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ASCO Annual Meeting Attendance Tops 25,000, Continuing Fast Growth

SAN FRANCISCO—If oncology professionals are voting with their attendance, then the American Society of Clinical Oncology annual meeting has become the most popular oncology meeting in the world. Attendance at this year's annual meeting earlier this week topped 25,000, ASCO officials said.

Five years ago, attendance at the ASCO annual meeting was 14,700.

"ASCO remains the most important clinical and translational cancer meeting worldwide," said ASCO President Lawrence Einhorn in his remarks

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In Brief:

Lung Cancer Gets Less Press, Study Finds; Vanderbilt Wins Lung Cancer SPORE Grant

LUNG CANCER is underreported in the media when compared to other cancers, according to a media analysis presented at the American Society of Clinical Oncology meeting in San Diego earlier this week. When lung cancer was mentioned in the news, the study found it was generally in the context of smoking and tobacco while other cancers were mentioned as part of treatment and research stories. "The results of this study are stunning, especially since more Americans die each year of lung cancer than from breast, prostate and colorectal cancers combined," said **Diane Blum**, executive director of the non-profit organization, Cancer Care Inc. "Lung cancer patients are being abandoned. Even when there are the rare articles about lung cancer, they focus on tobacco and smoking while stories about other cancers give solid information on treatment, research and detection. Advances in lung cancer are being made—we need to communicate these to the news media so patients and those at risk can learn the latest information." The objective of the study was to evaluate the media coverage of the four major cancers, including the volume and types of stories, topics addressed, and the impact of awareness events and celebrity outreach. Lung Cancer Awareness Week will take place Nov. 12–17. The study was commissioned by Cancer Care, the Oncology Nursing Society, and The Wellness Community, and was developed in collaboration with NCI. . . . **VANDERBILT-INGRAM CANCER CENTER** received a $13.7 million award for lung cancer research. The Specialized Program of Research Excellence (SPORE) in Lung Cancer, one of six such programs in the country, provides funding over a five-year period. First-year funding will support six separate scientific projects and four resources that are

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Oncologists Spend More Time On Paperwork, Survey Finds

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May 12. The program included more than 3,500 abstracts.

ASCO membership stands at 16,600, up from 11,000 five years ago. The growth has been fueled by increases in international members and oncology fellows, Einhorn said. In 1999, the society established free associate membership for fellows. More than 1,100 fellows have joined in the past two years.

While the largest oncology society is the Pittsburgh-based Oncology Nursing Society, with 27,800 members, few ONS members attend the ONS Annual Congress. Pre-registration for the meeting this week in San Diego was 5,600, an ONS official said.

In his address marking the end of his year as ASCO president, Einhorn summarized the society's activities over the past year and highlighted some of the "elegant and eloquent cancer research" conducted by ASCO members.

ASCO played a major role in ensuring that Medicare will cover the costs of clinical trials, Einhorn said. The Health Care Financing Administration announced the change in Medicare policy last September.

"The best treatment for an oncology patient is often entry into a clinical trial," Einhorn said. "Patients should not be denied reimbursement merely because they have volunteered to participate."

ASCO also acted to fight changes in the average wholesale price of oncology drugs, which would have resulted in a decrease in Medicare payments. The society has appointed a task force to recommend restructuring chemotherapy administrative payments to more accurately reflect the services oncologists provide, Einhorn said.

"The AWP does not cover the cost of giving outpatient chemotherapy, or services related to provision of drugs," he said. "Such reductions would have led to overall inadequate reimbursements and would have placed the continuation of outpatient chemotherapy in jeopardy."

As his presidential initiative, Einhorn led ASCO in an effort to examine HCFA guidelines on fraud and abuse.

"The complexity of billing and the fear of being accused of fraud has had a chilling effect on the American health care system," he said. "This has also had, in my opinion, a damaging effect upon the morale of oncologists and also on the ability to adequately train the future leaders of oncology.

A survey that resulted in responses from 2,493 ASCO members found that oncologists are working 13 hours a day, three hours longer than they did in the late 1970s, and spend about half of that extra time on documentation. The survey responses were compared to studies in 1976 and 1979 by the University of Southern California.

