THE CANCER LETTER INTERACTIVE

Vol. 28 No. 16
April 19, 2002

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

ASCO Releases Abstracts To 25,000, But Adds Warning On Stock Trading

Earlier this week, more than 25,000 people worldwide received thick volumes containing the abstracts of research that will be presented at the annual meeting of the American Society of Clinical Oncology in Orlando next month.

Leafing through the thick, blue-and-white volumes is one of the rites of spring for anyone involved in oncology.

However, this year, the ritual differs from years past. Before taking a peek at the 3,038 abstracts, a reader has to get past the front page with an elaborate confidentiality notice that prohibits the use of abstracts to "trade

(Continued to page 2)

In Brief:

Simone Replaces Levine As Chairman Of IOM's National Cancer Policy Board

JOSEPH SIMONE has been appointed chairman of the National Cancer Policy Board of the Institute of Medicine, following the resignation of **Arnold Levine**, former president of Rockefeller University. Simone, clinical director emeritus of the Huntsman Cancer Institute, University of Utah, has served as vice chairman of the board. Three vice chairmen have been appointed: **Ellen Stovall**, executive director, National Coalition for Cancer Survivorship; **Diana Petitti**, director, research and evaluation, Kaiser Permanente of Southern California; and **Bruce Stillman**, director, Cold Spring Harbor Laboratory. Other members of the board are **Jill Bargonetti**, associate professor, Hunter College; **Tim Byers**, professor of epidemiology, University of Colorado School of Medicine; **Vivien Wai-Mei Chen**, epidemiology section chief and professor, Louisiana State University; **Susan Curry**, of the Health Research and Policy Centers, University of Illinois at Chicago; **Daniel Kevles**, professor of history, Yale University; **David Livingston**, Emil Frei Professor of Genetics and Medicine, Harvard Medical School; **William McGuire**, chairman and CEO, UnitedHealth Group; **John Mendelsohn**, president, University of Texas, M.D. Anderson Cancer Center; **Monica Morrow**, professor of surgery, Northwestern University; **Nancy Mueller**, professor of epidemiology, Harvard School of Public Health; **Pilar Nicole Ossorio**, assistant professor of law and medical ethics, University of Wisconsin Law School; **Cecil Pickett**, executive vice president, discovery research, Schering Plough Institute; **Louise Russell**, research professor of economics, Rutgers University; **John Seffrin**, CEO, American Cancer Society; **Thomas Smith**,

(Continued to page 7)

Critics: ASCO Abstract Policy Unfair To Small Investors

(Continued from page 1)

in the securities… or provide the information to others who may use it for securities trading purposes." ASCO members who downloaded the abstracts from the password-protected area of the association's web site had to click through the same notice.

The embargo runs out at the time when the findings in question are presented at the ASCO annual meeting May 18-21.

"Our primary purpose is to serve the educational needs of our members, and to advocate for and protect patient safety," said Charles Balch, ASCO executive vice president and CEO. "What's crept into this is some people trying to make financial gains by anticipating what will happen at the meeting by using the abstracts for a purpose they aren't expected to be used for."

The controversy over ASCO's release of the abstracts is a case study in the complexities of the relationship between science, Wall Street, and the press. The society says the abstracts often present information in a preliminary form. "Abstracts that are inherently incomplete that are made public prematurely could potentially have an adverse effect on patient care," Balch said.

On the other side of this controversy, John Raess, West Coast bureau chief of TheStreet.com, a financial information service, said ASCO's release of the abstracts to its members and people who register to attend the society's annual meeting creates inequity in the market.

While institutional investors have no difficulty obtaining the abstracts and making educated guesses on the movement of pharmaceutical and biotechnology stocks, small investors are left to take blind risks and pour out their frustrations on investors' discussion groups on the Web.

"The functional result is that, despite what ASCO has done or is trying to do, it's the same situation as last year," Raess said. "Analysts, traders, and ASCO members with passwords are able to get market-moving information, but other investors aren't.

"The end result is selective disclosure," Raess said.

"The ASCO Effect"

The impact of the ASCO abstracts on the stock market is so real that it has a name: The ASCO Effect.

