

THE

CANCER LETTER INTERACTIVE

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

Vol. 27 No. 45
Dec. 7, 2001

© Copyright 2001 The Cancer Letter Inc.
All rights reserved.
Price \$295 Per Year

Bush Appoints Andrew von Eschenbach, Of M.D. Anderson, As 12th NCI Director

President Bush this week appointed Andrew von Eschenbach, a surgical oncologist and two-time cancer survivor, to lead the National Cancer Institute.

A specialist in prostate and urologic cancer, Von Eschenbach was director of prostate cancer research at University of Texas M.D. Anderson Cancer Center. He also directed the Genitourinary Cancer Center at M.D. Anderson and served the center as vice president for academic affairs, executive vice president, and chief academic officer.

(Continued to page 2)

In Brief:

NCI's Robert Wittes Named Physician-In-Chief, Memorial Sloan-Kettering Cancer Center

ROBERT WITTES, NCI deputy director for extramural research and director of the Division of Cancer Treatment and Diagnosis, has been named physician-in-chief of Memorial Sloan-Kettering Cancer Center. The appointment is effective March 1. In taking the position, Wittes returns to the site of his early training and work as a medical oncologist. He spent most of the 1970s at Memorial Hospital, first as a fellow in medical oncology, then as a physician and assistant chief of the Solid Tumor Service. "This was an opportunity I couldn't turn down, to rejoin a place I have a past history with," Wittes said to the National Cancer Advisory Board at its Dec. 4 meeting. "It's a terrific opportunity to work with patients and people who can help the institution build on its strengths." At Memorial, he will succeed **David Golde**. Wittes joined NCI in 1983 to direct the Cancer Therapy Evaluation Program. He left in 1988 to become senior vice president for cancer research at Bristol-Myers Squibb Co. Wittes returned to NCI in 1990 as chief of the Medicine Branch, and was appointed division director in 1995 and deputy director in 1997. Over the past six years, under former NCI Director **Richard Klausner**, Wittes oversaw the restructuring of the Institute's clinical trials program and led policy development for cancer centers, SPORes, training, education, and informatics. A native of New York City, Wittes received an A.B. degree in chemistry and physics from Harvard in 1964, and an M.D. from Harvard Medical School in 1968. After internship and residency at Beth Israel Hospital in Boston, he served as a research associate in the NCI Laboratory of Biochemistry from 1970-72. He is an officer in the Public Health Service Commissioned Corps., a member of several professional societies, editor-

(Continued to page 8)

New NCI Director:
Von Eschenbach,
First Surgeon, Survivor
To Lead NCI, Described
As Consensus-Builder
... Page 4

NCI Programs:
Cancer Rates Falling,
Progress Report Says,
Identifies Areas Needing
Further Attention
... Page 5

Cancer Panel Report
Urges Removal
Of Barriers To Care
... Page 5

Funding Opportunities:
UICC Fellowships;
Program Announcement
... Page 7



Surgical Oncologist, Survivor, Appointed NCI Director

(Continued from page 1)

"Andy von Eschenbach is one of America's finest medical researchers," Bush said in prepared remarks for the announcement at the White House on Dec. 7. "He understands that basic research is the foundation to any success in eliminating cancer, and that research breakthroughs must be translated into effective treatments for patients. Andy also understands personally the importance of our war on cancer. He will bring to his new position not only expertise and talent and dedication, but compassion for for the millions of cancer patients and their families who are struggling with this disease."

Von Eschenbach, 60, becomes the 12th director of NCI and first surgeon to head the Institute since it began in 1938. He succeeds Clinton appointee Richard Klausner, who stepped down last September to become president of the Case Institute of Health, Science and Technology, based in Washington, DC.

Until this week, von Eschenbach was president-elect of the American Cancer Society, a voluntary position he resigned after accepting Bush's offer. He was a founding member and leader of the National Dialogue on Cancer, an effort by ACS to bring cancer organizations together. The President's parents, George and Barbara Bush, are honorary chairmen of the Dialogue.

