Dr. Rama Krishna Kancha

Education, Teaching & Research Experience

M.Sc. (2001) in Biotechnology, University of Calicut, India

Ph.D. (2010) in Cancer Biology, Technical University of Munich, Germany

Postdoctoral fellow at

- (1) Technical University of Munich, Munich,
- (2) University Medical Center Freiburg, Freiburg, and
- (3) BioMedX Innovation Center, Heidelberg, Germany.

UGC-Assistant Professor (July 2014 till date) at the Molecular Medicine and Therapeutics Laboratory, CPMB, Osmania University

Research Funding & Publications

Total Funding as PI: approx. 1.25 crores (UGC-Start-Up, DST-SERB-EMR, ICMR-AdHoc)

Institutional Projects: UoH-IoE, DBT-BUILDER
No. of Training/Refresher programs conducted: 03

Total No. of Publications: 44 No. of Books published: 08

No. of Book Chapters published: 28

No. of PhDs awarded: 01

No. of Ph.D students/Project Assistants: 03

No. of M.Sc/M.Tech/B.Tech/PG Diploma dissertations: 49

No. of Oral Presentations/Invited Talks: 26

No. of Poster Presentations: 32

Scholarships, Fellowships & Memberships

Two-year M.Sc studentship (1999 to 2001) from the DBT, Govt. of India Two-year Junior Research Fellowship (2002 to 2004) from the CSIR, Govt. of India Three-month Visiting Fellow (2018-2019) at the JNCASR, Bengaluru One-month Visiting Fellow (2021) at the Technical University of Munich, Germany

Fellow of the Telangana Academy of Sciences (TAS)

Member of American Association for Cancer Research (AACR)

Member and Ambassador of European Association for Cancer Research (EACR)

Member of Indian Science Congress Association

Ten Select Publications

- 1. vanNoesel J, van der Ven WH, van Os TA, Kunst PW, Weegenaar J, Reinten RJ, Kancha RK, Duyster J, van Noesel CJ (2013). Activating germline R776H mutation in the epidermal growth factor receptor associated with lung cancer with squamous differentiation. *Journal of Clinical Oncology*, 31(10): e161-4.
- 2. Akula S, Kamasani S, Sivan SK, Manga V, Vudem DR, Kancha RK (2018). Computational Analysis of Epidermal Growth Factor Receptor Mutations Predicts Differential Drug Sensitivity Profiles toward Kinase Inhibitors. *Journal of Thoracic Oncology*, 13(5): 721-726.
- 3. Kancha RK, Peschel C, Duyster J (2011). The epidermal growth factor receptor-L861Q mutation increases kinase activity without leading to enhanced sensitivity toward epidermal growth factor receptor kinase inhibitors. *Journal of Thoracic Oncology*, 6(2): 387-92.
- 4. Kancha RK, von Bubnoff N, Peschel C, Duyster J (2009). Functional analysis of epidermal growth factor receptor (EGFR) mutations and potential implications for EGFR targeted therapy. *Clinical Cancer Research*, 15(2): 460-7.
- 5. von Bubnoff N, Gorantla SH, Kancha RK, Lordick F, Peschel C, Duyster J (2005). The systemic mastocytosis-specific activating cKit mutation D816V can be inhibited by the tyrosine kinase inhibitor AMN107. *Leukemia*, 19(9): 1670-1.
- 6. Kancha RK, von Bubnoff N, Miething C, Peschel C, Götze KS, Duyster J (2008). Imatinib and leptomycin B are effective in overcoming imatinib-resistance due to Bcr-Abl amplification and clonal evolution but not due to Bcr-Abl kinase domain mutation. *Haematologica*, 93(11): 1718-22.
- 7. Heidel F, Lipka DB, Mirea FK, Mahboobi S, Grundler R, Kancha RK, Duyster J, Naumann M, Huber C, Böhmer FD, Fischer T (2009). Bis(1H-indol-2-yl)methanones are effective inhibitors of FLT3-ITD tyrosine kinase and partially overcome resistance to PKC412A in vitro. *British Journal of Haematology*, 144(6): 865-74.
- 8. Kancha RK, von Bubnoff N, Duyster J (2013). Asymmetric kinase dimer formation is crucial for the activation of oncogenic EGFRVIII but not for ERBB3 phosphorylation. *Cell Communication and Signaling*, 11:39.
- 9. Subramanian J, Katta A, Masood A, Vudem DR, Kancha RK (2019). Emergence of *ERBB2* Mutation as a Biomarker and an Actionable Target in Solid Cancers. *Oncologist*, 24(12): e1303-e1314.
- 10. Masood A, Kancha RK, Subramanian J (2019). Epidermal growth factor receptor (EGFR) tyrosine kinase inhibitors in non-small cell lung cancer harboring uncommon EGFR mutations: Focus on afatinib. *Seminars in Oncology*, 46(3): 271-283.