THE CANCER LETTER INTERACTIVE

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PO Box 9905 Washington DC 20016 Telephone 202-362-1809

Republican Contenders Slam FDA Decision In Care Of Boy With Treatable Brain Tumor

On Jan. 28, NBC Nightly News broadcast a story that surely made many a viewer deplore the stone-hearted bureaucrats at the Food and Drug Administration:

A four-year-old boy is dying of a brain tumor. His parents want to take him to the Houston clinic of Stanislaw Burzynski, who proposes to treat him with "antineoplastons," but FDA put the physician's protocol on "clinical hold." Fortunately, Republican Presidential candidates Alan Keyes and Texas Governor George W. Bush are coming to the family's rescue and demanding that the hold be removed.

"Though [the boy's] long-term odds of survival are slim, doctors in

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In Brief:

Dana-Farber, Harvard And Affiliates Form Cancer Center, Seek Comprehensive Status

DANA-FARBER CANCER INSTITUTE, Harvard Medical School, four of its other affiliated hospitals, and Harvard School of Public Health have launched a series of overlapping collaborations to create the Dana-Farber/Harvard Cancer Center. The institutions, which also include Beth Israel Deaconess Medical Center, Brigham and Women's Hospital, Children's Hospital, and Massachusetts General Hospital, conduct more than $235 million in cancer-related research each year. "One primary goal for this center is to take advantage of current trends in biomedical science that focus upon multidisciplinary research to yielding exciting new advances," said Harvard Medical School Dean **Joseph Martin**. Martin and Dana-Farber President **David Nathan** began discussions more than two years ago that resulted in the DF/HCC. "All of the DF/HCC member institutions conduct incredible basic, clinical, and population-based research," Nathan said. "Now we will have the mechanisms to knit these efforts together to share resources and coordinate our efforts in a more focused and efficient manner." The institutions committed funds to create or enhance 17 core facilities. Last Oct. 1, Dana-Farber submitted a grant proposal to NCI to extend DFCI's designation as an NCI comprehensive cancer center to include all members of the DF/HCC. In its initial phase, DF/HCC formed disease-based programs for five types of cancer: breast, gynecologic, leukemia, lymphoma, and prostate. The center plans to develop collaborative programs for seven other types of cancer: brain,

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Parents Sought Burzynski's Treatment For 4-Year-Old

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his home state of Arizona recommended conventional cancer treatment: radiation and chemotherapy," David Bloom, NBC News correspondent who generally covers the White House, said in the broadcast last week.

At first glance, the political drama around the treatment of Thomas Navarro is developing along classic Individual vs. Big Government lines. The family chooses Plan A; the government dictates Plan B. "The parents are absolutely worried to death about radiation and what it would do to the boy," said Bush to NBC News. "And I would hope the FDA would reconsider."

Should FDA reconsider?

Attentive viewers waiting for the NBC News story to cite the boy's diagnosis and clinical outlook were disappointed. The boy has a localized medulloblastoma, and the NBC News reporter's assessment of his chances of long-term survival as "slim" is not supported by clinical data on the disease. With proper adjuvant care, the boy's chances of five-year event-free survival are well above 70 percent, said Larry Kun, chairman of the Department of Radiation Oncology at St. Jude Children's Research Hospital.

And that's the real dilemma for FDA: should the agency respond to pressure from Republican Presidential contenders and allow the child to be treated with an unproven method when standard therapy produces long-term responses?

"For political pressure to encourage obviating a potentially curative therapy in favor of Burzynski's unproven approach would be a catastrophe," said Kun, chairman of the Pediatric Oncology Group brain tumor committee and former president of the American Society of Therapeutic Radiology and Oncology. Kun said the boy's physician, John Hutter, chief of pediatric hematology and oncology at the Arizona Cancer Center, has discussed the case with him.

The Navarros' struggle for what their web site describes as "medical freedom" was first brought to national attention by Presidential candidate Keyes. While Keyes is not widely viewed as the most likely candidate to win the Republican nomination, he has managed to collect the signatures of other candidates, including Sen. John McCain (R-AZ), Steve Forbes, Gary Bauer, and Sen. Orrin Hatch (R-UT), on a letter to HHS Secretary Donna Shalala.

