THE CANCER LETTER

Vol. 23 No. 38
Oct. 3, 1997

Blumenthal Named Presidential Advisor; Groups Lobby To Limit Her Influence

Few insiders at HHS would have predicted that the career of Susan Blumenthal, the controversial director of the PHS Office on Women's Health, would take an upward trajectory.

Blumenthal, deputy assistant secretary for women's health and assistant Surgeon General, was embroiled in battles with influential women's health constituencies, one of which, the National Breast Cancer Coalition, was lobbying HHS and the White House to have her fired.

In this undertaking, NBCC had the blessings of the leadership of professional societies that represent cancer researchers and clinicians

(Continued to page 2)

In Brief

DOD Bill Includes $135M For Breast Cancer, $45M For Prostate Cancer Technologies

DEPARTMENT OF DEFENSE Appropriations bill for FY98 was reconciled in conference committee last week and forwarded to President Clinton for approval. The bill provides $135 million for the DOD peer-reviewed breast cancer research program, and $25 million for improved access to breast cancer screening. The $135 million is a compromise between Senate bill, which would have provided $175 million, and the House bill, which provided $100 million. The FY97 budget for DOD breast cancer research is $106 million. DOD prostate cancer research would receive $40 million for medical technology research, and $5 million for prostate diagnostic imaging under the combined bill. In FY97, DOD prostate cancer research received a total of $38 million. . . . **ALBERT AND MARY LASKER FOUNDATION** awards were presented to **Mark Ptashne**, **Albert Sommer**, and **Victor McKusick**. Ptashne, the Ludwig Professor of Molecular Biology at Memorial Sloan-Kettering Cancer Center, received the Lasker Basic Medical Research Award for his work in gene regulation. Sommer, dean of the Johns Hopkins School of Hygiene and Public Health, received the Lasker Clinical Medical Research Award for his research on the benefits of vitamin A for children in developing countries. McKusick, University Professor of medical genetics at Johns Hopkins School of Medicine, received the Lasker Award for Special Achievement in Medical Science for his work in medical genetics which led to the creation of the Human Genome Project. . . .**UNIVERSITY OF CALIFORNIA, IRVINE** received NCI Comprehensive Cancer Center designation earlier this month. The UCI Chao Family Comprehensive

(Continued to page 8)

URGENT: Please deliver this FAX edition to the person named on the cover sheet. For transmission problems or information, call 202-362-1809.

HHS Official To Advise Clinton On Women's Health, Science

(Continued from page 1)

who are alarmed by Blumenthal's attempts to channel millions of dollars from peer reviewed research to conferences and workshops over which she often presides.

Even more ominous for Blumenthal's career was the fact that her superiors at HHS, including Secretary Donna Shalala, frequently found themselves putting out the fires that raged around Blumenthal (**The Cancer Letter**, Aug. 15; Aug.8; Aug. 1; Nov. 15, 1996; Oct. 24, 1996).

In recent weeks, rumors of Blumenthal's imminent downfall regularly swept through HHS agencies, and from one advocacy group to another. Last Friday, these rumors came to an abrupt end as the White House announced that Blumenthal was named senior advisor to the President for women's health.

"Her new duties are to contribute her medical expertise to the development of medical, scientific and health initiatives and policy relating to women's health," a White House statement said.

Blumenthal, who has had a "distinguished career in public health service," would report jointly to the assistant to the President for domestic policy and to the assistant to the President for the Office of Public Liaison, said the press release dated Sept. 26.

THE CANCER LETTER
An Independent Newsletter
Member, Newsletter Publishers Association

Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg
Staff Writer: Catherine Fiore
Circulation: Rena Guseynova

P.O. Box 9905, Washington, DC 20016
Tel. (202) 362-1809 Fax: (202) 362-1681
Editorial e-mail: kirsten@cancerletter.com
Customer service: service@cancerletter.com
World Wide Web URL: http://www.cancerletter.com

Subscription $265 per year US, $285 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc.

Founded Dec. 21, 1973 by Jerry D. Boyd

Blumenthal's new job begins Nov. 1.

Though Blumenthal is a high-profile official who makes frequent television appearances, the administration was not trumpeting her move to the White House. The press release was slipped onto the White House web site at 6:22 p.m. on a Friday, a time slot usually reserved for news items intended for burial.

Even high-level officials at HHS and at the White House who would ordinarily have been informed about such changes were stunned to learn that Blumenthal was moving up, rather than down or out.

