THE CANCER LETTER INTERACTIVE

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HHS To Announce Final Plan For Coverage Of Patient Care Costs In All Clinical Trials

The question of Medicare reimbursement for patient care costs for participants in clinical trials can finally be declared closed. Again.

Nearly two months ago, President Clinton signed an executive memorandum that appeared to have ended the decade-old controversy. However, jubilation among patient groups was quickly followed by wrangling with federal bureaucrats over what types of trials and services should be covered (**The Cancer Letter**, June 9, June 16).

Now, the winner in the clash can be declared: it's the patients. Next week, HHS is expected to announce a plan that will extend coverage to

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In Brief:

White House Appoints Slamon To Cancer Panel; Brinker To Address Republican Convention

DENNIS SLAMON was appointed to the President's Cancer Panel for a three-year term, the White House announced recently. Slamon is the director for clinical and translational research and director of the Revlon/UCLA Women's Cancer Research Program at the University of California, Los Angeles, Jonsson Comprehensive Cancer Center. Slamon will replace Paul Calabresi, director of the Brown-Tufts Cancer Center. The panel monitors the National Cancer Program. . . . **NANCY GOODMAN BRINKER**, breast cancer survivor and founding chairman of the Susan G. Komen Breast Cancer Foundation, is scheduled to address the Republican National Convention in Philadelphia next week. "Breast cancer is the major health concern of most women today in America," said Brinker. "I am grateful to **Gov. George W. Bush** for giving me this opportunity to focus on this critical issue." Besides nominating a Presidential candidate, the convention will highlight "inspirational stories" from citizens. "Because Nancy Brinker embodies the fundamental values of commitment and hard work, the health and well-being of millions of Americans are more secure," said Convention General Co-Chairman **Andy Card**. "That's just the kind of positive example we plan to spotlight during this convention, and the kind of compassion Governor Bush champions in his campaign. We're excited she'll be able to join us." The Komen Foundation said that as a nonpartisan, charitable organization, it does not endorse or oppose any candidate, and Brinker's statements represent her individual views. Convention information is available at http://www.gopconvention.com. . . . **REP. ROBERT EHRLICH** (R-MD)

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HHS Agrees To Broad Policy For Coverage Of Clinical Trials

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all clinical trials, regardless of disease, phase, or sponsorship, sources said.

The policy will give patients and physicians more than the proposed Rockefeller-Mack legislation that sought to establish a "demonstration project" to pay for cancer clinical trials. Now, these expenses will be paid for trials in all diseases.

"I am elated about the outcome," said Ellen Stovall, executive director of the National Coalition for Cancer Survivorship. "The outcome couldn't be better for patients and scientists. It shows how persistence and responsible advocacy can bring about real change."

Administration officials say the policy reflects the President's wishes. "We think this policy represents a victory for patients and fulfills the president's commitment to provide Medicare reimbursement for a full range of clinical trials," said Richard Tarplin, Assistant HHS Secretary for Legislation. "We appreciate the strong contribution that patient advocates have made to ensure the best possible policy."

The patients' contribution developed along two separate tracks. One approach, taken by the patient-led Cancer Leadership Council, was to exert extraordinary pressure on the Administration. Last week, CLC issued a sharply worded letter that threatened to denounce the Adminstration in the media unless the problem is resolved.

"[The Administration's promises] led to favorable coverage for President Clinton and Vice President Gore in national television and print media," said the letter dated July 24 and addressed to Nancy-Ann Min DeParle, administrator of the Health Care Financing Administration. "If those promises are not fulfilled, some will believe that the public record should be corrected."

The letter was signed by 26 CLC groups, which include patient organizations and professional societies.

The letter infuriated Administration officials, but also may have given urgency to resolving the problem. "The letter was impolite and unnecessary," Tarplin said to **The Cancer Letter**. "It was based on rumor and innuendo that didn't accurately reflect the Department's thinking."

The crucial phase in the Department's discussions with the advocates was conducted by Fran Visco, president of the National Breast Cancer Coalition, and FDA Commissioner Jane Henney.

Visco's group takes part in CLC meetings. However, the coalition does not sign documents issued by the council and other umbrella groups.

Visco said she didn't share other advocates' frustration with the negotiations. "Any negotiation is a process, and I felt comfortable with the way the process was unfolding," she said. "It's very difficult to work with a bureaucracy. There are so many layers. But I always felt that the Administration had the same goals as the advocacy community, and they were working hard to achieve these goals."

Tarplin said Visco and Henney discussed delineating trials that would be automatically covered from trials that would be covered after their sponsors fill out "self-certification" forms.

The government did not envision creating boards that would go through protocols, separating good trials from ones that were useless or unethical. Instead, the trials were to be split into two categories: those that would be automatically covered, and those that would be covered after their sponsors fill out self-certification forms.

The central question before FDA was whether all trials conducted under Investigational New Drug exemptions should be reimbursed. The CLC letter reflects the groups' concern that the government was going to draw a dividing line between phases of trials,

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paying for phase III trials automatically, while making sponsors of phase I and phase II trials go through self-certification.

"We will not be satisfied with coverage of clinical trials that does not cover, as represented, *all phases* of clinical trials and *privately-sponsored trials* as well as those that are government-sponsored," the letter said.

A HCFA implementation document about to be released will automatically pay for patient care costs for all trials conducted under INDs, as well as for trials sponsored by a number of agencies and non-governmental groups that are recognized as having a reliable system of peer review.

The government will draft criteria for trials that would have to go through self-certification. The criteria for these trials would be determined by a committee that would be convened by HHS, sources said.

The final version of the government's implementation document for the President's executive memorandum is radically different from the first draft of the plan, which was prepared in advance of the signing of the memo.

The first draft of the document offered very little coverage, and could have been detrimental to the conduct of trials, observers said. According to the first draft circulated by the Administration, HCFA was prepared to cover only adverse events that could arise after administration of experimental treatments.

After cancer groups expressed dismay, the Administration unofficially advanced the "recalcitrant bureaucrat" theory, blaming some unspecified HCFA employee for misunderstanding the President's mandate.

To resolve the problem, cancer groups and government officials held three meetings, where alternative plans were aired, but not finalized.

Earlier this week, cancer groups said they would wait no longer. "Advocates had moved forward with representatives of HHS to assure rapid implementation of the executive memorandum, but when it appeared that discussions had stalled, we elected to send a letter to encourage forward movement once again," said Richard Atkins, president of CaPCURE Government Research Initiatives Group and vice chairman of the National Prostate Cancer Coalition.

In a letter to HCFA Administrator DeParle, CLC wrote:

"We write to you as representative leadership of the cancer treatment, support, and advocacy community to ask for your direct involvement regarding implementation of the President's Executive Memorandum announced on June 7. The Executive Memorandum was intended to resolve an issue that had been of longstanding concern to us – *i.e.*, the question of Medicare reimbursement for routine patient care costs for beneficiaries enrolled in clinical trials. The announcement was made after the White House expressly promised representatives of the community that the Administration's initiative would cover *all phases* of clinical trials and would include *not just government-sponsored trials* but also those sponsored by the private sector. The White House also represented that this agreement was reached only after consultation with both HCFA and NIH.

