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# NCI Forms Task Force To Examine Marin County Breast Cancer Incidence

Pressure from a member of Congress has caused NCI to form a task force to assess reports of elevated rates of breast cancer in Marin County, Calif., the affluent community north of San Francisco.

The task force is developing a research plan for NCI Director Andrew von Eschenbach to present next week to Rep. Lynn Woolsey (D-CA), who called on federal agencies to find out why the breast cancer incidence

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*In Brief:*

## UCSD Cancer Center Begins Construction Of New $100-Million Building In La Jolla

**UNIVERSITY OF CALIFORNIA, SAN DIEGO**, broke ground Nov. 8 on the Rebecca and John Moores UCSD Cancer Center, a 270,000-square-foot facility that will unite the center's clinical, research, education, and outreach activities under one roof. Officiating at the ceremonies were UC President **Richard Atkinson**, UCSD Chancellor **Robert Dynes**, naming benefactors **John and Rebecca Moores** and **Jerome and Miriam Katzin**, UCSD Vice Chancellor for Health Sciences and Dean of the School of Medicine **Edward Holmes**, and Cancer Center Director **David Tarin**. Moores, chairman of the UC Board of Regents and trustee of UCSD, provided a $20 million gift toward construction of the $100-million building. Katzin's gift of $15 million will be recognized by naming the labs the Katzin Research Laboratories. The facility will be built on 2.4 acres southeast of UCSD Thornton Hospital and Perlman Ambulatory Care Center, near the Shiley Eye Center, on the University's East Campus in La Jolla. It will house outpatient clinical services, research laboratories, clinical trials offices, cancer prevention and community outreach activities, and center administration. "This facility is designed to provide patients with a single source of integrated clinical care encompassing prevention, diagnosis, prognosis, treatment, education, rehabilitation and after-care in one convenient and comfortable location," Tarin said. "Patients will benefit also from new ideas being brought from the laboratory to the clinic as a result of the interactions and communication that will take place as clinicians and researchers work side-by-side." The building, designed by architects Zimmer Gunsul Frasca Partnership, is made up of two structures that share a common base—a three-story clinical service and administrative facility, and a five-story research tower. UCSD is an NCI-

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# CDC, NIEHS Help NCI Develop Plan For Marin County Study

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rate in the county appears to be rising faster than surrounding counties in the San Francisco Bay Area.

In previous years, pressure from legislators and activists has resulted in large studies of breast cancer in high-incidence areas, including Long Island. Activists who were convinced that industrial pollutants were causing breast cancer on Long Island pushed through a $30 million study, which has failed so far to find any evidence linking chemical exposures to the disease.

In Marin, some local activists are searching for the environmental smoking guns, blaming everything from plastics, cell phone towers, caffeine, and alcohol—for which evidence is sketchy—to hormone replacement therapy, which has been shown to increase the risk of breast cancer.

Epidemiologists say the likely culprit is the demographics of the small, urban county, which has a population of 250,000 and is the third richest county in the nation. Higher-income women have fewer children and delay childbirth, factors known to increase breast cancer risk, and they have better access to medical care, which can lead to more cancer diagnoses.

"We don't think there is a unique environmental exposure worthy of a Long Island-type study," said Christina Clarke, a research scientist for the Greater Bay Area Cancer Registry at the Northern California Cancer Center. "We see similar patterns in similar small counties and population groups. It may not be unique to Marin County, but it may be something that affluent women do."

The county's small population is ideal for studies that might begin to ferret out what makes affluent, white women more susceptible to breast cancer, Clarke said. "We think Marin could serve as the canary in the coal mine," she said.

**Hot Political Issue in Marin**

Breast cancer incidence has become a hot political issue in Marin in the past year as new cancer statistics—and media reports about them—have driven the issue to the top of public consciousness, culminating in Woolsey's calls to federal agencies.

Last month, after a two-day town hall meeting in San Rafael on breast cancer and the environment, Woolsey said she had "secured a commitment from the Director of the National Cancer Institute and the National Institutes of Health to put together a process to examine the high breast cancer rate in Marin County."

The task force includes officials from the Centers for Disease Control and Prevention and the National Institute for Environmental Health Sciences. Carl Barrett, director of the NCI Center for Cancer Research, is chairman of the task force.

