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# NCI, Six Centers Begin Feasibility Study Of Spiral CT For Lung Cancer Screening

NCI has begun a one-year, $3 million feasibility study of spiral computed tomography scanning to screen current and former smokers for lung cancer.

Six screening centers will recruit 500 people each for a total accrual of 3,000 to the Lung Screening Study. Participants will be randomly assigned to receive either a spiral CT scan or a chest X-ray. The recruitment will take place this month and next.

The study is designed to gauge the feasibility of a larger randomized trial to determine whether spiral CT scanning can extend the lives of persons

(Continued to page 2)

*In Brief:*

## Cohen Directs UK's Markey Cancer Center; Matrisian Named Chairman, DOD Panel

**ALFRED COHEN** was appointed director of the University of Kentucky Markey Cancer Center, effective Sept. 11. Cohen was chief of the colorectal service in the Department of Surgery and director of the Colorectal Cancer Disease Management Team at Memorial Sloan-Kettering Cancer Center. He also has held academic positions at Harvard Medical School, Massachusetts General Hospital, and Cornell University Medical College. Cohen is a graduate of Cornell University and The Johns Hopkins School of Medicine. Kentucky has the third highest cancer rate in the nation, the center said. Cohen plans to continue emphasizing treatment and research for breast, gynecological, lung and prostate cancers, as well as colorectal cancer. "We need to make a difference for many Kentuckians by emphasizing the most common problems," Cohen said. "We need to continue to ensure that if Kentuckians come to Lexington or one of our satellite facilities, they will receive the best and most current treatment possible." **Patrick McGrath** has been acting director of the center. . . . **LYNN MATRISIAN**, professor and chairman, Department of Cancer Biology, Vanderbilt University School of Medicine and program leader of the Host-Tumor Interaction Program of the Vanderbilt-Ingram Cancer Center, was appointed Integration Panel chairman-elect for the Department of Defense, Breast Cancer Research Program. . . . **SUSAN WEINER**, founder and president of Children's Cause, a non-profit national childhood cancer advocacy agency, was appointed to the National Cancer Policy Board. The NCPB, formed in 1997, meets under the auspices of the Institute of Medicine, National Academy of Sciences. . . . **DOROTHY**

(Continued to page 8)



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## NCI Funds Feasibility Study Of New Lung Cancer Screen

(Continued from page 1)

at risk of lung cancer, NCI officials said. The study will determine the willingness of smokers and former smokers to participate in a randomized study, will compare the lung cancer detection rate of each test, measure how much and what kind of medical follow-up is needed for positive or ambiguous results, and track how frequently participants receive spiral CT scans outside of the study.

"In a relatively quick time frame we will learn if smokers are willing to be randomized to receive something other than a spiral CT scan," said John Gohagan, chief of the Early Detection Research Group in NCI's Division of Cancer Prevention and the NCI investigator leading the study. "We will also learn about the medical follow-up of people who have the scans, how extensive and expensive it tends to be."

Spiral CT uses X-rays to scan the chest in about 15 seconds, during a single breath-hold. The patient lies still on a table while the table and patient pass through the CT machine. The machine rotates around the patient and a computer creates images from the scan, assembling them into a 3-D model of the lungs. The amount of radiation absorbed during a spiral CT scan is comparable to that absorbed during a mammogram.

Radiologists will review each CT scan and X-ray, and results will be mailed to participants and their physicians within three weeks of the screen. For those with positive chest X-rays, the screening center will recommend standard follow-up care. Because no such standard of care exists for spiral CT scans, participants with suspicious scans will be referred to their primary care physician and advised to consult a specialist for follow-up.

Evidence from early studies suggests that spiral CT scans detect small lung cancers, often at the edges of the lungs, NCI said. However, whether finding these tumors actually saves lives remains unknown and the only way to detect a survival advantage is with a large randomized trial. NCI said such a study would require tens of thousands of participants and five or more years.

It is unclear whether smokers will participate in a clinical trial in which they might be randomized to receive a screening exam other than spiral CT. Screening spiral CT scans are available outside of clinical trials, though they cost $300 to $1,000 and health plans generally do not cover the charges. About half of the hospitals in the U.S. own spiral CT machines. Some hospitals have begun aggressively advertising the scans for the early detection of lung cancer, despite the lack of evidence that the scans reduce a person's likelihood of dying from lung cancer.

