

AOR And PRN, Two Largest Oncology Practice Management Firms, To Merge

After years of on and off discussions, American Oncology Resources Inc. (Nasdaq: AORI) of Houston and Physician Reliance Network Inc. (Nasdaq: PHYN) of Dallas said they have signed a definitive agreement to merge in a stock-for-stock transaction.

The merger creates a gigantic national entity in oncology:

—The new company will employ 714 physicians, including 566 medical oncologists, 87 radiation oncologists, and 61 physicians from other specialties.

—The resulting network will include 44 cancer centers and 306
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In Brief:

Jane Henney Sworn In As FDA Commissioner; Six Centers Retain Comprehensive Status

JANE HENNEY was sworn in as FDA commissioner earlier this week by Vice President **Al Gore**. At the White House ceremony Dec. 15, Henney said she was “committed to assuring that the FDA is a science-based public service organization.” She also quoted President Kennedy as once saying, “My experience in government is that when things are noncontroversial, beautifully coordinated and all the rest, it must be that there is not much going on.” She continued, “By his criteria, I’m sure there will always be a lot going on at the FDA.” Henney, the first woman to be FDA commissioner, succeeds **David Kessler**. Henney, an oncologist, served as Kessler’s deputy commissioner for operations from 1992 to 1994, when she left to become vice president of the University of New Mexico Health Sciences Center. She is a former deputy director of NCI. . . . **SIX CANCER CENTERS** reviewed last month retained their comprehensive designation from NCI: Arizona Cancer Center, Fred Hutchinson Cancer Research Center, Herbert Irving Comprehensive Cancer Center at Columbia University, San Antonio Cancer Institute, University of Texas M.D. Anderson Cancer Center, and Yale Cancer Center. NCI currently designates 35 cancer centers as comprehensive. . . **NATIONAL BREAST CANCER COALITION** received more than \$600,000 from the General Motors Concept:Cure Program, a collaboration between GM and the Council of Fashion Designers of America. The donation is the largest single corporate gift in NBCC’s history, the coalition said. . . . **SILICONE BREAST IMPLANTS** have not been shown to cause systemic disease, according to the report of a panel of four scientists appointed by **Judge Sam Pointer Jr.** of the Federal District
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AOR, PRN Stocks Downgraded After Merger Announcement

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sites of service located in 24 states.

—These centers will treat approximately 13% of all new cancer cases in the US.

—The company's annualized revenues will add up to \$868 million, income \$60 million, assets \$980 million, and enterprise value \$1.5 billion, the company said.

For years, industry observers and insiders said *AOR and PRN were akin to two pieces of a puzzle that awaited the right time to be snapped together, and, sources said, informal—and at times formal—discussions of a potential merger have been going on for years.*

PRN built its corporate stronghold in Texas, with the rest of the country contributing about a third of its revenues. By contrast, AOR has only three practices in two Texas cities. The two firms overlap in only three markets: Austin, San Antonio, and upstate New York, said O. Edwin French, president and chief operating officer of PRN, who will serve as COO of the new company.

Observers say the new company will face the crucial decision of adopting an informatics system that *would* allow it to measure outcomes and bid on oncology managed care contracts. French said the two *companies are* in early stages of putting in place

different informatics systems.

PRN uses the Medic Vision system produced by Medic Computer Systems Inc. of Raleigh, NC. AOR is co-developing customized oncology practice management software with Datamedic Corp. of Hauppauge, NY. The system is based on Datamedic's CHARTstation software.

The merger has not generated excitement on Wall Street. Following the Dec. 14 announcement, Merrill Lynch and Morgan Stanley Dean Witter downgraded the AOR stock.

Before the merger announcement, Merrill Lynch rated the company stock as "accumulate," and Morgan Stanley rated it as "outperform." Following the merger, both dropped the rating to "neutral."

Downgrading of stocks following a merger announcements usually means that analysts see no synergies through which the merger would create additional value for the new company. The rating drops because analysts recognize the risk that integration of the companies may not go smoothly.

PRN and AOR share prices fluctuated slightly over two days following the announcement.