"The community has now met three times with HCFA staff and seen some progress, but no firm resolution of implementation efforts. Recently, additional scheduled meetings have been postponed and not rescheduled. In the absence of these meetings, we are hearing from a variety of concerned parties that efforts to dilute and diminish the scope of coverage promised in the President's announcement are underway. These reports cause us to doubt the resolve of the Administration, and specifically HCFA, to honor the promises made to the cancer community. It was on the basis of those promises that we stood with a bipartisan group of Senators and Representatives to issue press releases and praise publicly the Administration for its action. And it was those promises that led to favorable coverage for President Clinton and Vice President Gore in national television and print media. If those promises are not

The Cancer Letter Takes August Publication Break

The Cancer Letter will not be published during the month of August while the editorial staff takes its summer publishing break.

The customer service office, at 800-513-7042, remains open as usual.

The next issue, Vol. 26 No. 31, is scheduled for publication on Sept. 1. **The Cancer Letter** is published 46 times in the calendar year, with the exception of four weeks in August and the last two weeks of December.

fulfilled, some will believe that the public record should be corrected.

"To clarify our position, we will not be satisfied with coverage of clinical trials that does not cover, as represented, *all phases* of clinical trials and *privately-sponsored trials* as well as those that are government-sponsored. These issues have been reviewed time and again over the years, have resulted in state-by-state coverage of all phases of cancer clinical trials, and, in our view, were thankfully resolved for Medicare by Executive decision of the President. The cancer community wants to know, does HCFA now stand in opposition to that decision?

"At the last meeting with HCFA staff, the community was promised a final decision consistent with our understanding of the Executive Memorandum no later than mid-September. We expect HCFA to honor that commitment, but recent events raise questions not only about the agency's willingness to meet that deadline but also about the willingness of the Administration to abide by its promises to the cancer community.

"The Cancer Leadership Council is next meeting Sept. 7. We are inviting you and your staff, as well as key officials of NIH and the FDA, to explain the position of the Administration on this issue of utmost importance to people with cancer.

"With respect and in appreciation for your leadership on these matters, we thank you in advance for your personal intervention so that bureaucratic resistance to implementing the good intentions of the Administration does not thwart the reasonable expectation of hundreds of thousands of Medicare beneficiaries living under a diagnosis of cancer."

The letter was signed by Alliance for Lung Cancer Support and Education; the American Cancer Society; the American Society of Clinical Oncology; the American Society for Therapeutic Radiology and Oncology; the Association of American Cancer Institutes; CancerCare; the Cancer Research Foundation of America; The Children's Cause; Coalition of National Cancer Cooperative Groups; Colorectal Cancer Network; Cure for Lymphoma Foundation; International Myeloma Foundation; Kidney Cancer Association; The Leukemia & Lymphoma Society; Multiple Myeloma Research Foundation; National Alliance of Breast Cancer Organizations; National Coalition for Cancer Survivorship; National Patient Advocate Foundation; the National Prostate Cancer Coalition; North American Brain Tumor Coalition; Oncology Nursing Society; Ovarian Cancer National Alliance; Pancreatic Cancer Network; The Susan G. Komen Breast Cancer Foundation; US-TOO International, and Y-ME National Breast Cancer Organization.

Cancer Groups Oppose Plan To Cut Drug Reimbursement

Cancer patient and physician groups are working to stop the Administration plan to reduce Medicare reimbursement for drugs.

Oncologists say the change would be devastating to office-based practices since Medicare makes no provision for reimbursing physicians for handling, storing, and ordering the drugs (**Business & Regulatory Report**, June 2000.)

Nonetheless, under a plan that becomes effective on Oct. 1, Medicare carriers will be encouraged by HCFA to use a drug reimbursement scale based on a recalculated Average Wholesale Price, which reflects actual acquisition prices of 50 compounds, which include 20 compounds commonly prescribed to cancer patients.

The House version of the Medicare drug benefits bill was amended recently by Rep. Nancy Johnson (R-CT) to mandate that HHS study the adequacy of the current reimbursement system for office-based oncologists. Under Johnson's amendment, the General Accounting Office would gather information on the existing reimbursement system and assess possible consequences of switching to a payment scheme based on acquisition costs.

However, the Johnson amendment stops short of instructing the Administration to stop its plans for lowering reimbursement.

Separately, three letters recently circulated in the House seek to abort HCFA's implementation of the new policy.

"If reimbursement for drugs is dramatically reduced, many physicians will be unable to continue providing cancer care in their offices, and patients will be deprived of a humane, convenient and cost-effective treatment option," said a letter addressed to HHS Secretary Donna Shalala.

The letter was drafted by the American Society for Clinical Oncology. Though the document is still circulating, at this writing it was signed by 78 House members.

Another letter to Shalala, signed by 34 House members, originated from the office of Rep. Rosa DeLauro (D-CT), a cancer survivor. "[Medicare]

greatly underpays oncology practices," the letter said. "This inequity has been identified for over a decade, but no sufficient correction has been made.

"That is why we are concerned about HCFA's plans to reduce Medicare reimbursement for cancer drugs and other therapies starting Oct. 1. This source of funding has been a crucial safeguard enabling providers to serve patients despite Medicare program's underpayment of drug administration and other essential services.

"Since the agency's plans do not include a long-overdue correction of this underpayment, the reduction in reimbursement for drugs would result in a devastating loss to providers and pose an unprecedented risk to patients," the letter said.

Another, similar letter, was signed by all nine Republican members of the House Rules Committee.

The Cancer Leadership Council, too, recently wrote a letter to President Clinton, urging him to stop the HCFA plan until a rational system of reimbursement for oncology drugs is devised.

In the Cancer Centers:

Edward Benz Named President Of Dana-Farber Cancer Institute

Edward Benz Jr., an internationally recognized hematologist, was named the next president of the Dana-Farber Cancer Institute, the Institute's Board of Trustees announced July 26.

Benz, who will begin at Dana-Farber this fall, is chairman of the Department of Medicine at Johns Hopkins University School of Medicine, where he holds the Sir William Osler Professorship of Medicine. He is the current president of the American Society of Hematology, and is known for his work in the disorders of hemoglobin and the red blood cell membrane.

"Dr. Benz brings much to the Harvard medical community, and I look forward to working with him as a close partner to foster greater research collaboration across all of the Harvard medical institutions," said Harvard Medical School Dean Joseph Martin, chairman of the search committee that selected Benz.

As DFCI president, Benz also will serve as CEO of Dana-Farber/Partners Cancer Care, a collaboration of Dana-Farber, Brigham and Women's Hospital, and Massachusetts General Hospital. Benz also will become principal investigator and director of the Dana-Farber/Harvard Cancer Center, a research consortium created last year that includes Dana-Farber, the Harvard Medical School, BWH, MGH, Children's Hospital, Beth Israel Deaconess Medical Center, and the Harvard School of Public Health. Benz will serve on the governing board of Dana-Farber/Children's Hospital Cancer Care, the Institute's collaboration with Children's Hospital.