Von Eschenbach also has been co-chairman of the National Prostate Cancer Coalition's scientific advisory board since its inception in 1997, and served as chairman of the Prostate Cancer Research Integration Panel for the Department of Defense.

"Dr. von Eschenbach is one of the nation's leaders in the battle against cancer," said HHS Secretary Tommy Thompson. "I am extremely pleased to welcome his leadership at the NCI. I am confident that he will guide NCI to successes in the pursuit of discoveries in the biology, treatment, and prevention of cancer as well as continued progress in reducing the burden of this disease."

Alan Rabson, who has served as acting NCI director since Klausner's departure, will return to his position as deputy director.

Von Eschenbach said he plans to start his new job early next month. The appointment does not require confirmation by the U.S. Senate.

Marks 30th Anniversary of Cancer Act

In brief remarks at the White House, President Bush recognized the 30th anniversary this month of President Richard Nixon's signing of the National Cancer Act, authorizing the NCI director "to develop an expanded, intensified and coordinated cancer research program."

Since its signing on Dec. 23, 1971, while American forces were fighting in Vietnam, the Act has been popularized as the beginning of a "war on cancer."

Thirty years later, with American forces involved in Afghanistan, it was inevitable that Bush would mention both shooting war and cancer war.

"Today our nation is in a war to defend our way of life," Bush said. "But we've been engaged in a war to defend our quality of life for many decades. The war on cancer has been a top priority of medical and research communities, and it's a top priority of this administration."

Bush said that science stands "on the brink of amazing breakthroughs in cancer research, breakthroughs that will lead to new cancer therapies and, hopefully, to cancer cures."

NCI's Cancer Progress Report, released this week, contains "good news," Bush said. "We've made substantial progress in the war on cancer over the past three decades. Advances in science to prevent, detect and treat cancer have directly contributed to an overall reduction in both new cancer cases and cancer death rates. The National Cancer

THE **CANCER**
LETTER

Member,
Newsletter and
Electronic Publishers
Association

World Wide Web: [http://
www.cancerletter.com](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

Subscription \$295 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc. Other than "fair use" as specified by U.S. copyright law, none of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form (electronic, mechanical, photocopying, facsimile, or otherwise) without prior written permission of the publisher. Violators risk criminal penalties and \$100,000 damages. Founded Dec. 21, 1973, by Jerry D. Boyd



Institute has provided the funding and the expertise to make many of these advances possible.

“We still have a long way to go,” Bush said. “Despite our victories, each day 3,400 Americans are diagnosed with some form of cancer, and more than 1,500 die from the disease. Almost every American family has been touched by cancer. But each new discovery brings hope. And the government can bolster that hope by funding vital medical research and by attracting talented people to conduct the research.”

NCI is guided by “several principles,” Bush said. “The Institute will fund and conduct aggressive, basic research in order to understand the fundamental nature of cancer. NCI researchers and clinicians will collaborate with other federal health agencies to translate advances in research into new tools to fight cancer. NCI will work cooperatively with other government agencies and with private organizations to expand research opportunities.

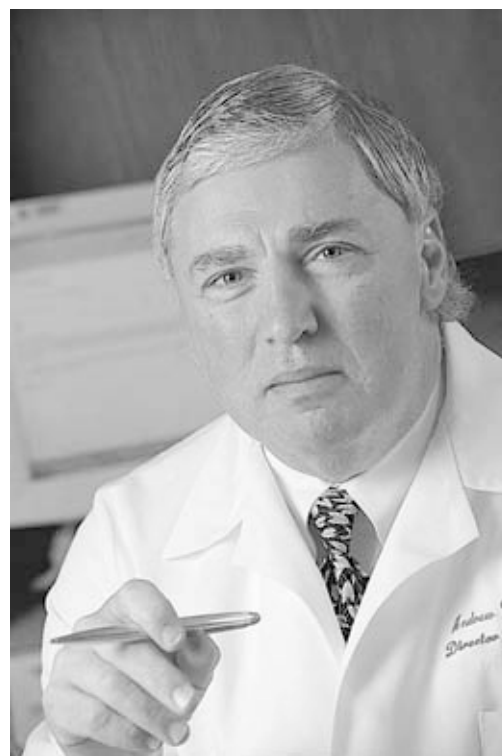
“Researchers and practitioners will not only strive to eliminate and cure cancer, but to help cancer survivors lead richer and fuller lives,” Bush said. “And the Institute will conduct research to help close the prevention and treatment gap for minorities who are disproportionately affected by cancer.”

