

THE

# CANCER LETTER

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## Advocacy Groups Form Council To Lobby For Cancer Programs To Benefit Minorities

Minorities in the US do not share equally in the progress against cancer, several prominent health organizations said this week.

Seeking to understand and redress the imbalance in minority cancer incidence and survival rates, the organizations joined to form a coalition to lobby for changes in public policy and research.

The new coalition, called the Intercultural Cancer Council, aims to help advocacy groups speak with one voice, said Lovell Jones, founding

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### *In Brief*

#### **Breast Cancer Coalition Seeks Survivors, Activists For 3-Day Course In Advocacy**

**NATIONAL BREAST CANCER** Coalition is seeking breast cancer survivors or people with a personal connection to breast cancer to take an intensive, three-day course designed to increase the influence of breast cancer survivors and advocates in the scientific decision-making that affects their lives. The course, called Project LEAD (Leadership, Education and Advocacy Development), will teach basic scientific and medical information and training in leadership skills. Graduates of the program will be expected to use their new skills by serving on research boards and committees. The course will be offered at four sites: Los Angeles, June 8-11; Minneapolis, July 20-23; Washington, DC, Oct. 19-22; and Nashville, Nov. 30-Dec. 3. For applications and further information, contact: NBCC, 1707 L St. NW Suite 1060, Washington, DC 20036, tel: 202/296-7477, ext. 112. . . .

**KRISTIN ECKERT**, assistant professor in the Dept. of Radiology, Milton S. Hershey Medical Center, Pennsylvania State Univ. College of Medicine, received the Gertrude Elion Cancer Research Award from the American Association for Cancer Research at the association's annual meeting in Toronto last month. The award of \$30,000 is sponsored by Wellcome Oncology. . . . **FIVE OUTSTANDING** cancer investigators received awards from AACR last month: **Bert Vogelstein**, Johns Hopkins Univ. School of Medicine, received the G.H.A. Clowes Award. **Frederick Li**, Dana-Farber Cancer Institute, received the American Cancer Society Award for Research Excellence in Epidemiology and Prevention. **Eric Lander**, Whitehead Institute, received the Cornelius P. Rhoads Award. **Kenneth Harrap**, Institute for Cancer Research, UK, received the Bruce F. Cain Memorial Award, and **Ellen Vitetta**, Univ. of Texas Southwestern Medical Center, received the Richard and Hinda Rosenthal Foundation Award.

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## Minority Cancer Research Needs Emphasis, Council Says

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chairman of the ICC and director of experimental gynecology and endocrinology at M.D. Anderson Cancer Center.

Advocacy efforts to find out why minorities have higher incidence and lower survival rates than whites for some cancers have not been effective, Jones said at a symposium on minorities and cancer, where the formation of the council was announced.

"For too long what has happened was divide and conquer, giving different messages to different groups," Jones said.

The symposium was held in Washington earlier this week.

Members of the ICC include the American Cancer Society, American Public Health Association, Baylor College of Medicine, Howard University, Institute of Medicine, Kellogg Co., M.D. Anderson Cancer Center, National Appalachian Leadership Initiative of Cancer, National Hispanic Leadership Initiative on Cancer, National Coalition on Cancer Survivorship, Susan G. Komen Breast Cancer Foundation, and Washington Hospital Center.

"High-profile advocacy is critical if we hope to save the millions of our citizens who will otherwise die unnecessarily, or suffer from a disease that, in many cases, can be prevented," Fernando Trevino, executive director of the American Public Health Association, said.

The council called for:

- Broad power for the Office on Research on Minority Health to oversee NIH research on minority populations, similar to the authorities of the NIH

Office of AIDS Research over medical research in AIDS.

- Continued federal support for biomedical research into the causes and cure of cancer.

- Appointment of an NCI director supportive of cancer research and prevention programs in culturally diverse populations.

- Greater participation of minority physician-scientists and patients in clinical trials.

- Improved design of epidemiological studies of cancer among minorities to enable clearer analysis of causes and trends.

- Opposition to Congressional plans for health block grants that would remove specific federal support of cancer prevention and control programs among minority communities.

- Broadening the states' public health focus from infectious to chronic disease, like cancer.

- Stronger controls on tobacco such as a \$2 per pack cigarette tax increase, and FDA regulation of tobacco as a drug.

- New prevention and education initiatives on reducing fat and increasing fiber and other nutrients to lower diet-related cancer among minorities.

