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States Sue Bristol-Myers Alleging Firm Took Illegal Actions To Block Taxol Competitors

A coalition of state attorneys general earlier this week filed an antitrust suit alleging that Bristol-Myers Squibb Co. had violated federal and state antitrust laws in its efforts to maintain "monopoly over the U.S. market for paclitaxel-based anticancer drugs."

The action, filed on June 4 by chief law enforcement officers of 29 states, the District of Columbia, Puerto Rico, and the Virgin Islands, aims to deal a crushing blow to the troubled company, and is certain to become a drain on the resources Bristol needs to develop or acquire new products in oncology and other therapeutic areas.

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In Brief:

GM Prizes Awarded To Gleevec Pioneers Druker, Lydon; Also Peto, Sulston, Waterston

The General Motors Cancer Research Foundation presented its prestigious annual awards to five cancer researchers at a June 5 ceremony in Washington, DC.

The Charles F. Kettering Prize, for the most outstanding recent contribution to the diagnosis or treatment of cancer, was awarded to **Brian Druker**, professor of medicine and JELD-WEN Chair of Leukemia Research, Oregon Health & Science University, and **Nicholas Lydon**, vice president of small molecule drug discovery and research informatics at Amgen Inc. Druker and Lydon will share the $250,000 prize.

Druker and Lydon were cited for the discovery and development of STI571 (Gleevec) for the treatment of chronic myelogenous leukemia.

Lydon led the Protein Tyrosine Kinase Inhibitors team at Ciba-Geigy (later Novartis) from 1985 until 1997, where he identified STI571 as a potentially effective agent against the bcr-abl kinase, one of a class of enzymes that play an important role in regulating cell growth and division, and the causative molecular defect in CML. In 1994, he began collaborating with Druker, who found STI571 to be extremely promising in his cellular and ex-vivo CML models. Lydon then led the development team that prepared STI571 for clinical testing. In December 1998, Druker initiated clinical trials with Gleevec in patients with CML.

A native of the UK, Lydon received a B.Sc. degree from the University of Leeds, England, and a Ph.D. from the University of Dundee, Scotland. Druker, born in St. Paul, Minn., received B.A. and M.D. degrees from the University of California at San Diego, and taught at Harvard

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29 State Attorneys General File Suit Against Bristol-Myers

(Continued from page 1)

The suit, filed at the U.S. District Court for the District of Columbia, adds a new element of jeopardy to the already risky business of developing and marketing oncology drugs, industry observers say.

Most of the issues in the complaint by the attorneys general have surfaced previously, in Bristol's litigation with generic competitors, and the suits from third-party payers.

Though the states often form informal coalitions to seek recovery of funds, this is the second time such an action was taken against a pharmaceutical company. The attorneys general filed their first action against a drug maker in 1998, claiming that Mylan Pharmaceuticals and three of its suppliers had cornered the market for lorazepam and chlorazepate, widely prescribed generic anti-anxiety medications.

To settle that claim, the pharmaceutical companies agreed to pay $100.5 million. Most of these funds will be refunded to consumers later this month, court papers show.

The lorazepam and chlorazepate case was led by the attorneys general of Maryland and Ohio. The same two states, joined by Florida, are spearheading the Taxol action, sources said.

In the lorazepam/chlorazepate case, the states were joined by the Federal Trade Commission.

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The FTC role in the Taxol case is unclear. The agency originally became involved in the Taxol case when it filed a friend of the court brief on behalf of Bristol's generic competitors (**The Cancer Letter**, Oct. 20, 2000). However, the status of the inquiry into the Taxol matter remains confidential, and the agency has not joined the suit by the attorneys general.

"These marketplace practices have had a dramatic impact on the ability of people and health care systems to obtain affordable, effective drugs," Ohio Attorney General Betty Montgomery said in a statement. "Such manipulations are illegal and must be stopped."

"The rising cost of prescription drugs is a major concern for many of Maryland's citizens—especially its senior citizens," Maryland First Assistant Attorney General Carmen Shepard said in a statement. "Accordingly, we will vigorously enforce antitrust laws to ensure that the fairest and most competitive marketplace exists."

