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For A Better View Of Molecular Targets, NCI Project To Draw Pictures Of Cancers

NCI has begun a new project to develop graphic representations of the molecular characteristics of cancers.

The goal of the project, called the Cancer Molecular Analysis Project, is to enable researchers to quickly see the known molecular targets for any type of cancer. This would help scientists look for potential targets, or develop new targeted therapies, NCI Director Richard Klausner said.

These graphic representations—cartoons—for each type of cancer would be available on the Web, and based on a multidimensional relational
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In Brief:

Oncology Nursing Society Installs Officers, Offers Virtual Congress Online For Credit

ONCOLOGY NURSING SOCIETY Board of Directors installed new officers at the society's annual Congress in San Diego last month: **Judy Lundgren**, oncology nurse manager at Health South Rehabilitation Hospital, Arlington, TX, was elected president-elect; **Molly Loney**, oncology nursing education specialist at Cleveland Clinic Foundation, was named secretary; **Eva Gallagher**, Oncology nurse practitioner at the V.A. Medical Center, Minneapolis, and **DeLois Weeks**, associate vice president for research and graduate studies at Florida International University, were named directors-at-large; **Karen Taoka**, clinical nurse specialist, The Queen's Medical Center in Honolulu and **Marcella Kaplan**, clinical nurse specialist, New York-Presbyterian Hospital, were elected nominating committee members for 2002-2004. **ONS** Board of Directors for 2001-2002 are: **Patricia Baldwin**, oncology clinical nurse specialist, V.A. Boston Healthcare System, was named to the board-member position; **Donna Betcher**, pediatric nurse practitioner, oncology clinical nurse specialist, Mayo Clinic, was elected to the CPON board member position; **Julie Quam**, oncology clinical nurse specialist, Mayo Clinic, was appointed to the certified oncology nurse board member position; **JoAnne Coleman**, acute care nurse practitioner for gastrointestinal surgery, Johns Hopkins Hospital, was named president; **Maureen O'Rourke**, assistant professor of nursing, University of North Carolina, Greensboro, was named vice president; **Cynthia Teeple**, oncology nurse practitioner/nurse manager, Cancer Institute, New York Medical College, White Plains, was named secretary/treasurer. . . . **ONS ONLINE**, the ONS interactive Web service, has launched its second Virtual Congress for nurses who were unable to
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Project To Begin By Mapping Brain Tumor Information

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database that would be updated as information emerges. CMAP will begin by accumulating all of the known molecular information about brain tumors.

"We actually have no comprehensive picture, in any particular cancer, of what combination of circuits are altered, and what that would mean in terms of thinking about effective intervention," Klausner said to the National Cancer Advisory Board last month. "We want this graphical representation to link to the development of molecular probes, small molecules, lead compounds and drugs, so that we know at any moment what we have and what we don't have."

For each cancer, NCI's clinical trials portfolio also would be included. This could help investigators with logical testing of drugs based on molecular information.

"What we need to do is not only develop this sort of representation to link the biology to both the need for and the availability of drugs, but also to make sure that our clinical trials portfolio reflects these biologic opportunities, to make sure we are part of turning as much of our cancer biology into targeted therapeutics and the simultaneous development of the tools by which targeted therapeutics will be evaluated in patients," Klausner said.

"We can shift our thinking about our trial

portfolio to one that in essence annotates the pathways and the circuitry of each type of cancer," he said. "Instead of having a cytotoxic drug that needs to be tested in all possible tumors and hoping that there is a response, now we think about whether or not the target is present in a cell."

CMAP is a logical addition to NCI's programs, Klausner said. CMAP is modeled on NCI's Cancer Genome Anatomy Project, which is working on determining the gene expression profiles for normal, precancer, and cancer cells.

"NCI now has this generic pathway that moves from defining the molecular signatures of cells, to credentialing those as potential targets, to the development of drug candidates, probes, and drugs, to clinical trials, as well as alternative pathways that allow us to develop tools for molecular sensing and molecular target assessment for the new world of target-based therapeutics," Klausner said. "Over the last five years, we have attempted to fill out this entire schema by a variety of new funding mechanisms."

Like CGAP, the CMAP will operate out of Klausner's office. Ken Buetow, head of NCI's Center for Bioinformatics, is testing versions of the CMAP Web site.