- Universal access to health care, comprehensive health benefits that include cancer prevention, detection, diagnosis, treatment and rehabilitation services, as well as non-discrimination against individuals with pre-existing health conditions.

### Calls On NCI To Emphasize Prevention, Care

In a policy statement, the council said the new NCI director "must give proper emphasis to the cancer prevention and care needs of minorities and medically underserved populations, and must be able to recognize and accommodate culturally diverse populations when implementing cancer education, prevention and control programs."

The NCI director must "mandate increased minority participation in clinical research trials and epidemiological studies," the statement said. "It is also important that the director support efforts to develop researchers from minority communities and to include them in the design and conduct of . . . research trials."

David Satcher, director of the Centers for Disease Control and Prevention, said further research is needed to find out why minorities have higher rates of some cancers than do whites and are far more likely to die of the disease within five years of diagnosis. "If we are going to close those gaps, we are going to

## THE CANCER LETTER

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have to focus attention on people who have been left behind for various reasons," he said.

Only 10 percent of the excess deaths are attributable to lack of access to health care, Satcher said. "There are still some gaps that we can't explain," he said.

### **Young Blacks: Smoking Not Cool**

One encouraging statistic has been the decline in smoking by African-American teenagers.

Harold Freeman, director of surgery at Harlem Hospital Center, and chairman of the President's Cancer Panel, said he believed the reason for the decline is cultural. "Young black people do not believe that smoking is cool anymore," he said.

However, among Native Alaskan children, the use of chewing tobacco has soared, said James Hampton, medical director of the Troy and Dolly Smith Medical Center in Oklahoma City.

Other research findings presented at the conference:

- African-Americans who smoke have nearly twice the risk of developing lung cancer as do whites, though they use fewer cigarettes per day than whites, said Moon Chen Jr., professor of preventive medicine, Ohio State Univ. Moon's study was published in the *International Journal of Epidemiology*.

It is not clear why blacks appear to be more vulnerable than whites to the carcinogenic effects of smoking. Additional research in metabolism and genetics needs to be conducted, Chen said.

- Victor Crawford, a former tobacco lobbyist from Maryland who said he is now committed to working against the industry, described tobacco companies as "the most powerful, well-funded, ruthless corporations on earth."

However, the firms are most vulnerable at the local level, where ordinances are being written to restrict smoking in public places and to limit youth access to cigarette vending machines.

- About one-quarter of the higher death rate of African-American women due to breast cancer cannot be explained by late diagnosis, histological or pathological reasons, or sociographic reasons, Harmon Eyre, ACS chief medical officer, said. More research and greater minority participation in clinical trials are necessary, he said.

Surveys have found distrust among minorities of clinical research. "We have not done a good job of conveying understanding and trust to the minority community," Eyre said.

- Genetic differences could affect the way the body handles anticancer drugs, explaining some differences in patient outcome, said Jerome Wilson, vice president of developmental therapeutics, Roberts Pharmaceutical Inc. He also called for greater minority participation in trials.

"This has nothing to do with affirmative action, it has to do with doing good science," Wilson said.

- Cancer educational and prevention materials often fail to reach their audiences, because most are written at a 10th grade reading level, according to Pebbles Fagan, of Texas A&M Univ. About 22 to 24 percent of African-Americans read at a ninth grade level or below. However, Fagan said, the readability of cancer educational materials has improved in recent years.

## **Coulter, Venture Capital Firm Join To Develop B1 Antibody**

Coulter Corp., a Miami-based diagnostics company, and InterWest Partners, a Menlo Park, CA, venture capital firm, have formed a pharmaceutical company to develop and market a monoclonal antibody-based treatment for non-Hodgkins lymphoma.

The company, called Coulter Pharmaceutical Inc., will work on development of a non-Hodgkins lymphoma treatment that utilizes radioactive iodine linked to a B1 monoclonal antibody.

The new company will be based in Palo Alto, CA.

The antibody was developed at the Dana-Farber Cancer Institute and acquired by Coulter as a potential diagnostic (**Cancer Economics**, August 1993).

However, NCI-funded clinical trials at the Univ. of Michigan and Fred Hutchinson Cancer Center established that radioimmunotherapy utilizing the B1 antibody delivered a measured dose of radiation selectively to the tumor site.

One study, by Mark Kaminski of the Univ. of Michigan, reported that over 70 percent of patients experienced significant tumor reduction. In one-third of the patients the tumors had completely disappeared and had not reoccurred.

