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Panel Urges New Research Consortium For Stomach, Esophageal Cancers

NCI should create a multi-institutional, multidisciplinary research partnership to support “rapid translational biomedical advances” in stomach and esophageal cancers, an advisory group to the Institute recommended.

In a report to the Advisory Committee to the NCI Director, the Stomach/Esophageal Cancers Progress Review Group said the proposed clinical research consortium should include gastroenterologists to provide access to patients at risk for gastroesophageal cancers, a group not
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In Brief:

NCCS Names 7 To Board; FDA Approves Warning Labels For Hormone Therapy

NATIONAL COALITION FOR CANCER SURVIVORSHIP appointed seven new directors: **Judy Chudars**, president and owner of CityStaff; **John Glick**, director of the Abramson Cancer Center of the University of Pennsylvania; **Ada Jacox**, professor of nursing at the University of Virginia and chairman of the American Pain Society clinical practice guidelines committee; **Lark McCarthy**, television anchor for FOX 5 Morning News; **Elizabeth McKinley**, assistant professor of medicine and biomedical ethics at Case Western Reserve University School of Medicine; **Meg Walsh**, partner and vice president of Cap Gemini Ernst & Young, Life Sciences Division; and **Joseph Waz**, vice president, external affairs and public policy counsel for Comcast Corp. “We are extremely fortunate to have outstanding individuals with a passion for the issues we care about—much of that passion borne out of their personal experiences with cancer,” said **Ellen Stovall**, president & CEO of NCCS. . . . **FDA APPROVES NEW LABELS** for postmenopausal hormone therapy: Based on data from the Women’s Health Initiative study, FDA approved changes to labeling of all estrogen and estrogen with progestin products for use by postmenopausal women. The changes include a boxed warning that reflects new risk information and emphasizes individual decisions that balance the benefits and potential risks of these products. For further information, see <http://www.fda.gov/bbs/topics/factsheets/2003/fs1.html>. . . . **AUTOIMMUNE DISEASES RESEARCH PLAN** released by NIH provides recommendations on research directions for autoimmune disease research. The plan promotes research to identify genetic, environmental and infectious causes of autoimmune diseases and to develop treatments and prevention strategies. The plan is available at
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Progress Review Group Urges Research Network Formation

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commonly cared for by specialists within traditional cancer cooperative groups.

“This kind of comprehensive partnership, which will help to overcome the scattering of patients across the country and the limited resources of any one institution, is crucial to the NCI’s ability to make advances in combating stomach and esophageal cancers and addressing the S/E PRG recommendations,” the report said.

The report, posted on the NCI Web site late last month, did not propose a specific funding amount for the new consortium, which the group called the Stomach/Esophageal Neoplasia Translational Research Network (SENTRNet).

The report suggested that NCI seek scientific and financial partners among other NIH institutes and government agencies. SENTRANet also could seek biotechnology, pharmaceutical, and medical device industry partners, the report said.

SENTRANet should have a “unique” management structure unlike the NCI-supported clinical trials cooperative groups, the report said. The report described the proposed consortium management as a “matrix organizational governing structure for shared resources and better business management.”

“SENTRNet will address operational challenges by encouraging a spirit of mutual dependence between partners,” the report said. “In the spirit of mutual dependence, collaborations and partnerships will be stressed, but each of the components will be funded and peer-reviewed separately.”

The report identified 10 research priorities in addition to the proposed consortium.

Timothy Eberlein, of Washington University School of Medicine, and Brian Reid, of the Fred Hutchinson Cancer Research Center, served as co-chairmen of the Progress Review Group.

The report is the 10th in a series of PRG reports submitted by the PRGs, in a process developed by NCI in 1997 to develop national plans for cancer research.

The full text of the report is available at <http://planning.cancer.gov>.