"I am grateful for this chance to play a key role in a wonderful collaborative effort to conquer cancer," said Benz. "It has been an enormous privilege to hold the Osler Chair. Only a challenge of extraordinary importance, like this opportunity, could cause me to relinquish it.

"The next decade will be pivotal in the campaign to control cancer, and we are particularly well positioned to lead the decisive assault on these diseases," Benz said. "I am anxious to re-join my many friends and colleagues at Harvard in advancing this cause. It is a special honor to succeed my long time mentor, David Nathan, who has done a fabulous job of bringing so many groups together to form the Dana-Farber/Harvard Cancer Center."

Benz was graduated from Princeton University in 1968 and Harvard Medical School in 1973. He completed his medical school thesis at Children's Hospital in the division of David Nathan, the current Dana-Farber president. He also served as an intern and resident at the Brigham and Women's Hospital.

"I have known Ed Benz for many years, and I can't think of anyone more perfectly prepared to lead Dana-Farber's fight against cancer," said Nathan. "He has the scientific depth, the clinical expertise, and the administrative experience to marshal all of our resources against this deadly disease."

Benz's early work, done in collaboration with Bernard Forget when Benz was a medical student, was the first to show that analysis of gene DNA and its messenger RNA products could be used to study a human disease, beta-thalassemia. More recently, his group has shown that a key red cell membrane protein, protein 4.1, has novel and unexpected roles in cell division and growth control in other tissues, and may be involved in tumor suppression.

Benz received further training at NIH and joined the Department of Medicine at Yale University. Benz became chief of the Division of Hematology at Yale in 1987. In 1993, Benz became chairman of the Department of Medicine at the University of Pittsburgh School of Medicine before joining Johns Hopkins in 1995.

Benz, past president of the American Society

of Clinical Investigation, is a member of the Institute of Medicine of the National Academy of Sciences. He is married to Margaret Vettese, who has been a member of the faculty of the Johns Hopkins School of Nursing. She is an expert in qualitative research and end-of life decision-making.

Univ. of Iowa Cancer Center Wins NCI Cancer Center Grant

The University of Iowa Cancer Center has won an NCI Cancer Center Support Grant for the first time, joining 59 other cancer centers nationwide that hold the prestigious awards.

The center will receive $1.22 million over five years from NCI.

"This is a very exciting development that opens a lot of new doors for us and for our patients," said George Weiner, director of the UI Cancer Center, in Iowa City. "NCI-designated cancer centers collaborate to create new and innovative approaches to cancer research and to effectively move this research from the laboratory into clinical trials and into clinical practice."

The UI Cancer Center, a component of University of Iowa Health Care, was established in 1980, and includes 100 clinical faculty and 140 researchers from 29 departments and six colleges. University of Iowa Health Care is a partnership between the UI College of Medicine and the UI Hospitals and Clinics.

The center has six formal research programs: cancer epidemiology, cellular activation and cancer, experimental therapeutics, free radicals and membranes, tumor virology, and molecular mechanisms of metastasis.

The center's top leadership includes Mary Hendrix, deputy director and associate director for basic research, who is the current president of the Federation of American Societies of Experimental Biology, and Raymond Hohl, associate director for clinical research.

In the early 1990's, the center held an NCI Cancer Center Planning Grant, designed to help institutions become competitive for the larger Support Grants.

Weiner attributed the center's success in winning the grant to two factors: "First, we had outstanding institutional support from the university, the College of Medicine, and the hospital. Second, we have a culture of collaboration and cooperation, with physicians and scientists working together."

The center has a referral-area population of about 3 million, and last year, saw 2,500 new cancer cases, Weiner said. "We are a major center despite our rural location," he said.

Sen. Tom Harkin (D-IA), ranking member of the Senate Labor, Health and Human Services Appropriations Subcommittee, and a leading supporter of increased federal funding for cancer research, said he was "thrilled" that the center received the grant. "Increased funding for cancer research has always been a priority for me," Harkin said. "I plan to continue to fight for funding to increase resources to win the war against cancer. Gaining NCI designation is a step closer towards achieving that goal."

The NCI recognition is "timely" for the center, Weiner said, because a new cancer research building is under construction and scheduled to be completed toward the end of next year.

"This will help us to continue to grow and strengthen our programs," he said.

Science Policy:

75% Of Fed Research Funds Pay Direct Costs, Study Says

About three-quarters of the federal investment in research supports the direct costs of conducting research, according to a report released earlier this week by the White House Office of Science and Technology Policy.

The remainder of the investment reimburses indirect costs, the report said. These are general expenses that cannot be associated with a specific research project, but are used collectively by many research projects at the academic institution.

The report, "Analysis of Facilities and Administrative Costs at Universities," provides an analysis of indirect costs requested by Congress in the National Science Foundation's Authorization Act of 1998.

Indirect costs primarily support construction, maintenance and operation of facilities used for research and for supporting administrative expenses such as financial management, institutional review boards and environment, health and safety management, the report said.

Copies of the report will be available on OSTP's website at: http://www.whitehouse.gov/WH/EOP/OSTP/html/OSTP_Home.html.

More Women Over 50 Report Having Had Mammograms

Nearly seven out of 10 women aged 50 years and over say they have had a mammogram in the past two years, according to new data released earlier this week in the latest comprehensive report on the nation's health.

According to the report, "Health, United States: 2000," released by the Centers for Disease Control and Prevention's National Center for Health Statistics, 69 percent of women ages 50 and over reported recent mammography in 1998, up from 61 percent in 1994, and more than two-and-a-half times the total from 1987 (27 percent).

"We've come a long way in educating women about the importance of early detection as a vital prevention tool in battling breast cancer," said HHS Secretary Donna Shalala. "With our expanded Medicare coverage for annual mammograms, we're hoping to see this upward trend continue."

Substantial increases in mammography screening occurred for poor women as well as for women with family incomes at or above the federal poverty level. However, poor women were less likely to receive screening than women at higher income levels. Among women living below the poverty threshold in 1998, 53 percent reported recent mammography screening compared with 72 percent of women at or above poverty.

Age-adjusted death rates from breast cancer for women fell to 19 deaths per 100,000 in 1998, down from 23 in 1990.

"Health, United States: 2000" can be downloaded from http://www.cdc.gov/nchs.

Funding Opportunities:
RFAs Available

RFA: In Vivo Cellular and Molecular Imaging Centers

The objective is to establish ICMCI for in vivo cancer imaging. The centers are designed to provide institutions with an organizational structure, core facilities, resources for pilot projects, and training opportunities for research in molecular/functional oncologic imaging. Investigators within an ICMIC will conduct multidisciplinary research requiring interaction between scientific areas, including, but not limited to, imaging sciences, chemistry, radio-pharmaceutical chemistry, cellular biology, computer science, physics, and immunology. Such multidisciplinary centers will stimulate and streamline molecular/functional cancer imaging research.