The term was coined two years ago by Mike Becker, then an analyst at Chicago-based Wayne Hummer Investments. Becker traced stock movements of companies that presented positive results at ASCO from 1996 through 1999, finding that stocks rose by as much as 159 percent in the days before the meeting.

Last spring, Adam Feuerstein, a reporter with TheStreet.com, introduced the phenomenon—and the term—to a broader audience.

Experts in regulation of securities say that ASCO doesn't appear to have violated any laws. Securities laws apply primarily to brokerage houses and officers of publicly traded companies. As an educational organization, the society has no fiduciary responsibility to the stockholders of companies whose stock fluctuates in the throes of the ASCO effect.

"Up until a year ago, what we did in abstract policy did not appear to have any influence that we know about on the market," Balch said. "But especially last year, it was very clear, and was led by TheStreet.com, that access to the abstracts was precipitating some movement in the market. We know from some of the things that were reported that there was market movement based upon incorrect interpretation of information."

This year, the ASCO effect hit early. Sometime on April 10, financial analysts started to circulate materials obtained from the society's Web site. At that time, these materials had not been officially released even to ASCO members.

THE CANCER LETTER

Member, Newsletter and Electronic Publishers Association

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E-mail: info@cancerletter.com

Subscription $305 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc. Founded Dec. 21, 1973, by Jerry D. Boyd

An investigation by the society determined that one of its Web site vendors had mistakenly placed the abstracts in the password-protected area. Thus, anyone with a password could click around unimpeded.

ASCO corrected the problem, but not before investors started dumping the stock of Genentech Inc. The price of the company's shares dropped by 12% on April 11, because of what investors interpreted as toxicity problems in a phase I/II trial of its drug Avastin, a monoclonal antibody used in solid tumors. The stock has since been climbing back to its pre-ASCO-effect level.

"To date, it appears that a few individuals were able to access a small number of the abstracts (less than 10%) during that time," the society said in a press release. Considering that ASCO abstracts address a wide variety of subjects, a well-informed intruder would be able to glean a wealth of information by perusing 10 percent of the abstracts.

"ASCO is researching the ASCO identification numbers and passwords that were used to access the abstracts and is attempting to determine which specific abstracts were accessed," the society said in a press release. "ASCO is investigating further to identify cases where the information may have been used in violation of ASCO's policies."

On the day Genentech stock dropped, ASCO started sending out the abstract books to society members and everyone who registered for the annual meeting.

ASCO Abstracts: A Wall Street Necessity

Analysts say they have no trouble obtaining copies of the abstract books or the abstracts for the companies they cover.

"There are probably hundreds of members of ASCO who have Wall Street affiliations, so early release should be expected," said an analyst, who obtained the abstracts on April 12.

"If you don't want to be in an information disadvantage, you have to have the abstracts," said another financial community source. "The information is out there, in the public domain, and if you want to be making smart decisions, you better have the information."

The ASCO confidentiality notice doesn't require everyone who legitimately receives the book of abstracts or clicks on the Web site to return a signed letter of consent.

"We debated having people sign it and send it back, but you can imagine that, with 26,000 people attending, it would be a nightmare to keep these on file or use them," Balch said. "It's our position that it's our responsibility to inform our members of their responsibilities. What happens after that—if they violate any rules of the Securities and Exchange Commission or any other rules—that's between them and the government."

Last year, about 26,800 people attended the ASCO annual meeting. About 20,000 were physicians.

The society appears to have protected itself from a more serious problem, a potential disclosure of the abstracts by staff members or volunteers preparing the meeting. Such disclosures could, in principle, lead to allegations of collusion intended to manipulate stock prices, securities law experts said.

"ASCO volunteers and ASCO staff understand and acknowledge with their signature, as those who help create the scientific meeting, that they understand that this is confidential and will not be used for other purposes," Balch said. "So, while we don't have signed documents from everybody who receives the abstracts, we do have signed documents from every member of the board and the volunteer committees, and the staff, who have access to the information."

Balch: Abstract Information Preliminary

Analysts and other critics say that ASCO should release its abstracts to everyone.

