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Letter From Congress Prompts NCI To Pull Abortion Fact Sheet From Web

Responding to Congressional pressure, NCI has removed from its Web site a "fact sheet" discussing the risk of breast cancer in women who have had abortions.

Late last month, NCI officials pulled Fact Sheet 3.53, titled "Abortion and Breast Cancer," from the Cancer Information Service site that provides information to the public.

The document, which said recent studies have found that women who have had abortions "have the same risk as other women for

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In Brief:

Dalton To Head H. Lee Moffitt Cancer Center; HHS Appoints Gerberding CDC Director

WILLIAM DALTON, dean of the College of Medicine at the University of Arizona, has been named director and CEO of the H. Lee Moffitt Cancer Center and Research Institute, effective Aug. 1. Dalton is a former associate center director for clinical investigations and deputy director for Moffitt. During his tenure at Moffitt, Dalton was principal investigator of the Molecular Oncology Program Project, an NCI program project grant of more than $5.7 million that focuses on the development of new anticancer drugs. His studies were among the first to prove the concept that chemosensitizers could reverse multidrug resistance. His laboratory also has performed studies examining the mechanism by which chemotherapy causes the death of cancer cells. In 1999, Dalton, and Moffitt researcher **Richard Jove** identified the "switch" that turns on multiple myeloma at the molecular level. Before joining Moffitt in 1977, Dalton served as professor of medicine and founding director of the Bone Marrow Transplant Program I the Section of Hematology and Oncology at the University of Arizona. Dalton succeeds **John Ruckdeschel**, who stepped down June 30. . . . **JULIE GERBERDING** was named director of the Centers for Disease Control and Prevention and administrator for the Agency for Toxic Substances and Disease Registry. Gerberding, an infectious disease expert, has been acting principal deputy director of CDC, and served as part of the leadership team named to direct the agency since former director **Jeffrey Koplan** resigned March 31. She also served as acting deputy director of CDC's National Center for Infectious Diseases. Gerberding joined the CDC in 1998 as director of the Division

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NCI To Review Information On Cancer Risk And Abortion

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developing breast cancer," was removed as a result of a June 7 letter to HHS Secretary Tommy Thompson signed by Rep. Chris Smith (R-NJ) and 27 other members of Congress known to oppose abortion.

Smith's letter criticized changes made to the fact sheet last March, and asked for the page to be removed from the Web site for review.

An NCI spokesman said the fact sheet was under review. "After several members of Congress voiced concern about the accuracy of the fact sheet and requested a review of its contents, NCI removed the sheet and is in the process of reviewing it," said Peggy Vaughn, a spokesman for the Institute. "After that review process, it will be returned, but there is no set timetable for that."

NCI Defended Fact Sheet In 1999

Antiabortion activists have targeted the NCI fact sheet for several years. In 1999, Rep. Tom Bliley (R-VA), then-chairman of the House Committee on Commerce, wrote a letter to then-NCI Director Richard Klausner with extensive questions about the fact sheet. Klausner responded with extensive answers defending the information provided in the fact sheet.

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The fact sheet originally had been developed in 1996 in response to inquires about the controversial advertisements posted by antiabortion groups in public transit systems in Philadelphia and other cities linking abortion and breast cancer.

The Center for Reproductive Law and Policy has called the alleged breast cancer link the "latest antiabortion scare tactic" not based on scientific consensus. Antiabortion activists have aggressively pursued the issue at the state level. More than 15 states have considered new laws that would require doctors to provide patients with "medically inaccurate and alarmist information" about the "alleged link," the center said. Two states, Montana and Mississippi, have passed laws referring to breast cancer as a possible risk from abortion, though they only require doctors to mention such a risk "when medically accurate."

Antiabortion activists have taken the issue to the courts, too. Last March, a judge in Fargo, ND, ruled in favor of an abortion clinic that that distributes information stating that abortion does not increase the risk of breast cancer. An antiabortion protestor had sued under the state's false advertising law to stop the Red River Women's Clinic from distributing pamphlets on abortion, claiming that the clinic's pamphlets provided misleading information.

In developing its brochure, the clinic said it relied on scientific data provided by NCI and the National Abortion Federation.

Also last March, a judge in California dismissed a suit filed against Planned Parenthood of San Diego by the same attorney who filed the Fargo case.