Inquiries: Anne Menkens, Diagnostic Imaging Program, Division of Cancer Treatment and Diagnosis, NCI, phone 301-496-9531; e-mail: am187k@nih.gov

RFA GM-00-006: Pilot Projects for the Protein Structure Initiative (Structural Genomics)

Letter of Intent Receipt Date: Nov. 3, 2000

Application Receipt Date: Feb. 12, 2001

The National Institute of General Medical Sciences encourages applications for research centers that will serve as pilots to examine the best approach for developing subsequent integrated, large-scale research networks in structural genomics.

Inquiries: John Norvell, Division of Cell Biology and Biophysics, NIGMS, 45 Center Drive, Rm 2AS.13B, Bethesda, MD 20892-6200, phone 301-594-0533; fax 301-480-2004; e-mail norvellj@nigms.nih.gov

RFA HG-00-002: Network for Large-Scale Sequencing of the Rat Genome

Letter of Intent Receipt Date: Aug. 15, 2000

Application Receipt Date: Sept. 21, 2000

This is a joint initiative between the NHGRI and the NHLBI to expand the current NHGRI program for sequencing the rat genome (Rat Genome Database http://rgd.mcw.edu/). The announcement is intended to solicit proposals to accomplish two of the sequencing elements of this program: light sequence coverage of individual BAC clones, and whole genome shotgun sequencing.

Inquiries: For sequencing—Jane Peterson, Division of Extramural Research, National Human Genome Research Institute, NIH, Bldg. 31, Rm 2B07 MSC 2033, Bethesda, MD 20892-2033, phone 301-496-7531; fax 301-480-2770; e-mail Jane_Peterson@nih.gov. For review—Ken Nakamura, scientific review administrator, Office of Scientific Review, National Human Genome Research Institute, NIH, Bldg. 31, Rm B2B37, MSC 2032, Bethesda, MD 0982-2032, phone 301-402-0838, e-mail Ken_Nakamura@nih.gov

Other Funding Notices:

Development of Clinical Imaging Drug Enhancers

NCI announces DCIDE, a new program to make available to investigators on a competitive basis the preclinical development contract resources of NCI.

The goal of DCIDE is the development of promising imaging molecular probes or enhancers that are otherwise unlikely to undergo further development leading to investigational new drug applications. DCIDE will provide or facilite any or all of the preclinical development requirements, including, for example, pharmacokinetics, dosimetry, and IND-directed toxicology.

For further information, visit the website http://www.nci.nih.gov/bip/dcide.htm. For inquiries, send email to: tatumj@mail.nih.gov.

In Brief:

Henry Brem Named Director Of Neurology At Johns Hopkins

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will serve as Republican co-chairman of the bipartisan Biotechnology Caucus. The 60-member caucus, which is planning an introductory seminar with academic experts in the fall, plans to educate Members of Congress about the safety and potential of biotechnology to enhance agricultural and pharmaceutical products. . . . **HENRY BREM** has accepted the position of Harvey Cushing Professor and Director of Neurosurgery at the Johns Hopkins Medical Institutions, effective Sept. 1. Brem joined the Hopkins faculty in 1984 and is known for his work with controlled release polymers for brain tumors. The Society of Neurological Surgeons recently gave Brem the Grass Foundation Award, its highest honor for leadership in neurosurgical research. Brem received his undergraduate degree from New York University in 1973, and his MD from Harvard Medical School in 1978. He interned at Peter Bent Brigham Hospital as a general surgical resident and then was a fellow in neurosurgery and ophthalmology at Hopkins in 1979-80. He trained in neurosurgery at Columbia College of Physicians and Surgeons, finishing in 1984. Brem has served as vice chairman of the department since 1995. He will take over from **Donlin Long**, who served as neurosurgery director for 27 years. Long will continue as a member of the faculty. . . . **RAYMOND WHITE**, chairman of the Department of Oncological Sciences and founding director of science at the Huntsman Cancer Institute, University of Utah School of Medicine, was appointed chief scientific officer for DNA Sciences of Mountain View, CA. White, known for his genetic research in retinoblastoma and colon cancer, will head a team working to identify genetic variations in a number of diseases, such as breast cancer, diabetes and coronary heart disease. . . . **ZE'EV SHAKED** was appointed president of Ilex Products, a wholly-owned subsidiary of Ilex Oncology. Shaked, an Ilex consultant for the past five years with extensive senior management, research and product development experience in the biotechnology industry, will be responsible for the overall development of the proprietary pipeline of anti-cancer drugs. . . . **KEITH BLACK**, director of the Cedars-Sinai Maxine Dunitz Neurosurgical Institute, known for his work on the blood-brain barrier, received the Javits Neurosurgical Investigator Award from the National Institute of Neurological Disorders and Stroke. The grant, which will provide more than $2.8 million in research and administrative funding over seven years, will support Black's studies of a biologic mechanism to treat brain cancers with chemotherapy. Black, the Ruth and Lawrence Harvey Chair in Neurosciences, is also director of the Division of Neurosurgery and the Comprehensive Brain Tumor Program at Cedars-Sinai. . . . **KIM THIBOLDEAUX** was appointed national president of The Wellness Community, a Cincinnati-based cancer patient support organization. Thiboldeaux was director of patient relations, oncology and transplant, at Hoffmann-LaRoche Inc., and prior to that, served as director of corporate relations at Whitman-Walker Clinic, in Washington, DC. . . . **CENTERS FOR DISEASE CONTROL** is continuing for a second year its Screen for Life campaign to promote regular colorectal screenings for individuals most at risk, those 50 or older, said HHS Secretary **Donna Shalala**. The program informs individuals about the benefits of regular screenings and about insurance plans, such as Medicare, that help pay for the screenings. "With Medicare and many insurance plans now helping to pay for colorectal cancer screening, we have a tremendous opportunity to save thousands of lives," said Shalala at a ceremony marking the 35th anniversary of Medicare. . . . **"DEVELOPING TECHNOLOGIES** for Early Detection of Breast Cancer: A Public Workshop Summary," by the Institute of Medicine, is the summary of a recent workshop that described a number of new and improved technologies in development to detect breast cancer early, the strengths and weaknesses of each, and potential barriers to their introduction. The report is available at http://www.nap.edu/catalog/9893.html. . . . **CORRECTION:** An article in the July 14 issue of **The Cancer Letter** incorrectly attributed a quote to **Bernard Glassman**, NCI special expert in informatics. Glassman was reading from a slide containing a remark by **Don Berwick**, president and CEO of the Institute for Healthcare Improvement, from Berwick's December 1999 speech to the National Forum on Quality Improvement in Health Care. The full quotation was as follows: "Information, we now see, is care. People want knowledge, and the transfer of knowledge is caring, itself. Whenever we put a block or bottleneck in the way of knowledge transfer, we add cost without value, and fail to meet need."

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Business & Regulatory Report

Formerly "Cancer Economics"

Clinical Trials:

US Oncology Begins Phase III Trial Of Bcl-2 Antisense With Chemo For Melanoma

US Oncology (Nasdaq: USON) of Houston, TX, said it has begun a randomized phase III trial of Bcl-2 antisense (G3139) in combination with standard chemotherapy for advanced malignant melanoma.

