THE CANCER LETTER INTERACTIVE

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Hearing Probes CDC On Cancer Treatment For Working Poor In Screening Program

Welcome to Oncopolitical Theater. In this episode, the players gather in a hearing room of Rayburn House Office Building to discuss a bill that aims to correct a paradox in the U.S. health care system:

The Centers for Disease Control and Prevention pays for breast and cervical cancer screening of low-income women. However, if cancers are found, women who have no insurance and don't qualify for Medicaid are not assured treatment.

Legislation pending in the House and Senate seeks to give additional money to state-run Medicaid programs to cover the care for these women.

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In Brief:

Pazdur To Direct FDA Oncology Division; Ganz Awarded ACS Clinical Professorship

RICHARD PAZDUR has been appointed director of the FDA Division of Oncology Products, effective Sept. 26. Pazdur has been a faculty member at the University of Texas M.D. Anderson Cancer Center for almost 12 years, most recently as professor of medicine in the Division of Medicine and director of the division's educational programs. Pazdur is board certified in internal medicine and oncology. He served for five years as the Associate Director of the Clinical Trials Administration at M.D. Anderson, has been principal investigator on numerous trials, and has been a consultant to FDA. Pazdur received a B.A. from Northwestern University and an M.D. from Loyola Stritch School of Medicine. He trained in internal medicine at Loyola University, and in oncology at Rush Presbyterian-St. Luke's Medical Center, with hematology/oncology training at University of Chicago Medical Center. Pazdur succeeds **Robert Delap**, who directed the oncology division from 1995 to 1998. Delap was promoted to deputy director in the agency's Office of Drug Evaluation V last spring (**The Cancer Letter**, May 29, 1998). **Robert Justice**, deputy director of the division, has served as acting division director since Delap's promotion. **Julie Beitz**, medical team leader, has served as acting deputy director. In the division director's position, Pazdur will report to **Robert Temple**, director of the Office of Drug Evaluation I, and **Rachel Behrman**, deputy director of ODEI. . . . **PATRICIA GANZ**, director of cancer prevention and control research at the Jonsson Cancer Center at University of California, Los Angeles, was awarded an American Cancer Society Clinical Research Professorship. Ganz conducts research on

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Waxman's Lament: "So, What Are We Arguing About?"

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"This is not a large bill," said Rep. Anna Eshoo (D-CA), a co-sponsor of the bill (H.R. 1070) at a hearing July 21. "This is not a bill that's directed toward curing breast and cervical cancer. It doesn't make a gigantic promise to people across the country. I do think that within that context, we need to develop the political will to get this done."

Not so fast! The traditions of oncopolitics require that before anything gets done, all players engage in ferocious wrangling over turf and data.

The first step is to find a brave soul willing to deny that the problem exists—or at least to obfuscate its existence:

"The most current program data indicate that 92 percent of the women diagnosed with breast or cervical cancer have initiated treatment," said Nancy Lee, director of the CDC Division of Cancer Prevention and Control, testifying before the subcommittee.

"The remaining 8 percent refused the treatment, have not yet initiated it, or are lost to follow-up," she said. "For women diagnosed with breast cancer, data show a median of eight days between the cancer diagnosis and initiation of the treatment."

This seemingly neutral bureaucratic statement proved to be a gold mine for members of the Subcommittee on Health and Environment of the House Committee on Commerce.

Do the women who *initiated* treatment complete it? Is the treatment delayed while health officials scramble to provide care? Is the care appropriate?

"We know that 92 percent have initiated treatment; that's all we know," said Lee, responding to a question from Rep. Michael Bilirakis (R-FL), chairman of the subcommittee and a supporter of the bill. "We don't know if it's a full course, [but] they have initiated treatment."

As Bilirakis persisted, Lee responded with a something of primer in elementary statistics and data collection:

"We have information on every woman's diagnosis. Date of diagnosis. Date when treatment initiated. The median is eight days, and there are women in our data set whose treatment was initiated over a year later. They are what we call in statistics, sort of, the end of the curve."