The American Association for Cancer Research releases the abstracts on its Web site a month before its annual meeting, stating that materials in the abstracts are embargoed until presentation. Access to the AACR abstracts does not require a password. According to a spokesman, some financial analysts disregard the society's embargo.

The American Society of Hematology also releases its abstracts to the public prior to its annual meeting.

Balch and the ASCO board argue that information contained in the abstracts is often inconclusive, unverified, and obsolete. Since the abstracts are submitted in early December and presented in mid-May, the data they contain are six months old. Moreover, peer reviewers working on the annual meeting often ask investigators for additional data or perform additional statistical analysis.

Finally, during presentations, discussants can point out significant flaws.

"Our concern is that if the abstracts were made public before the meeting, were not interpreted by

peer review, by discussants, and for which the investigator didn't have the opportunity to give the updated information at the time of the annual meeting, that something could make headline news based upon an abstract that might have an adverse effect on patient care," Balch said.

"Incorrect information would be reported information on page one, but when the correct information comes out, it usually doesn't make page one. It may make page 39, and our concern is that patient care may be adversely affected, as patients could stop taking medicine they were on because of incorrect information about effect or toxicity. Our mission is to educate physicians about the latest in science that may affect their practice, and to be responsible in protecting patient safety."

Limitations on public disclosure aren't new at ASCO and other professional societies. Companies and investigators risk having their abstracts withdrawn from the program if they disclose their results prior to the meeting. Exceptions to this embargo have to be approved by the ASCO board, Balch said.

Restrictions on the press are even broader.

Journalists do not receive the abstracts until they arrive at the ASCO meeting. They risk revocation of press credentials if they report the data from abstracts or from secondary sources, such as the reports by financial analysts. It was the press embargo that set TheStreet.com on its quest for public release of the abstracts.

Last year, reporter Feuerstein was barred from the meeting for quoting analysts' reports, some of which reproduced the abstracts in their entirety. This year, Feuerstein said he was unable to sign ASCO's press registration form, which spells out the media embargo. "I couldn't sign it in good conscience," he said. "If Wall Street analysts are writing about these abstracts, we have to write about it."

Though he is going to Orlando, Feuerstein will report on the meeting from secondary sources. "I know a lot of people at the meeting, and I will be able to talk to them," he said.

AACR Annual Meeting:

NCI Director Says Research Faces A "Strategic Inflection"

SAN FRANCISCO—The field of cancer research faces great changes that require a "seamless" approach to understanding the disease at the molecular level and developing interventions that help patients, NCI Director Andrew von Eschenbach said.

Speaking at the annual meeting of the American Association for Cancer Research on April 8, von Eschenbach said scientists need to "reframe our thinking" that cancer research takes laboratory discoveries and tests them in patients. Rather, he said, it is "a circular process" that moves from the lab to the clinic and back to the lab.

"We are in the midst of a strategic inflection in oncology," von Eschenbach said.

Intel Corp. chairman Andy Grove, in his book "Only The Paranoid Survive," defined "strategic inflection point" as "a time in the life of a business when its fundamentals are about to change." [For further reading, see http://www.intel.com/pressroom/kits/bios/grove/paranoid.htm.]

Grove's book "describes the fact that most organizations, civilizations, or processes are on a trajectory of growth, but that within that trajectory, there are constant changes that occur, but from time to time, particularly changes occur that he describes as a 10X change in the field," von Eschenbach said. "Instead of a wind of change, it is truly a typhoon or a hurricane. That produces a strategic inflection in the path of that particular venture. At that point, depending upon our success in recognizing and responding to that strategic inflection, will occur either a decline or, hopefully, an even further exponential growth or enhancement in that particular field."

The introduction of the microprocessor was an example of a strategic inflection point that changed personal computing, von Eschenbach said.

"I believe within cancer research we are experiencing an even greater than 10-fold change in our environment," von Eschenbach said. "This has produced for us a strategic inflection, and for us to encompass and embrace this inflection will require an integrated and seamless strategy."

At the turn of the 20th century, understanding the fundamental nature of matter was the quest of science, physics was at the center, and the atom and its nucleus the focus of study, von Eschenbach said.

