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AACR Cancels \$7 Million Annual Meeting, Citing Fear Of SARS Outbreak In Toronto

With two days notice, the American Association for Cancer Research cancelled its annual meeting scheduled for April 5-9 in Toronto, citing the outbreak of Severe Acute Respiratory Syndrome in that city.

"We believe this is the most prudent course of action at this time," Margaret Foti, chief executive officer of the AACR, said in an email to 12,000 conference registrants.

"The decision reflects the growing concern of many—particularly those with clinical care responsibilities—that we must minimize the risk of spreading SARS, especially for those whose immune system is already compromised from their fight with cancer," Foti wrote in the April 2 email.

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Interview With AACR's Margaret Foti: "Meeting Wouldn't Have Been The Same"

*In an interview April 3, Margaret Foti, chief executive officer of the American Association for Cancer Research, described the events that led to the cancellation of the association's annual meeting, scheduled for April 5-9 in Toronto. She spoke with Kirsten Boyd Goldberg, editor and publisher of **The Cancer Letter**.*

FOTI: There was a point during which we were sort of in limbo. We were assuming we were going ahead, but we were also watching it carefully. We had two conference calls of our officers to bring us to the point where we were about to leave from Philadelphia to Toronto.

But when we got here, we realized the situation had changed rather dramatically in 24 or 48 hours. Basically, what happened was, there was growing concern on the part of members of the cancer community about coming to Toronto.

We had received increasing numbers of cancellations. We were getting calls from all over the world, from people who were concerned and had indicated they may not attend. Some of them actually indicated they were going to cancel.

When we got here, we heard more, some rumors, directives that had been given to various scientists in cancer centers, and also one statement that had actually been issued by Memorial Sloan-Kettering discouraging all their clinicians from coming to the meeting.

That really got our attention.

In the meantime, we were monitoring, and I had been on the phone
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AACR Meeting:
Registration Fees
To Be Refunded;
Cost Of Cancellation
Unknown As Yet,
Depends On AACR's
Ability To Negotiate
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Cost To AACR Of Cancellation Unknown As Yet, Foti Says

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The decision to cancel followed a unanimous vote of the AACR Board of Directors, which spent two hours weighing the options in a conference call earlier that day. Until the board vote, as registrants were reading up on SARS and deciding whether to go to Toronto, the society was determined to go on with the meeting.

A day earlier, the association sent out an email containing an assurance from a Toronto health official that “the risk of SARS transmission among the general population is extremely low and control measures are in place preventing any further spread of the illness.”

The meeting was projected to cost \$7 million, and was expected to generate about \$1 million in revenue for the AACR, Foti said to **The Cancer Letter**. The society’s annual budget is \$30 million.

About 16,000 scientists, clinicians, students, and biotech and pharmaceutical company researchers were expected to attend, including about 1,000 AACR members from the Toronto area. AACR has more than 18,000 members in the U.S. and 60 other countries.

The SARS outbreak in Toronto came to light in mid-March, and all cases in Ontario have been traced to a Toronto resident who had traveled to Hong Kong,

Sui-Chu Kwan, 78, who died March 5 of the disease. Her 43-year-old son also died of the illness at Toronto’s Scarborough Grace Hospital. Healthcare workers and patients became infected, and the hospital has been closed.

Toronto health authorities said there were 60 probable and 69 suspected cases of SARS in the metropolitan area as of April 2, and about 1,000 people are in quarantine. The province of Ontario declared a public health emergency on March 26.

Worldwide, 2,223 cases and 78 deaths from the disease have been reported. The disease starts with flu-like symptoms including a fever of more than 38C and a dry cough or shortness of breath.

The Centers for Disease Control and Prevention reported 85 suspected cases of SARS, in 27 states in the U.S. as of April 2. No U.S. deaths were reported.