Excerpts of the report's introduction and recommendations follow:

Overview

Gastroesophageal cancers are an enormous cause of morbidity and mortality worldwide. In the year 2000, it was estimated that more than 1,288,000 new cases of gastroesophageal cancers were identified, and more than 984,000 people died from them, making this combination of cancers the most common form of incident cancer and the second most common cause of cancer death in the world.

In the United States, gastroesophageal cancers are relatively uncommon; however, esophageal cancer appears to be on the rise. This suggests that there are many more individuals at risk for the disease, although their risk status may be unrecognized. Three issues particularly relevant to gastroesophageal cancers and their impact on the U.S. population include: 1) the significant morbidities associated with the diseases and their treatments, 2) their almost uniformly poor prognoses, and 3) their burden among minorities.

Several aspects of gastroesophageal cancers provide opportunities for rapid scientific and clinical advancements. The stomach and esophagus are relatively easy and safe to access, which can provide ample specimens for research. Additionally, the technologic advances in molecular profiling, imaging, and molecular targeting of preventive/therapeutic agents provide a foundation for further developments to reduce the burden of these cancers, and perhaps others. At a minimum, advancing these important



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research opportunities will improve the identification, care, and management of persons at risk for and living with gastroesophageal cancers.

There are several challenges to advancing these research opportunities. At a molecular level, the development of tumor models and a further understanding of the molecular basis for these cancers and the host/environment interactions underlying them are needed. Practical challenges include gaining access to adequate numbers of at-risk persons or cancer patients, recruiting physicians with the expertise to manage the many at-risk patients, and dealing with a disparate collection of cancers (i.e., gastric adenocarcinoma, esophageal squamous cell carcinoma, and esophageal adenocarcinoma).

To capitalize on the current state of the science and to overcome these challenges, collaboration across borders is needed. Only through collaborative efforts can enough patient data be collected to enhance the understanding of the biology, etiology, pathology, and treatment of the diseases.

To gain access to large numbers of at-risk patients for these cancers, there is a critical need to involve gastroenterologists and other specialists that perform esophagogastroduodenoscopy in NCI-sponsored research efforts. Pathologists, molecular biologists, epidemiologists, and clinical trial researchers can then use these data to identify important new markers and targets.

There is great opportunity to investment ratio related to research in these cancers. For instance, risk markers may be applied in screening, diagnosis, and prognostication; interventional response markers may identify new approaches to modulate risk. Therapeutic targets can inform agent identification and development. Additionally, many aspects of the molecular etiology of gastroesophageal carcinogenesis may be shared with other cancers that are less accessible or amenable to serial investigations; therefore, research findings may have broader implications.

To develop these opportunities, the Stomach/Esophageal Cancers Progress Review Group identified and prioritized research recommendations that will advance the understanding of these cancers over the next 5 years.

The roundtable participants reached consensus on 10 high-priority research recommendations and a single partnership platform aimed at improving prevention, diagnosis, and treatment of stomach and esophageal cancers.

Recommendations

Population Studies: Establish collaborations for conducting interdisciplinary, population-based, endoscopic, multi-institutional studies to identify populations at greatest risk for gastric cancer, esophageal adenocarcinoma, and esophageal squamous cancer, and to determine the prevalence and natural history of premalignant lesions.

Prevention: Develop prevention strategies based on the mechanisms of host/environment interactions that lead to metaplasia and neoplasia of the stomach and esophagus. Evaluate their effectiveness in at-risk populations.

Patient/Provider Education: Educate patients and their families, health care professionals, and the public regarding risk factors, risk reduction, and treatment options and outcomes for gastroesophageal cancers and their precursor states.

Therapy: Develop and test novel therapeutics, and optimize existing treatments for gastroesophageal cancers and their precursors, based on the identification and understanding of molecular pathways involved in oncogenesis, tumor response and resistance.

Therapeutic Targets: Define host and molecular/biologic tumor characteristics that will help customize treatment and best predict recurrence and/or survival.