"It should be the right of every responsible American citizen to seek the medical care of their choice without government bureaucracies standing in their way," states the letter, which will be sent to Shalala after Keyes obtains Bush's signature.

"We are asking Shalala to get the FDA off their bums and make a decision, so they boy can have treatment," Keyes campaign spokesman Connie Hair said to **The Cancer Letter**. "We know that the parents are very responsible people, and they have done their research." Hair said Bush has not signed the letter, but has indicated he would do so.

Before his statement to NBC News, Bush took a measured approach to the controversy. He referred the case to Texas Commissioner of Health Reyn Archer, who contacted M.D. Anderson Cancer Center. However, last week, with an NBC News microphone in his face, Bush apparently came to a decision on the case: Shalala should ask FDA to reconsider.

The position now shared by all Republican Presidential candidates is consistent with the views of many political conservatives as well as advocates of alternative medicine across party lines. Bush's position is noteworthy because his state plays a role in running two NCI-designated comprehensive cancer centers, and because his father, former President George Bush, is president-elect of the board of

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World Wide Web: http://www.cancerletter.com

Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg
Editorial Assistant: Shelley Whitmore Wolfe

Editorial: 202-362-1809 Fax: 202-362-1681
PO Box 9905, Washington DC 20016
E-mail: kirsten@cancerletter.com or paul@cancerletter.com

Customer Service: 800-513-7042
PO Box 40724, Nashville TN 37204-0724

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regents of one of those centers, M.D. Anderson. Bush the elder is also chairman of the National Dialogue on Cancer, an initiative of the American Cancer Society.

Joining the Republican candidates, Rep. Dan Burton, a long-time Burzynski supporter, wrote a letter to FDA Commissioner Jane Henney demanding an immediate compassionate IND for the boy, and threatening to hold a hearing.

FDA officials say it would be unethical for the agency to allow Burzynski to treat the boy. "There is no scientific or medical justification for approving or even condoning the use of an unproven, potential therapy when a very effective treatment exists and has become, in fact, a universally recognized standard of care," said Richard Pazdur, director of the FDA Division of Oncology Drug Products.

"Ethically, giving a child an experimental product in such circumstances flies in the face of all the guidelines and regulations designed to protect children as research subjects," Pazdur said to **The Cancer Letter**.

The agency routinely allows patients access to experimental therapies, but this is done only for patients who have failed standard therapies for serious and life-threatening diseases. "That's not where we are in this case," Pazdur said.

In Arizona, oncologist Hutter agrees. He discussed the case with a number of colleagues, finding a consensus that standard care would be the optimal treatment for the boy. "A number of pediatric oncologists have reviewed the situation, and all were in agreement that the rights of the child in terms of access to conventional therapy needed to be looked at," he said to **The Cancer Letter**.

For the past three months, the Navarro family has been living in Candlewood Suites motel in West Houston, not far from Burzynski's clinic. The boy's father, Jim Navarro, states emphatically that he has a right to choose his son's treatment.

"This shouldn't be controversial," he said to **The Cancer Letter**. "It's my family. I make decisions for my family. It's my right to choose my doctors."

Burzynski said he is no longer involved in the case, and has suggested to the Navarros that they consider other treatment options, including radiation and chemotherapy.

Burzynski said he was not excited about the case even at the outset. "I knew that FDA would probably not allow such a protocol," he said. "But since [the family] insisted, I filed a new protocol for the treatment of children who have never had radiation and chemotherapy, and FDA decided to place that protocol on hold."

Choice of Citations

The controversy appears to revolve around dueling interpretations of clinical data.

Both Burzynski and Navarro cite a study of 29 infants and young children consecutively diagnosed with medulloblastoma at St. Jude's between 1984 and 1995.

The study, published in the December 1999 issue of the Journal of Clinical Oncology, reported five-year survival of 51 percent following chemotherapy and radiation. However, the patients sustained significant neuropsychologic injury.