* * *

NCI's Cancer Information Service claims a busy signal rate of zero over the past year, significantly improved from the 30 percent rate identified in a report three years ago, Klausner said to the NCAB.

CIS (1-800-4-CANCER), served 1.1 million people last year, compared to 550,000 in 1998. Callers now have an average wait time of only eight seconds. Last year, only 1 percent of callers decided to hang up before talking to a representative, compared to a 20 percent "call abandonment" rate in 1998.

CIS consists of 14 regional call centers, down from 19 in 1998. The program's budget is \$21 million this year, compared to \$19 million in 1998.

The improved service is the result of a series of new objectives for performance of regional centers, Klausner said.

CIS also provides live, online assistance to users of NCI Web sites through LiveHelp, an instant messaging service that is available from 12-4 p.m. Eastern time, Monday through Friday. Through LiveHelp, information specialists provide answers to questions about cancer and help in navigating NCI Web sites.

CIS is headed by Chris Thomsen.

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Clinical trials underway to test Gleevec alone or in combination with other agents for a variety of tumors are listed on NCI's CancerTrials Web site, at <http://cancertrials.nci.nih.gov/types/leuk/sti571/index.html>.

The site lists six trials testing Gleevec in leukemias, and three trials in metastatic glioma, meningioma, gastrointestinal stromal tumor, and soft tissue sarcoma.

Professional Societies:
**Coalition Opens Web Site
To Promote Cancer Trials**

The Coalition of National Cancer Cooperative Groups has opened a new Web site to promote cancer clinical trials.

The site, called Cancer Trials Help, has sections designed for healthcare professionals, Coalition members, patient advocates, patients, families, and caregivers. The site is <http://www.cancertrials-help.org>.

"Right now, only about five percent of adult cancer patients in the U.S. participate in clinical trials," said Robert Comis, president of the Coalition. "Our goal is to double that number over the next five years, and Cancer Trials Help is a key facet of that effort."

The site includes:

—A list of available trials being conducted by the seven cooperative groups which are members of the Coalition.

—The Clinical Trial ABCs, an introduction to the subject written for a patient and family audience.

—Information on Coalition programs for health professionals.

—The Patient Advocate Toolbox, including profiles of all 26 patient advocate groups which are Coalition members.

The site launch was timed to coincide with publication of "Cancer Clinical Trials: Are They Right for You?" a special advertising section in the May 7, 2001 edition of Newsweek. Visitors can download or request hard copies of the section. The site was designed by VirTu, a Philadelphia-based marketing agency.

VirTu and the Coalition are planning for phase II of the site, expected later this year.

The Coalition works to improve the quality of life and survival of cancer patients by increasing participation and awareness of clinical trials working with patient advocates and payers to develop programs

designed to improve the clinical trials process; and by managing new trials. Members of the Coalition include cooperative groups, patient advocate organizations, and cancer research and treatment centers and community hospitals.

HHS News:
**"Over-Regulation" Threatens
Health Care, Thompson Says**

HHS announced a department-wide initiative to reduce regulatory burdens in health care and respond faster to the concerns of health care providers, state and local governments and individual Americans who are affected by HHS rules.

"Over-regulation undermines quality of care and health care delivery by using scarce resources unproductively," HHS Secretary Tommy Thompson said. "We can help improve patient care by bringing more common sense into the regulatory process. We need to act quickly when there are problems with our regulations. That means listening more closely to the people who are affected by our rules. It also includes going back to Congress to change individual provisions in the law, when that may be necessary."

Thompson said he will form a Task Force on Regulatory Reform, to be headed by the Assistant Secretary for Planning and Evaluation, to review regulations. He said he will expand the review of Medicare and Medicaid regulations as part of a reform of the Health Care Financing Administration.

"Health care providers have been telling HCFA for years that many of our regulations are overly burdensome," Thompson said. "It's time for action."

As a start, Thompson said HHS will review regulations governing the Medicare+Choice program, which provides for managed care services for Medicare beneficiaries. He also said HHS will review the extensive cost reports which Medicare hospitals are required to file with HCFA.

"At the very time when we are trying to attract more managed care plans to offer their services to Medicare beneficiaries, do we really need 854 pages of regulations standing in the middle of the front door to the program?" Thompson said. "Today, 15 years after we moved away from cost-based reimbursement, do we still need to require hundreds of pages of cost information from every Medicare hospital?"

