

Fellows Corner

Remembering Nathan Hellman



Nathan Hellman

Nathan Edward Hellman, talented physician, and beloved father, husband, and son, died on February 13, 2010, from a stroke. Nathan was born in Houston, Texas, on December 8, 1973.

Nathan inaugurated the Renal Fellow Network blog and was the newest member of the *ASN Kidney News* editorial board. He was on staff as a scientist physician at Massachusetts General Hospital and authored numerous scientific publications.

Nathan grew up primarily in Duluth, Minn., where he was editor of the high school newspaper and member of the math, basketball, and track teams. He graduated Magna Cum Laude from Yale University with a degree in molecular biology and biophysics. He received his MD, PhD, from Washington University in St. Louis and then did a residency in internal medicine at the University of Pennsylvania. After his residency, Nathan received a Fulbright Scholarship to study the molecular biology of cystic kidney disease at the Hôpital Necker in Paris, where he grew to love French culture.

He became a member of the division of nephrology at Harvard in 2007 as a clinical fellow in nephrology, and was completing his fellowship as a research fellow and member of Iain Drummond's research group.

Nathan is survived by his wife, Claire; children, Sophie and Maxime; parents, Patricia (Gregorich) and Richard N. Hellman, MD; sisters, Susan Jean Hellman and Catherine O'Malley; brother-in-law, Timothy O'Malley; nephews, Henry and James O'Malley; and uncles, Joseph and Robert Gregorich.

Nathan loved ideas and the written word. In his own communication, he had a knack for matching his message with the medium, whether it be the popular Renal Fellow Network, or peer-reviewed journal articles. He was a kind and compassionate person and will be missed by all who knew him. ●

ASN Kidney News shares some thoughts from Nathan's colleagues and postings from the Renal Fellow Network

Nathan's passion for understanding kidney disease was infectious. He has inspired many people to continue this search.

—Matt Sparks, nephrology fellow, Duke University

Nate's blog was inspiring to me personally and to others in the renal community. Even without meeting him, I felt that we all knew him from his blog. We have lost a great in nephrology who had made it big even at such an early phase in his career.

—Kenar Jhaveri, Great Neck, NY

Nate inspired many of us all around the country. He'll never know how far his enthusiasm, intellect, and inspiration reached.

—resident, Indiana University, future renal fellow

I was so impressed by his website and the person he obviously was—bright, inquisitive, a lover of knowledge and teaching.

—anonymous

Industry Spotlight

Renal Cancer Drug Update

Drug researchers' efforts to come up with new approaches to cancer are beginning to pay off, according to Research and Markets' *Renal Cancer Drug Pipeline Update 2010*.

Nearly 150 companies plus partners currently have in active development more than 160 drugs targeting renal cancer. The report notes the "high existing unmet need in the treatment of renal cancer ... reflected by the poor prognosis of patients with advanced stage disease, five-year survival rates with existing cytokine therapy being less than 20 percent." The report predicts that identification of new biomarkers will significantly help to achieve better staging of renal cancer and more accurate prognoses, and could lead to more individualized treatments and novel drug targets.

Centerwatch.com, a clinical trials and drug approvals site, listed several new drugs for renal cell carcinoma, the most common form of kidney cancer, that were approved in 2009:

- Afinitor® (everolimus), Novartis, approved March 2009
- Avastin® (bevacizumab), Genentech, approved August 2009
- Votrient® (pazopanib), GlaxoSmithKline, approved October 2009.

In early February, GlaxoSmithKline announced Phase III trial results that showed that the time it took for a patient's disease to progress was more than double for the group receiving Votrient (9.2 months), compared with the placebo group (4.2 months). The most dramatic effect was seen in previously untreated



patients (11.1 months for the pazopanib group vs. 2.8 for the placebo) and persisted among those previously treated (7.4 vs. 4.2 months, respectively). The study is ongoing to determine how the drug impacts overall survival.

In late January, Health Canada approved Afinitor, a once-daily oral cancer treatment for patients with metastatic renal cell carcinoma, after failure of initial treatment with VEGF-receptor targeted therapies Sutent® (sunitinib) or Nexavar® (sorafenib).

Also in late January, Novartis announced that Japan's health authorities had approved Afinitor in tablet form for treating patients with non-resectable, metastatic renal cell carcinoma. Japan is now the Swiss-based company's second largest pharmaceutical market after the European market.

The FDA approved the use of Genentech's Avastin in combination with interferon alpha (IFN-alpha) for the treatment of metastatic renal cell carcinoma. FDA approval hinged on Phase III trial data showing that progression-free survival was nearly twice as long (10.2 months) in previously untreated patients who received Avastin in addition to IFN-alpha compared with patients receiving IFN-alpha alone (5.4 months), according to Genentech. The company is a wholly owned member of the Roche Group and is headquartered in South San Francisco, Calif. ●