Now, Blumenthal's adversaries at HHS, the women's health community, and cancer patient advocacy groups are wondering whether Blumenthal would be able to operate her programs from an enhanced position.

Moving Van of Programs?

The National Action Plan on Breast Cancer, a program funded through an earmark of NCI funds, is run by Blumenthal's office at HHS.

However, transferring the public-private partnership to the White House could be possible, provided she obtains approval from the chairmen of the House and Senate subcommittees that fund HHS, observers said.

Another program, Healthy Women 2000, a series of seminars arranged by OWH, officially sponsored by advocacy groups, and funded by pharmaceutical companies, could be transferable, too.

Most important, Blumenthal's new position could increase her leverage over the Department of Defense research programs in breast cancer. These programs are expected to receive $135 million in fiscal 1998.

Unlike the National Breast Cancer Coalition, the group that forced the government to launch the DOD research program, Blumenthal has not been a supporter of peer-reviewed research. One of her most visible projects involves construction and testing of large vans containing digital mammography equipment. So far, these vans have been deployed almost exclusively at news conferences.

Blumenthal's promotion comes at a time when her husband, Rep. Edward Markey (D-MA), is being lobbied by the Administration on legislation to give the President "fast track" authority for negotiating foreign trade agreements. If the bill is enacted,

Congress would no longer be able to make revisions in such agreements, but would be limited to voting yea or nay.

As the White House scrambles to produce about 70 Democratic House votes for the troubled bill, Markey would make the ideal supporter for the measure heavily opposed by the trade unions and environmental groups.

Markey represents a unionized constituency, has the reputation of a strong environmentalist, and is a supporter of earlier free trade agreements, including the Global Agreement on Tariffs and Trade and the North American Free Trade Agreement.

Though heavily lobbied, Markey remains undecided and is thought to be leaning toward supporting the bill, Capitol Hill sources said. This position makes him stand alone among his state's 10 House members, nine of whom oppose fast track.

Later this week, Markey is scheduled to meet with a group of union leaders in his Boston office. "I am pessimistic, but I am hoping for a little crack in his armor, so he wouldn't be the only one out there," Joe Faherty, president of the Massachusetts AFL-CIO, said to **The Cancer Letter**.

A Vote of Confidence

Blumenthal's promotion is all the more extraordinary in view of a series of puzzling actions she and her office have taken in recent months:

● Researchers at institutions that sought to compete for contracts for Centers of Excellence in Women's Health last summer discovered an unusual requirement in the OWH Request for Proposals.

The centers would have to prepare "at least five scientific articles…to be used by the PHS OWH under its authorship."

After the applicants inquired whether the requirement would mean that the faculty would not receive credit for their work, OWH responded: "The faculty will receive credit, along with Dr. Blumenthal."

While contractual demands for scientific articles are not illegal, the provision violates the norms of scholarly publications as well as the norms of government funding of science. [See story on page 4.]

● Last July, breast cancer activists who serve on the steering committee of the National Action Plan on Breast Cancer were stunned to discover that Blumenthal disregarded an earlier decision by the committee to turn over $14 million to NCI, where the money would be used for peer-reviewed research in breast cancer.

These funds, which were originally earmarked to support NAPBC, were not needed to support the plan's activities, the steering committee decided. However, instead of turning the funds over to the Institute, Blumenthal negotiated an interagency agreement for a series of programs that included numerous workshops and conferences.

After reviewing these plans for NCI money, the steering committee Aug. 8 introduced a motion of "no confidence" in Blumenthal. To avoid conflict of interest, all but one government officials abstained from voting.

The motion of no confidence carried 7-1, with Blumenthal literally expressing confidence in herself.

● In another recent action unusual for a government employee, Blumenthal apparently made a short video that consisted of statements of praise of her work by members of Congress.

Sources said the video was produced by two HHS employees who were sent to the Department's studio to tie together the accolades offered to Blumenthal by members of Congress during Healthy Women 2000 conferences.

The video, which runs for about five minutes, begins with a statement by Rep. John Porter (R-IL):

"I cannot think of anyone who has done more to advance the cause of women's health and who has been more effective in bringing these important public health issues before the Congress and the American people than Dr. Susan Blumenthal.

"We are extremely lucky to have her in this important position."

The editors apparently selected only the statements that related to Blumenthal's achievements, tangentially touching on the issues of women's health and the work of her office.

The tribute concludes with the words of Rep. Connie Morella (R-MD):

"Susan Blumenthal has proven that one person can make a difference. A healthcare professional in her own right, a part of the Administration as deputy assistant secretary, an experienced advocate on behalf of women, her knowledge of how the government works and how the health care system works has made a valuable contribution for which we are very grateful.