"We are, at the turn of the 21st century, again in the midst of an extremely important scientific quest," he said. "But instead of understanding the fundamental nature of matter, it is now understanding the fundamental nature of life. Biology is, in fact, the queen of the sciences, and our study has turned from the atom and its nucleus to the cell and its nucleus."

Cancer research will be a key to this quest, von Eschenbach said. "There are 10X changes occurring

within our understanding of the genetic, molecular, and cellular mechanisms that underlie cancer," he said. "This has been extremely well-portrayed by a number of people, but we are indebted to Doug Hanahan and Bob Weinberg for indicating the fact that there are within the problem of cancer a number of aberrations that essentially interact within each other and among each other to produce the malignant process. This concept of this interaction of mechanistic effects is, in fact, the invitation to the first of our challenges in seizing this strategic inflection, and that is to begin to think about the problem of oncology in a systems biology approach.

"We need in this systems biology approach to recognize the elements in the equation. The cause of cancer is certainly due to genetic alterations in the cell, and the cell itself will remain a very dominant part of our focus and our study. But it's also recognized that the behavior of cancer is due to the complex interaction of that cancer cell and its environment—both its micro- and its macro-environment—and its relationship to the patient. In this equation, the patient is as important as the tumor. Both elements need to be studied and understood in a systems biology approach.

"These strategies of integration provide opportunities for us in cancer prevention, detection, and treatment, where we can foster a systems biology approach to investigate each of the components that are responsible for the disease as it relates to the cancer cell itself, the host or the person, and the population and the environment in which this entity exists. And most importantly, in addition to studying the individual elements, is to begin to understand their fundamental interactions.

"One of the challenges of responding to this strategic inflection requires us to integrate the biology of the cancer cell within the cancer patient and its environment in which all of them are independent and important, but their integration is, in fact, the key. We must look and must continue in this agenda to foster the sophisticated kind of research that … understands the cancer cell, as well as understanding its relationship with its environment, and patient and tumor interactions.

"Within the cancer cell itself, we'll deal with an enormous number of opportunities that are before us with which we can dissect out the individual components of the basis for malignant transformation within the cell. We also have ... an ever-increasing portfolio of being able to understand the environment in which that cancer cell finds itself and the mechanisms by which its tumor growth, proliferation, and malignant behavior are nurtured.

"Finally, and equally importantly, the understanding of the interaction of tumor with the macro-environment of a population environment, and these are particularly exciting opportunities as we understand environmental-gene interactions, the insights from epidemiologic studies, and the important role of behavioral modification in altering this complex.

"What is required is the addition and acceleration of the current disciplines, while at the same time bringing new disciplines into play, particularly those that will enable us to deal with the large array of data that's being generated in this particular venture.

"The other aspect of the systems biology approach in addition to integrating our scientific understanding, is to realize that this is a continuum in which we can think of the paradigm of bench to bedside to bench as a not linear process, but a circular process. It's a circular process that requires the seamless integration of our awareness and understanding of the clinical behavior of the disease, and our ability to dissect out that clinical behavior in the laboratory and then take those observations back into the clinic, and there is even an additional step beyond that.

"One of the important parts of this paradigm is that we have recognized from the clinical perspective the phenomenon of cancer metastasis, and that phenomenon of clinical observation has now led us to profound discoveries in the laboratory. The important relationship of the vascular system and lymphatic system to tumor invasion and spread, and now even more importantly, our beginning understanding of the ability of cancer cells to target specific organs. Clinicians have known for decades upon decades that there were unique tumor cell-environmental interactions, and that cancer cells had profound propensity to metastasize to selective areas in the body. That clinical observation, taken from the clinic into the lab has now yielded for us important observations that have now led to therapies that we can bring back into the clinic....

"We also have the challenge of once an observation is made, to find and develop appropriate strategies, and when those strategies are introduced into the clinic, their biologic impact must be monitored and determined so that the information is used to reinform the next set of mechanistic experiments.

"So thus, both from the basic as well as the

clinical perspective, the keys to cancer research in the 21st century paradigm or strategic inflection are for it to be seamless, interactive, interdependent, collaborative, most importantly, inter- and multidisciplinary.

