

## ACS Executive Proposes Efficiency Plan; Critics Fear Erosion Of Local Influence

A proposal by the chief executive of the American Cancer Society to solidify the authority of the national board over the society's 22 divisions has triggered internal debate within the 85-year-old organization.

In speeches at two recent ACS conferences, Chief Executive Officer John Seffrin proposed a plan to create "One American Cancer Society." Under the plan, the society would eliminate the boards of directors on the local and unit levels, and redefine the division boards as "tactical advisory boards" responsible for cancer control in their regions.

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### *In Brief:*

## GM Prizes To Withers, Cory, Korsmeyer, Horvitz; Univ. of Chicago, City of Hope Are Comprehensive

GENERAL MOTORS Cancer Research Foundation selected four scientists to receive the foundation's annual cancer research awards this week. The foundation awarded the Charles F. Kettering Medal (\$250,000) for outstanding contributions to the diagnosis or treatment of cancer to **H. Rodney Withers**, of University of California, Los Angeles. Withers demonstrated that proliferating cells, compared to nonproliferating cells, are less able to repair themselves following radiation injury. He devised the therapeutic concept of hyperfractionation to deliver higher total doses of radiation, over shorter intervals, to malignant solid tumors. The Charles S. Mott Medal (\$250,000) for the most outstanding recent contribution related to the cause or ultimate prevention of cancer was shared by **Suzanne Cory**, of the Walter and Eliza Hall Institute of Medical Research in Melbourne, Australia, and **Stanley Korsmeyer**, of Washington University School of Medicine. Cory and Korsmeyer discovered that the Bcl-2 gene codes for a protein that exerts its oncogenic effects through suppression of programmed cell death or apoptosis rather than increased cell division. The Alfred P. Sloan Medal (\$250,000) for the most outstanding recent contribution to basic science research related to cancer was awarded to **R. Robert Horvitz**, of Massachusetts Institute of Technology. Horvitz demonstrated that programmed cell death is an active biological process that is genetically determined. His studies led to the identification of a large number of genes that are part of the cell death program pathway that either drives cells to die, or protects them from dying. . . . **TWO CANCER CENTERS** received NCI designation as

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## "One ACS" Proposal Stirs Discussion In ACS Divisions

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According to Seffrin's proposal, the National Home Office would play a greater role in management of the divisions and would be involved in the hiring of division executives.

"My speech was purposely written to throw out ideas," Seffrin said to **The Cancer Letter**. "An organization of our size, stature, and longevity ought to be able to pose bold concepts and ideas."

If Seffrin's intent was to start a debate over the limits of authority of the Atlanta-based national office versus the authority of the divisions, he has accomplished that and more.

Discussion began in earnest late last month, after the society's Florida Division bypassed the national office and appealed directly to the society's volunteer leadership to begin discussion of the "One ACS" plan.

"Revolutionary changes beyond those that have already taken place are not justifiable," said the Florida memorandum, dated March 23. "The risk of moving us backward instead of to greater heights is just too great." The document was sent to members of the society's National Assembly, division presidents and division chairmen of the board.

In recent years, ACS has gone through a series of changes intended to streamline its governance.

Over the past three years, the society's national board of directors has been reduced from 225 to 43 voting members. At the same time, the number of divisions has been reduced from 57 to 22, and another round of consolidations is slated to eliminate five more divisions.

Currently, ACS divisions contribute 40 percent of the funds they collect to the national office, which administers programs that include research, public information, and lobbying on the federal level. The division boards have the sole authority to hire division executives.

In discussions of the One ACS plan, a number of division-level volunteers say the changes that are now in place should be given a chance to work. They caution that additional measures could erode the society's standing in communities nationwide. The resolution of this issue is of crucial importance to ACS, since the majority of the \$500 million the society expects to raise this year will come from small donations collected on the local level rather than through programs administered from Atlanta.

Seffrin said that in recent weeks, his office received seven letters from the society's divisions about the plan. "Some are favorable, some are negative, some are neutral, some are 'we are anxious to talk about it,'" he said to **The Cancer Letter**.