Emphasizes Basic And Translational Research

In his remarks, von Eschenbach thanked Bush for “bestowing on me the greatest honor and responsibility of my life.”

“As the director of the National Cancer Institute, I will be devoted to nurturing and promoting the paradigm of discovery through basic research,” von Eschenbach said. “But we have recognized that scientific discovery, although essential, is not sufficient. We cannot rest until we translate our new understanding of cancer into interventions that will detect cancer, new drugs that will treat and even prevent cancer. Only then can scientific discovery result in saved lives and reduced suffering. And once discovered and developed, we must assure that these new interventions are delivered to patients and communities at risk.

“Discovery, development and delivery of state-of-the-art cancer care and control requires collaboration,” von Eschenbach said. “As NCI director, I am determined to support Secretary Thompson and our department’s effort to create collaborations among federal and state agencies, public and private institutions, cancer organizations and cancer survivors,



Andrew von Eschenbach

groups that are crucial to accelerating the process from discovery to delivery.

“Working together one-on-one, or collectively, through entities like the National Dialogue on Cancer, we will discover, and we will assure state-of-the-art cancer care for all Americans, especially those who are bearing a disproportionate burden of this disease.

“To the more than 1 million Americans who are diagnosed each year with cancer and in remembrance of all those who have died of this disease, I pledge that we will not rest or yield until we have fulfilled the promise of eliminating the suffering and death caused by cancer,” von Eschenbach said.

“And in response to God’s abundant blessings on America, we will not do this for ourselves, but will reach out to share our gifts with all nations, and respond to the call to eliminate from the world the horror we call cancer.”

A native of Philadelphia, von Eschenbach earned his medical degree from Georgetown University in 1967. He completed residencies in general surgery and urology at Pennsylvania Hospital in Philadelphia, then was an instructor in urology at the University of Pennsylvania School of Medicine. He served as a lieutenant commander in the U.S. Navy Medical Corps. Von Eschenbach went to M.D. Anderson for



Former NCI Directors

1938-1943: Carl Voegtlin, Ph.D.
1943-1947: Roscoe Roy Spencer, M.D.
1947-1948: Leonard Andrew Scheele, M.D.
1948-1960: John Roderick Heller, M.D.
1960-1969: Kenneth Milo Endicott, M.D.
1970-1972: Carl Gwin Baker, M.D.
1972-1976: Frank Joseph Rauscher Jr., Ph.D.
1977-1979: Arthur Canfield Upton, M.D.
1980-1988: Vincent T. DeVita Jr., M.D.
1988-1995: Samuel Broder, M.D.
1995-2001: Richard D. Klausner, M.D.

To view a color photo of Andrew von Eschenbach, go to <http://newscenter.cancer.gov/pressreleases/von.jpg>

a fellowship in urologic oncology in 1976 and was invited to join the faculty the following year.

In the early 1970s, von Eschenbach's father died of prostate cancer, which influenced his decision to specialize in the disease.

Von Eschenbach was diagnosed and treated for a skin cancer in 1989, and two years ago, learned he also had prostate cancer. Both cancers have been successfully treated with surgery.

Von Eschenbach has contributed more than 200 articles, books, and chapters to the scientific literature. He is an editorial board member of four leading journals and serves on the board for the National Coalition for Cancer Research.

Described As A "Consensus-Builder"

Leaders of cancer advocacy organizations said they were pleased with the appointment.

"This is going to be a new and different NCI director," said Richard Atkins, vice chairman of the National Prostate Cancer Coalition, who has known von Eschenbach from his involvement in prostate cancer research and the coalition's scientific advisory board.