For the first time in its history, the World Health Organization issued an advisory discouraging nonessential travel to China, Hong Kong, Singapore, and Vietnam. Three countries—Australia, Ireland, and Spain—also have advised against nonessential travel to Canada.

Nonetheless, Sheela Basrur, the Toronto medical officer of health, said in a news conference that AACR participants were in no danger of catching SARS, according to the National Post, a Canadian newspaper. “Where would they be coming in contact with it?” she said. “We don’t have people with SARS wandering about the streets.”

“The Situation Changed Dramatically”

In an interview from Toronto, Foti said that by the end of March, it appeared to the AACR leadership that Canadian health authorities had the SARS situation under control.

“We were assuming we were going ahead,” Foti said. “When we got here [the week of March 31], we realized the situation had changed rather dramatically in 24 or 48 hours. Basically, what happened was, there was growing concern on the part of members of the cancer community about coming to Toronto.”

After the association sent the April 1 email designed to reassure registrants, the number of worried phone calls and emails increased, Foti said. “We received increasing numbers of cancellations, and we were getting calls from all over the world, and people indicated they were going to cancel,” Foti said.

Also, the news was not encouraging.



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On March 31, newspapers reported that Carlo Urbani, the WHO epidemiologist working in Hanoi who discovered SARS, had died of the illness. "We are concerned about the possibility of airborne transmission," CDC Director Julie Gerberding said, according to news reports. "We may be in the very early stages of what could be a much larger problem."

On March 31 and early April 1, two Toronto residents died of SARS, bringing the number of deaths to seven. Both patients had other health problems that required treatment in the intensive care unit at Scarborough Grace Hospital, where they were infected.

Also, on April 1, six doctors battling the disease in Toronto were quarantined because one of the healthcare workers treating patients had come down with symptoms. In another development, a plane from Tokyo was held for about two hours on the tarmac at San Jose, Calif., because four passengers complained of symptoms associated with SARS.

By far the worst news for AACR came on April 2, when Memorial Sloan-Kettering Cancer Center officials sent a memorandum to the center's employees stating that, "given the risk of travel to the Toronto area, and the many unknowns associated with SARS and concern about the safety of patients, we reluctantly, but strongly recommend that the MSKCC faculty and trainees with clinical care responsibilities and patient contact cancel any travel plans for AACR. Those who do attend will be asked to exclude themselves from patient contact for 10 days upon their return."

"That really got our attention," Foti said.

The MSKCC memorandum put executives at other institutions in a difficult position, sources said.

"Memorial's position made it tough to ignore," said one cancer center official who spoke on condition of anonymity. "If it had been an autoworkers convention, that's one thing. But we're in the health care business, so if Memorial takes a strong position that they care about the health of their patients first, and advise physicians not to go to Toronto where there has been a SARS outbreak, then how does it make the rest of us look if we decide to go? Public perception is an overriding issue."

Foti said she spoke with NCI Director Andrew von Eschenbach and other NCI officials on April 2, and learned that some Institute employees decided to cancel their plans to attend the meeting.

NCI did not have an official policy regarding AACR attendance, an Institute spokeswoman said.

However, sources said NCI and NIH Clinical Center employees were advised by superiors not to attend AACR if their participation was not "essential," loosely defined as presenting an abstract or otherwise important to the association.

Some cancer centers, including M.D. Anderson, Johns Hopkins, and Dana-Farber Cancer Institute, simply passed along to employees AACR's initial email, but rumors spread that many institutions were advising clinicians not to attend.

"Our understanding, as of this morning, is that CDC and WHO do not consider Toronto high risk for travel," David Callender, executive vice president and chief operating officer of M.D. Anderson said to **The Cancer Letter** on April 2. "It's our understanding that the risk to our physicians traveling is quite low, so the risk to the patient population is quite low, or no more so in Toronto than here in Houston. There are some confirmed cases of SARS in Texas."

Nevertheless, as concern mounted, the cancellations increased.

