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An Unusual Week Of Deals In Oncology: Alliances, Sales, and Dramatic Moves

Even in the context of drastic changes in academic oncology, last week's announcements of business deals and personnel shifts appear significant and dramatic:

—Fox Chase Cancer Center and Temple University in Philadelphia announced an affiliation of their cancer programs.

The deal gives Temple access to medical oncology, a specialty it lost after closing its cancer center, which was operated in partnership with Salick Healthcare Inc., a unit of Zeneca Pharmaceuticals. Meanwhile, Fox Chase gains access to Temple's neuro-oncology, bone marrow

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In Brief:

Pediatric Groups Endorse Merger Plan; NCI Charters Consumer Liaison Group

PEDIATRIC COOPERATIVE GROUP memberships have unanimously endorsed the proposed merger of the four pediatric groups, Pediatric Oncology Group Chairman Sharon Murphy said at a Nov. 6 meeting of the chairmen of all NCI supported cooperative groups. The proposed merger of POG, the Children's Cancer Group, the Intergroup Rhabdomyosarcoma Study Group, and the National Wilms Tumor Study Group was announced last summer (**The Cancer Letter**, Aug. 7). The executive committees of the groups met together for the first time to begin planning the consolidation. . . . **NCI DIRECTOR'S CONSUMER** *Liaison Group*, begun on an ad hoc basis last year, has been officially chartered as an advisory group to the Institute under the Federal Advisory Committee Act, NCI Director **Richard Klausner** said to the DCLG at a recent meeting. "The reason to separately charter the DCLG is to emphasize its permanence, its independence, and the fact that this unique committee representing advocates and patients needs to have a clearly established, accepted, and formally recognized ability to make recommendations to the leadership of the Institute and to the Department," Klausner said. The DCLG will help NCI communicate with patients and the public, he said. "We need good editorial eyes that look at what we're doing and tell us whether we are accomplishing what we think we are accomplishing," he said. . . . **FORMER PRESIDENT George Bush**, vice chairman of the M.D. Anderson Cancer Center Board of Visitors, met media representatives along with faculty, staff and patients in a symposium at the center Nov. 6 to provide background information on

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Wiernik, 30 Others, Move To Our Lady Of Mercy

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transplantation, and general medicine. Also, Fox Chase, a suburban institution, would enhance its ability to accrue minority patients to clinical trials.

—Also in Philadelphia, Tenet Health Systems of Santa Barbara, CA, completed the purchase of eight Philadelphia area hospitals for $345 million. The purchase also gives Tenet control over Hahnemann University of the Health Sciences, which serves as the base of operations of the chairman of Eastern Cooperative Oncology Group.

The bankrupt Allegheny Health, Research and Education Foundation lost an estimated $1.5 billion on the Philadelphia hospitals. AHERF's creditors are trying to force the foundation to sell its Pittsburgh assets, which include Allegheny General Hospital, the base of operations of the National Surgical Adjuvant Breast and Bowel Project.

—In another announcement, in the New York oncology market, a staff of 30 followed oncologist Peter Wiernik out the door of the Albert Einstein College of Medicine Comprehensive Cancer Center. Wiernik, formerly associate director for clinical research at Albert Einstein, became the cancer center director at another Bronx institution, Our Lady of Mercy Medical Center, the hospital of the New York Medical College.

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Founded Dec. 21, 1973 by Jerry D. Boyd

Among those making the move is Janice Dutcher, former director of the clinical trials unit at Albert Einstein, who was named associate director for clinical affairs at the new cancer center. Dutcher is chairman of the FDA Oncologic Drugs Advisory Committee.

The move confronts Albert Einstein, an NCI-funded clinical cancer center, with the challenge of filling a void in translational research and hematologic malignancies. Montefiore Medical Center, the hospital of the Albert Einstein College of Medicine, last February signed a letter of intent with Bentley Healthcare Inc. to develop a network of outpatient centers for the treatment of cancer and AIDS.

Bentley is a company started by Bernard Salick, after he was ousted from Zeneca (**The Cancer Letter**, May 2, 1997).

