THE CANCER LETTER INTERACTIVE

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Oncology Groups Oppose Proposed Cuts In Medicare Payments For Cancer Drugs

Oncology groups are opposing Bush Administration proposals that would reduce Medicare payments to hospitals for cancer drugs and related services.

The proposed changes to rules for the Medicare hospital outpatient prospective payment system, intended to become effective Jan. 1, would cut payments for cancer drugs by 30 to 40 percent from current levels, according to the American Society of Clinical Oncology.

Payments for drug administration services also would be cut

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In Brief:

Three Genetics Pioneers Win Nobel Prize, Chemistry Prize Awarded For Spectroscopy

THREE SCIENTISTS will share the 2002 Nobel Prize in medicine for discoveries in genetics. **Sydney Brenner, John Sulston, and H. Robert Horvitz** were selected for their findings on how genes regulate organ growth and cell suicide, which have lead to insights into illnesses such as cancer, AIDS, and stroke. Brenner is a professor at the Salk Institute for Biological Studies in La Jolla, Ca., and the founder of the Molecular Sciences Institute in Berkeley. Sulston, involved in the international effort to decode the human genome, is of the Sanger Center at Cambridge University, England. Horvitz is of the Massachusetts Institute of Technology. The three worked together in the 1970s at the Laboratory of Molecular Biology in Cambridge. They will share the $1 million prize. . . . **JOHN FENN**, who received support for his research from NIH's National Institute of General Medical Sciences, is a winner of this year's Nobel Prize in Chemistry. He is cited for refining mass spectrometry, making it possible to analyze large molecules in biological samples. Fenn, professor of analytical chemistry at Virginia Commonwealth University, shares half of the prize with **Koichi Tanaka** of Shimadzu Corp. in Kyoto, Japan. The two are cited for "for their development of soft desorption ionization methods for mass spectrometric analyses of biological macromolecules." The other half of the prize goes to **Kurt Wüthrich**, of the Swiss Federal Institute of Technology in Zürich, Switzerland, and the **Scripps Research Institute** in La Jolla, CA. Wüthrich received the award "for his development of nuclear magnetic resonance spectroscopy for determining the three-dimensional structure

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Administration Proposes Cuts Of 30-40% For Cancer Drugs

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significantly under a new method of packaging payment for drugs and services together under new rates that are in most cases lower than current rates, ASCO said in a letter dated Oct. 7 to the Centers for Medicare & Medicaid Services.

"These proposals would result in severe reductions in the payment amounts for cancer drugs," wrote Joseph Bailes, chairman of the ASCO Clinical Practice Committee.

"While we recognize that the Medicare payment system is not intended to cover 100 percent of a hospital's costs, ASCO questions whether the proposed payment amounts are even close to the costs that hospitals incur in purchasing the drugs involved," Bailes wrote.

ASCO urged the continuation of the current cancer drug payment rate, set at 95 percent of the average wholesale price, through 2003.

The AWP, a price proposed by the pharmaceutical industry, is usually higher than the prices doctors and hospitals pay for the drugs they administer. Groups that represent health care providers acknowledge that 95 percent of AWP allows providers to mark up the drugs. However, they argue that the markup on drugs compensates providers for drug administration and other areas where reimbursement is unrealistically low.

The CMS proposal, which affects hospital outpatients, is separate from the federal government's plans to reduce the markup office-based oncologists charge on drugs they administer.

Though several members of Congress vowed to limit this markup, no action is expected on the matter during the current session. However, professional societies expect the issue to re-emerge next year.

"ASCO is concerned that the substantial reductions proposed for the drugs and related services furnished in cancer therapy will have an adverse effect on patients," Bailes wrote. "If the Medicare payment amount for particular cancer drugs is not sufficient to cover their costs, hospitals will have an incentive to avoid using those drugs. Moreover, the large, cumulative revenue reductions that oncology services would face under the proposal is almost certain to adversely affect the ability of hospital oncology departments to continue their current level of services."