"I have seen these children," said Burzynski. "They are usually damaged, and they usually die from this tumor anyway, but they develop a different type of a brain tumor, anaplastic astrocytoma."

Kun, one of the authors, said the study is not relevant to the Navarro case.

"That article addressed kids from infancy all the way up to four years of age, so it includes children much younger than this particular child, and it addresses a therapeutic approach that relied upon higher dose of irradiation than would be utilized in current management," Kun said to **The Cancer Letter**. "Also, the majority of those kids were higher-risk patients."

The more relevant study was published in the July 1999 issue of JCO, Kun said.

In that study, conducted by Children's Cancer Group, 65 non-disseminated medulloblastoma patients between ages three and 10 were treated with reduced dose craniospinal radiation and adjuvant chemotherapy. Five-year survival among these children was 79 percent.

"Basically, if you are five years out in this age group, we would expect that the likelihood of the disease recurring would be low, less than 10 percent," Kun said. "I would equate five-year event-free survival to be 90 percent compatible with cure."

Kun said the approach appropriate for Thomas Navarro would be unlikely to produce a severe intellectual deficit. "The best projection we have is that these children will have some intellectual deficits, but will be in the below-average or a very mildly delayed category, rather than among the patients who have had significant developmental delays," he said.

Kun said he was not aware of data suggesting

that treated medulloblastoma patients ultimately develop astrocytoma. "It's extremely rare, and it's just been anecdotally reported," he said. "Fortunately, we have never seen it in this population at St. Jude."

Burzynski's Data and Burton's Letter

Burzynski said he has treated 12 medulloblastoma patients, some with localized and some with advance disease. Of those patients, 11 were evaluable, he said.

"We have two complete responses and one partial response, and the partial response continues the treatment, so we hope that he will get a complete response, too," Burzynski said. "We have four stabilizations, and again these stabilizations, some of them continue the treatment, and they are approaching partial response."

Four of the children had progressive disease, Burzynski said. Stable disease is not accepted as a positive result, at least for the purposes of New Drug Applications to FDA.

Burzynski said "about seven" of the 12 children he treated on protocol had not received prior radiation and chemotherapy.

"Survival at three years for such children is 86 percent," he said. "For children who have not been treated before, normally mortality is 100 percent at two years. If we have mortality only of 14 percent after three years, this means that there is something to [the therapy]."

In 1996, the year after his current set of clinical trials began, Burzynski enrolled medulloblastoma patients who had been treated with surgery alone. However, after realizing that Burzynski was treating children who had not received chemotherapy and radiation, FDA specifically restricted the protocols to refractory cases.

Two years ago, Burzynski released to **The Cancer Letter** a copy of his 1997 annual report to FDA. The editors asked three independent experts in clinical trials to review the data. All three concluded that the trials are poorly structured and data are uninterpretable (**The Cancer Letter**, Sept. 25, 1998).

The annual report noted no responses among medulloblastoma patients. An analysis of the case of one child classified as having "stable disease" revealed a difference of opinion between Burzynski and Duke University oncologist Henry Friedman, who evaluated the child earlier.

While Burzynski stated that the child's tumor had shrunk by 40 percent, Friedman said the child had no measurable tumor after surgery. "This is unequivocally not a kid who would have had measurable disease that one could have said responded to therapy," Friedman said at the time. "It was not a tumor. It heterotypia. All the antineoplastons did was delay the onset of conventional therapy until the kid ultimately progressed."

The stories stemming from the evaluation of Burzynski's data set are posted on **The Cancer Letter** web site, http://www.cancerletter.com, under the "News" section.

Nonetheless, Burton appears convinced by Burzynski's data. "It is well established that the antineoplaston treatment is more effective in patients whose bodies have not been ravaged by chemotherapy and radiation," Burton wrote to FDA Commissioner Henney.

Burton's letter also makes a thinly veiled—and unsupported—personal attack on Pazdur, formerly an M.D. Anderson oncologist.

"I understand that a relatively new FDA employee who is well known to be adamantly opposed to antineoplaston treatment has put Burzynski's protocol… on clinical hold, stating as the reason that `conventional treatments of radiation and chemotherapy are known to be successful,'" Burton wrote. "Is it common practice for the FDA to cease protocols based not on the success or failure of that protocol, but on the opinion of a single, obviously biased individual, who feels another treatment is better?