"My only regret, or concern, is that my speech has been interpreted as threatening," Seffrin said. "I don't think there is anything in there that has to be threatening, because nothing is going to happen that they don't want to happen."

"I wouldn't want—and do not have—the authority to decide tomorrow that this is going to be this way rather than that way," he said.

In November, the proposal for One ACS is expected to be presented to the society's board of directors and the National Assembly, a 268-member body that has authority over changes in bylaws. Prior to consideration by the board and the assembly, the plan is expected to be discussed at as many as six regional meetings, ACS officials said.

"We are going to be talking a lot about this," Seffrin said. "Indeed, there may not even be a vote in November. It may be something that we will talk about into next year."

### The 2015 Goals

Seffrin first announced the One ACS plan at Jan. 6-9 meeting of the ACS Strategic Staff Leadership Group, which includes top executives of

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**Founded Dec. 21, 1973 by Jerry D. Boyd**

the national office and chief executives of the 22 divisions.

Later, the text of a nearly identical speech was distributed to about 200 people who attended the society's National Volunteer Conference Jan. 30-31.

In the speeches, Seffrin said the society needs to streamline its operational structure if it is to reach its objective of reducing cancer mortality by 50 percent by the year 2015.

"There is difficult work ahead, but if we do it together, as one integrated and unified organization, there is really nothing that can stop us from succeeding in our mission and completely controlling cancer early, very early, in the new millenium," he said to SSLG.

"This opportunity may well be God's greatest gift to us as a group of colleagues in cancer control," Seffrin said. "What we do with this opportunity will surely be our gift to God and our legacy to humankind, or so I believe."

Seffrin said the society needs to eliminate redundancy in the responsibilities of its boards. "In my view, there is no need for boards of directors at the local/unit level," Seffrin said. "Moreover, at the regional or division level, we need only constitute and empower such governance as can facilitate proper volunteer oversight of the nationwide strategies on a regional basis.

"We need, perhaps, tactical advisory boards (made up of key volunteers) who can advise and monitor, with the executive staff, their comprehensive program efforts to implement our corporate strategic directions and standardized interventions.

"But if we are truly one organization with a national board which is empowered to set the goals and ends our organization is expected to achieve, then we certainly don't need redundant strategic boards."

Under the existing structure, volunteers spend too much time on governance issues instead of doing work in the community, Seffrin said in the SSLG speech.

"I cannot tell you how many times I have been approached by volunteers who tell me it just isn't worth it anymore," Seffrin said. "They are not willing to be pushed to the margins of meaningful service by an outdated governance structure.

"We are making a terrible mistake by placing our most devoted supporters in positions on unit and division boards where more and more they are simply rubber-stamping the decisions of our National

Assembly and board of directors," he said.

Altogether, the society has 14,000 separate budgets, Seffrin said. "If one were to measure the time and money spent determining how our money is spent, it would not reflect well on our organization," Seffrin said.

"Can anyone tell me for sure how much we spent last year on advocacy?"

The responsibilities of the national office should include administration of payroll, human resources, and financial services, Seffrin said. The divisions would concentrate on issues that include delivery of patient services, volunteer recruitment, and training.

On the fundraising side, the national office would assume responsibility for major gifts, legacies, and planned giving, while the divisions would concentrate on annual giving and special events, Seffrin proposed in the speech.

Subsequent letters from ACS divisions indicate that many readers interpreted the speech as an announcement of a plan to strip division boards of control over their budgets and their authority to hire division executives.

In an interview with **The Cancer Letter**, Seffrin said such interpretations are incorrect. "There was never anything in the speech—nor in anything I said, nor in any questions I answered—that said that the regional boards will not have involvement in hiring or firing their own execs," Seffrin said. "I can tell you that nothing I said was meant to imply that divisions couldn't have boards with autonomy and with a budget."

Asked to describe the changes he plans to propose to the National Assembly in November, Seffrin said:

"It is my hope that we will agree that division boards will accept a very important role as being the governing body for the overall cancer control effort in their region of responsibility, with full empowerment—including budget—to get the work done. However, these boards would accept the National Board of Directors as the senior-most strategic board of the society, and the division boards will see it as their role to pursue vigorously the 'goals and ends' established by the National Board of Directors."

