

Bristol-Myers, IVAX Submit Competing Applications For Paclitaxel Use In KS

FDA is reviewing two competing applications for the use of paclitaxel as treatment for Kaposi's sarcoma as well as for the orphan drug designation in KS.

•One application for the KS indication and orphan drug designation was filed by Bristol-Myers Squibb Co. (NYSE: BMY) of Princeton, NJ, the company that developed Taxol through a technology transfer agreement with NCI. The BMS paclitaxel is approved for the ovarian and breast cancer indications, and the company's market exclusivity for the drug runs out Dec. 31. BMS is seeking a supplemental NDA.

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In Brief

Korsmeyer Wins Bristol-Myers Squibb Award; Lichter Named President-Elect Of ASCO

STANLEY KORSMEYER will receive the Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research. The award is in recognition of Korsmeyer's discoveries in programmed cell death, and translocated genes and their relation to follicular lymphoma. Korsmeyer is professor of medicine and pathology, and chief of the division of molecular oncology at Washington University School of Medicine, and an investigator at Howard Hughes Medical Institute. The \$50,000 award will be presented at a dinner in Korsmeyer's honor later this month. . . . **ALLEN LICHTER** has been selected as president-elect of the American Society of Clinical Oncology for the 1998 term. Lichter is professor and chair of the Department of Radiation Oncology at the University of Michigan. He will begin his one-year term, succeeding **Robert Mayer**, in May 1998 at the ASCO Annual Meeting in Los Angeles. Mayer takes office as ASCO president next month. Other new officers elected for 1997-98 include: **William Vaughan**, of University of Alabama, Birmingham, as secretary-treasurer, and elected as directors were **Harry Hynes**, Cancer Center of Kansas; **Jay Harris**, Harvard Joint Center for Radiation Therapy; **Barbara Weber**, University of Pennsylvania Cancer Center; **George Bosl**, Memorial Sloan-Kettering Cancer Center; and elected to the nominating committee were **Daniel Ihde**, Washington University School of Medicine; and **Robert Comis**, Thomas Jefferson University. . . . **UNIVERSITY OF PITTSBURGH CANCER CENTER** has established the Richard M. Cyert Chair in

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Firms Seek Orphan Drug Designation For Paclitaxels

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● Another application for the KS indication and the orphan drug designation was submitted by IVAX Corp. (AMEX: IVX) of Miami. The IVAX filing is a New Drug Application. IVAX said it is seeking an NDA for Paxene, its version of paclitaxel. Paxene is a new formulation of paclitaxel, the company said.

The BMS applications for the orphan drug designation and SNDA were submitted on Feb. 4 and Feb. 5, the company said.

The IVAX application was submitted March 31, company officials said.

There is little doubt that the case of the competing paclitaxels will provide a breathtaking spectacle for FDA-watchers. The contest involves two neck-and-neck applications for the orphan drug designation *and* a race between an NDA and a Supplemental NDA for two drugs that use the same generic name.

Observers said the outcome could be determined by the order in which the two drugs would be considered by the agency's advisors, most likely the Oncologic Drugs Advisory Committee. If either drug beats out the other in the race to ODAC, and if approval is granted, the winner would receive seven years of market exclusivity for the indication.

To obtain co-exclusivity, the loser in the race would have to demonstrate that its product is safer,

more efficacious, more convenient to use, or substantively different, FDA regulations state. Observers said both parties would stand the best chance of getting approval if their applications are placed on the ODAC agenda at the same time.

If both applications are approved, the sponsors would end up sharing a very small, albeit politicized, market.

However, the stakes may be higher than one indication, industry observers said. By applying for an NDA rather than an SNDA, IVAX may be able to enter the paclitaxel market a few months before the expiration of the BMS market exclusivity for the drug. FDA cannot accept SNDAs for the drug until the year's end.

More importantly, if IVAX receives approval for KS or any other indication, the door would be open for physicians to prescribe the drug off-label. At that point, the price and equivalency of the two paclitaxels may end up driving the market, observers said.