"If that's the case, how is science advanced?"

While arguments rage, becoming increasingly convoluted, the Navarros remain in Candlewood Suites, granting press interviews, posting the latest materials on their web site (http://208.55.74.93), and agonizing about their next move. The boy's parents have come to at least one meeting at M.D. Anderson, and have agreed to come to another.

M.D. Anderson officials say that to them the issue is simple: the tumor is highly treatable and the prognosis is good.

Last week, Leonard Zwelling, M.D. Anderson vice president for research administration, made that statement on camera to NBC News. However, Zwelling's comments apparently fell outside the individual vs. the state paradigm and were not used in the piece.

"We would be happy to take care of the child, and anxious to do so," Zwelling said to **The Cancer Letter**. "That's what I told NBC, and that was the message that you didn't see."

In Congress:

Agencies Plan Better Reporting Of Adverse Events In Trials

The Food and Drug Administration and NIH plan to take a number of steps to improve reporting of adverse events in gene therapy clinical trials, officials of the agencies told a Senate subcommittee earlier this week.

Jay Siegel, director of FDA's Office of Therapeutics Research and Review, said the agency plans to issue a proposed rule on public disclosure of information on gene therapy trials and step up its educational and outreach efforts to improve investigator compliance with reporting regulations.

FDA also plans to provide additional guidance materials for industry and investigators, conduct more inspections to increase oversight of gene therapy INDs, and encourage sponsors to assess their monitoring programs, Siegal said to the Senate Subcommittee on Public Health at a Feb. 2 hearing.

Sen. Bill Frist (R-TN), chairman of the subcommittee, called the hearing to examine federal oversight of gene therapy clinical trials after the death last fall of Jesse Gelsinger, an 18-year-old participant in a gene therapy study at the University of Pennsylvania.

On Jan. 21, FDA ordered the university to close all seven gene therapy experiments conducted at its Institute for Human Gene Therapy after finding deficiencies, including lapses in informed consent procedures. The agency said it found that Gelsinger, who was enrolled in a study of gene therapy for the treatment of ornithine transcarbamylase deficiency, would not have qualified for entry on the protocol based on his health status. Gelsinger's death was blamed on the gene therapy which used an adenovirus vector.

At the hearing, Gelsinger's father Paul, of Tucson, said he wasn't fully informed about risks of the therapy and of the severity of liver problems the therapy caused in other patients on the protocol. "The concern should be not on getting to the finish line first, but on making sure no unnecessary risks are taken," he said.

Eric Kast, representing the Cystic Fibrosis Foundation and a participant in a gene therapy study for the disease, said primary responsibility for oversight of studies should continue to rest with FDA. The NIH Recombinant DNA Advisory Committee should collaborate with FDA "to examine overall progress in this field, rather than focusing on individual adverse events and potentially violating patient confidentiality," Kast said. "We urge Congress to address the appropriate balance between patient confidentiality and sufficient disclosure, with knowledgeable interpretation of data, to ensure that patients, researchers, and the public are informed appropriately about vital safety issues."

University of Pennsylvania President Judith Rodin has formed two committees, one of Penn faculty and the other of outside experts, to review the university's procedures for the protection of human subjects. "The university takes the FDA's action and the questions raised about IHGT's monitoring and oversight of clinical trials very seriously," Rodin wrote in a letter to Frist. University officials are working to respond "as soon as possible," she wrote.

NIH and FDA officials told the subcommittee that they are working on ways to improve reporting of adverse events in gene therapy trials, but could not explain why only 39 of 691 adverse events in 93 trials that used adenovirus had not been reported immediately.

A Nov. 5, 1999, letter by FDA official Kathryn Zoon describing the process for submission of gene therapy protocols is posted on the FDA Web site at http://www.fda.gov/cber/letters.htm.

NIH advised institutions conducing gene therapy research to examine their procedures for ensuring compliance to the NIH guidelines that require adverse event reporting, said Amy Patterson, director of the NIH Office of Biotechnology Activities.