The investigational study will examine the safety and efficacy of G3139 combined with dacarbazine (DTIC), the company said. Sponsored by **Genta Inc. (**Nasdaq: GNTA), the trial will involve cancer centers and oncology practices in North America and Europe.

In clinical study results of G3139 plus DTIC in melanoma reported

(Continued to page 2)

Product Approvals & Applications:

FDA Approves Tamoxifen For DCIS Following Breast Surgery And Radiation

AstraZeneca (NYSE: AZN) of Wilmington, DE, said FDA has approved its breast cancer drug Nolvadex (tamoxifen citrate) for ductal carcinoma in situ following breast surgery and radiation.

Nolvadex is the first medication to be approved for DCIS, the company said.

The FDA submission was based on data from a study conducted by NSABP that included 1,804 women with DCIS who had a lumpectomy and radiation therapy. Half of those patients were prescribed tamoxifen and half received a placebo. After an average follow-up period of more than five years, the researchers found that the addition of tamoxifen to the treatment regimen significantly reduced the incidence of invasive breast cancer by 43 percent among women assigned to Nolvadex (44 cases Nolvadex, 74 cases placebo; p=0.004). Survival was similar in the placebo and Nolvadex groups, the company said.

* * *

Axcan Pharma (NASDAQ: AXCA) of Mont Saint-Hilaire, Quebec, said Photofrin, the photodynamic therapy it recently acquired from **Qlt PhotoTherapeutics Inc**. of Vancouver, BC, has been approved by the Medical Products Agency of Sweden for the palliative treatment of obstructive esophageal cancer and for the palliative treatment of obstructing endobronchial non small cell lung cancer.

Photofrin was also approved by the Italian and Irish Health authorities for similar indications, the company said. The new approvals bring to 11

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Company Begins Phase III Trial Of Bcl-2 Antisense Therapy

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by Burkhard Jansen, University of Vienna, at the American Association for Cancer Research earlier this year, doses of G3139 greater than or equal to 1.7 mg/kg/day led to 20 percent-70 percent reduction of bcl-2 protein in tumor biopsy samples compared to baseline, the company said. To date, 6 of 14 evaluable patients (43 percent) have shown anti-tumor responses, several of which have been sustained more than 1 year. The median survival has not been reached but is estimated to exceed nine months. The study is the first to document that systemic clinical treatment with an antisense molecule down-regulates its target in patients with solid tumors, the company said.

"Decreasing bcl-2 protein production in melanoma cells may be an important development for treating this disease," said Gerald Edelman, a principal investigator of US Oncology. "There is extensive laboratory evidence that bcl-2 can make tumors drug-resistant. Antisense-induced down-regulation of bcl-2 combined with standard anticancer therapy, for now should be considered an investigational approach to the treatment of patients with chemotherapy-resistant neoplasms."

In addition to melanoma, G3139 is currently in development for treatment of leukemia, lymphoma, and cancers of the prostate, lung, colon, and breast, the company said.

* * *

Antigenics Inc. (Nasdaq: AGEN) of New York said it would begin a phase III trial of Oncophage for the treatment of renal cell carcinoma.

The randomized, two-arm study comparing surgical removal of the primary tumor followed by outpatient treatment with Oncophage to standard treatment, will take place at 80 centers worldwide, will include at least 500 patients and will be the largest clinical trial of any patient-specific treatment to date. Study endpoints will include overall survival and progression-free survival, the company said.

Clinical studies using the treatment began in 1997. Phase I/II and phase II studies have been conducted in pancreatic, colorectal, gastric and kidney cancers, as well as melanoma and non-Hodgkin's lymphoma, the company said.

Oncophage is comprised of a specific class of heat shock proteins manufactured from the tumor tissue of each patient and contains an antigenic fingerprint of the cancer, the company said. The signals have the capacity to activate the immune system eliciting a powerful anti-tumor response. The tumors are shipped to the Antigenics facility where the individualized vaccines are manufactured in under 10 hours, the company said.

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Antisoma plc of London, England, said it would resume enrolment of its phase III SMART trial for the treatment of ovarian cancer.

Antisoma said it had delayed patient enrolment following a review of data, summarized in the American Society of Clinical Oncology abstract #1514, as a precautionary measure to allow independent assessments. The assessments were conducted under the auspices of the Imperial Cancer Research Fund.

The SMART clinical trial Independent Safety Committee has evaluated the independent assessments and the safety information available in the SMART clinical trial and has repeated its statement strongly recommending that recruitment into the trial be continued, the company said.

"It is important to complete the trial as soon as possible so that we can establish if this therapy can provide a safe and effective treatment for women with ovarian cancer," said Glyn Edwards, CEO of Antisoma.

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Cel-Sci Corp. (AMEX: CVM, Berlin/Frankfurt Stock Exchange: LSR) of Vienna, VA, said it would begin a phase II trial of Multikine, its immunotherapy adjuvant drug, in head and neck cancer.

The study will enroll up to 20 patients, with previously untreated primary squamous cell carcinoma, in two dose groups, the company said. The drug will be administered as part of an 18 day regimen given prior to the scheduled treatment, usually surgery. In previous studies Multikine was shown to be safe and well-tolerated, the company said.

Multikine contains Interleukin-2 and other cytokines, several of which are being investigated individually as potential cancer and AIDS treatments, the company said.

The drug has been tested as an adjuvant cancer therapy in over 140 head and neck cancer patients, AIDS patients and prostate cancer patients in the U.S., Canada, Israel, the Czech Republic, Hungary and Poland, the company said.

"The purpose of the study to determine the best dose of Multikine to proceed with into phase III trials," said Maximilian de Clara, president of CEL-SCI Corp. "We have data from several studies that suggest that Multikine injected around the tumor prior to first-line therapy, usually surgery, leads to targeted anti-tumor immune responses in a certain number of patients. Our ultimate goal is to show that those responses translate into improved clinical outcome for the patients."

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Eli Lilly and Co. (NYSE: LLY) of Indianapolis, IN, said it has stopped enrollment in a phase III trial investigating the therapeutic potential of recombinant human activated protein C in the treatment of severe sepsis, which can be triggered by conditions such as cancer.

Lilly said an interim analysis found the placebo-controlled trial results met the criteria for reduced mortality among recombinant human activated protein C-treated sepsis patients. Recombinant human activated protein C will be marketed as Zovant if it receives regulatory approval, the company said.

Sepsis can be triggered by events such as pneumonia, trauma, surgery and burns, or by conditions such as cancer and AIDS, the company said.

The decision to stop enrollment of new patients in the PROWESS (Recombinant Human Activated Protein C Worldwide Evaluation in Severe Sepsis) trial follows a favorable June recommendation by an independent Data and Safety Monitoring Board, which conducted a regularly scheduled interim analysis of the study, the company said. The DSMB, comprised of a small group of experts separate from Lilly, found positive results based on 1,520 patients in the trial with a primary endpoint of 28-day all- cause mortality.

Lilly executives said they are encouraged with the interim analysis and are hopeful the results of the full evaluation of the data will support a submission to regulatory authorities for approval of Zovant.