The CMS proposals were published in the Federal Register Aug. 9.

The agency said the new rates more accurately reflect hospital costs and are based on data from claims submitted by hospitals. Under the proposal, for drugs that cost hospitals $150 or less per encounter, CMS would package the costs into the payments for administration services. For drugs that cost hospitals more than $150 per encounter, CMS would create drug-specific ambulatory payment classification codes, or APCs.

According to ASCO, the proposed payments for three of the four oncology APCs are the same or lower than current levels. "Thus, for most drug administration procedures, CMS is in effect simply denying any payment for the packaged drugs," Bailes wrote.

The Association of Community Cancer Centers said that under the CMS proposal, reimbursement for cancer drugs and biologicals would decrease by 38 percent, or $286 million, from last year's rates.

"Forty-seven commonly billed cancer and supportive care drugs would be packaged into other ambulatory payment classifications," ACCC said in an Oct. 7 letter signed by the association president Edward Braud and executive director Lee Mortenson.

"Although payments for these drugs totaled $72 million in 2001, the payment rates for two of the three chemotherapy administration payments and all three

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of the supportive care procedure payments into which they were bundled would decrease," the letter said.

"Finally, payment rates for 44 of the 49 cancer drugs that would continue to be paid separately also would be reduced," the letter said. "Rates for these 44 therapies would decrease an average of 33.1 percent, resulting in losses of $291 million."

The document is posted on the association's Web site at: www.accc-cancer.org/news/comments2002.asp.

Congress Unlikely to Act on AWP This Year

At an Oct. 3 hearing of the House Subcommittee on Health of the Ways and Means Committee, called by Rep. Nancy Johnson (R-CT), ASCO President Paul Bunn, director of the University of Colorado Cancer Center, said sudden changes in reimbursement levels for office-based treatment "might have a ripple effect that could influence all other parts of the system," such as the work at academic cancer centers.

"In my own position at the cancer center, I know that we could not readily absorb a significant influx of new patients from physician office practices, nor could we continue to provide quality cancer care if our own drug reimbursement were reduced," Bunn said. "Any reform must ensure that quality care remains accessible to the approximately 80 percent of cancer patients who receive chemotherapy in physician offices."

ASCO favors comprehensive reform of the payment system, "encompassing both overpayments for drugs and underpayments for the costs of administering the drugs," Bunn said.

The society has long asserted that Medicare did not have enough data on the costs of drugs and services in order to set appropriate payments. ASCO submitted to CMS the results of a recent survey by the Gallup organization on practice expenses.

"The survey data show that CMS dramatically underestimated oncologists' practice expenses per hour," Bunn said. "The survey, adjusted for inflation, reflects that oncologists' actual practice expense is roughly 90 percent higher than CMS' current assumptions. Additional analysis, still underway, may increase the gap between actual expenses and what Medicare assumes to be the case."

CMS also should revise its current methodology to eliminate bias against services that do not involve physician work, Bunn said.

The General Accounting Office and the Lewin Group, which analyzed the ASCO survey, "have independently concluded that the current CMS methodology is biased against zero physician work value services and thus leads inevitably to lower payment amounts for those services," Bunn said. "In addition, once the methodology is revised to result in an accurate determination of the costs involved, Medicare must actually pay these costs in full."

In his testimony, CMS Administrator Thomas Scully agreed that the payment system is flawed.

He said a legislative solution would be "preferable," even though under a provision passed by Congress in 2000, "we could move to a market-based system for drugs and adjust payments for services related to furnishing drugs such as practice expenses for oncology administration."

Scully also said that although payments for many items will be lower in 2003, "overall Medicare payments to outpatient departments are projected to increase by almost 8 percent, reflecting hospitals' estimated acquisition costs rather than manufacturers' reported wholesale prices for prescription drugs. While proposed rates for many drugs are lower than 2002 rates, 2002 rates were likely greatly overstated in many cases because they were based on overinflated manufacturers' AWPs."

