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NCI To Expand Funds For Cancer Centers, SPOREs, Director Tells House Appropriators

Under the Bush Administration's proposed budget for fiscal year 2003, NCI plans to expand funding for cancer centers, research networks and consortia, and Specialized Programs of Research Excellence, Institute Director Andrew von Eschenbach said to Congress last week.

In testimony to the House Appropriations Subcommittee on Labor-HHS-Education on March 14, von Eschenbach said the President's budget proposal of $4.724 billion will allow the Institute to fund more translational research to move scientific discoveries into the clinic.

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In Brief:

AACR Honors Former President Bush With Annual Public Service Award

The American Association for Cancer Research presented former President **George H. W. Bush** with its Public Service Award in recognition of his "active and unstinting support for cancer research," the association said.

Bush was also pictured on the cover of the Feb. 15 issue of the journal Cancer Research. He received the award plaque and the framed journal cover March 12 in a ceremony at the George Bush Presidential Library in College Station, TX.

The award was presented by AACR President **Waun Ki Hong**, the editor-in-chief of Cancer Research, **Frank Rauscher III**, and AACR Chief Executive Officer **Margaret Foti**.

"We in the cancer community are so fortunate to have the extraordinary support of President Bush and his whole family for our efforts to accelerate the eradication of cancer," said Hong, the American Cancer Society Professor, Charles A. LeMaistre Distinguished Chair in Thoracic Oncology, Head, Division of Cancer Medicine, and professor and chairman of the Department of Thoracic/Head and Neck Medical Oncology, at University of Texas M. D. Anderson Cancer Center in Houston. "President Bush has been tireless in his life-long commitment to the fight against cancer, and we are extremely pleased to be able to honor him in this way,"

During his term as the 41st president, Bush was a strong supporter of the National Cancer Program and has continued his intense interest in cancer research, AACR said. He serves as chairman of the Board of

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Research Investment Paying Scientific Dividends, NCI Says

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The budget will provide NCI with $534.78 million over the current year's budget.

"The significant budget increases over the past several years have allowed the NCI to continue on an aggressive path of discovery in cancer research," von Eschenbach said. "This path is aimed at the development of interventions that will continue to reduce the suffering and death caused by cancer."

The nation's investment in cancer research over the past 30 years "is now paying significant scientific dividends," von Eschenbach said. "Where major breakthroughs were once measured in years or even decades, we are now moving forward at record pace. ... We stand on the threshold of a biomedical revolution, where multidisciplinary collaboration will translate the breakthroughs of basic research swiftly from the lab to the bedside."

In its annual report on cancer statistics, to be released later this spring, NCI will show that breast cancer incidence continues to rise, due to increase in early stage disease, but breast cancer deaths continue to decline, von Eschenbach said. Also, the report will show a small decline in breast cancer mortality among African-American women.

Still, over 1.2 million Americans will be diagnosed with cancer this year, and about 550,000 Americans are expected to die of cancer. "The number of new cancer cases is still rising for some cancers such as esophageal, liver, melanoma, and non-Hodgkin's lymphoma," von Eschenbach said. "And there remains a disparate burden of cancer experienced by America's undeserved population. Another trend indicates that youth smoking continues to rise except in states with vigorous tobacco control programs."

NIH estimated the overall costs for cancer to be $156.7 billion in the year 2001.

"NCI will continue to create and sustain research infrastructures for collaboration, technology support and development, and access to resources that enable multiple scientific disciplines to address the complex questions before us," von Eschenbach said. "We will achieve this by expanding our nationwide infrastructure of cancer centers, centers of research excellence, networks, and consortia in ways that promote and facilitate complex scientific interactions and the sharing of information and resources.

"Also key to our multidisciplinary approach are Specialized Programs of Research Excellence. Several major academic centers of excellence are now working on a wide range of scientific approaches to translational research—that is, focusing on the biology of cancer specifically as it may inform development of new treatments. NCI will expand the use of SPOREs in the coming year.

"We will continue our efforts to ensure that the clinical trials program addresses the most important medical and scientific questions in cancer treatment and prevention quickly and effectively through state-of-the-art clinical trials that are broadly accessible to cancer patients, populations at risk for cancer, and the physicians who care for them.

"Despite major advances in our understanding of tumor biology and potential molecular targets for cancer prevention and treatment, our capacity to apply and test these findings in clinical settings has not kept pace. The NCI will invest more resources in developing and testing new therapies and increasing access to and participation in clinical trials. We will also expand surveillance data systems, methods, communications, and training to improve capacity for monitoring progress in cancer control and for exploring potential causes of cancer nationally and among diverse, underserved populations.