"There is a serious unmet medical need for more than 1.5 million people worldwide annually who have sepsis since there are currently no pharmacological agents approved to treat this often fatal disease," said August Watanabe, executive vice president, science and technology for Lilly.

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EntreMed Inc. (Nasdaq: ENMD) of Rockville, MD, said it has begun a phase I trial of Angiostatin, a naturally occurring inhibitor of angiogenesis, in a dose escalation method combined with radiation therapy for advanced cancer.

A phase I safety evaluation of Angiostatin as a single agent began this year, also at Thomas Jefferson University Hospital by Robert Capizzi. The study is ongoing, the company said.

"Preclinical observations by Weichselbaum et al showed that Angiostatin potentiated the effect of radiotherapy on endothelial cells," said Walter Curran, chairman, Department of Radiation Oncology, Jefferson Medical College, clinical director of the Jefferson Kimmel Cancer Center, principal investigator for the combination trial and chairman of the Radiation Therapy Oncology Group. "Adding Angiostatin to radiation therapy combines this synergistic antiangiogenic effect with the direct tumor cell-killing effect of radiation and could provide radiation oncologists a way to enhance the effectiveness of their therapies."

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IntraBiotics Pharmaceuticals Inc. (Nasdaq: IBPI) of Mountain View, CA, said it has begun enrollment in a phase III trial of Ramoplanin Oral to prevent infection due to vancomycin-resistant enterococcus in cancer patients known to carry VRE bacteria in their intestines.

Ramoplanin solution is administered orally prior to chemotherapy treatment, the company said. The trial is designed to demonstrate whether the solution

kills sufficient VRE in the intestine to reduce the overall number of bloodstream infections.

The 1,000 patient phase III study is designed to evaluate the safety and efficacy of Ramoplanin in patients experiencing extended periods of infection fighting impairment because of chemotherapy.

"VRE has emerged as a major pathogen in patients undergoing chemotherapy, especially those receiving a bone marrow transplant, a peripheral blood stem cell transplant or those being treated for leukemia," said Frank Giles, associate professor at M.D. Anderson Cancer Center and an investigator in the trial. "Colonization of patients by this organism may reach epidemic proportions at many leading cancer centers. The availability of a new agent which effectively prevents VRE infections would be a major advance in the care of these severely ill patients."

The trial is the second phase III trial initiated this year, the company said. A phase III trial for Protegrin IB-367 Oral Rinse, an antibiotic that reduces the severity of oral mucositis, a side effect of cancer therapies.

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ML Laboratories plc, of Warrington, UK, said its gene therapy subsidiary **Cobra Therapeutics**, of Birmingham, England, had begun phase I/II trials of its gene therapy cancer treatment CTL102/CB1954 for liver tumors.

Regulatory approval was granted for a multi-center clinical trial in head and neck cancers, the company said.

The treatment is the lead product in the Cobra gene directed enzyme prodrug therapy program. The mechanism of action is the introduction by direct injection of a specific gene into the cancer cells. Once inside the cell the gene facilitates the production of an enzyme capable of converting CB1954, a harmless chemical, which is administered by separate intravenous injection, into a highly active chemotherapeutic agent with the ability to kill the cancer cells, the company said.

The combination of CTL102 and CB1954 has been effective in causing the shrinkage of a number of common tumors at doses that are well tolerated, the company said.

The trial, which is taking place at the CRC Institute for Cancer Studies in Birmingham, will recruit as many as 30 patients, both with primary liver cancer and liver tumors resulting from colorectal secondaries, over a period of approximately 12 months. At that stage Cobra said it expects to begin phase II efficacy trials that could form the basis of registration of the product. "We are hopeful that the novelty of the product, combined with the delivery vehicle will establish a platform from which a pipeline of gene therapy products can be developed for the treatment of other tumors and malignancies," said Stuart Sim, CEO of ML Laboratories.

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Onyx Pharmaceuticals Inc. (Nasdaq: ONXX) of Richmond, CA, said it has begun phase I clinical testing in Germany with its partner, **Bayer Corp**. of Leverkeusen, Germany, for a cancer agent, a Ras pathway inhibitor.

Onyx said an investigational new drug application for this compound was filed earlier this year. Additional international regulatory filings for phase I multi-dose trials in Canada and Belgium are planned, the company said

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Titan Pharmaceuticals Inc. (AMEX: TTP) of South San Francisco, said it has acquired worldwide rights to gallium maltolate, a proprietary, experimental orally active agent for the treatment of cancer and other conditions.

Titan said phase I testing has been completed and phase II development would begin for the treatment of certain cancers.

Gallium maltolate contains an oral form of gallium, a semi-metallic element known to concentrate in malignant tumors and sites of infection, the company said. In pilot clinical studies, intravenously administered gallium has demonstrated preliminary evidence of anti-tumor activity in several cancer indications, including multiple myeloma, lymphoma and bladder cancer, the company said.

Titan said gallium maltolate might unlock the therapeutic potential of gallium, by providing an orally active formulation for treatment of cancer and other diseases. Recent phase I studies have demonstrated a good safety profile, with attainment of potentially therapeutic serum drug levels, and pharmacokinetics that support twice a day or once a day dosing, the company said.

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Tularik Inc. (Nasdaq: TLRK) of San Francisco, said it has begun a phase II efficacy and phase I combination studies in major cancer centers worldwide for its anti-cancer compound T64 (lometrexol) .

T64, an antifolate, inhibits purine biosynthesis. Currently, there are no specific inhibitors of purine

biosynthesis approved for the treatment of solid tumors, the company said.

In phase I trials, a total of five partial responses and onecomplete response were observed in multiple tumor types and in different cancer centers, the company said. "We are encouraged by this early data and look forward to efficiently and successfully advancing this compound through the clinic," said Jackie Walling, medical director at Tularik. "The initiation of the phase II studies represent a significant milestone in our clinical development program."

Phase II studies will be conducted in cancer centers in the U.S., UK and Australia and for soft-tissue sarcoma, melanoma, breast cancer, non-small cell lung cancer and head and neck cancer, the company said.

T64 is being evaluated in phase I combination studies with each of the following agents: temozolomide, doxorubicin, carboplatin, gemcitabine and paclitaxel, the company said. The studies will be conducted in cancer centers in the U.S., UK and the Netherlands.

Deals & Collaborations:

Firm Buys Rights To NK T Cells From Beth Israel Deaconess

Aquila Biopharmaceuticals Inc. (Nasdaq: AQLA) of Framingham, MA, said it has acquired rights from **Beth Israel Deaconess Medical Center** to NK T cells, antibodies that expand and activate a specific, disease fighting T cell population of white blood cells, for cancer treatment.

The antibodies may be developed as part of an ex vivo cellular therapy or in vivo therapy to treat cancer as well as autoimmune disorders and chronic viral infections, the company said. Clinical trials will begin in 2001 for a cancer product.

NK T cells are thought to play a regulatory role in fighting disease, the company said. In early studies conducted by BIDMC and Dana Farber Cancer Institute, the antibodies were shown to specifically expand the population of NK T cells without requiring presentation of antigen by antigen presenting cells. Individuals with certain forms of cancer and those with type I diabetes have a substantially reduced number of NK T cells, the company said.