"Andy von Eschenbach is the best consensus builder I know and will do his best to unify the cancer community around crucial issues," Atkins said.

John Seffrin, ACS chief executive officer, said the society will "greatly miss" von Eschenbach's leadership. "As the chair of our cancer control committee and numerous other posts within the

Society throughout the years, Dr. von Eschenbach has proven his compassion and commitment to eradicating cancer as a major health threat here and now," Seffrin said. "The National Cancer Institute will do well by his leadership and passion."

"During Andy's tenure as part of the society's national leadership, the society's commitment to cancer research has grown substantially," said Robert Young, the current volunteer president of the society and president of the Fox Chase Cancer Center in Philadelphia.

"We have recently announced 84 research grants, totaling \$46,352,380 to begin January of this coming year," Young said. "Furthermore we have worked hard to identify research areas where we could productively supplement the work of the NCI.

"I know that Dr. von Eschenbach will bring this same commitment to his new position and we stand ready to assist him in those endeavors," Young said.

"Dr. von Eschenbach is an excellent choice," John Mendelsohn, M.D. Anderson president, told the Houston Chronicle. "He'll bring a breadth of experience—he's a superb clinician, a thoughtful communicator and advocate for public education, and someone who understands both basic and applied research."

NCI Programs: Cancer Rates Keep Falling, NCI's Progress Report Says

NCI this week released Cancer Progress Report 2001, the first in a new series of reports designed to make scientific information on cancer more accessible and understandable.

The new report succinctly describes and illustrates the nation's progress in reducing the cancer burden across the full cancer continuum, from prevention through the impact of deaths from cancer.

"Overall, Cancer Progress Report 2001 paints a positive picture," said Barbara Rimer, director of the NCI Division of Cancer Control and Population Sciences. "Highlighting important cancer control indicators, the report shows how the rates of both new cancers and cancer deaths are falling overall, due to factors such as the growing adoption of state-of-the-art cancer treatments, reduced cigarette smoking by adults and increased screenings for breast, cervical and colorectal cancers.

"Both smoking and getting screened for cancer are related to behaviors over which individuals have



control,” Rimer said.

But the report also illustrates where the nation is not making progress or is losing ground, Rimer said. For example, greater efforts are needed to reduce tobacco use, especially among youth where there appears to be a recent promising decline in cigarette smoking. Rising rates of some cancers, such as esophageal cancer and melanoma skin cancer, must be addressed.

Other areas that need attention include increased overweight and obesity, inadequate protection of the skin from sunlight, and unexplained cancer-related health disparities between some subgroups in the U.S. population.

“The Cancer Progress Report is an effort to publish, in one place, the most up-to-date information on the nation’s progress against cancer, gathered through a collaborative effort with other key cancer agencies and groups,” said Robert Hiatt, DCCPS deputy director and chairman of NCI’s Cancer Progress Report working group.

Hiatt discussed the report at a Dec. 4 meeting of the National Cancer Advisory Board.

The report presents important measures of progress that are based on scientific evidence and that are, in most cases, products of long-term national data collection and analysis efforts by NCI, the Centers for Disease Control and Prevention, other federal agencies, the American Cancer Society, professional groups, and cancer researchers.

Hiatt said the measures are organized along the cancer continuum, in the areas of prevention (behavioral and environmental), early detection, diagnosis, life after cancer and end of life. Treatment measures are not included in the Cancer Progress Report because few have been tracked at a national level.

“The report describes ongoing research activities that will lead to evidence-based treatment measures, which will appear in future editions of the report,” he said.

Hiatt said that, where possible, the report compares the most recent estimates with the cancer-related targets of Healthy People 2010, a comprehensive set of 10-year objectives for the nation, sponsored by the Department of Health and Human Services. Special color-coded graphics in the “Highlights” summary section show whether each trend is going in the desired direction and how the nation’s progress compares to the Healthy People 2010 targets.