"We need to examine our real needs and be sure we're not imposing unnecessary burdens on our health



care providers,” Thompson said.

The new task force will raise the priority of regulatory reform across the department, Thompson said.

Thompson said he would work on a bipartisan basis with members of Congress, including Ways and Means Chairman Bill Thomas and Reps. Nancy Johnson and Pete Stark to reduce the HHS regulatory burden.

* * *

The Health Care Financing Administration is expanding Medicare coverage of liver transplants to include certain patients with primary hepatocellular carcinoma. This will be Medicare’s first movement toward transplant coverage for a liver malignancy.

“This is another important example of how Medicare is reaching out to include more and more beneficiaries with potentially life-saving treatment,” said Jeffrey Kang, director of HCFA’s Office of Clinical Standards and Quality and the agency’s chief clinical officer.

“Although we do not expect a large number of Medicare transplants for hepatocellular carcinoma, the procedure is extremely important because there are few alternative curative therapies for these patients,” said Kang.

Kang said a technology assessment would be sought for other types of malignancies in an effort to further expand Medicare coverage. A technology assessment is a study conducted either internally by HCFA specialists or by an outside consulting firm.

Hepatocellular carcinoma is the predominant primary malignancy of the liver, accounting for more than 80 percent of liver tumors. The tumors are predominantly found in male patients with cirrhotic livers from other disease, such as hepatitis.

Medicare has covered liver transplants for adults since 1990, beginning with limited coverage of only seven diagnoses. Coverage was expanded significantly in 1996 and 1999 to include all types of end-stage liver disease except for malignancies.

Under a May 18 Decision Memorandum, Medicare announced that it intends to make a National Coverage Decision expanding coverage for patients with primary HCC if the patient is not a liver resection candidate, the patient’s tumor(s) is less than or equal to 5 cm in diameter, there is no macrovascular involvement, and there is no identifiable extrahepatic spread of tumor to surrounding lymph nodes, lungs, abdominal organs, or bone.

The review of existing policy that led to the

decision memorandum was begun internally at HCFA under the agency’s new national coverage process, which bases coverage decisions on the best available scientific evidence. Scientific literature studied emphasized the appropriateness of performing transplants on carefully selected patients and used statistical techniques to identify significant risk factors, such as tumor size.

Details of the Decision Memorandum are available at <http://www.hcfa.gov/coverage/8b3-rr.htm>.

FDA News:

FDA Selects 23 Survivors To Review Drug Applications

FDA has selected 23 “patient consultants” who will take part in reviewing New Drug Applications. The program seeks to make advocates a part of the entire application review process, from the filing of an NDA through final approval.

After the program was announced in March, the agency received 109 applications. The agency originally planned to select 10 advocates, but ended up selecting 23. Eleven of these patients had previously served as “patient representatives” on the agency’s Oncologic Drugs Advisory Committee.

Selecting the candidates, the agency considered experience with cancer, experience in cancer advocacy, ability to represent patients, and knowledge about cancer.

The list of patient consultants and the indications they will represent follows:

James Anderson (prostate cancer); Paige Brown (chronic myelogenous leukemia); Marilyn Eichner (childhood leukemia); Arthur Flatau (acute myeloid leukemia); Sallie Forman (colorectal cancer); Glenn Gruett (head and neck cancer); Ruth Hoffman (childhood cancers); Michael Katz (myeloma); Eugene Kazmierczak (prostate cancer); Paula Kim (pancreatic cancer); Charles Koval (multiple myeloma); Susan Krivacic (non-Hodgkin’s lymphoma); Barbara Lackritz (chronic lymphocytic leukemia); Musa Mayer (breast cancer); Kenneth McDonough (melanoma); Natalie Compagni Portis (breast cancer); Nancy Roach (colorectal cancer); Nancy Rose (endometrial/ovarian cancers); James Schultz (bladder cancer); Martha Solonche (endometrial/ovarian cancer); Kevin Thompson (non-Hodgkin’s lymphoma); Jeannine Walston (brain tumors); Ruth Wynn (lung cancer) and Sandra Zook-Fischler (breast cancer).



Cancer Research:
**Gene Chips Diagnose
Four Childhood Cancers**

Scientists at the National Human Genome Research Institute and Lund University in Sweden have developed a method of genetic fingerprinting that can tell the difference between several closely related types of childhood cancer.

