

THE

CANCER LETTER INTERACTIVE

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

Vol. 27 No. 36
Oct. 5, 2001

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Price \$295 Per Year

Practice Management Giant US Oncology To Sell Practices Back To Physicians

US Oncology, the largest oncology practice management company in the U.S., earlier this week announced its plan to sell practices back to doctors.

The sales would allow the Houston-based firm to concentrate on expanding its specialty pharmaceutical services business, conducting clinical trials for pharmaceutical companies, and developing radiation oncology centers, the company said.

“We believe this next step in US Oncology’s evolution is essential if it is to continue its vibrant and influential position as a leader in cancer
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In Brief:

Alan Rabson Named Acting NCI Director; HHS Pick For FDA May Be Food Safety Expert

ALAN RABSON has been appointed acting director of NCI as of Oct. 1, following Director **Richard Klausner**’s departure Sept. 28, HHS Secretary **Tommy Thomson** said. Klausner was named president of the Case Institute of Health, Science and Technology, which will be located in Washington, DC. “It is with deep regret that I watch Rick leave the helm of the NCI,” Thompson said. “I wish him continued success in his new position, and I look forward to working with him in the future.” Rabson came to NIH in 1955 as a resident in pathologic anatomy. In 1975, he was named director of the NCI Division of Cancer Biology, where he served until his appointment as NCI deputy director in 1995. Prior to Klausner’s appointment as NCI director in 1995, Rabson served for four months as acting NCI director. Rabson holds clinical professorships in pathology at Georgetown University Medical Center, George Washington University, and the Uniformed Services University of the Health Sciences. In 1987, Rabson became a member of the Institute of Medicine. Rabson’s wife, **Ruth Kirschstein**, is acting director of NIH. . . . **LESTER CRAWFORD**, a food safety expert affiliated with Virginia Tech University, is said to be HHS Secretary Thompson’s choice for FDA commissioner, according to news reports. The selection has not yet been approved by the White House or vetted by FBI. Crawford directs the Center for Food and Nutrition Policy, affiliated with Georgetown University until last month, now affiliated with Virginia Tech. . . . **RICHARD FISHER** has been appointed director of the James P. Wilmot Cancer Center at the University of Rochester Medical Center, and director of Cancer Services for Strong Health. Fisher,
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PPM Model Deemed Failure, US Oncology Sells Back

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care in this country,” company vice chairman Lloyd Everson, and chief executive R. Dale Ross wrote in a Sept. 30 memorandum to employees.

“Just as important, we believe that the need and even desirability of PPM-style control has past, and that physician leaders want and need the opportunity to be more directly responsible for the decisions affecting the performance of their local practices,” Everson and Ross wrote.

US Oncology is a behemoth in cancer care. Treating as many as 500,000 patients per year, the company has assembled some of the best oncology practices in the business, and has grown into one of the largest purchasers of oncology pharmaceutical agents in the world.

Altogether, US Oncology operates in 450 locations and employs 1,100 people, including 850 physicians. Other holdings include 75 integrated cancer centers and 31 licensed pharmacies that operate retail sites and manage the admixture services. The company’s clinical trials arm has completed over 200 studies, and is currently conducting 90 trials with 20 pharmaceutical and biotechnology companies.

The practices and other assets now controlled by US Oncology were assembled over nearly a decade. For many physicians, the appeal of signing on with a

PPM was so powerful that they signed 30- and even 40-year contracts with the two firms that later joined to form US Oncology.

As they signed these long-term contracts, many physicians envisioned freedom from the headaches of running an office. In the mid-90’s, oncologists were also fearful of the onslaught of managed care. Worse, the term “capitation”—the prospect of bidding for oncology risk underwritten by health insurers—became something of a mantra among oncology trade groups.

Capitation and bidding for national contracts were not games an oncologist could play alone, so practices were banding into large organizations. A typical contract with Physician Reliance Network and American Oncology Resources—the two firms that ultimately formed US Oncology—included cash and stock, which put a jingle in many a pocket and enabled many practices to expand.