“Cancer Progress Report 2001 tells the nation where we are now and identifies research, policy and practice gaps that can help us plan for the future,” Hiatt said. “The public can use the report to better understand the nature of cancer and the results of strategies to fight it. Policymakers can review past efforts and plan future ones; and researchers, clinicians and public health providers can focus on the gaps and opportunities identified to pave the way to future progress against cancer.”

The Cancer Progress Report resulted from recommendations by the NCI Cancer Control Program Review Group and Surveillance Implementation Group to develop a national progress report on the cancer burden.

Free copies may be ordered by calling 1-800-4-CANCER and requesting Cancer Progress Report 2001. A stand-alone version of the executive summary, Cancer Progress Report 2001: Highlights, also is available.

To view the online version of the report, which has links to additional information, see <http://progressreport.cancer.gov>.

The online version will be updated every six to 12 months, and the print version will be revised and published every two years. A CD-ROM version of the report will be available in 2002.

Cancer Panel Report Urges Removal Of Barriers To Care

The President's Cancer Panel this week released its 2001 report to President Bush with recommendations for removing barriers to cancer care.

The report is based on accounts from cancer survivors and caregivers who told their stories to the panel during a series of regional meetings held around the U.S. in 2000-2001.

“There are barriers that are preventing all Americans from receiving the benefits of the world’s most vigorous cancer research program,” said panel chairman Harold Freeman. “This nation faces the moral and ethical challenge of eliminating these barriers from our cancer-care delivery system.”

The report, “Voices of a Broken System: Real People, Real Problems,” was delivered to President Bush, Congress, HHS, NIH, and NCI, as stipulated 30 years ago this month by the National Cancer Act of 1971. The Act established the panel to monitor implementation of the National Cancer Program and report annually to the President.



Acknowledging that many of the barriers described during the hearings were ones the panel and many experts knew existed, Freeman said it was the human toll the panel wanted to illustrate. "The statistics sometimes mask the human suffering behind them," he said. "We tend to debate the numbers and forget that every statistic is a human being. Americans all across the country recounted their personal stories for the panel to bring back to Washington and help change the cancer-care delivery system."

The panel recommended specific steps for addressing the barriers identified:

—For uninsured Americans who are diagnosed with cancer, immediate medical coverage.

—Improved drug reimbursement policies that do not restrict coverage based on method of administration (oral vs. injection).

—Expanded support for community-based programs that help people obtain cancer information, screening, treatment, and supportive services.

—Medicare, Medicaid, the Veterans Administration, Department of Defense, Indian Health Service, and other public payers should clarify the order of responsibility for payment when a person is eligible for benefits under more than one program.

—Improved initial and continuing training for all cancer care professionals to raise their awareness of unintended or overt racial and cultural bias.

—Extend state-of-the-art cancer care to rural, frontier, and other underserved areas by expanding the use of telemedicine and providing reimbursement for it.

—Consistent and realistic health care provider reimbursement between states, and between urban and rural areas.

The report is available at <http://deainfo.nci.nih.gov/ADVISORY/pcp/pcp.htm>.

Funding Opportunities: **UICC Cancer Fellowships Offered For Researchers**

International Union Against Cancer invites applications for seven UICC fellowships ranging from research and clinical management training for investigators and clinicians to observerships for oncology nurses and voluntary cancer society staff and volunteers.

—**AstraZeneca, Aventis and Novartis UICC Translational Cancer Research Fellowships. (3 grants)**

Application Closing Date: Dec 1

Twelve-month, \$55,000, research projects in translation of basic, experimental and applied research into clinical or population applications in the form of drugs and treatments, vaccines and other strategies.

—**ACS UICC International Fellowships for Beginning Investigators (8-10 grants)**

Application Closing Date: Dec. 1

Twelve-month, \$40,000, projects that address preclinical, clinical, epidemiology, psychosocial, behavioral, health services, health policy and outcomes, and cancer control aspects of the disease. Candidates should be in the early stages of their careers with a minimum of 10 years postdoctoral experience.

