderson was ahead of other institutions in creating formal policies to address conflicts of interest. Chapter 19 (The Administrator) Research Integrity Officer (listen/read) Topics covered Administrator ethics on ethics Overview Definitions, explanations, translations Building/Transforming Department on Research and Researchers on Leadership on Mentoring Professional Practice The Professional at Work Leadership Barriers, challenges MD Anderson History MD Anderson Culture institutional processes personal reflections on MD Giving Recognition Professional Values, Ethics, Purpose Dr. Plunkett explains how he took on the role of Research Integrity Officer and describes his responsibility to address allegations of research falsification, manufacturing or plagiarism. He explains that the Office of Research Integrity was created by an unfunded mandate from the NIH and the Department of Public Health: Office of Research Integrity's response to these government agencies via Provost. Dr. Plunkett explains that suspicions of violations come to the agency's attention confidentially and usually by an anonymous complainant. He explains the three-phase process used to address the allegations: evaluation, investigation via a panel and formal intervention. Eight cases were investigated in 2012. Dr. Plunkett distinguishes between questions of research integrity and research ethics issues referred to the Ombudsman or Provost. In general, he says, people are careless and what looks like research misconduct generally comes about through sloppy errors made while acquiring and managing data. Dr. Plunkett explains that researchers who have been subjected to scrutiny by the Office of Research Integrity often spur their colleagues to be more careful. He also describes an ad hoc virtual community of data analysts, who review data published for errors. Dr. Plunkett expresses how honored he feels to have confidence in the faculty and to have been asked to serve the role of Research Integrity Officer. He notes the bond that grows between individuals serving on panels or committees dealing with privacy issues. Chapter 20 (The Researcher) Competence and support for new research (listen/read) Topics covered Character, Values, Beliefs, Talents Overview Definitions, Explanations, Translations Researcher Patients Professional Practice The professional at work Dr. Plunkett notes that he is not often required to develop new skills, because he does not work in the lab anymore. He more often develops new ideas and exercises his skills in data interpretation. He then notes that md anderson core facility offers basic services to researchers at the department and serves as a pool of laboratory knowledge. He notes that Dr. Ronald DePinho is the director of a grant that covers many Cores and Programs, and who received a rating of exceptional from the review committee. Chapter 21 (Key MD Anderson Figures) Md. Anderson Presidents (Listen/Read) Topics Covered Portrait MD Anderson History MD Anderson Culture Professional Practice The professional at work influences from people and life experiences Understanding department growth and/or change Controversy In this chapter, Dr. Plunkett sketches his views on MD Anderson presidents, and to note that Dr. Charles LeMaistre [Oral History Interview] was separated from the faculty by a layer of Dr. John Mendelsohn [Oral History Interview], however, was responsive to the faculty: his was part of the Department of Experimental Therapeutics and lectured in the department's lead course. Dr. Plunkett says that Dr. Ronald DePinho has been outgoing with his Town Hall. Dr. DePinho's Moon Shots have brought together different groups of people. Dr. Plunkett says he expects the difficulties with Dr. DePinho's leadership will even out. Chapter 22 (Show of Career and Accomplishments) J Freireich's Impact and a Career Commitment to Collaborative Work (Listen/Read) Topics Covered Portrait MD Anderson History Multi-Disciplinary Approaches Overview Definitions, Explanations, Translations Researcher MD Anderson Impact This is MD Anderson Discovery and Success Multi-Disciplinary Methods Dr. Plunkett begins this chapter with womments on contributions from J Freireich. He notes that Dr. Freireich made his own work possible: his work opened a new era in studying leukemia cells and that some of the most exciting work is still based on his groundbreaking progress. As an example, Dr. Plunkett talks about the efforts to determine the mechanisms that create a specific genetic lesion of drug sensitivity. He notes that the work of cellular pharmacology enabled him to interact with clinical colleagues and interns, collaborations that increased cross-departmental confidence and established Dr. Plunkett's lab as a go-to resource for questions about specific compounds. He explains that the laboratory continues to generate hypotheses and study cancer cell susceptibility. He describes how blocking protein synthesis can lead to tumor-cell death, which in turn leads to tumor lysis syndrome, where the body responds to the rapid death of a tumor. Looking back on the path of his career, Dr. Plunkett says he is particularly grateful to have trained in the basic sciences and then move on to clinical applications. He notes that Md. Anderson gave him the luxury of extending