The future failed to turn out entirely as predicted. The threat of capitation turned out to be overblown. Development of information management technology by PPM firms proved to be an enormous challenge, and the growth of PRN and AOR—and stock prices—crashed and flattened out.

In January 1998, when PRN and AOR united to form US Oncology, Merrill Lynch and Morgan Stanley Dean Witter downgraded the stock. This was Wall Street’s recognition of the challenges the company would face and the skeptical view of the value of combined companies (**The Cancer Letter**, Dec. 18, 1998).

On Monday, after U.S. Oncology announced its restructuring plans, its stock dropped by more than 42 percent, slipping lower in subsequent days. At this writing, shares are trading at about \$4. In January 1998, the company’s stock traded at \$16.

“The PPM model has failed in every specialty where it has been tried,” said Scott Minick, a venture partner at San Francisco-based Arch Venture Partners. “US Oncology deserves credit that they made it work longer, better, and on a greater scale than anyone else.”

After the announcement, William Bonello, an analyst with US Bancorp Piper Jaffray, lowered the company’s rating from buy to neutral.

“Under the new model, the company should be able to address a much larger market and grow revenue with much lower capital and operating costs,” Bonello wrote in his comments. “While the service-line transition has the potential to drive growth and margins down the road, we are not certain that the



Member,
Newsletter and
Electronic Publishers
Association

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

Editor & Publisher: Kirsten Boyd Goldberg

Editor: Paul Goldberg

Editorial Assistant: Shelley Whitmore Wolfe

Editorial: 202-362-1809 Fax: 202-318-4030

PO Box 9905, Washington DC 20016

E-mail: news@cancerletter.com

Customer Service: 800-513-7042

PO Box 40724, Nashville TN 37204-0724

E-mail: info@cancerletter.com

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practices are on board.

“In any event, the growth story appears to be on hold for at least another year,” he wrote.

The company said the capital-intensive practice management business contributes about \$800 million of its \$1.9 billion revenues. The company expects to reduce its debt by about \$140 million, incur reorganization costs of about \$480 million, and lose about \$53 million in earnings.

The company said the PPM business structure limited its access to physicians.

“[The company’s] strengths do not currently aid the many non-US Oncology physicians and nurses who are waging the same battle against cancer,” Everson and Ross wrote. “With that in mind, we will focus on the three major areas of our expertise and offer them to an expanded oncology market across the U.S. in a non-PPM model. In addition, we will offer our existing affiliated practices the opportunity to convert to this new service line structure, resulting in an eventual transition out of the current PPM model entirely.”

US Oncology estimates that it will be able to recapture \$160 million from selling the practices back to physicians.

“Among the many advantages of this transition is that management control will return to the practices,” the memo said. “Transitioning our current practices to the service line structure will also involve the reacquisition by practices of their non-medical assets and the completion of new service line agreements. Because we expect most if not all affiliated practices will seek to undertake this conversion, we anticipate that affecting this change will take 18 to 24 months to complete.”

Oncologists contacted by **The Cancer Letter** said they had not received buy-back proposals from the company.

“I think they are on to something,” said Dean Gesme, an oncologist with Oncology Associates of Cedar Rapids, Iowa, a practice that joined PRN in 1995.

“It’s a good idea for them to get out of what they don’t do very well—and that is employ book keepers—and just develop cancer centers, supply drugs, and do the research,” Gesme said.

Gesme said he expects a reasonable offer and an amicable separation. However, negotiating with physicians is never easy. “The problem is that most docs don’t know a gift when they see it,” Gesme said. “The drug company takes you out to a football game,

and you take it out on the drug company. I’ve seen it happen.”