Access to Cancer Therapies Act

The legislative proposal to extend Medicare reimbursement to oral cancer drugs was recently omitted from the Senate Finance Committee's Medicare legislation.

The National Coalition for Cancer Survivorship, the National Breast Cancer Coalition, and the Leukemia & Lymphoma Society placed a full-page advertisement in the Oct. 7 issue of Roll Call, a newspaper widely circulated on Capitol Hill, taking Sens. Tom Daschle (D-SD) and Trent Lott (R-Miss.) to task for omitting the Access to Cancer Therapies Act (S. 913).

The ad's headline reads, "Dear Senators Daschle and Lott: How Much More Support Do You Need?"

The Act has the support of 56 senators and 326 House members, NCCS said.

"We call on you and the entire Congress to remedy the glaring benefit gap in the Finance Committee package and to include the Access to Cancer Therapies Act in any Medicare legislation that emerges from the 107th Congress," the ad concludes.

Clinical Trials Policy:

Reports Propose Stricter Rules For Protecting Human Subjects

Two separate panels have proposed stricter guidelines for protecting clinical trials participants from undue research risks.

A report issued by the Institute of Medicine last week focused on expanding federal oversight of clinical trials. A report of the Association of American Medical Colleges reviewed the related subject of financial conflicts of interest in clinical research.

—The IOM report said Congress should require every organization conducting research with human subjects to have a research participant protection program, which would be subject to federal oversight.

The institute's document, "Responsible Research: A Systems Approach to Protecting Research Participants," is available at www.nap.edu

—The AAMC report recommendation is that institutions separate their financial and research management functions as cleanly as possible. According to the report, the welfare of human subjects and the objectivity of the research could be—or reasonably appear to be—compromised whenever an institution holds a significant financial interest that might be affected by the research outcome.

The document, "Protecting Subjects, Preserving Trust, Promoting Progress II: Principles and Recommendations for Oversight of an Institution's Financial Interests in Human Subjects Research," is available at www.aamc.org/coitf

The IOM report called for greater oversight in both publicly and privately funded trials. The document also noted that the ultimate responsibility for ensuring that the essential protections are in place must rest with the highest levels of the research organization's leadership.

"It is understandable that the public has come to perceive that research institutions put more emphasis on insulating themselves from liability than on protecting people from harm," said committee chair Daniel Federman, senior dean for alumni relations and clinical teaching and professor of medicine and medical education, Harvard Medical School.

"There is no single cause for the errors and mishaps that unfortunately have resulted in the deaths of some research participants in recent years," Federman said. "Rather, a combination of stresses, weaknesses, and lack of accountability have strained the current hodgepodge of protections to the point that fundamental changes are needed to protect all participants and keep public trust from being irrevocably eroded."

The report was commissioned following the death of 18-year-old Jesse Gelsinger during a 1999 clinical study at the University of Pennsylvania. The Gelsinger case, along with incidents at other research centers, highlighted growing problems, such as conflicts of interest, inadequate monitoring and oversight, and insufficient communication with participants.

Federal agencies that conduct human trials follow a set of principles for protecting research participants known as the Common Rule. But jurisdiction of this rule does not extend to non-federally funded research.

Private-sector research to develop drugs, biologics, or medical devices is held to similar protection standards overseen by FDA. Other privately sponsored research that is outside FDA's authority is not required to follow specific protection standards, although many private organizations have developed their own guidelines.

Without universal standards, participants may not be consistently afforded basic protections, such as adequate information about risks or assurance that researchers do not have conflicts of interest, the committee said. Improvements must be made in the organization, funding, and oversight of these programs in both the public and private sectors.

IOM Panel Recommendations

The IOM committee proposed a system of interdependent elements—the investigators, the institution, the staff that monitors safety and data collection, the boards that review the scientific and ethical integrity of proposed research, and the research sponsor–linked through explicit responsibilities for participant protection.