The Congressional letter to Thompson repeated the statement often made by antiabortion activists that the majority of studies worldwide "show a positive association between abortion and breast cancer risk," and accused NCI of "glossing over the weight of published scientific evidence" in its fact sheet.

Most of those studies were small and relied on self-reporting of abortion. Women who have had breast cancer may have been more likely to report having had an abortion, NCI has said.

In his 1999 response to Bliley, Clinton appointee Klausner wrote that, "The only cohort study published before 1996 found a statistically significant negative association (that is, abortion was associated with reduced risk for breast cancer). Of the 18 case-control studies published through 1996, most found no statistically significant association, positive or negative. Most of these studies did not control for

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known risk factors, or were limited by inadequate or possibly biased reporting of abortions."

In 1997, a large study using Danish health registries found no association between abortion and breast cancer risk. The 1999 version of the NCI fact sheet called the overall evidence "inconsistent."

NCI Strengthened Fact Sheet In March

Last March, NCI strengthened the fact sheet, updating it with information from four newer studies and concluding that "it appears that there is no overall association between spontaneous or induced abortion and breast cancer risk."

As governor of Wisconsin, Thompson signed legislation prohibiting the use of government funds for family planning and pregnancy programs that include abortion-related services. He also has stated that abortions should be illegal except in the cases of rape, incest, or life endangerment.

Groups on both sides of the issue are watching to see how Bush appointee von Eschenbach will respond to the latest salvo.

Following is the text of the NCI "Abortion and Breast Cancer" fact sheet that was removed from the NCI Web site:

The relationship between abortion and breast cancer has been the subject of extensive research. The current body of scientific evidence suggests that women who have had either induced or spontaneous abortions have the same risk as other women for developing breast cancer. Until the mid-1990s, results from studies of breast cancer and induced or spontaneous abortion were inconsistent. Some investigators reported an increase in risk, typically from interview studies of several hundred breast cancer patients compared to other women. Other studies found no evidence of increased risk.

Recent large studies, particularly cohort studies, generally show no association between breast cancer risk and previously recorded spontaneous or induced abortions. In a large-scale epidemiologic study reported in The New England Journal of Medicine in 1997, researchers compared data from Danish health registries that included 1.5 million women and more than 10,000 cases of breast cancer. The registry data on abortions was collected before the diagnosis of breast cancer was made. After adjusting the data for several established breast cancer risk factors, the authors found that "induced abortions have no overall effect on the risk of breast cancer." The strengths of this study include its large size, the ability to account for breast cancer risk factors that may differ between women who have had abortions and those who have not, and the availability of information on abortion from registries rather than having to rely on a woman's self-reported history of abortion.

In 2000 and 2001, additional findings were reported from studies that collected data on abortion history before the breast cancers occurred. These studies showed no increased breast cancer risk in women who had induced abortions. In three of the studies, information on abortion was based on medical records rather than on the woman's self-report; in another study, interview data was collected before any breast cancer diagnosis. The studies were conducted in different populations of women, and varied in size and the extent of details on established breast cancer risk factors.

Most of the early studies necessarily relied on self-reports of induced abortion, which have been shown to differ between breast cancer patients and other women. Other problems with these studies included small numbers of women, questions of comparability between women with breast cancer and those without, inability to separate induced from spontaneous abortions, and incomplete knowledge of other breast cancer risk factors that may have been related to a woman's history of abortion.

Even though it appears that there is no overall association between spontaneous or induced abortion and breast cancer risk, it is possible that an increased or decreased risk could exist in small subgroups of women. For example, the large Danish study found a slightly lower breast cancer risk in women with abortions occurring before 7 weeks gestation, and a slightly higher risk in women who had abortions at 7 or more weeks. The National Cancer Institute is currently funding one study looking specifically at the association of induced abortion and the risk of breast cancer. Three other NCI sponsored studies are examining a variety of possible breast cancer risk factors, including induced abortion.

Well-established breast cancer risk factors include age, a family history of breast cancer, an early age at menarche, a late age at menopause, a late age at the time of the first birth of a full-term baby, alcohol consumption, and certain breast conditions. Obesity is a risk factor for breast cancer in postmenopausal women. Additional information about breast cancer risk factors is found in NCI's publication What You Need to Know About Breast Cancer.