Kaminski's original study was published in the *New England Journal of Medicine* in August 1993. Now, 18 months after the NEJM article appeared, 80 percent of the patients originally treated are alive and a much larger number of patients have been treated.

The results of the later studies are being prepared for publication, Kaminski said to **The Cancer Letter**.



"Coulter became so impressed with what they were seeing that they felt that in order to do [B1] justice and to do it in a feasible manner that would not put at risk their other important products, formation of a new company with venture capital would be the ideal situation," Kaminski said.

The new company said that later this year it plans to proceed with phase II/III clinical trials of the therapy at least four sites in the US and at least one site in Europe.

Kaminski, who is involved in designing the protocol for the multicenter trial, will continue to be the principal investigator at the University of Michigan site.

### Results Presented Dilemma For Company

The encouraging initial results from the trial of the antibody presented a dilemma for Coulter Corp.

The privately-held company produces hematology and cytometry analyzers as well as diagnostics for leukemia, lymphoma and AIDS. It has no experience in therapeutics.

At first, Coulter considered forming strategic alliances with large pharmaceutical firms, but ultimately decided to use venture capital to establish a separate company to develop the therapy.

"Their thinking was that if you recruit new people and bring them into a separate environment, they would stand a better chance of developing this therapy to the end," Arnold Oronsky, interim president and CEO of Coulter Pharmaceutical, said to **The Cancer Letter**.

Coulter Corp. and Coulter Pharmaceutical are separate companies, said Oronsky, who is a general partner in InterWest.

"Patients treated to date have experienced almost no unpleasant side effects," Joseph Coulter, president of Coulter Corp., said in a statement.

"This, in itself, is wonderful news for those suffering from non-Hodgkins lymphoma.

"In addition, the overall treatment cost will be dramatically lower, compared to traditional therapies, and will help with the national effort to reduce the cost of health care," Coulter said.

Along with developing B1, Coulter Pharmaceutical is in the process of acquiring two cancer treatments that the company plans to develop and market, company officials said.

InterWest Partners has over \$425 million of capital under management, the company said.

Earlier InterWest health care investments have

included Cell Genesys Inc. of Foster City, CA; COR Therapeutics Inc. of South San Francisco, and TheraTx Inc. of Atlanta.

## Columbia Univ. Places cDNA Libraries In Public Domain

Columbia Univ. has agreed to place molecular sequences from its genetic libraries in the public domain, the university said.

Through an agreement with the US Department of Energy Lawrence Livermore National Laboratory, Columbia will donate normalized, complementary DNA libraries to LLNL as part of a multi-institutional effort to sequence and map a large fraction of human genes, the university said.

Columbia's cDNA libraries, developed by Bento Soares, assistant professor of neurogenetics at Columbia College of Physicians & Surgeons, are expected to yield molecular gene sequences for 70 percent of all human genes in less than two years, the university said.

Columbia's normalized libraries will be arrayed—a procedure whereby each clone of the library is given a unique identification code—by Lawrence Livermore and sequenced at Washington University in St. Louis.

Washington University, in a program funded by Merck & Co. Inc., uses automated techniques for rapid sequencing of DNA.

The sequences will be made available through GenBank, a public data bank being established with the NIH, LLNL and other research organizations.

While Lawrence Livermore will provide the arrayed clones to Washington University, all interested researchers would be able to obtain the clones, provided that they agree to deposit resulting sequencing data into public databases.

"I appreciate the effort Columbia has made and the potential financial losses it incurred to make this possible," NIH Director Harold Varmus said in a statement. "The cDNA sequencing project funded by Merck & Company Inc. will significantly expedite research to understand human genetic diseases and greatly benefit the scientific community."

A cDNA library is a collection of all the genes active in a particular cell type or tissue at a given time of development. There are as many kinds of cDNA libraries as there are different cells in the body.

Molecular gene sequences derived from such libraries may be of commercial interest for a drug or



biotechnology company. If and when the sequence is linked to a disease, the drug development process can begin.

"Normalization," the method used to create the Columbia libraries of a cDNA library, was developed by Soares and colleagues at Columbia. Normalization results in a reduction of the number of multicopy cDNAs, making it easier to pinpoint rare cDNAs. The Columbia researchers have been able to reduce by one-hundred fold the number of high-copy cDNAs in a human infant brain cDNA library.

## **New England Medical Center Discloses Two Overdoses**

Two men were given chemotherapy overdoses that may have hastened their deaths after they sought treatment for advanced melanoma at the New England Medical Center in Boston, the hospital said.