"We must get to the bottom of what is happening to the women of Marin County," Woolsey said in a statement last month. "Working with NIH, CDC, NCI and the Department of Health and Human Services will help us find out why, challenge assumptions, and determine what is causing breast cancer to be so prevalent in the North Bay. This research and new understanding will not only help us, but will surely help women throughout the nation."

Woolsey won re-election on Nov. 5, earning 71 percent of the vote.

"The National Cancer Institute has pledged to work with Rep. Woolsey and others in California and around the country to address this issue," von Eschenbach said in a statement released by Woolsey's office. "We will bring to the table not only our expertise in cancer research, but also our sense of urgency in serving the country's cancer patients and all those at risk of developing cancer."

The task force plans to develop a strategic plan for studying Marin and similar areas, said Robert

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Hiatt, deputy director of the NCI Division of Cancer Control and Population Sciences, and a member of the task force.

"It needs to be an ongoing plan, not only for Marin County, but also for Long Island and other places where there is a higher incidence of breast cancer," Hiatt said to **The Cancer Letter**. "If it has risen to this level, then we have to come up with a good national approach, a comprehensive approach."

**Flawed Population Estimates?**

The high incidence of breast cancer in the San Francisco area has been known for many years. A study by Stanford researchers published in the Journal of the National Cancer Institute in 1997 concluded that, "the elevated breast cancer incidence rate in the San Francisco Bay Area can be completely accounted for by regional differences in known risk factors." That study analyzed breast cancer incidence rates for 1978 through 1982.

But earlier this year, the Northern California Cancer Center, which holds a contract from NCI to operate the cancer registry for the Bay Area, found that the breast cancer incidence in Marin County in 1999 was 20 percent higher than in 1998.

Between 1991 and 1999, breast cancer incidence in white women in Marin increased about 60 percent, compared to increases of less than 5 percent in other urban parts of the state, the center said.

"Breast cancer rates for white women in Marin are now 28 percent higher than rates in other counties in the San Francisco Bay Area and 38 percent higher than rates in other urban parts of California," the center said.

The increase in 1999 was mostly confined to women aged 45-64, the center said. "Breast cancer rates for white women aged 45-64 are 58 percent higher than in other parts of the Bay Area and 72 percent higher than in other urban parts of California," the center said.

The center said a previous study using 1990 census data linked Marin's higher breast cancer rates to higher proportions of women with characteristics associated with breast cancer, including white race, lower numbers of children or later age at childbearing, higher education and higher household incomes.

The newly reported rates could be flawed if the Census Bureau's population estimates for 1999 are found to be inaccurate. Detailed 2000 Census data will not be available until next year.

"We are pretty sure that some portion of this extreme incidence trend is due to a bad denominator, but not enough to explain it entirely," Clarke said. "This could be similar to the situation in Atlanta that **The Cancer Letter** wrote about recently."

The article in the Sept. 20 issue of **The Cancer Letter** described the Atlanta SEER registry's findings that 1999 county population estimates by race were inaccurate, probably due to heavy migration in the 1990s.

"What we are learning now is that anytime you've had a lot of migration, the tools they use to project the population are not robust in picking that up," Clarke said.

Skyrocketing home prices in Marin may have caused lower-income women, who are at lower risk of breast cancer, to leave the county. This would increase the concentration of women with a higher-risk profile, Clarke said.

The NCCC report received extensive media coverage in the Bay Area. "We were sensitive to the appearance of not being proactive or communicative to anyone concerned about cancer rates," Clarke said. "We thought the right thing to do was to call in the county health department, and the Marin Breast Cancer Watch [a grass-roots organization], and ask them what they wanted to do. They wanted to do a big press release and put this out there to the community."

Marin County Council meetings now include updates on breast cancer studies being conducted by the county's Epidemiology Program, which was awarded $924,000 in state and federal funds to study breast cancer in the county. The program established the Marin Breast Cancer Research Collaborative and is working with the Marin Breast Cancer Watch on a project to map breast cancer cases in the county.

**Media Dubs Marin A " Hot Spot"**

Further adding to anxiety in Marin was another study by Clarke and other NCCC researchers published last July in the journal Breast Cancer Research.

According to the report, breast cancer incidence rates increased 3.6 percent per year in Marin between 1990 and 1999, six times more rapidly than in other counties in the Bay Area and in other urban California counties.

In women aged 45-64 years, rates increased 6.7 percent per year. Meanwhile, mortality rates remained stable in Marin, compared to declines in the

surrounding counties. That would tend to rule out screening mammography as a reason for the higher incidence. Screening mammography rates in the county are comparable to the surrounding areas, the study said.