—**Yamagiwa-Yoshida Memorial UICC International Study Grants (15 grants)**

Application Closing Date: Jan. 1, July 1

Three to six month bilateral, \$9,000, research projects that exploit complementary materials or skills and provide advanced training in experimental methods. Candidates should be experienced investigators with publications in international peer-reviewed periodicals.

—**IUCC International Cancer Technology transfer Fellowships (120 grants annually)**

Application Closing Date: None

One to three-month, \$3,000, research or clinical projects, with UICC stipend for one month, to teach or acquire up-to-date research techniques, advanced clinical management, diagnostic and therapeutic skills, and transfer appropriate technology.

—**Trish Greene UICC International Oncology Nursing Fellowships (5-10 annually)**

Application Deadline: Nov. 1

One to three-month, \$2,800, observerships, with IUCC stipend support for one month, at cancer centers for English speaking nurses, who are actively engaged in the care of cancer patients and who come from developing and East European countries. Projects particularly encouraged are those of cancer education programs for prevention and early detection; patient counseling, safe drug handling, palliative care, pain assessment, and quality of life issues.

For cancer staff and accredited volunteers:

—**IUCC Asia-Pacific Cancer Society Training Grants (5 grants)**

Application Closing Date: Sept. 1

—**IUCC Latin America Copes Training and Education Fellowships (5 grants)**

Application Closing Date: May 1



The two, \$1800 fellowship schemes fund 1 to 2 weeks at one or two cancer societies in the region for staff and accredited volunteers from cancer societies in the Asia-Pacific or Latin American regions, respectively, to train in non-medical aspects of cancer society work.

Inquiries: UICC Fellowships Department, 3 rue du conseil-General, 1205 Geneva, Switzerland, e-mail fellows@uicc.org; fax (41 22) 809 18 10; Web site <http://fellows.uicc.org/>

RFP Available

RFP: Novel Technologies for Noninvasive Detection, Diagnosis and Treatment of Cancer

Due Date: Feb. 6, 2002

The NCI Unconventional Innovations Program is soliciting proposals for the development of multifunctional technology platforms to support minimally intrusive approaches that integrate: a) sensing of the fundamental signatures of precancers, or early, metastatic, or recurring cancers in the living body, b) transmission of signature information to an external monitor, c) controlled, specific, treatment, d) monitoring of the effects of treatment.

The UIP particularly seeks technology platforms that integrate approaches to signature recognition, signal generation, signal amplification, signal transmission, intervention delivery, intervention feedback, and data interpretation. Proposals are encouraged from investigators from a variety of disciplines including, but not limited to, biomedical research, chemistry, physics, engineering, and computational sciences; particularly as multidisciplinary teams.

The detailed broad agency announcement is available at Research Contracts and Acquisition Branch Web site: http://rcb.nci.nih.gov/appl/rfp/published_rfps.jsp.

Inquiries: Annmarie Keane, contract specialist, NCI, Treatment, Biology, and Sciences Section, RCB, 6120 Executive Blvd., MSC 7220, Bethesda, MD 20892, phone 301-435-3814; fax 301-402-6699; e-mail ak155a@nih.gov.

Program Announcement

PA-02-022: Planning Grants to Organize Programs for International Clinical, Operational, and Health Services Research Training for AIDS and Tuberculosis

Letter of Intent Receipt Date: Feb. 20, 2002

Application Receipt Date: March 19, 2002

Fogarty International Center, NCI, Institute of Allergy and Infectious Diseases, National Institute of Child Health and Human Development, National Institute of Mental Health, National Institute of Neurological Disorders and Stroke, National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, Office of AIDS Research, Office of Behavioral and Social Sciences Research, Office of Research on Women's Health, Centers for Disease Control and Prevention invite applications for the International Clinical, Operational, and Health Services Research Training Award for AIDS and Tuberculosis program, which provides extended support for training to promote collaborative, multidisciplinary research in developing country sites where AIDS, TB or both are significant problems.