"Congratulations to you, Susan," says Morella, as her words fade into applause of the audience.

Sources said the video was recently updated to

include snippets from the most recent conference, held Sept. 9. The conference included the kind words of Sen. Arlen Specter (R-PA), Sen. Edward Kennedy (D-MA), Rep. Louise Slaughter (D-NY), and Rep. John Dingell (D-MI).

The remarks on the video have to be viewed in proper perspective, said Dave Kohn, a spokesman for Porter.

"Mr. Porter was introducing someone who plays an important role in the administration and HHS," Kohn said. "His comments, which were made at a conference, are introductory in nature. I do know that while Mr. Porter's remarks are sincere, he does not necessarily agree with Dr. Blumenthal's overall agenda in terms of funding of biomedical research."

It is unclear why Blumenthal chose to make the video, how much federal or private money was spent to produce it, and whether the intended audience included the White House. **The Cancer Letter** has requested all materials related to the production and distribution of the video under the Freedom of Information Act.

Critics Lobby The White House

Several women's health and cancer advocacy organizations have begun lobbying the White House in an effort to limit the influence of the President's new senior advisor, sources said.

"Dr. Blumenthal is more interested in pushing herself into the limelight than in addressing women's health issues in a concrete way," said Cynthia Pearson, executive director of the National Women's Health Network.

"She hasn't been able to establish a positive, productive working relationship with the key women's health groups," Pearson said to **The Cancer Letter**.

"The Network's experience with Dr. Blumenthal is that she paid some lip service to issues we are concerned about, but her actions were either to not do real work on the issues, or to undermine constructive work done by others," said Pearson, a member of the board of the National Breast Cancer Coalition and the steering committee of the National Action Plan on Breast Cancer.

Leaders of several other groups said they share this disappointment:

"I think much of the women's health community has lost confidence in Dr. Blumenthal," said Gloria Sarto, professor of obstetrics and gynecology at the University of New Mexico, former member of the advisory committee to the NIH Office of Research on Women's Health, and president of the Society for the Advancement of Women's Health Research.

Sarto said the loss of confidence came about because Blumenthal has failed to fulfill her role as the coordinator of women's health efforts throughout PHS. "Instead of supporting these different agencies, it seems that she has been competitive with them," said Sarto.

The many meetings conducted by Blumenthal during her tenure at OWH have contributed to this disappointment, Sarto said. "Issues are approached and discussed, but there isn't a lot of follow-up, or depth, or substance to what comes out," she said.

"We have to keep asking why Dr. Blumenthal, a person whose actions have engendered so much divisiveness and loss of confidence in the advocacy community is being promoted to this highly visible and potentially damaging position," said Ellen Stovall, executive director of the National Coalition for Cancer Survivorship.

"It's antithetical to the Administration's rhetoric on women's health," Stovall said.

"Given our experience with Dr. Blumenthal, I am shocked that she would be given a position of responsibility and authority," said Fran Visco, president of the National Breast Cancer Coalition, member of the President's Cancer Panel, and, along with Blumenthal, co-chair of the National Action Plan on Breast Cancer.

"I don't believe that this is at all beneficial to women's health issues," Visco said.

Blumenthal did not return calls from a reporter.

Scientific Papers Become "Deliverables" In An RFP

In a Request for Proposals released last summer, the PHS Office on Women's Health stunned potential applicants by listing "scientific articles" among "deliverables" expected under the contract.

"The scientific articles shall be prepared to be used by PHS OWH under its authorship," the RFP specified.

Since scientists who were considering applying for the PHS OWH Centers of Excellence programs are not accustomed to selling articles for publication by government agencies, several potential applicants began to ask questions:

What does OWH mean by the words "scientific

articles"? What is the meaning of "under its authorship"? What would be the final intellectual product? Who would own it? Would the authors receive credit? Who would share the credit?

Fortunately for the perplexed, the RFP process requires PHS to respond to questions from applicants and append the answers to the contract document. Thus, a few weeks later, OWH clarified its plans for the publications:

"The PHS OWH intends to ask the [Centers of Excellence] to prepare documents that the PHS OWH will synthesize and publish; these articles will be about all the COEs, and will be published under the `authorship' of PHS OWH.

"The authors will receive credit, along with Dr.[Susan] Blumenthal."

The contract is administered by Blumenthal, head of PHS OWH and HHS deputy assistant secretary for women's health.