The findings caused the researchers to speculate whether, in the absence of any data on environmental exposures, breast cancer rates are increasing in other groups of "highly educated and affluent women nationwide."

The study is available at http://breast-cancer-research.com/bmc/1465-5411/4/R13.

As a result of that study, ABC News "Nightline" aired a story on Aug. 4 titled, "Breast Cancer Hot Spot: Why Does Marin County, Calif., Have Such a High Breast Cancer Rate?"

Then, in late September, a study published in Cancer Causes and Control showed that California teachers have significantly higher than expected rates of breast, endometrial, ovarian, and several other cancers.

The study of nearly 133,500 female teachers in California begun in 1995 found that the teachers had a 51 percent higher rate of breast cancer than comparable California women. They also had a 72 percent greater risk of endometrial cancer.

The study was conducted by researchers from NCCC, the University of Southern California, the University of California at Irvine, and the California Department of Health Services.

The demographics of the teachers are "almost exactly same as those in Marin, and had similar patterns of breast cancer incidence," Clarke said. The teachers tended to be highly educated and affluent.

**Activist Group Calls For Breast Milk Study**

The California Senate and Assembly health committees took up the breast cancer problem at an Oct. 23 hearing. At the hearing, an activist group, Breast Cancer Fund, proposed a study that would monitor the breast milk of first-time mothers for toxic chemicals. The group said similar studies were done in Sweden.

Breast Cancer Action, the area's "oldest" activist group, formed in 1990, withdrew its support for the breast milk study prior to the hearing. The group said it was concerned that the study might cause new mothers not to breast-feed.

Concern about breast cancer in Marin "really has reached a crescendo," said Clarke.

Interest in biomonitoring, like the proposed breast milk study, have been dampened by the results last summer from one of the studies included in the Long Island breast cancer project. That study failed to find any significant link between breast cancer and exposure to agricultural pesticides and other toxins. The $8 million study analyzed blood and urine samples and looked for known carcinogens.

In Long Island, the breast cancer incidence rates turned out to be only slightly above average nationally, Clarke said. "Marin County every year seems to get higher and higher than surrounding counties and statewide averages," she said. "Bay Area rates have been high over past 30 years, but Marin's are higher than others. We've seen such an increase in Marin over the past decade, a 37 percent increase across the board. Some piece of that may be an inaccurate denominator. But we are lucky we can monitor it."

"We think there is a bigger story to tell outside of Marin County," Clarke said.

**Opportunity for Molecular Epidemiology**

John Kovach, director of the Long Island Cancer Center at Stony Brook University, said the increased incidence in Marin County "certainly appears to be real."

"This was a defined cohort," Kovach said. "Women younger and older did not experience this increase, and it didn't happen in other counties. It did not appear that screening mammography contributed, or exposure to hormone therapy or oral contraceptives. The report said there was no good evidence of environmental factors.

"My thinking is that this cohort of highly affluent, Caucasian women were exposed or are exposed to something. Cigarette smoking? Radiation? Something in their early adolescent years? It's not clear. It certainly bears following to see if younger women in Marin follow this pattern as they enter this age group.

"It is certainly suggestive of an environmental exposure, including diet," Kovach said. "A very detailed dietary history, past and current, compared to this group should be looked at."

More importantly, Marin would be a good place to study the molecular characterization of the nature of the genetic damage in breast cancers, Kovach said.

Some investigators, including Steve Sommer, director of the Department of Molecular Genetics and Medical Diagnosis at City of Hope Cancer Center, have been developing ways to assess the "mutation load"—the presence of mutations in tissue before a cancer develops, said Kovach, former director of City

of Hope. This involves doing single cell detection and genetic analysis.

"I would encourage Sommer and others to develop a protocol to make such measurements in an affected population such as Marin County," Kovach said.

Sommer has taken breast tissue from patients with breast cancer and reviewed thousands of cells, assaying for cells likely to have a mutation in a particular gene. Then he has measured how many of those were present and compared that to control samples. Sommer has then gone on to micro-dissect a single cell, remove the DNA and sequence it to see if there is a mutation that is not present in normal cell, Kovach said.

Carcinogens show characteristic types of damage, Kovach said. The PAHs studied in Long Island show one type of damage, while sunlight causes another molecular signature.