Although the number of hours spent with patients has increased from 4.5 hours to 7 hours per day, the documentation requirements consume more time. To comply with Medicare guidelines, physicians are conducting some history and physical examinations for the sole purpose of documentation, not medical necessity, Einhorn said at the presidential symposium May 13.

"Indeed, we are sometimes spending as much time documenting care as providing care for our patients," he said.

"Health care fraud and abuse has the potential to extract money illegally from the Medicare system, and cannot be tolerated nor condoned," Einhorn said. "However, my concern is that the government has over-reacted. The current system has detracted from the time available for counseling grieving families, providing appropriate medical care, and teaching fellows, house staff, and medical students. Fellows learn as much about compliance as they do about certain types of cancer."

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ASCO Meeting News:

Prevention Trials Should Get More Funding, Coltman Says

SAN FRANCISCO—Federal funding for cancer prevention trials should be increased, because the potential payoff in terms of years of life saved through successful trials is large, and prevention trials tend to be expensive and may involve compounds that can't be patented, Charles Coltman Jr., the recipient of the David A. Karnofsky Memorial Award, said to the 37th annual meeting of the American Society of Clinical Oncology.

Coltman, a professor of medicine at the University of Texas Health Sciences Center in San Antonio and chairman of the Southwest Oncology Group for the past 20 years, based his analysis on a review of eight phase III clinical trials managed by SWOG and the yet-to-be-completed Prostate Cancer Prevention Trial.

The therapeutic trials included those for bladder, lung, cervical, renal, gastric, and nasopharyngeal cancer, as well as myeloma and acute myeloid leukemia. Those trials showed statistically significant survival in favor of the experimental treatment. If the results are replicated by others, the interventions could become the new national standard of care, Coltman said.

Using person-years lived—defined as the number of patients times the average years lived by those patients—Coltman calculated the PYL for patients who received the experimental therapy and for those who received standard therapy for each study. The difference yielded the person-years saved for each new intervention.

Coltman then asked the audience to consider a "fantasy" in which these new treatments had been in place for the past five years. He and Joe Unger, biostatistician at the SWOG Statistical Center, estimated the potential effect of the new treatments on person-years saved in the U.S. if the SWOG therapies were adopted as the new standard of care.

They made this estimate by matching patients for age, sex, histology, and stage from the Survival, Epidemiology, and End Results database for 1990-1994. Expected survival was derived from mortality data by the U.S. National Center for Health Statistics.

"If our fantasy were true, there would potentially have been 114,687 person-years saved in the first five years among 387,288 cases with these eight diseases," Coltman said.

The distribution of PYS varied widely among the diseases, with a high of 28,534 PYS for bladder cancer, and a low of 6,173 PYS for nasopharyngeal cancer. Despite the small number for nasopharyngeal cancer, Coltman noted that the relative impact on survival for this disease is high, at 84.1 percent, because this is a rare cancer in the U.S. (4,143), with fewer potential person-years to save (7,340). Coltman reported similar results for cervical cancer, with a relative impact on survival of 91.8 percent.

"The potential impact on survival is huge, almost as though the disease were prevented in the first place," he said.

By contrast, while 26,241 person-years would have been saved in the lung cancer setting, the relative impact on survival is only 2.8 percent, which Coltman called "trivial." This is because of the huge number of patients with lung cancer (211,232) and the huge number of potential person-years that could be saved (925,282).

In the PCPT, person-years saved is the difference between the person-years lived assuming subjects participated in the prevention regimen (therefore reducing the number of new cases by some percentage), versus the person-years lived assuming the cohort did not participate in prevention. Male subjects in the trial who are 55 or older take either finasteride or placebo, with the goal of reducing new cases by 25 percent.

"Assuming 100 percent participation and 25 percent reduction in the number of new cases, the person-years saved over the first five years would be 99,441," Coltman said.

When compared with the PYS of the eight therapeutic trials combined, the PYS for the PCPT overtakes the therapeutic trials within seven years.