Many of the functions recommended for the protection program currently are carried out by institutional review boards.

As the number of studies performed each year has increased and demands on the research oversight system have intensified, IRBs have been called on to handle an ever-wider array of tasks, including institutional risk management, regulatory compliance, evaluation of increasingly complex scientific issues, and assessments of conflicts of interest.

IRBs must return to the focused role they were

originally intended to serve—reviewing the ethical issues of proposed protocols—because the boards do not necessarily have the expertise, authority, or resources to carry out all of these additional tasks on their own, the committee said.

Issues pertaining to institutional interests, such as compliance with rules and regulations, should be managed by other entities within the protection program, the IOM committee said.

In most cases, existing offices or departments, such as an organization's compliance office and risk counsel staff, should be able to assume these responsibilities.

Assessments of potential conflicts of interest should be the responsibility of research organizations' conflict-of-interest oversight bodies. Review of the scientific merits of proposed research should be carried out separately from the ethical review, either by a subcommittee of the IRB or by a different group of experts.

To ensure that the entire protection system receives credible, expert advice, Congress should establish an independent, multidisciplinary, nonpartisan advisory body. Its membership should include individuals who can provide the perspective of the research participant. Since 2000, the National Human Research Protections Advisory Committee, created by HHS, has provided expert advice to federal agencies on issues of participant protections.

However, it was recently disbanded, although the administration has signaled that a new committee likely will be formed.

In addition, reasonable compensation should be provided to people who are harmed as a result of their participation in studies, the committee said. Currently, the only recourse for such participants is to file lawsuits. While suits may be the appropriate avenue in cases where injuries result from negligence, misconduct, or product defect, research is never a risk-free enterprise and injuries may occur through no fault of the researchers or institutions.

No-fault cases add to the judicial system's burden and compound the injured parties' aggravation. Acknowledging that more data are needed on the extent to which illness and injury happen in studies, the committee recommended the immediate creation of a no-fault compensation system to provide injured participants or their survivors quicker resolution of claims and relieve some of the burden on the courts.

Compensation should include at least the costs of medical care and rehabilitation and could be paid for either by the research organizations or potentially through a federal compensation program. In addition, an examination of the burden of lost wages, and whether these should be compensated, should be undertaken. In cases where fault can be proved, participants could still seek redress through lawsuits.

The report calls for a number of changes in the way institutions inform and solicit input from research participants. The process of informed consent should focus on informing volunteers, not on protecting institutions, the committee said. Informed consent should entail an ongoing series of conversations between the investigators and the participants, rather than a single conversation or signing of a document at the beginning of the process.

These conversations should not only clearly communicate any changes in the nature of the study, but also reiterate the risks, benefits, and other details necessary for individuals to make informed decisions about their ongoing participation.

The study was sponsored by the U.S. Department of Health and Human Services and the Greenwall Foundation.

AAMC: Separate Research and Finance

The Association of American Medical Colleges has released the second report of its task force on Financial Conflicts of Interest in Clinical Research.

The report proposes a framework for the oversight of financial conflicts of interest at institutions that conduct human subjects research.

Expanding on the panel's first report, which focused on an individual's financial interests in his or her own research, the second report addresses a research-conducting institution's conflicts of interest, such as a financial relationship with a commercial research sponsor or an indirect financial interest in the outcome of the research project itself.

The report also addresses the financial interests of institutional officials with research oversight responsibilities.

"A dean of research, for example, or a department chair, or laboratory director, who might have a financial interest in research being conducted by someone over whom they have direct authority," said David Korn, senior vice president in the AAMC Division of Biomedical and Health Sciences Research. "The Task Force has highlighted several examples of institutional financial interests in research that should be of especial concern and receive strict scrutiny."

The group's key recommendation is that institutions separate their financial and research management functions as cleanly as possible. According to the report, the welfare of human subjects and the objectivity of the research could be, or reasonably appear to be, compromised whenever an institution holds a significant financial interest that might be affected by the research outcome.