Following is the company’s description of the three businesses it seeks to expand:

—The Oncology Pharmaceutical Management division will provide comprehensive, on-site pharmaceutical management services to medical oncology practices and clinics. Pharmaceutical management services include pharmaceutical purchasing, inventory control and waste management, facility development, on-site staffing and management, admixture services, and in some locations, on-site retail pharmacies for the convenience of cancer patients.

US Oncology purchases more than \$708 million per year in oncology pharmaceuticals on behalf of its network physicians, representing more than 400 admixture sites, and 31 licensed pharmacies, which are supported by 51 pharmacists and 180 pharmacy technicians.

—The Outpatient Cancer Center Operations division will develop and manage comprehensive, community-based outpatient cancer centers. The division seeks to contract with oncology practices and clinics to provide expertise in outpatient cancer center development and operations and access to capital for development.

US Oncology currently manages 75 outpatient cancer centers. The company manages over 1.2 million square feet of medical oncology office space, an installed base of 112 linear accelerators, 76 computerized axial tomography units and nine PET units, which provide care to over 250,000 patients each year.

—The Cancer Research and Development Services division will provide a comprehensive range of cancer research and development activities focused exclusively on oncology. The division will focus on bringing investigational therapies to cancer patients through the US Oncology network of community-based oncology researchers. The division will contract with pharmaceutical and biotechnology firms to provide a comprehensive range of services, from study concept and design to regulatory approval, including complete phase I through phase IV trials.

US Oncology supervises approximately 100 clinical trials, with annual accruals of more than 4,000 patients, in conjunction with its network of 650 participating physicians in more than 330 research locations. The company participated in clinical research trials that resulted in nine new drugs in five years.



Capitol Hill:

House Panel Targets AWP For Medicare Drug Pricing

The issue of using the “average wholesale price” in reimbursing office-based oncologists is once again heating up on Capitol Hill.

Though no legislation regulating the use of AWP to reimburse oncologists has been introduced, observers said the dreaded provision may be inserted into a Medicare legislative package that may move in the final weeks of the Congressional session.

“AWP could also be an acronym for Ain’t What’s Paid,” said Rep. James Greenwood (R-PA), chairman of the oversight and investigations subcommittee of the House Committee on Energy and Commerce at a hearing Sept. 21, held in conjunction with the subcommittee on health.

Greenwood estimated that about \$1 billion a year in Medicare funds is wasted every year, because the government bases reimbursement on AWP instead of some form of an acquisition cost.

AWP is analogous to manufacturer’s suggested price. Under current regulations, reimbursement for physicians is set at AWP minus 5 percent, a price that allows office-based oncology practices to earn a profit on many of the drugs they infuse. The American Society of Clinical Oncology concurs that AWP is excessive, but they say the markup makes up for the shortfalls in other fees associated with running oncology practices.

“We agree that the system has to be fixed,” said Larry Norton, ASCO president and an oncologist at Memorial Sloan-Kettering Cancer Center. “We think that the payments for the drugs have to be aligned more closely to the actual costs, but we also think that the payments for the services that are rendered in the administration of these services has to be made more realistic.

“This has to be done very carefully, it has to be done jointly, or else we see the possibility of severe disruption of the care of our Medicare patients,” Norton said. Altogether, about 70 percent of chemotherapy treatments are performed at doctors’ offices.

The AWP controversy has been surfacing regularly since 1997. This time, the Congressional hearing was triggered by two reports of the General Accounting Office. One study, which has been released, examines Medicare reimbursement for drugs. Another study, which is yet to be released, examines

the physicians’ fee schedules under program.

“Simply put, tying Medicare’s drug pricing to AWP is a recipe for inflation and excess payment,” William Scanlon, GAO director of health care issues, said at the hearing. The study of drug pricing showed that during the current year, physicians have been able to buy drugs at 13 to 34 percent below AWP. The report is available from GAO: <http://www.gao.gov/new.items/d011118.pdf>.