Pharmaceutical Industry:

SEC Investigating Bristol-Myers Over Inventories And Sales

Bristol-Myers Squibb Co. confirmed that the U.S. Securities and Exchange Commission is investigating whether the troubled pharmaceutical company overstated its sales by about $1 billion last year.

The news of the SEC probe appeared in the Financial Times July 11, initially leading to a 20 percent drop in the price of Bristol stock. However, by the end of the day, the share prices recovered, ending the day with a modest 4.5-percent drop.

In a statement, the company said it had been "in communication with SEC since April regarding its domestic wholesaler inventories."

The company characterized its dealings with SEC as "an ongoing dialogue that does not reflect any new information or more recent developments."

"In making this inquiry, the SEC has not stated to the company that it has done anything improper in connection with the inventory situation," the company said. "Bristol-Myers Squibb will continue to cooperate fully with the SEC. The company continues to believe that its accounting treatment of the domestic wholesaler inventory buildup has been completely appropriate."

In April, Bristol announced that wholesalers had a backlog of company products, and reduced its sales projections by $1 billion.

The company said it is "continuing to work cooperatively with domestic wholesalers and product partners to aggressively reduce excess inventory levels."

SEC made no comment about the inquiry.

Cancer Prevention:

Estrogen+Progestin Increases Risk Of Cancer, Trial Finds

The National Heart, Lung, and Blood Institute stopped early a major clinical trial of the risks and benefits of combined estrogen and progestin in healthy menopausal women due to an increased risk of invasive breast cancer, NIH said July 9.

The large multi-center trial, a component of the Women's Health Initiative, also found increases in coronary heart disease, stroke, and pulmonary embolism in study participants on estrogen plus progestin compared to women taking placebo pills.

Benefits of estrogen plus progestin included fewer cases of hip fractures and colon cancer, but on balance the harm was greater than the benefit, the institutes said. The study, scheduled to continue until 2005, was stopped after an average follow-up of 5.2 years.

Participants in this component of WHI, like most women with a uterus who take hormone therapy, were given progestin in combination with estrogen. This practice is known to prevent endometrial cancer. A separate WHI study of estrogen alone in women who had a hysterectomy before joining the WHI hormone program continues unchanged, because, at this point, the balance of risks and benefits of estrogen alone is still uncertain, the institutes said.

The report from the WHI investigators on the estrogen plus progestin study findings will be published in the July 17 issue of The Journal of the American Medical Association. The study was released July 9 as an expedited article on the JAMA Web site, www.jama.com.

"We have long sought the answer to the question: Does postmenopausal hormone therapy prevent heart disease and, if it does, what are the risks?" said NHLBI Director Claude Lenfant. "The bottom-line answer from WHI is that this combined form of hormone therapy is unlikely to benefit the heart. The cardiovascular and cancer risks of estrogen plus progestin outweigh any benefits—and a 26 percent increase in breast cancer risk is too high a price to pay, even if there were a heart benefit.

"Similarly, the risks outweigh the benefits of fewer hip fractures," Lenfant said. "Menopausal women who might have been candidates for estrogen plus progestin should now focus on well-proven treatments to reduce the risk of cardiovascular disease, including measures to prevent and control high blood pressure, high blood cholesterol, and obesity. This effort could not be more important: heart disease remains the No. 1 killer of American women."

The estrogen plus progestin trial of the WHI involved 16,608 women ages 50 to 79 years with an intact uterus. An important objective of the trial was to examine the effect of estrogen plus progestin on the prevention of heart disease and hip fractures, and any associated change in risk for breast and colon cancer. The study did not address the short-term risks and benefits of hormones for the treatment of menopausal symptoms. About 6 million women in the U.S. are taking estrogen plus progestin for a variety

of reasons, including symptom relief, because their doctors advised it, or for long-term health.

"Women with a uterus who are currently taking estrogen plus progestin should have a serious talk with their doctor to see if they should continue it," said Jacques Rossouw, acting director of the WHI. "If they are taking this hormone combination for short-term relief of symptoms, it may be reasonable to continue since the benefits are likely to outweigh the risks. Longer term use or use for disease prevention must be re-evaluated given the multiple adverse effects noted in WHI."

According to Rossouw, the adverse effects of estrogen plus progestin applied to all women, irrespective of age, ethnicity, or prior disease status.