"NCI is also launching research to improve the quality of cancer care by strengthening the information base for cancer care decision making.

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Researchers must better understand what constitutes quality cancer care, with an emphasis on the patient's perspective; identify geographic, racial/ ethnic, and other disparities in who receives quality care; and strengthen the scientific basis for selecting appropriate interventions.

"Finally, to sustain new ideas, we will continue to nurture and develop new scientists. To deliver new biology-based interventions, we must educate and train capable physicians. That's why NCI will continue to expand its efforts to design and implement opportunities for scientists at all career levels to meet the challenge of building a stable, diverse cadre of basic, clinical, behavioral, and population scientists trained to work together effectively and use the most advanced technologies.

"As director of NCI, a doctor, an investigator, and a cancer survivor, I share the urgency of America's cancer patients and I am confident that the efforts I've highlighted and many additional activities will bring us closer to the ending the death and suffering caused by this disease."

The full text of von Eschenbach's statement is available at http://www3.cancer.gov/legis/testimony/2003approp.html.

Interview:

Von Eschenbach's Goal: Speed The Development Of Products To Benefit Patients

Just five weeks after Andrew von Eschenbach became the NCI director, he sat down with The Cancer Letter for an interview on March 4.

In the interview, von Eschenbach outlines his general approach to the job of directing the Institute. He comes to the position after more than 20 years as a practicing surgical oncologist at M.D. Anderson Cancer Center, and is himself a cancer survivor.

Q: When you were at M.D. Anderson Cancer Center, how did you become interested in this job and how did the White House become interested in you?

A: I think it had been a process where I clearly was interested in trying to make a contribution to the larger picture. They had some idea that I had been involved in larger issues, whether it was the National Dialogue or the American Cancer Society, and that started a conversation that ultimately led to the offer of this particular position when it became available.

Q: At that time, did you have any strong opinions about NCI, and what were they?

A: I think my opinions then have been reinforced now that I've been here. I think the NCI has been doing an absolutely spectacular job, especially under [former director] Rick Klausner's leadership of promoting this basic science infrastructure, being able to communicate that with a sense of vision and strategy, and communicate in a way that the world was understanding and appreciating that. That agenda needed to be continued, nurtured, and promoted. As I've said, I told Rick when I first got here, I came to compliment him, both with an "i" and an "e."

I had strong opinions and strong impressions of how much and how effective the NCI was in promoting and creating the scientific agenda.

Q: Did you feel there were weaknesses in NCI?

A: No, no weaknesses in that sense. I think my view was that different times present different opportunities. Different people bring certain skills or perspective to the process, and if this opportunity were available to me, what I would like to bring to it, what I would like to add, is to help continue to promote the focus on not just nurturing the base and developing and promoting it, but also accentuating the complementary, translational piece, the creation of products, so to speak. To really enhance our portfolio of biologic-based interventions that have to do with prevention, treatment, as well as detection and diagnosis.

So I'm seeing this landscape out there from the clinician's perspective, from the practicing oncologist's perspective, seeing all the opportunity, all the need, all of the areas that are crying out for this exciting progress, and thinking, gee, this might be a great opportunity for me to help contribute to that interactive process, as this incredible base has been created and developed.

Not weakness, just bringing whatever else I could contribute to what was an unfolding and ongoing story.

Q: Do you have any specific plans for promoting translational research?

A: Well, as I alluded to, I think there are a number of pieces. First of all, there's a lot of translational research that's going on even within the Institute. One of the things that may not be as well appreciated is the Intramural Program, under Carl Barrett's leadership. There has been a fantastic integration of both the basic research side and the clinical side. In fact, it's a wonderful model where

you have fabulous basic scientists, and they are communicating and collaborating with clinicians who are doing clinical research, and they are really accelerating that discovery-to-delivery model. So one of the things is to continue to support and promote the Intramural Program in what it is contributing and use that as a model system and a platform.

I think there are opportunities in the Extramural Program, where, in a variety of ways, we have the opportunity to accelerate that translational piece. Whether it's what's happening with centers, SPOREs, and cooperative groups—those are all platforms we are looking at. I think what I want to see is more collaboration and integration between the various components, and NCI serving as a kind of catalyst and supporting player in that whole interactive relationship.

Q: Do you think there are areas where there's not communication or collaboration?