Markers & Molecular Profiling: Profile the molecular, cellular, and epidemiological features of gastroesophageal tumors and their precursor lesions to identify diagnostic, prognostic, predictive, preventive, and therapeutic targets.

Outcomes: Develop and refine disease-specific, patient-oriented methods to assess quality of life, quality of care, and cost effectiveness of treatment in patients with gastroesophageal cancers and their precursors through all stages of disease and treatment, and include these instruments in clinical trials and observational studies.

Host/Environmental Interactions: Identify, develop, and validate genetic, biochemical, and biological markers that will help uncover host-environment interactions in esophageal and gastric carcinogenesis.

Technologies for Screening/Surveillance: Develop noninvasive and minimally invasive technologies (e.g. serum markers and imaging techniques) for screening and surveillance of premalignant and malignant gastroesophageal lesions.

Preclinical Models: Establish models to



understand the biology of gastroesophageal cancers and their precursor lesions, and to stimulate prevention, diagnostic and treatment strategies.

The top research priority is the creation of a multi-institutional, multidisciplinary partnership of researchers focused on rapid translational biomedical advances in these cancers. This solution best addresses the S/E PRG recommendations within the context of the current state of the science and incidence in the United States.

The infrastructure is similar to cancer cooperative groups and other clinically oriented research consortia; however, two critical features distinguish this initiative from others.

First, innovative and progressive management strategies will facilitate effective and efficient components that will foster groupwide priorities. These will include multi-institutional, interdisciplinary collaborations and shared resources to enhance knowledge and reduce the burden of stomach and esophageal cancers.

Second, involvement of gastroenterologists and other funding partners will provide access to patients at risk for gastroesophageal cancers (a group not commonly cared for by specialists within traditional cancer cooperative groups) and diversify funding sources. Gastroesophageal tissues representative of the full spectrum of pathogenesis will be secured. The shared resources and the multidisciplinary experts will facilitate a true translational focus.

HHS News:

HHS Names Susan Weiner To Human Research Committee

HHS Secretary Tommy Thompson appointed Susan Weiner, president and founder of The Children's Cause, to the Secretary's Advisory Committee on Human Research Protection this week.

Children's Cause is a nonprofit organization founded in 1999 for education and advocacy to improve access to treatment and quality care for childhood cancer patients and their families. Previously, Weiner was executive director of the Children's Brain Tumor Foundation.

The committee will advise HHS on responsible conduct of research involving human subjects.

"I am pleased that the committee is including an advocate for patients and especially for children," Weiner said. "I hope the committee's work will enhance public trust and support research to advance

effective treatments for disease."

Weiner served on the Children's Working Group of the National Human Research Protections Advisory Committee, which HHS disbanded last fall. The committee "was making considerable headway toward developing guidance for local ethics boards in their application of federal regulation guidelines concerning children's research protection," The Children's Cause said in a statement.

Critics of the Bush Administration have said HHS disbanded the committee and formed a smaller new one in order to advance the Administration's antiabortion agenda, a charge that HHS officials have denied. The new committee's charter includes the protection of human embryos, which are not currently covered by human subjects regulations.

Jonathan Moreno, of the University of Virginia, who was appointed to the new committee, announced that he won't serve. According to news reports, Moreno said HHS never contacted him about serving on the new panel. He had been a member of the previous committee. He said HHS ignored the committee's reports.

Besides Weiner, other members of the new committee are:

Ernest Prentice, committee chairman, associate dean for research and associate vice chancellor for academic affairs and regulatory compliance at University of Nebraska Medical School.

Tom Adams, chief executive officer, Association of Clinical Research Professionals.

Mark Barnes, attorney and partner, Ropes & Gray. He served on the National Human Research Protections Advisory Committee.

Celia Fisher, director of the Center for Ethics Education, Fordham University.

E. Nigel Harris, dean and senior vice president for academic affairs, Morehouse School of Medicine.

Robert Hauser, senior consulting cardiologist, Minneapolis Heart Institute.