"When the estrogen-only trial is completed, a comparison of the results of these two trials may provide a better idea of the roles of estrogen, compared to estrogen plus progestin, in health and disease," said Marcia Stefanick, chairman of the WHI Steering Committee and associate professor of medicine, Stanford University.

Women enrolled in the estrogen plus progestin study were randomly assigned to a daily dose of estrogen plus progestin (0.625 mg of conjugated equine estrogens plus 2.5 mg of medroxyprogesterone acetate) or to a placebo. Participants were enrolled in the study between 1993 and 1998 at over 40 clinical sites across the country.

In 2000 and 2001, WHI investigators complied with a recommendation from the study's Data and Safety Monitoring Board to inform participants of a small increase in heart attacks, strokes, and blood clots in women taking hormones. The DSMB found that the actual number of women having any one of these events was small and it did not cross the statistical boundary established to ensure participant safety. Therefore, the group recommended continuing the trial due to the still uncertain balance of risks and benefits.

Then, at the DSMB's regularly scheduled meeting last May 31, the data review revealed for the first time that the number of cases of invasive breast cancer in the estrogen plus progestin group had crossed the boundary established as a signal of increased risk.

"In designing the trial and following the results, the safety of the patients was of the utmost importance," said Garnet Anderson, a biostatistician who led the analysis at the Fred Hutchinson Cancer Research Center. "Because breast cancer is so serious an event, we set the bar lower to monitor for it. We pre-specified that the change in cancer rates did not have to be that large to warrant stopping the trial. The trial was stopped at the first clear indication of increased risk."

At that point, there was no indication of increased risk for breast cancer in the estrogen-only group, Anderson said.

The DSMB's May 31 recommendation to stop the trial was based on the finding of increased breast cancer risk, supported by the evidence of overall health risks exceeding any benefits. On July 8, participants started receiving letters informing them about the results and telling them that they should stop study medications. Participants will be contacted by their clinical centers for further counseling and will continue to have clinic visits so that their health outcomes can be followed. All WHI participants, including those in the other study components, are also receiving a newsletter with a summary of the findings and an explanation of risks and benefits.

Rossouw said it is important to understand that the risk to an individual woman can be low, but the risk to the population at large can be great.

"The WHI results tell us that during one year, among 10,000 postmenopausal women with a uterus who are taking estrogen plus progestin, eight more will have invasive breast cancer, seven more will have a heart attack, eight more will have a stroke, and 18 more will have blood clots, including eight with blood clots in the lungs, than will a similar group of 10,000 women not taking these hormones," Rossouw said. "This is a relatively small annual increase in risk for an individual woman. Individual women who have participated in the trial and women in the population who have been on estrogen and progestin should not be unduly alarmed. However, even small individual risks over time, and on a population-wide basis, add up to tens of thousands of these serious adverse health events."

NCI re-emphasized its recommendation that all women in their 40s and older get screened for breast cancer with mammography every one to two years.

"Women in the WHI, women taking hormones for any reason, and any woman over 40 should remain committed to their regular program of breast cancer screening to allow the earliest possible detection of breast cancer," said Leslie Ford, associate director for clinical research in the NCI Division of Cancer Prevention.

"The reduction in colorectal cancer risk in the

WHI is intriguing, but the balance of harm versus benefit does not justify any woman beginning or continuing to take estrogen plus progestin for this purpose," Ford said. "NCI has a number of clinical trials under way investigating new methods to detect and prevent both colorectal cancer and breast cancer that will provide critical information to help women make important health decisions."

Specific study findings for the estrogen plus progestin group compared to placebo include:

—41 percent increase in strokes

—29 percent increase in heart attacks

—Doubling of rates of venous thromboembolism (blood clots)

—22 percent increase in total cardiovascular disease

—26 percent increase in breast cancer

—37 percent reduction in cases of colorectal cancer

—One-third reduction in hip fracture rates

—24 percent reduction in total fractures

—No difference in total mortality (of all causes)

The WHI involves more than 161,000 women participating in clinical trials or an observational study. Besides the trials of estrogen alone and estrogen plus progestin, other trials are studying a low-fat diet and calcium/Vitamin D supplementation. Further information is available at www.nhlbi.nih.gov.

Obituary:

Monroe Wall, Co-Discoverer Of Taxol, Camptothecin, Dead

Monroe Wall, a research chemist who helped discover the anti-cancer compounds Taxol and Camptothecin, died July 6 at age 85.