"So, rather than doing these giant cohort studies for dietary history and exposure, we now have tools to look at a homogeneous, small cohort, and see if there is evidence of exposure to genetically damaging agents," Kovach said. "If there is, the nature of the damage might point us to some exposure we would never have known about. This is really molecular epidemiology."

Kovach said epidemiologists should examine incidence data by individual age of onset rather than in large groupings, such as over age 50.

"It would merit going back, for example, to Long Island, and picking up age of onset," Kovach said. "Then it raises question, what might have been introduced in the environment to increase cancer?

"It's a long shot, but this may be one of the best leads we have."

*Professional Societies:*

## AACR Urges FDA To Approve Rx For Precancerous Lesions

The American Association for Cancer Research urged the federal government to speed the approval of agents that prevent and treat precancerous lesions when the link between these lesions and cancer is shown.

The statement was released in conjunction with AACR's Frontiers in Cancer Prevention Research meeting last month in Boston.

"Our call for action urges researchers in academia, pharmaceutical companies and government to accelerate the development of chemopreventive agents," said Margaret Foti, chief executive officer of AACR.

AACR contends that FDA should approve agents targeted to precancer, much as it has approved drugs to prevent other diseases, such as lipid-lowering agents to reduce heart attack risk.

"The AACR believes that reducing precancers lowers cancer risk, and that the FDA should take a similar stance regarding the approval of drugs for this condition," Foti said.

AACR believes the link between some precancers and invasive cancers—particularly in certain high-risk populations—is so clear that drug developers should only be required to prove their proposed medicines are safe and effective in treating or preventing the evolution of precancer to cancer.

Five agents have been approved by FDA to treat precancers in high-risk patients: topical 5-FU for actinic kerotoses, a precancer of the skin; topical diclofenic, also for actinic kerotoses; intravescial BCG, for bladder cancer; tamoxifen, for ductal carcinoma that leads to invasive breast cancer; and celecoxib, for adenomous polyps of the colon.

*NCI Programs:*

## AIDS, Cancer Specimen Bank Funding Renewed, Renamed

NCI has awarded $17.5 million for the next five years to the AIDS and Cancer Specimen Resource at University of California, San Francisco.

AIDS and Cancer Specimen Resource is the new name for the AIDS and Cancer Specimen Bank, a program that has been in existence nine years.

"We have been operating as the country's leading nationwide, and soon international, multi-site collection program that includes a 'bank' of specimens for investigators in such fields as HIV/AIDS, related cancer, and virology," said Michael McGrath, UCSF professor of laboratory medicine, and principal investigator for the ACSR Central Operations and Data Coordinating Center.

ACSR is expanding its specimen program with a broadened scope of collection, new technologies, and a new central coordinating office that will manage central database functions, application processing and outreach activities. The office also will address human subject research issues relevant to its services.

"The name change follows a strategic

reconfiguration of our operations and more accurately reflects the expansion of our services to researchers," McGrath said. "In the future, ACSR will act as an advocate for researchers by seeking out on their behalf materials not currently in ACSR's possession."

In addition to UCSF, ACSR sites include George Washington University and Ohio State University as well as collaborative sites that together constitute an international network. Further information about the ASCR is available at http://acsr.ucsf.edu.

*HHS News:*

## $85M Awarded For Research To Eliminate Health Disparities

The Department of Health and Human Services said it has awarded $85 million to support the elimination of health disparities among racial and ethnic minority communities.

The NIH National Center on Minority Health and Health Disparities provided $74.5 million distributed among a number of its programs—the Centers of Excellence Program, the Endowment Program, the Research Infrastructure in Minority Institutions Program, and Loan Repayment Programs.

The HHS Office of Minority Health awarded 65 grants totaling $10.5 million to support community and state-based efforts to eliminate HIV/AIDS and other health disparities in racial and ethnic minority communities. Of this amount, $4.6 million is supported by funding from the Minority AIDS Initiative.

In its Endowment Program, NCMHD awarded $42.8 million to 14 institutions for facilitating minority health disparities research and other health disparities research.

The awardees are: Tuskegee University, Charles R. Drew University of Medicine and Science, University of California San Diego, Howard University, Florida A & M University, Morehouse School of Medicine, University of Hawaii at Manoa, Xavier University of Louisiana, University of Kansas Medical Center, University of Montana, University of New Mexico, University of Puerto Rico Medical Sciences Campus, Meharry Medical College, and University of Texas Health Science Center, San Antonio.