In interviews with **The Cancer Letter**, medical researchers and experts on authorship in scientific papers said that even with clarifications, the RFP is extremely vague.

"They can be taken to task for not making many things as clear as they should have," said Mark Frankel, director of the Program on Scientific Freedom, Responsibility, and Law at the American Association for the Advancement of Science. "Do they really mean 'authorship,' or do they mean 'editorship'?

"It's a matter of how [credit] is recorded and allocated, and that's not answered in this document at all," Frankel said.

Blumenthal did not return calls from a reporter.

The RFP seeks to develop and evaluate model programs that focus on women's needs. The centers are expected to integrate research, educational and clinical services and foster career development for women in academic medicine.

If the RFP defines "scientific articles" as articles that would otherwise be going to peer-reviewed journals, the RFP would be violating the traditions of authorship and government funding of science, medical researchers say.

"This is an unusual issue," said Bernadine Healy, former NIH director who is now the dean of the Ohio State University School of Medicine. "If this is going to be an academic, scholarly, original manuscript, then people who prepared it should sign it, and people who have not participated should not be on the paper. These are the rules of academic scholarship."

Healy, a co-principal investigator on a Center of Excellence program, will not have to submit the five papers. Her contract was awarded last year, before OWH instituted the requirement.

"I know of no funding mechanism where the funding agency requires that the grantee hand over its data to the funding agency for the agency to publish," said Richard Schilsky, chairman of Cancer and Leukemia Group B.

Under the criteria formulated by the International Committee of Medical Journal Editors, every author should make a substantive contribution to the conception and design of a study, analysis and interpretation of data, the drafting of the article or revising it critically for important intellectual content. Also, every author should have had the right of final approval of the version to be published.

"If we are talking about five scientific articles that would otherwise be sent to peer-reviewed scientific journals, then the intellectual property should reside with the academic institutions doing the work," said George Canellos, editor-in-chief of the Journal of Clinical Oncology.

In the context of a clinical trials cooperative group, a government employee seeking authorship would have to have made an independent scientific contribution to the study over and above his or her administrative role in the government.

"In a cooperative group study, it is NCI's job to help us design the protocols," CALGB Chairman Schilsky said. "That is inherent in the cooperative agreement, which is part of our funding agreement.

"They don't get authorship credit for doing their job."

Reinventing NCI:

Clinical Research Study Section "Critical," Review Group Says

To strengthen cancer clinical research in the U.S., NIH should form a study section solely for the peer review of patient-oriented cancer research grant applications, a review group said in a report to NCI last week.

Existing NIH study sections mix clinical research proposals with basic studies, resulting in lower success rates for clinical studies, the report by the Clinical Trials Program Review Group said. In addition, clinical researchers face pressures that their laboratory-based colleagues do not, including the need to receive salary support by providing patient

services, a task that takes time away from research.

"The relatively low success rate for clinical R01 applications creates a vicious cycle for the clinical investigator," the report said. "In order to pay for research, he or she must generate patient revenues, which diminishes the amount of time and resources that can be spent on pursuing research. It is vital to facilitate the development, submission, and approval of applications from clinical investigators to reverse this cycle.

"A patient-oriented clinical cancer research and training study section in the NIH Division of Research Grants is critical," the report said.

The report, submitted in draft form to the NCAB at its meeting Sept. 24, joined a profusion of studies in recent years documenting the difficulty faced by researchers attempting to win NIH grant funding to conduct studies in humans.

James Armitage, the chairman of the clinical trials review committee, and the Henry J. Lehnhoff Professor and chairman of the Department of Internal Medicine, University of Nebraska Medical Center, said the low success rate is turning young investigators away from clinical research at a time when the need for testing new therapies is expanding.

"There is no doubt that people are being driven out of this business for a variety of reasons, including the fact that they are not confident that grants are something that can be realistically obtained, or they see no source of money other than practicing medicine," Armitage said to the NCAB. "If you have a choice between making $80,000 or $100,000 at a university, or a quarter of a million dollars in practice, all lot of people will take the second choice."

Besides urging NIH to form a new study section, the report recommended:

●NCI should increase funding for the clinical trials cooperative groups to fully recommended levels.

●In designing clinical trials, data collection should be reduced so that only data pertinent to the study endpoints and patient safety are accrued. NCI-funded efforts should include some large, uncomplicated trials in common cancers with minimal data requirements and accrual goals large enough to establish treatment differences definitively.

●Uniformity of data collection for patients on clinical trials in cooperative groups and cancer centers is essential.