A: No. You are asking questions that go along the lines of what's broken, and I don't really view this as something that's broken. It's very difficult when you come into an organization that's incredibly successful. The first question is: What can you do? Nothing's broken.

Having said that, I don't think any of us, any individual or organization, should not be looking at opportunities for ways you can be even better. I don't come in here to fix anything that's broken. I come in here to nurture and support the wonderful things that are going on, but also to ask the question: Are there opportunities we might be able to seize that could accelerate this process even further, even more quickly?

No matter how good we are, as long as there are people suffering and dying of cancer every day, we're not good enough. My goal is to see if we can find new ways of accelerating the process. Find news ways to develop the innovative ideas and support the investigators who are demonstrating that kind of creativity, make sure that we are accentuating the development of the pipeline, so that we have investigators coming into it, such that when we get to the point where we really do have this extensive portfolio, there will be people out there who are adept at being able to deliver it.

So you step back and realize there are these various parts and pieces to this process that are working quite well, but you need to go through them in a systematic way and say, can they be even better?

At the same time, if you're asking me: What do you think your unique skill is? Not only looking at the individual parts, but how they fit, how they integrate, how they connect. So if you ask me to define myself, one of the things I'm very interested in is systems engineering. Cancer is a systems problem. The solution to cancer is a systems problem. It's how do you get the pieces and components working effectively together.

Not only it is a challenge to promote excellence in each of the various components, but there is an even bigger challenge to getting those components to work collectively together. That's what I'd like to contribute to, is that orchestration and integration.

Q: Can research be engineered?

A: I don't think it's a matter of engineering research. That's not the right question. The question is, can you promote excellence in research and then take the products of that and begin to create the connectedness so that you can see how, in fact, the problem may be solved by taking the fruits of all of the various pieces that have evolved or emerged in the scientific process. I think scientists do what they do exceedingly well and need to be nurtured. The R01 mechanism is a fabulous mechanism for stimulating creativity and allowing ideas to be developed. But you complement that by the ability to see how those ideas fit together.

Q: Let's go back to your work in the American Cancer Society and starting the National Dialogue on Cancer.

A: For the most part, what that was basically was, a time and a place where everything comes together. It seemed to me that one of the things I had been appreciating after 20 some years as an oncologist was that cancer is really a societal problem. You can think about it as a scientific problem, a medical problem, but it is also an economic problem, a social problem, a cultural problem, a political problem. If we as a society were going to eliminate the scourge of this disease that is taking such an incredible toll on all of us, it's important that we have a societal solution that really addresses all of the components and dimensions of that problem. Although you can work on it in its various pieces, it would be helpful if there was someplace, somewhere, where everyone who was working on the problem could at least get together and talk about the problem from a larger, more global perspective, and begin to think through this systems approach.

It seemed like the right time to create that discussion. It seemed like the right time to bring some

of the key components to the problem. There were obviously groups, individuals, organizations, who were out there struggling, working hard, and doing everything they possibly could to contribute in each of these components or pieces. Maybe it was a good time to have them come together in some way at some place to talk through what the overarching challenge is for us as a society.

In order to convene a group of people like that, you had to have some infrastructure that could support it, and you had to have some leadership to convene it. The wonderful gift was that [former] President and Mrs. Bush were, because of their personal commitment to cancer—they lost a daughter to the disease and they were involved at M.D. Anderson long before he ever became President of the United States—had the ability to convene people to something like this. And the American Cancer Society happened to have the infrastructure that could support getting the thing off the ground.

So, that was the unfolding of the process. At the outset of that, NCI and a variety of other organizations were invited to even think about: Does this make sense? Is this a good idea? Within certain constructs and certain constraints, everyone agreed it would be a good idea. No one wanted another organization. No one wanted something that was going to be superimposed on everything else. But everyone agreed that a forum—the words we used were a virtual town hall—would be a great idea. That was the genesis of it.

Q: What is the role of the Dialogue now?

A: I think the role now is to continue what the role was in the beginning, to be a town hall, so to speak, this opportunity where various parts of the community that normally would not necessarily be interacting over questions of cancer can come together and look at what the opportunities are for cooperation, collaboration, identification of challenges, new opportunities, and promote that comprehensive process. I think it's still has a very significant contribution to make as a forum.

Q: How do you see NCI's involvement in it?

A: I think NCI has to be a part of that dialogue, has to be a part of that discussion. We have a very significant perspective in regard to cancer. We have to be engaged. If there's going to be a meeting at the town hall to talk about cancer, it makes sense that we're there to contribute.