Cool reception notwithstanding, management of the new company said the merger creates a more efficient company that would have greater opportunities to engage in research and improve the quality of care and the bottom line:

"Together, we will have the critical mass needed to optimize our strategic initiatives which include outpatient cancer center development, clinical research activities and disease management partnership programs," said R. Dale Ross, chairman and CEO of AOR, who will be the chairman and CEO of the combined company.

"Both companies have demonstrated an ability to identify and successfully affiliate with premier oncologists, bringing increased value to their existing networks while achieving strong same-market performance," Ross said in a statement.

"The combination of the two organizations is a natural extension of both companies' growth strategies," said John Casey, the chairman and CEO of PRN, who will become a member of the new company's board of directors. "The new company's expertise in operating outpatient cancer centers and conducting clinical research will allow us to continue to attract and recruit high-quality physicians and employees. The 714 physicians brought together in this combination consist of some of the most influential clinicians and scientists within the

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Founded Dec. 21, 1973 by Jerry D. Boyd

oncology specialty.

"The merger creates opportunities for the most cost-efficient delivery system that will benefit our payers, patients, as well as our shareholders," Casey said in a statement.

PRN founder, oncologist Merrick Reese, will play no role in managing the new company. Three months ago, Reese resigned from the PRN board. Several days ago, Reese also retired from his position as president and CEO of Texas Oncology Professional Association, a unit of PRN that runs its medical services within Texas. He has since been replaced by Fred Ekery, an El Paso oncologist.

In an interview, Reese said he plans to remain in the new company as a physician, advisor, and a stockholder. "The merger is in the very best interests of our physicians, shareholders and, ultimately, to the benefit of the most important party—our patients," Reese said to **The Cancer Letter**. "The greatest opportunity afforded by this consolidation will be the contribution that can now be made through our combined clinical research efforts and the creation of new knowledge through our shared information."

Following the completion of the merger, the new company's board of directors, will consist of seven members from AOR and seven from PRN. In addition to chairman and CEO Ross and COO French, the management team will include Lloyd Everson, president; COO; L. Fred Pounds, CFO; David Chernow, chief development officer; and Leo Sands, chief compliance officer; Joseph Bailes, executive vice president.

Bailes also serves as president-elect of the American Society of Clinical Oncology.

Under the merger agreement, which was *unanimously approved* by the boards of both companies, holders of PRN common stock will receive a fixed ratio of 0.94 shares of common stock of AOR for each PRN share held, the companies said. As a result, AOR and PRN shareholders will each own approximately 50% of the combined company, which will be headquartered in Houston.

Based on AOR closing price on Dec. 11, the transaction is valued at approximately \$715 million, including the assumption of approximately \$60 million of debt.

The companies said the transaction is expected to be accounted for as a pooling of interests and to be treated as a tax-free exchange, the companies said. Closing of the transaction is anticipated in the second

quarter of 1999, subject to shareholder approval of both companies, appropriate governmental approval and other customary conditions.

In connection with the merger agreement, AOR and PRN mutually have granted each other an option to purchase up to 10.1% of the other's common stock, exercisable under certain circumstances. If the merger is terminated by either company, AOR and PRN have agreed that, in certain circumstances, a cash termination fee will be paid, the companies said.

Alex Brown Inc. acted as financial advisor to AOR, and Goldman, Sachs & Co. acted as financial advisor to PRN.

NCI Programs:

NCI Plans To Expand Training, Career Development Awards

NCI has begun to expand its training and career development programs, create new training grants, and organize its training programs into "tracks" for basic research, clinical research, and prevention and control research.

The changes are being made in response to recommendations of external advisory groups that reviewed the Institutes programs in cancer control, prevention, and clinical trials. The National Cancer Advisory Board approved the plans at its meeting last September, and the plan was reviewed by the NCI Board of Scientific Advisors earlier this year.

Implementing the changes would cost an estimated \$120 million over the next five years, said Brian Kimes, director of the NCI Centers, Training and Resources Program. The cost for fiscal 1999 is estimated at \$20 to \$30 million.

Fundamental to NCI's plan is the creation of a new award, called a K22 transition award, that will provide support for new investigators to begin independent research programs, Kimes said.