The method combines, for the first time, gene chip technology with a form of artificial intelligence called an artificial neural network. The neural network analyzes the large amounts of data produced by the gene chip to make a highly accurate diagnosis.

Using typical diagnostic technologies, the four types of childhood tumors used in this study can be difficult to tell apart because they look alike under the microscope. Gene chip technology analyzes the pattern of activity of thousands of genes inside any cell type, including cancer cells.

The approach developed in the study classified the different cancers with much greater accuracy than by conventional methods, the researchers reported in the June issue of *Nature Medicine*.

“This research is a very exciting example of how genome technology is advancing the diagnosis of some of the most serious and challenging diseases,” said NHGRI Director Francis Collins. “Studies like this one should help lead to the discovery of genes that are altered in these tumors, and this information may lead to the development of effective new treatments.”

The study began by simultaneously analyzing more than 6,000 known genes present in all cells. The study identified 41 genes expressed in the tumors that had not been associated with these diseases.

“I am convinced that we will find good targets for new drug treatments with this kind of approach,” said Paul Meltzer, a senior investigator in the Cancer Genetics Branch of the NHGRI Division of Intramural Research, and the paper’s senior author. “We are clearly moving away from using chemotherapy to nonspecifically kill cells to developing targeted treatments.”

Researchers first began using gene chips, or microarrays, to classify cancer in 1998, including work by first author Javed Khan, a principal investigator in the NCI Pediatric Branch, who showed that the technology could distinguish between muscle cells and other cancers.

In this study, a gene expression microarray was used to tell the difference between four cancers:

neuroblastoma, rhabdomyosarcoma, non-Hodgkin lymphoma (Burkitt’s lymphoma) and Ewing’s sarcoma.

“This is the first time anyone has taken several different kinds of cancer, and used their gene expression patterns for diagnostic classification,” Meltzer said.

As the number of genes discovered by the Human Genome Project has grown, the amount of information generated by these tests has become huge, and newer analytical methods were required. The researchers turned to the field of artificial intelligence, specifically a computer system called artificial neural networks.

“Artificial neural networks are built to mimic how neurons function in the brain,” said Markus Ringnér, a theoretical physicist from Lund University, and now a post-doctoral researcher at NHGRI.

To teach the neural network to recognize the genetic pattern produced by each type of cancer, Ringnér, with Carsten Peterson, a senior colleague at Lund University, took the patterns from four correctly diagnosed childhood cancers and fed them into an ordinary personal computer that runs the neural network software.

The computer performed a mathematical calculation that systemically identified the pattern produced by each cancer type. After 63 training runs in which the computer was taught to recognize the genetic patterns produced by the four tumor types, Khan sent to Ringnér and Peterson images from a set of 25 unknown tissue samples.

Five of the samples were not any of these childhood cancers, but were samples of normal muscle and other tumor types.

The neural network correctly identified what belonged in the childhood cancer category and what did not belong, based on the genetic pattern.

Because of the visual similarity of the tumors used in this study, diagnostic mistakes are sometimes made. An accurate diagnosis can be critical for the child’s survival. When a patient gets the right therapy, up to 90 percent of the children with Burkitt’s lymphoma recover; about half will survive Ewing’s sarcoma and rhabdomyosarcoma, and up to 40 percent will recover from neuroblastoma.

“Defining the features of individual cancer cells—their signatures—is an area rich in scientific opportunity,” said NCI Director Richard Klausner. “As this study suggests, our growing knowledge of the ‘molecular fingerprints’ of cancer cells can and will translate into clinical benefits.”



Around NIH:

Plaza Dedicated At NIH In Honor Of Paul Rogers

NIH this week dedicated the Paul G. Rogers Plaza in front of NIH Building 1 on the main campus in Bethesda, Md.

The plaza, at the crossroads of the campus, is named for Rogers, who represented his Florida district in the House for 24 years. He is chairman of the board of Research!America, and serves on the boards of many other health-related organizations. He is also a partner in law firm Hogan & Hartson.

At the dedication ceremony, NIH Acting Director Ruth Kirschstein listed some of the highlights of Rogers' legislative career, including introducing the National Cancer Act and the Research on Aging Act.

"Mr. Rogers knows how to get things done," Kirschstein said.

Former Rep. John Porter, who was a leading voice for medical research during his 20-year tenure in Congress, called Rogers his "mentor and model...a man who can move society to a higher level. Mr. Rogers is a man of influence in a city of influence."