#### **Streamlining vs. Grassroots Presence?**

"Our strongest support is in the local units, and we cannot save lives—or do anything—if we are not

strong in our local units," said Carol Tucker, chairman of the board of the Florida division. "We feel that volunteers need to have a strong input."

Tucker said her division's letter was intended to launch "a healthy dialogue" with the National Board of Directors. The letter offered the following recommendations for resolving the controversy:

—"The intentions of the national staff must be fully disclosed and shared with volunteers throughout the country. They *should* be the subject of open discussion and debate. At its next meeting, the National Assembly should reconfirm its authority to elect the National Board of Directors, charter divisions, and establish fund sharing policies.

—"The new chartering process should be implemented as the primary means of focusing resources on nationwide priorities with flexibility to allow for local needs. While a nationwide budgetary process is necessary, independent division budgets must be maintained.

—"The National Assembly should confirm the current organizational structure with no more than 17-20 independently incorporated divisions. The division CEO/EVP must be employed by and report directly to the division board of directors."

The letter from Florida contained the text of Seffrin's January speeches.

Soon after receiving the letter from Florida, ACS volunteers nationwide received a letter from the ACS board of directors chairman Jennie Cook, board president David Rosenthal, and CEO Seffrin.

The letter said that the One ACS plan was being prepared with input from division level activists, and that the plan was intended to be discussed widely before it is presented to the assembly and the board.

"Unfortunately, a recent memorandum from the Florida division preempted our process, and the memo contained a number of inaccurate statements," said the letter dated March 31. Without listing alleged inaccuracies, the letter summarized the principles and the process for attaining a streamlined ACS:

—"All components of the society have been and will continue to be involved in the process of discussing the 'one organization' concept...

—"While no decisions have been made with respect to division boards of directors, current discussions clearly point toward continuation of division boards regardless of what the final definition of one organization becomes. Decisions regarding the roles of various boards are appropriate and necessary.

—"We are interested in discussing how we can develop a single budgeting process, but the national leadership has never suggested that such discussions would lead to the elimination of division budgets or the national society taking full control of the funds."

The response from the national office did not end the controversy. In a letter dated April 10, the Great Lakes Division accused the national office of "hasty and radical decision-making."

"Many divisions around the nation have done their share in reshaping the organization through merger, and have not had sufficient time to 'hone' their new divisions to achieve maximum potential," said the letter from the newly organized division that includes Michigan and Indiana.

"Until we are assured that the decisions being made at the national level are done with proper representation and due diligence, we shall continue to represent our Great Lakes constituents in the manner that our conscience dictates," the letter said. "Our first obligation as a board is stewardship and protection of our donors' interests."

In a letter dated April 13, the New Jersey-based Eastern Division said its board has unanimously approved the following statement: "It is inappropriate at this point in time for this discussion to be taking place nationally. We are more concerned at this time in creating the new organization of this division and concentrating on cancer control."

Key ACS volunteers nationwide say Seffrin's January speeches and subsequent letters have triggered discussion throughout the society.

"I think there is a common thread of concern or anxiety over losing the ability to have an effective voice in the direction of the organization," said Gary Streit, a Cedar Rapids, IA, attorney who serves as chairman of the ACS audit committee, member of the income development committee, and co-chairman of the collaboration working group.

"Volunteers throughout the organization want to feel that they are heard and they have input," Streit said to **The Cancer Letter**. "We need to hear what the volunteers on all levels of the organization have to say. The volunteers, after all, are what gives ACS respect. The volunteers are the connection to the community that makes the organization important.

"It's what makes it real," Streit said.

Seffrin said the One ACS plan seeks to strengthen the society's volunteer presence. "The outcome of our resource realignment that has taken us from 57 geographic divisions to a much smaller

number is that we have been able to deploy more of our staff to support volunteers at the local level.

"If this overall effort works as planned, we will end up with more volunteers, not less," Seffrin said. "We will end up with a greater community presence."

### In Congress:

## **Tamoxifen Results Adequately Communicated, Understood, NCI Director Tells Senate Panel**

An NCI analysis of recent public inquiries about the use of tamoxifen to prevent breast cancer found that women and physicians said they had adequate information about the results of the Breast Cancer Prevention Trial, NCI Director Richard Klausner said to a Senate subcommittee last week.