Bristol officials said the allegations in the suit aren't new.

"The only news in this lawsuit is that the states have chosen to enter late in the litigation," the company said in a statement. "The actual events at issue are several years old, and have been the subject of litigation for some time. We will continue to deal with the issues raised by this new suit as we have been doing with other litigation related to these matters."

To extend the market exclusivity beyond five years provided under the Hatch-Waxman Act, Bristol employed a common strategy of relying on "use patents" to trigger infringement disputes with generic competitors.

Such defenses used by innovator companies are usually expected to fail in the end, but the patent disputes take about three years to play out, thereby blocking the generics from entering the market and adding time to the innovators' exclusivity.

Bristol was aggressive in defending its market for Taxol, but ultimately, the courts invalidated all of the company's disputed patents.

The battle over Taxol spread beyond patent issues, as Ivax Corp. of Miami, one of the generics, alleged that Bristol had engaged in anticompetitive behavior, and sought treble damages under state and federal antitrust laws.

Ivax made these claims against Bristol in New Jersey and Florida. While Bristol and Ivax settled

earlier this year, many of the allegations that originally surfaced in the Ivax suit now figure in the suit by attorneys general (**The Cancer Letter**, Feb. 1).

The difference between this suit and others is that state law enforcement officials are able to subpoena documents and testimony, while private plaintiffs have to go through the process of discovery, which can be slower and more cumbersome.

The attorneys general allege that Bristol "knowingly manipulated the U.S. Patent and Trademark Office process by fraudulently securing patents that had no legal validity." These actions kept the generics off the market until 2000.

Bristol's sales of Taxol in the U.S. added up to at least $5.4 billion since 1998, the plaintiffs estimate. A standard course of treatment using the branded drug costs from $6,000 to $10,000 per patient. "As a result, hospitals, cancer patients, and states were forced to pay nearly a third more for Taxol treatments," the attorneys general said in a press release.

In the Taxol case, the attorneys general are asking for a jury trial, and seeking treble damages as well as the maximum civil penalties and the cost of litigation to be assessed against Bristol. The suit alleges collusion between Bristol and another company, American BioScience Inc. of Santa Monica, CA.

The appearance of ABI in the final battle over Taxol remains enigmatic (**The Cancer Letter**, Oct. 20, 2000). ABI obtained a paclitaxel-related patent in the spring of 2000, and informed Bristol that the pharmaceutical company was infringing its claims related to the size of vials used to package Taxol.

Had Bristol licensed the patent and entered it in the FDA Orange Book, it could well have added years to its de facto market exclusivity. Instead, Bristol declined, prompting a suit by ABI.

Bristol and ABI have said that the two companies were locked in a genuine dispute. However, Ivax and now the attorneys general allege collusion.

"As a result… of the unlawful conspiracy between Bristol and ABI, Bristol was able to maintain and extend its monopoly power in the U.S. market for paclitaxel based anticancer drugs during and after August 2000," the attorneys general state in their suit. "The contract, combination and conspiracy between Bristol and ABI has… [delayed] the entry into the market of producers of generic Taxol, thereby depriving plaintiffs of the opportunity to purchase paclitaxel based anticancer drugs in a competitive market, and restraining plaintiffs' access to lower-priced generic paclitaxel based products. As a result, plaintiffs have purchased millions of dollars worth of paclitaxel based drugs at artificially high, anticompetitive prices."

ABI is not named in the suit by the attorneys general. The company's patent claims were invalidated by a federal judge earlier this year, and Ivax is continuing to pursue counterclaims against it in the U.S. District Court in Los Angeles.

Suits against pharmaceutical companies by top state law enforcement officials are likely to continue.

Recently, several attorneys-general formed a Pharmaceutical Pricing Task Force under the auspices of the National Association of Attorneys General. The group, headed by Ohio attorney general Montgomery, will monitor issues related to pharmaceutical pricing and coordinate lawsuits.