Not A Merger

Fox Chase president Robert Young said his center's agreement with Temple is most remarkable for what it isn't.

"It is not a merger," Young said to **The Cancer Letter**. "There are no major capital transfers taking place. There is no exchange of board members. Nobody becomes an affiliate of anybody else. It's a fairly novel approach to things, compared to what everyone else is inclined to do, which is to buy, and merge, and set up competing resources."

Instead of pursuing a buy-merge-and-compete strategy, the two institutions agreed to build on their 12-year history of collaboration in educational and training programs and integrate their complementary resources.

The agreement, which was announced Nov. 9, was possible because Temple's capability in medical and radiation oncology had eroded in recent years. The institution's plans to develop a cancer center in conjunction with Los Angeles-based Salick Healthcare never got off the ground, and soon after Zeneca took over that company, the partnership came to an end.

Temple had two options: (1) Pump resources into an oncology program that would ultimately worsen the saturation of services in the competitive Philadelphia market, or (2) Expand the relationship with Fox Chase.

Meanwhile, Fox Chase was interested in the chips Temple could bring to the table. These include neuro-oncology and bone marrow transplantation,

areas in which Fox Chase never developed a capability, as well as access to urban populations.

Many of assets of the two institutions could be easily brought together on the adjacent campuses of Fox Chase and Jeanes Hospital, which was bought by Temple's health system two years ago. Under the agreement, Temple will move its neuro-oncology and bone marrow transplant center to Jeanes, which is connected to Fox Chase by a covered walkway.

Fox Chase will be responsible for medical oncology, surgical oncology, and radiation therapy throughout the Temple system. "We will be recruiting people in these specialties at Temple, and our chairmen will be chairmen of these programs," Young said.

Though these physicians will answer to department chairmen at Fox Chase, their paychecks will come from Temple. "Essentially, we will invest in those people who are hired as Fox Chase employees, and they will pay for those people who are Temple employees," Young said.

Fire Sale Benefits ECOG; NSABP Uncertain

The purchase by Tenet has solidified the future of the Hahnemann University cancer center and the office of the chairman of the Eastern Cooperative Oncology Group, said cancer center director Howard Ozer.

Ozer said the cancer center retained its budget of $1.7 million, losing only two employees. One of the two is a basic scientist, another a physician. This budget was scaled down from about $5 million earlier this year, when Allegheny's financial problems first came to the surface.

"ECOG is entirely within my budget," Ozer said to **The Cancer Letter**. "We have been able to fund the salaries of [ECOG chairman] Bob Comis and his staff."

Ozer said future salaries for ECOG staff were in jeopardy earlier this year as a result of decisions made in Pittsburgh. "These salaries were eagerly picked up by Tenet and the university in recognition of importance of ECOG to this institution," Ozer said.

Meanwhile, in Pittsburgh, creditors of Allegheny Health, Education and Research Foundation are trying to collect some portion of the estimated $1.5 billion that the foundation lost in its Philadelphia venture.

Attorneys for Allegheny General, with the support of the Pennsylvania Attorney General, are fighting efforts by creditors to sell AHERF's non-bankrupt assets, including the Pittsburgh based Allegheny General Hospital, the grantee institution for the National Surgical Adjuvant Breast and Bowel Project.

"The Last Not-For-Profit Cancer Center In NY"

Wiernik's move from Montefiore to Our Lady of Mercy may be symptomatic of changes in the New York oncology market.

"Our goal is to be one of the last—if not the last—not-for-profit cancer center in New York," Wiernik said to **The Cancer Letter**.

Much of the talk about hybridization of not-for-profit centers and for-profit companies can be traced to none other than Bernard Salick.

Salick has targeted New York as a stronghold for his new company. His plans include saturating the area market with outpatient cancer and AIDS treatment centers through collaboration agreements with academic centers.

Wiernik left for Our Lady of Mercy just as Bentley and Montefiore were concluding plans for developing two outpatient cancer centers and a network of AIDS treatment centers in partnership with Bentley. Salick also has a letter of intent to develop outpatient cancer centers with Mount Sinai Medical Center (**Cancer Economics**, May).