"This technology is an important and complementary addition to our CD1 platform and adjuvant technologies and represents a near term clinical program using an ex vivo approach," said Alison Taunton-Rigby, CEO of Aquila Biopharmaceuticals. "The initial therapy we plan to investigate involves removal of a blood sample, expansion of the NK T cells in vitro using the antibodies, and reinfusion of the expanded NK T cells."

The antibodies were discovered as a result of collaboration between scientists at BIDMC and DFCI who were studying NK T cells, a population of T cells that are distinguished by their expression of a cell surface marker found on natural killer cells and a conserved invariant T cell receptor. Additional research has shown that NK T cells respond to antigens presented by CD1. CD1 proteins comprise a natural antigen processing and presentation system that Aquila is developing for use in immune modulating products.

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AVI BioPharma Inc. (Nasdaq:AVII) (Nasdaq:AVIIW) (Nasdaq:AVIIZ) of Portland, OR, said it has entered into a five-year agreement with **Lorus Therapeutics Inc.** (TSE:LOR) (OTCBB: LORFF) of Toronto, Canada, to evaluate and co-develop antisense drug therapies for cancer and infectious diseases.

Under the agreement, each company would retain an ownership interest in any jointly developed compound, and drugs discovered together may also be developed independently with royalty payments to the other party, the company said.

AVI said it would contribute its Neugene-based antisense backbone. Lorus would make available a series of its proprietary cancer and infectious disease targets and will spearhead the collaborative research program by performing molecular, cell and animal biology experiments, the company said.

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Genzyme Molecular Oncology (Nasdaq: GZMO) of Framingham, MA, said it has exclusively licensed high-density DNA array diagnostic and research rights related to the p53 gene to **Affymetrix Inc.** (Nasdaq: AFFX) for use on its GeneChip arrays.

In exchange for the rights, Genzyme said it would receive an up-front payment, milestones, and minimum royalties on the sale of future GeneChip products that utilize the gene. The Affymetrix license will allow GeneChip array customers to conduct microarray-based p53 tests without seeking an additional license from Genzyme, the company said.

"Genzyme Molecular Oncology has a significant patent estate related to the p53 gene and we have

been very successful in leveraging this asset to fund our research and development efforts," said Gail Maderis, GMO president.

Affymetrix said its GeneChip p53 assay uses more than 50,000 DNA probes synthesized on a glass chip to analyze the coding region of the gene. The assay has been shown to have an accuracy of greater than 99 percent, and is designed to be faster and easier to use than conventional methods of analysis, the company said.

A range of diagnostic and therapeutic rights to the p53 gene are exclusively licensed to GMO by Johns Hopkins University and are based on work done by Bert Vogelstein and others of the Johns Hopkins Oncology Center.

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Impath Inc. (Nasdaq: IMPH) of New York, a cancer information company, said it has signed an agreement with **Millennium Pharmaceuticals Inc.** (Nasdaq: MLNM), to provide a range of its services including use of cancerous tissue samples, biopharmaceutical and information products for the Millennium product development efforts.

"Over the years, we have been aggressively building our capabilities to expand our reputation as a significant resource for those involved in the management of cancer," said Anu Saad, president and CEO of Impath. "We are able to provide a unique combination of drug discovery and development tools partially because of the number of patient specimens sent to our Physician Services business for diagnostic, prognostic and/or follow-up information—more than 148,000 in 1999 alone."

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Matritech Inc. (Nasdaq: NMPS) of Newton, MA, said it has acquired **ADL** of Freiburg, Germany, a distributor of diagnostic testing products including the Matrich NMP22 test kit for bladder cancer.

The agreement calls for an exchange of 100 percent of the shares of ADL in return for an initial issuance of 37,153 shares of Matritech common stock, the company said.

The Matritech nuclear matrix protein core technology correlates levels of NMPs in body fluids to the presence of cancer, the company said. Published clinical studies have validated the ability of NMPs to detect early-stage cancerous abnormalities.

Matritech has a deep pipeline of NMP-based products in pre- clinical and clinical development for the detection of major cancers including bladder, cervical, breast, prostate and colon cancers, the company said.

The NMP22 Test Kit is cleared for marketing in the U.S. for management and screening for bladder cancer. It is also sold in Europe and Japan, the company said.

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Myriad Genetics Inc. (Nasdaq: MYGN) of Salt Lake City, UT, said it has signed a multi-year agreement with **Harvard Pilgrim Health Care**, a not-for-profit New England health plan, for BRACAnalysis testing to Harvard Pilgrim members at heightened risk of breast and ovarian cancers.

BRACAnalysis is a test for genetic predisposition to cancer based on comprehensive DNA sequence analysis of the BRCA1 and BRCA2 genes, the company said.

Because mutations in the BRCA1 and BRCA2 genes are believed to be responsible for most hereditary breast and ovarian cancer, it is recommended that BRACAnalysis testing should only be conducted among women who are at high-risk for breast cancer or ovarian cancer. This includes patients with familial cancer syndromes and relatives of those who have tested positive for a mutation in one of the two breast and ovarian cancer genes, the company said.

"Recent advances in medical care for individuals that test positive for breast or ovarian cancer can allow them and their families to live longer, healthier lives," said Gregory Critchfield, president of Myriad Genetic Laboratories Inc. "By working with Harvard Pilgrim, we hope to provide an important diagnostic tool to its affiliated physicians that will help improve the care and treatment outcomes of Harvard Pilgrim members who are at increased risk of these types of cancers."

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NaPro BioTherapeutics Inc. (Nasdaq: NPRO) of Boulder, CO, said it has received its first milestone payment under the strategic licensing, development and marketing agreement with **Abbott Laboratories** of Abbott Park, IL, for the development and marketing of paclitaxel in the U.S.

NaPro said it received a $4 million milestone cash payment from Abbott for 711,111 shares of common stock at $5.625 per share. NaPro said its practice not to disclose events that trigger milestone payments under its agreements with Abbott or to comment on the progress of clinical programs or regulatory filings.

"All of us at NaPro and Abbott look forward to the day when we can bring NaPro paclitaxel, this important chemotherapeutic agent, to patients in the U.S. just as we are currently doing in 45 countries with our other paclitaxel partner F. H. Faulding, said Leonard Shaykin, chairman and CEO of NaPro.

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Northwest Biotherapeutics Inc. of Seattle, WA, said it has executed an option to secure an exclusive worldwide license from **University of California** for a kidney cancer tumor-specific antigen (GM-CSF/G250) for use with its proprietary dendritic cell-based immunotherapy (DCVax) for cancer.

The optioned technology was developed Arie Belldegrun, professor of Urology and chief, Division of Urologic Oncology at UCLA and Cho-Lea Tso.

"G250 represents a potentially exciting new kidney cancer-specific target for immunotherapy and should prove to be an ideal complement to NWBio's approach to cancer therapy," said Belldegrun.