Awards totaling $19 million have been made to 26 research institutions under the Centers of Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training.

Awardees are: Alabama State University, Tuskegee University, University of Alabama Birmingham, University of Alabama Tuscaloosa, Morehouse School of Medicine, Charles R. Drew University of Medicine and Science, San Diego State University, University of California Los Angeles, University of California San Diego, Children's National Medical Center, Howard University, Medstar Research Institute of Washington, DC, University of Hawaii at Manoa, Morgan State University, Johns Hopkins University, Mount Sinai School of Medicine, North Carolina Central University, Shaw University, University of North Carolina Chapel Hill, University of Pennsylvania, University of Pittsburgh, Carlos Albizu University of San Juan, South Carolina State University, Medical University of South Carolina, Black Hills State University, and Hampton University.

*Funding Opportunities:*

## Broad Agency Announcement

**Novel Technologies for Noninvasive Detection, Diagnosis and Treatment of Cancer**

Due Date: Jan. 30, 2003

The Unconventional Innovations Program of NCI is soliciting proposals for the development of multifunctional technology platforms to support minimally intrusive approaches that integrate: a) sensing of the fundamental signatures of precancers, or early, metastatic, or recurring cancers in the living body, b) transmission of signature information to an external monitor, c) controlled, specific, treatment, d) monitoring of the effects of treatment.

The UIP particularly seeks technology platforms that integrate novel approaches to signature recognition, signal generation, signal amplification, signal transmission, intervention delivery, intervention feedback, and data interpretation. Proposals are encouraged from investigators from a variety of disciplines including, but not limited to, biomedical research, chemistry, physics, engineering, and computational sciences; particularly as multidisciplinary teams.

The broad agency announcement is available at http://rcb.cancer.gov/rcb-internet/appl/rfp/published_rfps.jsp with instructions for submission of proposal and evaluation criteria.

Investigators are encouraged to visit the UIP Web sites; http://otir.cancer.gov/tech/uip.html for a program overview, and http://otir.cancer.gov/tech/uip_awards.html for abstracts of currently funded UIP contractors.

Inquiries: contract specialist, Annmarie Keane, NCI, Treatment, Biology, and Science Section, RCB, Executive Plaza South, 6120 Executive Blvd., MSC 7193, Suite 6000, Rm 6056, Bethesda, MD 20892, phone 301-435-3814; fax 301-402-6699; e-mail ak155a@nih.gov.

# RFA Available

**RFA TW-03-006: Global Health Research Initiative Program for New Foreign Investigators R01**

The RFA would provide funding for the increasing pool of foreign biomedical and behavioral scientists, clinical investigators, nurses, and other health professionals with state-of-the-art knowledge of research methods to advance issues in global health upon their return to their home countries. After their term of research training, developing country participants supported by this RFA are expected to continue independent and productive scientific careers, including expert training and consultation and/or research of biomedical issues within their home institutions. The RFA will use the NIH Research Project Grant R01 mechanism using the modular grant format.

Inquiries: Aron Primack, Division of International Training and Research, Fogarty International Center, NIH, Bldg. 31, Rm B2C39, 31 Center Dr., Bethesda, MD 20892-2220, phone 301-496-4596; Fax 301-402-0779; e-mail primacka@mail.nih.gov

# Program Announcements

**PAR-03-016: NCI Mentored Career Development Award for Underrepresented Minorities K01**

Comprehensive Minority Biomedical Branch, Office of Centers, Training and Resources, Office of the Deputy Director for Extramural Sciences, NCI, invites career development award applications K01 from underrepresented minority research scientists who have been recipients of an NIH Research

Supplement for Underrepresented Minority Award, any National Research Service Award (individual F31/F32 or institutional T32 supplement) or can demonstrate that they have been supported in a mentored capacity within any research grant equivalent to an NIH peer-reviewed research grant.

The award is for candidates who seek additional support in the basic, clinical, prevention and/or population sciences in a mentored research environment with the option to continue with bridging support for their first independent research position. Candidates will be provided with special opportunities to enhance their knowledge and understanding of the NIH/NCI peer review system and to develop the skills required to prepare other grant applications (e.g., R01; R03; R21).

Support will be provided through the NIH K01 career development award mechanism. The PAR is available at http://grants.nih.gov/grants/guide/pa-files/PAR-03-016.html.