Dutcher said Our Lady of Mercy plans to recruit additional scientists and apply for a planning grant from NCI. Ultimately, Our Lady of Mercy plans to construct a cancer center for ambulatory care and research labs. For the short term, the hospital has renovated a floor for ambulatory facilities, a bone marrow transplant unit, and an inpatient unit. Additional renovations include 15,000 square feet of newly furnished basic science laboratories and 10,000 square feet of office space for clinical research functions.

"We got a better offer," said Dutcher about the decision to leave Montefiore.

Montefiore staff members who joined Wiernik and Dutcher include clinical researcher Yelena Novik; basic researchers Janis Racevskis and Polly Etkind, who work in viral oncogenesis and breast cancer; and Elizabeth Paietta and her research and immunophenotyping laboratory as well as the ECOG leukemia reference laboratory and tissue bank.

The move diminishes the center's capability in hematological malignancies and translational research, which means the center will have to begin recruitment of specialists of national stature.

"I understand that Jan and Peter have reached some understanding, a very amicable one, and I wish them the very best of luck," Salick said to **The Cancer Letter**. "This will have no bearing on the Montefiore program, because there have been a lot of other people recruited, and there has been a level of enthusiasm that has blossomed at Montefiore in its relationship with Bentley.

Salick said the cancer and AIDS programs at Montefiore would be launched within 40 to 60 days. The programs will open in interim spaces on the two Montefiore campuses, and would be linked with a network of cancer and AIDS centers.

"We are in the midst of recruiting an absolute superstar team," Salick said. "Any discussions I have had with people at NCI, I think everybody is very pleased with what's going on at the program."

Cancer center director David Goldman could not be reached for comment.

Cancer Informatics:

NCI Is Writing The Dictionary For Cancer Clinical Trials Data

The National Cancer Institute wants to standardize the language physicians use in reporting the data collected in cancer clinical trials.

More than a scholarly exercise in lexicography, the project has the goal of improving and simplifying data collection and reporting, thereby accelerating the development and analysis of clinical trials, NCI officials said last week.

If the project is successful, it could simplify the task of writing the case report forms that clinical trialists use to collect patient information, reduce errors by physicians and nurses collecting patient data and delivering treatment, and save time and money for data managers, statisticians, and investigators in synthesizing data from different research centers and analyzing the final results.

"We are writing the dictionary," NCI Director Richard Klausner said to **The Cancer Letter**. "We want to create standards that are a generic tool box anyone can use to create forms or other products."

When NCI's "Common Data Elements Data Dictionary" is completed in two years, the Web-based publication is expected to contain every data element that could be required by a clinical trial, classified as to its importance and use.

Under each data element, a user would find a preferred term, description, format characteristics, and valid values or standard terminology, according to a project description distributed to chairmen of the Clinical Trials Cooperative Groups at a meeting Nov. 6. The dictionary would be continually updated as new data elements are discovered that investigators would want to track in clinical trials.

The initial draft of the dictionary for breast cancer clinical trials data is scheduled for completion by Nov. 27, said Laura Venerable, a senior technical engineer at Oracle Corp. who is helping the Institute write the dictionary.

Draft sections for prostate and lung cancers are expected to be completed by the middle of December, Venerable said. The project may be viewed from the NCI Cancer Informatics Infrastructure home page at http://hiip-wkstn.hpc.org

Standard Case Report Forms

John Silva, of the NCI Office of Cancer Informatics, said the dictionary would set standards for the development of case report forms. No patient is enrolled on a clinical trial without physicians or clinical research associates filling out a packet of case report forms. The packet generally includes a registration form, an informed consent form, an adverse events reporting form, and several treatment information and end results forms.

Currently, each packet of forms is written uniquely for each study, and the wording varies among the cooperative groups, according to the NCI project description. These different data requirements discourage physicians from enrolling patients on clinical trials.