The cause of death was heart and kidney failure, said the Research Triangle Institute, of Research Triangle Park, NC, where Wall worked for the last 42 years. Wall worked in his laboratory until two weeks prior to his death, the institute said.

Two years ago, Wall and long-time colleague Mansukh Wani were awarded the Charles F. Kettering Prize for their pioneering work in medicinal chemistry.

"Monroe Wall was one of our founding employees, and one of our most outstanding," RTI President Victoria Haynes said. "Through his achievements, such as his work on Taxol and other drugs, he made substantial contributions to improving the human condition. His long and productive career at RTI also contributed immensely to RTI's scientific stature. We revere him and will miss him both personally and professionally."

Wall went to RTI in 1960 from the U.S. Department of Agriculture to start a chemistry research group. Besides working on his own research, he served as research vice president from 1971 to 1983, helping to build RTI's capabilities in analytical and environmental chemistry, life sciences and bioorganic chemistry, organic and medicinal chemistry, and toxicology.

He also taught at the University of North Carolina and North Carolina State University, and was a consultant to NCI and other federal agencies.

Wall received the Department of Agriculture's Superior Accomplishment award, the American Pharmaceutical Association's top research prize for natural products chemistry, and the American Pharmacognosy Society's Research Achievement Award. In 1998, he was awarded the American Chemical Society's Alfred Burger Award, the most prestigious award in medicinal chemistry.

The Wall-Wani discoveries of Taxol and Camptothecin in the 1960s helped revolutionize modern cancer research. By isolating and elucidating the structure of these novel, bioactive natural products, they unearthed new mechanisms of action for inhibiting cancer call growth and established new principles for discovering other bioactive compounds from natural sources.

Wall's experience in isolating small quantities of natural products from plants helped him pioneer techniques for isolating drug metabolites. In the 1970s, he became one of the first to use mass spectroscopy and NMR to obtain the structures of drug metabolites.

A native of Newark, NJ, Wall received his B.S., M.S., and Ph.D. degrees from Rutgers University. The university established the Monroe Wall Symposium, a biennial international scientific meeting about the search for pharmaceuticals from sources in nature.

In honor of Wall and Wani, RTI plans to establish post-doctoral and visiting scientist fellowships in its Natural Products Laboratory, with an endowment to support these scientists in self-directed research.

Survivors include his wife, Marian; a son, Michael Wall of Portland, Ore.; a daughter, Martha Nebb of Potomac, Md.; two sisters: Martha Schonberg of Jersey City, NJ, and Flora Friedman of West Orange, NJ; and four grandchildren.

Funding Opportunities:

Program Announcement

PA-02-116: Age-Related Prostate Growth: Biologic Mechanisms (R01 and R21)

The National Institute on Aging, NCI, the National Institute of Diabetes and Digestive and Kidney Diseases, and the National Institute of Environmental Health Sciences invite research applications addressing biologic mechanisms related to aging processes that underlie the initiation and progression of prostate growth processes in middle-age, and the pathophysiologic connections of that growth process with the prostate diseases prevalent in older men, benign prostatic hypertrophy and prostate cancer.

The purpose of the PA is to stimulate research that may utilize appropriate animal and cell culture models, as well as human tissue specimens. Applicants must address age-related issues involved in prostate growth processes. For example, aging-related biologic processes include age-changes in bioregulator (e.g., hormones, growth factors, cytokines) levels, tissue response to bioregulators, altered cellular or tissue function as cells approach senescence, oxidative damage to DNA, lipids and proteins that affect their function, glycation of proteins and other macromolecules, altered DNA repair processes, and age-changes in immune function.

NCI has a special interest in receiving applications that address the role of aging tissue microenvironment (stromal cells) in prostate carcinogenesis and/or progression. Examples include (1) studies that focus on tumor cell-stroma interactions in prostate cancer and in progression and metastasis, (2) the role of aging host stroma and the extracellular matrix, and growth factors in the acquisition of androgen independent prostate cancer and in organ specific metastasis, and (3) the cooperation among oncogenes, tumor suppressor genes and growth factors and their interactions with prostatic stromal cells during carcinogenesis and tumor progression.

The PA solicits R01 and R21 applications. R21s will be used for exploratory/developmental projects. Maximum direct costs may not exceed $100,000 per year. Project period for R21s may not exceed two years. Further information: http://grants1.nih.gov/grants/guide/pa-files/PA-02-116.html.