"I came into this world as a wide-eyed therapeutic enthusiast; in my declining years I have become a committed prevention advocate," Coltman concluded. "Successful prevention can generate huge savings in person-years. Even a modest decrease in incidence through prevention can have a large impact. The potential benefit of a prevention trial easily justifies the effort of conducting the trial."

* * *

NCI Director Richard Klausner welcomed ASCO members to the "post-genomic world." The completion of the draft sequence of the human genome "will do for biology and medicine what the periodic table did for chemistry," Klausner said. "It will change all of medicine, but none more rapidly

than oncology."

Scientists will be able to examine how cells work in a more comprehensive way. This will lead to molecular profiling of cancers, molecular targeting of cancer therapies, and molecular monitoring of the effect of therapies on cancers, Klausner said.

Klausner said cancers need to be defined by targets, rather than by sites of origin. NCI has set aside $70 million to produce molecular classifications for all human cancers. A large number of human tumors may be responsive to the drug STI-571 (trade name Gleevec, recently approved by FDA). NCI plans to release a list of clinical trials testing the effectiveness of STI-571 in many tumors, he said.

"A generation ago, we had no good way of diagramming a cancer cell," Klausner said. "Now we can begin to annotate and describe the wiring diagram in different cancers. The challenge is to describe the nodes and to validate and credential the components."

With the ability to annotate the pathways for breast cancer based on molecular targets, scientists can develop molecular-targeted agents with potential as therapies for the disease. For instance, there are 14 breast cancer molecular-target classifications, and within those classifications are 68 targets. Approximately 130 clinical trials are proposed to align therapies to these molecular targets. This will change how clinical trials are designed, Klauser said.

"The challenge is not only to begin to predict response but also to predict toxicity and side effects," Klausner said. "We can see the extraordinary possibility of how genomics finally will begin to change how we approach cancer."

Klausner said the challenges of the post-genomic age are not limited to the laboratory. "Whether we like it or not, we are entering a remarkable new era of medicine."

At the ASCO meeting, NCI sponsored an Internet lab and a resources room. Further information on NCI presentations at the meeting are available at http://cancernet.gov/ASCO/.

* * *

Rep. Nancy Johnson (R-CT), chairman of the Health Subcommittee of the House Ways and Means Committee, received ASCO's Public Service Award for her leadership on patient access to high-quality cancer care.

Johnson accepted the award in a videotaped address to the meeting. She is the first woman to chair a subcommittee of the House Ways and Means Committee. For several years, she was a lead sponsor of the Medicare Cancer Clinical Trials Coverage Act and has been involved in debates over a patients' bill of rights.

* * *

Heine Hansen, of the National University Hospital of Denmark, received the ASCO Distinguished Service Award for Scientific Achievement.

* * *

Nancy Brinker, founder of the Susan G. Komen Cancer Foundation, received the ASCO Special Recognition Award. Susan Braun, of the foundation, accepted the award on Brinker's behalf.

* * *

Joseph Bailes, ASCO past president, was honored and excoriated by friends and colleagues at a fundraising dinner May 12 in conjunction with the annual meeting.

"This is the longest I've ever sat still in my whole life," Bailes said after the hour-and-a-half production, still wearing a baseball cap enhanced with long braids and a bandana, designed to make the wearer look like Willie Nelson, Bailes' favorite singer.

The "roast," to raise funds for the John Durant Fund for Cancer Communications, administered by the National Coalition for Cancer Survivorship, provided insights into Bailes' past, present, and imagined future, particularly his efforts to educate Congress and the White House about oncology practice and research.

It was also most likely the first time in the history of the stage that a Congressional visit was transformed into a song-and-dance number. ASCO staff, wearing masks of members of Congress and the Administration, offered a dance interpretation of a typical Bailes visit to Capitol Hill. They sang their original lyrics, "On the Hill Again," to the tune of a Willie Nelson song.

Michael Reese, of Texas Oncology, provided insights into Bailes' career development, while oncologists Charles Weissman, Jay Benear, and Collyar Smith conducted a mock press conference, with Benear giving typical Bailes answers in Texas drawl.