No estimates exist on the cost of the follow-up care that screening with CT scans may require. Scarring from smoking and other noncancerous changes inside the lungs tend to mimic tumors on the scans. Interpretations of the scans often vary, leading to disagreement about follow-up care. Radiologists and clinicians often recommend additional scans, biopsies, chest surgery, or other diagnostic tests.

The 20-year follow-up of the Mayo Lung Project, which used chest X-rays to screen for lung cancer, published in the Aug. 16 edition of the Journal of the National Cancer Institute, suggests that screening for lung cancer may detect tumors that never become life threatening. Over-diagnosis may put screening recipients at risk from unnecessary biopsies or surgery, the report said. Possible complications from these procedures include chronic pain or nerve damage. NCI officials said they expect the Lung Screening Study to help researchers understand risks associated with the scans.

The six study centers conducting the Lung Screening Study were involved in NCI's 150,000-participant Prostate, Lung, Colon, and Ovarian Cancer Screening Trial begun in 1992.

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**Founded Dec. 21, 1973, by Jerry D. Boyd**



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The participating centers are Georgetown University Medical Center/Lombardi Cancer Research Center (Washington, DC); Henry Ford Health System (Detroit); the University of Minnesota School of Public Health/Virginia L. Piper Cancer Institute (Minneapolis); Washington University School of Medicine (St. Louis); Marshfield Medical Research and Education Foundation (Marshfield, Wis.); and the University of Alabama at Birmingham. Westat Inc., of Rockville, Md., will serve as the data coordinating center.

To be eligible for the study, participants must be between the ages of 55 and 74, and have a history of long-term or heavy smoking. Former smokers must have quit within the last 10 years. People who have a history of lung cancer or who are participating in PLCO are ineligible.

For further information about the study, call NCI's Cancer Information Service at 1-800-4-CANCER.

*Reimbursement:*

## Patient Advocates Ask HCFA To Clarify Coverage Decision

In a letter to Health Care Financing Administration, the Cancer Leadership Council asked for a clarification of several points of the agency's "national coverage decision" to start covering patient care costs for participants in clinical trials.

The plan to cover patient care costs first emerged two months ago, when President Clinton wrote an executive memorandum to HHS, directing the agency to begin paying for patient care for all trials.

However, HCFA's early efforts to interpret the policy caused dismay and outrage among patient activists.

Though the final draft of the national coverage decision appears to give the patient groups and professional societies what they wanted, patient-led CLC asked HCFA administrator Nancy-Ann Min DeParle to clarify two issues:

—According to CLC, the national coverage decision is not entirely clear in its definition of industry trials that would be "deemed" covered, and therefore would not have to go through a "self-certification" process that would involve having principal investigators submit information to HHS.

—The definition of eligibility of phase I trials could use refinement, too, the letter said. The HCFA document excludes toxicity studies, specifically using the example of studies on healthy volunteers. In cancer, phase I trials that enroll diagnosed patients are performed with therapeutic intent, the CLC letter points out.

Administration officials said they planned to implement the HCFA policy by late September.

The following is the excerpted text of the CLC letter, dated Sept. 5, and submitted as part of the public comment process:

"The Cancer Leadership Council has been involved in advocacy for coverage of routine patient care costs in cancer clinical trials for many years and is now gratified that HCFA has taken the bold and creative step of implementing such coverage.

"We believe that the `national coverage decision' is relatively straightforward, thorough and persuasive in its rationale. There are, however, several points that we perceive as requiring clarification.

"First, we are aware that the intent of the drafters was to extend `deemed' coverage status to privately sponsored trials conducted under an investigational new drug exemption from FDA as well as to federally funded trials.

"Unfortunately, this result is not consistently conveyed in the NCD. The initial discussion of the trials presumed to be covered leaves the impression that only federally funded trials are eligible for coverage:

" 'Trials funded by certain Federal agencies, as described below, will be automatically deemed to receive Medicare coverage of routine costs as soon as this NCD takes effect. Other types of trials will be included later as the principal investigators certify that the trials meet criteria developed by a Federal multi-agency group that are based on the desirable characteristics that follow.'

"Subsequently, the NCD adds that 'all trials of patients that are either conducted under an IND or are exempt from having an IND under 21 CFR 312.2(b)(1) would have deemed status.'

"While we have no doubt that so-called IND trials are intended to qualify automatically for coverage, the inconsistency between the two above statements could result in confusion. In fact, several trade press accounts of the NCD have focused on the initial statement and reported that coverage extends only to federally funded trials. The NCD should be clarified by noting in both instances that IND trials enjoy the same 'deemed' coverage status as federally funded trials.