The patients had been receiving cisplatin, but the order was misunderstood and the patients received three times the dosage of the drug, the hospital said.

The errors occurred in February 1991, and the patients died within weeks of the overdose. The hospital disclosed the error last week.

The disclosure comes in the wake of an admission by the Dana-Farber Cancer Institute that two breast cancer patients were accidentally given four times the prescribed dose of the drug Cytoxan. One of the patients, Boston Globe health columnist Betsy Lehman, died of heart failure. The other woman was seriously injured.

"[Dosage] errors can happen anywhere to anybody," said Michael Cohen, director of the Institute for Safe Medication Practices, a private, non-profit group that compiles voluntary and anonymous reports of drug errors.

Between 1991 and 1994, the institute recorded 1,385 cases of medication errors around the nation. Chemotherapy drugs were involved in 24 cases. Seven of the errors involved patient deaths.

"Sometimes failures are so terrible that individuals should be punished, but that's not usually the case," said Lucien Leape, a specialist in medical error analysis at Harvard School of Public Health.

"We've got to look at these things as systems problems rather than as individual failings," Leape said. "Doctors and nurses don't tend to think of them that way. Most people in our society don't look at them that way."

However, the possibility of malpractice suits has prevented many institutions from addressing the

problems on more than a case-by-case basis, Leape said. Solutions require money that is becoming harder to find as hospitals try to cut the cost of providing health care, he said.

"Hospitals are under stress. They're laying people off," Leape said. "This makes it less likely that they will devote more effort to prevention."

In the case of the New England Medical Center patients, the error was discovered within days after it occurred, the hospital said. The patients lost their hearing and went into kidney and liver failure.

The family of one of the patients, Michael Arsenault, reached an out-of-court settlement with the hospital for \$850,000, said the family's attorney, Michael Mone.

The overdoses prompted an eight-month review of medication practices at New England Medical Center.

In one of the changes, the hospital banned handwritten orders for chemotherapy, adopting a printed form. Also, the hospital now requires two senior physicians to verify every order for high-dose chemotherapy, said chief pharmacist William Gouveia.

## **Komen Foundation Announces Second Grant Cycle For 1995**

The Susan G. Komen Breast Cancer Foundation recently announced a second grant cycle for its 1995 National Grant Program, and is accepting applications for research projects in both clinical and basic areas.

Applications can be secured by contacting Elda Railey at 214/450-1789 and must be returned by 5 p.m. (CDT) June 15. Grant recipients are determined through a peer review process recognized by NCI.

For the first time, at least five one-year grants will be awarded to qualified applicants and institutions conducting basic or clinical breast cancer research projects. The grants will range from \$100,000 to \$150,000 and will be for the period Dec. 1, 1995 through Nov. 30, 1996.

## **NCI, Cancer Meetings Listed For May, June, Future**

**NCI Div. of Cancer Prevention and Control Board of Scientific Counselors**—May 4-5, Bethesda, MD. NIH Bldg 31C Conf. Rm 10.

**AIDS: Therapeutic and Prophylactic Challenges**—May 8, Frederick, MD. Contact Patti Hall, Foundation for Advanced Cancer Studies Inc., 410/658-2882.



**The Clinical Research Meeting**—May 5-8, San Diego, CA. Contact conference coordinator, Tel: 609/848-1000, FAX 609/848-5274.

**American Society of Colon and Rectal Surgeons Annual Convention**—May 7-12, Montreal, Canada. Contact ASCRS, tel: 708/290-9184.

**National Cancer Advisory Board**—May 15-17, Conf. Rm 10C, NIH Bldg. 31. Open May 16, 8 am-3:45 pm and May 17, 9:30 am-1:10 pm. NCAB Subcommittee on Cancer Centers—May 15, 5-7 pm, Bethesda Marriott (Pooks Hill). NCAB Subcommittee on Information and Cancer Control—May 15, 5-7 pm, Bethesda Marriott (Pooks Hill). NCAB Subcommittee on Special Priorities—May 16, 12:15-1:30 pm, Bldg 31C Conf. Rm 7. NCAB Subcommittee on Basic and Environmental Sciences—May 16 immediately following adjournment. NCAB Subcommittee on Planning and Budget—May 16 immediately following adjournment.

**Cancer and Aging**—May 18, Washington, DC. Contact Institute for Advanced Studies in Immunology and Aging, tel: 202/333-8845, fax 202/333-8898.