In one of his final actions last December as NIH director, Harold Varmus established a working group of the Advisory Committee to the Director to examine the NIH process for oversight of gene transfer research, Patterson said. NIH expects the working group to submit its recommendations in May.

Patterson noted that all data reviewed at each RAC meeting are posted on the NIH Web site at http://www.nih.gov/od/oba/.

At the next RAC meeting in March, an FDA-NIH working group plans to present a report evaluating the relationship between adenovirus vectors and adverse events, Patterson said.

"The fact that NIH received 652 unreported serious adverse events is inexcusable," Frist said in his opening statement. "Clearly, our oversight system is failing.... These events pose serious ethical questions regarding the risks to patients who

participate in these trials and the high financial interests at stake. We must examine our process for informing patients and their families of the risks and benefits of gene therapy trials."

* * *

The Budget Game: When HHS Secretary Donna Shalala appears before the House Appropriations Committee's Subcommittee on Labor, HHS, Education, and Related Agencies on Feb. 8, she will again have to defend a smaller proposed budget for NIH than the amount Chairman John Porter (R-IL) supports.

President Clinton's proposed $1 billion, or 5.6 percent, increase for NIH is well below the $2.7 billion, or 15 percent, increase that Porter would like to see, a spokesman for the subcommittee chairman said. The current NIH budget is $17.9 billion.

The President's request includes $3.505 billion for NCI, a 5.9 percent increase, sources said.

Clinton's budget proposal for NIH is likely to take a drubbing from patient advocates and professional societies as well. Last year, the White House proposed a 2 percent increase for NIH.

The White House proposal includes $267 million in taps from NIH that are to be passed along to other agencies, including $182 million for the Agency for Healthcare Research and Quality.

"The president is playing a game by taking from one pot to fund two agencies," Porter's spokesman said. Porter is not necessarily opposed to budget taps, but the proposed increase for NIH isn't enough to begin with, the spokesman said.

The White House plans to send the President's fiscal 2001 budget proposal to Congress on Feb. 7.

The subcommittee is scheduled to hear from Acting NIH Director Ruth Kirschstein and NCI Director Richard Klausner on Feb. 15, and from public witnesses on March 7 and 8.

* * *

Stem Cell Research Act of 2000 introduced by Sen. Arlen Specter (R-PA) on Jan. 31 would allow federally funded researchers to derive stem cells from embryos donated by in vitro fertilization clinics, with certain restrictions.

Sen. Tom Harkin (D-IA) is co-sponsor of the bill.

The bill, S. 2015, would amend the Public Health Service Act to give the Secretary of Health and Human Services permanent authority to conduct, support, or fund research on human embryos only for the purpose of generating pluripotent stem cells. The bill would allow human embryonic stem cells to be derived and used in research only from embryos that would otherwise be discarded and donated by in vitro fertilization clinics, and only with the written informed consent of the donors.

The bill would not allow research to result in the creation of human embryos for research purposes, nor the reproductive cloning of a human being.

"Cures for Parkinson's, Alzheimer's, heart disease, diabetes and other diseases and illnesses could be greatly accelerated by stem cell research," Specter said on the Senate floor. "To achieve the greatest and swiftest benefits, federal researchers need their own supply of stem cells."

Specter is chairman of the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education, which held four hearings on stem cell research over the past 14 months. The subcommittee has scheduled another hearing for Feb. 22.

Legislative information is available at http://thomas.loc.gov. The Senate subcommittee's Web site is http://www.senate.gov/~appropriations/.

The White House:
Clinton Proposes Increases For Science And Technology

Clinton's State of the Union address on Jan. 27 included several proposals for increasing spending on science and technology research:

—$497 million for a National Nanotechnology Initiative. NIH would receive $36 million as its share of the funding. Other agencies participating include the National Science Foundation, Department of Defense, Department of Energy, National Aeronautics and Space Administration, and Department of Commerce's National Institute of Standards and Technology. About 70 percent of the new funding would go to university-based research.

—$675 million increase for the National Science Foundation.