"In addition, we have some concern that the

NCD's description of trials that are not considered covered may lead to questions about the status of phase I clinical trials in cancer and perhaps other life-threatening diseases.

"The NCD states, 'Trials that are designed exclusively to test such things as toxicity or basic disease biology are excluded from coverage.' Because phase I trials are traditionally viewed as solely for the purpose of assessing toxicity by administering the drug to healthy volunteers, this statement could be interpreted as excluding all phase I trials. Such a result would be very problematic for Medicare beneficiaries diagnosed with cancer, as phase I trials are viewed as valid therapeutic options for some patients.

"Denying coverage for phase I clinical trials would be contrary to the intent and spirit of the NCD, and the language should be clarified to indicate specifically that phase I trials in cancer patients are to be covered.

"Finally, we wish to commend HCFA for its attention to the issue of coverage for beneficiaries enrolled in Medicare+Choice plans. HCFA's proposal is entirely appropriate, as Medicare+Choice enrollees deserve the same access to clinical trials as those enrolled in the traditional Medicare fee-for-service program.

"Once again, we thank you and your staff for your efforts in reviewing this very important issue and arriving at a policy that will help to ensure quality cancer care for Medicare beneficiaries."

The letter was signed by Alliance for Lung Cancer Advocacy, Support, and Education; American Society of Clinical Oncology; Association of American Cancer Institutes; Cancer Care Inc.; Cancer Research Foundation of America; The Children's Cause Inc.; 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 Coalition for Cancer Survivorship; National Patient Advocate Foundation; National Prostate Cancer Coalition; North American Brain Tumor Coalition; Oncology Nursing Society; Ovarian Cancer National Alliance; Pancreatic Cancer Action Network; The Susan G. Komen Breast Cancer Foundation; US-TOO International Inc., and Y-ME National Breast Cancer Organization.

The text of the coverage decision appears on HCFA's Web site: http://www.hcfa.gov/quality/8d1.htm.

*Science Policy:*

## NIH Guidelines Define Eligible Research Using Stem Cells

NIH last month released the final guidelines on research involving human pluripotent stem cells.

The guidelines define the areas of research involving human pluripotent stem cells that are eligible for funding, state the standards for informed consent and establish a "review group" to review documentation of compliance. The document appears in the Aug. 25 "Federal Register" and ate posted at http://www.nih.gov/news/stemcell/index.htm.

NIH plans to start accepting requests for funding and members of Human Pluripotent Stem Cell Review Group will be named shortly, officials said.

The guidelines are based on the NIH interpretation of the long-standing restrictions on the use of federal funds for human embryo research, NIH said it officials. According to that interpretation, HHS cannot pay for derivation of stem cells from human embryos, but can pay for research utilizing human pluripotent stem cells once they are derived.

Stem cells can be derived from human fetal tissue, or from human embryos that are the result of *in vitro* fertilization, are in excess of clinical need, and have not reached the stage at which the mesoderm is formed, the guidelines say.

According to the document, NIH funds can be used only in research on cells that were derived from frozen human embryos created for the purposes of fertility treatment and were in excess of clinical need.

The guidelines prohibit payment or other inducements for donations of embryos. The document also demands a clear separation between the fertility treatment and the decision to donate embryos for research.

The guidelines require that the donation of human embryos or fetal tissue be made without any restriction regarding the individuals who may be the recipient of the cells derived from the human pluripotent stem cells for transplantation.

Derivation protocols will be subject to review and approval by Institutional Review Boards, the guidelines state.

The informed consent forms should include statements that:

—The embryos or fetal tissue will be used to derive human pluripotent stem cells for research, that may include human transplantation research;

—Derived cells may be kept for many years;



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—The research is not intended to provide direct medical benefit to the donor; and,

—That embryos donated will not be transferred to a woman's uterus and will not survive the stem cell derivation process;

—In cases when information that could identify the donors will be retained, this should be discussed;

—State the possibility that the results of the research may have commercial potential, and that the donor will not receive any benefits from any such future commercial development.

According to the guidelines, funding will not be provided for research in which human pluripotent stem cells are utilized to create or contribute to a human embryo. Also exluded are:

—Research utilizing pluripotent stem cells that were derived from human embryos created for research purposes;

—Research in which human pluripotent stem cells are derived using somatic cell nuclear transfer;

—Research utilizing human pluripotent stem cells that were derived using somatic cell nuclear transfer;

—Research in which human pluripotent stem cells are combined with an animal embryo; and

—Research in which human pluripotent stem cells are derived using somatic cell nuclear transfer for the purposes of reproductive cloning of a human.