Mary Woolley, president of Research!America, read letters from the current and several former U.S. Presidents. "We are only beginning to see the dimensions of his leadership, and the significance of his legacy to this nation and the world," Woolley said. "He is a champion's champion in the fight for better health."

Rogers said he was honored to have a permanent tribute on the NIH campus. "In all my years, nothing has given me more pride than participating in the success of research," Rogers said. "Because without research, there is no hope."

Funding Opportunities:

Leukemia And Lymphoma Career Development Awards

Career Development Program 2002 Leukemia-Lymphoma-Myeloma

Deadlines for Career Development Awards: Scholarship, Special Fellowship and Fellowship: Preliminary Application Deadline (submitted via Web site): Sept. 15, 2001

Complete Application Deadline: Oct. 1, 2001

Leukemia & Lymphoma Society supports careers in basic, or clinical research in leukemia, lymphoma and myeloma. Three levels of support are provided:

Scholar Awards: \$100,000 (stipend \$95,000 + \$5,000 institutional overhead) per year for five years. Eligibility requirements: investigators hold independent faculty-level or equivalent positions; have obtained substantial support for their research from a national agency. The award is not for the support of well-established, tenured or senior investigators.

Scholar in Clinical Research: \$100,000 (stipend \$95,000 + \$5,000 institutional overhead) per year for five years. Same eligibility requirements as in the preceding award; applicants must have concomitant support for their research from another source or agency. Preference will be given to clinical trial research of new or innovative applications.

Special Fellow: \$50,000 (stipend \$47,000 + \$3,000 institutional overhead) per year for three years. Eligibility requirements: qualified investigators who have completed a minimum of two years of postdoctoral research training at the time of review (January) and are continuing their research under the direction of a research sponsor.

Fellow: \$40,000 (stipend \$37,500 + \$2,500 institutional overhead) per year for three years. Annual renewals are based on a non-competitive progress report review. Eligibility requirements: investigators must have less than two years of postdoctoral research training at the time of review (January). Fellows are encouraged to embark on an academic career involving clinical or fundamental research in or related to leukemia, lymphoma and myeloma under the direction of a research sponsor.

Inquiries: Leukemia & Lymphoma Society, director of research administration, 1311 Mamaroneck Ave., White Plains, NY 10605, phone 914-821-8859; e-mail reserachprograms@leukemia-lymphoma.org; Web site <http://www.leukemia-lymphoma.org> for application and instructions.

NIH RFAs Available

RFA-HG-01-003: Comparative Genomic Sequencing of Drosophila DNA

Letter of Intent Receipt Date: July 20, 2001

Application Receipt Date: Aug. 21, 2001

National Institute of Human Genome Research announces its interest in receiving proposals to obtain, within one year, sequence coverage and an initial assembly of the genome of *Drosophila pseudoobscura*. The sequence information is intended primarily to be used in conjunction with the nearly complete sequence of *D. melanogaster* to identify conserved regions that



might be of biological significance, such as genes, intron/exon boundaries, and cis-regulatory regions, among others. The RFA will use the NIH cooperative agreement U01.

The RFA is available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-HG-01-003.html>.

Inquiries: Adam Felsenfeld, Division of Extramural Research, National Human Genome Research Institute, NIH, Bldg., 31, Rm B2B07, MSC 2033, Bethesda, MD 20892-2033, phone 301-496-7531; fax 301-480-2770; e-mail Adam.Felsenfeld@nih.gov

RFA-RR-01-004: High End Instrumentation Program

Letter of Intent Receipt Date: Aug. 14, 2001

Application Receipt Date: Sept. 14, 2001

National Center for Research Resources program awards will be made for up to a maximum of \$2 million in direct costs for a single major item of advanced equipment. Instruments in this category include structural and functional imaging systems, macromolecular NMR spectrometers, high-resolution mass spectrometers, electron microscopes, and supercomputers. The RFA will use the NIH S10 grant mechanism. The program will assist in the acquisition of major research equipment that is too costly for support through the NCRR Shared Instrumentation Grant program. Awards will be made for the direct cost of the instrument only.

The RFA is available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-RR-01-004.html>.

Inquiries: Marjorie Tingle, High End Instrumentation Program, National Center for Research Resources, 6705 Rockledge Dr., Rm 6154, MSC 7965, Bethesda, MD 20892-7965, phone 301-435-0772; fax 301-480-3659; e-mail HEI@ncrr.nih.gov.