In this PA, the term ICOHRTA-AIDS/TB should be interpreted as building capacity for integrated clinical, operational, and health services research encompassing the full range of conditions and issues (e.g., opportunistic infections, HIV malignancies, neurological and mental health consequences, behavioral issues, hematologic conditions, blood safety issues, pulmonary manifestations, ophthalmologic manifestations, gastrointestinal conditions, drug and alcohol usage, gender-related issues and oral health manifestations) that relate to care of adult and pediatric patients with HIV/AIDS or TB.

The program will increase research training across the span of clinical science and public health practice and involve a range of health professionals (e.g. nurses, midwives, physicians, dentists, health care administrators and public health workers). The first phase of the program, beginning in fiscal year 2002, will consist of one year planning grants to foreign institutions using the R21 grant mechanism. The R21 grant will provide support to organize, plan for, prepare, and assemble an application for a Comprehensive ICOHRTA-AIDS/TB Cooperative Agreement. If an NIH intramural investigator is involved in the program, the planning grant will be converted to a cooperative agreement at the time of award. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-02-022.html>.

Inquiries: Jeanne McDermott, Division of International Training and Research, Fogarty International Center, Bldg. 31, Rm B2C39, 31 Center Dr., MSC 2220, Bethesda, MD 20892-2220, phone 301-496-1653; fax 301-402-0779; e-mail mcdermoj@mail.nih.gov.



In Brief:

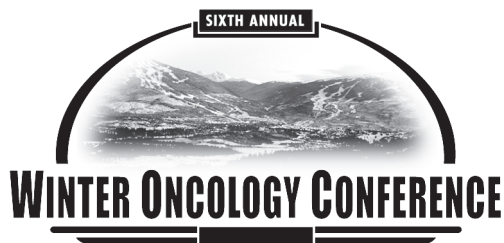
Lurie Center At Northwestern Wins Core Grant Renewal

(Continued from page 1)

in-chief of the journal *Oncology*, and associate editor of *Clinical Cancer Research*. . . **ROBERT LURIE** **COMPREHENSIVE CANCER CENTER** of Northwestern University received a \$22.5 million Cancer Center Support Grant from NCI, representing a five-year renewal of NCI designation and support for the center. It is the largest amount of extramural funding ever awarded to the University, officials said. The center also received \$10 million from the Avon Products Foundation for biomedical research, clinical care for medically underserved women and construction of new state-of-the-art facilities for breast cancer research and care in the Lurie Medical Research Center. The Avon gift was part of a \$50 million award for breast cancer disbursed among three other beneficiaries, including NCI and two additional leading academic medical centers. **Steven Rosen**, Genevieve E. Teuton Professor of Medicine, is director of the center. . . **SOCIETY FOR NEURO-ONCOLOGY** elected **Edward Shaw** of Wake Forest University School of Medicine to serve as president for a two-year term, **W.K. Alfred Yung** of M.D. Anderson Cancer Center as vice-president, and **Susan Chang** of University of California, San Francisco, as secretary-treasurer. **Stuart Grossman** of Johns Hopkins Oncology Center moves to past president. **Melissa Bondy** of M.D. Anderson and **Abhijit Guha** of The Toronto Hospital join the SNO Board of Directors. . . **HOWARD THAMES**, chairman and interim of the Department of Biomathematics at M.D. Anderson Cancer Center, received the 2001 Gold Medal award from the American Society for Therapeutic Radiology and Oncology. Thames discovered the alpha/beta ratio in the early 1980s, a formula which allows radiotherapists to predict the response of normal and malignant tissue to changes in radiation doses. The formula has been the basis for clinical trials in radiation therapy since its discovery. . . **GLEN HANSON**, professor, Department of Pharmacology and Toxicology, University of Utah and director the Division of Neuroscience and Behavioral Research at the National Institute on Drug Abuse, was named acting director of NIDA by **Ruth Kirschstein**, acting director of NIH. Hanson, an expert on psychostimulants, researches the neurotoxic properties of Ecstasy and amphetamines, as well as