The NIH Human Pluripotent Stem Cell Review Group will review documentation of compliance with the guidelines for funding requests that propose the use of human pluripotent stem cells. The working group will hold public meetings when a funding request proposes the use of a line of human pluripotent stem cells that has not been previously reviewed and approved by the HPSCRG, the document states.

"These guidelines will enable this critical research to advance while providing oversight and a high standard of accountability to this complex and ethically challenging area of science, both in the public and private sectors," Nobel Laureate Paul Berg said in a statement on behalf of the American Society for Cell Biology.

"It is the ultimate obligation and privilege for biomedical scientists receiving public funds to pursue research that will ultimately improve the health and lives of people," said Mary J. C. Hendrix, president of the Federation of American Societies for Experimental Biology. "The NIH guidelines provide scientists with the opportunity to fulfill this commitment."

A coalition of more than 25 patient and health advocacy groups similarly praised the release of the guidelines. The coalition includes the Alliance for Aging Research, The ALS Association, American Association for Cancer Research, American Medical Association, American Pediatric Society, American Society for Cell Biology, American Society of Human Genetics, Association of American Medical Colleges, Association of Medical School Pediatric Department Chairs; Canavan Research Fund, Christopher Reeve Paralysis Foundation, Coalition of Advocates for Research on the Eye, Colorectal Cancer Network, The Endocrine Society, FASEB, International Myeloma Foundation, Juvenile Diabetes Foundation International, Lankenau Institute for Medical Research, Memorial Sloan Kettering Cancer Center, Michael J. Fox Foundation for Parkinson's Research, National Health Council, Patients'CURe, Project A.L.S., PXE International Inc., Research!America, Society for Pediatric Research, and University of Minnesota.

*NCI Programs:*

## Cooperative Group Members To Test Online Registration

Oncologists who belong to NCI Cooperative Groups may register online for selected phase III studies in a pilot project intended to streamline and simplify many of the tasks associated with clinical trials, NCI said earlier this week.

The online component of NCI's Cancer Trial Support Unit has opened, allowing cooperative group members to:

—Register for any CTSU trial that is sponsored by a group other than their own (and which is not an intergroup trial).

—Receive accrual credits for the group to which they belong, regardless of trial sponsorship.

—Download protocols, case report forms, and other documents associated with trials.

—Receive updates as new trials are added.

—Receive reimbursement for research costs via the CTSU.

Membership in and use of the CTSU is free of charge and is available at http://www.ctsu.org.

A menu of phase III trials is accessible from the CTSU Web site, including trials in prostate, breast, non small-cell lung, and colorectal cancer. Eventually, the CTSU will handle not only physician registration, but also online patient enrollment, data reporting, credentialing of new NCI investigators, training, and

some auditing and regulatory matters through the online system, NCI said.

"For investigators, the new CTSU means enhanced access to clinical trials and fewer redundant activities among the NCI-sponsored Cooperative Clinical Trials Groups," said Robert Comis, chairman of the Coalition of National Cancer Cooperative Groups Inc., of Philadelphia.

NCI's aim is to make it easier for a wide range of physicians to participate in Institute-sponsored trials. Depending on the outcome of the pilot project, the CTSU could open to physicians outside the Cooperative Groups in 2001, NCI said.

"Bringing the CTSU online is a milestone in revamping NCI's clinical trials system," said Jeff Abrams, a senior investigator at NCI, who is coordinating this and other components of the new framework. The restructured system is designed to make NCI-sponsored trials more streamlined, accessible, and open to innovation.

Other components of the new system include:

**—State-of-the-Science workshops**, designed to stimulate ideas for phase III trials from a broad range of participants: http://www.conference-cast.com/webtie/sots/sots.htm.

**—Concept Evaluation Panels** to evaluate concepts for phase III trials.

**—National Network of Physician Partners** to enable qualified physicians in academic and community settings to enter patients on phase III trials via the CTSU.

Further information on the new system and its components is available at http://cancertrials.nci.nih.gov/system/index_new.html.

## NCI Awards $6.7 Million For Breast Cancer Research

NCI has awarded $6.7 million in two-year grants to 31 applicants to support breast cancer research through the Insight Awards to Stamp Out Breast Cancer grant program. A 32nd award is pending final approval.

The funds were collected through U.S. Postal Service sales of 40-cent breast cancer stamps, created by a 1997 act of Congress. Seventy percent of the net proceeds of the stamp sales were set aside for breast cancer research by NIH.