Capitol Hill:

Clinical Trial System Inefficient, UPCI Director Tells Senate

The cancer clinical trials system in the U.S. needs to be restructured so that potential therapies can be more rapidly moved into clinical practice, University of Pennsylvania Cancer Institute Director Ronald Herberman said to the Senate Subcommittee on Labor, Health and Human Services and Education.

While the clinical trials system has made possible some "impressive" advances in chemotherapy treatment, the only way "to translate biological knowledge and technical capability into powerful tools for preventing and treating cancer" will be to develop a more efficient system, Herberman said at a June 4 hearing.

According to Herberman, problems with the current system include:

—An insufficient number of well-trained physician-scientists and other health professionals.

—Inefficient regulatory mechanisms, including a cumbersome process for clinical trial approval by hospital Institutional Review Boards.

—Lack of resources to support clinical trial enrollment.

—Lapses in the protection of human subjects.

A central IRB, with highly qualified members, that would approve cancer clinical trials for use in hospitals and oncology practices nationwide was one

possible change that would help streamline the system, Herberman said.

Studies enrolling large numbers of participants at multiple institutions "undergo redundant and often divergent reviews by a variety of private and governmental entities, which slow the process, consume many resources but do not increase the quality of the studies or better promote the protection of the research subjects," Herberman said.

NCI has developed a central IRB as a pilot program, and is trying to increase the number of participating sites.

Herberman also said FDA needs to have a centralized process for reviewing and approving cancer therapies. Currently, one FDA division reviews biologic therapies while another reviews drugs.

Case Supports "Entreprenurial" Model

At the hearing, Steve Case, chairman of AOL Time Warner, told the subcommittee that a private foundation he began last year with his brother Dan Case is attempting to develop potential therapies cures for Dan Case's brain cancer.

The foundation, called Accelerate Brain Cancer Cure, or ABC^2, has partnered with Genentech Inc., of South San Francisco, to speed the development of new therapies.

Under the collaboration, Genetech does basic research and presents the results of preclinical testing to ABC^2, Case said. The foundation then will provide access to its resources, its relationships with researchers and clinicians, to help develop and enroll clinical trials.

Genentech would commercialize any resulting products and ABC^2 would receive a royalty on product sales.

"No single entity can find a cure for brain cancer by working alone," Case said. "We can by working together."

Robert Swanson, co-founder and former chairman and CEO of Genentech, died in December 1999 of brain cancer.

In April, the foundation partnered with Duke Comprehensive Cancer Center on screening potential therapeutic compounds for brain cancer. Agents may be submitted to Duke for screening, free of charge.

The foundation expects the open invitation to encourage pharmaceutical companies to submit their approved and experimental anti-cancer drugs (for breast, colon, lung cancer, etc.) to Duke's Brain Tumor Center for further testing for use against brain cancer, since there will be no cost to the companies.

Groups Urge Bypass Funding For NCI

Also at the hearing, representatives of the One Voice Against Cancer Coalition urged Congress to appropriate $5.69 billion to NCI for fiscal year 2003, an amount that would match the Institute's professional judgment budget.

The Bush Administration has proposed a budget of $5.6 billion for cancer research for NIH, of which $4.7 billion would go to NCI, a 12.2 percent increase over the Institute's current year's appropriation of $4.2 billion.

The coalition, comprised of 40 organizations, also advocated an appropriation of $27.3 billion for NIH, $199.6 million for the National Center for Minority Health, and $348 million for the cancer programs of the Centers for Disease Control and Prevention.

"Without a dramatic increase for cancer research, the outlook for patients will be bleak," said Susie Novis, representing the coalition and the International Myeloma Foundation.

Michael Bruene, of Des Moines, Iowa, diagnosed with a grade 2 astrocytoma two years ago, said the more rare cancers such as brain tumors require more federal research funding, because there are few incentives for pharmaceutical firms to develop therapies for small markets.

HHS Secretary Tommy Thompson said cancer research funding is a high priority for the Administration. "I am passionate about this issue because of the high toll it takes on our nation, but also because of cancer's effect on my own family," Thompson said.