NIH Program Announcements

PA-01-109: Cachexia: Research into Biobehavioral Management and Quality of Life

NCI and other NIH institutes are soliciting applications for investigator-initiated research related to the prevention and management of cachexia, a condition of severe malnutrition characterized by anorexia, weight loss and muscle wasting that occurs as a consequence of chronic conditions such as cystic fibrosis, cerebral palsy, cancer, AIDS, congestive heart failure, failure to thrive in older populations, end-stage organ failure, neurological degenerative diseases,

chronic obstructive lung disease, chronic liver disease, and chronic renal disease.

The PA, which will use the NIH research project grant R01 award mechanism, is available at <http://grants.nih.gov/grants/guide/pa-files/PA-01-109.html>.

Inquiries: For NCI—Claudette Varricchio, program director, Division of Cancer Prevention, NCI, 6130 Executive Blvd. EPN 300 Bethesda, MD, 20892; phone 301-496-8541; fax 301-496-8667; e-mail varriccc@mail.nih.gov.

Other Funding Notices

Notice of Limited Competition-Request for Competitive Renewal Application: Pediatric Phase I/Pilot consortium

NCI is requesting a competitive renewal application from the Children's Oncology Group to continue the clinical research activities of the Children's Cancer Group and the Pediatric Oncology Group phase I Consortia that the NCI has supported since 1992.

The COG Phase 1/Pilot consortium represents a merging of the previous activities that occurred when the pediatric Cooperative Groups joined into a single cooperative group in 2000. NCI wants to continue the activities of the consortium and is seeking a single application from COG to accomplish this. The single application will include support for the necessary components of the consortium, including its Operations Center, its Statistics/Data Center, its member institutions, and support for pharmacokinetic and correlative studies.

Clinical trials conducted by the consortium will include phase I trials, with a special emphasis on evaluations of agents with novel mechanisms of action and agents with distinctive molecular targets. The consortium will also conduct pilot studies that require careful monitoring for toxicity and that require pharmacokinetic or biologic sampling, with the objective of expeditiously establishing the safety and tolerability of these regimens so that they may then be evaluated in phase 3 trials.

The notice is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-CA-01-015.html>.

Inquiries: Malcolm Smith, Cancer Therapy Evaluation Program, Division of Cancer Treatment and Diagnosis, NCI, 6130 Executive Blvd., Rm 7038, MSC 7436, Bethesda, MD 20892-7436, phone 301-496-2522; fax 301-402-0557; e-mail smithm@ctep.nci.nih.gov.



The Cancer Letter Wins Another Award For Reporting

The **Cancer Letter** Editor Paul Goldberg received an award this week from a journalism society for his reporting on the National Dialogue on Cancer.

Goldberg was one of two journalists who received the Newsletter Washington Reporting award from the Washington DC Professional Chapter of the Society of Professional Journalists, at the society's annual Washington Dateline Awards ceremony.

The award is given for newsletter reporting from the nation's capital that contributes to better understanding of the federal government.

Last week, Goldberg won an investigative reporting award from the Newsletter and Electronic Publishers Foundation for his stories on the National Dialogue, which appeared in **The Cancer Letter** last year (**The Cancer Letter**, June 8, Vol. 27 No. 23).

In Brief:

Oklahoma Cancer Center Recruits Four Professors

(Continued from page 1)

attend. Fifteen hours of the event, including credit-earning continuing education features, will be available at <http://www.ons.org>. . . . **UNIVERSITY OF OKLAHOMA** Cancer Center at OU Health Sciences Center, in Oklahoma City, has recruited two of physician-scientist husband-wife pairs. **Ann Thor** was named the Lloyd E. Rader Professor and Chair of the Department of Pathology, associate director for translational research of the cancer center, and program leader for breast cancer. Thor was professor of pathology and surgery at Northwestern University Medical School and medical director for cytopathology at Evanston Northwestern Healthcare. Thor's husband, **Stuart Lind**, was appointed professor of medicine in the hematology/oncology section. Lind was professor of medicine at Northwestern University. **William Yuh** was named chairman of radiology, and his wife, **Nina Mayr**, was appointed head of the section of radiation oncology. Yuh was professor of radiology and Mayr was associate professor of radiation oncology and gynecologic oncology at University of Iowa. . . . **NICHOLAS PETRELLI**, chairman of the Department of Surgery at Roswell Park Cancer Institute, was named director of the regional cancer program at Christiana Hospital in Newark, Del., effective in August. The 780-bed hospital