Q: It's not a conflict for you to be involved in it?

A: No. The question doesn't even make sense to me. How could it possibly be a conflict for the National Cancer Institute to be engaged in a discussion of the problem of the cancer.

Q: HHS Secretary Tommy Thompson mentioned last year at the President's Cancer Panel that he stepped down from formal participation in the Dialogue.

A: I can't speak for Secretary Thompson. As far as the role of a Cabinet officer is concerned, I think at that point, his focus was not the Dialogue. His focus was things bigger than cancer, the global problem of health in this country. From the point of view of his personal participation in the Dialogue process, I can understand that he has other things to do.

Q: Do you see it as an open forum and all are invited?

A: I think it's an open process where all are invited. I think the forum, in terms of how it evolves and how it unfolds, has been what I've described as concentric circles, widening concentric circles. Not everybody can fit in a room, but at the same time, everybody can contribute, everybody can participate. So the way that things need to be structured and organized is to allow a networking to occur where many, many people have the opportunity to participate and contribute, especially in areas or places where they think they have something that they want to be involved with.

For example, this past weekend, there was a meeting around the issue of accelerating the development of interventions or drugs based on the emerging understanding of genomics and proteomics. There were a substantial number of people involved in that meeting, and only a small number of them were Collaborating Partners in the Dialogue. But it was a Dialogue-sponsored meeting. I think that's a great mechanism.

That's one of the things about it. It's not exclusive.

Q: You were going to be ACS president-elect this year. You don't have any current role in ACS.

A: No, none. I had to sever all of my relationships with M.D. Anderson and the American Cancer Society. To do this job, I had to give up some of the other things I was doing.

Q: Does your coming from a cancer center [M.D. Anderson] give you a different perspective on NCI and its programs?

A: That's a good question. I think it gives you

an incredible appreciation for the impact that the National Cancer Institute has. You realize that you are working in an environment that you think of as one of the most significant cancer centers and you realize that that came about because of the support and the nurturing that the National Cancer Institute was able to contribute. This idea of comprehensive cancer centers are things that the NCI has been responsible for nurturing over a period of time. So you have that perspective, of appreciating the importance of basic laboratory research in our understanding of the cancer problem, and at the same time, the interventions that are going to be required to correct or eliminate the problem of cancer. That, again, is the wonderful portfolio of the NCI. I think coming from a cancer center, you sort of have been on the receiving end, and now you've come to the place that is able to make that happen.

If I had to make it succinct, I'd say, coming from a cancer center like M.D. Anderson probably gave me an innate appreciation and respect for this institution, because I could see its tangible impact in that environment.

Q: In your remarks to the National Cancer Advisory Board, you said you would be looking at the Cancer Center Program right away. Why?

A: I think there are a couple of things. There are two parts to this process. One is the basic research engine, if you will. Although I didn't speak to that in specifics, my remarks did include the fact that I'm going to continue to focus, and nurture, and make certain that that piece is continuing to be promoted. Because without that, nothing else happens.

However, having said that, I really want to focus on making sure that we are delivering that discovery to patients in terms of these new interventions that will detect, treat, and prevent. Coming from a cancer center, I see the cancer centers as great vehicles for doing that. I want to focus on them as a way on focusing on what I consider to be the delivery part of that discovery piece. For me, it's just a natural area for me to begin to think about what I'd like to contribute to what Rick has already put in place.

Q: Do you see funding more cancer centers or more SPORE grants?

A: I don't know that. That's the point of what I said to the NCAB, is that I think that those questions are questions that I'm going to want to address early on. Those are questions that I'll look for advice and input and direction on as we begin to look ahead at how we are going to continue to move forward. I don't have any hard decisions, but I do know the areas that I want to explore and get answers to so that we can strategize.

Q: Politically, the centers program can be sensitive. Sen. Dianne Feinstein's new National Cancer Act legislation includes a provision for "translational research centers." Can you comment on that?

A: That's not anything I can get involved in at this point.

Q: What about NCI's role in cancer control and behavioral research. How do you see that, and NCI interaction with the Centers for Disease Control and Prevention?

A: That's again another area of a work in progress. With regard to all of the other agencies, we've got to be dialoguing, discussing, and talking about where there are opportunities to work effectively together. I think we've got to look at areas where we can work effectively together to achieve what we recognize is the ultimate mission, and that is, that we can eliminate the pain and suffering and burden of cancer, and the deaths that are occurring. To do that requires the ability to interact with others who bring something to the process that we don't necessarily have or don't have as fully and completely as they might. That's where, hopefully soon, I'll have a chance to sit down with CDC and begin to talk about how what they're involved in at the state level and how what we're doing can dovetail.