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

**PA-03-018: AIDS International Training and Research Program**

Letter of Intent Receipt Date: Feb. 12

Application Receipt Date: June 10, 2003; June 10, 2004, June 10, 2005.

The PA invites applications for research-training programs will strengthen scientific knowledge and skills to enhance prevention of and treatment and care for HIV/AIDS and HIV-related conditions in developing countries.

The Fogarty International Center, together with partner Institutes and Offices from NIH, has supported long-term research capacity-strengthening efforts in developing country institutions.

At this time, the FIC, NCI, and other partners. will solicit new and competing renewal applications and competing supplement applications to existing grants for AITRP under this program announcement.

Research-training programs should provide a variety of short-, medium- and long-term training opportunities for participants from developing country institution(s) within the context of ongoing research collaborations. Applications should present an assessment of the specific needs for HIV/AIDS and HIV-related research training at their collaborating developing country institution(s) and a proposed training plan to address those needs during the course of a five-year award.

The PA will use the NIH D43 international research training award mechanism.

The PA is available at http://grants1.nih.gov/grants/guide/pa-files/PA-03-018.html.

Inquiries: Jeanne McDermott, Division of International Training and Research, Fogarty International Center, NIH, Bldg., 31 Rm B2C39, Bethesda, MD 20892, phone 301-496-1492; fax 301-0402-0779; e-mail mcdermoj@mail.nih.gov

# Other Funding Notices

**NOT-DK-02-010: Correction to PAR-02-143: Development of Cell-Selective Tools for Studies of Bladder, Prostate, and Genitourinary Tract**

The PAR incorrectly indicated that awards for the R21 grants would be provided for a maximum of three years. The correction is as follows: "R21 grants awarded through this PAR will provide up too $100,000 per year in direct costs for a maximum of two years and may not be renewed."

All other aspects of the PAR remain unchanged.

The full text of the PAR can be accessed at the following location: http://grants.nih.gov/grants/guide/pa-files/PAR-02-143.html. The Notice is available at http://grants.nih.gov/grants/guide/notice-files/NOT-DK-02-010.html.

Inquiries: For NCI—Judy Mietz, program director, Division of Cancer Biology, NCI, 6130 Executive Blvd EPN 5032, Bethesda, MD 20892, phone 301-496-7028; fax 301-402-1037; e-mail mietzj@nih.gov

*In Brief:*

## Stanley Korsmeyer Wins AAMC Research Award

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designated comprehensive cancer center. . . . **STANLEY KORSMEYER**, a senior researcher at Dana-Farber Cancer Institute, was named winner of the Association of American Medical Colleges 2002 Award for Distinguished Research in the Biomedical Sciences. The award was presented Nov. 9 at the AAMC annual meeting in San Francisco. Korsmeyer, director of Dana-Farber's Program in Molecular Oncology and a Howard Hughes Medical Institute investigator, is recognized for his research on mechanisms that regulate apoptosis. . . . **CONSTANCE SUMNER** was appointed by Fox Chase Cancer Center as coordinator of the center's Community Outreach Program. Sumner, a nurse with more than 15 years of experience, is responsible for increasing minority involvement in cancer clinical trials. . . . **NATIONAL COMPREHENSIVE CANCER NETWORK**, in conjunction with the American Cancer Society, has released Lung Cancer Treatment Guidelines for Patients. ACS produced the guidelines for patients by translating NCCN's Clinical Practice Guidelines for oncologists into materials for patients with lung cancer. Patients are provided with the same decision trees used by their doctors. These flow charts represent the appropriate course of treatment for each stage of specific types of lung cancer. The material is available for free at www.nccn.org. . . . **AMERICAN SOCIETY OF CLINICAL ONCOLOGY** has published "Classic Papers and Current Comments: Highlights of Melanoma Research" (Vol. 7, Issue 3) on cutaneous melanoma. **George Canellos**, former JCO editor-in-chief, is the editor of the Classic Papers series. The articles can be purchased at www.jco.org. . . . **CANCER RESEARCH SOCIETY OF AMERICA** released a report with recommendations to decrease deaths from colorectal cancer. Confronting Colorectal Cancer: Action Steps for Change is available at http://www.preventcancer.org. . . . **NATIONAL COALITION FOR CANCER SURVIVORSHIP** and the **American-Italian Cancer Foundation** are promoting the butterfly pin as a symbol of hope and survivorship. A portion of proceeds from pins purchased at the NCCS Web site www.canceradvocacy.org will go to each group.

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