Nancy Jones, associate professor of pathology, Wake Forest University Health Sciences.

Felix Khin-Maung-Gyi, founder and CEO, Chesapeake Research Review.

Susan Kortnetsky, director of clinical research compliance at Children's Hospital in Boston. She served on the National Human Research Protections Advisory Committee.

Mary Lake Polan, chairman, Department of Obstetrics and Gynecology, Stanford University School of Medicine.



HHS Names 13 To Committee On Genetics, Health, & Society

HHS Secretary Tommy Thompson named 13 doctors, scientists and other experts to the Secretary's Advisory Committee on Genetics, Health and Society.

The committee will be chaired by Edward McCabe, executive chair of the pediatrics department at the University of California-Los Angeles and physician-in-chief at UCLA's Mattel Children's Hospital.

The committee's charge is an expansion of the mission of the Secretary's Advisory Committee on Genetic Testing to more broadly consider the impact of genetic technologies on society. At the department's request, the committee may consider the broad range of human health and societal issues involving the development, use and potential misuse of genetic technologies. The committee's charge includes considering clinical, ethical, legal and societal implications of genetic testing and other technologies.

Besides McCabe, the committee members are:

Cynthia Berry, general counsel and managing director for Wexler & Walker Public Policy Associates.

Barbara Willis Harrison, genetic counselor and instructor in pediatrics and in health care ethics at Howard University College of Medicine.

C. Christopher Hook, director of ethics education at Mayo Graduate School of Medicine and an assistant professor at the Mayo Medical Clinic.

Eric Lander, director of the Whitehead Institute for Genome Research and professor of biology at the Massachusetts Institute of Technology.

Debra Leonard, assistant professor of pathology and director of the Molecular Pathology Laboratory at the Hospital of the University of Pennsylvania.

Brad Margus, co-founder and volunteer president of the A-T Children's Project.

Agnes Masny, research assistant and nurse practitioner at Fox Chase Cancer Center and an adjunct assistant professor of nursing at Temple University.

Joan Reede, assistant professor of maternal and child health at the Harvard School of Public Health and assistant professor of medicine at Harvard Medical School.

Reed Tuckson, senior vice president of consumer health and medical care advancement at UnitedHealth Group.

Huntington Willard, director of the Institute for Genome Sciences and Policy and Vice Chancellor for Genome Sciences at Duke University.

Emily Winn-Deen, senior director for genomics business for Roche Molecular Systems.

Kimberly Zellmer, attorney and mother to a child with Batten's Disease.

Cancer Research: Prostate Cancer Experiment Flies With Space Shuttle

An experiment developed by researchers at Emory University's Winship Cancer Institute was launched into space in the NASA shuttle Columbia on Jan. 16.

Urology professor Leland Chung developed the experiment, which will attempt to grow a prostate cancer "organoid," or artificial tumor, in space. The shuttle carries prostate cancer cells and bone stroma cells in a NASA-engineered "bioreactor," which recreates the natural environment for tumor development and progression. The shuttle is scheduled to return to earth Feb. 2.

A goal of the experiment is to discover relevant genes that may turn on or turn off during the cascade of prostate cancer cells to the bone. "This study may provide us with insight into novel genes of diagnostic or prognostic value and may offer new targets for treatment of cancer metastasis," said Chung, who has conducted prostate cancer research with NASA grant funding since 1995.

"In space, we are able to create a 'micro-environment' that very closely resembles what happens at the cellular level in our bodies," said Chung. "Zero gravity provides the opportunity to analyze the 'cross talk' between cells because they will grow under a low shearing force and they are not in contact with other solids, including plastic or glass, which can inhibit or modulate growth factors."

Previous experiments indicate that under these conditions, the organoid may grow to be 0.5 to 2.5 centimeters in diameter, which is not possible in earth's gravity. Chung will use this three-dimensional organoid to better understand the basic molecular process that occurs between cancer cells and their environment.

