

The Untimely Passing of a Great Man: Eddie Reed, M.D., 1953–2014

BRUCE A. CHABNER

Massachusetts General Hospital Cancer Center, Boston, Massachusetts, USA

On May 28th, 2014, two pillars of the American intellectual community died. The first was Maya Angelou, the noted poet and actress, who left a permanent imprint in the Arts and Letters scene, ascending in a remarkable career from a most humble childhood to the highest echelons of literary achievement. On the same day, the cancer research community lost one of its brightest stars with the passing of Eddie Reed, M.D. His story, although less well-known, is equally remarkable and a cause for both sorrow and celebration.

Eddie Reed was born in Hughes, Arkansas, one of 18 children raised on a farm in the Mississippi Delta near Memphis, Tennessee. His early years were spent attending rural schools, playing the drums, and working on the farm, cutting cotton and tending the okra plants. For his parents, education was everything, and each child was expected to excel in school and attend college. The kids got the message. The Reed children became lawyers, doctors, scientists, and prominent agronomists. Eddie Reed chose medicine as his calling while a college student at Philander Smith College in Little Rock, Arkansas, and in the summer of his sophomore year, 1972, he came to the National Cancer Institute to work in my laboratory. For the first few weeks, 18-year-old Eddie from rural Arkansas said very little. His silence at first caused me concern. Was I failing as a teacher and mentor? Over the summer, it was apparent that he was taking it all in, getting his bearings, listening attentively, and learning his way around the laboratory. He was a model student! We became friends.

It became clear that he was absorbing everything we offered, including enzyme kinetics, drug metabolism, and chromatography. He had outstanding talent at the bench, where he did his experiments carefully and with an uncommon focus on detail. He loved the complexity and logic of cancer therapeutics and the challenge of understanding how these drugs worked, and he came back for additional summer sessions throughout college. With my encouragement he set his sights high and was accepted to Yale Medical School, where he chose to do his thesis on allopurinol pharmacokinetics back at NCI. After completing his residency at Stanford, to our great joy, he officially joined NCI as a medical oncology fellow in the "Class of 1981." The early 1980s brought an outstanding collection of fellows to train at that venerable institution. Neal Rosen, Ed Sausville, Nancy Davidson, Carmen Allegra, Chris Berg, Gino Bottino, Ron Steis, Jeff Clark, Marcia Browne, and Steve Averbuch were among his colleagues in the fellowship during those years. Eddie worked as a fellow with Miriam Poirier, an expert on DNA repair in the carcinogenesis laboratories at NCI and became a fixture in the pharmacology

group there. For the next 19 years, he followed his passion for understanding the role of DNA repair in determining response and toxicity related to the platinum drugs, rising to the position of Chief of the Clinical Pharmacology Branch.

Eddie's work was among the first to implicate DNA excision repair as a determinant of response, and he offered the further insight that NER capacity was shared by host and tumor as a function of genetic polymorphism, a concept that now rests on solid ground. He became an authority on the treatment of ovarian cancer, filed patents for paclitaxel regimens in that disease, and regularly contributed to many of the primary textbooks in the cancer field. He was an honest reviewer and critic: I remember, "Bruce, Bruce, wait a minute. You don't really understand the point." Very few ex-fellows were that blunt with me, but more often than not, he was right. In all, 300 peer-reviewed publications, many book chapters, and editorials testify to his long and productive career in the laboratory and in the clinic.

His second passion was ensuring access to cancer care for underserved communities. During the last 13 years of his work, he had the opportunity to lead programs deeply immersed in issues of equity and access to care. In 2001 he became the Director of the Mary Babb Randolph Cancer Center at the University of West Virginia in Morgantown, where he recruited a talented staff of young oncologists. In 2005, he accepted the prominent position of Director of the Division of Cancer Prevention and Control at the Centers for Communicable Disease in Atlanta, a national program responsible for the support of many projects related to cancer screening and prevention in minority and underserved communities. He fought for a continuation of these programs during a period of retrenchment and left the CDC a frustrated man. In 2008, he became the Clinical Director of the Mitchell Cancer Center at the University of South Alabama, joining his longtime NCI colleague and friend, Michael Boyd. All the while, he continued his clinical work on ovarian cancer, his participation in national and international scientific meetings and national cooperative group activities, committee service with the National Toxicology Center, the American Association for Cancer Research, and the Food and Drug Administration, and of course his own laboratory work, most recently investigating the regulation of DNA repair by the Hedgehog pathway.

Eddie Reed's personal life was centered around his son Edward, a talented and handsome young man who died tragically at age 23 when his car was hit by an intoxicated driver. Through these difficult times, he had the constant love and support of his wife of 20 years, Meenakshi Reed, also a scientist,

Correspondence: Bruce A. Chabner, M.D., 10 North Grove Street, LRH 214, Boston, Massachusetts 02114, USA. Telephone: 617-724-3200; E-Mail: bchabner@partners.org ©AlphaMed Press 1083-7159/2014/\$20.00/0 <http://dx.doi.org/10.1634/theoncologist.2014-0231>

who was his devoted companion in the laboratory and at home.

In 2013, Eddie Reed returned to NCI as the Clinical Director of the newly created National Institute for Minority Health and Health Disparities, a second opportunity to influence the course of cancer care for the underserved on a national scale. The program moved forward slowly, as NIH tried to find funding for the much-needed effort. Before the year's end, he suddenly became ill with symptoms related to a primary hepatocellular carcinoma, a tumor for which he had no underlying risk factors. Through a long and painful period of unrelenting tumor progression, he continued to work, write, and communicate with friends. My wife, Davi-Ellen, and I saw Eddie and Meenakshi on a number of occasions, and we

witnessed his courage and strength throughout this ordeal. He was a magnificent person, generous, loyal, and a man of great pride and integrity. He remembered birthdays, anniversaries, and holidays, and he always made the comforting phone call when our lives were troubled by illness or other stresses. For many years, I have believed that my greatest personal satisfaction aside from patient care, has derived from sharing my own career with the many magnificent fellows, men and women, who have taught me so much about science and life, who have made me proud, and who have caused me on many occasions to shed tears of joy and sadness. In every way, Eddie Reed was one of those cherished fellows, an unforgettable friend, scientific colleague, and member of my family.



The Dr. Eddie Reed Fellowship Program in Global Oncology has been established in his honor by his family and friends. It will bring cancer care trainees from Africa to Massachusetts General Hospital and its collaborators at Harvard University and other American academic centers. Contributions can be sent to Lindsay Simpson at the MGH Development Office, 100 Cambridge Street, Suite 1310, Boston, Massachusetts 02114 and will be directed to the "Dr. Eddie Reed Exchange Fellowship Fund."

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