Since the release of results of the BCPT on April 6, NCI has monitored inquiries to more than 300 sites belonging to the National Surgical Adjuvant Breast and Bowel Project, which conducted the study. The Institute also polled 57 cancer centers, 19 regional centers of the Cancer Information Service, and the directors of 10 advocacy organizations, Klausner said at the April 21 hearing before the Senate Appropriations Subcommittee on Labor, HHS, and Education.

"We are particularly concerned as to how the information that has been released over the last several weeks has served the needs of women and their physicians," Klausner said. "About 3,500 inquiries to date have been analyzed, and the majority felt the information available was adequate. The message that we should not rush to judgement, that we cannot oversimplify this message, was clear to all."

Klausner credited the media for communicating a balanced view of tamoxifen. "I'd like to commend the media for what I think has really been a superb job in reporting the excitement, the limitations, the complexity, and the caution that attends this study, and for communicating well the personal decision-making that the emerging availability of preventive interventions for cancer will demand," he said. "If there is any one take-home message, it is one of individual risk."

Taking issue with Klausner was Cynthia Pearson, executive director of the National Women's Health Network. "We believe NCI's first descriptions of the results as 'remarkable' and a 'breakthrough' show we cannot count on NIH for unbiased

information," she said. NIH should involve public health experts and consumer advocates in developing educational materials about tamoxifen, Pearson said.

Despite the complexities of communicating the BCPT results, the take-home message to Congress from the hearing was that funding for NIH produces results that can be applied to people. Subcommittee Chairman Arlen Specter (R-PA) made clear that his purpose in calling the hearing went beyond considering the results of the tamoxifen trial and the promise of another potential preventative, raloxifene.

"At this moment, we are considering the budget for NIH, and it's always controversial whether we are going to get the kind of funding we are looking for," Specter said. "It seems to me that at this particular time with the budget very much under consideration and so much public interest in these two pills, it would be very useful to have this hearing."

"There has been much said about dramatic increases in funding for NIH, but Congress has not been quite so ready to appropriate the funds," Specter said.

### **Budgetary "Druthers"**

Specter's opening statement was a tip-off to Klausner and NIH Director Harold Varmus to expect the "how-much-do-you-really-need" question. When Specter asked the question later in the hearing, he also called on NSABP Chairman Norman Wolmark.

SPECTER: Dr. Klausner, in the past I have asked you how much you would like to have by way of funding for research. *Would you like to try again?... If you had your druthers, what would the figure be?*

KLAUSNER: According to the law, I am asked what my druthers would be in the formal NCI Bypass Budget, and in that Bypass Budget, we asked for a budget of \$3.191 billion in order to attempt to do the many things we would very much like to do and cannot.

SPECTER: Dr. Varmus, what would you like the NIH budget to be, and what would the NIH budget have to be to give Dr. Klausner his druthers?

VARMUS: NIH, as you know, has requested an increase of 8.4 percent for this coming year—that's the President's budget request for NIH. We believe the NIH can do well with that. You requested us a few weeks ago at the appropriation hearing to ask all the institute directors what each of them would like to spend in an ideal world if there were no constraints on the budgetary process, and the

aggregate number, the average for all of NIH was a 23 percent increase, which would bring us up to roughly close to \$17 billion for the coming year.

SPECTER: Dr. Wolmark, to what extent has funding from the NIH enabled these remarkable breakthroughs in tamoxifen?

WOLMARK: Without that funding for the trials, clearly, it would not have been done.... We estimate that the budget provides two-thirds of the actual costs in time and effort.

SPECTER: Is your research budget adequate?

WOLMARK: Our research budget could always be greater. We would be able to bring more patients into these trials if our budget were larger.

SPECTER: How much more?

WOLMARK: We would want a 40 percent increase.

SPECTER: If you brought more patients into clinical trials, you would have better answers?

WOLMARK: They would certainly be more rapid answers, and that would enable us to move on to the next trial, which would test more interesting and more effective agents.