the role of brain peptides in psychiatric and neurological functions. He has been supported by grants from NIDA and the National Institute of Mental Health since the early 1980s, and in 1998 received a Senior Scientist Award from NIDA. Hanson assumed his duties Dec. 1. His appointment follows the resignation of **Alan Leshner**, who was appointed CEO of the American Association for the Advancement of Science. . . **WILLIAM CHAMBERS**, associate professor of pathology at the University of Pittsburgh School of Medicine, received a \$450,000 award from the James S. McDonnell Foundation through its 21st Century Science Initiative. The award program annually funds brain cancer research. Chambers is a member of the UP Cancer Institute Immunology Program and Brain Tumor Center. He is exploring gene therapy-based, immunological approaches that activate and maintain the function of the anti-tumor immune response. He will combine two therapeutic approaches, called RICS therapy, or the reversal of immunosuppression coupled with cytotoxic cell stimulation. . . **ROSWELL PARK** Cancer Institute made two appointments: **Kerry Rodabaugh**, assistant professor in the Department of Obstetrics and Gynecology, University of Missouri and Ellis Fischel Cancer Center, Columbia, Mo., was appointed to the Department of Gynecologic Oncology. Her research interests include expression of cyclooxygenase isoenzymes in epithelial ovarian carcinomas and haptoglobin expression in endometrial carcinomas. **James Schwarz**, also of the Ellis Fischel Cancer Center, was appointed to the Division of Head and Neck in the Department of Medicine. His research interests include cancer prevention, tumor immunology and experimental therapies. . . **SHINE CHANG**, assistant professor in the Department of Epidemiology, Division of Cancer Prevention, M.D. Anderson Cancer Center, was appointed associate director of the Cancer Prevention Fellowship program, Office of Preventive Oncology, Division of Cancer Prevention at NCI. . . **CHILDREN'S ONCOLOGY GROUP** will fund six Translational Research Awards to seed initiatives for childhood cancer. The recipients are: **Ching Lau**, of Texas Children's Cancer Center; **Frederic Barr**, of University of Pennsylvania; **Timothy Cripe**, of Children's Hospital Medical Center, Cincinnati; **Patricia Conrad**, of Children's Research Institute at Ohio State University; **Charles Keller**, of University of Utah School of Medicine; and **David Ashley**, of Royal Children's Hospital, Melbourne.





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

Vinay Jain, MD, FACP
Baylor-Charles A. Sammons Cancer Center
Dallas, TX

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

First Name		Last Name		Credentials
Mailing Address		Suite		
City	()	State	()	Zip Code
Last four digits of SS Number	Phone	Fax		
<i>Please check the appropriate category</i>				
<input type="checkbox"/> Physicians	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$395.00	<input type="checkbox"/> \$495.00	
<input type="checkbox"/> Fellows, Nurses, Pharmacists, Others	<input type="checkbox"/> \$195.00	<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				
Card Number		Expiration Date		
Name as it appears on charge card		Signature		

Please make checks payable to PHYSICIANS' EDUCATION RESOURCE. All payments must be made by a draft on a United States Bank.

Copying Policy for The Cancer Letter Interactive

The software that comes with your issue allows you to make a printout, intended for your own personal use. Because we cannot control what you do with the printout, we would like to remind you that routine cover-to-cover photocopying of The Cancer Letter Interactive is theft of intellectual property and is a crime under U.S. and international law.

Here are guidelines we advise our subscribers to follow regarding photocopying or distribution of the copyrighted material in The Cancer Letter Inc. publications in compliance with the U.S. Copyright Act:

What you can do:

- Route the printout of the newsletter to anyone in your office.
- Copy, on an occasional basis, a single story or article and send it to colleagues.
- Consider purchasing multiple subscriptions. Contact us for information on multiple subscription discounts.

What you can't do without prior permission:

- Make copies of an entire issue of the newsletter. The law forbids cover-to-cover photocopying.
- Routinely copy and distribute portions of the newsletter.
- Republish or repackage the contents of the newsletter.

We can provide reprints for nominal fees. If you have any questions or comments regarding photocopying, please contact Publisher Kirsten Boyd Goldberg, phone: 202-362-1809, email: kirsten@cancerletter.com

We welcome the opportunity to speak to you regarding your information needs.