is owned by Christiana Care Health System. . . . **JOHNS HOPKINS ONCOLOGY CENTER** faculty and staff recent awards: **Bert Vogelstein**, Clayton Professor of Oncology at Johns Hopkins and Investigator, Howard Hughes Medical Institute, received the 2001 Harvey Prize from the American Technion Society, which supports the Technion-Israel Institute of Technology. The \$50,000 award was presented to Vogelstein for his work on tumor formation and progression. **Richard Ambinder**, director of the Division of Hematologic Malignancies, was named the first James B. Murphy Professor of Oncology. Ambinder is an expert on the Epstein-Barr virus and its relationship to cancer. **Lillie Shockney**, director of outreach and education for the Breast Center, received the 2001 Lane A. Adams Award for Excellence in Caring from the American Cancer Society. **Jonathan Powell**, assistant professor of oncology, was selected as a V Foundation Scholar and will be awarded a \$100,000 grant for identifying of novel T-cell receptor-induced genes used as targets to induce tumor immunity. **Joseph Califano**, assistant professor of otolaryngology at Johns Hopkins Medical Institutions, received the 2001 Damon Runyon-Walter Winchell Clinical Investigator Award sponsored by Eli Lilly and Co. for his research in head and neck cancer. . . . **SUSAN VENTO** was named to the Mesothelioma Applied Research Foundation Board of Directors, filling a seat left vacant by her husband, **Rep. Bruce Vento**, who died last year from the disease. . . . **FOXKISER**, a Washington, DC, law firm, has named three counsel: **David Meade**, legislative counsel of the U.S. House of Representatives; **Andrew Fish**, assistant secretary for congressional relations and intergovernmental affairs, Department of Agriculture; and **Graydon Forrer**, managing director of FoxKiser affiliate Life Sciences Strategies, former director of executive communications with Monsanto Co., director of consumer affairs at USDA, and legislative director to **Sen. Frank Lautenberg** (D-NJ). *A Historical Aside:* When possible, **The Cancer Letter** helps the readers put together the name and the face. In the case of attorney Forrer, this is possible. Forrer appears in the video of "the hug," starring **Monica, Bill**, and the iconic black beret. He is the bearded Clinton Administration official with the puzzled smile one would expect of a man elbowed in the ribs by a former intern hell-bent to break through to the rope line. A supporting actor in the impeachment drama, Forrer was interviewed by FBI. It is believed that he had no beans to spill.



First International

CONGRESS ON MONOCLONAL ANTIBODIES IN CANCER

AUGUST 30 - SEPTEMBER 2, 2001

www.cancerconferences.com

Banff Springs Hotel
Banff, Alberta, Canada

W

elcome to our *First International Congress on Monoclonal Antibodies in Cancer*, to be held in Banff, Alberta, Canada, at the Banff Springs Resort from August 30 – September 2, 2001. This symposium will educate physicians about new developments using monoclonal antibodies in the treatment of both solid tumors and hematological malignancies. The topics to be covered at this conference will include recent data using monoclonal antibodies developed for hematological malignancies including lymphoma, leukemia and myeloma. Our current understanding of the mechanism of action and resistance of these antibodies will be discussed. Radiolabeled antibodies for lymphoma including epratuzumab and tositumomab would be covered in detail. Novel antibody targeting HLA-DR (Hu1D10) and CD22 molecules will be discussed.

Substantial time will be devoted to our understanding of monoclonal antibodies targeted to growth factor receptors like HER-2 and EGF receptor. Other topics to be covered will include novel antiangiogenesis antibodies in development.

We would like to make this a multidisciplinary conference which is attractive to both basic scientists and translational researchers, as well as clinicians. There will be opportunity for poster displays and interactive discussions. We look forward to your participation in this important new meeting.

*For Abstract Submission Information and to view a detailed Agenda, please see our website at
www.cancerconferences.com.*

Presented by Baylor-Charles A. Sammons Cancer Center, and Physicians' Education Resource

Registration Form

FIRST INTERNATIONAL CONGRESS ON MONOCLONAL ANTIBODIES IN CANCER

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