"You can apply in the last year of a mentored award, without having an institutional affiliation, then take the letter of commitment from NCI that we will fund your research and look for a job," Kimes said to **The Cancer Letter**. "People with those awards will be in demand."

The K22 will be an investigator-initiated grant for MD's going into basic research or clinical research, and for population scientists.

NCI's plans for the award are awaiting approval by NIH. A major issue that remains to be resolved is whether an individual would be allowed to receive

concurrent salary support from both a career award and a regular R01 grant.

NIH does not allow concurrent support of salary from a K award and any other Public Health Service grant. If an investigator were to receive an R01 grant while having K22 support, NCI proposes to transfer the K22 salary support to the R01, Kimes said.

The issue for NIH is indirect costs. K awards receive only 8 percent indirect costs, while other grants get the indirect cost established by the awardee's institution.

NCI is willing to pay the difference in shifting the K22 salary to an R01, Kimes said. "We have evidence that this K award policy has caused people not to pursue support from R01s," he said.

NCI also proposed a new use for the R25 education grant to help institutions establish multidisciplinary training programs and curricula. This would be used primarily in prevention and control, behavioral and population sciences, but could be used in any emerging field, Kimes said.

The R25 would provide support for the principal investigator to establish and coordinate the training program, support other faculty in development of a curriculum, and support trainees. Trainees would have more than one mentor, would learn to conduct research in a team setting, and would emerge with a broad understanding of several fields.

"We want to make sure there is a program that provides multidisciplinary training to an individual; none of the training grants we have serve that purpose adequately," Kimes said.

NCI tested the new use of the R25 in an RFA. *This would be issued as a Program Announcement*, Kimes said.

Another award that would become investigator-initiated is the K12, an institutional grant for postdoctoral training of clinical scientists.

Four Career Tracks

Under the NCI plan, there will be four tracks that would provide a continuum of research support:

—**Basic research track**, primarily for scientists with Ph.D. degrees. Scientists would begin with a National Research Service Award (T32 institutional awards or F32 postdoctoral individual awards). Approximately 1,600 NRSA positions would be available. Scientists would then apply for the Howard Temin Award to bridge the postdoctoral and junior faculty stages. NCI anticipates increasing the number of Temin Awards.

—**Basic research track for MDs**. Physicians who may not wish to complete their formal clinical training can apply for the K08, an individual mentored award. In the last year of the K08, they would be eligible to apply for the proposed new K22 while they are developing an independent research program.

—**Clinical research track for MDs**. Support for clinical researchers would begin with the K12 institutional clinical oncology program award or the K23 individual mentored clinical scientist award, and move on to the proposed K22 transition award to stabilize salary while developing an independent research program. Established clinical investigators can apply for the K24 award for protected time to participate in research and serve as a mentor for training, and for the K30 clinical infrastructure award.

—**Prevention, control, behavioral, and population science track**. This career track would be similar to that of clinical sciences. Individuals would begin with the R25 institutional cancer education and training award or the K07 individual mentored award, and then move on to apply for a K22.

NCI also has reorganized its awards programs for underserved minorities to provide a continuum of opportunities from high school through the establishment of an independent research program. The new program is called the Continuing Umbrella of Research Experience for Underserved Minorities, or CURE. The program brings together several separate awards programs.

The new program will provide supplemental funding to existing grant mechanisms including Cancer Center Support Grants, research project grants (R01s and P01s), clinical oncology institutional grants (K12s), and population science training grants (R25s). It will also include transition awards (K22s).

NCI plans to track underserved minorities involved in these programs intensively, Kimes said. "Because of the continued higher incidence and mortality in underserved populations, there is a great need for scientists who are not only well-trained but culturally sensitive," he said.

The Institute also plans to create a translational research career award (K01), designed to enable established investigators to participate in translational cancer research. The award could be used by basic scientists to redirect their research

toward translational objectives, by a team of scientists to recruit specialized expertise, or for individuals to gain new research experience needed for future translational research objectives.

Included in the changes that are to take place under the Institute's "Strategic Plan for Research Training and Career Development" are the following:

—National Research Service Awards will be administered more flexibly, to extend support beyond the three years specified in the NRSA legislation. NCI can extend awards administratively.