**American Society of Clinical Oncology Annual Meeting**—May 19-22, Los Angeles. Contact ASCO, Tel: 312/644-0828, FAX 312/644-8557.

**American Thoracic Society/American Lung Association International Conference**—May 21-24, Seattle. Contact ATS, tel: 212/315-8700.

#### June

**June 4—National Cancer Survivors Day.** Info: National Cancer Survivors Day Foundation, tel: 615/794-3006.

**Cancer Vaccines**—June 5-6, Arlington, VA. Contact Cambridge Healthtech, tel: 617/487-7989, fax: 617/487-7937.

**Marrow Transplantation in Children**—June 1-3, Hilton Head Island, SC. Contact Dr. Michael Trigg, Univ. of Iowa, Tel: 319/356-1608, FAX 319/356-7659.

**Critical Issues in Tumor Microcirculation, Angiogenesis and Metastasis**—June 5-9, Boston, MA. Contact Norman Shostak, Tel: 617/432-0196, FAX 617/432-1562.

**President's Cancer Panel**—June 6, Bethesda, MD Holiday Inn, 1:30-5 pm. Topic: AIDS Neoplasms. Contact: Nora Winfrey, tel: 301/496-1148.

**Prognostic Factors in Cancer**—June 7-8, Arlington, VA. Contact Cambridge Healthtech, tel: 617/487-7989, fax: 617/487-7937.

**NCI Div. of Cancer Biology, Diagnosis & Centers Board of Scientific Counselors**—June 12-13, Bethesda, MD. NIH Bldg. 31C Conf. Rm 6.

**Cancer Genetics and Tumor Suppressor Genes**—June 14-17, Hood College, Frederick, MD. Contact Margaret Fanning, Tel: 301/898-9266, FAX 301/898-9173.

**NCI Div. of Cancer Etiology Board of Scientific Counselors**—June 15-16, Bethesda, MD.

**Oncology: The Year in Review**—June 15-16, Chicago. Contact Northwestern Univ., Tel: 312/503-8533, FAX 312/503-0146.

**NCI Div. of Cancer Treatment Board of Scientific Counselors**—June 19-20, Bethesda, MD. NIH Bldg. 31C Conf. Rm

**Eleventh Annual Meeting on Oncogenes**—June 20-24, Hood College, Frederick, MD. Contact Margaret Fanning, Tel: 301/898-9266, FAX 301/898-9173.

**Pain Management**—June 24, Annapolis, MD. Contact Amy Heaps, Univ. of Maryland Cancer Center, Tel: 410/328-8607, FAX 410/328-2578

#### Future

**Candlelighters Childhood Cancer Foundation 25th Anniversary Conference**—July 12-16, Crystal City, VA. Contact CCCF, tel: 301/657-8401.

**Radiation Therapy Oncology Group Semi-Annual Meeting**—July 20-23, Philadelphia, PA. Contact Nancy Smith, RTOG, 1101 Market St., Suite 1400, Philadelphia, PA 19107, tel: 215/574-3205.

## Program Announcement

PA-95-047

Title: **National Cooperative Drug Discovery Groups For The Treatment Of HIV Infection (NCDDG-HIV)**  
Application Receipt Date: July 1, 1995; June 1, 1996;  
June 1, 1997

The National Institute of Allergy and Infectious Diseases (NIAID) invites submission of program project applications (P01) for the discovery, preclinical evaluation, and development of novel agents and strategies that suppress HIV replication and ameliorate the consequences of infection. The National Institute of Mental Health (NIMH) solicits grant applications directed toward identifying the mechanisms underlying the cognitive and behavioral changes associated with HIV infection. The National Institute of Neurological Disorders and Stroke (NINDS) solicits grant applications directed toward studies on the neurological complications of HIV infection. Both institutes seek grant applications investigating potential CNS-targeted drug therapies that prevent or alleviate CNS dysfunction. Responsive applications will emphasize original research of under-exploited facets of HIV infection.

Excluded from this PA are (1) anti-viral agents and strategies currently under intense investigation, (2) clinical studies, (3) studies of AIDS-related malignancies, and (4) studies of AIDS-associated opportunistic pathogens. Support will be provided to research consortia that include the private sector. Applications funded in response to this PA will become part of the NCDDG-HIV program.

Inquiries: Nava Sarver, Div. of AIDS, NIAID, Solar Bldg Rm 2C01, 6003 Executive Blvd, Bethesda, MD 20892, tel: 301/496-8197, fax 301/402-3211, email: ns18p@nih.gov.