Broder Summarizes Strategy

In a statement, Samuel Broder, chief scientific officer of IVAX, offered a summary of his company's strategy:

"Although the paclitaxel compound is not patented, under applicable law, FDA is prohibited from accepting applications for generic versions of the drug until, at the earliest, Dec. 28," said Broder.

"There are special issues related to paclitaxel that may seriously complicate the approval process for generic versions of paclitaxel," said Broder, former NCI director.

"Accordingly, we are not attempting to obtain approval of Paxene as a generic version of paclitaxel, but rather have undertaken extensive clinical studies and have submitted a full NDA for Paxene.

"Our studies independently demonstrate the activity of Paxene for Kaposi's sarcoma, and support the benefits of dosing schedules which differ from those approved for Taxol—in short, I am very excited about the clinical results we have obtained. I am hopeful that, like other non-controversial cancer and AIDS-related medications, Paxene will similarly receive an expeditious review at FDA," Broder said.

IVAX officials said that in addition to pursuing the KS indication, the company has completed phase III trials in refractory breast and ovarian cancer. The trials may lead to additional filings, the company said.



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Broder's statement as well as the rest of the IVAX announcement of the filing did not mention the application for the orphan drug designation. BMS, too, was keeping a low profile on its SNDA and orphan drug filings. However, sources at both companies confirmed to **The Cancer Letter** that applications for the orphan drug designation for KS have been filed.

Taxol has never had the protection of the Orphan Drug Act, a law intended to induce drug companies to develop treatments for rare diseases.

Early in the development of Taxol, BMS turned down the orphan drug designation, saying that the designation would be inconsistent with the company's plans to commercialize the drug for the indications that included the more common cancers.

However, the KS indication is different, said Jane Kramer, BMS spokesman. "This treatment regimen is intended for a select number of AIDS patients, so it's more appropriate for the orphan drug status," Kramer said to **The Cancer Letter**.

The bulk active drug substance for the IVAX version of the drug is produced by NaPro Biotherapeutics Inc. (Nasdaq: NPRO) of Boulder, CO. NaPro said it uses a proprietary technology to extract, isolate and purify paclitaxel from the needles and limb stock of ornamental yew trees.

NaPro and IVAX are partners in the development, manufacture and marketing of paclitaxel in North America, Europe and other markets.

Under the agreement between the two companies, IVAX is responsible for the clinical development, registration, manufacture of the finished product, and commercialization of Paxene.

Cancer Policy

Board Urged To Study Access, Research Funding, Tobacco

Research funding, tobacco control and access to health care and clinical trials were among the policy issues that cancer advocacy and professional organizations urged a new, potentially influential board to address.

Testifying before the National Cancer Policy Board at its first public meeting March 31, representatives from 14 professional and voluntary health organizations said the board could provide a public service by addressing difficult issues

confronting cancer research and clinical care.

The board was established earlier this year by the National Academy of Sciences and Institute of Medicine at the request of NCI Director Richard Klausner. Board members were selected from a variety of fields related to oncology, including clinical and basic research, prevention, drug development, health services, patient care, and patient advocacy.

Following the tradition of other NAS advisory groups, the board plans to conduct workshops, commission papers, issue reports, and render advice concerning issues in cancer research, prevention, and delivery of care, according to the board's background statement.

Peter Howley, the policy board chairman and chairman of the Department of Pathology, Harvard Medical School, said the board plans to outline its priorities in a paper to be released by the end of May.

However, the board would take at least a year to develop its first major report, Howley said.

The board formed working groups to study three topics which would likely develop studies or workshops: tobacco control, biomedical research, and health care services and health services research.

Appoints New Members

In another development, IOM appointed three additional persons to the board, bringing its membership to 20:

- William Roper, senior vice president and chief medical officer for Prudential Health Care, of Roseland, NJ. Roper is a former director of the Centers for Disease Control and Prevention, and former administrator of the Health Care Financing Administration.

- John Seffrin, chief executive officer, American Cancer Society, Atlanta, GA.

- Bertha Ford, staff nurse, Columbus Cancer Clinic, of Columbus, OH.

