

THE

# CANCER LETTER INTERACTIVE

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## House Committee Aims To Cut Markup On Office-Administered Cancer Drugs

The House Committee on Energy and Commerce is developing a bill aimed at limiting the markup on drugs administered in oncologists' offices.

In a letter to Thomas Scully, administrator of the HHS Centers for Medicare and Medicaid Services, the committee leadership sought the agency's cooperation in advancing the committee proposal to "protect taxpayers and Medicare beneficiaries from the abuses associated with inflated drug reimbursements."

The letter, dated Nov. 14 and signed by Energy and Commerce  
(Continued to page 2)

### In Brief:

#### **Kimmel Donates \$150 Million To Hopkins For Cancer Research, Patient Residence**

**JOHNS HOPKINS UNIVERSITY** received a \$150 million donation, the largest single gift to the university, from clothing magnate Sidney Kimmel for cancer research and for a residence for cancer patients and their families. In recognition of the gift, the Hopkins Cancer Care Center will be renamed The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins. Kimmel is founder and chairman of the Jones Apparel Group. "Sidney Kimmel has shown enormous vision and insight into what would make a difference in the field of cancer research, as well as great confidence in our ability to achieve results," said **Martin Abeloff**, director of the center.

... **AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY** registered a record 10,000 attendees for its annual scientific meeting held in San Francisco Nov. 4-8, said **David Larson**, chairman of **ASTRO**. This marks the sixth straight attendance record which has doubled in size since 1995. The attendees included 1,375 international participants from 55 foreign nations. ... **DAVID BARTLETT**, senior investigator in the surgery branch at the Center for Cancer Research at NCI, was appointed chief of the division of surgical oncology at University of Pittsburgh Cancer Institute and associate professor of surgery at the University of Pittsburgh School of Medicine. Bartlett is known for his work in biological and gene therapy, regional cancer therapeutics for melanoma and the development of surgical techniques for abdominal and liver cancers. His immediate goal is to develop a center of excellence in regional cancer therapeutics at UPCI and to expand the technique for use with other cancers, Bartlett said. ...

**MICHAEL PRADOS** was named the Charles B. Wilson endowed chair  
(Continued to page 7)

### NCI Programs:

Funding For Research  
In Pancreatic Cancer  
To Increase, NCI Says

... Page 3

### Professional Societies:

ACS Funds 84  
Research Grants

... Page 4

### NIH Programs:

NCI, NIGMS Support  
Synchrotron Beamlines  
At Argonne Laboratory

... Page 5

### NIEHS, Grantees

Form Toxicogenomics  
Research Consortium

... Page 6

### Funding Opportunities:

PA Available;  
Other Notices;  
Sending Mail To NIH

... Page 6



## House Committee Developing Bill To Cut Drug Markup

(Continued from page 1)

Chairman Billy Tauzin (R-LA), Health Subcommittee Chairman Michael Bilirakis (R-FL) and Oversight and Investigations Subcommittee Chairman James Greenwood (R-PA), said the proposal would be introduced in the near future.

With Congress expected to remain in session through December, this may be enough time either to pass legislation or to write a bill that could resurface at a subsequent session, observers said.

Sources said the House Ways and Means Committee may also be working on a bill aimed at cutting reimbursement for drugs administered in physicians' offices.

If the bill fails to pass the House and Senate during the current session, its language will be likely to linger for years, and may end up being attached to gigantic omnibus bills.

Oncology professional societies and patient groups oppose Congressional efforts to draft legislation now. The groups, including the American Society of Clinical Oncology, acknowledge that office-based physicians generate substantial revenues by marking up drugs. However, any profit made on drugs offsets the shortfall on Medicare reimbursement of office expenses and professional fees.

Cancer groups point out that no one knows

exactly how much oncologists make on drugs and how much they lose on office expenses. Until the government studies the problem, changes in the system could erode the quality of care or drive oncologists out of business, critics say.

### The Question of Accounting

The General Accounting Office is under a Congressional mandate to conduct such a study, but no such study has been done.

The AWP controversy has been surfacing regularly since 1997.

In 1999, the budget legislation mandated that the agency conduct a "nationwide study to determine the physician and non-physician clinical resources necessary to provide safe outpatient cancer therapy services and the appropriate payment rates for such services under the Medicare program." Also, the agency is directed to determine whether physicians are adequately compensated for the administration, handling, and storage of drugs.