—$600 million increase in information technology research.

Francis Collins, director of the National Human Genome Research Institute, was one of 10 guests invited to the speech by Hillary Rodham Clinton. Last year, then-NIH Director Harold Varmus had the honor.

Earlier this month, in a speech at the California Institute of Technology, Clinton said his budget

proposal would increase funding for university-based research by $1 billion. "University-based research provides the kind of fundamental insights that are the most important building blocks of any new technology or treatment," he said Jan. 21. "It also helps produce the next generation of scientists, engineers, and entrepreneurs."

Clinton praised Vice President Al Gore "who has played an enormous role for many years in keeping America the world's leader in science and technology, and who's been campaigning all over the country with a Palm VII on his hip."

Clinton said, he, too, has been "spending a lot of time getting in touch with my 'inner nerd.' I think it started with a wonderful lecture at the White House with Vint Cerf, one of the founders of the Internet, and Eric Lander, who has helped develop many of the tools of modern genome research. It accelerated over the holidays, when I started buying gifts over the Internet and figured out what all the fuss was about. I mean no one told me that with just a click of a mouse you can get an authentic Arkansas chopped pork sandwich delivered right to your door."

Lander's lecture, apparently, made a major impression, because Clinton referred to it in the State of the Union address, regarding efforts to promote racial reconciliation: "This fall, at the White House, Hillary had one of her millennium dinners, and we had this very distinguished scientist there, who is an expert in this whole work in the human genome. And he said that we are all, regardless of race, genetically 99.9 percent the same."

* * *

Nanotechnology reports: The National Science and Technology Council released two reports that "define nanotechnology, describe its revolutionary impact on many aspects of our society, and provide a vision for the way researchers in this field can begin to collaborate in this multi-disciplinary environment," according to the council.

The publications are posted on the White House website at the following URLs:

"Nanotechnology: Shaping the World Atom by Atom," http://www.whitehouse.gov/WH/EOP/OSTP/NSTC/html/iwgn/IWGN.Public.Brochure/welcome.htm

"Interagency Working Group on Nano-Science, Engineering and Technology Workshop Report: Nanotechnology Research Directions," http://www.whitehouse.gov/WH/EOP/OSTP/NSTC/html/iwgn/IWGN.Research.Directions/toc.htm.

Letters to The Editor:

National Dialogue On Cancer, The Cancer Act, And Activism

The Cancer Letter has taken a difficult issue regarding the national efforts to combat cancer and presented the tensions, concerns, and unfortunate mistrust accurately and succinctly ("ACS-Led National Cancer Dialogue Beset By Patient Mistrust, Lack of Openness," Jan. 21).

The story raises issues that require thoughtful resolution before any revision of the National Cancer Act is undertaken. The Act has grown through thoughtful additions after consideration of impact and need, as well as through other additions which appear keyed more to constituency demands than to scientific readiness and rationally anticipated patient benefit.

Revision of the Act—if the Act needs revision—should be the result of a thoughtful process that begins by examining the track record and impact of the provisions in place through a systematic investigation via a Request for Proposals or another suitable mechanism. The result should present a clear picture of impact, considering both provenance and results. The result should lay the groundwork for any needed revision of the law, as well as the presentation and substantiation of future proposals and setting of priorities. Should the Act be rewritten, this exercise will provide the template through disclosure of the imperatives that have driven successful research, clinical application, control, outreach, education, and communication activities initiated under the Act.

Along with the systematic investigation of the Act, it would also be helpful to have a similar independent review and disclosure invited from non-profit and for-profit organizations concerned with cancer research, application of that research, and in the support and networking of patients and survivors. What can the public expect the National Cancer Act [the funded cancer program of the government] to provide? What can the public expect to be shouldered by the for-profit and not-for-profit organizations? How best can public tax dollars, private tax dollars, state funds, and private funds be united to deal with cancer in all its facets?

If we are to have a "new" Cancer Act, should we not also have a "new and renewed" partnership to address cancer in this millennium?

Grace Powers Monaco
Director
Medical Care Ombudsman Program

Thanks for the insightful article regarding the politics of cancer (**The Cancer Letter**, Jan. 21).