The report also recommends that, under some circumstances, human subjects research not be conducted at a conflicted institution, unless compelling circumstances warrant.

The report issues guidelines for establishing "institutional conflict of interest committees" to formally review financial relationships, and to assess the nature and determine the management of any conflict of interest. These committees should include one or more public representatives, as well as individuals who have sufficient seniority, expertise, and independence to evaluate the competing interests at stake and make credible recommendations.

The task force report also addresses the responsibility of IRB members to report financial interests. IRB members, like other institutional officials, should disclose any potential conflicts of interest regarding human subjects research.

"The evaluation of financial interests in contemporary human subjects research is often complicated and highly situational, requiring detailed, case by case analysis," said Korn. "We anticipate that the implementation of these guidelines will be a challenging task for research institutions, and one that will take time to complete."

The report committee was chaired by William Danforth, chancellor emeritus of Washington University at St. Louis.

Funding Opportunities:

RFA Available

RFA RR-02-007: Centers of Biomedical Research Excellence

Letter of Intent Receipt Date: Dec. 18, 2002

Application Receipt Date: Jan. 22, 2003

The purpose of the RFA is to expand and develop biomedical faculty research capability and enhance research infrastructure through support of a multi-disciplinary center, led by a peer-reviewed, funded investigator with expertise central to the research theme of the proposal. The application must have a thematic scientific focus in a research area, such as neuroscience, cancer, structural biology, immunology, or bioengineering, and may use basic, clinical or both research approaches to attain the goals of the proposed center. The scientific leadership provided by one or more established biomedical research faculty is critical to the success of this initiative, especially for the mentoring of promising junior investigators. The center is intended to support investigators from several complementary disciplines. The RFA will use the NIH exploratory grant award mechanism P20. The RFA is available at http://grants1.nih.gov/grants/guide/rfa-files/RFA-RR-02-007.html.

Inquiries: Lawrence Yager, Division of Research Infrastructure, National Center for Research Resources, NIH, 6705 Rockledge Dr., Suite 6030, Bethesda, MD 20892-7965; phone 301-435-0760; fax 301-480-3770; e-mail lawrencey@ncrr.nih.gov.

Program Announcements

PA-03-001: Knowledge Integration Across Distributed Heterogeneous Data Sources

The PA encourages small businesses to develop software for the integration of distributed cross-disciplinary data sources into coherent knowledge bases for biomedical research. Federating such data sources requires solving a large number of technical, scientific, financial, social and legal issues, and new tools are needed for aiding in almost every aspect of this problem. Applications are expected to describe at least one biomedical research problem that will benefit from the proposed tool or tool set, as well as to describe how the approach will scale when applied to additional data sources and/or to other biomedical problems. A clear description should be provided of how the impact of these tools on biomedical research will be measured. Finally, a reasonable mechanism for maintenance and expansion of the software as well as integration with existing solutions should be carefully outlined. The PA will use the NIH SBIR award and Fast-Track SBIR award mechanisms with award duration and amounts greater than those routinely allowed under the SBIR program. The PA is available at http://grants1.nih.gov/grants/guide/pa-files/PA-03-001.html.

Inquiries: For NCI—Anne Heath, NCI, SBMAB, DCB, Bethesda, MD 20892, phone 301-435-5225; fax 301-480-2854; e-mail ah43v@nih.gov

PAR-03-002: Mentored Clinical Scientist Award for Underrepresented Minorities

Comprehensive Minority Biomedical Branch, Office of Centers, Training and Resources, Office of the Deputy Director for Extramural Sciences, NCI, announces specialized study for individuals with a health professional doctoral degree, who are committed to a career in laboratory or field-based cancer research (not patient-oriented research). The award forms an important part of the NCI initiative to attract talented underrepresented minority individuals to the challenges of clinical research. NCI intends to target a significant increase in funds for these entry-level career development awards. The K08 provides

the awardee, through multidisciplinary didactic training, the opportunity to obtain both the knowledge and the research skills necessary to compete for independent support in laboratory or field-based research. Awards will be made through the Mentored Clinical Scientist Development Award K08 mechanism. The PA is available at http://grants1.nih.gov/grants/guide/pa-files/PAR-03-002.html.