As part of the project, NCI plans to develop fill-in-the-blanks templates for case report forms. "When an investigator is designing a new clinical trial, automated tools will facilitate the identification of the required data elements" from the data dictionary, the NCI description said. "Regardless of the uniqueness of any given trial, the data required from providers will be presented in a consistent and standardized fashion."

The project is using case report forms from existing and new clinical trials to begin listing the common data elements. Other sources for the dictionary include the International Medical Terminology, and data specifications developed by the American College of Surgeons Commission on Cancer, the NCI Surveillance Epidemiology and End Results program, and the North American Association of Central Cancer Registries.

New case report forms are being developed and piloted in the NCI Expanded Participation Project, an attempt to increase accrual on clinical trials by involving more community physicians.

Also, NCI also is leading a Data Reduction Initiative to bring together industry, investigators, and FDA to find out "what we really need to collect," said Michaele Christian, director of the Cancer Therapy Evaluation Program

Reviews To Reduce "The Giggle Factor"

As the draft sections of the dictionary are written, they are to be reviewed by external experts involved in trials, including surgeons, oncologists, investigators, statisticians, pathologists, data managers, and clinical research nurses, the project description said. NCI is seeking participants for this "stakeholder review."

Earlier this year, a group of "stakeholders" reviewed the draft breast cancer section of the CDE and suggested improvements. After incorporating changes, NCI compared the case report forms for four studies to the breast cancer CDE, and found that the CDE included 69 percent of the data elements, Venerable said.

Five institutions soon will begin using the breast cancer CDE to develop new clinical trials and compare their patient repository to the CDE to confirm that patient data can be documented on the case report forms. The sites conducting the tests are Georgetown University, M.D. Anderson Cancer Center, University of California-San Francisco, the American College of Surgeons Oncology Group, and the National Naval Medical Center's Breast Care Center.

The CaPCure Consortium of eight medical centers is involved in developing the prostate cancer CDE, according to the NCI project description. The consortium already has developed standard data elements it uses to share clinical information.

The review and testing is an important part of the development of the data dictionary, Silva said. "We don't want to build this and have everyone laugh at us," he said. "The giggle factor here has to be zero."

Statisticians Define Minimums, Develop Forms

While NCI writes the dictionary and sets the standards for case report forms, the cooperative group statisticians are developing recommendations for a minimum set of data elements that would be required in new clinical trials. The statisticians also are drafting prototype case report forms that would use the data dictionary.

Called the Data Forms Review and Coordination Project, the effort involves five committees studying data needs for breast, gastrointestinal, gynecologic, lung, and prostate cancers, said John Bryant, associate director of the biostatistical center for the National Surgical Adjuvant Breast and Bowel Project.

The recommendations would be incorporated into the CDE data dictionary "as the preferred terms for data elements, and classified as the essential or minimal set required" for case report forms, the NCI project description said.

There is a certain amount of overlap in the work being done by the cooperative group committees and NCI's dictionary project, group chairmen and NCI officials said. Klausner said the two projects are not duplicative, but the Institute and the groups would have to work closely to make certain that there is no perception of competition and so that the work is done efficiently.

"We're writing the dictionary and setting standards for the dictionary, but who is going to define what the forms look like?" Klausner said to **The Cancer Letter**. "NCI's role is to help coordinate the production of standards. That's different from the products that are going to roll out for the clinical research associates to use."

Cooperative Groups:
Group Affiliates, Stats Offices Lead NCI List Of "Most Needy"

NCI officials said they plan to use new money in the Clinical Trials Cooperative Group Program to increase payments to affiliate institutions and group statistical offices.

The Institute plans to provide an increase of 25 percent, or about $23 million, to the cooperative group program this fiscal year, Richard Ungerleider, chief of the Clinical Investigations Branch, said to a Nov. 6 meeting of cooperative group chairmen.

The fiscal 1999 funding plan, which Ungerleider said is still tentative, would use $3 million of the new funds to provide cost-of-living increases to the groups.