"NCI has a very important and profound role, I believe, to play in promoting this kind of innovative, creative investigator-initiated research, while at the same time, fostering collaborations and partnerships that will enable the swift translation of discovery to interventions that can in fact benefit patients, and to facilitate our understanding of disease at the level of large populations to better appreciate causation and the ability to promote widespread prevention.

"Our approach will be to continuously emphasize the need for a balanced portfolio of research, with a view towards the integration of each and every one of the elements within themselves and with each other. We have a variety of mechanisms already available to us; there may be the need to develop and define additional mechanisms, particularly around the area of bioinformatics platforms, and most importantly, the development of collaborative partnerships, in order to meet our responsibility to this research agenda.

"In spite of the enormous support by the President and the Congress and the budget next year, which is proposed at approximately $4.7 billion, NCI cannot do it all. But what we will do is to collaborate and participate to be sure that it all gets done....

"A particular effective strategy that is available to us at the present time to bring us all together into a virtual town hall or forum is the effort you heard earlier about that is co-chaired by President George Herbert Walker Bush and Barbara Bush, namely, the National Dialogue on Cancer. This forum has already begun to demonstrate its effectiveness at being able to integrate us into an effective cohesive force, especially with regard to recent efforts, particularly one that was headed up by [AACR member] Anna Barker, to look at our collaborative relationship to accelerate the development of drugs based on the genomics and proteomics paradigm, and an effort led by Bob Comis and Charles Balch to look at the implementation of more effective participation in clinical trials.

"We have before us as a cancer research community a call to action. We are in the midst, in my belief, of a strategic inflection. That inflection calls for us to begin to emphasize a systems approach to biology and a seamless cancer research agenda in which we participate and collaborate together. This is our time, and it's a time to achieve the dream of eliminating—not only understanding cancer—but eliminating the pain and suffering and death….

"It's my privilege as the new director of the NCI to build upon what has gone on there before me to participate with the incredibly wonderful, talented, and dedicated staff that make up that organization, and together with them, work with you to achieve our dream."

In the Cancer Centers:

Vanderbilt-Ingram Center Wins NCI SPORE In GI Cancer

Vanderbilt-Ingram Cancer Center investigators have been awarded a $13 million NCI Specialized Program of Research Excellence grant to fund an interdisciplinary program in colorectal cancer.

NCI currently funds 33 SPOREs for breast, GI, genitourinary, lung, ovarian, prostate, and skin cancers at 23 institutions. Vanderbilt-Ingram, which received a SPORE in lung cancer last year, joins six other cancer centers to have more than one active SPORE grant.

Robert Coffey Jr., Ingram Professor of Cancer Research, professor of medicine and cell and developmental biology, will serve as director of the new SPORE.

The grant will provide $2.75 million a year for five years to support five translational research projects using a variety of molecular targets for prevention and therapy of colorectal cancer. The funding also supports six shared resources.

Projects and their leaders are:

Project 1: The epidermal growth factor receptor as a target for therapy in colorectal cancer (Coffey and Mace Rothenberg). This project will include a clinical trial using Iressa, an investigational EGF receptor-blocking agent.

Project 2: Evaluate combinations of drugs to block both the EGF receptor and cyclooxygenase 2 (COX-2) in phase I and II trials in colorectal cancer patients (Coffey and Jordan Berlin).

Project 3: Use DNA microarray and imaging mass spectrometry to identify markers that correspond to response to neoadjuvant chemotherapy and radiation. The ultimate goal is to be able to predict response and tailor therapy for an individual patient. (Daniel Beauchamp and Bapsi Chak).

Project 4 will examine the role of p120—a protein first identified at Vanderbilt—in the spread of colorectal cancer. (Al Reynolds and Scott Pearson).

Project 5: Identify markers for the recurrence of colon polyps that ultimately could be used to determine which patients might benefit most from regular screenings and preventive agents and which might reasonably undergo screening at longer intervals. (Wei Zheng and William Grady).

Cores and their leaders are Administrative, Coffey; Tissue, Kay Washington; Clinical Trials, Rothenberg; Emerging Technologies, Richard Caprioli and Shawn Levy; Biostatistics, Yu Shyr; and Biomedical Informatics, Mary Edgerton.