Other board members were appointed earlier this year (**The Cancer Letter**, Feb. 7).

Testimony At Board's Forum

Following is a summary of some of the testimony submitted to the board at its public forum March 31:

Helene Brown, director of community applications of research at the UCLA Jonsson Comprehensive Cancer Center, argued for the continued funding of the American Stop Smoking

Intervention Study.

ASSIST, a research and demonstration project underway in 17 states, works with community organizations to establish policies and programs that reduce the prevalence of smoking. The study, which costs NCI about \$25 million per year, was scheduled to end in fiscal 1997, but received a one-year extension in the Administration's budget request for FY98 (**The Cancer Letter**, Jan. 17).

According to Brown, ASSIST is the federal government's single most effective weapon in the battle against tobacco. Consumption of tobacco products has fallen by 10 percent in the 17 ASSIST states. The program should be extended to all states, Brown said to the policy board.

"If the reduction of mortality from cancer is truly the mission of the NCI, then it must be the mission of this policy board to consider the consequences if the NCI declares that further implementation and delivery of this life-saving methodology is 'not my job' and walks away from the task," Brown said.

Myles Cunningham, president of the American Cancer Society, also called on the board to address problems of funding and coordination of federal and state tobacco control efforts. Cunningham said the board also should address problems of health care access and delivery, implications of managed care, and increased federal funding for cancer research.

"We challenge you to set priorities for the federal government—to identify the role that the states can play or organizations like the American Cancer Society so that the promise of decreasing cancer rates by 50 percent can be realized," Cunningham said.

Lovell Jones, co-director of the Intercultural Cancer Council, said NCI, the pharmaceutical industry, academic research centers, and managed care organizations should place a greater emphasis and put more resources into research on cancers with the highest incidence and mortality among specific populations.

"There is a lack of essential, baseline data about the causes of the disproportionate cancer rates among many minorities," Jones said. "We cannot attribute these differences solely to access to care."

At the request of Congress, the IOM is conducting a study on the status of research into cancer among minorities and the medically underserved at NIH, Jones said. ICC takes credit for pressuring for the study, he said.

Terry Mason, Midwest chairman of the National Black Leadership Initiative on Cancer, said the board should consider studying the following: changing cancer education materials from a focus on "signs and symptoms" of cancer to stressing the need for early detection; genetic testing and institutional mistrust; career development for African-American scientists and physicians; and the communication of cancer therapy options to Medicare recipients.

Kathy Mooney, president of the Oncology Nursing Society, listed four major topics the board should address: defining quality cancer care, improving access to quality cancer care, studying the implications of the shift in cancer care to the community and the family, and improving end-of-life cancer care.

Mooney called for a coordinated national effort to define quality cancer care.

"Our concern stems from current trends in health plans to limit access to important components of cancer care in order to contain costs," she said. "A major area of concern is coverage of the cost of cancer clinical trials since this is the primary method for advancing our knowledge in cancer prevention, detection and treatment."

Albert Owens Jr., president of the National Coalition for Cancer Research, said the reduction of morbidity and mortality due to cancer would likely come in a "stepwise manner" through cancer research.

He urged the board to address whether the federal government is devoting enough public funds, as a portion of health care expenditures, to basic cancer research.

"We feel that the current appropriations for basic research are too low," Owens said. "We are encouraged by the Congressional leadership that is attempting to double the NIH and NCI appropriation."

Owens said other important issues for NCCR include:

—Maintaining and enhancing academic health centers and research institutions.

—Addressing the threat to patient-oriented research posed by the practices of some health care management companies and insurers.

—Improving the commercialization of discoveries that enhance research or therapy.

—Improving career opportunities in the biomedical sciences.

—The development of “rational and socially responsible policy guidelines” in the field of cancer genetics.

Jill Rathbun, a member of the Society of Gynecologic Oncologists, urged the board to address: increasing access to clinical trials, graduate medical education, access to specialty care, changes in reimbursement policies by the Medicare program, and early detection and prevention.