### **Recognition For Fisher**

The hearing also provided an occasion for Specter to recognize Bernard Fisher, NSABP founder and scientific director. Though Fisher was not on the panel to testify, Specter invited him to make a statement.

"I consider the current findings to be the most important of the contributions which I and my colleagues have made during my 40 years of using large, randomized clinical trials to improve the status of women with breast cancer," Fisher said.

"I'm grateful for the funding that I've received from the federal government over the past 40 years, which made it possible for me and my associates to demonstrate that mutilating operations for breast cancer could be replaced by lumpectomy, that postoperative chemotherapy and hormonal agents can prolong the lives of many patients with breast cancer, and that, now, some women can have their breast cancers prevented," Fisher said. "Much work must be done, and ample funding is necessary to accomplish the goals.

"The goal of eliminating breast cancer as a terrible public health issue can only be achieved if we keep our collective eyes on the goal and work together without inappropriate divisiveness," Fisher said.

Specter thanked Fisher "for all the service you have given America and the world on this important subject."

### **Tobacco Control: Rise In Minority Teen Smoking "Tragic," Surgeon General Says**

Rapid increases in smoking by minority teenagers threaten to reverse the progress against lung cancer among minority populations which was made during the early 1990s, according to a Surgeon General's report released earlier this week.

"We are witnessing the first steps of a potentially tragic reversal for the health of American minorities," said David Satcher in releasing his first report as Surgeon General, and the 24th Surgeon General report on tobacco use since 1964. "Where we once saw hopeful signs of declining lung cancer among minorities in the early years of this decade, we now see striking increases in smoking by minority youth. Unless we can reverse these trends, they are bound to result in more lung disease and early death for these populations.

"We cannot sit by and let these disturbing trends occur unchallenged," Satcher said. "We must call attention to this threat, and we must fight it."

The report surveys tobacco use and health consequences among four racial and ethnic minority groups: African-American, American Indian/Alaska Native, Asian American/Pacific Islander, and Hispanic. According to the report, cigarette smoking is a major cause of death and disease in all four groups. African-American men bear one of the greatest health burdens of the four ethnic groups, with death rates from lung cancer that are 50 percent higher than those of white men.

Satcher noted that the four groups studied make up about one-fourth of the U.S. population and are growing rapidly. By the year 2050, members of these racial/ethnic minority groups will comprise close to one-half of the U.S. population.

"This report sounds an urgent alarm," Satcher said. "We must use every tool at our disposal to reduce tobacco use among racial and ethnic minorities—especially among adolescents—and to reverse these frightening trends."

From 1990-1995, death rates from respiratory cancers declined substantially among African-American men, declined to a lesser extent among Hispanic men and women, and leveled off among

African-American women. Death rates increased only among American Indians/Alaska Natives—the only group for which smoking rates increased during this period.

In recent years, however, tobacco use among adolescents from racial and ethnic minority groups has begun to increase rapidly, threatening to reverse the progress made against lung cancer among adults in these minority groups, the report said.

Though their rates remain considerably lower than those of whites, cigarette smoking among African-American and Hispanic adolescents increased in the 1990s after several years of substantial declines among adolescents of the major racial and ethnic groups. This increase is particularly striking among African-American youths, who had the greatest decline of the four groups during the 1970s and 1980s, but the steepest increase in use in the 1990s.

Cigarette smoking among African-American teens has increased 80 percent over the last six years—three times as fast as among white teens.

“Unless they are reversed, these increases in tobacco use are a time-bomb for the health of our minority populations,” Satcher said. “If tobacco use continues to increase among minority adolescents, we can expect severe health consequences to begin to be felt in the early part of the next century.”

The report notes that prevalence of tobacco varies among and within racial and ethnic groups. For example, American Indians/Alaska Natives have the highest rates of tobacco use, and African-American and Southeast Asian men also have a high prevalence of smoking. Asian American women and Hispanic women have the lowest levels of smoking. The report also shows that, in general, smoking rates among Mexican-American adults increase as they learn and adopt the values, beliefs, and norms of American culture.

According to the report, more prevention research is needed to understand patterns of tobacco use and factors that affect tobacco use.