—Most training grants will be administered as investigator-initiated awards using Program Announcements rather than Requests for Applications, which involve set-aside funds. RFAs are less flexible in terms of funding and application cycles and do not allow for revised applications.

—Salary levels for all career awards will be made consistent and more realistic. Upper limits for salaries on K awards will eventually be increased from \$50,000 to \$75,000.

In another development, Elizabeth Begg has been appointed chief of the NCI Cancer Training Branch. Begg holds Dr.P.H. and R.N. degrees. She began her career as an oncology nurse, worked in clinical research with the National Surgical Adjuvant Breast and Bowel Project, and then worked as an epidemiologist studying the etiology of cervical cancer and breast cancer. She has been involved in the Oncology Nursing Society. Begg spent the past several years at institutions in the Pittsburgh area.

Begg succeeds Vincent Cairoli, who retired earlier this year.

Professional Societies:

ASCO Develops Curriculum On Cancer Genetics, Risk

The American Society of Clinical Oncology has developed the first comprehensive cancer genetics curriculum for medical professionals and their students, the society said last week.

The courses formalize training for health professionals on how to understand, assess, and manage their patients' familial cancer risks.

"ASCO's cancer genetics curriculum is a ground-breaking endeavor," said John Durant, executive vice president of ASCO. "Up until this point, there has been no formal educational tool for teaching cancer genetics, and health care professionals who wanted training in cancer genetics

and cancer predisposition testing were at a loss as to where to turn. This comprehensive curriculum provides a solid foundation on which to base formal cancer genetics education programs."

Intended for use by medical libraries, hospitals, teaching institutions, and individual health care professionals, the curriculum consists of two three-inch volumes of educational materials and more than 300 color slides which are also available on CD-ROM. Categories of course instruction include basic genetics, clinical laboratory methods, risk assessment, genetic testing, issues in genetic testing, and hereditary cancers.

Barbara Weber served as editor of the cancer genetics curriculum and Olufunmilayo Olopade oversaw its development.

To order a copy of the curriculum, contact Rich Harrington, phone 617-739-8909, or visit the ASCO website at <http://www.asco.org>

The Cancer Letter Marks 25th Year Of Publication

This issue of **The Cancer Letter**, Vol. 24, No. 48, is the final issue for 1998.

It also marks the 25th year of publication of the newsletter. The first issue of what was then called **The Cancer Newsletter** was published Dec. 21, 1973. The newsletter's name was changed in 1975, and the volume number reverted to Vol. 1.

The Cancer Letter Inc. also publishes **The Clinical Cancer Letter**, a monthly newsletter covering cancer treatment news, begun in 1977. **The Cancer Letter** added a monthly business section, **Cancer Economics**, in 1986.

The Cancer Letter Interactive, an electronic edition, became available last month.

As 1998 comes to a close, the editors send our subscribers best wishes for the holiday season and new year. The next issue, Vol. 25, No. 1, will be dated Jan. 8, 1999.

Funding Opportunities:

RFP: AACI Seeks Applicants For Administrative Operations

The Association of American Cancer Institutes seeks to hire an administrator for a five-year period.

Proposals are invited from any AACI institution and from other associations or agencies with expertise related to cancer care and research. Proposals are due Feb. 12.

The AACI Board will review and evaluate

performance on a yearly basis.

AACI Executive Director Qualifications: Strong marketing communications background. Experienced public relations professional with significant experience in designing and implementing marketing plans. Excellent written and oral communications. Experience with administering large organizations and interfacing with key individuals in multiple institutions. Budget preparation and budget control experience. Moves easily between clinical settings, governmental affairs, advocates and patients. Possesses science background to evaluate various reports and communications. Passionate about working in cancer arena. Patient-centered. Believes personal, political involvement is a must. High-energy personality.