"The median—half of the women—receive their treatment initiation within eight days. That's what 'median' means. But there are women who are very far out. There aren't many of them, or the median wouldn't be eight."

BILIRAKIS: "Well, why are they far out?"

LEE: "For a whole variety of reasons, and we don't have the information in our data set as to why they are far out… I do have a plane to catch to San Diego."

BILIRAKIS: "At what time?"

LEE: "At three-something. And I have a conference call before then."

BILIRAKIS: "We have to vacate this room before two o'clock."

LEE: "Well, everybody is going to eat lunch, too; right?"

The time was just shy of 11 a.m., and Lee's ordeal was to continue for nearly another hour.

The committee's lack of sympathy for CDC could be attributed to heavy lobbying by the National Breast Cancer Coalition, a Washington-based patient advocacy group that made the CDC bill its top legislative priority. In the Senate, the bill is estimated to cost about $315 million over five years. The measure has not been scored in the House.

This is the coalition's third attempt in as many years to push through the legislation. The measure has 263 co-sponsors in the House and 41 in the Senate. On the Health and the Environment

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Subcommittee, the bill has the support of 25 of the 30 members.

Facing a barrage of questions from the panel, Lee acknowledged that the necessity to line up care stresses the screening program.

The program screens only 12 to 15 percent of the eligible population, which means that about 11 million women don't take advantage of breast and cervical screening, Lee said.

"Although states are currently meeting their commitment to help women access treatment, programs have told us of concerns regarding their ability to expand screening services to more women, because the systems for obtaining care and treatment are becoming overburdened," Lee said at the hearing.

"As long as the numbers of cancers diagnosed through the program remain at their current level, the burden should not be too great," she said. "However, increased screening, which is our goal, is accompanied by increased numbers of cancers diagnosed, and many physicians who contract with programs are concerned about bringing more uninsured patients into their care."

This statement, too, proved to be a gold mine for the panel:

"The fact of the matter is that only 15 percent of eligible women are getting screened," said Rep. Henry Waxman (D-CA), a supporter of the bill. "Maybe it's because they don't have assurance that they would have treatment available; and maybe it's because a lot of resources that could be used for screening have been diverted to try to [find] care. Are those factors important?"

LEE: "I think the main factor is the level of our current resources [$158 million during the current fiscal year] that we have to give out to states don't allow more women to get screened."

WAXMAN: "What percentage of the money has to be used to seek out treatment?"

LEE: "We have never quantified that. I can tell you that additional funds we have allocated for case management will augment some case management funds that are there."

WAXMAN: "[Finding] treatment services diverts resources from the program."

LEE: "That's true. We have not quantified what proportion; how much that is, though."

WAXMAN: "And the lack of treatment services negatively affects the recruitment."

LEE: "True."

WAXMAN: "So what are we arguing about?"

Proponents vs. The "Undecided"

The debates at the hearing were marked by a striking absence of *opponents* of the measure. Instead, proponents of the measure crossed swords with the undecided.

The latter camp includes the Administration and the Susan G. Komen Breast Cancer Foundation.

"The only information I have from the Administration is what the CDC testified to this morning," NBCC president Fran Visco said at the hearing. Visco said the coalition is seeking White House endorsement of the measure. "We have had discussions with them, but we don't have an answer," she said. "If the Administration refuses to endorse this bill, NBCC will take it to task. They will hear from members of NBCC."

The position described by the Komen Foundation required textual analysis.

"Contrary to some accounts we have heard, the Komen Foundation is not opposed to this legislation," Susan Braun, president and CEO of the Dallas-based group, said in her written testimony. "We are concerned, however, that any treatment initiative provides a comprehensive and effective solution and reaches those most in need of assistance."

This claim of neutrality notwithstanding, Rep. Rick Lazio (R-NY), the original sponsor of the bill, said his reading of Braun's testimony points to opposition to the measure.