The cores were judged to be very strong, according to the reviewers, especially the Biostatistics Core, which they called a "model" for future projects.

Funding Opportunities:

RFA Available

RFA DK-02-031: Androgen Receptor in Prostate Growth and Cancer

Letter of Intent Receipt Date: Oct. 16, 2002

Application Receipt Date: Nov. 14, 2002

Specific questions that require further research include: Advances in the nuclear hormone receptor superfamily, of which the androgen receptor is a member, have revealed a complex pattern of hormone action in target tissues and cells in response to hormone. In order to achieve the objectives of this RFA it may be necessary to collaborate on projects in molecular endocrinology, genomics, proteomics, array technology, developmental biology, cancer biology, pharmacology, or physiology. The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-02-031.html.

Inquiries: Ronald Margolis, senior Advisor, Molecular Endocrinology, Division of Diabetes, Endocrinology, and Metabolic Diseases, National Institute of Diabetes and Digestive and Kidney Diseases, Democracy II, Rm 6107, Bethesda, MD 20892-5460, phone 301-594-8819; fax 301-435-6047; e-mail rm76f@nih.gov

Program Announcements

PA-02-094: Ancillary Studies on Control Groups in Clinical Trials

National Institute of Diabetes and Digestive and Kidney Diseases and the National Center for Complementary and Alternative Medicine invite grant applications for ancillary studies to NIH funded interventional clinical trials to address the biological, behavioral and statistical issues related to the control or comparison group used in these trials and the effects of inclusion of a placebo group on clinical trial design.

The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-02-094.html.

Inquiries: Nancy Pearson, National Center for Complementary, and Alternative Medicine, 6707 Democracy Blvd, Rm 106, MSC-5475, Bethesda, MD 20892-5475, phone 301-594-0519; fax 301-480-3621; e-mail pearsonn@mail.nih.gov

In Brief:

Young, Ozols Win BMS Award For Work In Ovarian Cancer

(Continued from page 1)

professor, Medical College of Virginia at Virginia Commonwealth University; **Sandra Millon Underwood**, professor, School of Nursing, University of Wisconsin; and **Susan Weiner**, president, The Children's Cause. The board is scheduled to meet April 22 in Washington, DC. The board has been working on studies of large-scale science and cancer research, a research agenda for studying end-of-life care, cancer prevention and early detection, and shortening the time-line for new cancer treatments. The board's Web site: http://www.iom.edu/IOM/IOMHome.nsf/Pages/National+Cancer+Policy+Board. . . . **ROBERT YOUNG**, president of Fox Chase Cancer Center, and **ROBERT OZOLS,** senior vice president of medical science at FCCC, received the 25th Annual Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research. They share the $50,000 cash prize and each receive a commemorative silver medallion. Young and Ozols demonstrated that combination therapy for ovarian cancer is more effective than single alkylating agents and developed the now-standard chemotherapy regimen for advanced ovarian cancer. They established their collaboration while working at the NCI Medicine Branch. Young joined NCI in 1970 as senior investigator and attending physician and Ozols followed in 1976 as a clinical associate. Ozols is principal investigator of a five-year NCI grant for a Specialized Program of Research Excellence for prevention, diagnosis and treatment of ovarian cancer awarded in 1999. One of only four such grants, it focuses on research projects designed to translate basic research findings into clinical settings. . . . **BROWN UNIVERSITY** Medical College received a five-year $500,000 Unrestricted Infectious Diseases Research Grant from Bristol-Myers Squibb Co. for research involving the molecular role of hepatitis B virus and hepatitis C virus in hepatocellular

carcinoma. **Jack Wands**, professor of gastroenterology and medical science at Brown Medical School, and director of the Liver Research Center and of the Division of Gastroenterology at Rhode Island Hospital and The Miriam Hospital, will serve as the principal investigator. . . . **MEDICAID PLANS** for two states—Wisconsin and Louisiana—were approved this week by HHS Secretary Tommy Thompson, extending benefits to uninsured women who are diagnosed with breast or cervical cancer through the National Breast and Cervical Cancer Early Detection Program of the Centers for Disease Control and Prevention.