Last month, GAO released a study of practice expense payments to oncologists. The study, titled "Medicare Physician Fee Schedule: Practice Expense Payments to Oncologists Indicate Need for Overall Refinement," argues that Medicare reimbursement of practice expenses for oncologists is on the par with reimbursement of other specialties.

According to ASCO, the agency's study presents an inadequate accounting of physicians' expenses.

"GAO did not conduct a nationwide survey of the costs necessary to provide cancer therapy, as the law requires, and the report does not address any of the specific questions for which Congress mandated responses," ASCO officials wrote in a critique of the GAO report.

"Congress sought information that would help it assess the extent to which payments for the related services should be increased to cover the associated costs," the ASCO critique states. "Nothing in the GAO report appears to assist Congress in that regard."

Nonetheless, the leadership of the Committee on Energy and Commerce said it has a sufficient data for changing the reimbursement system.

"We have prepared a legislative proposal that ensures that Medicare drug reimbursement is based on accurate pricing information," Tauzin, Bilirakis and Greenwood wrote in the Nov. 14 letter to Scully. "This proposal reflects information gathered by the Committee on Energy and Commerce over the course of its two-and-one-half-year investigation, interviews



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with dozens of drug industry representatives, law enforcement and state Medicaid programs, as well as hundreds of hours of meeting with stakeholders and other providers who administer the Medicare-covered drugs in question.”

The letter acknowledges that some physicians rely on the overpayments from drug reimbursements to make up for shortfalls in Medicare payments in other areas.

“Recognizing the seriousness of these concerns, our proposal will require that these specific issues be addressed simultaneously with any modification of Medicare’s drug reimbursements,” the letter states. “The proposal will require several changes to the current Medicare reimbursement system for providers. These will include requiring CMS to collect data and change how certain physicians are reimbursed under the physician fee schedule and taking into account factors such as supply costs and zero work services.”

#### **No Grassroots Letter-Writing, Please**

The committee recently held a contentious hearing on reimbursement based on the “Average Wholesale Price” of drugs (**The Cancer Letter**, Oct. 5).

It’s no secret that AWP is a misnomer. It’s neither “average” nor “wholesale.” Derived by the industry, it’s a price that may be paid by oncology practices that, for whatever reason, are unable to negotiate a better deal.

According to a recent GAO study, physicians buy drugs at 13 to 34 percent below AWP. Medicare reimburses oncologists at AWP minus 5 percent for drugs, a rate that still allows for a markup. According to GAO, Medicare could save about \$1 billion by eliminating the markup on drugs.

After the Energy and Commerce hearing, committee staff members held a series of three meetings with advocacy groups and professional societies involved in cancer care, sources said.

At the meetings, the committee staff urged the cancer groups to refrain from launching a grassroots letter-writing campaign, while trying to hammer out a compromise for cutting reimbursement on drugs, sources said.

Since GAO has not completed the studies mandated by Congress, the cancer groups were in no position to bargain over the reimbursement formula, sources said.

ASCO president Larry Norton said the changes to the reimbursement system would be uninformed

and ultimately harmful to patients.

“It’s ironic that on the eve of the 30th anniversary of the National Cancer Act, Congress is considering changes to current reimbursement policy that could significantly and adversely impact the cancer care system as we know it in this country,” said ASCO president Larry Norton.

“While we haven’t seen a proposal in writing, it appears as if some in Congress are moving forward with plans to reduce Medicare reimbursement for drugs without the information necessary to determine how this change will impact the delivery of cancer care,” Norton said.

“ASCO is on record in strong support of aligning Medicare reimbursement more closely with the actual costs of chemotherapy drugs and services,” Norton said. “However, Congress has admitted that it has no reliable data to show what those actual costs are. Any abrupt or poorly planned changes could throw the entire cancer care delivery system into disarray. Given that accessibility to life-saving cancer therapies hangs in the balance, it would be irresponsible for Congress to make any decisions or take any actions without benefit of reliable data to guide their policy.”

Last month, in a letter to members of Congress, the patient-led Cancer Leadership Council wrote that an uninformed approach to changing the reimbursement system would result in a decline in the quality of cancer care.

“We understand that there is impatience on the part of some members of Congress about this issue, and that there are many claims upon any potential savings,” the CLC letter states. “It is imperative, however, that savings not be achieved at the expense of patient access and quality cancer care.