About $15 million would go to institutional affiliates to increase the payment for accrual on therapeutic studies to $1,500 per patient. The

remaining $5 million would go to statistical offices.

The affiliates and statistical offices represent "the most needy areas" in the group system, Ungerleider said. In contrast, holders of Community Clinical Oncology Program awards and U10 awards already receive a minimum of $1,500 per patient, he said.

"Some groups are not going to get much new money, while others will," he said.

NCI's analysis of the funding need was based on accrual and reimbursement data provided by the groups, Ungerleider said. He recommended that groups that have institutional U10 awards conduct "type 5 recalibrations" to check the data.

"This is a tentative plan and we invite comments," Ungerleider said.

The new funding begins a three- to four-year process of closing an estimated $70 million gap between the amount that peer reviewers say cooperative groups should receive and the amount the Institute actually provides, NCI officials have said (**The Cancer Letter**, Oct. 9).

NCI allocated $93.9 million to the cooperative groups in FY98.

NCI's "Good-Faith Commitment"

NCI Director Richard Klausner announced his intention to give the cooperative groups a 20 to 25 percent funding increase at a meeting of the Southwest Oncology Group late last month in San Antonio, TX (**The Cancer Letter**, Nov. 6).

In his remarks last week to the group chairmen, Klausner said the increase demonstrated the Institute's "commitment" to the groups. "A very high priority this year was to move to invest in the clinical trials system to fulfill the commitment the Institute has made to correct the historic under-funding of the clinical trials program," he said. "We can't do that all in one year, but we hope we will be able to fully correct that over the next few years, assuming we continue to experience good budgets."

The $23 million increase in the cooperative group allocation is separate from NCI funding for informatics initiatives and pilot projects for streamlining clinical trials, Klausner said. "That was part of the good-faith commitment we made" as part of the streamlining process, he said. "I hope eventually we get to the point where the good-faith commitments we make are taken as good-faith commitments."

The next step in reforming the clinical trials system is to put in place informatics and communications systems that will reduce the paperwork, moving to Web-based systems that make working with the cooperative groups easier, Klausner said. Building that system will be "unbelievably challenging" and will require cooperation between the groups and NCI, he said.

"As we move to do these things, it is incredibly important that we really, truly, truly, not just when we get together, not just when we all talk, but really agree that we are going to make this happen, that we are going to develop a functioning information and informatics infrastructure for this nation's cancer clinical trials system," Klausner said. "It has to happen. It isn't an issue of who's imposing it. We need to do this together.

"It's challenging. It's difficult. It's sociologically difficult. It may be technically difficult. It's psychologically difficult," Klausner said. "We must approach this collaboratively. We must agree to get it done. To not, at the end of it, have now instead of competing, incompatible paper-and-pencil systems, to have competing and incompatible electronic systems.

"I must put out a plea to the cooperative group chairs that we come to agreement about this, and commit ourselves to working together to pull that off," Klausner said. "Without that, the system is not going to be able to grow."

Reform Helps Earn Public Support

The recently concluded two-year effort by two NCI advisory committees to study the clinical trials system and develop a streamlining plan helped the Institute in discussions with Congress this year, Klausner said. "It is a fantastic thing for me to be able to go to the Administration, to Capitol Hill, and talk about this clinical trials system, which I do, and very enthusiastically," he said.

"The idea of improving this system is no different than the idea of improving every aspect of the National Cancer Program," Klausner said. "It's the attitude of reform that we all need to take, all of the time.

"For biomedical research to maintain its level of support from the public, we cannot be seen as a church," he said. "As a set of institutions—whether it's R01 type of research, or clinical trials, or cancer centers—it's incredibly important, not just for appearance, but that we really struggle with constantly looking at whether we are doing what we

do as well as we can.

"I think it's that attitude and atmosphere of questioning, of self-reform, that gives us credibility as individuals who take a scientific inquiry-based approach to medicine and public health."

However, the work to improve the clinical trials system should not be misinterpreted, Klausner said to the group chairmen. "I don't want you to confuse my statements and commitment to reform with any message that I am not very cognizant of the extraordinary value of what you do, what you built, what you have, and our commitment to it," he said.