A detailed summary of the report, “Tobacco Use Among U.S. Racial/Ethnic Minority Groups,” is available on the CDC web site ([www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)).

Copies of the Executive Summary and report “At-a-Glance” may be ordered via fax by calling 1-800-CDC-1311 or writing CDC Office on Smoking and Health, Mail Stop K-50, 4770 Buford Highway, Atlanta, GA 30341.

## Cancer Meetings Listed

### May

**American Radium Society Annual Meeting**—May 2-6, Monte Carlo. Contact ARS, tel: 215/574-3158, fax: 215/923-1737, email: [ars@acr.org](mailto:ars@acr.org).

**Association of Oncology Social Work Annual Conference**—May 6-9, La Jolla, CA. Contact Kim Bell, tel: 410/614-3990.

**American and European Musculoskeletal Tumor Societies**—May 6-10, Washington, DC. Contact MSTs, tel: 202/828-7048.

**Oncology Nursing Society Annual Congress**—May 7-10, San Francisco. Contact ONS, tel: 412/921-7373, email: [customer.service@ons.org](mailto:customer.service@ons.org).

**American Society for Clinical Oncology Annual Meeting**—May 16-19, Los Angeles. Contact ASCO, tel: 703/299-0150.

**Assessing Your Patients' Risk for Breast and Ovarian Cancer: Genetic Technologies and Clinical Practice**—May 29, Duarte, CA. Contact City of Hope, tel: 626/359-8111 ext. 4324.

**American Brachytherapy Society Annual Meeting**—May 30-June 4, Albuquerque, NM. Contact ABS, tel: 215/574-3158, fax: 215/923-1737, email: [abs@acr.org](mailto:abs@acr.org).

**American Urological Association Annual Meeting**—May 30-June 4, San Diego. Contact AUA, tel: 800/908-9414, fax: 410/752-9612, email: [mmallone@auanet.org](mailto:mmallone@auanet.org).

### June

**Critical Issues in Tumor Microcirculation, Angiogenesis, and Metastasis**—June 1-4, Boston, MA. Contact Carol Lyons, tel: 617/726-4038, fax: 617/726-4172.

**President's Cancer Panel: Quality of Life and Survivorship**—June 2, New Haven, CT. Contact Maureen Wilson, tel: 301/496-1148, fax: 301/402-1508, email: [prescan@nih.gov](mailto:prescan@nih.gov).

**Mediterranean Congress of Chemotherapy**—June 7-12, Jerusalem. Contact Kenes, PO Box 50006, Tel Aviv 61500, Israel.

**State of the Art Liver Disease Conference**—June 10-14, Orlando, FL. Contact MD Anderson, tel: 713/792-2222, fax: 713/794-1724.

**Transfusion Medicine**—June 12-14, Houston, TX. Contact MD Anderson, tel: 713/792-2222, fax: 713/794-1724.

**NCI-EORTC Symposium on New Drugs in Cancer Therapy**—June 16-19, Amsterdam, The Netherlands. Contact EORTC, PO Box 7057, 1007, MB Amsterdam, The Netherlands, tel: 31-20-4442768, fax: 31-20-4442699, email: [nndo@euronet.nl](mailto:nndo@euronet.nl).

**International Symposium on Adjuvant Nutrition in Cancer Treatment**—June 20-24, New Orleans.

Contact Joni Shulman, tel: 847/342-6484, fax: 847/342-7320.

**Therapeutic Options for the Locally Advanced Non-Small Cell Lung Cancer**—June 20-24, Cuneo, Italy. Contact Gianfranco Buccheri, Ospedale A. Carle, I-12100 Cuneo, Italy, tel: 39-171-441777, fax: 39-171-611579.

## July

**Congress of the European Hematology Association and Congress of the International Society of Hematology**—July 4-8, Amsterdam. Contact Eurocongress Conference Management, Han Van Goyenkade 11, 1075 HP Amsterdam, The Netherlands, tel: 31 20 679 3411, fax: 31 20 673 7306.

**Biennial Congress of the International Photodynamic Association**—July 7-9, Cedex, France. Contact T. Patrice, Laser Dept, Neurosurgery, Laennec Hospital, BP 1005, 44035 Nantes, Cedex, France, tel: 33 240 165 679, fax: 33 240 165 935.