I've been a prostate cancer survivor and activist since 1991. While activism seems to be growing, it continues to be a slow process. Activism will not be as effective as it could be without the active support of patients and their families. This is essential if we are to maximize the dollars we need for research and address the many issues that affect us as a group.

Our patient advocacy groups have not generally been supportive of each other, and, in short, have not supported patients and their families in as effective a manner as they could. Hence, as a population, we have been uncoordinated and inconsistent in our efforts, and our message. This must not continue. These groups must dedicate themselves to working cooperatively with other patient groups to get the message out about the issues, improve networking, and support the efforts of those groups who are making legislative headway.

In November 1998, a diverse networking group was formed known as the Prostate Cancer Action Network. PCAN is an e-mail list is used to discuss issues, learn about what's going on elsewhere in the nation and is available to all activists/advocates who wish to join, share information, or learn. The website address is: http://www.prostatepointers.org/pcan.

Fred Mills
Founding Board Member
National Prostate Cancer Coalition

In Brief:

House Democrat Has Cancer, Will Not Seek Re-Election

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gastrointestinal, head and neck, skin, soft tissue sarcomas, lung, and AIDS-related malignancies. The disease-based programs interact with 10 discipline-based programs that include biostatistics, cancer cell biology, cancer genetics, cancer immunology, viral oncology, cancer epidemiology, risk reduction, outcomes research, cancer imaging, and experimental therapeutics. . . . **REP. BRUCE VENTO** (D-MN) said earlier this week that he has malignant mesothelioma and will not seek a 13th term. Vento, first elected to the House in 1977, said he will finish this term. He is being treated at Mayo Clinic, he said in a statement. Vento represents the eastern area of the Twin Cities. He served in the Minnesota Legislature from 1971 to 1976, and previously taught high school science and social studies in the Minneapolis school system. . . . **TWO RESEARCH GROUPS** have joined the Coalition of National Cancer Cooperative Groups: the Gynecologic Oncology Group, **Robert Parks**, chairman; and the Cancer Research and Biostatistics Foundation, **John Crowley**, president and chief executive officer. The coalition is based in Philadelphia. . . . **NIH HAS EXTENDED** the public comment period on draft guidelines for research involving human pluripotent stem cells for three weeks. Written comments should be received by NIH on or before Feb. 22. Comments should be addressed to: Stem Cell Guidelines, NIH Office of Science Policy, 1 Center Drive, Building 1, Room 218, Bethesda, MD 20892. Comments may also be sent by fax to 301-402-0280, or by e-mail to: stemcell@mail.nih.gov. . . . **HAHNEMANN UNIVERSITY CANCER CENTER** of the Medical College of Pennsylvania has been designated as one of 21 Centers of Excellence in treatment of bone marrow diseases that primarily affect the elderly by Myelodysplastic Syndromes Foundation. Howard Ozer is director of MCPHU Cancer Center. . . . **THE KIDS AREN'T ALRIGHT, WHO SAYS:** Compared to adolescents in other parts of the industrialized world, U.S. students are less likely to smoke and watch television more than four hours a day, but they are also less likely to exercise frequently and have a healthy diet, according to a report issued by the World Health Organization. Though U.S. 15-year-olds were among the least likely to smoke, U.S. 11-year-olds began smoking at rates as high as those of 11-year-olds in other countries, the Health Behaviors in School-Aged Children Study found. The study looked at attitudes and experiences concerning a wide range of health-related behaviors among adolescents in 26 European countries and regions, Canada, and the U.S. The U.S. students ranked 24th out of 28 for daily smoking, with 12 percent of 15-year-olds reporting they smoke daily. Austria, France, Germany, Hungary, and Greenland report the highest smoking rates, with more than 25 percent of 15-year-olds smoking daily. In all countries, difficulty with parental communication was strongly associated with feeling less happy, with smoking, and with drinking alcohol. The study is conducted every four years. This was the first year of U.S. participation, funded by the National Institute of Child Health and Human Development. The report is posted on the WHO website at http://www.ruhbc.ed.ac.uk/hbsc.

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