Kirsten Goldberg, publisher of The Cancer Letter, reported the results of a "one-year investigation" of Bailes and his role in the Presidential election, illustrated with photographic "documentation" allegedly discovered in garbage from ASCO headquarters.

Other speakers included ASCO Executive Vice

President Charles Balch, NCCS Board Chairman Dean Gesme, roast chairman Catherine Harvey, ONS Executive Director Pearl Moore, and NCCS President and CEO Ellen Stovall.

Samuel Turner, of the Washington law firm Bennett, Turner, and Coleman, served as master of ceremonies.

The Durant fund supports efforts to improve communication to cancer patients and their families. Last year, proceeds from a roast of former ASCO executive vice president John Durant funded a makeover of the NCCS Web site.

[Further coverage of the ASCO annual meeting will appear in next week's issue and in The Clinical Cancer Letter.]

Drug Approval:

FDA Approves Gleevec In 73 Days, A Speed Record

Setting a speed record in approval of oncology drugs, FDA completed the review of the oral drug Gleevec in 73 days.

Novartis, the drug's sponsor, submitted a New Drug Application for Gleevec (imatinib mesylate) on Feb. 27.

On May 10, the drug received accelerated approval for chronic myeloid leukemia patients in the blast crisis, accelerated phase, or in chronic phase after failure of interferon-alpha therapy.

The approval is based on the surrogate endpoints of overall hematologic and cytogenetic response rates in three phase II open-label, single arm studies.

"We want people to take a clear message from the approval of Gleevec: Give us a drug that really works, and we will find the resources to approve it in the shortest time possible," said Richard Pazdur, director of the FDA Division of Oncology Drug Products.

Usually, oncology drugs have a modest impact on the disease. Gleevec is different. According to the package insert, 88 percent of chronic phase patients who failed interferon had a hematologic response, and 49 percent experienced a major cytogenic response.

Among accelerated phase patients, 63 percent had a hematologic response, and 21 percent had a major cytogenic response. Hematologic respose was reported in 26 percent of patients in myeloid blast crisis, and cytogenic respose was reported among 13.5 percent.

"We realized, after discussions with our consultants and patients, that this was a very active, potentially lifesaving drug," Pazdur said. "This motivated the review team to expedite the review process."

Since Gleevec received "priority review," the agency had six months to complete the work. However, the agency decided to beat that deadline.

The team of 15 reviewers took no shortcuts, Pazdur said. "This was not done at the expense of the quality of the review," he said. "Few oncologists realize the complexity of NDA reviews, which require the coordinating of the efforts of teams of field experts, toxicologists, med reviewers, physicians and chemists."

Also, to speed up the drug's review outside the US, the agency has made the entire approval package available to regulators in Canada, Japan, and Australia.

Gleevec, the first oncology drug developed with rational drug design, is a protein-tyrosene kinase inhibitor that inhibits reciprocal translocation between chromosome 9 and 22, resulting in the Philadelphia chromosome.

To speed development of the drug, Novartis, too, worked at an extraordinary speed. Novartis officials said that after learning about the potential of the agent, the company scaled up the manufacturing to speed accrual to clinical trials.

As a result, Novartis filed the NDA 32 months after the first patient received the drug, the company said. On the average, six years go by between the first human test and the filing of an NDA.

According to the company, about 7,500 patients in 30 countries are being treated for CML. Of these patients, approximately 5,000 are part of an expanded access program, which was established solely to provide access to patients who were in medical need, the company said.

Ironically, Medicare does not cover oral drugs. Thus, Novartis put together a patient assistance program. A reimbursement hotline can be reached at 1-877-GLEEVEC.

In clinical trials, adverse events included nausea (55-68%), fluid retention (52-68%), muscle cramps (25-46%), diarrhea (33-49%), vomiting (28-54%), hemorrhage (13-48%), musculoskeletal pain (27-39%), skin rash (32-39%), headache (24-28%), and fatigue (24-33%).

Edema was most frequently periorbital or in lower limbs and was managed with diuretics, other supportive measures, or by reducing the dose of Gleevec, the company said.