Inquiries: Belinda Locke, program director, Comprehensive Minority Biomedical Branch, NCI, NIH, 6116 Executive Blvd., Rm 7031, MSC 8350, Bethesda, Maryland 20892-8329, Rockville, Maryland 20852 (for express/courier service), phone 301-496-7344; fax 301-402-4551; e-mail lockeb@mail.nih.gov

PA-03-003: Exploration Studies in Cancer Detection, Diagnosis and Prognosis

Division of Cancer Treatment and Diagnosis and the Division of Cancer Prevention of NCI invite research grant applications for translational initiatives that promote evaluation of new molecular or cellular characteristics of premalignant cells or tumors or the development of assays that will be useful for cancer detection, diagnosis and/or prognosis. New biomarkers and laboratory assays are needed for cancer screening and risk assessment, for pathologic characterization of malignant tumors and assessment of disease prognosis, and for prediction and measurement of response to treatments, particularly with novel therapeutic or chemopreventive agents. Investigators are encouraged to pursue new clinical insights and to consider the full array of potentially informative biological characteristics of tumor cells and tissues. The PA, available at http://grants1.nih.gov/grants/guide/pa-files/PA-03-003.html, will use the NIH exploratory/developmental R21 award mechanism. The PA is Inquiries: James Tricoli, Cancer Diagnosis Program, Division of Cancer Treatment and Diagnosis, NCI, 6130 Executive Blvd., Rm EPN 6035, Bethesda, MD 20892, Rockville, MD 20852 (for express/courier service), phone 301-496-1591; fax 301-402-7819; e-mail tricolij@mail.nih.gov; Sudhir Srivastava, Cancer Biomarkers Research Group, Division of Cancer Prevention, NCI, 6130 Executive Blvd., Rm EPN-330 F, Bethesda, MD 20892, Rockville, MD 20852 (for express/courier service), phone 301-435-1594; fax 301-402-0816; e-mail srivasts@mail.nih.gov.

PAR-03-005: Quick-Trials for Novel Cancer Therapies

Application Receipt Dates: Dec. 9, 2002, April 9, 2002, Aug. 11, 2003, Dec. 9, 2003, April 9, 2004, Aug. 9, 2004

The PA supports translational research into new agent development to suppress tumor growth through multiple mechanisms such as cell cycle control, activation of tumor suppressor genes, essential signal pathway blockage, tumor vaccines, tumor microenvironment modification, etc. The PA will give investigators with rapid access to support for pilot, phase I, and phase II cancer clinical trials as well as patient monitoring and laboratory studies. Features of this initiative include a modular grant application and award process, inclusion of the clinical protocol within the grant application, and accelerated peer review with the goal of issuing new awards within six months of application receipt. The PA will use the NIH exploratory/developmental grant R21 award mechanism. The PA is available at http://grants1.nih.gov/grants/guide/pa-files/PAR-03-005.html.

Inquiries: Roy Wu, Heng Xie, Steven Krosnick, Clinical Grants & Contracts Branch, Cancer Therapy Evaluation Program, Division of Cancer Treatment and Diagnosis; phone 301-496-8866; fax 301-480-4663; e-mails wur@ctep.nci.nih.gov, xieh@ctep.nci.nih.gov, krosnicks@ctep.nci.nih.gov; Keyvan Farahani, Biomedical Imaging Program, Division of Cancer Treatment and Diagnosis, phone 301-496-9531; fax 301-480-3507; e-mail farahank@mail.nih.gov; Wendy Smith, Research Development and Support Program, Office of Cancer Complementary and Alternative Medicine, phone 301-435-7980; fax 301-480-0075; e-mail smithwe@mail.nih.gov; John Milner, Nutritional Science Research Group, Division of Cancer Prevention, phone 301-496-0118; fax 301-480-3925; e-mail milnerj@mail.nih.gov; William Anderson, Gastrointestinal and Other Cancers, Division of Cancer Prevention, phone 301-594-7672; fax 301-435-6344; e-mail wanderso@mail.nih.gov; Ron Lieberman, Prostate and Urologic Cancer Research Group, Division of Cancer Prevention, phone 301-594-0456; fax 301-435-1564; e-mail r139r@nih.gov. Address for all—6130 Executive Blvd., Executive Plaza North, Bethesda, MD 20892-7302.