In an earlier study, Chung was able to permanently program genotypic and phenotypic changes into prostate cancer cells through specific cellular interaction between prostate or bone stromal cell lines. The NASA experiment will study alterations of the cell activity under zero gravity. Investigators will recover cells and media from the flight for future behavioral, genetic and gene expression studies. Researchers will study prostate cancer cells' ability to migrate, invade, and respond to hormones and drugs after the shuttle returns, and results will be compared with prostate cancer specimens.



Professional Societies:

ASTRO Membership Approves Governance, Dues Changes

The American Society for Therapeutic Radiology and Oncology said its members have approved governance and dues changes recommended by the Board of Directors.

The ASTRO board endorsed a new strategic plan for the society last fall. The plan called for ASTRO to become a mission-based organization to ensure that all future activities would be focused on core missions as determined by ASTRO's members and leaders.

Approved by a 92-percent margin, ASTRO's members have endorsed organizing the society's committees into four councils: Education, Healthcare Economics, Government Relations and Research. Members also approved ASTRO's first dues increase in four years by a margin of 69 percent. The additional revenue will be used to support policy initiatives, government relations efforts, member communications, and educational programs.

"ASTRO is constantly working to meet the needs of our members as their priorities grow and evolve. With the approval of the new council structure and dues increase, our members have shown that they believe the Society is headed in the right direction," said Nora Janjan, chairwoman of ASTRO. "I strongly believe these changes position ASTRO to respond quickly and effectively to developments affecting our specialty."

ASTRO has a membership of 7,000 radiation specialists.

Funding Opportunities:

Leukemia & Lymphoma Society Seeks Grant Applicants

The Leukemia & Lymphoma Society provides early-stage support for clinical research on leukemia, lymphoma and myeloma, which is intended to develop innovative approaches to treatment, diagnosis or prevention.

The program fosters collaboration between basic and clinical scientists with the intent of enhancing the transfer of basic research findings to clinical usefulness. The Translational Research Program is specifically intended for the support of work that has clinical application as a near-term goal.

The Translational Research Program was

developed in consultation with NCI. Relevant NCI staff will be invited to participate with the Society in a review of the grantee's research at the beginning of year three of the grant.

Applications may be submitted by individuals working in domestic or foreign non-profit organizations, such as universities, colleges, hospitals, and laboratories. Applications from Society Scholars, investigators who are in an underrepresented minority, and women investigators are encouraged to apply.

Awards will be limited to a maximum of \$130,000, which include direct costs and 8% overhead per year for three years. Renewal of funding for two additional years may be available from the Society. Requests for renewal of support require a competitive renewal application and must include an IRB-approved clinical trial as the centerpiece of the research plan.

Deadlines for Translational Research Program (New and Renewal):

Preliminary Application (*submitted via website*):
March 1.

Complete application: March 15.

Application form and instructions are available from www.leukemia-lymphoma.org or contact: Director of Research Administration, The Leukemia & Lymphoma Society, 1311 Mamaroneck Avenue, White Plains, NY 10605, phone 914- 821-8859, email: researchprograms@tlls.org.

RFAs Available

RFA OB-03-001: Pathways Linking Education to Health

Letter of Intent Receipt Date: Feb. 28, 2003

Application Receipt Date: March 26, 2003

The goal of the RFA is to increase the level and diversity of research directed at the causal pathways and mechanisms that may underlie the association between education and health.

Research considered responsive to this solicitation may involve pilot studies, new analyses of existing data, small-scale intervention studies or innovative approaches tailored for the study hypotheses. It may involve new teams of multidisciplinary teams (e.g., education specialists, developmental psychologist, neurobiologists, and economists). The RFA is not directed at studies which limit their focus to the impact of specific health education courses or programs on health behaviors; rather, the focus is on the impact of the more general



education experiences. A review of the scientific literature shows associations between education and health across a broad range of illnesses, including coronary heart disease, many specific cancers, Alzheimer's disease, some mental illnesses, diabetes, and alcoholism. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-OB-03-001.html>.