"There was a gradual crescendo," Foti said. "We had heard that 50 to 60 percent of the people were canceling from various cancer centers. If you take that as a projection, and then move that forward another day or two, we could have been down 70 to 75 percent."

"I think the main thing to bear in mind is that the nature of the meeting would not have been the same."

Also on April 2, Novartis officials informed AACR that its employees were asked not to attend the meeting. Other companies were making similar decisions.

WHO on March 27 advised airports to screen passengers departing from affected areas, including Canada, on flights to other countries. The screening involves interviewing patients to detect symptoms of the illness, including fever or cough and shortness of breath.

Several AACR participants said to **The Cancer Letter** that they feared being detained if they caught a cold or experienced spring allergies while attending the conference.

While the risk of an AACR meeting participant catching SARS was low, just one case—even a suspected case—could cause panic in cancer clinics nationwide, sources said.

"If there was one life lost as a result of this, we would have been devastated," Foti said.

Such a situation would have opened clinicians



to medical malpractice claims as well, particularly after the AACR statement of April 1 and the MSKCC memorandum, said Maxell Chibundu, professor of law at University of Maryland School of Law. In the unlikely scenario of a cancer patient catching SARS from a doctor who attended the AACR meeting, “a case by the patient’s family against the doctor might be tenable, because the doctor should have known the risk,” Chibundu said to **The Cancer Letter**.

Also in that situation, the doctor might have had a tenable case against AACR, Chibundu said. “Chances are good that the doctor could show that AACR owed him a duty of care and should have anticipated that he might catch SARS, and should have canceled the meeting,” he said.

AACR board members said the decision to cancel the meeting was prudent. “I don’t think we know a lot about this bug yet,” said AACR President-elect Karen Antman, chief of the Division of Medical Oncology at Columbia University. “If the number of cases stay stable over the next couple of weeks, it may not be a problem. If it rises, we will have a national outbreak. We don’t know which way it could go.”

Antman, whose term as AACR president was to begin at the meeting, said the decision was “not a decision made lightly.”

International participants were dropping out, too, Antman said. Some cancelled due to fear about air travel during the war against Iraq, others because of SARS. “I feel for [AACR President] Susan Horwitz and all the people who prepared lectureships and were to receive awards, and the graduate students who were going to give their first presentations,” Antman said.

“I’m so disappointed,” said Waun Ki Hong, AACR past president and head of the Division of Cancer Medicine at M.D. Anderson Cancer Center. “AACR was established in 1907 and this is the first time for cancellation of the annual meeting, but we have to minimize the risk of spreading SARS, especially to cancer patients.

“I think we made the right decision,” Hong said. “Now we have to think about how to reschedule the meeting. It’s going to be a huge task.

“I feel so bad.”

Total Financial Impact Unknown

Registration fees and exhibitor fees will be refunded, said Warren Froelich, the society’s director of communications.

Foti said the final cost of canceling the meeting hasn’t been tabulated, but AACR may lose \$5 million to \$7 million.

“It’s unknown at this point what the final financial impact will be,” Foti said. “It will depend on our vendors, and whether they are willing to relieve us of these contracts, how generous Toronto will be to us in terms of our need to cancel. We have cancellation insurance, but it’s unknown at this time what the insurance will cover.”

AACR has a reserve fund of about \$12 million, or 40 percent of the association’s annual budget, Foti said. “It would have to come out of the reserve; no question about it,” she said.

“So what we’re going to do is, we’re going to do our best to negotiate with vendors to prevail upon them to help us in light of the emergency,” Foti said. “That’s why I say, really, between the concerns about further spread [of SARS], the concerns about the fact that we had 127 people registered who were coming from the affected [Asian] countries, at least initially registered, and concerns about the clinicians not being able to come, it all pointed to the need to cancel this meeting here and hold it at a different time this year.”