The frequency of severe edema was 1-5%. More serious side effects include elevated liver enzymes (1.1-3.5%), severe superficial edema (1-5%) and hemorrhages (0.4-16%).

Novartis submitted filing applications for Gleevec to health authorities in the European Union, Switzerland, Canada, Australia and Japan. Gleevec was designated as an Orphan Drug in the U.S., European Union, and Japan.

Originally, the drug was known as STI-571. STI is an acronym for "signal transduction inhibitor."

Later, the compound was given the name Glivec, which was changed to Gleevec, to avoid confusion with Gliadel wafer, a brain tumor treatment sponsored by Guilford Pharmaceuticals.

Outside the US, the Novartis drug is known under its former spelling, Glivec.

At a press conference in Washington, DC, May 10, HHS Secretary Tommy Thompson said Gleevec constitutes a proof of principle for molecular targeting in cancer care.

"This breakthrough underscores the importance of continued investment in research in this country," Thompson said. "The President is giving research the highest of priorities in his administration.

"In his budget, the President increases spending for the National Institutes of Health by $2.75 billion next year and double 1998 spending levels by 2003," he said. "A cornerstone of the budget proposal for NIH is an increase of $514 million for cancer-related research in 2002—a 12 percent increase over fiscal year 2001."

In Northeast U.S.:

Pesticides Not Linked To High Rates Of Breast Cancer

Scientists who combined data from five large breast cancer studies have found no link to the pesticide DDT or to PCBs, a widespread industrial chemical.

Both were suspect because they are chemicals in the environment with similarities to estrogen, the hormone associated with a risk of breast cancer.

The five studies were funded in 1993 by NCI and the National Institute of Environmental Health Sciences among women in the Northeastern U.S. None had shown a link between either DDT or PCBs and the Northeast's elevated rates of breast cancer. But some scientists thought the studies might simply have been too small and that their combined data might reveal such associations, at least for some subgroups of women.

That explanation was dashed as scientists analyzing the combined data also concluded that neither exposure explains the high rates of breast cancer in the Northeast. Their results appear in the May 16 issue of the Journal of the National Cancer Institute.

The women in the five studies totaled 1,400 breast cancer patients and 1,642 controls. Two of the studies were conducted among women in New York state, one was in Connecticut, and one was in Maryland. Half the women in the fifth study, the nationwide Nurses Health Study, live in the Northeastern states, including Maryland.

In each of the studies, blood was drawn from patients and controls alike and tested for DDE, the major break-down product of DDT, and for PCBs. DDT and PCBs were widely used in the U.S. until the 1970s and accumulate in the body's fatty tissues and thus can be found in human blood and breast milk many years after exposures.

The principal author of the analysis, Francine Laden, of Brigham and Women's Hospital, said, "We found that the combined results from these five studies do not support an association between plasma or serum concentrations of DDE and PCBs and an increased risk of breast cancer."

Funding Opportunities:

Program Announcement

PA-01-095: The Zebrafish as an Animal Model for Development and Disease Research

NIH institutes and centers announced an initiative to increase support of the zebrafish as an animal model for development, organ formation, behavior, aging, and disease research. NCI is interested in generation and study of zebrafish models to identify and place genes in functional pathways that affect growth and development; in particular, genes/pathways that, when altered, result in uncontrolled or cancerous growth. Identification of key sites within these pathways that could be exploited for cancer therapeutic discovery purposes. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-01-95.html.

Inquiries: For NCI—David Longfellow, Chemical and Physical Carcinogenesis Branch, Division of Cancer Biology, NCI, 6130 Executive Blvd., Suite 5000, MSC 7368, Bethesda, MD 20892-7368, phone 301-496-5471; fax 301-496-1040; e-mail

dl58s@nih.gov. A complete listing of contacts for both programmatic and fiscal/administrative inquiries may be found at: http://www.nichd.nih.gov/PA/Zebrafish_animalModel.htm.