Following Klausner's remarks, group chairmen reacted positively to the news of the funding increase. "It's certainly wonderful, the increase in appropriations," said Sharon Murphy, chairman of the Pediatric Oncology Group. "It's thrilling to hear that there will be some restoration to the cooperative group line."

"This is the best, incredibly positive report I've ever heard at a cooperative group chairs meeting, and I would like to thank you for your efforts to make that possible," Charles Coltman Jr., chairman of the Southwestern Oncology Group, said to Klausner.

"Gee, maybe we should adjourn and it would become a historic meeting," Klausner replied.

Funding Opportunities:
AACR Call For Proposals

AACR Research Fellowships

Deadline for receipt of applications: Jan. 15, 1999. Notification of selection: March 1999. First quarterly payment of award: July 1999.

American Association for Cancer Research will award six to 10 research fellowships in basic, clinical, translational, and prevention research to clinical and postdoctoral fellows working at institutions in the Americas. Some of these awards will be one year, $30,000 fellowships; others will be renewable for a second year at the same annual amount.

Fellowships support salary of the fellow; should an AACR fellow be appointed to a permanent faculty position, AACR may permit use of remaining AACR fellowship funds for research support.

Applications are encouraged from postdoctoral and clinical fellows at academic and not for profit institutions in the Americas. Each applicant must receive a strong nomination from a member of AACR. Applicants themselves must be members of, or submit application for membership in, AACR. Only one application may be submitted for an AACR research fellowship by each applicant per year.

Gertrude B. Elion Cancer Research Award

Deadline for receipt of applications: Dec. 15, 1998. Notification of selection: March 1999. First quarterly payment of award: July 1999.

AACR will award in 1999 the seventh annual Gertrude B. Elion Cancer Research Award. This prestigious award, sponsored by an educational grant from Glaxo Wellcome Oncology, provides a one year, $30,000 research award to an assistant professor at an academic or not for profit research institute in the U.S. or Canada working in any area of cancer research.

The selection committee will look most favorably upon applications demonstrating a candidate's independence, creativity, and promise in making progress against cancer. Although only one award is provided each year, the selection committee thoroughly evaluates all applications, and therefore all qualifying assistant professors are encouraged to apply.

AACR Career Development Awards

Deadline for receipt of applications: Jan. 15, 1999. Notification of selection: March 1999. First quarterly payment of award: July 1999.

These two-year career development awards are intended for junior faculty in the first or second year of a full time, tenure track appointment at the assistant professor level, who are conducting cancer research at an academic institution. These awards, which include an annual stipend of $50,000, will provide important transitional support for direct research expenses as researchers move from the ranks of young investigator to faculty status. The awards are not intended to replace or supplement the salary of the awardees. They are open to researchers from throughout the world.

The AACR-National Foundation for Cancer Research Career Development Award is limited to proposals for basic research related to all types of cancer. The AACR-Susan G. Komen Breast Cancer Foundation Career Development Award is limited to proposals for basic, clinical, or translational research related to breast cancer, including epidemiological and prevention studies.

For additional information, contact AACR, Public Ledger Building, Suite 826, 150 S. Independence Mall West, Philadelphia, PA 19106-3483, phone 215-440-9300, fax 215-440-9372, Email horst@aacr.org

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The Susan G. Komen Breast Cancer Foundation has announced establishment of a new competitive grant category, breast cancer imaging technology, The new program was made possible by a $500,000 matching grant from the Joseph Drown Foundation.

The Komen Foundation plans to fund additional research conducted in, but not limited to, the following areas of screening and diagnostic imaging: digital mammography using telemedicine, magnetic resonance

imaging, positron emission tomography, and ultrasound.

The foundation will offer researchers grants of up to $200,000 over a two-year period for breast cancer imaging technology studies. It will be open to all not for profit and educational institutions and organizations in the US and abroad. Research projects will be selected for funding through the Komen Foundation's peer review process.