**Corinne Boyer Fund Ovarian Cancer Forum**—July 8-11, Toronto, Canada. Contact Planning Office, tel: 416-496-6200, fax: 416-495-8723, email: base@onramp.ca.

**ONS Case Management Conference**—July 31-Aug. 1, Philadelphia. Contact ONS, tel: 412/921-7373.

## August

**International Cancer Congress**—Aug. 23-29, Rio de Janeiro. Contact Congrex do Brasil, Av. Presidente Wilson, 164/9 andar, 20030-020, Rio de Janeiro, RJ-Brasil, tel: +55 21 509-4080, fax: +55 21 509-1492, email: congrex@ax.apc.org.

**Passive Smoking and Children**—Aug. 24-26, Essen, Germany. Contact Toxicology Laboratory, Institut für Hygiene und Arbeitsmedizin, Universität Klinikum, Hufelandstr, 55-45147, Essen, Germany, fax: 49 201 723 5956.

**Annual Hematology/Oncology Reviews**—Aug. 28-30, Amelia Island, FL. Contact Mayo Clinic Jacksonville, tel: 800/462-9633, website: www.may.edu/cme/schedule.html.

**International Conference on Cancer Nursing**—Aug. 30-Sept. 4, Jerusalem. Contact Secretariat, PO Box 5006, Tel Aviv 61500, Israel, tel: 927 3 5140000.

**International Conference on the Diagnosis and Treatment of Radiation Injury**—Aug. 31-Sept. 3, Rotterdam. Contact Anna Karaoglou, European Commission, DG XII.F-6, (MO 75 4/14), B-1049 Brussels 200, Belgium de la Loi, tel: 32 2 2 54956, fax: 32 2 2 66256.

## September

**Colon Cancer Prevention: Dietary Modulation of Cellular and Molecular Mechanisms**—Sept. 3-4, Washington, DC. Contact American Institute for Cancer Research, tel: 800/843-8114, email: research@aicr.org,

website: www.aicr.org.

**Tumor Suppressor Genes**—Sept. 26-30, Victoria, Canada. Contact AACR, tel 215/440-9300, fax: 215/440-9313.

## *In Brief:*

### **Univ. Of Chicago, City Of Hope, Designated Comprehensive**

(Continued from page 1)

“comprehensive” cancer centers recently. They are University of Chicago Cancer Research Center, **Richard Schilsky**, director; and City of Hope National Medical Center and Beckman Research Institute, **John Kovach**, director. The comprehensive designation recognizes the centers’ abilities to integrate basic, clinical, prevention, control, and population sciences research, and serve an important role in their communities through outreach, education, and information activities. . . .

**ROSWELL PARK CANCER INSTITUTE** has planned several events in coming months to mark its 100th anniversary. Last week, **Bernard Fisher**, scientific director, National Surgical Adjuvant Breast and Bowel Project, presented the Roswell Park Memorial Lecture. Following are future events: **Henry Wagner**, director of radiologic sciences, Johns Hopkins Hospital, delivers the Madame Curie Lecture on June 24. **Frank McCormick**, director, University of California, San Francisco Cancer Center and Research Institute, presents the Clowes Lecture on Sept. 28. **Harold Freeman**, chairman of the President’s Cancer Panel, will convene a meeting of the panel at Roswell Park to review issues of quality of life of cancer patients, on Oct. 6. **Association of American Cancer Institutes** has scheduled its annual meeting at Roswell Park Oct. 6-7. **Symposium on Cancer Genetics and Biology**, Oct. 8-9, will include presentations by NCI Director **Richard Klausner** and **Francis Collins**, director of the National Human Genome Research Institute. NIH Director **Harold Varmus** is to present the Cori Lecture on Nov. 18. For program information, contact the center, tel: 716-845-3095. . . .

**CORRECTION:** In a story in the April 24 issue of **The Cancer Letter**, an error in tape transcription resulted in a misquote of FDA lead deputy commissioner Michael Friedman. The quote should have read: “Under no observable areas did we see overall, more than 8 percent of the patients having even a temporary benefit.”