“While insurance coverage is a huge barrier to clinical trial participation, there must be other barriers, as only 3 percent of those eligible for clinical trials are enrolled,” she said. “The NCPB should evaluate what the other barriers might be and then propose solutions that could be adopted and then implemented by the appropriate governing body.”

Contact information: National Cancer Policy Board (FO3013), 2101 Constitution Ave. NW, Washington, DC 20418; overnight mail: 1055 Thomas Jefferson St. NW, Washington, DC 20007, tel: 202/334-1382, fax: 202/334-1317, email: cancerbd@nas.edu; Website: <http://www2.nas.edu/cancerbd/>.

Professional Societies

AACR Presents Awards To Members At Annual Meeting

The American Association for Cancer Research presented awards to cancer investigators whose research has helped to understand the nature of cancer, those who have worked toward the prevention and treatment of cancer, young investigator educational grants, and the 1997 AACR research fellowships.

The awards were presented at the AACR Annual Meeting, held in San Diego this week.

Six investigators were honored for significant contributions to the basic understanding of cancer, and for improvements in clinical care.

Stanley Korsmeyer received the Clowes Memorial Award for his discovery of several genes that appear to initiate apoptosis, and another gene that prevents it. Korsmeyer is professor of medicine and pathology at Washington University School of Medicine in St. Louis, and an investigator at Howard Hughes Medical Institute.

Ronald Levy received the Joseph H. Burchenal AACR Clinical Research Award for his contributions to the development and study of idiotypes as new

therapeutic targets for the treatment of lymphoma. Levy is professor of medicine and chief of the division of medical oncology at Stanford University School of Medicine.

Daniel Von Hoff received the Richard and Hinda Rosenthal Foundation Award for his work on developing several anticancer agents, including a drug approved for the prevention of cardiotoxicity. Von Hoff is CEO and director of the Institute for Drug Development, Cancer Therapy & Research Center in San Antonio. He is also clinical professor in the division of medical oncology and professor in the department of cellular and structural biology at the University of Texas Health Science Center at San Antonio.

Leroy Liu received the Bruce F. Cain Memorial Award for his work on DNA enzymes, including the discovery of mammalian type II DNA topoisomerases as novel targets for irinotecan and topotecan. Liu is professor and chairman in the department of pharmacology at UMDNJ-Robert Wood Johnson Medical School.

Henry Lynch received the American Cancer Society Award, recognizing his achievements in cancer epidemiology and prevention in establishing hereditary basis of certain breast, ovarian, and gastrointestinal cancers. Lynch is professor of medicine and chairman of the department of preventive medicine at Creighton University School of Medicine in Omaha, and director of the Creighton Cancer Center.

Tyler Jacks received the Cornelius P. Rhoads Memorial Award for his studies of the p53 gene, and for his part in the discovery that p53 plays a role in triggering apoptosis. Jacks is assistant professor in the department of biology and Center for Cancer Research at MIT, and an assistant investigator at Howard Hughes Medical Institute.

The Gertrude B. Elion Cancer Research Award, sponsored by AACR, is presented annually to one nontenured scientist at the level of assistant professor, who is engaged in basic or clinical research in cancer causation, prevention, or treatment. This year's award was presented to **Jeffrey Wrana**, a scientist in the Program in Developmental Biology at the Hospital for Sick Children, Toronto, and assistant professor in the department of medical genetics at the University of Toronto.

Wrana received the award for his research proposal “Function of the Tumor Suppressor Gene, MADR2, in Cancer.”

Glaxo Clinical Awards

The 1997 Glaxo Wellcome Oncology Clinical Research Scholar Awards were presented to 31 cancer researchers working in clinical or translational research as residents or fellows, at cancer centers and institutions in the US.