●NCI should enlist the clinical trials and patient advocate communities as well as the pharmaceutical industry to work with the Food and Drug Administration to develop uniform standards and reporting requirements for everyone involved in oncology clinical trials.

●To be able to create and prioritize the best new ideas in cancer treatment and prevention, NCI-funded cooperative groups and cancer centers should be provided with the means to access all relevant electronic databases, and should be primary participants in the development and testing of the new NCI informatics system.

●For phase III and phase II studies not involving new agents, the Cancer Therapy Evaluation Program of the Division of Cancer Treatment should approve study concepts and establish research priorities, and its authority should be otherwise limited to regulatory and safety issues and prevention of unnecessary duplication.

● Representatives of patient and high-risk communities must be integrated into the clinical trials decision making process.

● Therapeutic trials conducted through the Community Clinical Oncology Program should be transferred to the Division of Cancer Treatment. Cancer prevention studies conducted across the NCI clinical trials system should be the responsibility of a newly configured Division of Cancer Prevention and Control.

●NCI should increase training opportunities for new and mid-career investigators.

● NCI should develop strategies, including necessary databases, to convince payers that clinical trials are the preferred way to manage cancer patients, that they represent a better standard of care, and ultimately result in decreased costs.

Throws "Strategic" Decisions Back to NCI

About two percent of U.S. cancer patients participate in clinical trials, Armitage said to the NCAB. "All of us were surprised it was as small as it is, and feel we could do more if we had a larger number of people participating," he said.

A barrier to patient accrual is NCI funding for the cooperative groups, which was $90 million last year, Armitage said. "The level of funding [for the groups] will determine how many patients can be on clinical trials," he said. "There is no way on Earth we could have four percent if we don't have money to manage the system."

While the 29-member committee could agree on the need for greater funding for the cooperative groups, the committee could not reach consensus on how the clinical trials system should be structured, Armitage said. "What became clear early on was that we could agree to do anything to any group that was not represented on the committee," he said.

NCI should make decisions about the cooperative group structure, Armitage said. The report provides NCI with "tactics" to reform the system, rather than an overarching strategy, he said.

"We don't need to invent a new system, but we need to modify this one to let these clever folks we have out there do their job as efficiently as they possibly can," Armitage said. "We need to remove obstacles from their path."

The clinical trials review group was the third of five committees convened by NCI Director Richard Klausner over the past year to evaluate the Institute's research programs.

Since last fall, NCI has received reports from committees that reviewed the cancer centers program and the prevention research program. The NCAB last week also received the report from a committee reviewing the cancer control research program (story in next week's issue of **The Cancer Letter**).

A committee reviewing the Developmental Therapeutics Program met for the first time earlier this week.

Klausner said a group of NCI staff will work to begin implementing the recommendations. He said some progress had been made in discussions with NIH on the recommendation to form a clinical research study section.

Additional Recommendations: Training

Following are additional recommendations listed in the report:

—Awards to mid-career and senior scientists should emphasize salary to ensure protected time for clinical investigation.

—Clinical investigator salary lines should be made available on cancer center core grants. These salary lines should be for a three to five-year duration.

—K12 and T32 awards should be expanded and K08 awards should be directed to patient-oriented research. NCI should create new awards for junior faculty and for mid-career salary support.

—NCI should fund at least 10 fellowship programs (similar to the Johns Hopkins University Institutional Training Program) which provide a formalized academic degree program for clinical scientists.

Recruitment of Participants

—NCI should continue to improve its efforts to recruit and retain minorities, underserved populations and the elderly in clinical trials and to tailor its approaches to address linguistic and cultural differences.

—Entry criteria for all studies need to be simplified and broadened. A range, rather than an absolute set, of parameters should be considered.

—NCI-designated cancer centers should be encouraged to participate in cooperative group research. Participation in cooperative group studies should be viewed favorably in the cancer center review process.

—High quality patient-oriented public awareness campaigns presenting the value of clinical trials should be a high priority.

—The informed consent process must be greatly modified and simplified. NCI should work with OPRR to develop a template for informed consent for distribution to clinical scientists and the patient community.

Improving Efficiency in Trial Methodology

—The decision to conduct and intergroup trial should be based on investigator initiative. When conducted, intergroup trials should be harmonized and simplified.

—When intergroup studies are judged necessary, extra funds should be provided by NCI to the coordinating group to cover additional expenses.

—All groups participating in an intergroup study should be able to conduct direct registration and submit forms directly to the coordinating group.

—Systems for awarding proper credit and funding to each institution participating in an intergroup study must be developed.