Other Funding Notices

CA-01-010: Notice of Limited Competition for Competing Supplemental Applications to Disseminate Promising Cancer Control Interventions Tested in Effective Research Projects

NCI Division of Cancer Control and Population Sciences announces a limited competition for competing supplemental applications to NCI-funded research projects supported by R01, P01, P50, U01 and U19 grant mechanisms, to provide one-year funding with the possibility of a second year.

The purpose of these supplements is to fund the dissemination of promising interventions where statistical significance and potential public health/clinical significance of intervention effects strongly suggest the merits of dissemination to the broader population from which the intervention sample was drawn. The supplement may also support cost-effectiveness evaluations of interventions, qualitative and quantitative research needed to adapt intervention products for use after formal research evaluation has ended and dissemination of intervention products. The notice is available at http://grants.nih.gov/grants/guide/notice-files/NOT-CA-01-010.html.

Inquiries: Jon Kerner, assistant deputy director for Research Dissemination and Diffusion, DCCPS, 6130 Executive Blvd., Executive Plaza North, Rm 6144, Rockville, MD 20852.

CA-01-013: Administrative Supplements to NCI Grants for Mammalian Cancer Models

NCI announces two programs to supplement NCI-funded research project R01, MERIT R37, FIRST Award R29, cooperative agreement U01, and program project P01 grants, or NCI Cancer Center P30 or SPORE P50 grants for NCI-funded investigators who require supplemental support to fulfill the original peer-review approved goals of the research, to take advantage of new opportunities afforded by these cancer models, or to derive, validate, or test mammalian cancer models. The work proposed must be within the scope of the research originally approved by peer review. There are two companion announcements for these supplement programs:

1. Administrative Supplements to NCI Cancer Center and Spore Grants for Mammalian Cancer Models: http://www.nci.nih.gov/dcb/centersup.htm.

2. Administrative Supplements to NCI Research Project Grants for Mammalian Cancer Models: http://www.nci.nih.gov/dcb/modelsup.htm. The notice is available at http://grants.nih.gov/grants/guide/notice-files/NOT-CA-01-013.html.

Inquiries: The grantee should contact their NCI program director. For general inquiries: Betty Tarnowski, NCI, Executive Plaza North, Rm 5046, Bethesda, MD 20892-7381, phone 301-594-8778; fax 301-496-8656; e-mail tarnowsb@mail.nih.gov.

In Brief:

Vanderbilt, Jonsson Centers Win NCI SPORE Grants

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shared among the SPORE investigators, administration, tissue, biostatistics and clinical core facilities. "This is an effort by NCI to pull multiple projects together that focus on a particular cancer tissue site," said **David Carbone**, Ingram Professor of Cancer Research and director of the SPORE. The program will focus on a variety of approaches, from basic research to understand the fundamental genetic and other mechanisms that allow lung cancer to develop and spread, to clinical trials of new treatments, to population-based studies to discover new information about reducing lung cancer risk. Among the most significant benefits to SPORE funding is that its use is very flexible. Each year, investigators submit reports of their work and progress, but they have the ability to expand, contract, eliminate or add projects as developments warrant. "This gives us the flexibility to rapidly respond to the most promising projects and make the most of the research," Carbone said. The grant also provides for career development and pilot projects, supplemented by Vanderbilt University and Vanderbilt-Ingram Cancer Center. This includes two positions through the Vanderbilt Physician-Scientist Development Program, with additional University and Cancer Center funding earmarked for two more positions in lung cancer. Funding is available for three pilot projects, at $50,000 each, with Vanderbilt-Ingram supplementing the work with support for an additional pilot. . . . **UCLA JONSSON CANCER CENTER** lung cancer program was designated a SPORE by NCI and awarded a five-year $13.9 million grant. "We are on the threshold of a broad-based effort to understand the biology of lung cancer and develop more effective