[Von Eschenbach's assistant, Martha Fewell, tells him it's time for his next appointment.]

If you finished this interview and you wanted to ask what is the core, what is the theme, why is he here, what's he doing there? I learned early on that to solve the problem of cancer required multidisciplinary, if not interdisciplinary, collaboration and cooperation, and that you couldn't solve a problem you couldn't understand. So you had to have basic research as your underpinning, and research had to be the underpinning so you could understand the problem in order to deal with it better.

That's what I want to do. I want to create those multidisciplinary, interdisciplinary, interactive processes that help us deal with the problem more effectively tomorrow than we did yesterday.

I don't know exactly how to do that yet, and I don't know exactly what the right equation will be, but I want to explore those interactions. I want to explore how we can work effectively with other federal agencies. How we can work effectively with the

basic science community. How we can work effectively with cancer centers, state cancer plans, etc.

All of it ultimately will, in my way of thinking, if we find those synergies and those interactions, and we can complement and support and work effectively, we'll get to the goal quicker.

For me, every day we don't is a day that people die, people suffer. We may be great, and we are. I just think we can be greater. We may be working together quite well. Maybe we can work together better.

I don't get up every morning knowing what I'm going to do. I get up every morning knowing what I have to do, which is to make it better.

Capitol Hill:

House Committee Seeks ImClone Stock Trade Details

A Congressional committee investigating the development of a colorectal cancer drug by ImClone Systems Inc. last week asked the firm to provide information on stock trading by company insiders and their family members.

The House Energy and Commerce Committee's Oversight and Investigations Subcommittee also asked FDA for information on all meetings with ImClone and its partner Bristol-Myers Squibb Co. in the development of Erbitux, also known as C225.

The letters, dated March 21, to ImClone President and CEO Samuel Waksal and FDA Deputy Commissioner Lester Crawford, were signed by Energy and Commerce Committee Chairman Billy Tauzin (R-LA), ranking member John Dingell (D-MI), Oversight and Investigations Subcommittee Chairman James Greenwood (R-PA) and subcommittee ranking member Peter Deutsch (D-FL).

The letters follow the disclosure of a $2.5 million sale of ImClone stock by Aliza Waksal, the daughter of Samuel Waksal. The sale was completed on Dec. 27, 2001, the day before the company received a Refusal to File letter on its Erbitux application from FDA. The disclosure of the agency's action sent the stock price plummeting.

The $2.5 million sale was not the only transaction involving Aliza Waksal. "The regulatory filing disclosing the trade also reported a sale of 79,797 shares of ImClone stock by Aliza Waksal on January 25, 2002, that had been pledged as collateral for a loan," the committee's letter said. "According to the filing, you gave these 79,797 shares to your daughter as a gift on December 28, 2001."

The letter to Waksal said the company had not provided answers to the committee's previously submitted questions concerning the trades by insiders and their family members.

The committee asked for information about trades by Waksal family members, including distant relatives, the names of all individuals with whom Waksal may have discussed the status of Erbitux, records of all relevant financial accounts, logs of all telephone conversations, including cell phones, and information about "corporate shells" Waksal owns or controls. "For each of these corporate shells, please indicate whether the shell has any interest in ImClone stock and the nature of the interest," the letter said.

The letter to FDA is intended to determine how much the company insiders knew about the status of the application before the RTF letter was issued.

In Brief:

Eisenman, Jensen, Jordan Win AACR Landon Awards

(Continued from page 1)

Directors of the University of Texas M. D. Anderson Cancer Center, and he and Barbara Bush are co-chairmen of the National Dialogue on Cancer, a forum of the leaders of key national cancer organizations.

* * *

AACR also announced the recipients of its annual prizes:

—Inaugural Kirk A. Landon-AACR Prize for Basic Cancer Research, to Robert Eisenman of Fred Hutchinson Cancer Research Center for his leadership in the field of nuclear oncogenes. Eisenman's work on the myc oncogene, which is implicated in a multitude of human and other animal neoplasms, is seminal to the understanding of cancer progression.

—Inaugural Dorothy P. Landon-AACR Prize for Translational Cancer Research, to Elwood Jensen and V. Craig Jordan, for their individual research contributions, which combined together represent one of the most successful examples of translational research.