“We therefore urge you not to rush to adopt reductions in payment for cancer drugs without corresponding increases in payment for chemotherapy administration to ensure that cancer patients are not deprived of their access to optimal cancer care,” the letter states.

#### **NCI Programs:**

### **Pancreatic Cancer Research To Increase, Institute Says**

NCI plans to increase support for pancreatic cancer research as a result of the recommendations from the Pancreatic Cancer Progress Review Group, the Institute said.

In a recent statement, the Institute said it plans



to take the following steps, subject to budgetary availability:

—Pay Line: Beginning in FY 2002, the pay line for pancreatic cancer-relevant research will be 50 percent higher than the overall pay line for NCI research grants. Only those applications that are 100 percent relevant to pancreatic cancer will be eligible for the higher pay line. To mark an application for consideration, an investigator should cite the PRG Report and include the following language in the Background section of the grant application: The research described in this application is 100 percent relevant to pancreatic cancer.

—Specialized Programs of Research Excellence (SPOREs): NCI will fund at least three meritorious, peer reviewed pancreatic cancer-specific SPOREs next year. As in the early development of the prostate cancer SPOREs, NCI may loosen human endpoint requirements in pancreatic cancer SPORE research projects until the field of translational research in pancreatic cancer matures. New pancreatic SPOREs will be encouraged to develop expanded human tissue collections beyond their institutional boundaries. NCI may allow SPOREs to exceed the current budget cap to develop expanded tissue collections, banking activities, and data from high-risk individuals. Pancreatic SPOREs should use developmental funds to explore new scientific opportunities and to encourage new and established investigators to develop their skills in pancreatic cancer research. NCI may require all new gastrointestinal SPOREs to include at least one pancreatic cancer project.

—Mouse Models: The NCI will provide supplements to investigators within the Mouse Models Consortium for the development of pancreatic cancer models.

—Other Models: The NCI will evaluate the need for supplements to develop alternative models of pancreatic cancer that are complementary to mouse models.

—Tissue Samples: In conjunction with the advisory committee for the Cooperative Human Tissue Network, NCI will explore the feasibility of providing greater access to pancreatic tissue samples.

—Patient Samples and Data: The NCI will explore the feasibility of providing “ultra rapid access” to samples and questionnaires from pancreatic cancer patients, and it will address the need for uniform data collection instruments and tissue sampling protocols.

—Markers for Early Detection: The Early Detection Research Network and the Center for

Proteomics will develop initiatives to identify markers for early detection of pancreatic cancer.

—Drug Development: The NCI will expand the Rapid Access to Intervention Development (RAID) Program in response to high demand.

—Patient and Provider Education: The NCI will work with advocacy groups to promote education materials and information on the World Wide Web.

—Palliative Care and End of Life: The NCI will use the Centers of Excellence in Cancer Communications to expand research on palliative care and end of life. NCI is also exploring a variety of ways to enhance its support for palliative care research; further details will be announced when planning is completed.

The PRG report is available at <http://osp.nci.nih.gov/>.

### *Professional Societies:* **American Cancer Society Funds 84 Research Grants**

The American Cancer Society has funded 84 research grants totaling \$46,352,380, to begin Jan. 1, the society said.

This year for the first time the society awarded two grants exceeding \$2 million each:

—Rose Maly, University of California, Los Angeles, for her study of “Underserved Breast Cancer Patients: Psychosocial Determinants of Treatment,” in the amount of \$2.181 million.

—James Sargent, Dartmouth College, who will conduct a five-year, \$2.468 million study on “Preventing Teen Smoking by Restricting Movie Exposure.”

“The American Cancer Society is the only private funding source that can claim 32 Nobel laureates among its recipients,” said Harmon Eyre, national chief medical officer. “We have spent more than \$2.3 billion funding scientific investigation and have a proven record of identifying the best and most fruitful research ideas. These most recent grants will help the society in its aggressive pursuit of better methods of preventing, detecting, and treating cancer and—ultimately—finding a cure.”

The grants also include a new American Cancer Society Research Professorship awarded to Graham Walker, of the Massachusetts Institute of Technology, for his basic research on the “SOS” DNA repair system in bacteria.



The ACS Research Professorship, the society's most prestigious award, is given to outstanding mid-career scientists who have made seminal contributions to their field.

The award provides five years of unrestricted research support at a level of \$80,000 per year, with the option of one five-year renewal.