Responsibilities: Works closely with AACI President and Board of Directors to initiate and execute action plans (i.e. weekly/monthly updates as appropriate). Must have the ability to travel to President's facility on a monthly basis or as necessary. Responsible for arranging periodic meetings and conference calls among board members and appointed committees. Communicates pertinent information to members on a regular and timely basis (i.e. e-mail, phone calls, fax, etc.). Helps to achieve national visibility as leader on cancer-related policy issues by representing AACI in governmental affairs at all levels (i.e. spokesperson in Washington with at least monthly visits). Forms strategic alliances with other organizations as appropriate (i.e. AACR, ASCO, etc. Attend pertinent meetings 2-3/yr). Works with advocate groups to accomplish mutual goals (i.e. NCCS, NBCC, etc.). Assists in convening and directing committee activities (i.e. legislative, advocacy, marketing communications, etc.). Serves as spokesperson for AACI members (i.e. market power contact). Develops high level of familiarity with each member institution for the purpose of testifying in Congress, showcasing programs and involving in appropriate activities. Attends Cancer Center public relations staff and administrator meetings to raise awareness of AACI and developing center contacts (4/yr). Develops marketing materials to explain AACI's mission and vision to potential members, associate groups and the importance of Centers to our patients. Organizes (with President and Board) annual meeting, program agenda, etc. (yearly). Manages a budget as determined by the President and Board of Directors. Actively solicits members, handles membership applications.

Facility Requirements: Office with usual amenities. Communication devices: telephone, copier, fax, computing network. Administrative support (at least 20 hours/week). Conference, meeting room availability.

RFP Process: Submit a 5 -7 page bid to cover: Proposed yearly budget for executive director and administrative support as detailed under facility requirements. Capabilities and relevant experience of proposing institution. Qualifications of proposed executive director including resume. Proposed plan to

meet objectives of the AACI.

Criteria for Selection: 1. Qualifications and ability of your candidate to meet responsibilities required. 2. How well your facilities meet the described requirements. 3. The cost-effectiveness of your proposal. A successful bid will also include a description of your institution's services, organization and structure.

Inquiries: Max Wicha, President AACI, University of Michigan Comprehensive Cancer Center, CGC 6392/ Box 0942, Ann Arbor, MI 48109-0936, phone 734-936-1831 or fax 734-647-9654, email mwicha@umich.edu

NCI RFA Available

RFA CA-98-029: Transdisciplinary Tobacco Use Research Centers

Letter of Intent Receipt Date: March 5, 1999

Application Receipt Date: April 12, 1999

NCI and the National Institute on Drug Abuse invite grant applications (P50) for a Specialized Program of Research Excellence in tobacco use research. The intent of this initiative is to provide support for the creation of transdisciplinary tobacco use research centers (TTURCs). Increasingly, tobacco control and addiction research must rely upon scientists with expertise in diverse areas ranging from molecular biology, genetics, neuroscience and epidemiology to imaging, primary care, behavioral science, communication, health policy, economics and marketing.

TTURCs will be at institutions that have made or will make a strong institutional commitment to the organization and conduct of these transdisciplinary programs. A TTURC may facilitate a transdisciplinary approach to the full spectrum of basic and applied research on tobacco use, including: initiation of tobacco use (including the impact of advertising and marketing), prevention of tobacco use, addiction to tobacco, treatment of tobacco use, the identification of biomarkers of tobacco exposure, and the identification of genes related both to addiction and susceptibility to harm from tobacco. A TTURC must provide career development opportunities for new and established investigators who wish to pursue active research careers in transdisciplinary tobacco use research; provide developmental funds for innovative pilot projects; and participate with other TTURCs on a regular basis to share information, assess scientific progress in the field, identify new research opportunities, and promote inter-TTURC collaborations to promote discovery and to resolve areas of scientific controversy. The centers also are encouraged to form partnerships with industry, e.g., medication development. Collaborations with NIH intramural programs also are encouraged. In addition, collaborations also should be considered with universities, public health agencies, and other organizations that have strong ties to minority communities with high smoking rates. Each TTURC and the "network" of TTURCs are

expected to conduct research that will lead to major scientific advances in knowledge about tobacco use and its prevention and treatment. A TTURC should support a transdisciplinary group of scientists, and the translational nature of the research should inform public health efforts to reduce the disease burden of tobacco use.