The GAO study of practice expenses and fee schedules has not been released. However, Scanlon said that reimbursement for oncologists recently jumped by 8 percent due to changes in payment methods. “Oncologists’ payments relative to their estimated practice expenses were close to the average for all specialists,” Scanlon said. “However, we will also show that HCFA made questionable modifications to its basic method of setting practice expense payments, which resulted in lowering the average fees paid for the administration of drugs by physicians’ staffs.”

Citing the GAO study, Thomas Scully, the administrator of the Centers for Medicare and Medicaid Services, said the shortfall on reimbursement of oncologists’ practice expenses is relatively small. “The GAO reports I read last night... suggested \$51 million,” Scully said at the hearing.

Testifying for ASCO, Norton said the soon-to-be-released GAO report was unlikely to have reliable data on practice expenses. “The only real way you can actually figure out the cost is to measure the cost of what’s really required,” Norton said. “How much nursing time is required, the cost of the syringe, the cost of IV tubing, the cost of the needles, the cost of the tape, all these things are costs,” Norton said. “The inventory of drugs, spillage, wastage, all these issues that are involved. And we don’t really have the data. Looking at this as a scientist, I don’t think that the methods really are giving us the numbers that we really need to figure out what the true costs are.”

Norton submitted an ASCO white paper on issues involving AWP. The paper is available at <http://www.asco.org/prof/pp/html/whitepaper.pdf>.

The transcript of the six-hour hearing is available from the Henry J. Kaiser Family Foundation: http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=323.

The testimony is available at <http://energycommerce.house.gov/107/hearings/09212001Hearing371/hearing.htm>.

In another development, on Oct. 9, CancerCare



will sponsor a conference call titled Outpatient Chemotherapy: How Medicare Payment Policies Affect You. Former ASCO President Joseph Bailes and the society counsel Terry Coleman will address potential changes. Information on the program is available at <http://www.cancercare.org/teleconference/main.htm>.

* * *

Appropriations: The House Appropriations Subcommittee on Labor-HHS-Education passed a funding bill that provides \$23 billion for NIH, \$2.5 billion more than last year.

The increase reflects the amount sought by President Bush in his fiscal 2002 budget proposal to Congress earlier this year.

The bill also provides a \$100 million increase for bioterrorism preparedness at the Centers for Disease Control and Prevention, NIH, and the Office of Emergency Preparedness.

The subcommittee's action came on Oct. 3, a day after White House and Congressional leaders agreed to lift discretionary funding caps, providing an extra \$25 billion above the President's budget request. The new funds would be split among defense, education, and emergency spending.

Bush last week signed into law a funding bill making continuing appropriations through Oct. 16.

Letters to the Editor:
**From Long Island To Houston
By Rental Car, In 43 Hours**

To the Editor:

Several of us were at Cold Spring Harbor, 19 miles away from the World Trade Center, on Sept. 11. Dr. Paula North happened to have a rental car. She invited Dr. Sharon Weiss and me to share the trek home, to Atlanta (Sharon), Little Rock (Paula) and Houston. I recorded these thoughts the day after I returned home:

The odyssey took 43 hours, 1900 miles, two great new friends, and a trusty Taurus.

NPR and each other to keep us awake, some luck, and much more that we will never forget.

Reversing our direction a dozen times, backtracking, zigzagging, trying to shorten Long Island.

Squeezing between cars with only an inch to spare, at intersections never before gridlocked.

Speeding through marshlands and along beaches that no one else appeared to have discovered.

And especially the view of the Manhattan skyline, just six miles from us, that looked all wrong.

Passing under the plume of smoke from the rubble of what was the world's greatest trade center.

Then the glimpse of the Pentagon, also just six miles away from the Woodrow Wilson Bridge.

The FAA worker who wanted so much to tell us what he knew;

Then suddenly remembering that he was not to talk with the public.

Continuous radio updating us with information we did not want.

Yet information we could not now live without.

Small towns lined with flags along the roadway, every ten feet or so.

A truck of a driver who had draped an American Flag over its grill.