Walker's appointment brings the total number of ACS Research Professors to 21. There are also eight ACS Clinical Research Professors.

"This award is a remarkable honor, and what touches me more than anything else is that the American Cancer Society recognizes and acknowledges the fundamental research that the very talented individuals in my laboratory have done over these many years," said Walker. "This fundamental research, by its very nature, generally, does not make the immediate connection to cancer in humans. What it does do is provide a basic understanding of the important molecular processes and strategies that are important for life. Other investigators have built on these fundamental insights in their research on cancer as a human disease."

The Research Professorships of Christine Guthrie, University of California, Los Angeles, and Robert Eisenman, Fred Hutchison Cancer Research Center, were each renewed for an additional five year term.

In addition to Maly's grant, other Targeted Research Grants Directed at Poor and Underserved Populations went to: Nabith Asal, Morehouse College, for "Obesity, Nutrition and Renal Carcinoma in Blacks and Whites;" Charles Bennett, Northwestern University, for "Quality of Life Among Inner-city White and African American Prostate Patients;" Elizabeth Hahn, Evanston Northwestern Healthcare Research Institute, for "Computerized Quality of Life Assessment in Low Literacy Latinos;" Celia Patricia Kaplan, University of California, San Francisco, for "A Follow-up Study of Health Behaviors among Vietnamese Adolescents."

The awards also included: 42 Research Scholar Grants for Beginning Investigators, 25 Postdoctoral Fellowships, four Clinical Research Training Awards, three Physician Training Awards in Preventive Medicine, and two Research Scholar Grants in Psychosocial, Behavioral or Health Policy and Services Research.

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## NIH Programs: **NCI, NIGMS To Support Synchrotron Beamlines**

To advance structural studies of biological molecules, NCI and the National Institute of General Medical Sciences are supporting the design and construction of a user facility consisting of three new beamlines at Argonne National Laboratory's Advanced Photon Source, the newest and most advanced synchrotron in the country.

The new facility will be custom designed and constructed by ACCEL GmbH, of Bergish Gladbach, Germany. NIGMS and NCI plan to spend a total of around \$23 million on the project and estimate that the three beamlines will be fully operational in about three years.

"The primary motive for the project is to benefit the scientific community by facilitating access to synchrotron beamlines," said Marvin Cassman, director of NIGMS. "This is particularly important as the structural genomics effort at NIGMS begin to pick up speed."

NCI is particularly interested in how the synchrotron facilities will advance the study of cancer-related molecules.

"A detailed understanding of protein structure will help cancer researchers develop drugs targeted to specific types of cancer," said Dinah Singer, director of NCI's Division of Cancer Biology.

X-ray crystallographers determine the three-dimensional shape of a molecule by blasting a beam of X-rays through a crystallized sample of the molecule and then analyzing the pattern of the scattered beam. Synchrotrons are powerful tools for such work, because they generate extremely intense, focused X-ray radiation. Some scientists have compared synchrotron radiation to a beam of light 30 times more powerful than the sun focused on a spot smaller than the head of a pin. These brilliant X-rays allow researchers to solve structures faster and more easily than ever before. Radiation generated by synchrotrons is also "tunable," meaning that scientists can select the wavelengths of X-rays that are optimal for their experiments.

The NIGMS/NCI beamlines will be designed to optimize certain properties of X-rays most useful for specific biological studies. NIGMS and NCI anticipate that these studies will reveal the structures of proteins and other molecules involved in human health and disease. Scientists can use information about these



structures to help develop new medicines and diagnostic techniques. In addition to such structural studies, the new synchrotron beamlines can be used for work in cancer biology, immunology and virology, and basic studies in biochemistry, cell biology, molecular biology and biophysics.

## **NIEHS, Five Grantees Form Toxicogenomics Group**

The National Institute of Environmental Health Sciences has funded five-year grants totaling more than \$37 million to five academic research organizations that will join with NIEHS to form a Toxicogenomics Research Consortium.

Each of the academic research organizations will receive more than \$7 million over five years for studies using recent advances in genomics to study toxicological and environmental health problems, NIEHS Director Kenneth Olden said.

The consortium will use genomics to understand how disease occurs, identify potential environmental hazards, predict potential disease, identify exposed individuals and prevent disease.

The consortium will coordinate efforts by NIEHS staff scientists at the headquarters facility in Research Triangle Park, NC, with those of scientist grantees at five major research organizations around the country.