"I am, quite frankly, disappointed in the testimony of the Komen Foundation," Lazio said. "At my request, my staff reached out to them months ago to discuss this legislation and any concerns they may have about the bill. Despite this invitation, they did not bring any concerns to me or my staff, until yesterday, when I read their testimony. Please, don't get me wrong, I am a strong supporter of the Race for the Cure, and I enjoy working closely with Priscilla and Sen. [Connie] Mack [(R-FL)]. But I wanted to register my disappointment over the lack of Komen Foundation's response to my request months ago."

Eshoo, too, said she was having difficulty interpreting Braun's testimony. "I have a difficult time connecting the dots," she said at the hearing.

Indeed, a reading of the Komen testimony submitted for the record is more consistent with opposition than no position on the part of the foundation:

—Komen advocates framing the problem beyond the boundaries of the CDC screening program. "Insured women who have lost their

coverage or have reached a lifetime maximum, particularly those being treated for a recurrence of their breast cancer can be in need," Braun said in her submitted remarks.

—"Need" can be defined as a need for bone marrow transplantation and other experimental procedures. "Women with healthcare coverage, but with a policy that excludes some forms of treatment may also be in need," Braun said.

—Braun said that a study by Komen concurs with the findings by CDC that "treatment was initiated for the vast majority of women" diagnosed through the program. "While imperfect and needing further resources, the system has been providing treatment for most women who need and want it," Braun said.

—Braun's testimony points to a preference for a private sector solution to the problem. "Eight states have legislated breast cancer treatment funds, and local programs also exist," Braun said. "Pro-bono care is provided in many communities. In the case of failure of these funding options, federal assistance may be required."

—Medicaid may be an inappropriate program for addressing the problem, Braun said, citing variability in state Medicaid benefits. "Medicaid participation is optional in the proposed bill," she said. "States with limited funds in their Medicaid programs may be reluctant to cover care for people who would otherwise be ineligible."

Unlike Braun, NBCC's Visco said the problem can be framed narrowly and solved through Medicaid.

"We are not asking you to put every woman who doesn't have insurance on Medicaid," Visco said at the hearing. "We are asking you to enact legislation that completes an existing program. We are asking that women diagnosed through the CDC program be made Medicaid-eligible at the same rate that they have to be eligible to get into the program. If they are eligible for screening, they should be eligible for Medicaid treatment."

If the screening bill is signed into law, NBCC will have to mobilize its grassroots constituencies to force state legislatures to take part in the Medicaid program. While CDC admits to having no data beyond "initiation" of treatment, NBCC has put together a horrifying armamentarium of anecdotal evidence. These include the testimony of Carolyn Tapp, president of Women of Color, a Los Angeles-based support group of about 120 women.

"Some of the women I know took six months to actually start their treatment," Tapp said at the hearing. "I know one woman who was diagnosed; she passed away the very next day after she found out she qualified for treatment. I know women who have used a balloon with water as a prosthesis.

"I know that I loaned many women some of my medication. It costs hundreds of dollars, and they couldn't afford to buy it. So we share."

Physicians, too, have stories to contribute.

"The patients who come through the [CDC program] are six months to a year out when they come to see me," Stanley Klausner, a Long Island breast cancer surgeon, said at the hearing. "Sometimes the referral slip is yellow."

Subcommittee Postpones Markup Of HHS Funding Bill

The House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies earlier this week postponed work on a fiscal year 2000 funding bill that would have included NIH appropriations.

The markup of the appropriations bill was to have taken place July 21. There was no indication when legislators planned to take up the bill.

Subcommittee Chairman John Porter (R-IL) has said that drafting a bill would be pointless because the budget allocation for the subcommittee is $11 billion below last year's appropriation (**The Cancer Letter**, July 9).