The signs desperately exclaiming, "Truck Drivers Needed."

At McDonalds, Burger King, KFC, Cracker Barrel, and stops without names,

We encountered people who were desperately trying to find a way to help.

A few hours stop and rest, thanks to our colleague's husband and home,

After a couple of hours of non-stop talk and wine to share with him our plight.

Americans along the way holding our country's flag in their hands.

"God bless America" on banks, stores, and hand-drawn signs.

A sky that was silent and frozen, with not a single plane to disturb its vastness.

Just emptiness like the hearts of people all over the country.

You can imagine how I felt when driving up to my home, at midnight,

Finding a dozen U.S. flags, each a couple of feet high, on our front lawn.

Archie Bleyer
M.D. Anderson Cancer Center

*The Cancer Letter welcomes letters to the editor.
Letters may be sent to: kirsten@cancerletter.com.*

NCI Contract Awards

Title: Epidemiologic Studies of the Mayak and Techa River Cohorts. Contractor: Radiation Effects Research Foundation, Hiroshima, Japan; \$488,439.

Title: Operations and Technical Support Services at NCI—Frederick, MD. Contractor: SAIC-Frederick Inc., San Diego, CA; \$1,248,860,811.

Title: Maternal Cohort Study of Nurses' Health Studies. Contractor: Harvard School of Public Health, Boston; \$498,575.



Funding Opportunities:

Landon AACR Prizes In Cancer Research

Deadline: Nov. 15, 2001

The American Association for Cancer Research announces two new international prizes recognizing excellence in cancer research.

The Kirk A. and Dorothy P. Landon Foundation, of Miami has invited AACR to administer these annual prizes for contributions to basic and translational cancer research.

—**Kirk A. Landon-AACR Prize for Basic Cancer Research** will recognize significant, fundamental contributions to laboratory research.

—**Dorothy P. Landon-AACR Prize for Translational Cancer Research** will recognize extraordinary achievement in translational cancer research—the interface between basic research and its application to the clinic in the areas of diagnosis, treatment, or the prevention of cancer.

The recipient of each award will receive an unrestricted cash prize of \$200,000. Recipients will be announced at the Sylvester Comprehensive Cancer Center of the University of Miami in winter 2002 and give a scientific presentation at the AACR annual meeting April 6-10, 2002.

This is an international competition. Nominations may be made by any individual who is now or has been affiliated with a cancer research institution. Nominators are asked to maintain the confidentiality of the nomination process. There is no official application form. For nomination process information, see: <http://www.aacr.org>.

Mail the completed nomination package to arrive by Nov. 15 to: Landon-AACR Prize Selection Committees, AACR, Public Ledger Building, Suite 826, 150 S. Independence Mall West, Philadelphia, PA 19106-348.

RFA Available

RFA-DK-02-015: Barrett's Esophagus, Gastroesophageal Reflux Disease and Adenocarcinoma of the Esophagus

Letter of Intent Receipt Date: Feb. 20, 2002

Application Receipt Date: March 20, 2002

The initiative is designed to address Barrett's esophagus and its etiology and relationship to gastroesophageal reflux disease and its link to the rising incidence of adenocarcinoma of the esophagus. The areas of emphasis will include approaches for molecular characterization of Barrett's metaplasia and dysplasia in comparison to normal squamous and intestinal epithelium, identification of esophageal stem cells and the factors responsible for specific differentiation

pathways into either squamous or intestinal epithelium, regeneration of squamous mucosa, the molecular precursors or predictors of dysplasia, identification of serum biomarkers of metaplasia or dysplasia, development of suitable animal models to study pathogenesis, chemoprevention or treatment strategies, and clinical studies aimed at revealing environmental or genetic risk factors or the role of gastroesophageal reflux in Barrett's esophagus. The RFA will use the NIH research project grant R01 and exploratory research grant R21 mechanisms. The RFA is available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-02-015.html>.