his work to clinical investigations and being recognized for his contributions. Again, he credits Dr. J. Freireich for bringing different specialties together in collaborative situations. At the end of the interview, he talks about Dr. Michael Keating's role in building philanthropic support, the glue for national and international cooperation. [1] Dr. Plunkett expands on a related drug produced by Cycacel, a company mentioned in the interview session: The compound that Cyclacel has in clinical trial is an orally-available pro-drug called sapacitabine. We don't use it in the lab because it requires metabolism to generate the parent nucleoside, CNDAC. This, by the way, is also in clinical trial at MDACC in acute leukemia (Kantarjian). It is administered parenterally (intravenously), and provides some flexibility in dosing to sapacitabine. Furthermore, Sankyo made the pro-drug sapacitabine from CNDAC. The clinical results were first reported in phase 1 clinical trials, the purpose of which is to determine safety, although we are always looking for clinical activity. These were in solid tumors (lung, colon breasts, etc.) of patients who had failed many previous treatments These were mostly conducted by Sankyo Pharmaceuticals, which later dropped the compound (then known as CS-682). After Cyclacel licensed the drug from Sankyo and re-named it sapacitabine, Dr. Kantarjian tested sapacitabine in acute myeloid leukemia in a Phase 1 trial; there were answers, including complete remission. This proceeded to a Phase 2 trial, and some combination trials prior to the current Phase 3 trial were designed and initiated. (From E-mail correspondence, 12 April 2013). Original Profile Dr. William Plunkett, Ph.D. (b. Boston, May 4, 1943), vice president of the Department of Experimental Therapeutics, is interviewed over three sessions (approximately 6 hours 31 minutes). Dr. Plunkett joined Md. Anderson in 1975 as an assistant biochemist at the Department of Developmental Therapeutics and joined the faculty of this department as an assistant professor later that year. He now holds the Barnts Family Distinguished Chair for Cancer Research as well as a joint meeting of the Department of Leukaemia. The interview sessions take place in Dr. Plunkett's office on the Southern Campus of Md. Anderson. Tacey A. Rosolowski, Ph.D. is the interviewer. Dr. Plunkett received his B.S. in Biology and Chemistry from Springfield College, Springfield, MA (1965) and his Ph.D. in biochemistry from the University of Massachusetts, Amherst (1970). He went on to a research scholarship in physiology at the Marine Biological Laboratory, Woods Hole, Massachusetts (6/1967−9/9/1967), a postdoctoral fellowship in therapeutic research at the University of Pennsylvania in Philadelphia (1970-1971), and then took a position as a research assistant in microbiology at the University of Colorado Medical Center, Denver (1972-1971). Since joining MD Anderson, Dr. Plunkett's work has focused on studies of the cellular mechanisms that control the viability of the tumor, using this knowledge to develop innovative strategies for killing tumor cells. From 1993 to 2004 he served as head of the Division of Cellular & Molecular Pharmacology, Department of Experimental Therapy, then as the department's head of research development from 2005-2008, before his role as vice chairman. Dr. Plunkett has been elected president of the Gordon Research Conference on Purines & Pyrimidines, and as president of the Graduate Faculty of the University of Texas Graduate School of Biomedical Sciences. He is the recipient of the Service to Mankind Award from the Leukemia Society of America, faculty Award for Clinical Research from The M. D. Anderson Cancer Center, and the 1st Sowell-Huggins Chair in Cancer Research from the University of Texas Graduate School of Biomedical Sciences. In this interview, Dr. Plunkett goes into detail about the development of his investigations of cell mechanisms of tumors. He begins with his work on the core wall analogues fludarabine and gemcitabine, which are absorbed into tumors cells, then disrupt their DNA synthesis, eventually killing these cells. He also discusses his recent work on apoptosis, the inherent mechanisms by which a tumor cell programs its own death. [1] His discussion of research reveals his own attitudes towards collaborative work: Dr. Plunkett often notes that collaboration and collegiality can advance scientific work. Dr. Plunkett is also an avid observer of institutional changes he explains the processes through which divisions and departments have been reorganized and changed under different leadership. Dr. Plunkett also explains his recent role as Md. Anderson's Institutional Research Integrity Officer (and comments on ethical issues within the department). Also explains his role as co-director of the Moon Shot Program devoted to chronic lymphocytic leukemia under Dr. Ronald DePinho. [1] The multidisciplinary (and translational) nature of Dr. Plunkett's work (as well as periodic institutional restructuring) resulted in his association with a number of different departments: Developmental Therapeutics, Chemotherapy, Medical Oncology, Clinical Investigation, Experimental Therapies, and Leukemia. Leukemia.

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