Dave Kohn, a spokesman for Porter, said the subcommittee was planning to draft a bill that would have funded the departments at the same level as the current fiscal year by obtaining offsets for spending. Thus, the bill would not have exceeded the caps put in place by the Balanced Budget Act. "The offsets have not materialized," Kohn said to **The Cancer Letter**. "We are in a hold pattern waiting to see if the offsets can be obtained, and if not, funding decisions would be made in the fall."

The appropriation for NIH would have been about an 8 percent increase over the Institutes' current budget, or about $16.9 billion, Kohn said. "Mr. Porter still intends to shepherd through an increase for NIH that would be somewhere in the 8 to 9 percent range," he said. "He has been clear in saying it would be absolutely unacceptable to go backwards. We need to increase resources for this type of research. He's going to keep fighting for it."

No action has been taken on NIH appropriations in the Senate.

In The States:

Michigan Allocates $50 Million A Year To The Life Sciences

Michigan Gov. John Engler signed legislation earlier this week that will allocate $50 million annually for the next 20 years for life sciences research at the state's universities.

The University of Michigan in Ann Arbor, Michigan State University in East Lansing, Wayne State University in Detroit and the private Van Andel Institute will receive the funds, which come from the settlement with tobacco companies.

Engler signed the bill July 19 inside the partially completed Van Andel Institute in Grand Rapids, established with a $1 billion pledge from Amway Corp. co-founders Betty and Jan Van Andel. The research institute, scheduled to open next year, will be headed by George Vande Woude, currently director of the NCI Division of Basic Sciences.

The bill requires Michigan to spend 10 percent of the $50 million annually to bring discoveries to market. Under the states' settlement with tobacco companies, Michigan is expected to receive more than $8 billion over 25 years and $348 million each year beyond the first 25 years.

Regulatory Agencies:

FTC Calls For Health Warnings On Cigars; Halt TV, Radio Ads

Congress should enact legislation mandating health warnings on cigar labeling and advertising and prohibiting cigars ads on television and radio, a Federal Trade Commission report said earlier this week.

The agency's July 21 recommendation would require cigars to be subject to the same statutory scheme as cigarettes and smokeless tobacco. The FTC produced the report on the cigar industry's 1996 and 1997 sales and advertising and promotion expenditures in response to the dramatic increase in U.S. cigar consumption and increasing concern among health authorities about the risks of cigar smoking, the agency said.

"We know based on findings of the National Cancer Institute that cigars, like other tobacco products, pose serious health risks," FTC Chairman Robert Pitofsky said. "Regular cigar smokers are at risk of mouth and throat cancers similar to that of cigarette smokers.

"We also now know that there has been a dramatic increase in cigar use and in the extent of advertising for cigars in the last few years," Pitofsky said. "Yet cigars are not regulated as cigarettes and smokeless tobacco are. The Commission believes that consumers should be advised that cigars are not a safe alternative to cigarettes. We are recommending that Congress pass legislation mandating health warnings on all cigar advertising and packaging, and a ban on electronic advertising."

According to the FTC, the domestic cigar industry reported a 15 percent increase in unit sales of cigars and a 43 percent increase in dollar sales from 1996 to 1997. Advertising and promotional spending increased 32 percent for the same time period.

Last year the FTC ordered the five largest U.S. cigar manufacturers to file reports on sales and advertising expenditures. The companies were the Consolidated Cigar Corp., Swisher International Inc., General Cigar Co. Inc., Havatampa Inc., and John Middleton Inc. The FTC report provides the first in-depth analysis of these manufacturers' sales, advertising, and promotional expenditures for 1996 and 1997.

Aggregate unit sales increased 15 percent from 1996 to 1997, from approximately 3.8 billion to 4.4 billions cigars. The aggregate dollar sales of cigars, based on wholesale price, increased 43 percent from 1996 to 1997—from $613 million to $876 million, the report notes.

From 1996 to 1997, the major cigar companies greatly expanded their product lines, the report said. The number of cigar brands marketed increased by 54 percent, from a total of 207 brands in 1996 to 319 brands in 1997. The number of cigar varieties increased by almost 41 percent from 1,437 in 1996 to 2,025 in 1997.