The Insight Awards program was designed to encourage investigators to explore high risk areas. Awardees will receive grants of $75,000 per year in direct costs for two years. There were 403 applications for the new grants, according to NCI.

NIH expects to receive $1 million more in stamp sales proceeds by the end of the year. These funds will be used to award additional grant applications from those previously reviewed, NCI said.

Congress recently renewed the stamp for another two years of sales.

## *Funding Opportunities:*

**Leukemia & Lymphoma Society: Specialized Center of Research in Leukemia, Lymphoma and Myeloma**

Preliminary Application Deadline: Nov. 1

Leukemia & Lymphoma Society has begun a program to bring together research teams that are focused on the cure or prevention of leukemia, Hodgkin's and non-Hodgkin's lymphoma, and myeloma to promote interdisciplinary and synergistic research.

The proposed center should be interdisciplinary, cohesive and sharply focused and must be composed of at least three relevant scientific projects capable of interacting. The research may be fundamental or applied or an integrated combination of the two approaches. Basic research tied to a related translational research project is encouraged but not mandatory. The center grant will also support scientific core laboratories required by the component research programs.

Applicants may hold a M.D., Ph.D., or equivalent degree, work in a domestic or foreign non-profit organizations, such as a university, college, hospital, institute or laboratory. Applications may be multi-institutional. Applicants need not be U.S. citizens, and there are no restrictions on applicant age, race, gender, or creed.

Inquiries: Leukemia & Lymphoma Society, director of research administration, 1311 Mamaroneck Ave., White Plains, NY 10605, phone 914-821-8843; e-mail researchprograms@leukemia-lymphoma.org; Guidelines & Preliminary Application are available from http://www.leukemia-lymphoma.org

**American Association for Cancer Research Fellowships & Awards**

Annual Deadline: Dec. 15

**Research Fellowships**. AACR will award seven to ten fellowships in basic, clinical, translational, and prevention research to clinical and postdoctoral fellows from academic and not-for-profit institutions worldwide. The fellowships range from one to three year grants of $30,000 per annum.

**Gertrude B. Elion Cancer Research Award** is sponsored by Glaxo Wellcome Oncology and provides a general one-year research award to an assistant professor working in any area of cancer research at an academic or

not-for-profit institution worldwide.

**Career Development Awards** is intended for junior faculty in the first or second year of a full-time, tenure-track appointment at the assistant professor level, who are conducting cancer research at an academic institution worldwide. The annual $50,000 stipend will provide transitional support for direct research expenses in moving from investigator to faculty status.

**AACR-Susan G. Komen Breast Cancer Foundation Career Development Award** is intended for assistant professors and is limited to proposals in basic, clinical or translational research related to breast cancer, including epidemiological and prevention studies.

**AACR-National Foundation for Cancer Research Career Development Award** for assistant professor is limited to proposals for basic research related to all types of cancer and is awarded biennially.

To download applications and full guidelines: http://www.aacr.org. Inquiries: AACR, Public Ledger Bldg., Suite 826, 150 S. Independence Mall West, Philadelphia, PA, 19106-3483, phone, 215-440-9300; fax 215-440-9372; e-mail awards@aacr.org;

## Program Announcements

**PA PAR-00-129: Extramural Research Facilities Construction Projects**

Application Receipt Dates: Oct. 1, Feb. 1, annually

National Center for Research Resources is authorized to make grants to public and nonprofit private entities to expand, remodel, renovate or alter existing research facilities or construct new research facilities. The facilities will be used for basic and clinical biomedical and behavioral research and research training.

Inquiries: W. Fred Taylor, Research Infrastructure, National Center for Research Resources, 6705 Rockledge Dr, Rm 6142—MSC 7965, Bethesda, MD 20892-7965, phone 301-435-0766; fax 301-480-3770; e-mail taylorf@ncrr.nih.gov

**PA TPA-00-140: Clinical Correlative Studies to Multi-institutional Prevention and Treatment Trials**

The PA intends to promote collaborations and interactions between basic researchers, private industry, and clinical investigators to perform translational research on promising predictive and prognostic markers on tissue specimens collected from the NCI Clinical Trials Cooperative Groups or other large multi-institutional prevention or treatment clinical trials.

The Cancer Therapy Evaluation Program, the Cancer Diagnosis Program of the Division of Cancer Treatment and Diagnosis and the Cancer Biomarkers Research Group of the Division of Cancer Prevention invite research grant applications to perform clinical correlative or mechanistic studies on tissue specimens from large multi-institutional treatment or prevention trials that will be useful for cancer risk assessment, early detection, prognosis, and predicting response to therapy and to prevention interventions.