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In Brief:

Fox Chase Center Names Three To Endowed Chairs

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of Healthcare Quality Promotion, where she developed CDC's patient safety initiatives and other programs to prevent infections, antimicrobial resistance, and medical errors in healthcare settings. Previously, she headed the Prevention Epicenter, a multidisciplinary service, teaching, and research program that focused on preventing infections in patients and their healthcare providers at the University of California, San Francisco. Gerberding earned her B.A. degree in chemistry and biology and M.D. degree at Case Western Reserve University. She completed her internship and residency in internal medicine at UCSF, where she also served as chief medical resident at San Francisco General Hospital before completing her NIH training fellowship in clinical pharmacology and infectious diseases at UCSF. She earned her Masters of Public Health degree at the University of California, Berkeley, in 1990. . . . **FOX CHASE CANCER CENTER** appointed three new faculty chairs, each endowed with gifts totaling $1.5 million. The G. Morris Dorrance Jr. Endowed Chair will be held by **Louis Weiner**, chairman of medical oncology and professor of medicine at Temple University School of Medicine and chief of medical oncology for the joint Fox Chase-Temple Cancer Center based at Temple University. **Beatrice Mintz**, a cellular and developmental biologist, was named to the Jack Schultz Endowed Chair. **Robert Ozols**, senior vice president for medical science at Fox Chase known, for his work in ovarian cancer and chemotherapy research, will hold the Audrey Weg Schaus and Geoffrey Alan Weg Endowed Chair. Ozols is the principle investigator for the $4 million ovarian cancer SPORE grant from NCI. . . . **ROSWELL PARK CANCER CENTER** has been awarded a three-year $120,000 American Cancer Society Institutional Research Grant. **Youcef Rustum**, senior vice president for scientific administration is the principal investigator for the grant, which supports projects for junior RPCI faculty. In another development, RPCI has created leadership teams for its Multidisciplinary Centers. The treatment clinics, which have been turned into multidisciplinary models, serves to streamline patient care (medical teams from multiple areas, such as surgery, medicine and radiology, work in one area) and encourage new

disease-site research development. The physician and nursing leadership team in the Breast Center consists of **Stephen Edge**, chief, Division of Breast Surgery, Department of Surgery, and nurse **Kathleen Schwert**. **Philip McCarthy Jr.**, chief, Division of Blood and Marrow Transplantation, Department of Medicine, and nurse **Lisa Flack**, lead the Chemo/ Infusion Center team. The team in the Dermatology, Sarcoma & Melanoma, Thoracic and Pain Management Center is led by **Allan Oseroff**, chairman, Department of Dermatology, and nurse **Nancy Bertran.** The Gastrointestinal and Genitourinary Center team is led by **Hector Nava**, chief, gastrointestinal endoscopy, Department of Surgery, and nurse **Kathleen McConnaughey**. Leading the Gynecology Center team is **Shashikant Lele**, chief, gynecology oncology, Department of Surgery, and nurse **Barbra Dodds**. The Head & Neck/Dental Center team is led by **Nestor Rigual**, attending surgeon, Department of Surgery and nurse **Alice Spies**. The Hematology and Neuro-Oncology Center team is led by **Arif Alam**, attending physician, Department of Medicine, and nurse **Cathleen Ackerman. Barbara Bambach**, attending physician, Department of Pediatrics, and nurse **Debra Smith** lead the Pediatric Center. . . . **LAURA THEVENOT** was named executive director of the American Society for Therapeutic Radiology and Oncology. She was chief operating officer and executive vice president of The Federation of American Hospitals, an association representing 1,700 acute care, rehabilitation and long-term care hospitals. . . . **JOHN SEFFRIN**, CEO of the American Cancer Society, officially began his four-year term as president of the International Union Against Cancer General Assembly during the 18th UICC International Cancer Congress held in Oslo, Norway June 30-July 5. The UICC, an independent, international, non-governmental association of 291 member cancer-fighting organizations in 87 countries, has members and activities covering all aspects of cancer control. . . . **CANCERCARE** has published the fourth edition of A Helping Hand, a resource guide for people with cancer and their families. The 148-page handbook, which is available for free online at www.cancercare.org or in hard copy (phone 1-800-813-HOPE), provides information on cancer-related assistance available regionally and nationally.

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