"My grandfather died of brain cancer; my mother died of melanoma; my mother-in-law died of breast cancer; and my wife, Sue Ann, is a breast cancer survivor," he said. "Our family knows firsthand the stress of cancer treatment; the worrying and wondering that turns your world upside-down."

Subcommittee Chairman Tom Harkin (D-IA) said the subcommittee fully supports increases for cancer research. He urged panelists and spectators to visit other members of Congress to encourage their support.

"We need the allocation in the budget," Harkin said. "It all depends on the allocation."

Harkin's two sisters and two of three brothers died of cancer. "It has hit the Harkin family hard," he said.

House Hearing To Investigate C225 Trials, Stock Trading

The Oversight and Investigations Subcommittee of the House Committee Energy and Commerce will hold a hearing on the development of C225 by ImClone Systems Inc. of New York. The hearing is scheduled for June 13.

Congressional sources said ImClone's former president and CEO Samuel Waksal has been subpoenaed to appear at the hearing. His brother, Harlan Waksal, who succeeded him in the top job at the company, is expected to testify.

"We fully expect [Samuel Waksal] to show up, and remain hopeful that he will testify openly and truthfully, but if he thumbs his nose at the committee and pulls a no-show, rest assured that we will seek contempt of Congress charges," said Ken Johnson, a spokesman for the committee.

The hearing is likely to reveal new information on the controversy surrounding development of the monoclonal antibody ImClone tested as a second-line treatment for colorectal cancer. The committee staff has obtained a wealth of documents from ImClone, its C225 development partner Bristol-Myers Squibb, and FDA.

The committee also sought trading histories in ImClone stock by insiders, their friends, and family members (**The Cancer Letter**, Jan. 25).

The hearing is expected to reveal information on clinical development of the drug by ImClone, as well as details on what BMS officials would have known in September 2001, when Bristol bought a stake in ImClone and a share of C225 in a transaction potentially valued at $2 billion.

The committee hearing is expected to reveal new information Bristol's due diligence review of ImClone's data.

On Dec. 28, 2001, a "refusal to file" letter from FDA informed ImClone that its Biologics License Application for C225 would not be accepted (**The Cancer Letter**, Jan. 4, Jan 11). The notification sent ImClone's stock into a nosedive.

"The insider trading information is what we in Louisiana call lagniappe, the spice for the gumbo," Johnson said. "Our real focus here is to look at the FDA process for reviewing drugs. How are cancer drugs approved? Is there a risk that the secretive FDA approval system can facilitate misleading pre-market promotion and stock manipulation? And finally, is it time for Congress to re-examine laws prohibiting the disclosure of refusal-to-file letters?"

The Cancer Letter obtained a copy of the protocol for ImClone's pivotal clinical trial of C225, and asked three prominent experts in clinical trials to review the materials. The reviewers concluded that the trial was poorly designed and inappropriate for either full approval or accelerated approval of a new agent by FDA (**The Cancer Letter**, Feb. 15).

The committee staff is working to determine how much the Waksals and other insiders knew about the status of their application and its prospects for approval when they, their friends, and family members sold their stock.

Samuel and Harlan Waksal, who are brothers, sold over $150 million in stock following the deal with Bristol. Now, Capitol Hill sources say attorneys for ImClone have informed congressional investigators that five other Waksal family members sold at least $2.9 million worth of stock in the company in late December 2001. Martha Stewart, a friend of Samuel Waksal, sold all her shares in the company around Dec. 27.

"There was a lot of stock dumped in the 48 hours before FDA acted," Johnson said. "What's so curious is that most of the people involved were either on vacation or at vacation homes when these transactions were executed. Suddenly everyone got an urge to sell? Either this was an extraordinary coincidence, or somebody had insider information."

At its height, last December, ImClone shares traded at about $75. At this writing, the price of a share has dropped to about $7.8.

Sources said Samuel Waksal was recently notified that the staff of Securities and Exchange Commission has recommended filing charges against him. That notification reportedly led to Waksal's resignation as ImClone president, CEO, and member of the board of directors.

