

THE

# CANCER LETTER INTERACTIVE

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## AACR Reschedules Annual Meeting For July 11-14, In Washington, DC

The American Association for Cancer Research has rescheduled its annual meeting for July 11-14, in Washington, DC.

The association's Board of Directors voted last week to change the venue of the conference that was to have been held in Toronto earlier this month. On April 2, the board voted to cancel the event two days before it was to begin, due to the outbreak of Severe Acute Respiratory Syndrome in that city (**The Cancer Letter**, April 4).

A poll of registrants for the annual meeting demonstrated "overwhelming support" for the July event, Margaret Foti, AACR chief executive officer, said in an April 19 email to conference registrants.

"It is gratifying that the research community considers this event so  
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### In Brief:

## Chemical Society Designates Discovery Of Taxol, Camptothecin, Historic Landmarks

MANSUKH WANI and the late MONROE WALL were recognized by the American Chemical Society for their research on Taxol and camptothecin in an April 23 ceremony at RTI International in Research Triangle Park, N.C. The discovery of the drugs will be designated as a National Historic Chemical Landmark. **Eli Pearce**, immediate past president of the society and director of the Dreyfus Laboratory at RTI in 1973-1974, presented the bronze plaque to **Victoria Haynes**, president and CEO of the institute. . . . **CINCINNATI CHILDREN'S** Hospital Medical Center announced staff changes. **David Williams** was named deputy director for the UC Cancer Programs. Williams, who is known for discovering Interleukin-11 and for research into gene therapy for children with immune deficiencies and genetic blood disorders, is director, Division of Experimental Hematology, at CCHMC. He also was named chairman of Subcommittee A (Parent Committee), NCI Cancer Center Support Grant. **Frank Smith** was named director, Division of Hematology/Oncology. He was head, Stem Cell Transplant Program and interim director, Pediatric Hematology/Oncology Division, Riley Hospital for Children and co-director, Protocol Review and Monitoring System and Scientific Review Committee, Indiana University Cancer Center. Williams and Smith have recruited the following individuals: **Patrick Kelly**, assistant professor of pediatrics, Molecular and Gene Therapy Program, Experimental Hematology, from St. Jude Children's Research Hospital;  
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## Unclear Whether Insurance Will Cover AACR Losses

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important to their work that they have asked us to reschedule it this year rather than wait for next year's annual meeting," Foti said. Most of the speakers and abstract presenters who were invited to Toronto plan to attend the Washington meeting, she said.

The Toronto meeting was expected to cost about \$7 million and turn a profit of about \$1 million, Foti said to **The Cancer Letter**. About 12,000 people had registered in advance for conference. Attendance of about 16,000 was projected.

AACR faces the prospect of losing most of the funds it had spent on the Toronto meeting prior to the April 2 decision to cancel the conference, and may be required to pay penalties to hotels or other vendors, according to professional meeting planners. Much of the cost incurred will depend on how the association structured its contracts, sources said.

Insurance industry sources said it was unclear whether the losses would be covered by convention cancellation insurance.

### "We View This As An Act of God"

In an interview, Foti said she did not know the total amount that AACR owes contractors. The association will attempt to invoke its insurance policy to cover the costs of the cancelled meeting, she said.

"We are beginning to discuss all of the expenses, looking at all the bills, and also are conferring with legal counsel to begin the process of considering what needs to be done to invoke our insurance policy," Foti said. "We view this as an 'Act of God,' what usually is necessary to have an insurance policy like this kick in. We are going to make our case."

The cancellation came on the first day of "move-in," the point when contractors begin to prepare the convention center, Foti said. "Had we waited another 12 hours, there would have been all kinds of equipment in the exhibit hall," she said. "The cancellation was just in time to avoid the next round of expenditures, and also avoid a lot of people arriving in Toronto, looking around for the meeting."

It could not be determined which company insured the AACR meeting, or how much coverage the association had. However, in recent years, two companies—Lloyd's of London and Travelers Group—have been writing policies for nearly all the meetings of US-based trade associations.

Currently, the cost of insurance is calculated by multiplying the convention's gross revenues by .006 to .0075. A meeting like AACR, with estimated gross receipts of \$7 million, would cost between \$42,000 and \$52,500 to insure fully.