PAR-03-006: Mentored Patient-Oriented Research for Underrepresented Minorities.

Comprehensive Minority Biomedical Branch, Office of Centers, Training and Resources, Office of the Deputy Director for Extramural Sciences, NCI, invites applications in specialized study for individuals with a health professional doctoral degree who are committed to a career in patient-oriented cancer research. Individuals with a Ph.D. or other doctoral degrees in clinical disciplines such as clinical psychology, nursing, clinical genetics, speech-language pathology, audiology and rehabilitation are also eligible. Individuals holding the Ph.D. in a non-clinical discipline but certified to perform clinical duties should contact CMBB concerning their eligibility for a K23 award (see inquiries). Awards in response to the PA will be made through the mentored patient-oriented research K23 mechanism.

Inquiries: Belinda Locke, program director, Comprehensive Minority Biomedical Branch, NCI, NIH, 6116 Executive Blvd., Rm 7031, MSC 8350, Bethesda, Maryland 20892-8329, Rockville, Maryland 20852 (for express/courier service), phone 301-496-7344; fax 301-402-4551; e-mail lockeb@mail.nih.gov

In Brief:

European Academy Elects Keith Black To Membership

(Continued from page 1)

of biological macromolecules in solution." . . . **KEITH BLACK**, Ruth and Lawrence Harvey Chair in Neuroscience and director of the Maxine Dunitz Neurosurgical Institute at Cedars-Sinai Medical Center, has been elected a member of the European Academy of Sciences in the section of Biomedical Sciences for his contribution to developments in neurosurgery. Black also will receive the Candle Award in Science & Technology at the Morehouse 15th annual A Candle in the Dark Gala on Feb. 15, 2003, in Atlanta. The award is reserved for non-alumni for leadership and service. . . . **CRAIG BEAM** has been appointed Biostatistics Core Leader at the H. Lee Moffitt Cancer Center & Research Institute. Beam, whose research areas include imaging and biostatistics, was a researcher in the Department of Radiology at the Medical College of Wisconsin. Prior to this, he was director of biostatistics at Northwestern University. . . . **Moffitt CANCER CENTER** signed an affiliation agreement with St. Joseph's/Candler Hospital in Augusta, Ga. The partnership will allow Georgia and South Carolina residents to enter 60 different cancer trials under way at Moffitt. St. Joseph's Candler doctors will receive training from Moffitt faculty. St. Joseph's/Candler is the first Georgia hospital to become an affiliate of Moffitt. Under the agreement, patients can get second opinions from Moffitt faculty. St Joseph's/Candler expects to begin patient trials with Moffitt in November. . . . **NATIONAL COMPREHENSIVE CANCER NETWORK** and the **American Cancer Society** have produced Breast Cancer Treatment Guidelines for Patients. The booklets are based on the NCCN clinical practice guidelines used by doctors. Among the topics covered are: types of breast cancer, tests and exams, types of treatment, clinical trials information, and a helpful glossary of breast cancer terms. "Not all women with breast cancer should have the same treatment, and the guidelines will help women better understand their treatment options," said **Robert Young**, national volunteer president of ACS and president of Fox Chase Cancer Center, a founding member of the NCCN. The materials are available free on the NCCN Web site at www.nccn.org.

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