Inquiries: For NCI—Helen Meissner, chief, Applied Cancer Screening Research Branch, Division of Cancer Prevention and Control, NCI, Executive Plaza North, Rm 232D MSC 7330, 6130 Executive Blvd., Bethesda, MD 20892-7330, Rockville, MD 20852 (for express/courier service), phone 301-496-8520; fax 301-496-8675; e-mail meissneh@dcpceps.nci.nih.gov.

RFA OB-03-003: Maintenance of Long Term Behavioral Change

Letter of Intent Receipt Date: March 11, 2003
Application Receipt Date: April 11, 2003

The RFA invites applications for research projects that (a) examine biopsychosocial processes and test interventions designed to achieve long-term health behavior change and (b) a Resource Center to provide coordination for this set of research projects. The RFA encourages investigators to expand on the current theoretical base of change processes and intervention models, as well as to consider new conceptualizations from basic research in the social and behavioral sciences. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-OB-03-003.html>.

Inquiries: Linda Nebeling, chief, Health Promotion Research Branch, Behavioral Research Program, Division of Cancer Control and Population Sciences, NCI, 6130 Executive Blvd, EPN 4080, MSC 7335 Bethesda, MD 20892-7335, (Rockville, MD 20852 for express mail, phone 301-451-9530; fax 301-480-2087 ; e-mail nebelinl@mail.nih.gov

RFA OB-03-005: Mind-Body Interactions and Health: Exploratory/Developmental Research Program

Letter of Intent Receipt Date: June 16, 2003
Application Receipt Date: July 16, 2003

NIH invites applications for infrastructure grants in support of research on mind-body interactions and health, which refers to the relationships among cognitions, emotions, personality, social relationships, and health. Applicant institutions may request funds

to support infrastructure and research designed to (1) enhance the quality and quantity of mind-body and health research and (2) develop new research capabilities to advance mind-body and health research through innovative approaches.

NCI is interested in stimulating research that examines interactions among environmental factors, psychosocial variables, immune, neuroendocrine, genetic, and other potential biological mediators and disease related outcomes. Such research may scan the cancer control continuum, from prevention to survivorship, and may include a focus on such relevant topics as host individual differences, "sickness behaviors" (e.g., nausea, fatigue), and biological factors impacting tumor growth or metastasis beyond immune surveillance (e.g, DNA damage and repair, apoptosis, angiogenesis). Special emphasis is placed on interdisciplinary research and integrative conceptual models. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-OB-03-005.html>.

Inquiries: For NCI—Michael Stefanek, chief, Basic Biobehavioral Research Branch, Behavioral Research Program, Division of Cancer Control and Population Sciences, NCI, 6130 Executive Blvd./EPN 4066, Bethesda, MD 20892, phone 301-496-8776; fax 301-435-7547; e-mail ms496r@nih.gov.

Program Announcement

PA-03-053: Academic Research Enhancement Award

Application Receipt Dates: Jan 25, May 25, Sept. 25. AIDS-Related Application Receipt Dates: May 1, Sept. 1, Jan. 2

NIH seeks to stimulate research in educational institutions that provide baccalaureate or advanced training for research scientists that have not been major recipients of NIH support. AREA grants will support small-scale, new or ongoing health-related research projects, including pilot research projects and feasibility studies; development, testing, and refinement of research techniques; secondary analysis of available data sets; and similar discrete research projects that demonstrate research capability. The PA is available at <http://grants1.nih.gov/grants/guide/pa-files/PA-03-053.html>.

Inquiries: For NCI—Florence Pedersen, NCI referral officer, 6116 Executive Blvd., Suite 8041, phone 301-496-3428; fax 301-402-0275; e-mail ncirefof@dea.nci.nih.gov



In Brief:

DC To Expand Coverage Under Breast, Cervical Act

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http://www.niaid.nih.gov/dait/pdf/ADCC_Report.pdf.