Copies of Lloyd's and Travelers policies obtained by **The Cancer Letter** indicate that the companies cover revenues lost as a result of cancellation, curtailment, and postponement of conventions.

"Now the question is, could they invoke their meeting cancellation insurance?" said Michael Strauss, meeting director at the American Association for the Advancement of Science. "That's going to be a debate."

The continuing increase in the number of SARS cases in Toronto may work in favor of AACR. The April 23 advisory in which the World Health Organization recommended against nonessential travel to Toronto may also help the claim, sources said.

Looking at the bright side, experts point to the Lloyds contract, which states that the policy covers "unavoidable... enforced reduced attendance of delegates, attendees and visitors to an ongoing event arising from an unexpected cause... or any of the sponsors or financial supporters" of the association sponsoring the event. The Travelers policy contains similar language.

Looking at the down side, experts point to the



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**Editor & Publisher:** Kirsten Boyd Goldberg

**Editor:** Paul Goldberg

**Editorial Assistant:** Shelley Whitmore Wolfe

**Editorial:** 202-362-1809 **Fax:** 202-318-4030

**PO Box 9905, Washington DC 20016**

E-mail: [news@cancerletter.com](mailto:news@cancerletter.com)

**Customer Service:** 800-513-7042

**PO Box 40724, Nashville TN 37204-0724**

E-mail: [info@cancerletter.com](mailto:info@cancerletter.com)

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losses excluded by the Lloyds and Travelers policies. The Lloyds policy states that the “lack of or inadequate attendance or pre-registration by delegates, attendees, visitors or exhibitors” are not be covered. Travelers similarly excludes the “lack of or inadequate response or support, or withdrawal of support, by sponsors, financial supporters or exhibitors,” as well as the “lack of adequate attendance or pre-registration by delegates, attendees, sponsors, exhibitors or visitors unless caused by adverse weather conditions.”

As a general proposition, insurance covers actual losses, and does not cover the fear of incurring losses, industry experts say.

“Let’s say an association makes an election not to go forward with their meeting, and goes to their carrier and says, ‘We had to cancel the meeting because of SARS,’” said Louis Novick, president of the Novick Group, a Rockville, Md., company that provides commercial insurance, consulting, and financial services.

“The carrier would be likely to say, ‘Wait a second, you didn’t cancel because of SARS. You canceled because you were fearful, or because there was an expectation that people’s fear of SARS might have had an adverse impact on the meeting, but not because you were unable to hold the meeting,’” Novick said. “They didn’t shut the hotels down, civil authority didn’t suspend services.

“The fear of a covered peril isn’t the same as the covered peril itself. Same thing with terrorism. After Sept. 11, 2001, in October and November, people didn’t want to travel. And everybody said, ‘Well, it’s a terrorism claim.’ It’s not. It’s a derivative. It’s the fear of terrorism. There is nothing in a meeting cancellation policy that responds to the fear of a covered peril. Fear is not covered.”

Following the terrorist attacks of Sept. 11, coverage for terrorism has been either curtailed or excluded by insurance companies, industry sources say. Similarly, policies written since March explicitly exclude damages related to SARS.

The danger of contracting SARS in Toronto at the time of the AACR meeting would be insufficient grounds for filing an insurance claim, said Robert Hartwig, chief economist and senior vice president at New York-based Insurance Information Institute.

“If they felt that it was inconvenient to have that meeting, that’s not the purpose of this insurance,” Hartwig said to **The Cancer Letter**. “The insurance company is probably going to look at this as a

subjective decision by the board of directors, and a subjective decision that was not reached by other boards of directors.”

AACR made its decision in response to a situation that was not analogous to the aftermath of the Sept. 11 attacks, Hartwig said.

“Since the SARS outbreak began, hundreds of thousands of people went to and from Toronto,” Hartwig said. “If there were travel restrictions, or the planes weren’t flying, or the conference center and the hotels were shut down, that would be one thing. But the hotels are functioning, the conference center is open, so why was this conference cancelled?”

### **AACR Declined July Date in Toronto**

In a contract signed several years in advance, AACR rented the entire 2 million square foot Metro Toronto Convention Centre, paying the rental fee upfront, said John Houghton, vice president, sales and marketing, for the center.