Inquiries: Diane Bronzert, Cancer Therapy Evaluation Program, phone 301-496-8866; e-mail db85g@nih.gov

**TPA-PA-00-132: Mentored Career Development Award**

The initiative will provide recipients an NIH/NCI Research Supplement for Underrepresented Minority Individuals in Postdoctoral Training or a Minority Investigator Supplement, an extended period of sponsored research to develop knowledge in the basic biomedical, clinical, prevention or population-based sciences and research skills relevant to her/his cancer research fields. Where appropriate, research areas in cancer that disproportionately affect minority populations should be incorporated.

Inquiries: Sanya Springfield, chief, Comprehensive Minority Biomedical Branch, Office of Centers, Training and Resources, ODDES, NCI, phone 301-496-7344; e-mail ss165i@nih.gov

**Cancer Communication and Interactive Media Technology**

The initiative, designed to support collaborative research projects, encourages investigators to develop innovative interactive health communication applications, health care infrastructures, communication systems, training programs or curricula that prepare primary care providers, oncologists and the public to assist in the reduction of cancer risks, promote cancer screening and treatment, or address the needs of cancer survivors.

Inquiries: Connie Dresser, Behavioral Research Program, phone 301-435-2846: e-mail cd34b@nih.gov

**Small Grants Program for Cancer Epidemiology—Reissued PA**

The initiative supports pilot studies in cancer epidemiology with a primary focus on etiologic cancer research. These are short-term awards for pilot projects, testing of new techniques, or development of innovative or high-risk projects that could provide a basis for more extended research.

Inquiries: A. Patel, Analytical Epidemiology Research Branch, phone 301-496-9600; e-mail ap39f@nih.gov

**PA TPA-00-138: Exploratory Studies in Cancer Detection, Prognosis and Prediction**

The initiative will invite applications for exploratory research projects leading to the discovery and initial evaluation of new biomarkers and laboratory assays for cancer early detection, assessment of disease prognosis

and prediction of response to treatment. The initiative will support the translation of basic research findings into new methods for detecting characteristics of premalignant and malignant lesions that may be useful for managing the clinical care of cancer patients or individuals at risk for developing cancer.

Inquiries: Tracy Lugo, Cancer Diagnosis Program, phone 301-496-1591; e-mail TL82S@nih.gov

*In Brief:*

## Rays Of Hope Candlelight Vigil Scheduled For Oct. 6

(Continued from page 1)