The members of the consortium are:

—At NIEHS, Cynthia Afshari and Richard Paules head a group using gene expression profiling to explore environmental stresses on human health. The group performs gene expression microarray technology validation studies.

—William Kaufmann heads the University of North Carolina at Chapel Hill team, where the theme is susceptibility factors in the genomic response to toxicants.

—At the Fred Hutchinson Cancer Research Center at Seattle, Helmut Zarbl heads a group looking at gene expression profiling in transgenic mice and rats, and in human cell lines exposed to environmentally relevant agents.

—Peter Spencer, at Oregon Health and Science University at Portland, and his group will conduct studies of cell-specific injury in the central nervous system and gene profiling of induction mechanisms associated with neurotoxicant exposures.

—David Schwartz will lead his group at Duke University using gene expression profiling to explore environmental stresses on human health.

—At the Massachusetts Institute of Technology, Leona Samson will lead studies in the use of gene expression profiling to explore environmental alkylating agents stresses on human health.

## ***Funding Opportunities:* Program Announcement**

**PAR-02-017: Jointly Sponsored NIH Predoctoral Training Program in the Neurosciences**

Letter of Intent Receipt Date: April 5

Application Receipt Date: May 10

National Institute on Aging, National Institute of Child Health and Human Development, National Institute on Deafness and Other Communication Disorders, National Institute of Dental and Craniofacial Research, National Institute of Drug Abuse, National Eye Institute, National Institute of General Medical Sciences, National Institute of Mental Health, National Institute of Neurological Disorders and Stroke, and National Institute of Nursing Research are continuing joint sponsorship of a predoctoral research training program in the neurosciences which encourages pre-thesis training in the neurosciences through a single comprehensive training grant. The PA will use the NRSA institutional research training grants T32 mechanism.

Inquiries: Alison Cole, Division of Pharmacology, Physiology, and Biological Chemistry, NIGMS, 45 Center Drive, Rm 2AS-49K, MSC 6200, Bethesda, MD 20892-6200, phone 301-594-1826, fax 301-480-2802, e-mail [colea@nigms.nih.gov](mailto:colea@nigms.nih.gov)

## **Funding-Related Notices**

**Notice of Criteria for Federal Funding of Research on Existing Human Embryonic Stem Cells and Establishment of NIH Human Embryonic Stem Cell Registry**

The Registry will list the human embryonic stem cells that meet the eligibility criteria and that are provided from laboratories or companies that will have submitted a signed assurance to NIH. The Registry will be accessible to investigators on the NIH Home Page <http://escr.nih.gov>. Further guidance is accessible at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-006.html>. The notice is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-005.htm>.

Inquiries should be directed to the Deputy Director for Extramural Research [DDER@nih.gov](mailto:DDER@nih.gov).

**Notice of Extended Receipt Date and Supplemental Information Guidance for Applications Requesting Funding that Proposes Research with Human Embryonic Stem Cells**

NIH will accept funding requests for research using



those lines included on the NIH Human Embryonic Stem Cell Registry <http://escr.nih.gov>.

NIH is operating in accordance with the President's guidance. The NIH Guidelines for the Use of Human Pluripotent Stem Cells <http://www.nih.gov/news/stemcell/NOT-OD-00-050.html> no longer apply for research on human embryonic stem cells <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-007.html>.

Inquiries: Deputy Director for Extramural Research [DDER@nih.gov](mailto:DDER@nih.gov).

#### Notice of Withdrawal of NIH Guidelines for Research Using Puripotent Stem Cells

NIH announces the withdrawal of those sections of the NIH Guidelines for Research Using Human Pluripotent Stem Cells, <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-01-003.html>, <http://www.nih.gov/news/stemcell/NOT-OD-00-050.html>, that pertain to research involving human pluripotent stem cells derived from human embryos that are the result of in vitro fertilization, are in excess of clinical need, and have not reached the stage at which the mesoderm is formed.

Inquiries: Deputy Director for Extramural Research, NIH, [DDER@nih.gov](mailto:DDER@nih.gov).