Scientists receiving the awards were: **Mohsen Ahmadian**, University of Texas Southwestern Medical Center; **Atsushi Asuma**, M.D. Anderson Cancer Center; **Christine Canman**, Johns Hopkins University; **Edwin de Zoeten**, University of Illinois, Chicago; **Yvette Delahoussaye**, Stanford University; **William Derry**, UC Santa Barbara; **David Fenick**, University of Colorado, Boulder; **Paul Haluska Jr.**, Cancer Institute of New Jersey; **Christine Hann**, Thomas Jefferson University; **Gabriel Helmlinger**, Massachusetts General Hospital/Harvard Medical School; **Gary Hogge**, University of Wisconsin; **Jason Hornick**, USC School of Medicine; **Tadao Ishida**, Vanderbilt University Medical Center; **Raghunathan Kamasamudram**, Medical University of South Carolina; **Susan Morgan**, Johns Hopkins University; **Anupama Munshi**, Tulane University School of Medicine; **TuDung Nguyen**, USC; **Leslie Parsels**, University of Michigan; **Michael Pride**, M.D. Anderson Cancer Center; **Robert Reid**, Thomas Jefferson University; **James Roros**, UPenn Medical School; **Deepa Sampath**, M.D. Anderson Cancer Center; **Azadeh Stark**, UNC Chapel Hill; **Hongwei Sun**, Kansas State University; **Jaideep Thottassery**, St. Jude Children's Research Hospital; **John Timmerman**, Stanford University; **Youzhi Tong**, Memorial Sloan-Kettering Cancer Center; **Alexandra Vaisman**, UNC Chapel Hill; **Yongjia Yu**, Harvard School of Public Health; **Long Zhang**, Karmanos Cancer Institute; and **Ning Zhu**, Northwestern University Medical School.

The 1997 AACR Research Fellowships awarded six \$30,000 fellowships in clinical, translational, basic, and prevention research to postdoctoral or clinical fellows.

The fellowships were awarded to: **Mary-Jane Staba**, of the department of pediatric hematology and oncology at the University of Chicago; **Joseph Bocar** of Case Western Reserve University; **Michael Girardi** of the department of dermatology at Yale University School of Medicine; **Hong-Gang Wang** of the Burnham Institute at La Jolla Cancer Center; **Joseph Costello** of the Ludwig Institute for Cancer Research; and **Richard Todd Reilly** of Johns Hopkins School of Medicine.

Also presented at the annual meeting were 173 awards to support the travel of young scientists who will be presenting meritorious abstracts at the meeting. Included in these award were: the **AACR Minority Scholars in Cancer Research Awards**; the **Gerald B. Grindey Young Investigator Award**, and **AACR Young Investigator Awards** sponsored by AFLAC Inc., Rhône-Poulenc Rorer, Pharmacia & Upjohn, Bristol-Myers Squibb, Hoffman-La Roche, and PharMingen.

Patient Advocacy

Breast Cancer Coalition Forms PAC To Expand Lobbying

The National Breast Cancer Coalition has formed a public action committee which will be used to continue and to expand NBCC political activities.

"We decided to form the PAC because breast cancer is a political issue. We believe it's time for NBCC to step up its political activities," said Fran Visco, national president of the NBCC, and PAC treasurer.

"Every aspect of the fight to wipe out breast cancer is rooted in public policy," Visco said. "We can only reach our goal of erradicating breast cancer if the women and men who sit in the White House and in Congress support NBCC's goals."

The coalition said that most of the PAC funds will be used for the Breast Cancer Political Campaign, with a small percentage going toward the campaigns of candidates who support the organization.

Funds will be solicited from NBCC members through direct mail and phone drives.



The National Alliance of Breast Cancer Organizations and the National Breast Cancer Awareness Month Board of Sponsors has created an online event calendar covering National Breast Cancer Awareness Month.

The calendar, supported by a grant from Zeneca Healthcare Foundation, will provide access for the public and the media to all aspects and events of NBCAM nationwide, throughout October.

The calendar will be online between now and Nov. 15 at the NABCO website: www.nabco.org. Information can be submitted to the calendar online, or through the "What's Happening" brochure, available from NABCO.

Capitol Hill

Mikulski, Mack Reintroduce Mammography Quality Act

Sen. Barbara Mikulski (D-MD) and Sen. Connie Mack (R-FL) are sponsoring legislation to reauthorize the Mammography Quality Standards Act, first passed in 1992.