**CHAMBERLIN,** a professional in sales and marketing for medical organizations and conventions, was appointed director of the Office of Fund Development of the American Society of Clinical Oncology. . . . **NATIONAL COALITION FOR CANCER SURVIVORSHIP** 2nd Annual Rays of Hope Candlelight Vigil will take place Friday, Oct. 6 at 5:30 p.m. on the steps of the U.S. Capitol. . . . **FOX CHASE CANCER CENTER** received the Magnet Nursing Services Recognition Program for Excellence in Nursing Services from the American Nursing Association. "This award recognized what we already knew about our dedicated and caring nurses," said **Robert Young**, president of Fox Chase. "Having the Magnet status will create very tangible results for FCCC. It will enhance recruitment and retention of highly qualified professional nurses, thus facilitating consistent delivery of quality patient care." . . . **HOWARD McLEOD**, associate professor of medicine, pharmacology and molecular biology and of genetics at Washington University School of Medicine in St. Louis, was named director of the Pharmacology Core of the Alvin J. Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine. The center named **John DiPersio**, professor of pathology and pediatrics, chief of the Division of Oncology at WUS School of Medicine and the Lewis T. and Rosalind B. Apple Chair in Oncology at B-JH, its deputy director. **Timothy Ley**, Alan A. and Edith Wolff Professor of Medicine and director of the Section of Stem Cell Biology, Division of Oncology at the medical school, was named associate director for basic science. . . . **SAINT LUKE'S-SHAWNEE MISSION HEALTH SYSTEM and Health Midwest**, of Kansas City, have signed an agreement to begin evaluating the feasibility of developing a Comprehensive Cancer Center in the metropolitan area of Kansas City. **G. Richard Hastings**, president and chief executive officer of Saint Luke's-Shawnee Mission Health System, and **Richard Brown**, president and chief executive officer of Health Midwest, have been working together to explore the possibility of jointly applying for the special designation made by NCI to centers displaying a commitment to clinical care, cancer research, professional collaboration, and community outreach. In 1998, the two health systems diagnosed approximately 5,000 cancer patients. . . . **EDUARDO CACERES** received the 4th Mucio Athayde Cancer 2000 prize from the International Union Against Cancer in recognition of his work in cancer education and prevention in Peru and internationally on Sept. 7 in Seattle. Caceres, director for 33 years of the Centro de Investigacion en Cancer Maes-Heller, Instituto de Enfermedades Neoplasicas, will receive $100,000 (U.S.). as part of the award. . . . **KENNETH BRUMMEL-SMITH**, Bain Chair, Providence Center on Aging and medical director of Providence ElderPlace, was elected president-elect of the American Geriatric Society beginning in 2001 and chairman of the board beginning in 2002. Brummel-Smith will spearhead an Internet strategy to customize access to information for the more than 6,000 geriatricians and other health care professional members. . . . **E. DAVID CRAWFORD**, professor of surgery and radiation oncology, Section of Urologic Oncology, University of Colorado Cancer Center in Denver, was appointed head of the Grampsas Urological Program at UCCC. As head of the program, he will oversee urological clinical activities and work with **J. Fred Kolhouse**, interim clinical cancer center director, and **Jo-Ann Lovins**, director of oncology services for UC Hospital. . . . **ON OUR OWN TERMS: MOYERS ON DYING,** a PBS series, is scheduled to air nationally Sept. 10-13 at 9 p.m. followed by **With Eyes Open,** a 30-minute companion program hosted by **Ray Suarez** of the NewsHour with Jim Lehrer. Information is available at the following Web sites www.pbs.org/onourownterms and http://www.pbs.org/witheyesopen. . . . **CANCER COMMUNICATIONS:** Video clips of NCI's first Eleanor Nealon Extraordinary Communicators Lecture, awarded last June to **Robert Krulwich**, an ABC News special correspondent, are posted on the Web at http://dccps.nci.nih.gov/excl/. The award recognizes "individuals who have advanced the science of communication and who have communicated the advances of science," NCI Director **Richard Klausner** said in his opening remarks.



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City of Hope National Medical Center
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Fox Chase Cancer Center
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Johns Hopkins Oncology Center
Baltimore, Maryland

Huntsman Cancer Institute
at the University of Utah
Salt Lake City, Utah

Fred Hutchinson Cancer Research Center
Seattle, Washington

James Cancer Hospital and Solove Research Institute
at the Ohio State University
Columbus, Ohio

Robert H. Lurie Comprehensive Cancer Center
of Northwestern University
Chicago, Illinois

Memorial Sloan-Kettering Cancer Center
New York, New York

H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida
Tampa, Florida

Roswell Park Cancer Institute
Buffalo, New York

St. Jude Children's Research Hospital
Memphis, Tennessee

Stanford Hospital and Clinics
Stanford, California

UCSF Medical Center
San Francisco, California

University of Alabama at Birmingham Comprehensive Cancer Center
Birmingham, Alabama

University of Michigan Comprehensive Cancer Center
Ann Arbor, Michigan

UNMC/Eppley Cancer Center at the University of Nebraska Medical Center
Omaha, Nebraska

University of Texas
M. D. Anderson Cancer Center
Houston, Texas

## 6TH ANNUAL CONFERENCE

### February 28 – March 4, 2001

# Practice Guidelines and Outcomes Data in Oncology

**The Marriott Harbor Beach Resort, Fort Lauderdale, Florida**

## A Distinguished Array of Speakers

- Speakers will include NCCN Chairpersons and Guideline Panel Members who will update the following guidelines: Melanoma, Sarcoma, Pancreatic Cancer, Bladder Cancer, Central Nervous System (Brain Tumors), Non-Hodgkin's Lymphoma, Breast Cancer and more
- Presentations may include the new NCCN Practice Guidelines on palliative care, nutrition, and patient–physician communication

## Tentative Presentations Include

- Update on the NCCN Outcomes Database
- Panel discussion on the NCCN Guidelines and Outcomes Database and their applications in the community
- Guideline-based global pricing models
- Legal issues in oncology practice
- Reimbursement, legislative, and HCFA updates
- Roundtable—Patient ownership of specimens and data: Issues in research applications
- Oncology business update

## Conference Chairmen

Rodger J. Winn, MD
*Chairman, Adult Guidelines Steering Committee, NCCN*

William T. McGivney, PhD
*Chief Executive Officer NCCN*

United to Fight a Common Enemy

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# NCCN® National Comprehensive Cancer Network®

## 6TH ANNUAL CONFERENCE · February 28 – March 4, 2001

**REGISTER ONLINE AT WWW.NCCN.ORG or FAX THIS REGISTRATION FORM TO 215-413-3953**

❑ Please register me for the National Comprehensive Cancer Network's Sixth Annual Conference.