"Securing an option for G250 represents an important milestone in executing our strategy to extend DCVax to other lethal forms of cancer," said Alton Boynton, chief scientific officer and founder of Northwest Biotherapeutics. "We hope to use a patient's immune system stimulated by our DCVax armed with G250 to seek out and destroy kidney cancer cells. This will be administered similar to our DCVax armed with recombinant prostate specific membrane antigen currently in clinical trials for end-stage prostate cancer at MD Anderson, Houston and UCLA."

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ProMetic BioSciences of Montreal, a wholly owned subsidiary of **ProMetic Life Sciences** (ProMetic: Toronto: PLI) said it has in-licensed worldwide patent rights from **ConvaTec**, a division of **Bristol-Myers Squibb**, to manufacture and use sterile adsorbent materials for the removal of administered biomedical agents such as radiopharmaceuticals.

The exclusive license further consolidates the ProMetic proprietary positioning of its platform technology in biomedical applications, the company said. The in- licensed patent rights will enable ProMetic to partner with other companies to develop improved biomedical devices for the cancer treatment and diagnosis, the company said.

The result of a long-standing collaboration with **ConvaTec**, the patent allows ProMetic exclusive access to patents filed by BMS providing enhanced proprietary protection, the company said.

The treatment of cancer with radiotherapeutic agents is a market estimated at $1.8 billion, the company said. The increasing use of radiolabelled antibodies targeted at specific tumor sites should contribute to its growth. The application of its technology is expected to provide beneficial increases in safety and efficacy, the company said.

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Stanford University of Palo Alto, CA, said it has granted a license to **Mycota Biosciences Inc.,** of Montreal, to use a proprietary technology that allows for accurate and reliable screening of thousands of candidate drug targets simultaneously.

Mycota Biosciences said it will use the technology when it reaches the drug screening phase of its work on Candida albicans, the most common human fungal pathogen which can cause a range of infections from diaper rash and vaginitis to immune system infections for those disabled by HIV, cancer, organ transplants or other surgeries.

Mycota Biosciences, which began the project this year, said it expects to complete the identification of nearly all the potential antifungal drug targets of Candida albicans by fall.

The company said it expects to begin high throughput drug screening using the Stanford technology and several other enabling technologies.

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UroGenesys Inc. of Santa Monica, CA, said it has signed an agreement providing **Genentech Inc.** (NYSE: DNA) of South San Francisco, with an exclusive worldwide license to develop antibody-based therapeutics for cancer using Prostate Stem Cell Antigen as a target antigen.

The license grant covers patent rights to PSCA as a target for antibody therapy in any cancer indication, as well as a panel of monoclonal antibodies, the company said. Under the agreement, UroGenesys said it could receive, contingent on program success, milestone and other payments totaling $33 million, in addition to royalties on product sales.

PSCA is a cell surface protein whose expression is elevated in greater than 80 percent of all stages of prostate cancer, including bone metastatic lesions, and in the majority of bladder cancer patients. UroGenesys said it holds an exclusive license to PSCA-related patents from UCLA and has been validating its potential as an antibody target in its proprietary xenograft models of human cancer in mice.

Product Approvals & Applications:

Sweden Approves Photofrin For Palliation Of Two Cancers

(Continued from page 1)

the number of European countries in which Photofrin can now be marketed, including France, Finland, Germany, the Netherlands, Portugal and the U.K.

As a palliative treatment for advanced esophageal or lung cancer, photodynamic therapy offers symptomatic relief and an improved quality of life by debulking large, obstructing tumors and by eliminating blood vessels which feed the tumor, the company said.

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Bristol-Myers Squibb Co. (NYSE: BMY) of Princeton, NJ, said FDA has approved a shorter administration regimen for Taxol (paclitaxel) injection for the treatment of advanced ovarian cancer.

FDA granted approval for the dosing regimen based on results from a multi-national, phase III randomized trial, the company said.

The regimen recognizes the greater effectiveness of Taxol at a dose of 175 mg/m2 in combination with cisplatin (75 mg/m2) in a three-hour regimen outpatient setting every three weeks compared to the standard therapy (cyclophosphamide 750 mg/m2 followed by cisplatin 75 mg/m2), the company said. Taxol is also approved for use in advanced ovarian cancer at 135 mg/m2 over a 24-hour infusion period given in combination with cisplatin (75 mg/m2) every three weeks.

The registrational (OV-10/BMS CA139/209) trial, conducted by a Canadian-European consortium of cooperative groups, enrolled 680 women with stage IIb through stage IV ovarian cancer to receive treatment with either Taxol/cisplatin or cisplatin/cyclophosphamide. Women were randomized to receive Taxol at 175 mg/m2 followed by cisplatin at 75 mg/m2 every three hours, every three weeks or cyclophosphamide (750 mg/m2) followed by cisplatin (75 mg/m2) over three hours, every three weeks for a median of six courses.

BMS said women in the Taxol arm experienced significantly improved overall survival (35.6 months) compared to women in the cyclophosphamide arm (25.9 months). Progression-free survival was significantly higher for the women who received the Taxol regimen compared to the cyclophosphamide regimen (15.3 months versus 11.5 months). Progression-free survival in the Taxol arm remained significantly greater even after considering prognostic factors such as age, stage of disease, grade of disease and residual disease. Response rates were higher in the Taxol arm.

The study confirmed the safety of a three-hour Taxol infusion with cisplatin and demonstrated that this combination resulted in a lower incidence of severe neutropenia than cyclophosphamide/cisplatin (33 percent vs. 43 percent). The incidence of myalgia/arthralgia and severe neurotoxicity with Taxol/cisplatin, however, was greater than in the cyclophosphamide/cisplatin group (60 percent vs. 27 percent vs. 21 percent vs. 27 percent).

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Cell Therapeutics Inc. (Nasdaq: CTIC) of Seattle, WA, said its cancer drug treatment, Arsenic TriOxide, has been granted orphan drug designation by FDA for the treatment of myelodysplastic syndromes.

MDS may develop following treatment with drugs or radiation therapy for other diseases, or it may develop without any known cause, the company said. Earlier this year, Arsenic TriOxide received orphan drug designation for the treatment of multiple myeloma, the company said.

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Duramed Pharmaceuticals Inc. (Nasdaq: DRMD) of Cincinnati, OH, said FDA has approved its supplemental application for the addition of a 250 mg dosage strength of Hydroxyurea capsules used to reduce tumors.

The 250 mg capsule is bioequivalent to and therapeutically interchangeable with Hydrea for all new and refill prescriptions, the company said.

Duramed said annual manufacturer and generic equivalent revenue for the full dosage strength product was approximately $25 million in 1999. Hydrea and its five other generic equivalents are approved only in a 500 mg capsule form. Duramed said it plans to start shipping the 250 mg capsules by late summer.

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Ligand Pharmaceuticals (Nasdaq: LGND) of San Diego, said FDA approved its Targretin Gel as a topical treatment for the skin lesions of early-stage cutaneous T-cell lymphoma, a form of non-Hodgkin's lymphoma.

Studies found the treatment safe and effective for CTCL, which patients can use at home.

The treatments for CTCL are radiation, phototherapy or chemotherapy.

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