“They had essentially paid everything they owed us from a rental standpoint prior to arriving at the building here,” Houghton said to **The Cancer Letter**. “The only amounts that would be outstanding would be for services that were consumed while they were here.”

Houghton declined to say how much the association paid, but meeting planners at other associations said large convention centers in the U.S. generally charge \$400,000 to \$500,000 for a meeting of this size. The Toronto center may have been less expensive, because of the exchange rate between U.S. and Canadian dollars, and because the deal was made years ago.

AACR is unlikely to get a refund. “Most contracts are written in such a way that once the contract is signed, the building is in control of the customer,” Houghton said. “We can’t sell the space out from under them. In return, we get a guarantee of payment.”

In effect, the contract says that, “if the building is inhabitable, we guarantee that you will be the people inhabiting it, and you will be inhabiting it at the price we agreed on several years ago, and that will not change,” Houghton said.

The contract could be voided only if something caused the building to be unsafe, Houghton said. “Whether it’s because there’s a civil war going on in Toronto, or the level of Lake Ontario has risen and flooded the joint, or the CN Tower has fallen over on



top of us, something like that,” he said. “It would be unsafe to allow them in the building, and we wouldn’t get payment as a result.”

Also, AACR may owe substantial funds to the Toronto hotels, which had contracts to hold blocks of rooms for attendees, sources said. These contracts can vary widely in their details, but most have a cancellation clause, called *force majeure*, stipulating the circumstances under which the association would owe nothing if a meeting had to be cancelled. Generally, this clause is invoked to cover natural disasters or damage to the hotel.

Most hotel contracts stipulate “attrition penalties” for unused room blocks. Though the terms vary, penalties generally can be as high as 80 or 90 percent of the expected revenue. Some large associations refuse to include such penalties in their contracts, particularly if they have strong attendance records and steadily increasing memberships.

Sometimes, the contracts say the penalties may be forgiven if the association rebooks the rooms within a year or 18 months, and in other cases, large hotel chains agree to transfer contracts from one city to another. After Sept. 11, 2001, conferences were cancelled because of the shutdown in air travel for several days. Since participants couldn’t get to meetings, planners were able to argue that the act of terrorism met the provisions of *force majeure*.

Here, too, the WHO travel advisory could help AACR’s cause, sources said. The Centers for Disease Control and Prevention did not advise against visiting Toronto, but said that travelers should be issued information cards on SARS.

However, on April 2, when AACR cancelled its meeting, only three countries had advised their citizens not to visit Toronto.

“At the time, there was no WHO travel advisory to Toronto, so their cancellation was based on fear, and that wouldn’t necessarily meet *force majeure*,” a meeting planner for an association said to **The Cancer Letter**. “Now, a meeting planner could feel safe if they have to cancel. If I had been in [AACR’s] situation, I would have gone to my board and said, ‘Let’s still do it.’ Even if you had lower attendance, the cost of pulling out and doing it again would be too great.”

Other significant expenses include printed materials and signage, catering, freight en route to the meeting, as well as staff travel, sources said. Associations generally make deposits throughout the year prior to the conference for services such as

decorating and bus transportation. Many of these service providers travel with the association year after year, and some may agree to defer charges to the rescheduled meeting.

“You have to negotiate with every single contractor you have,” a meeting planner said. “If it happened to us, I doubt we would get some of the payments back.”

The cancellation puts the service companies in a difficult situation, Toronto’s Houghton said. “All these people are long-time suppliers to AACR, and have done business with them for years, and will hope to do business with them for years,” he said. “So everybody is now sitting around the table, looking at each other, saying, ‘OK, we’ve dealt with this group in a fair and reasonable manner up to this point, and they have certainly dealt with us that way. How do we move forward in a way that is fair and reasonable to all parties?’”

“Certainly, that’s going to cost some money, because some people have incurred real damages,” Houghton said. “What’s the number? The number is unknown.

“That’s like somebody asking, ‘What’s the cost to cure cancer?’”