Michael Strauss, meeting director in the office of public programs at the American Association for the Advancement of Science, said canceling a meeting two days before it’s scheduled to begin is “a convention director’s worst nightmare.”

The AAAS annual meeting in February attracted more than 5,000 participants, less than half of the AACR projected attendance.

“The degree to which it is a financial difficulty for AACR depends on how their contracts are written,” Strauss said. “A meeting of that size you don’t cancel lightly. There is potentially considerable monetary exposure, and you have to look at the contracts, and what the exposure would be.”

The financial impact on AACR could also depend on the association’s relationship with the convention center, Strauss said. “Any large meeting is a partnership between the organization and the facility,” Strauss said.

Immediately following the destruction of the World Trade Center on Sept. 11, 2001, many large conventions were cancelled, but convention centers generally forgave associations the fees, Strauss said.

Strauss said refunding registration fees is the right thing to do. “I would refund the registration fees, because I would want them to come back next year,”



Strauss said. "I don't know what you do with the exhibitors who didn't pull out. These are the kind of things meeting planners think of when we think of worst-case scenarios, but we don't like to think about it much."

Plans To Select New Date, Location

Foti said a new date and location for the rescheduled AACR annual meeting will be selected within the next two weeks.

"We have to [reschedule]," she said. "It's a responsibility. I've talked to Dr. von Eschenbach about that, and he agrees that we must work very hard to reschedule this meeting as soon as possible, given the importance of the AACR annual meeting to the cancer program."

AACR will have to do program planning for the rescheduled meeting and the 2004 annual meetings at the same time, Foti said.

"Rescheduling is tough, but not impossible," said Strauss, of AAAS. "The meeting industry is being hurt by the recession. A couple of years ago, I would have said it would be impossible. Now, they may well find some space. I would probably start with the biggest facilities, even some new facilities, like here in Washington, DC, or the new convention center in Anaheim."

However, Strauss said participation is likely to be lower than at a normal annual meeting. "The challenge is that people tend to get tied into meetings at certain times of the year," he said.

"If You Go To Chicago..."

AACR President Susan Horwitz, chairman of the Department of Molecular Pharmacology, Albert Einstein College of Medicine, said April 1 that SARS "is contained in those two hospitals, from everything we have heard from Canadian health officials and our friends in Toronto. Everyone is living a normal life. There are plenty of other hospitals open in case anyone has an illness.

"There are no guarantees in this world," Horwitz said. "If you go to Chicago, there's no guarantee that you won't be run over by a car."

* * *

Contacted on April 1 and asked whether he was planning to attend, AACR stalwart James Holland, chief of the Division of Neoplastic Diseases at Mount Sinai School of Medicine, said emphatically:

"I am going. If SARS becomes a transportable disease, can you imagine that New York will escape?

Toronto may be safer. Air travel is as safe as it will ever be. If we all burrow into our shelters, how can we ever assert that terrorism has not won?"

* * *

Also contacted April 1, Robert Hoffman, president of AntiCancer Inc., of San Diego, Calif., said: "I'm going. This is a very important meeting, and I don't see this outbreak entering the general population, and I don't want to be scared about low-probability things. I don't run my life by fear. This is the most important meeting of the year for our group, and I want to support the AACR and Marge."

Hoffman said his friends and collaborators from Japan were not planning to attend, because their companies have told them flying is not safe due to the Iraq war.

* * *

Slavik Dushenkov, vice president for research and business development at Wellgen Inc., of New Brunswick, NJ, a small company started as a spin-off from research done by Rutgers University scientists, was looking forward to presenting his company's work on an extract of orange peel for the prevention of colon cancer.

After the meeting, Dushenkov was planning to visit London, Ontario, about a two-hour drive from Toronto, to meet with patients in the first clinical trial of the company's product.