Inquiries: For NCI— Ellen Richmond, Division of Cancer Prevention, NCI, Executive Plaza North, 6130 Executive Blvd., Rm 2148, Bethesda, MD 20892, phone 301-435-2466; fax 301-435-6344; e-mail richmone@mail.nih.gov

Program Announcements

PA-02-001: Exploratory Grants for Behavioral Research in Cancer Control (Reissued)

Division of Cancer Control and Population Sciences and the Division of Cancer Prevention of NCI invite research grant applications for research in the behavioral aspects of the cancer control continuum from prevention to end of life care. Studies may focus on: 1) assessment (instrumentation methods, measurement development); 2) Intervention (feasibility of new and innovative approaches, appropriateness for use in populations disproportionately burdened with cancer, or other clinical, organizational and community settings, 3) Dissemination (applications, sustainability), 4) Surveillance (issues of inclusion of minority populations, data base linkage studies to monitor progress toward cancer prevention and control), and 5) psychological influences on cancer and the biobehavioral mechanisms underlying cancer related behaviors. The PA will use the NIH exploratory/developmental R21 grant mechanism. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-02-001.html>.

Inquiries: Sabra Woolley, Division of Cancer Control and Population Sciences, NIH, Executive Plaza North, Rm 4078, MSC 7335, Bethesda, MD 20892-7335, phone 301-435-4589; fax 301-480-2087; e-mail sw215x@nih.gov

PA-01-138: NCRR Training Grant for Veterinary Students in Animal-Oriented, Hypothesis-Based Research

Application Receipt Dates: Jan. 10, May 10, and Sept. 10

National Center for Research Resources will award institutional training grants T32 to institutions to develop or enhance animal-oriented, hypothesis-based



biomedical research training opportunities to help ensure that highly trained comparative medical scientists will be available to meet collaborative research needs in animal-based, biomedical research. The award provides support for one year of supervised research experience to introduce veterinary students with an interest in biomedical research at a formative stage of their veterinary medical science education to pursue training in research careers. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-01-138.html>.

Inquiries: Franziska Grieder, Division of Comparative Medicine, National Center for Research Resources, 6705 Rockledge Dr., Suite 6050 MSC 7965, Bethesda, MD 20892-7965, phone 301-435-0744; fax 301-480-3819; e-mail griederf@ncrr.nih.gov

PAR-01-143: Short-Term Courses in Research Ethics

Application Receipt Dates: March 12, 2002; March 12, 2003; March 12, 2004

NIH, Centers for Disease Control and Prevention, and the Agency for Health and Research Quality invite applications for grants to develop, conduct, evaluate, and disseminate short-term courses on ethical issues in research, particularly those involving human participants. Courses should improve the skills of biomedical, behavioral, nursing, social science, and public health researchers in identifying and addressing the ethical, legal, and social implications of their research, especially when human participants are involved. The PA will use the NIH continuing education training grant T15 award mechanism. Research ethics courses may be of any duration as long as they are consistent with the goals of the proposed program. For organizations wanting to teach research ethics courses, such courses should be offered at least once a year. Courses can be developed for the Internet, video, or other formats. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-01-143.html>.

Inquiries: Lawrence Friedman, NHLBI, Building 31, Rm 5A03, Bethesda, MD 20892-2482, phone 301-496-9899; fax 301-402-1056; email lawrence_friedman@nih.gov

PAR-01-144: Mentored Scientist Development Award in Research Ethics

The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-01-144.html>.

Application Receipt Dates: March 12, 2002; March 12, 2003; March 12, 2004

NIH invites biomedical, behavioral, and public health researchers to apply for the Mentored Scientist Development Award. The MSDA will support training in research ethics for health professionals working at academic and other health-related institutions in biomedical, behavioral, or public health research,

particularly research involving human participants. The program would support individuals who have an established career in another field, and now want to move into research ethics and those who are already in the field of research ethics but, because of their junior status, require a period of mentored career development in order to become independent scientists in the field of research ethics. Candidates must show the potential for highly productive, independent careers in the field of research ethics. The award is renewable.

