

HEADLINE: John de Groot, MD, Named Division Chief of Neuro-Oncology at UCSF

John F. de Groot, MD, has been named the new chief of the Division of Neuro-Oncology within the Department of Neurological Surgery at UC San Francisco. His expertise in translational medicine and developing clinical trials of new brain tumor therapies will enhance the extensive clinical trials program already in place at the [UCSF Brain Tumor Center](#). UCSF Medical Center is ranked No. 1 in the nation for neurology and neurosurgery in the 2021-2022 Best Hospitals survey by U.S. News & World Report.

A neuro-oncologist specializing in the diagnosis and management of patients with primary brain and spine tumors, Dr. de Groot comes to UCSF from MD Anderson Cancer Center in Houston, Texas, where he served as director of clinical research in neuro-oncology (2013-2021) and interim chair of the Department of Neuro-Oncology (2015-2020). He joined the faculty at MD Anderson in 2004 after completing a neuro-oncology fellowship there. Dr. de Groot completed his neurology residency at Johns Hopkins University and received his medical degree from the University of Texas Medical Branch at Galveston.

Dr. de Groot is experienced in bringing new therapies from the laboratory into the clinic for treating patients with brain cancer. He has contributed to the clinical development of antiangiogenic, molecularly targeted and immunotherapy treatments for glioblastoma, and he regularly advises and collaborates with other researchers on new and developing therapies. Dr. de Groot is especially interested in the use of blood, imaging and other indirect biomarkers to evaluate the efficacy of novel therapies and is studying new approaches to overcome limitations in drug delivery to brain tumors such as through use of focused ultrasound.

In this interview, he talks about the importance of learning from every patient and the breakthrough research, exceptional clinical care, advanced treatment options and unique opportunities for collaboration at UCSF.

Q: Why are you excited about joining UCSF?

A: Coming to UCSF is very exciting to me for several reasons. First and foremost, I believe the strength of UCSF is its people. I am incredibly excited to work closely with the many brilliant, innovative, motivated and compassionate people at UCSF – from the most senior members of leadership to the dedicated research staff. I look forward to joining such talented people who are energized, inspired and patient-focused, and working together with them as a team to cure brain cancer.

Q: What are some of the innovative research initiatives that motivated you to join UCSF?

A: The basic and translational imaging program at UCSF is world class. Diagnostic imaging is an incredible tool for helping to evaluate brain tumors to determine how best to treat patients. Cutting-edge research in some traditional imaging modalities has led to their adaptation as adjuvant therapeutics such as MRI-guided ultrasound. UCSF is at the forefront of these developments. The ability to incorporate leading-edge, imaging-based correlative endpoints into clinical trials is an enormous advantage that strengthens the potential for trials to reach meaningful outcomes and increases our capacity to learn from and optimally treat every patient.

There are multiple opportunities for significant innovation occurring in UCSF's basic science laboratories. There is a huge breadth of groundbreaking, early-stage research at UCSF that is ripe for translation into novel therapeutics that will transform the lives of patients. I am enthusiastic to take part in this endeavor and to further that goal.

Q: What is unique about the clinical care environment at UCSF?

A: My clinical work is a constant reminder of the privilege and responsibility entrusted in me to care for this truly unique patient population. It is an honor to join the clinical care team of neurosurgeons, radiation oncologists, neuro-oncologists and supportive care specialists at

UCSF. It's an incredible environment that offers the best care in the world for patients with tumors of the brain and spine.

Q: What kind of collaboration do you look forward to in the San Francisco Bay Area?

A: A big part of my practice at MD Anderson and a very rewarding part of my job has been working with pharmaceutical and other biotechnology companies to develop clinical trials for new therapies. I am excited to return to the Bay Area, a well-known hub for innovative biopharma where I gained my own early research education, and to leverage my experience growing partnerships with industry to further expand the clinical trials portfolio at UCSF.

Q: What are some promising treatment advances for brain tumors?

A: I believe the field of immunotherapy will be where we see the next big advances in the treatment of patients with brain cancer. There are many exciting therapies in early use and development, from various checkpoint inhibitors to CAR-T cell constructs. While it's too early to predict which approach will lead to the most meaningful improvements in outcomes, I think this is an extremely promising area of clinical research.

One of the first trials I'll be developing at UCSF will involve focused ultrasound that disrupts the blood-brain barrier in combination with immunotherapies. This is a novel technology with interesting correlative biology to explore. For example, circulating tumor DNA in the blood is significantly increased when the blood-brain barrier is transiently interrupted with focused ultrasound. This provides a minimally invasive method to assess tumor burden, which can be correlated with the immune cell repertoire and tumor immune microenvironment and ultimately lead to better treatments for patients.

To learn more:

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