### Associations Reschedule After WHO Advisory

The week after AACR cancelled its meeting, the Metro Toronto Convention Centre hosted the Canadian-based Industrial Accident Prevention Association’s 86th Annual Health and Safety Conference and Trade Show.

Seizing the opportunity, conference organizers added a session titled, “SARS: Medical and Employment Perspectives,” featuring Canadian Ministry of Labour officials and a microbiologist.

On April 24, a day after the WHO travel advisory, several associations announced the rescheduling of their Toronto meetings.

The International Society for Magnetic Resonance in Medicine decided to postpone its annual meeting, scheduled for May 10-16.

“The Executive Committee has been watching the severe acute respiratory syndrome situation in Toronto very closely over the last several weeks,” President Richard Ehman wrote in an April 24 notice to members. “As a scientific organization, the society has relied on the recommendations of authoritative bodies such as the Centers for Disease Control and the World Health Organization. On April 23, WHO issued an advisory officially discouraging nonessential



international travel to Toronto. The Executive Committee and the Board concluded that in view of this recommendation, it is prudent to defer the annual meeting to a later date.”

The American Association for Vascular Surgery rescheduled its annual meeting from June 8-11 to the same dates in Chicago.

The American Society of Echocardiography moved its annual scientific session from June 11-14 in Toronto to the same dates in Las Vegas. “Our colleagues at Harvard, Mayo Clinic, and Cleveland Clinic have informed us that their institutions are also issuing travel advisories to Toronto,” the society said in an announcement on its Web site. “ASE has heard from innumerable individuals of their concern that if they were to attend the meeting in Toronto and be exposed to SARS, that they could potentially spread the disease to others in their health care system, including colleagues and patients.”

The American Library Association is “looking at all of our options relating to the joint conference with the Canadian Library Association,” scheduled for June 16-26, in Toronto, ALA President Maurice Freedman said in an April 23 statement.

### **For Toronto, “A World of Hurt”**

The AACR pullout has been widely discussed in the convention industry, especially in Toronto.

“This was a convention as important, as valued and sought after by probably any city in North America,” Houghton said. “It was a tremendous world of hurt when they cancelled, particularly when they cancelled during the first day of their move-in.

“I don’t know how you would describe it,” Houghton said. “Probably, like you’ve been in a car accident.

“But I’m sure the people at AACR felt exactly the same,” Houghton said. “I have no doubt that they were as pained by this decision as we were to receive it.”

Preliminary set-up of the meeting had begun on April 2. The registration counters were being installed. Contractors were moving their equipment into the building. Some of the more than 300 exhibits were on the center’s loading dock or in transit.

“You have a meeting prior to anything happening called a tie-down meeting, and that had taken place,” Houghton said. “It was the prelude, or the dance before the ball. When it came that the plan had changed, everybody just stopped unpacking and started repacking. That’s after they shook their heads

and made sure that they heard what they heard correctly.”

The value of the convention to the city of Toronto was estimated at \$10-15 million, in US dollars, he said.

“Attendance was tracking well for this thing,” Houghton said. “They were online to have a fabulous convention in terms of attendees.”

The center offered to reschedule the meeting for July, but the proposal was rejected, Houghton said. “Their epidemiologists told them that it was probably going to get worse before it was going to get better,” he said.

“They selected Toronto for a very valid set of reasons once, and, hopefully, the same reasons will still be there a year or two from now, when we get through what’s going on right now,” Houghton said. “We just want the group back. For Toronto, it’s a very important piece of business. It means a lot to the city.

“They didn’t leave us because they didn’t like us or because they saw a problem with the convention,” Houghton said. “They did it because they feared the worst-case scenario, what might happen if some of their doctors met up with doctors from other parts of the world that may have the SARS virus. They didn’t want to take that risk.”

Toronto remains a safe place, Houghton said. “No one has gotten [SARS] by sitting on a subway, or going to a restaurant, or walking down the street, or shaking hands with someone,” Houghton said. “The reality of what’s going on and the perception of something going on are really two different things. It was the perception that drove the decision, and I certainly would not want to second-guess that, because I believe they truly anguished over it.”

Houghton said he hoped cancer researchers would visit Toronto sometime. “All these people haven’t had a chance to experience Toronto,” he said. “It’s just a great place, you know?”