For information, contact the foundation at 888-300-5582, or email grants@komen.org

Program Announcement

PA PAR-99-009

Title: **Bioengineering Research Grants**

NCI and 19 other participating institutes and centers of the National Institutes of Health invite applications for bioengineering research grants to support basic *bioengineering research* whose outcomes are likely to advance health or health related research within the mission of NIH. A BRG application should propose to apply basic bioengineering design directed or hypothesis driven research to an important medical or biological research area.

In parallel with this program announcement NIH is issuing a PA for bioengineering research partnerships (BRP). BRP applications differ from BRG applications in that they will be funded as R24 awards that support an interdisciplinary group of partners who work together applying an integrative, multidisciplinary, systems approach to a significant area of basic bioengineering research.

For further information and copies of the complete PA, contact Carol Dahl, PhD, NCI, Building 31 Room 11A03 MSC 2590, Bethesda, MD 20892-2590, phone 301-496-1550, fax 301-496-7807, email carol_dahl@nih.gov

In Brief:

ACS Foundation Elects President

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current issues in cancer. . . . **JOHN DIBIAGGIO**, president of Tufts Univ., has been elected president of the American Cancer Society Foundation Board of Trustees. The foundation is the capital gift and endowment arm of ACS. To date over $43 million has been raised to support cancer control programs since it was established in 1992. . . . **CANCER INSTITUTE** of New Jersey received a $20,000 grant from Amgen to support its hematology/oncology fellowship. It will be used by Joseph Eid, clinical instructor of medicine, for research on multidrug combinations in treating bladder cancer. . . . **R.W. FRANZ** Cancer Research Center at Providence Portland, OR, Medical Center, received a $480,000 grant from the M.J. Murdock Charitable Trust to help establish a centralized immunological monitoring laboratory. . . . **CANDICE BERGEN** received the 1998 Betty Ford Award for her portrayal of TV character Murphy Brown's battle with breast cancer. The award was presented by former First Lady **Betty Ford** at the Susan G. Komen Foundation's annual national awards luncheon. Other award recipients: **Edsel Ford II**, grandson of Henry Ford, and **Ann Kalass**, Southwest regional marketing manager of Ford Motor Co., received the Komen Award for National Philanthropy; **James McDowell**, vice president of marketing of BMW of North America Inc., Komen Award for Corporate Community Service; **Gilbert Friedell**, director emeritus of the Univ. of Kentucky Markey Cancer Center, the Komen Award for Individual Community Service; **Madeline Peerce**, CBS Television vice president, the Komen Award for National Media for the Murphy Brown storyline; **Jane Rodney**, director of the Breast Cancer Resource Center at YWCA Princeton, the Jill Ireland Award for Voluntarism; **Randi Martin**, WASH-FM Radio in Washington DC, the Komen Award for Local Media; and the Arkansas and Greater Cincinnati affiliates of the Komen Foundation, the Komen Affiliate Award. . . . **MEMORIAL SLOAN-KETTERING** Cancer Center awards, appointments: **Leslie Blumgart**, Hepitobiliary Service chief, received an honorary degree from the Univ. of Sheffield in England; **Jose Guillem**, Colorectal Service, was elected secretary of the American Society of Colon and Rectal Surgeons; and **Lawrence Rothenberg**, Imaging and Spectroscopic Physics Service, was elected to the National Council on Radiation Protection and Measurements. . . . **LANCE ARMSTRONG** Foundation awarded three-year, $50,000 a year grants to M.D. Anderson Cancer Center and Vanderbilt Univ. Medical Center for research in urologic cancer. Armstrong, a testicular cancer survivor and Olympic cyclist, established the foundation. **Steven Wolff**, director of bone marrow transplantation at Vanderbilt Univ., chairs the foundation's scientific advisory committee. . . . **LESLIE OLEKSOWICZ** was appointed associate professor of medicine and director of the Genitourinary Solid Tumor Program at Roswell Park Cancer Institute. She completed fellowships in hematology and medical oncology at Mount Sinai Medical Center, New York, following residency at Montefiore University Hospital.