According to the report "the dramatic increase in cigar use in America has occurred in tandem with the increase in promotional activities surrounding cigar smoking." Total advertising and promotional expenditures for cigars increased 32 percent—-from $30.9 million in 1996 to $41 million in 1997.

"By far, the industry's largest expenditures in 1996 and 1997 were on promotional allowances—that is, discounts and other incentives given to retailers to encourage cigar sales," the report said. "In both years, these expenses comprised approximately 40 percent of the total amount expended for advertising and promotion."

Magazine advertising was the manufacturers' second largest advertising expense in both years, increasing by 49 percent from $6.6 million to almost $10 million.

Expenditures on celebrity endorsements and appearances, and payments for product placements in movies and television, more than doubled between 1996 and 1997, from approximately $143,500 to approximately $339,000, the report notes. Internet advertising rose almost 180 percent from 1996 to 1997, from over $78,000 to over $218,000.

The report also provides baseline data on the physical characteristics of cigars and possible correlations between cigar styles and consumer preferences.

The second part of the report provides an overview of the recent increase in cigar smoking prevalence and of the health risks associated with cigar smoking. It notes that the "reported increases in cigar sales and advertising and promotional expenditures come at a time when health authorities are expressing increasing concern about cigar usage."

The report lists the findings of the NCI monograph on the health risks of cigar smoking and reiterates NCI's conclusion that cigar smoking can cause several forms of cancer and therefore is not a safe alternative to cigarettes.

"While consumers may be aware generally that cigar smoking poses risks, warnings highlighting the specific health risks of cigar smoking may further educate consumers or reinforce their existing beliefs," the report concluded. "Moreover, given the public's extensive exposure to health warnings for cigarettes and smokeless tobacco, the current absence of clear and conspicuous federal health warnings for cigars may send a misleading signal that cigars are not harmful to one's health, or that cigars are a safe alternative to cigarettes."

The report recommended that cigar manufacturers and marketers be required to comply with a system of multiple rotating warnings, similar to the rotational plans now in place for cigarettes and smokeless tobacco.

The rotational plan for cigar warnings should be tailored to accommodate the relatively small sales volume of many cigar brands and the broad diversity of cigar packaging, the agency said. The health warnings should be displayed clearly and conspicuously on all labeling and advertising.

The large majority of popularly priced cigars are sold in pre-packaged containers, and the warnings should be clear and prominent on those containers. For the smaller percentage of cigars sold singly, there are a number of ways the warnings could be displayed such as on boxes or other containers or could be posted in retail establishments that sell cigars individually.

The Commission recommended that Congress consider three warnings:

—WARNING: Regular cigar smoking can cause cancers of the mouth and throat, even if you do not inhale.

—WARNING: Inhaling cigar smoke can cause lung cancer. The more deeply you inhale, the greater your risk.

—WARNING: Cigars are not a safe alternative to cigarettes.

According to the report "advertising on electronic media, i.e., radio and broadcast and cable television, is the type of advertising most likely to be passively received by minors. In addition, the Commission believes that cigars should be subject to the same type of legislation that other tobacco products are subject to." It recommends legislation banning cigar advertising on television, radio, or any other electronic media regulated by the Federal Communications Commission.

The Commission also recommends that Congress consider measures to reduce youth access to cigar products, including restricting the use of self-service cigar displays.

The Commission vote to authorize release of the report was 4-0.

Copies of "Report to Congress: Cigar Sales and Advertising and Promotional Expenditures for Calendar Years 1996 and 1997" are available at http://www.ftc.gov and the FTC Consumer Response Center, Room 130, 600 Pennsylvania Ave. NW, Washington DC 20580; phone 877-382-4357.