methods for prevention, diagnosis and treatment," said **Steven Dubinett**, a pulmonary and critical care specialist, director of the UCLA Lung Cancer Research Program and lead investigator for the SPORE. The program will partner scientists specializing in cell signaling, angiogenesis inhibition, immunotherapy and gene therapy with experts in molecular imaging, epidemiology, pathology, biostatistics and patient care. The Jonsson Cancer Center will be among the first in the nation to test the new CT-PET scanner, which combines the best existing diagnostic tools. . . . **AMERICAN ROENTGEN RAY SOCIETY** named officers for 2001-2002. **Robert Stanley**, chairman of the Department of Radiology at the University of Alabama at Birmingham, was named president. During his tenure, he plans to improve the educational content and quality of the ARRS annual meeting to include programs on molecular imaging and research in gene therapy, reduce the shortage of practicing radiologists by using computer based technology, physician extenders, information systems and increase efficiency in radiology departments to allow time for more basic research, Stanley said. **N. Reed Dunnick**, chairman of the Department of Radiology at the University of Michigan in Ann Arbor, was named president-elect; **James Thrall**, chairman of the Department of Radiology at Massachusetts General Hospital in Boston, was named vice president; **Anton Hasso**, chairman of the Department of Radiological Sciences at the University of California, Irvine Medical Center in Orange, was named treasurer; **Bruce McClennan**, chairman of the Department of Diagnostic Radiology at Yale University School of Medicine, will remain as secretary of the society . . . **MARSHALL NIRENBERG**, a Nobel scientist who is considered to have cracked the secrets of the genetic code, will have his papers added to "Profiles in Science," a National Library of Medicine Web site (http://www.profiles.nlm.nih.gov) dedicated to the lives and works of prominent 20th century biomedical scientists. "Our contemporary understanding of the genetic code would not have been possible without the discoveries of Marshall Nirenberg, who shared the 1968 Nobel Prize in Medicine or Physiology with Robert Holley of Cornell University and Har Gobind Khorana of the University of Wisconsin at Madison," said **Alexa McCray**, who heads the project. An ACS fellowship brought Nirenberg to NIH. He joined the staff in 1960 and still maintains a laboratory in the National Heart, Lung, and Blood Institute where he is using advanced digital scanning technology to study the genetic development of neural networks in the brains of fruit fly embryos. The online exhibit features correspondence, laboratory notes, unpublished manuscripts, photographs, and reflects the many research projects Nirenberg has undertaken during the more than 40 years he has been associated with the NIH. . . . **C^{4}QI**, the Comprehensive Cancer Center Consortium for Quality Improvement, held a three-day conference at Roswell Park Cancer Institute to lay the groundwork for standardization and measurement of cancer care nationwide, said **Dana Jenkins**, vice president for organization performance improvement at RPCI. The 11 representatives from U.S. comprehensive cancer centers discussed initiatives including clinical quality comparison, best practice sharing, improving patient safety, expanding the communication network, partnering with the Joint Commission on Accreditation of Healthcare Organizations to develop core measures for cancer care and membership expansion. . . . **IRA GOODMAN** was named associate director for administration at UC San Diego Cancer Center. Goodman will assist **David Tarin**, director of the UCSD Cancer Center, with plans for the 270,000 sq. ft. building that will be dedicated to cancer research, education, and patient care on the UCSD La Jolla campus. . . . **HELENE GAYLE,** director since 1995 of the CDC National Center for HIV, STD, and TB Prevention, was appointed senior advisor for HIV/AIDS with the Bill and Melinda Gates Foundation effective Sept. 1. "I am happy that we will be able to loan to the Gates Foundation the talent and experience of Helene Gayle," said HHS Secretary **Tommy Thompson**, who announced the appointment. "Dr. Gayle will provide an invaluable depth of knowledge and the ability to coordinate efforts across public and private sector lines, and across boundaries, to make the fullest possible use of our resources against this scourge." Prior to her current position, she served as director of CDC Washington Office and as the AIDS coordinator and chief of the HIV/AIDS Division for the U.S. Agency for International Development. Gayle is an Assistant Surgeon General and Rear Admiral in the Public Health Service, a member of the Institute of Medicine and the Council on Foreign Relations. . . **ELIZABETH GOMEZ,** editor of Oncology Nursing Society Online, was given the annual Excellence in Nursing Informatics award by IMPAC Medical Systems and ONS for service in the practice of oncology nursing within e-Health.

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