Inquiries: See preceding PA.

Other Funding Notices

NOT-CA-01-020: Activities to Promote Research Collaborations

Supplemental Request Dates: Dec. 15 and April 15

The NCI Division of Cancer Biology announces the availability of funds for fiscal year 2002 to supplement existing DCB-supported research projects collaboration among DCB grantees, as well as with other members of the scientific community. The APRC program can support collaborative activities that bring together ideas and approaches from disparate scientific disciplines, including those not currently supported by DCB. Examples of collaborative activities include, but are not limited to, new collaborative research projects, sharing resources and reagents, developing novel technologies, and organizing cross-disciplinary meetings/workshops. It is essential, however, that proposed APRC activities be within the overall scope of the active parent award.

The APRC program and the guidelines can be found at: <http://www.nci.nih.gov/dcb/APRC2002.htm>. The notice is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-CA-01-020.html>.

Inquiries: John Sogn, deputy director, Division of Cancer Biology, NCI, NIH, Executive Plaza North, Rm 5050, 6130 Executive Blvd., Bethesda, MD 20892-7150, phone 301-594-8782; fax 301-496-8656; e-mail js150x@nih.gov

NOT-OD-01-064: NIH Extramural Loan Repayment Program Regarding Clinical Researchers

The program provides for the repayment of the educational loan debt of health professionals who agree to conduct clinical research. The program repays up to \$35,000 of the principal and interest of the educational loans for each year of obligated service. Requests for applications may be submitted at <http://lrp.info.nih.gov/extramural/reqApp.htm>. The notice is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-01-064.html>.

Inquiries: G. Stephane Philogene, Office of Loan Repayment and Scholarship, OIR/OD/NIH: <http://lrp.info.nih.gov>; e-mail lrp@nih.gov



In Brief:

Fisher To Direct Wilmot CC; Case Western Wins Renewal

(Continued from page 1)

an expert in lymphoma, has been director of the Cardinal Bernardin Cancer Center at Loyola University Stritch School of Medicine in Chicago since 1984. Fisher replaces **Joseph Rosenblatt**, who served as interim director for eight months. Rosenblatt moved to the Sylvester Comprehensive Cancer Center at the University of Miami Hospital and Clinics, where he is chief of the Hematology/Oncology Division and scientific director. At Loyola, Fisher was instrumental in the formation of the Bernardin Cancer Center and worked to build a program supported by NCI. He helped secure laboratory space and championed the construction of a \$35 million facility. At Rochester, Fisher also has been appointed chief of the Hematology/Oncology Unit in the Department of Medicine and the Samuel E. Durand Professor of Medicine. He will oversee clinical cancer services at Strong Memorial Hospital and Highland Hospital, which provide care for cancer patients in Western and Upstate New York. A graduate of Harvard College and Harvard Medical School, he completed an internship and residency at Massachusetts General Hospital. He held an oncology fellowship and worked as a senior investigator at NCI from 1972-84. He is chairman of the Lymphoma Committee of the Southwest Oncology Group. . . .

COMPREHENSIVE CANCER CENTER of Case Western Reserve and University Hospitals of Cleveland, received a five-year core grant renewal from NCI. The P30 grant is a nearly two-fold increase. "The funding will enable us also to move aggressively into new areas such as cancer imaging, stem cell targeted therapeutics, genetic epidemiology, hormone responsive malignancies, and cancer communications, said center director **James Willson**. The center has been an NCI-designated center for 14 years and has held a comprehensive designation for five. . . . **DAVID ROODMAN**, associate chair for research in the Department of Medicine at University of Texas Health Science Center in San Antonio, was named director of the new Multiple Myeloma Center at the University of Pittsburgh Cancer Institute. He also was appointed professor of medicine, division of hematology/oncology, UP School of Medicine, and director, Center for Bone Biology, UPMC Health System. . . . **MULTIPLE MYELOMA RESEARCH**