NCI Programs:

Hughes Official Appointed To Direct Cancer Biology

Dinah Singer, senior scientific officer at the Howard Hughes Medical Institute, has been appointed director of the NCI Division of Cancer Biology, effective in September.

The division manages grant and contract supported programs in basic and applied research on cancer cell biology, including research on carcinogenesis and cancer immunology. Singer will

oversee the division's administration of about $600 million in grants.

Singer will succeed Faye Austin, who headed the division from 1996 to 1998. Austin left NCI to become Director of Research at the Dana Farber Research Institute (**The Cancer Letter**, June 26, 1998). Norka Ruiz Bravo has served as acting director of the DCB.

"Singer brings many impressive skills and great experience to this important job," NCI Director Richard Klausner said in an official statement. "Her service on numerous advisory boards at NIH and throughout the biomedical research community have encompassed areas such as technology transfer, education, and women scientists, which should serve her well in her new capacity."

Singer received an M.Phil. and Ph.D. at Columbia University. She joined the Laboratory of Biochemistry at NCI in 1975, and became a senior investigator in the Immunology Branch and then the Experimental Immunology Branch of NCI.

She served as chief of the Molecular Regulation Section in the EIB.

Singer left NCI for the Hughes Institute in 1998.

The DCB has a staff of 62 in seven branches who are responsible for administering grants and contracts and in assisting investigators. As a division director, Singer will serve on the NCI Executive Committee.

Prior to Austin's appointment as division director, Alan Rabson directed the division for 20 years before he was appointed NCI deputy director in 1995.

Funding Opportunities:

Leukemia Society Announces Career Development Program

The Leukemia Society of America has announced its Career Development Program Awards 2000, which supports individuals pursuing careers in basic, or clinical research in leukemia, lymphoma, Hodgkin's disease and myeloma.

Three levels of support are provided:

—**Scholar Awards:** $70,000 (stipend $65,000 + $5,000 institutional overhead) per year for five years. Annual renewals are based on a non-competitive progress report review. This Award is made to highly qualified investigators who have demonstrated their ability to conduct original research bearing on leukemia, lymphoma, Hodgkin's disease and myeloma. Grantees are expected to hold independent faculty-level or equivalent positions. This award is not intended for the support of well-established, tenured or senior investigators. Applicants should have obtained substantial support for their research from a national agency.

—**Scholar Award for Clinical Research:** $70,000 (stipend $65,000 + $5,000 institutional overhead) per year for five years. Annual renewals are based on a non-competitive progress report review. Applicants should be highly qualified investigators who have demonstrated their ability to design and conduct original clinical research on leukemia, lymphoma and myeloma for a minimum of three years, and are expected to hold an independent faculty-level or equivalent position. This award is not intended for the support of well-established, tenured, or senior investigators. Applicants should have concomitant support for their research from another source or agency. Preference will be given to applicants whose research involves the clinical trial of new or innovative applications.

—**Special Fellow:** $39,700 (stipend 37,000 + $2,700 institutional overhead) per year for three years. Annual renewals are based on a non-competitive progress report review. This award is intended for qualified investigators who have completed a minimum of two years of postdoctoral research training at the time of review (January) and are continuing their research under the direction of a research Sponsor.

—**Fellow:** $33,250 (stipend 31,000 + $2,250 institutional overhead) per year for three years. Annual renewals are based on a non-competitive progress report review. Promising investigators with less than two years of postdoctoral research training at the time of review (January) may apply for this Award. Fellows are encouraged to embark on an academic career involving clinical or fundamental research in or related to leukemia, lymphoma, Hodgkin's disease and myeloma under the direction of a research Sponsor.

A preliminary application is due Sept. 15. The complete application is due Oct. 1.

Application forms and instructions are available from the Leukemia Society's website at http://www.leukemia.org or by contacting:

Director of Research Administration, Leukemia Society of America, 600 Third Avenue, New York, NY 10016, phone 212-450-8843, fax 212-856-968, email: lermandb@leukemia.org.