The law, which will expire this year, requires all U.S. mammography facilities to be inspected annually.

The law was first passed in response to concerns about the level of quality control in mammography. It established standards requirements for personnel, equipment, and image quality, to be inspected by the FDA.

“As a result of this law, the quality of mammography has improved at practically all facilities that perform mammography in this country,” said HHS Secretary Donna Shalala at a press conference announcing the Clinton administration’s support for the legislation. “This program has been very good news for women, and we want to assure that its success continues.”

There are currently 10,025 certified facilities in the U.S.

Research Funding

AAAS Says Clinton Budget For R&D Amounts To A Cut

Federal funding for research and development is expected to be cut by 14 percent over the next five years, according to a study of President Clinton’s fiscal 1998 budget proposal, the American Association for the Advancement of Science said.

The 14 percent cut is an improvement over previous budget proposals, including the 33 percent cut proposed by Congress two years ago, the AAAS said. However, R&D funding remains on a “downward slide,” the organization said.

“While some in the scientific community may feel they can breathe a sigh of relief on seeing the latest figures, it is important to remember that these numbers don’t mean that things are getting better for R&D; they’re just projected to decline more slowly,” said Al Teich, director of the AAAS Science and Policy Programs.

According to the AAAS, funding to all agencies except NIH and NSF will be lower in the coming year than they were in 1994.

A preview of the AAAS analysis of the President’s budget proposal is as follows:

—A total of \$75 billion is budgeted for R&D, representing an increase of 1.8 percent, or \$1.3 billion more than the current FY 1997 funding level. After adjusting for inflation, the President’s request represents a cut of 0.8 percent.

—Total support for basic research in FY 1998 would barely stay ahead of inflation at \$15.3 billion, representing a three percent increase over FY 1997.

—The Department of Defense, by far the largest sponsor of federal R&D, would continue its decline of the past several years, dropping by 1.8 percent to \$36.8 billion in FY 1998. The DOD’s Science and Technology budget, which funds nearly 90 percent of the agency’s support for R&D at colleges and universities, would be reduced even more, dropping 4.7 percent to \$7.4 billion in FY 1998.

—Funding for R&D performed at colleges and universities would increase by 2.4 percent to \$13.3 billion. Adjusted for inflation, the level represents a 0.2 percent reduction since FY 1997.”

The full report on President’s budget proposal will be presented at the Annual AAAS Colloquium on Science and Technology Policy, scheduled for April 23-25 in Washington.

Cancer Meetings Listed

April

Biennial Symposium on Minorities, the Medically Underserved and Cancer—April 23-27, Washington, DC. Contact Ruth Sanchez, tel: 713-798-5383, fax: 713-798-3990.

Oncology Management: Best Practices, Outcomes, Financial Incentives—April 24-25, Atlanta, GA. Contact Cambridge Health Resources, tel: 617/630-1330, fax: 617/630-1325.

Life After Breast Cancer: The 6th Annual Symposium for Breast Cancer Survivors and their Loved Ones—April 29, Philadelphia, PA. Contact University of Pennsylvania Cancer Center, tel: 215/349-8387.

UNC Lineberger Comprehensive Cancer Center Annual Symposium—April 30-May 1, Chapel Hill, NC. Contact Sarah Rimmer, tel: 919-966-2997.

International Conference on Soft Tissue Sarcoma in Children and Adolescents—April 30-May 3, Stuttgart, Germany. Contact German Cooperative Tissue Sarcoma Group, fax: ++9 711

992-2749, email: bblk@adam.tue.bawue.de.

May

Oncology Nursing Society Annual Congress—May 1-4, New Orleans, LA. Contact ONS, tel: 412-921-7373.

1997 VHL Patient/Provider Conference—May 2-4, Bethesda, MD. Contact VHL Family Alliance, tel: 1-800-767-4VHL, fax: (617)734-8233.

Molecular Aspects of Myeloid Stem Cell Development—May 4-7, Annapolis, MD. Contact Patti Hall, FACS, tel: 410-658-2882, fax: 410-658-3799, email: hall3915@dpnet.net.