Patient Advocacy:

NCCS Redesigns Web Site, Moves To New Web Address

Coinciding with National Cancer Survivors' Day celebrations earlier this week, the National Coalition for Cancer Survivorship, based in Silver Spring, MD, opened a redesigned Web site and changed its Web address to *www.canceradvocacy.org*.

NCCS constructed one of the first patient-focused Web sites in 1995 and opened *www.cansearch.org* in 1997. The site earned NCCS

a variety of awards for its step-by-step guide to online resources for newly diagnosed cancer patients.

"For 15 years, NCCS has been at the forefront of patient-led advocacy on behalf of people with all types of cancer and their families," NCCS President and 30-year cancer survivor Ellen Stovall said. "Our new Web address better describes our core business—assuring quality cancer care through advocacy and education."

The redesigned site expands on NCCS' original concept for CanSearch by providing users with a comprehensive guide to cancer-specific organizations and other online resources as well as credible information on such topics as employment, insurance and clinical trials. The site also includes details about NCCS' patient education programs and public policy initiatives.

NCCS opened canceradvocacy.org to coincide with National Cancer Survivors' Day on June 2, and a town hall meeting it sponsored with NCI and the American Cancer Society.

Cancer Centers:

NCCN Plans Trials Network For Its 19 Cancer Centers

The National Comprehensive Cancer Network has begun a clinical trials network with its 19 member cancer centers.

The NCCN Clinical Trials Network plans to work with sponsors to identify clinical investigators and initiate trials. The network said it provides access to more than 1,600 investigators at cancer centers and more than 400 investigators at 51 community-based affiliates.

An Investigator Steering Committee of senior research physicians appointed by each member institution sets policies for the network.

Pharmacia Corp. recently provided NCCN with a $3.15 million grant for development and review of research protocols and clinical trials in breast, gynecological and other cancers. Centocor Inc., Schering-Plough Research Institute, Cell Genesys, Inc., and Adolor Corp. also have enlisted the services of the CTN, the network said.

The member institutions are: The Arthur G. James Cancer Hospital & Richard J. Solove Research Institute at Ohio State University, City of Hope Cancer Center, Dana-Farber Cancer Institute, Duke Comprehensive Cancer Center, Fox Chase Cancer Center, Fred Hutchinson Cancer Research Center, H. Lee Moffitt Cancer Center & Research Institute, Huntsman Cancer Institute at the University of Utah, Memorial Sloan-Kettering Cancer Center, Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Roswell Park Cancer Institute, Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, St. Jude Children's Research Hospital, Stanford Hospital and Clinics, University of Alabama at Birmingham Comprehensive Cancer Center, UCSF Comprehensive Cancer Center, University of Michigan Comprehensive Cancer Center, UNMC/Eppley Cancer Center at the University of Nebraska Medical Center, University of Texas M. D. Anderson Cancer Center.

Funding Opportunities:

Lymphoma Foundation Offers Research Fellowships

Two-Year Fellowships: $105,000

Application Deadline: Sept. 27, 2002

The fellowship encourages applicants to pursue careers in lymphoma basic, translational and clinical research. Research laboratory or clinic based, but the results and conclusions must be relevant to the treatment of lymphoma.

Three-Year Clinical Investigator Career Development Award: $225,000

Application Deadline: Oct. 1, 2002

The purpose of the three-year grant is to fund training of clinicians to serve as clinical investigators who will participate in developing future diagnostic interventions and treatments for lymphoma. The focus of the training is to prepare clinicians to design and administer lymphoma clinical research and to take on the primary responsibilities for clinical trial design, protocol writing, institutional review board submission, conduct, analysis, and publication. The grant is designed to provide clinicians with support to spend at least half of their time implementing clinical studies in lymphoma. A career development plan is required as part of the grant application.

Applications and guidelines for both awards may be downloaded from *www.lymphoma.org* or email: *researchgrants@lymphoma.org.*

Inquiries: Lymphoma Research Foundation, 111 Broadway; 19th Floor; New York, NY 10006; phone 212-349-2910 or 800-235-6848; fax 212-349-2886

Lustgarten Offers Awards

One-Year Pancreatic Cancer Research Grants

Application Receipt Deadline: Sept. 1, 2002.