Jensen, a visiting professor in the Department of Cell Biology, Vontz Center for Molecular Studies, University of Cincinnati, identified the estrogen receptor and made the first polyclonal and monoclonal antibodies.

Jordan conducted pioneering laboratory work in defining estrogen action at the cellular and molecular level and seminal work on the function of ER antagonists and recognized the potential of tamoxifen for the treatment and prevention of breast cancer. He is the Diana, Princess of Wales Professor of Cancer Research, Professor of Cancer Pharmacology, and Professor, Molecular Pharmacology and Biological Chemistry, at Northwestern University.

The recipient of each Landon Prize will receive an unrestricted cash award of $200,000 and present a scientific lecture at the AACR Annual Meeting, April 6-10, in San Francisco.

—5th Pezcoller Foundation-AACR International Award for Cancer Research, to Carl-Henrik Heldin, for his outstanding contributions to the understanding of growth factor-mediated signal transduction in mammalian cells, in particular, platelet-derived growth factor and PDGF-mediated signaling.

—42nd AACR-G. H. A. Clowes Memorial Award, to Frank McCormick, for his seminal contribution to studies of the structure and function of oncogenes. Through these studies, the biochemical activities of the GTPase superfamily of proteins, their role in physiological processes, and their role in oncogenesis were clarified.

—26th AACR-Richard & Hinda Rosenthal Foundation Award, to Raymond DuBois Jr., for his seminal advances in colorectal cancer research. DuBois contributed to the understanding of the role of cyclooxygenase-2 (COX-2), and his research has been the catalyst for the expanding field of research devoted to the role of COX-2 in the carcinogenic process. His seminal work has already had a significant impact on the clinical care of colon cancer patients. Celebrex (celecoxib), a COX-2 inhibitor, was recently approved for use in the reduction of polyp formation in patients with familial adenomatous polyposis.

—11th AACR-American Cancer Society Award for Research Excellence in Cancer Epidemiology and Prevention to Margaret Spitz for research studying the inter-individual variation in susceptibility to tobacco carcinogenesis using cytogenetic and molecular markers of risk. Spitz demonstrated that genetic susceptibility is a determinant of risk for tobacco-related cancers, which is an important achievement of far-reaching implications. Her research has also found that patients with efficient DNA repair capacity have poorer survival following chemotherapy than patients with less efficient repair capacity, which has immense clinical relevance.

—7th AACR-Joseph H. Burchenal Clinical Cancer Research Award to Lee Nadler, for pioneering efforts in the discovery, development, and characterization of monoclonal antibodies for the diagnosis and treatment of human B-cell malignancy. Nadler systematically mapped the surface of the human B-lymphocyte and its neoplastic counterparts, elucidated the function of these molecules on normal and neoplastic B-cells, and led the international collaborative group that defined these clusters and named them. This work has led to recent clinical successes in conjugated and unconjugated serotherapy. During the last decade, Nadler has focused his basic and translational efforts on transplantation and tumor immunology and tumor identity.

—21st AACR-Bruce F. Cain Memorial Award to Elisabeth Buchdunger, Nicholas Lydon, Alex Matter, and Jürg Zimmerman, for outstanding preclinical research leading to the discovery of STI571 (Gleevec), the first "smart" anticancer drug.

—23rd AACR-Cornelius P. Rhoads Memorial Award to Todd Golub, for his pivotal contributions to the field of cancer genetics. Golub has established himself as a leader in the analysis of gene expression within human malignances. He has recognized the importance of bioinformatics in the analysis of these complex data sets, and developed a highly instructive algorithm for multidimensional clustering, using the concept of "self-organizing maps." The recent expansion of this work into solid tumors holds the promise of prospective stratification of patient trials of conventional versus experimental therapies, which would be of enormous clinical importance.

—5th AACR-Women In Cancer Research Charlotte Friend Memorial Lecture to Ellen Vitetta, one of the few academicians who have taken a drug from the bench to the bedside entirely in an academic setting. Her pioneering studies on lymphocytes opened up a new approach to studying the biochemistry of several cell surface molecules.

—7th AACR-DeWitt S. Goodman Memorial Lecture to Allan Conney, for his long and distinguished career in the field of drug metabolism, especially as it relates to the metabolism of carcinogens. His recent work has emphasized the development of new chemopreventive agents, such as curcumin, oleanolic, and ursolic acids, as well as the chemopreventive substances in green tea.

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