### **Foti: AACR’s “Family Spirit”**

Reaction of AACR members to the meeting cancellation has been supportive, Foti said to **The Cancer Letter**. “I’ve gotten hundreds of emails from members showing their support,” she said. “Even though we are a large society, I really believe there is a family spirit that exists here that I’ve always felt as CEO of this organization. I think that our staff is really feeling that as well, as it gets through this period.”



Foti said she did not know how many meeting registrants had requested refunds of registration fees. On April 24, the association issued a refund policy. "We are allowing people to transfer their registration to the new meeting in D.C. in July, or allowing them to use it for another individual, or giving them a full refund with no fee whatsoever, including for the Proceedings," Foti said. "Also, they can choose to donate the registration fees to the AACR."

The refund policy for exhibitors is still being developed, she said.

About 30 participants showed up in Toronto for the meeting, or were already en route. AACR staff stayed in the convention center until the afternoon of April 4, greeting anyone who came in. One researcher from Kuwait arrived that afternoon, Foti said.

"It was amazing that the word got out so quickly, so that we were able to help virtually all Europeans," Foti said. "There were a few Australians who had left in advance of the announcement and were on their way or had already arrived in the States or in Vancouver, and were very surprised to hear about the cancellation."

The Australians had cancellation insurance, Foti said. "A few young investigators asked for us to help them [with airfare]," she said. "We're taking note of that, and we are going to see what we can do to help people. For the most part, there would be no way we could support all of the charges that people may have incurred, because that wouldn't be affordable."

The Washington meeting may cost more than the \$7 million AACR expected to spend on the Toronto meeting, Foti said. "You start from scratch, basically," she said. Foti said the Washington event would bring "walk-ins" who wouldn't have attended the Toronto conference.

"There will be a new group of people who could not make the meeting in Toronto, or did not want to go to Toronto for one reason or another," Foti said. "There was also a problem with some people from NIH not being able to travel to Canada because it was viewed as foreign travel, and the FDA had also indicated they couldn't come for that reason."

Foti acknowledged that the conference could conflict with some attendees' vacation plans. "July is a vacation month, so we realize that's difficult for people, but at the same time, this is the most important meeting in the world in cancer research every year, and I think that people realize that and want to be there, and they are, actually in many cases, readjusting their vacation schedules to be able to

come to the meeting," Foti said.

The Washington meeting will be a half-day shorter than the original conference, because space was not available, Foti said. "We are going to need to restructure a bit, to take that last half-day and integrate it into the other days," she said. "So far, it appears that most of the original invited speakers and chairs will be able to make it."

Some researchers are taking the opportunity to include new data in their presentations, Foti said. "People did not want us to wait another year to have this meeting."

Fear of terrorism in Washington hasn't been a problem, Foti said. "Of course, everyone is worried about that all over the country," she said. "I'm sitting next to Independence Hall [in Philadelphia]. Everyone continues to be concerned about that issue. But I don't think our board, in its consideration of this, considered terrorist attacks at all in its decision-making."

Meanwhile, AACR also is starting work on the 2004 annual meeting, to be held in Orlando, Fla. "There will be no delays in the preparation of that meeting," Foti said. The association also co-sponsors a conference on molecular targets, scheduled for Nov. 17-21, in Boston.

The association staff is "remarkably resilient and highly competent," Foti said. "I was amazed that from the time we cancelled to when we put the memorandum out to members and registrants [about the DC meeting], that so much was able to be accomplished in such a short period of time.

"We're all a little tired," she said. "Everyone is very inspired by the comments of the members. They are thrilled that we're doing the meeting, they're amazed that we are able to get together in a short period of time. That excitement is helping us through this challenging time."

### *Cancer Drug Approval:* **FDA, ASCO Hold Workshops To Review Approval Endpoints**

In an effort to develop more rigorous criteria for approval of cancer drugs, FDA the American Society of Clinical Oncology are co-sponsoring a series of workshops to review the endpoints that the agency may use for approval.

The meetings of the workshops are open to the public, and the white paper the group will produce would be available would be made public and



subsequently presented to the FDA Oncologic Drugs Advisory Committee.