Lustgarten Foundation for Pancreatic Cancer Research invites applications for its one-year, research

awards in amounts up to $100,000.

The foundation will consider funding the renewal of approved grants based on first-year results, including how well the project meets stated objectives and projected outcomes. The foundation provides funding for research into the biology, diagnosis, and prevention of adenocarcinoma of the pancreas, as well research into various treatment modalities, including active, palliative and supportive care. National and international applications will be considered. Funding will begin January 2003.

Inquiries: The Lustgarten Foundation for Pancreatic Cancer Research, 1111 Stewart Ave., Bethpage, NY 11714, phone 516-803-2304; fax 516-803-2303, *www.lustgartenfoundation.org*.

NIH Program Announcement

PA-02-110: Genetic Architecture, Biological Variation, and Complex Phenotypes

Several Institutes within NIH invite applications for studies on genetic variation and the architecture of complex phenotypes.

Studies of variation or genetic architecture may employ a variety of conceptual approaches. A researcher may consider the combinatorial effects of many variable sites, whether the scale is within a gene or across a genome. Comparative genomics, where the goal is to identify patterns of variation among genomes, is also a productive way of identifying attributes of variation, such as which genomic regions are rapidly evolving. Another approach is to study variation related to biological levels of organization, such as DNA sequence, protein structure, metabolic pathways, cell dynamics, individual phenotype, and population characteristics.

The following are typical of research areas targeted by the initiative: evolution of genome properties, which could include the evolution of haplotypes, selection for genetic interactions, and the evolution of recombination and methylation patterns; extensions to other organisms, to take advantage of the wealth of information to study variation in the natural settings in which it evolved; bioinformatics, which would develop tools to help researchers use data from many databases to address research questions; and improved dynamic modeling and statistical methods. The PA will use the NIH research project grant R01.

The PA is available at *grants.nih.gov/grants/guide/pa-files/PA-02-110.html*.

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In Brief:

Peto, Geneticists Sulston, Waterston Win GM Prizes

(Continued From page 1)

Medical School before joining the faculty of Oregon Health & Science University in 1993.

The Charles S. Mott Prize was awarded to **Sir Richard Peto**, professor of medical statistics and epidemiology at Oxford University, for the most recent outstanding contribution related to the cause or prevention of cancer. He was cited for documenting the global hazards of smoking and the benefits of cessation, and for statistical analyses of breast cancer treatment. He will receive $250,000.

Sir Richard has transformed global perspectives on cancer prevention by showing that tobacco will be the leading cause of cancer mortality worldwide, the foundation said. His 35-year collaboration with Sir Richard Doll (recipient of the 1979 Mott prize) confirmed in 1981 that tobacco was a cause of one-third of all U.S. cancer deaths, and showed that half of all persistent smokers would eventually be killed by their habit.

Sir Richard, in collaboration with Alan Lopez from the World Health Organization, then showed in 1989 that the recent worldwide increase in cigarette use would eventually lead to more than 10 million deaths a year from tobacco. He also showed that cessation of smoking at any age results in a notable increase in life expectancy, graded according to years before stopping.

Sir Richard also made significant contributions to the interpretation of large pools of data from different randomized clinical trials. His work demonstrated the long-term survival benefits of tamoxifen and of cytotoxic adjuvant therapy for women with early breast cancer. Although the influence of these pharmacological interventions on survival is only moderate, and takes many years to emerge, the number of person-years of life saved is very large. Sir Richard understood that it would require innovative biostatistical pooling of data from many randomized clinical trials to obtain conclusive evidence. The biostatistical methods he developed have had a lasting impact on clinical trials and epidemiological research. His methods are used to evaluate the impact of new therapies on the natural history of a variety of cancers, including prostate, ovary, colon, and lung.

Over the past two decades, the Early Breast

Cancer Trialists' Collaborative Group, initiated by Sir Richard, has provided a rational statistical basis for the modern treatment of breast cancer that has influenced national treatment guidelines.