#### Mail Addressed to NIH

The following changes will be in effect immediately:

All U.S. Postal Service mail addressed to NIH must use the unique NIH Zip Code 20892. All USPS mail addressed to the National Library of Medicine should bear the unique NLM Zip Code of 20894. All mail using 20892 and 20894 Zip Codes will be cleared through the NIH North Stonestreet Mail Facility. This will ensure that special procedures and precautions will be used to screen the mail before it is delivered to the various NIH offices on and off campus. This is an important measure to provide for the safety of all individuals who must handle mail.

This procedure does not apply to courier deliveries (i.e. FEDEX, UPS, DHL, etc.) for the receipt of grant applications addressed to the Center for Scientific Review. The Zip Code for these deliveries is 20817. All applications and other deliveries to the Center for Scientific Review must either come via courier delivery or the USPS.

Applications delivered by individuals to the Center for Scientific Review will no longer be accepted.

With regard to Type 5 progress reports, the USPS mailing label included with the face page of the report should be used. Type 5 progress reports delivered by courier should use the geographic Zip Code provided by the Institute/Center. Mail addressed to NIEHS in North Carolina should continue to show Zip Code 27709.

#### *In Brief:*

## Harvard's Harvey Fineberg Is Elected IOM President

(Continued from page 1)

in neurological surgery at the Department of Neurosurgery and the Brain Tumor Research Center at University of California, San Francisco. The chair was created in honor of the former director and founder of the BTRC. Prados is chief of the Neuro-Oncology Service at UCSF. . . . **HARVEY FINEBERG**, former provost of Harvard University and dean of the School of Public Health, was elected president of the Institute of Medicine. He succeeds **Kenneth Shine**, who will complete his second consecutive term as IOM president in June. As president, Fineberg will serve on the governing board that oversees the National Research Council. . . . **PARTNERSHIP** between St. Joseph's/Candler Regional Cancer Center, of Savannah and Winship Cancer Institute of Emory University would establish a cancer research site for patients in southeast Georgia at the St. Joseph's/Candler Regional Cancer Center. According to the letter of intent signed by both parties, Winship Cancer Institute will offer advanced oncology, clinical trials and other strategies in cancer prevention and treatment and St. Joseph's/Candler's will provide established data management, regional treatment systems, nursing and pharmaceutical support through Office of Research. St. Joseph's/CRCC will donate more than \$2 million in space and furnishings. . . . **PAUL MARKS PRIZE** for Cancer Research was awarded to four individuals, all under the age of 45, for their contributions to cancer research. The prize was named after Paul Marks, president emeritus of Sloan-Kettering Cancer Center. The awardees are: **Titia de Lange**, Leon Hess Professor and head of the Laboratory of Cell Biology and Genetics at Rockefeller University, for her discoveries of proteins that bind telomeres; **Stephen Elledge**, Howard Hughes Medical Institute investigator and professor, Department of Biochemistry at Baylor College of Medicine, for identifying two related but independent systems in the cell cycle; **William Kaelin, Jr.**, associate professor of medicine at Harvard Medical School, associate physician at Brigham and Women's Hospital, and attending physician at Dana-Farber Cancer Institute, for his discovery of the mechanism used by VHL, a normal protein, to protect against tumors; and **Xiaodong Wang**, George L. MacGregor Distinguished Chair Professor in Biomedical Science



at University of Texas Southwestern Medical Center in Dallas and assistant investigator in the Howard Hughes Medical, for unveiling a biochemical step in the process of programmed cell death in mammalian cells. The winners will be honored with a dinner on Dec. 18, and will speak about their work at a public symposium at the MSKCC Rockefeller Research Laboratories building on Dec. 19. They will share a cash award of \$125,000. "The beauty of the science conducted by each of these individuals is remarkable, said **Harold Varmus**, MSKCC President. "To accomplish this at a relatively young age deserves recognition, and this is the intent of the Marks Prize—to encourage investigators who have a unique opportunity to help shape the future of cancer research and treatment." . . . **ROSWELL PARK** Cancer Institute made a number of appointments to its departments. **Hiroki Nagase**, of the Riken Institute in Tsukuba, Japan, has joined the Department of Cancer Genetics. The Department of Pharmacology and Therapeutics appointed **David Goodrich**, of the Department of Molecular and Cellular Oncology, M.D. Anderson Cancer Center; **Fengzhi Li**, of the Department of Pathology, Yale University; and