"We were excited, because it seemed that at this particular meeting, there would be enthusiasm for cancer prevention and the effect of diet and food in cancer development, combined with a great advance in genomics," Dushenkov said. "We were definitely going to the meeting with a great agenda. We were presenting several studies, in combination with a trip to check up on the trial. Adding a personal part to it, my wife has relatives and school friends living around Toronto, so we made it a family trip for the weekend."

Dushenkov said he didn't think SARS was serious enough a problem to cancel his trip. "We were worried about it, but we were not planning to cancel the trip," he said.

AACR's April 1 email arrived late in the evening, so Dushenkov didn't see it until the morning of April 2. "When we got the email from the organizers, we really became concerned," he said.

The email began, "We would like to assure people attending the AACR Annual Meeting in Toronto that their safety and security are our top priority." It went on to say that there is not evidence



of widespread community infection in Toronto.

“It made us more worried, because that’s a normal reaction,” Dushenkov said. “If you are getting email that they still want to go ahead, then there is a problem.”

Dushenkov clicked on all the Web sites listed in the email, including the CDC and Health Canada. “My wife called her friends in Toronto, and they were trying to reassure us to come,” he said. “However, they said people in the city are wearing masks. Well, that’s OK. Then, they said, by the way, some of the schools are closed, some hospitals are closed. This ‘reassurance’ had the opposite effect.”

Then the second AACR email arrived, late in the afternoon of April 2. “When I got the email about canceling the meeting, it was a relief, because it was someone making the decision for me, so I don’t have to make the decision,” he said. “It’s sort of a disappointment. I feel sorry for the organization.”

Dushenkov said the company will lose the \$500 airfare to Toronto for himself and a colleague, and he also may lose \$250 that he spent for his wife’s ticket. The tickets, on United Airlines, may be used within the year, but he doesn’t anticipate being able to use them for another conference, or even a rescheduled AACR meeting.

For the tiny Wellgen, SARS also will cause a delay in its clinical trials timeline, Dushenkov said. To limit hospital visits, Health Canada has put on hold all elective procedures. Wellgen’s clinical trial in Ontario involves a colonoscopy—an elective procedure.

Interview:

Foti Projected Cancellation By 70% Of AACR Participants

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with the Toronto officials hours before we made the decision. Toronto officials maintained that the risk was extremely low, and [they] continued to feel we should hold the conference. So there were discrepancies there, in terms of opinions.

Also, I spoke with the director of the National Cancer Institute [Andrew von Eschenbach] and other people at NCI, and some of them had decided to cancel. There was a feeling, I think, that it was going to be important to look at this more critically, after talking with Andy.

I called again the CDC, and there was no change there in their opinion. However, there was an

indication from one of the infectious disease people that they were becoming increasingly concerned about SARS. There had been another death the night before. So all of these factors—the notion that we would probably lose all of our clinicians, about 40-50 percent [of registrants].

An enormous component of our meeting is translational and clinical. So you would lose the benefit of their input. We might have lost half of our speakers, although they had not yet indicated they couldn’t come. We had only a couple of cancellations, but we were very concerned about the speakers canceling.

I think the main thing to bear in mind here is that the nature of the meeting would not have been the same. One of the great, and perhaps unique, aspects of this meeting is that this is an opportunity for scientists from all over the world in all the disciplines represented in cancer research to interact, and the synergies that come from that are enormous.

If you don’t have the critical mass of clinicians, you would have a very different kind of a meeting. We might have had, in the end, only about 25 percent of the delegates, who are mainly basic scientists, and that would not have been a typical annual meeting.

GOLDBERG: It would have been that low?

FOTI: I think that there was a gradual crescendo. Now, all of this is rumor, but we had heard that 50 to 60 percent of the people were canceling from various cancer centers.

That had not yet gotten to us, in terms of the billing, but this is what we were hearing, that they were just not going to come.

So, if you take that as fact, which, as you know, wasn’t definitive yet, because they hadn’t officially cancelled, but if you take that as a projection and then move that forward another day or two, we could have been down 70 to 75 percent.