A native of the UK, Sir Richard studied statistics under Sir David Cox.

The Alfred P. Sloan Prize was awarded to **John Sulston**, of the Wellcome Trust Sanger Institute near Cambridge, England, and **Robert Waterston**, head, Department of Genetics and director, Genome Sequencing Center, at Washington University School of Medicine in St. Louis, for the most outstanding recent contribution in basic science related to cancer research. They will share the $250,000 prize.

Sulston and Waterston were cited for determining the first complete genomic sequence of a multicellular organism, thereby ushering in the era of whole genome biology and setting the stage for the sequencing of even larger genomes.

Sulston and Waterston went on to become leaders in the Human Genome Project, a world-wide effort to map the human genome. They began studying the worm C. elegans in the mid-1970s, and in collaboration with each other and with other colleagues, made groundbreaking discoveries into the genetic relationship between humans and simpler creatures.

Sulston is a graduate of the University of Cambridge. Waterston is a graduate of Princeton University and the University of Chicago.

Since the inception of the awards in 1978, the foundation has given away nearly $12 million to 97 scientists.

* * *

ANNE THOMAS was named vice president, public affairs at Memorial Sloan-Kettering Cancer Center. Thomas will oversee a wide range of communications efforts including media relations, Web site design and content, publications, community affairs, and special events. Thomas was associate director for communications at NIH, where she held a variety of communications positions for more than 30 years. Thomas succeeds **Avice Meehan**, who is now vice president for communications and public affairs at the Howard Hughes Medical Institute. . . . **JOHN MENDELSOHN**, president of M.D. Anderson Cancer Center, has resigned from the board of Enron Co., the bankrupt Houston-based energy company. Mendelsohn served on the board since 1999, and was a member of the audit committee. Most of the company's longstanding board members have been replaced. The departure of Mendelsohn and fellow audit committee member **Frank Savage**, formerly of Alliance Capital Management, "reflect advancements in the transition plan established earlier this year by the board," Enron said in a statement. During their tenure, Savage and Mendelsohn participated in reviews of the company's arrangements with its auditor, Arthur Andersen. . . . **MARTIN ABELOFF**, director of the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, was honored by the Leukemia and Lymphoma Society at its annual Celebrity Brain Gala on April 27 for his dedication to cancer prevention, treatment, and research. **Chuck Thompson**, Hall of Fame baseball announcer, was honored for his support and advocacy for cancer research. . . . **SUSAN G. KOMEN** Breast Cancer Foundation honored three individuals for their efforts for breast cancer. The 2001 Connie Mack Award for Outstanding Achievement was presented to **Sen. Olympia Snowe** (R-ME) for her initiatives in breast cancer research, education, screening, and treatment. The Komen Champion of Change Award was presented to **Rep. Ken Bentsen** (D-TX) for his work for the minority community of Houston. The Komen Women's Health Advocate Award was presented to actor **Rob Lowe** for his role as the 2000 Lee National Denim Day spokesperson. The event, which benefits the Komen Foundation, raised $7.3 million. . . . **MINHHUYEN THI NGUYEN,** attending physician at Graduate Hospital in Philadelphia and assistant professor of clinical medicine at MCP-Hahnemann University, was named director of gastroenterology for the Fox Chase Cancer Center medical oncology department. . . . **ANDREA BRUNAIS** has been named media relations coordinator for the H. Lee Moffitt Cancer Center & Research Institute. She was Sarasota editor of Weekly Planet. . . . **AACR-CANCER RESEARCH** Foundation of America Excellence in Cancer Prevention Research Award and Lecture will be given to an individual scientist for significant seminal contributions to the field of cancer prevention research. The lecture is scheduled for Oct. 16, at the Frontiers in Cancer Prevention Research meeting, Oct. 14-18, in Boston. Award criteria and eligibility may be viewed at *services.aacr.org/award.asp* or by contacting *awards@aacr.org*. The deadline for nominations is Aug. 1. Abstracts for the conference may be submitted by July 1 to *services.aacr.org/abstract.asp*.

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