**Athena Wen-Chuan Lin**, of Cold Spring Harbor Laboratory. **Maureen Nasca**, director of the Dental Oncology Section at RPCI, was named chief of the Department of Dentistry and Maxillofacial Prosthetics. She succeeds **Norman Schaff**, who has retired. . . . **FOX CHASE CANCER CENTER** made two appointments. **Roger Cohen**, director of the cancer center clinical trials office and associate professor of hematology-oncology at the University of Virginia, was named director of the phase I clinical trials program, Department of Medical Oncology. **John Beck** was named chief information officer and vice president for information services. Beck was vice president for information, research and planning at Baylor College of Medicine. . . . **TAMARA BENTSEN** was named executive director of Congressional Families Action for Cancer Awareness Program of the Cancer Research Foundation of America. Bentsen is married to **Rep. Ken Bentsen** (D-TX). A longtime cancer volunteer, she has worked for local and national advocacy organizations including the Intercultural Cancer Council, American Cancer Society, and the HHS/Texas Women's Health Conference and the Pink Ribbons Project.

**NCCN**  
National Comprehensive  
Cancer Network

**7<sup>TH</sup> ANNUAL CONFERENCE**

**Practice  
Guidelines  
and OUTCOMES DATA  
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**February 28 – March 3, 2002**  
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**Guidelines Updates:**

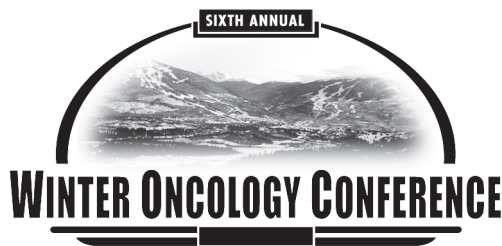
- Cancer and Treatment-Related Anemia — **NEW!**
- Breast Cancer
- Chronic Myelogenous Leukemia
- Hodgkin's Disease
- Bladder Cancer
- Prostate Cancer Early Detection
- Endometrial/Cervical Cancer
- Colon/Rectal Cancer

**Outcomes Data Presentations:**

- Breast Cancer
- **NEW!** NHL, Cancer Pain







Sixth Annual

*Winter  
Oncology Conference*

# Advances in Hematological Malignancies and Supportive Care in Cancer

February 13-17, 2002

*Chateau Whistler*  
Whistler, British Columbia,  
Canada

## *Program Directors*

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**Marvin Stone, MD, MACP**  
Baylor-Charles A. Sammons Cancer Center  
Dallas, TX

**Martin Tallman, MD**  
Northwestern University Medical School  
Chicago, IL

Welcome to the Sixth Annual Winter Oncology Conference to be held at the Chateau Whistler in Whistler, British Columbia from February 13-17, 2002. This 4½ day conference will focus on hematological malignancies in oncology and supportive care in cancer. A distinguished faculty will present cutting edge data on recent advances in the diagnosis and management of hematological malignancies, including acute and chronic leukemias, lymphomas (Hodgkin's and non-Hodgkin's), myeloma, and also thrombotic disorders. The conference will also focus on supportive care in cancer issues, including management of chemotherapy-induced toxicities, newer antibiotic and antifungal drugs, use of newer cytokines for immune enhancements, improvement in quality of life, pain control, and other important topics. The goal of the meeting will be to update attendees of developments that have taken place over the last 12 months, since our last hematological malignancies and supportive care in cancer conference.

## Who should attend?

This educational program is intended for medical oncologists, hematologists, and other physicians with an interest in recent advances in hematological malignancies and supportive care in cancer. No specific skills or knowledge other than a basic training in medicine is required for successful participation in this activity. Fellows, nurses, and pharmacists in the oncology field are also invited to attend.

## Registration Form

### SIXTH ANNUAL WINTER ONCOLOGY CONFERENCE

Return by fax to 214-818-7463

For more information call 214-818-7462 or visit [www.cancerconferences.com](http://www.cancerconferences.com)

First Name	Last Name	Credentials
Mailing Address	Suite	
City	State	Zip Code
Last four digits of SS Number	Phone ( )	Fax ( )
Please check the appropriate category		
<input type="checkbox"/> Physicians	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$395.00
<input type="checkbox"/> Fellows, Nurses, Pharmacists, Others	<input type="checkbox"/> \$195.00	<input type="checkbox"/> \$195.00
<input type="checkbox"/> Check here if you have any special dietary needs.		
Please specify: _____		
Payment may be made by: [ ] Check [ ] Visa [ ] MasterCard [ ] Discover [ ] American Express		
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