But understand, we didn’t cancel initially, because we only had 500 cancellations as of three days ago, vis-à-vis 350 cancellations this time last year. It was on par with what we would have expected.

Yet, we were getting so many calls, so many emails, and some of the cancer centers were taking actions about our clinical investigators, that would have so seriously impacted the meeting.

GOLDBERG: I called a few centers that had been rumored to be telling people not to attend, but except for Memorial, it turned out that wasn’t the case. What was going on?



FOTI: There was some terrible stuff going on. As a matter of fact, we even got a phone call at our office, which turned out to be a total hoax, someone talking about quarantines here in Toronto, and they left a bogus phone number. I thought, Who on earth could be doing that?

This same person called 300 people in the community, I understand.

It would be hard to know who on earth would be doing that, who was sinister enough to do that? But that's what I got hit with when I arrived here in Toronto. [The hoaxer] called our office and told us that there was a quarantine in Toronto for everybody arriving, and they also told us that they were going to be calling 300 other people to inform them, and they claimed to be coming from Health Canada.

When I spoke to the Toronto authorities, they said nobody by that name exists, and the phone number was totally bogus, and that, in fact, this was a total hoax.

So, really, the prior decision we made was based, I thought at the time, on solid ground. CDC had advised people that travel to and from Canada was OK, because there was not evidence of widespread community transmission. WHO had said the same thing. The local authorities had said the same thing, and we only had a modest number of cancellations, which was in the norm.

So, we felt that it was a go.

You can imagine how we feel about canceling a meeting like this. It could set back cancer research for years. So, it's a very serious decision. When we talk about the synergies and the informal communication and the creative ideas that come out of a meeting like this—which is the most important cancer research meeting in the world annually.

It's a very serious matter to cancel a meeting like this, which is why we are very anxious to reschedule it as soon as possible.

GOLDBERG: What will be the financial impact on AACR?

FOTI: The meeting costs about \$7 million. The revenues from this meeting support the AACR and its activities, and it's unknown at this point what the final financial impact will be. It will depend on our vendors, and whether they are willing to relieve us of these contracts, how generous Toronto will be to us in terms of our need to cancel.

GOLDBERG: Have you worked out anything yet?

FOTI: Since this just happened last night, we

haven't yet. Our people are now meeting, as we speak, with the officials of the [convention] center and the hotels. There will be an effort made to see if there might be some special situation.

GOLDBERG: Is there insurance for this kind of thing?

FOTI: Yes, we have cancellation insurance, but it's unknown at this time what the insurance will cover.

GOLDBERG: What is the revenue, generally, from the meeting?

FOTI: It depends. It could be \$1 million or more, depending on how many people you have, and the expenses of the meeting. But it's very substantive vis-à-vis our budget.

GOLDBERG: What is the total budget?

FOTI: Our total budget is \$30 million.

GOLDBERG: So [the revenue] is a good chunk of money.

FOTI: Oh yes, it's a very large amount, and, you know, it's serious. But the thing is, it's not just the revenue lost, but it's also the expenses that we might incur if everyone keeps us to the contracts. So, it could be somewhere between \$5 to \$7 million.

GOLDBERG: What about your reserves?

FOTI: We have a reserve, and it would have to come out of the reserve, no question about it. We've taken many years to build that reserve, practically my entire tenure. When I started, we had a \$25,000 reserve. [Foti became AACR executive director in 1982.] That was a long time ago!

We have a reserve now which is healthy, it's about 40 percent of our annual budget. Most organizations like to have 100 percent of their annual budget in reserve, but, you know, we're not that well-heeled. If you take a major portion of that to take a hit, it will be very unfortunate.

So what we're going to do is, we're going to do our best to negotiate with vendors to prevail upon them to help us in light of the emergency. That's why I say, really, between the concerns about further spread [of SARS], the concerns about the fact that we had 127 people registered who were coming from the affected [Asian] countries, at least initially registered, and concerns about the clinicians not being able to come, it all pointed to the need to cancel this meeting here and hold it at a different time this year.