FOUNDATION and the McCarty Cancer Foundation presented the 2001 Senior Research Awards to: **Melissa Alsina**, Moffitt Cancer Center; **Olcay Batuman**, SUNY-Downstate Medical Center; **Lawrence Boise**, University of Miami School of Medicine; **Dennis Carson**, University of California San Diego; **Steven Grant**, Virginia Commonwealth University; **Lori Hazelhurst**, Moffitt Cancer Center; **Teru Hideshima**, Dana-Farber Cancer Institute; **Nicolas Mitsiades**, Dana-Farber Cancer Institute; **Paul Sanders**, University of Alabama at Birmingham; **Pieter Sonneveld**, University Hospital Rotterdam; **A. Keith Stewart**, Princess Margaret Hospital; and **Shmuel Yacoby**, University of Arkansas Medical Sciences. The awardees receive \$100,000 each. . . .

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL established two chairs in oncology: one in clinical medical oncology honoring **B.J. Kennedy**, and another in surgical oncology honoring **John Delaney**. The chairs were established by grants to the Minnesota Medical Foundation. . . . **STEPHEN POVOSKI**, assistant professor of surgery and radiology at West Virginia University, was appointed associated professor of surgical oncology at the Arthur G. James Cancer Hospital and Richard J. Solove Institute. His focus will be on breast cancer treatment. **KARI KENDRA** was appointed to the division of hematology and oncology at the James. Kendra, who was assistant professor in the Department of Medicine, University of Rochester and director of the Biotherapeutics Core Facility at the UR Cancer Center, was named assistant professor in the Department of Internal Medicine at the James. . . . **ALAN POLLACK** was named chairman of radiation oncology at Fox Chase Cancer Center. He succeeds **Gerald Hanks**, who retired June 30. Pollack was head of the genitourinary section of the radiation oncology department and associate medical director of the genitourinary treatment center at M.D. Anderson Cancer Center. . . . **CHARLES POUND** was named assistant professor in the Department of Urology at the University of Pittsburgh School of Medicine and member of the UP Cancer Institute, Prostate and Urologic Cancer Center. Pound was assistant professor of urology, University of Tennessee. . . . **STEPHEN HUNGER** was appointed chief of the division of pediatric hematology/oncology at the University of Florida College of Medicine. Hunger was associate professor of pediatrics at University of Colorado Health Sciences Center. Hunger said he plans to recruit four additional faculty members to the division.



**THE UNIVERSITY OF CALIFORNIA, IRVINE
DEPARTMENT OF MEDICINE
DIVISION OF HEMATOLOGY/ONCOLOGY**

**CLINICAL PHARMACOLOGIST AND DIRECTOR OF
PHASE I CLINICAL RESEARCH**

The Division of Hematology/Oncology at the University of California, Irvine, and The Chao Family Comprehensive Cancer Center is seeking a Clinical Pharmacologist to direct a clinical and translational research program focusing on phase I trials. Applicants must have an MD, PhD or equivalent and have experience and expertise in pharmacokinetics and the direction of early (Phase I/II) clinical trials. This position is for a pharmacologist at the Associate Professor/Professor level with an emphasis on clinical research. A significant amount of laboratory-based research, especially that which complements, or is correlative with the clinical initiatives, is desirable and will also be supported. This position will carry a state-line FTE and membership in the UCI Academic Senate. If desired, the applicant may also serve as Program Leader for the Translational Oncology Program in the Cancer Center.

The University of California: rooted in education, enriched by diversity. Send curriculum vitae with names and telephone numbers of three references to:

Randall F. Holcombe, M.D.
Associate Director, Chao Family Comprehensive Cancer Center
Chief, Division of Hematology/Oncology
101 The City Drive
Bldg 23, RT 81, Rm # 244
Orange, CA 92868
Rholcomb@uci.edu

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