Name as you would like it to appear on your badge: (Please Print)

_____

Degree(s) _____

Affiliation _____

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City _____ State _____ ZIP _____

Business Phone Number _____

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### CONFERENCE REGISTRATION FEE

| | Until 1/15/01 | After 1/15/01 |
|---|---|---|
| ❑ Non-NCCN Member | $375 | $425 |
| ❑ NCCN Member | $325 | $425 |
| ❑ Federal Employee | $325 | $425 |

(Please check one of the boxes above)

### METHOD OF PAYMENT

(Registration fee and one night hotel deposit required)

❑ Check Enclosed ❑ Visa ❑ Mastercard ❑ AmEx

• If you will be sending a check, please make checks payable to **CoMed Communications, Inc.** and mail to

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### HOTEL RESERVATIONS

**The Marriott Harbor Beach Resort, Fort Lauderdale, Florida**

Reserve a ❑ Single ❑ Double room for the following nights:

❑ Wednesday, 2/28/01 ❑ Thursday, 3/1/01

❑ Friday, 3/2/01 ❑ Saturday, 3/3/01

Be sure to check the nights you will be staying.

❑ Check here if you have any special accommodation or dietary needs.

Indicate what those needs are: _____

❑ Check here if you want to be contacted regarding air fares.

Please return this form to CoMed Communications, Inc.

Fax: 215-413-3953

Phone: 215-592-1363, ext. 1441

Mail: NCCN Conference
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210 West Washington Square, 8th Floor, Philadelphia, PA 19106

Or, register online at **www.nccn.org**

## CONFERENCE INFORMATION

### REGISTRATION

For those who register by January 15, 2001, the fee is $375, except as noted in the next paragraph. After January 15, 2001, the registration fee will be $425 for all. The registration fee includes all conference materials, breakfasts, lunches, and arrival cocktail buffet the evening of February 28. In addition, the program workbook will be supplied at the conference.

All registrants from NCCN member institutions and their satellite cancer centers are eligible for a reduced registration fee of $325 if registered no later than January 15, 2001. For federal government employees, the registration fee will be discounted to $325 if they register and pay by January 15, 2001. Registration and payment after January 15, 2001 will be $425 for all.

### ACCOMMODATIONS

The conference will be held at the Marriott Harbor Beach Resort in Fort Lauderdale, Florida. A limited number of rooms at a discounted rate have been arranged for registrants of the NCCN conference.The special rate is $309 per night, single or double occupancy, plus tax. At the time of reservation, a 1-night deposit is required by a credit card as a guarantee for all reserved nights. Because space is limited at the Marriott, a block of rooms at the Sheraton Yankee Clipper and the Radisson have also been reserved for conference registrants.

Please contact CoMed Communications, Inc., the NCCN Conference Secretariat, at 215-592-1363, extension 1441. World Travel Inc., the official travel service of the NCCN Conference, will also work with federal employees to reserve rooms at nearby hotels accepting the maximum level of government housing allowance.

### AIRLINE TRAVEL ARRANGEMENTS

World Travel, Inc. is the official travel agency for the NCCN Conference. Special discounts have been negotiated for conference attendees. World Travel, Inc. has the ability to search all carriers and offer a variety of discounts to ensure the lowest fare is obtained. Note: Reservations made 60 days in advance will receive additional discounts.

To take advantage of the services, discount, and low fares offered by World Travel, Inc., please call 1-800-867-2970 Monday through Friday from 8:30 AM to 5:30 PM Eastern Time. Identify yourself as an NCCN conference attendee.

### CANCELLATION POLICY

**HOTEL:** Owing to hotel requirements for guarantees of conference space, the demand for hotel rooms, and the special discount room rate, all cancellations of rooms (whether for all nights or some nights) must be received in writing by January 31, 2001. **After January 31, 2001, you will be responsible for reserved and unused room nights.**

**REGISTRATION:** A substitute attendee may be sent in place of the original registrant. A $50 administration fee will be charged for all cancellations received before January 31, 2001. After January 31, 2001, the registration fee is non-refundable.

**This registration may be photocopied for your colleagues.**

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