—Tissue samples and related clinical data should be stored and maintained by the coordinating cooperative group.

Increasing Collaboration in Clinical Trials

—NCI should urge FDA to form a single oncology advisory committee with provision for obtaining necessary expertise for ad hoc review.

—NCI should appoint a group to develop legal templates for interactions between universities, cooperative groups, and industry for material transfer agreements, clinical cooperative agreements and Cooperative Research and Development Agreements.

—The public should have access to all information about ongoing clinical trials. The only justified situations for undisclosed trials are those which are funded, in total, by private interests.

—Cooperative group grants should include a salary commitment to the responsible committee chairs to ensure that time and effort is matched by salary support in the planning, implementation, and review of trials.

—Cooperative groups and CTEP need well-defined time lines for protocol development, approval, and activation with clearly stated positive and negative consequences for not meeting those time lines.

—The Decision Network needs to be publicized and would benefit from external input. CTEP must clarify its role in reviewing novel drugs with questionable patent status to better move these agents toward clinical trials.

—NCI should work with other governmental agencies and private organizations, including third party payers, to determine the actual costs associated with phase I through IV clinical trials, and should develop a plan for funding the research required to determine these costs.

NCI Administrative Structure; CCOPs

—For studies involving investigational new agents, CTEP should retain its current legislated authority and responsibility, in partnership with industry and the cooperative groups.

—For most prevention and control studies, the cooperative groups should be provided with the authority to establish priorities and conduct studies. For large-scale cancer prevention and controlled phase II studies, DCPC (or, preferably, a combined DCT/DCPC review process) should actively participate in concept approval and priority setting.

—Amendments and addenda to the trials should become the full responsibility of the group conducting the study rather than the ultimate control residing within NCI. Amendments should be filed with, but not require the approval of, NCI.

—The separate protocol review process to DCT and DCPC should be combined to avoid the delays, contradictions, and perplexity of the existing mechanism.

—Interval funding for established cooperative groups should be lengthened from the current five years to eight to 10 years. New groups, for which there is no previous track record, should be limited to the current interval and be granted longer funding durations after successfully completing two competitive renewal applications.

—Cooperative groups should be engaged as early as possible in CTEP CRADA negotiations that will require group participation.

—Future funding for cooperative group operations should be based on the costs of performing as a headquarters office, and proportional to CCOP membership.

In Brief

(Continued from page 1)

Cancer Center also received a five-year, $8.5 million NCI Cancer Center Support Grant. The designation makes the center one of three NCI-designated centers in California.

Obituary

Eugene Schonfeld, 54, Formed Kidney Cancer Association

Eugene Schonfeld, founder and president of the National Kidney Cancer Association, died Sept. 25 of kidney cancer at his home in Highland Park, IL. He was 54.

Schonfeld was diagnosed with kidney cancer in 1989, and soon after founded the NKCA, which advocates for and provides information to kidney cancer patients, and funds research grants.

Schonfeld testified at FDA in favor of IL-2 cancer therapy. He developed proposals for insurance and health care reform, and regularly lobbied for increased funding for FDA as well as faster drug and device approvals.

"Gene was a remarkable advocate for cancer patients and demonstrated that patient activism is essential in cancer drug development," said Patricia Delaney, associate director of the FDA Cancer Liaison Program. "He will be remembered at the FDA."

"Gene was extremely giving of his time and precious energies to the association and the patients it represented," said James Kozlowski, associate professor of Urology, Surgery, and Tumor Cell Biology at Northwestern University Medical School, and Schonfeld's physician. "He spent endless hours helping other patients with their problems."

Schonfeld received his BA from the University of Notre Dame, an MSJ from the Medill School of Journalism at Northwestern University, and a PhD in Management from the Kellogg Graduate School of Management at Northwestern. He was an advertising professor at Medill and a marketing professor at the University of Illinois College of Business Administration before starting his own company.

Schonfeld is survived by his wife, Faith Schonfeld, brother Judge Schonfeld of Portland, OR, and sisters Leona Schonfeld of Arcadia, CA, and Grace Witting of Howell, NJ.

A memorial service is scheduled for 1:30 p.m., Oct. 28, at St. Joseph's Catholic Church, 313 2nd St. NE, Washington, DC. A service was to be held Oct. 3 in Highland Park.

Contributions may be made to the Eugene P. Schonfeld Medical Research Endowment Fund, National Kidney Cancer Association, 1234 Sherman Ave., Evanston, IL 60202, tel: 847/332-1051.