* * *

Awards & Grants:

AVON FOUNDATION presented $500,000 to the Rebecca and John Moores UCSD Cancer Center for research into breast cancer risk reduction and prevention for medically underserved women. Building upon its program in clinical cancer genetics, diet intervention and state-of-the-art breast care, the multi-pronged approach will include familial risk assessment and genetic counseling; diet assessment, counseling and intervention; and clinical research to identify inherited and acquired genetic risk factors associated with breast cancer. . . . **KENNETH ZARET**, developmental biologist and William Wikoff Smith Chair in Cancer Research at Fox Chase Cancer Center, received a three-year, $660,000 grant from the G. Harold and Leila Y. Mathers Charitable Foundation of Mt. Kisco, NY, for genetic research. . . . **GARY GIOVINO**, tobacco control specialist, Department of Cancer Prevention, Epidemiology & Biostatistics at Roswell Park Cancer Institute, received the Doll/Wynder award for his work in the field. The award includes a $2,000 honorarium. Giovino is also research professor in the Department of Social and Preventive Medicine, School of Medicine & Biomedical Sciences, University of Buffalo. . . . **LUSTGARTEN FOUNDATION for Pancreatic Research** has awarded $6.5 million in grants to the following 13 researchers: **Richard Bold**, assistant professor, Division of Surgical Oncology, UC-Davis Cancer Center; **Adrienne Cox**, associate professor, Departments of Radiation Oncology and Pharmacology, UNC-Chapel Hill; **Argiris Efstratiadis**, Higgins Professor of Genetics and Development, Columbia University; **Lee Ellis**, professor of surgery and associate professor of cancer biology, M.D. Anderson Cancer Center; **Albert Koong**, assistant professor of radiation oncology, Stanford University; **Craig Logsdon**, professor, University of Michigan; **Anson Lowe**, associate professor, Stanford University; **Anirban Maitra**, instructor, Division of Gastrointestinal Pathology, Johns Hopkins Medical Institutions; **Martin McMahon**, Efim Guzik Distinguished Professor of Cancer Biology, UC-San Francisco; **Michel Ouellette**, assistant professor, Eppley Institute, UNMC, NE; **Katherine Pogue-Geile**, research assistant professor, University of Pittsburgh; **Ramesh Ramanathan**, director, GI Oncology Program and assistant professor of medicine, UP Cancer Institute; and **Raul Urrutia**, associate professor, Department of Medicine, director GI Research Unit, Mayo Clinic.

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Professional Organizations:

AMERICAN CANCER SOCIETY seeks cancer survivors and other cancer stakeholders to serve on peer review committees to take part in the research grant approval process. Stakeholders are trained and assigned to one or more of the 17 committees in the Extramural Grants Division. Nominations may be sent to David Ringer, scientific program director, Research Department, ACS, National Home Office, 1599 Clifton Rd, N.E., Atlanta, GA, 30329-4251; fax 404-321-4669; e-mail david.ringer@cancer.org. . . . **ACADEMY OF MOLECULAR IMAGING** has merged with the **Society of Non-Invasive Imaging in Drug Development** and the **High Resolution Imaging in Small Animals**. "Molecular imaging is at a crossroads and the time has come to strongly encourage unity within the molecular imaging community, not just to solve practical problems but for the true advancement of the field," said **Michael Green**, a senior organizer of HiRes meetings, and chief of Imaging Physics Laboratory, Nuclear Medicine Department Clinical Center at NIH. . . . **NATIONAL CANCER SURVIVORS DAY** 15th Celebration of Life will be help June 2 in 700 communities nationwide. Supported by the non-profit National Cancer Survivors Day Foundation, and pharmaceutical companies, it is considered the word's largest cancer survivor event Information is available at phone 615-794-3006 or e-mail ncds@aol.com. . . . **ROSWELL PARK CANCER INSTITTE** Department of Radiation Oncology was granted full membership in the Radiation Therapy Oncology Group as a result of its enrollment of patients in clinical studies. "The Department of Radiation Oncology is proud to have earned full membership in the RTOG," said **Michael Keutel**, chairman, Department of Radiation Oncology at RPCI.

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