

HF2057 now HF2310: State Funded Pediatric Cancer Research Where will the \$3,000,000 go?

University of Iowa Pediatric Cancer Research Key Contact and Research Initiatives

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Updated information from 1/28/2026.

These are all projects/trials that are underway and need funding.

Laboratory-based research projects:

- * Investigation of the developmental and environmental origins of pediatric cancer.
- * Overcoming mechanisms of drug resistance in pediatric leukemia.
- * Development of novel, biomarker-based approaches to treat pediatric solid tumors.
- * Reversing Resistance to Inhibitors of Ribonucleotide Reductase (RNR).
- * Discovery and validation of repurposed drugs that target the DNA replication stress pathway.
- * Regulation and targeting of the 4E-BP1 tumor suppressor in pediatric solid tumors.
- * Development of differentiation-based therapy for sarcomas.
- * Targeting mitochondrial and metabolic pathways in pediatric leukemia.

Laboratory- and clinic-based projects:

- * Pediatric Oncology Specimen and Clinical Data Bank.
- * Enhancing steroid efficacy in B-ALL
- * Detection and quantification of circulating tumor DNA (ctDNA) in the spinal fluid of children with brain tumors.
- * High-throughput drug screening using pediatric, patient-derived, solid tumor organoids.

Clinic-based research trials and projects:

- * Pharmacogenomic Testing in Children and Young Adults Receiving Care in the Pediatric Oncology Clinic at the University of Iowa.
- * Phase I study of intrathecal azacitidine and nivolumab in patients with recurrent high-grade glioma.
- * Chemotherapy induced thrombocytopenia & outcomes.
- * Geographic distribution of pediatric cancer in Iowa.
- * Single-patient (n-of-1) trials for children with cancer.
- * Evaluation of maintenance therapy in children with sarcomas.

Gold Ribbon Mom and Dad

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The overall distribution of funds would be approximately the same whether we received 250k or 3 million. I would plan to divide the funds relatively equally between basic research and clinical research. What would be different is the size, scope, and number of projects.

For example, for 250,000—

Basic research:

50k project 1

50k project 2

25k project 3

Clinical Research:

100k: clinical research team (salaries)

25k: Translational research, funds for clinical trial development and for (genomic, proteomic, immunologic) analysis of samples obtained from current trial (Andrew Groves).

For example, for \$3,000,000 this funding would be **TRANSFORMATIVE!**

Basic research:

350k project 1

350k project 2

350k project 3

250k project 4

200k project 5

Clinical research:

500k: clinical research team (salaries)

400k: direct support of clinical trial 1 (PI, drugs, safety monitoring, scans, labs)

400k: direct support of clinical trial 2 (PI, drugs, safety monitoring, scans, labs)

200k: Translational research, funds for clinical trial development and for (genomic, proteomic, immunologic) analysis of samples obtained from current trials.

From Dr Dave Gordon: "I think this is a reasonable approach. With 250k we will only be able to do 10% of what we could do with full amount. 250k is less than one year of funding for a typical R01 project. Similarly, Dr. Groves' clinical trial for brain tumor patients could easily exceed \$1,000,000, depending on the number of patients that enroll. Every dollar counts and makes a difference but the impact of 250k will be fairly limited. 3 million would be transformative."

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