What were you hearing when you were calling around?

GOLDBERG: For the most part, I heard people planning to go, a little concerned, but most people I



talked to said it seemed like a pretty low risk.

FOTI: I think the recent articles in The New York Times and The Washington Post really were quite damaging.

I think they added further concern to the members of the scientific community. I don't think from the point of view of real data on this thing that anybody knows yet. The officials of CDC said they were increasingly concerned, but they did not change their advisory.

GOLDBERG: Some people I talked to said they were more concerned about being stuck on a plane if they had a cough.

FOTI: Well, it was a unanimous decision of the board. I felt that if we were going to need to cancel meeting, that we should pull together the entire board for the decision. Needless to say, it's very sad, because our officers were all ready to go.

There was an enormous amount of excitement about this meeting, it's a spectacular scientific program. We received 6,900 abstracts for presentation, a 15 percent increase over last year.

So, we were expecting a very popular meeting. We were concerned about the war, and we were concerned about the J-1 visa problem. A lot of the young foreign nationals were concerned about not being able to get back into the country because of faulty documentation, but with all that aside, we thought it was a go, and then, when this thing started, it was the tilting point, I'm afraid.

We just had a two-hour meeting just to discuss what needs to be done next in terms of winding down here [in Toronto].

You can just imagine the warehouses filled with Proceedings and programs for the meeting.

There's a wonderful clinical supplement, a wonderful clinical cancer research supplement that had been devised by Bill Hait, who is the chairman of our clinical cancer research committee. That was to be distributed at the meeting, along with the meeting addendum, containing the latest abstracts, the late-breaking abstracting.

It's very, very sad. And it is with great regret. But if there was one life lost as a result of this, we would have been devastated. We made the decision. We are going to move on.

We have a very experienced staff. They are professionals in meeting planning and program development, and I believe that with some additional work and some luck in finding a new site, we should be able to regroup fairly quickly, provided that the

speakers will be available for the new dates.

GOLDBERG: So you really think there is a chance of holding the meeting later in the year?

FOTI: Oh, yeah, we have to. It's a responsibility. I've talked to Dr. von Eschenbach about that, and he agrees that we must work very hard to reschedule this meeting as soon as possible, given the importance of the AACR annual meeting to the cancer program.

GOLDBERG: Do you think NCI might help out with some funding?

FOTI: I don't know yet. I think that we will certainly discuss that. But I think his support yesterday during the call was just extraordinary.

We are going to try to reschedule this within the next two weeks, and then go from there. We will be doing program planning for two annual meetings simultaneously. But if any staff can do it, our staff can do it. We'll just have to work harder, that's all.

I feel very bad, but I understand the need to do this.

It's a big devastation to Toronto that we're doing this. I've had about three television interviews, a radio interview, and several newspaper interviews. This is a big loss to Toronto.

GOLDBERG: The AACR annual meeting was there sometime in the 1990's.

FOTI: Yes, 1991, I think it was, and also in the mid-1980's. Also, we have about 1,000 members here. AACR is the most important scientific society for our members here.

There's no equivalent of the AACR in Canada. This is their society. Periodically, we've really wanted to come here. We've taken our special conferences here, and now that the convention center is large enough to encompass our meeting, we were very excited about coming back here and showing our support for Canadian science.

GOLDBERG: How many years in advance do you have to plan?

FOTI: Usually four to six years. What is very ironic about this meeting in Toronto is that we had originally intended to have our meeting in Philadelphia.

We pulled out of our tentative agreement in Philadelphia, because the convention center was not going to proceed to expand to the extent it was necessary for our meetings.

So we informed Philadelphia and we came to Toronto, because it has a larger facility and we thought it would be nice to be here.

Unfortunately, the meeting was not realized.



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