Inquiries: Jaylan Turkan, Ph.D., Behavioral Sciences Research Branch, National Institute on Drug Abuse, 5600 Fishers Ln Room 10A-20, Rockville, MD 20857; phone 301-443-1263, fax 301-594-6043, email: jaylan@nih.gov

Glen Morgan, Ph.D., Division of Cancer Control and Population Sciences, NCI, 6130 Executive Blvd Room 241-MSB 7337, Rockville, MD 20852; phone 301-496-8584, fax 301-496-8675, email: gmorgan@nih.gov

SmithKline Beecham Invites Abstracts For Fellows Forums

Oncology fellows are invited to submit abstracts for presentation at two Oncology Fellows Forums scheduled for February and March and funded through an educational grant from SmithKline Beecham Oncology.

The meetings will enable new medical and gynecologic oncology practitioners to participate in an interactive scientific forum moderated by oncology faculty.

The gynecologic oncology forum is scheduled for Feb. 26-28; deadline for submissions is Dec. 28.

The medical oncology forum is scheduled for March 12-14; deadline for submissions is Jan. 6.

Fellows may submit one of the following:

—Basic science or clinical research findings applicable to medical or gynecologic oncology.

—Case studies that illustrate unusual presentations of common oncologic cases or rare oncologic conditions which demonstrate important diagnostic, therapeutic, or teaching points.

Inquiries: John Romankiewicz, phone 973-376-5655.

In Brief:

Ingram Fund Gives Stock Worth \$300M To Vanderbilt

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Court in Birmingham, AL. The report is available on the web at <http://www.fjc.gov/BREIMLIT/md1926.htm>. The scientists on the panel were **Nancy Kerkvliet**, of Oregon State University; **Betty Diamond**, of Albert Einstein College of Medicine; **Barbara Hulka**, of University of North Carolina,

Chapel Hill; and **Peter Tugwell**, of University of Ottawa. . . . **ONE VACANT SEAT** remains on the National Cancer Advisory Board. The White House last week made six appointments to the board to replace members whose terms expired (**The Cancer Letter**, Dec. 11). However, an additional vacancy was created when **Barbara Rimer** resigned as board chairman upon her appointment as director of the NCI Division of Cancer Control and Population Science. NCI submitted seven nominations to the White House, sources said. . . . **VANDERBILT UNIVERSITY** said the Ingram Charitable Fund, created by the Ingram family of Nashville, TN, has received 20 million shares of stock in Ingram Micro Inc., from Martha R. Ingram. The charter of the Ingram Charitable Fund dedicates at least 40 percent of its income and assets over the life of the Fund for the support of Vanderbilt University, with the result that Vanderbilt's interest is currently valued at more than \$300 million based on recent market price. The gift will support Vanderbilt's programs in teaching, research, health care, public service and athletics. Specific designations for the gift were not announced. . . . **GEORGE WEINER**, University of Iowa associate professor of internal medicine, has been named director of the UI Cancer Center, following a nationwide search. Weiner has served as the center's interim director since Aug. 1. A UI faculty member since 1989, Weiner had served as deputy director of the cancer center prior to becoming interim director. He is the hematology/oncology subspecialty chair for the Central Society for Clinical Research, and is a member of the NIH Experimental Therapeutics II study section. . . . **HSING-JIEN KUNG** was appointed professor of biological chemistry, deputy director of the University of California, Davis, Cancer Center, and director of basic science. Kung was the Goodman-Blum professor in cancer research and associate director of the cancer center at Case Western Reserve University, Cleveland. Kung's appointment "is the latest in a series of efforts by the medical center to build a nationally recognized cancer research program at the UC Davis Cancer Center," the university said in a statement. The center's goal is to win NCI comprehensive cancer center designation within five years, the statement said. . . . **BARUCH BLUMBERG**, a Distinguished Scientist at Fox Chase Cancer Center, received the John Scott Award for outstanding contributions to the advancement of science and medicine. The award, a copper medal