. . . **DISTRICT OF COLUMBIA** is the most recent jurisdiction to take advantage of the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. The act allows states to expand Medicaid coverage to women under age 65, who were screened through the National Breast and Cervical Cancer Early Detection Program run by the Centers for Disease Control and Prevention and found to need treatment for breast or cervical cancer. States that choose to extend benefits under this new option will receive a federal match of up to 85 percent of the costs of treatment. Details about this Medicaid option are available at <http://www.cms.hhs.gov/bccpt>.

. . . **THOMAS JEFFERY WIEMAN** has been appointed chief medical officer for The Cancer Institute of Kansas City, Mo. Wieman is responsible for the physician practice division. The institute is developing cancer research programs for the Missouri and Kansas region. Wieman was medical director for

the Norton Healthcare Cancer Treatment Center in Louisville, Ky., vice president of Norton Healthcare Oncology, professor in the Department of Surgery, Surgical Oncology at the University of Louisville and a private practitioner. . . . **RICHARD GREENBERG** has been promoted to senior member in the Department of Surgical Oncology, Division of Medical Science, at Fox Chase Cancer Center. Greenberg, who joined the staff in 1983, has served as chief of urology since 1985. In 2002, he became director of the genitourinary oncology program of the American Russian Cancer Alliance, a partnership between Fox Chase and the N.N. Blokhin Cancer Center in Moscow. He is also program director for the Temple University urology residency training program at Fox Chase. Also at Fox Chase, **JOSEPH PICCOLO** has been named vice president for health services. Piccolo oversees Health Services at FCCC, the physician group practice. He remains as chief compliance and privacy officer at Fox Chase, a position he has held since 1999. . . . **JOHN KANE** has joined the Roswell Park Cancer Institute Department of Surgery as a surgical oncologist. He was assistant director of gastrointestinal oncology at the University of Pittsburgh School of Medicine.



Clinical Practice Guidelines & Outcomes Data in Oncology

Annual Conference

March 12-16, 2003

Location:

The Westin Diplomat Resort & Spa
Hollywood, Florida

Program Chairs:

William T. McGivney, PhD,
Chief Executive Officer, NCCN

Rodger J. Winn, MD,
Guidelines Steering Committee Chair, NCCN

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Register online at www.nccn.org.

For more information, call NCCN at 866-788-NCCN (6226).

Mention priority code "CAN" when registering.

Conference Agenda

March 12, 6 p.m.—9 p.m.

Conference Welcome Reception

March 13, 8 a.m.—3 p.m.

NCCN Guidelines Development Process

Update: Cervical Cancer Screening Guidelines

Update: Acute Myeloid Leukemia Guidelines

Roundtable: FDA Approval Process — Meeting the Need for Promising Therapeutics for Patients with Serious and Life-Threatening Disease

March 14, 8 a.m.—3 p.m.

NCCN Oncology Outcomes Database

Update: Colorectal Cancer Guidelines

Update: Cancer-Related Fatigue Guidelines

Update: Prostate Cancer Guidelines

Risk Assessment in Prostate Cancer

March 15, 8 a.m.—3 p.m.

Update: Gastric/Esophageal Cancer Guidelines

Management of Gastric Cancer: A Japanese Perspective

Applications of Oral Fluoropyrimidines in Colon Cancer: Their Role and New Directions

Reimbursement for Oral Chemotherapy

Update: Breast Cancer Guidelines

Management of Opioid-Induced Bowel Dysfunction

Quality Assurance in Cancer Care: A Managed Care Perspective

Collaboration in the Delivery of Breast Cancer Care Across Institutional Settings

Oncology Business Update

March 16, 8 a.m.—12 p.m.

Update: Thyroid Carcinoma Guidelines

Implementation and Application of Anemia Clinical Practice Guidelines

Interactions between Alternative and Complementary Therapies and Conventional Therapies



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