American Roentgen Ray Society Annual Meeting—May 4-9, Boston, MA. Contact Michael J. Bernstein, tel: 703/648-8910.

Multidisciplinary Radiation Oncology Conference—May 9-10, Washington, DC. Contact Fox Chase Cancer Center, Kathy Smith, tel: 215-728-5358, fax: 215-728-5359.

Cutaneous Melanoma: Clinical Symposium for Primary Care Practitioners—May 16, New York City. Contact Memorial Sloan-Kettering Cancer Center, tel: 212-639-6754, fax: 212-717-3140.

American Lung Association/American Thoracic Society International Conference—May 16-21, San Francisco, CA. Contact ATS, tel: 212-315-8808.

American Society of Clinical Oncology Annual Meeting—May 17-20, Denver, CO. Contact ASCO, tel: 703-299-1050, fax: 703-299-1044.

American Brachytherapy Society Annual Meeting—May 18-23, Palm Beach, FL. Contact ABS, tel: 215-574-3183, email: abs@acr.org.

4th Copenhagen Workshop on Carcinoma in situ and Testicular Cancer—May 18-21, Copenhagen, Denmark. Contact Barbara Lommen, Dept. of Growth & Reproduction, National University Hospital, 9 Blegdamsvej, 2100 Copenhagen, Denmark, tel: +45 35 45 50 87, fax: +45 35 45 60 54, email: rh00654@rh.dk.

Current Issues in Anatomic Pathology 1997—May 22-24, San Francisco, CA. Contact UCSF, tel: 415-476-5808.

June

Critical Issues in Tumor Microcirculation, Angiogenesis and Metastasis—June 2-6, Boston, MA. Contact Carol Lyons, Massachusetts General Hospital, tel: 617-726-4083, fax: 617-726-4172.

National Race for the Cure—June 7, Washington, DC. Contact Race Information, tel: 703-848-9364.

Genetic Testing for Familial Cancer Conference—June 5-6, Houston, TX. Contact Office of Conference Services, M.D. Anderson Cancer Center, tel: 713/792-2222, fax: 713/794-1724, email: meetings@utmdacc.uth.tmc.edu.

AACR Special Conference: Cancer of the Central Nervous System—June 7-11, San Diego, CA. Contact AACR, tel: 215-440-9300.

In Brief

Norton Heads NABCO Board; AACE Abstract Deadline May 1

(Continued from page 1)

Molecular Oncology, and will recruit an internationally recognized expert in molecular genetics of cancer to hold the chair and oversee the establishment of a Center for Molecular Oncology. The university received \$1.5 million from the Vira I. Heinz Endowment and the H.J. Heinz Company Foundation to establish the chair. . . . **LARRY NORTON** has been named president of the board of directors of the National Alliance of Breast Cancer Organizations, for the 1997 term. Norton is chief of the Breast Cancer Medicine Service at Memorial Sloan-Kettering Cancer Center and director of Medical Breast Oncology at the Evelyn H. Lauder Breast Center. . . . **CHARLES PRATT** will receive the W.W. Sutow Award, M.D. Anderson Cancer Center's highest pediatric honor. Pratt is a member of the department of hematology and oncology at St. Jude Children's Research Hospital, and a professor of pediatrics at the University of Tennessee College of Medicine. The award will be presented in recognition of his work in pediatric oncology and the development of several anti-cancer drugs. . . . **AMERICAN ASSOCIATION FOR CANCER EDUCATION** has delayed the deadline for submission of abstracts for the 1997 annual meeting. The new deadline is May 1. Contact AACE Secretary Ginger Krawiec at tel: 404/329-7612, fax: 404/321-4669, email: gkrawiec@cancer.org. . . . **CORRECTION:** The website address for the U.S. Army Medical Research and Materiel Command published in the March 28 issue of **The Cancer Letter** was incorrect. The correct address for the breast cancer research announcement is <http://mrmc-rad6.army.mil/documents.html>.