Ernst Wynder, 77, Linked Smoking, Cancer; Began AHF

Ernst Wynder, founder and former president of the American Health Foundation and co-author of a landmark study linking cigarettes and cancer, died at Memorial Sloan-Kettering Cancer Center in New York on July 14 of thyroid cancer. He was 77.

As a medical student at Washington University in St. Louis, Wynder attempted to document the link between smoking and cancer. His 1950 article in the Journal of American Medicine, co-authored with Evarts Graham, studied 680 cancer cases linked to smoking. In 1953, Wynder showed that the tar found in tobacco caused precancerous growths in rabbits and mice.

In 1969, Wynder founded the American Health Foundation and its Valhalla, NY, research center. AHF is funded principally by grants and contracts from NCI. The foundation has about 200 employees.

Wynder retired as AHF president earlier this year. The foundation's Board of Trustees named Daniel Nixon, of the Medical University of South Carolina, to succeed Wynder (**The Cancer Letter**, April 23).

"Ernst Wynder was a giant in the field of chronic disease cause and prevention, and he was devoted to the pursuit of health for the children of America, as exemplified by the Child Health Day sponsored each fall by AHF and the 'Know Your Body' program," Richard Adamson, a member of the AHF board, a former NCI official, and vice president for scientific and technical affairs at the National Soft Drink Association, said to **The Cancer Letter**. "He will be sorely missed."

Wynder was chairman of the NIH Cancer Advisory Panel on Complementary and Alternative Medicine.

Wynder studied nutritional and metabolic influences involved in colon and breast cancer. He called this approach "metabolic epidemiology," a term that appeared in the scientific literature for the first time in Wynder's 1978 article in Lancet.

Wynder was born in Herford, Germany. He came to the U.S. as a teenager, and graduated from New York University. He served in World War II as an Army intelligence officer.

He is survived by his wife, the former Sandra Miller, and a sister, Lore Levinson.

Contributions in Wynder's memory may be made to AHF.

In Brief:

UPCI Receives 80% Increase In Cancer Center Support Grant

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enhancing quality of care and quality of life for people with cancer, and is a professor of public health and medicine at UCLA's Schools of Medicine and Public Health. She will receive $300,000 over the next five years, with the possibility of one five-year renewal, to conduct her research. It is the first time that ACS has awarded a Clinical Research Professorship in the area of health outcomes and cancer control, said **John Stevens**, vice president of extramural grants for ACS. "Dr. Ganz is a leader in the field of cancer prevention and control, and has focused the oncology professional community on care of the patient, not care of the cancer," he said. . . . **UNIVERSITY OF PITTSBURGH** Cancer Institute said it has received a renewal of its cancer center support funding and its designation as a comprehensive cancer center from NCI. The grant totals $18.5 million over five years, which is an 80 percent increase over the center's previous grant. "This support will enable us to continue and to expand our strong programs in basic research, clinical investigations, and cancer control," said **Ronald Herberman**, director of UPCI and associate vice chancellor for research, Health Sciences, at the university. "The impressive recognition by our peers and by NCI is a real credit to the outstanding contributions of faculty and staff." UPCI also recently announced that it has received a $10 million contribution from Henry Hillman and the Hillman foundations for the development and expansion of its cancer treatment and research programs at the UP Medical Center's Shadyside Hospital. The planned facility will be named the Hillman Cancer Center. . . . **CURT CIVIN**, the King Fahd Professor of Oncology and Pediatrics at Johns Hopkins University, received the 1999 Inventor of the Year Award for his 1984 discovery of the CD34 monoclonal antibody and antigen that made it possible to isolate and collect hematopoietic stem cells. The award was presented by the Intellectual Property Owners Association. . . . **CYNTHIA BERGMAN** has been named medical director of Complete Care, the complementary medicine program of Fox Chase Cancer Center. Bergman, a gynecologic oncologist, has served as acting medical director since the program opened last September. She joined Fox Chase in 1997.

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