and \$10,000 prize, is conferred by the Philadelphia Board of Directors of City Trusts. Blumberg received the Nobel Prize in 1976 for his 1967 discovery of the hepatitis B virus. . . . **CURE FOR LYMPHOMA** Foundation honored two leaders in cancer advocacy and research. Foundation President **Jerry Freundlich** presented a "Together Award" to **Ellen Stovall**, executive director, National Coalition for Cancer Survivorship, for outstanding leadership and advocacy on behalf of cancer survivors. **Mortimer Lacher**, consultant to the Department of Medicine, Memorial Sloan-Kettering Cancer Center, received the "Key to the Cure Award" for dedication to lymphoma research and survivorship issues. . . . **RICHARD FISHER** has joined the Cure for Lymphoma Foundation Scientific Advisory Board. Fisher is director of the Cardinal Bernardin Cancer Center and the Division of Hematology/Oncology at Loyola University Medical Center. . . . **ILENE PENN** has joined the Cure for Lymphoma Foundation as associate executive director. Penn was a senior associate at Podesta Associates, a public policy firm in Washington, DC. . . . **CRAIG THOMPSON** has been named first scientific director at the Leonard and Madlyn Abramson Family Cancer Research Institute at the University of Pennsylvania Cancer Center, effective early in 1999. He is director of the Gwen Knapp Center for Lupus and Immunology Research and professor of medicine and of molecular genetics and cell biology at the University of Chicago. . . . **VIRGINIA OPIPARE** was named senior vice president for administration and finance of Roswell Park Cancer Institute. Most recently she served as administrator of the University of Texas Medical Branch Hospitals and as chief operating officer of the UTMB in Galveston. . . . **ALBERT DE LA CHAPELLE** received Fox Chase Cancer Center's 10th Wick R. Williams Memorial Award "in recognition of his international studies on the genetics of human disease, especially non-polyposis colon cancer." Chapelle is director of the division of human cancer genetics at Ohio State University. . . . **MICHAEL TOROSIAN** joined Fox Chase Cancer Center's department of surgical oncology as an attending surgeon and clinical director of breast-surgery research. Since 1986 he had been an attending surgeon at the Hospital of the University of Pennsylvania. . . . **AMERICAN COLLEGE OF RADIOLOGY** and the Joint Commission on Accreditation of Healthcare Organizations

announced the signing of a cooperative agreement that will reduce duplicative onsite evaluations of radiation oncology programs. Under the agreement, the Commission will accept ACR accreditation decisions for radiation oncology programs that are part of health plans or integrated delivery networks seeking accreditation under the Commission's Network Accreditation program. It is anticipated that Commission recognition of ACR-accredited radiation oncology programs will be expanded to include all Joint Commission accreditation programs during the year. . . . **GARDEN STATE** Cancer Center in Belleville, NJ, awarded the second Immunomedics Science Award jointly to **David Goodwin**, professor of radiology, Stanford University School of Medicine, and **Claude Meares**, chairman of the Department of Chemistry, University of California, Davis, at the Seventh Conference on Radioimmuno-detection and Radioimmunotherapy of Cancer. The team was recognized for their work on covalent attachment of bifunctional chelates to biomolecules and their use as probes in biological systems and pretargeting strategies for cancer diagnosis and therapy. . . . **CANCER INSTITUTE** of New Jersey will present the 1998 Award of Hope to **Jane Rodney**, breast cancer survivor and advocate, at its December gala. Rodney is director of the Breast Cancer Research Center of the Princeton YWCA and chairman of the Susan G. Komen Foundation New Jersey Race for the Cure. . . . **ONCOLOGY NURSING FOUNDATION** has begun its first capital campaign. The campaign's goal is to raise \$8 million over the next five years to establish the Center for Leadership, Information and Research. Chairman of the campaign is **Helene Brown**, director of community applications of research at Jonsson Comprehensive Cancer Center at UCLA. . . . **STEVEN DUBINETT** received a \$1.35 million, five-year award from the Department of Veterans Affairs to lead a team in investigating new gene-based cancer treatments. The team plans to develop treatments for lung, pancreatic and thyroid cancers, as well as therapies for multiple myeloma. Dubinett plans to form a Cancer Gene Medicine Program to promote collaboration among scientists at UCLA's Jonsson Cancer Center and the VA Greater Los Angeles Healthcare Center. . . . **COLD SPRING HARBOR LABORATORY** established a School of Biological Sciences offering a Ph.D. program. Ph.D. candidates will be enrolled beginning September 1999.