“I want to compliment the FDA for realizing that times change, and we want to change with the times and to have as much input as possible,” said Paul Bunn, ASCO president and chairman of the first panel, which is reviewing endpoints that may be used for approval of drugs for advanced lung cancer.

The 18-member panel met in Alexandria, Va., April 14.

The group’s white paper is expected to be completed later this summer, or in the early fall, sources said. If the document proves useful, similar panels would be convened to discuss breast cancer and colon cancer and prostate cancer, and, possibly, hematologic malignancies.

“This is something of a trial,” Richard Pazdur, director of the FDA Division on Oncology Drug Products, said at the meeting of the panel. “We want to see what are common elements between diseases, because, as everyone realizes, there will be common elements that could be extended from lung cancer to colon cancer to pancreas cancer to breast cancer.

“However, in each of these diseases, there probably are some unique points that need to be explored,” Pazdur said. “That’s why we are looking at all of these diseases specifically.”

In the case of advanced lung cancer, the white paper would likely assess:

—“Classical endpoints,” which include survival, disease-free survival, time to progression, response rate, and response duration.

—“Non-classical endpoints,” including tumor specific-symptom endpoints and methodology for measuring quality of life.

The White Paper would assess these endpoints in a variety of treatment settings and types of trials.

“My original intention of convening these groups is to have a preceding discussion before we bring these topics to ODAC,” Pazdur said at the meeting.. “I think it’s important to have people brought in who represent a wide variety of opinions, and that includes industry, patients, the academics, nonacademic oncologists, endpoints people, resource utilization people who should have a say in this.”

FDA last addressed the theoretical question of approval criteria for cancer drugs three years ago, at an ODAC meeting that considered the question in the context of advanced breast cancer (**The Cancer Letter**, June 18, 1999).

At the time, the agency commissioned former

ODAC member Sandra Swain to review the criteria the agency has used in approval of cytotoxic drugs for second-line treatment of breast cancer.

At the same meeting, FDA official John Johnson presented the FDA interpretation of the standards

“The June 1999 ODAC meeting had the format of a dialogue with FDA,” a member of the lung cancer panel said to **The Cancer Letter**. “Here, the objective is to have a rigorous discussion grounded in clinical reality of this disease. It’s not about a dialogue with FDA. It’s about validation of endpoints.”

On April 1, the Journal of Clinical Oncology published a review of endpoints FDA has used to approve New Drug Applications for cancer drugs over the past 13 years.

According to the paper, 39 of the 57 successful applications for regular approval were based on endpoints other than survival. These included tumor response, response duration and time to tumor progression.

Survival was the basis for approval of the remaining 18 applications.

Panel members include Bunn, Pazdur, Laurie Burke, of the FDA Office of New Drugs; Renzo Canetta, of the Bristol-Myers Squibb Pharmaceutical Research Institute; Martin Cohen, of the FDA oncology division; Janet Dancey, of the NCI Cancer Therapy Evaluation Program; Thomas Fleming, a biostatistician at the University of Washington; Richard Gralla, of New York Lung Cancer Alliance; David Johnson, an oncologist at Vanderbilt University Medical School; Richard Kaplan, of CTEP; Patricia Keegan, of Division of Clinical Trials Design and Analysis of the FDA Center for Biologics Evaluation and Research; Gerard Kennealey, of AstraZeneca Pharmaceuticals; Minesh Mehta, of the American Society of Therapeutic Radiology; Steve Piantadosi, of Johns Hopkins Kimmel Cancer Center; Sheila Ross, a patient advocate with Alliance for Lung Cancer Advocacy, Support and Education; Scott Saxman, of NCI; Ellen Stovall, of the National Coalition for Cancer Survivorship, and Grant Williams, deputy director of the FDA Division of Oncology Drug Products.

### Funding Opportunities: **Program Announcements**

#### **PAR-03-098: Phased Application Awards in Cancer Prognosis and Prediction**

Letter of Intent Receipt Dates: May 14 and Nov. 13

Application Receipt Dates: June 11 and Dec. 11

Cancer Diagnosis Program of NCI invites applications for research projects to evaluate the utility and pilot the application of new strategies for determining prognosis or predicting response to therapy. The PA



provides support for a first phase for technical development and a second phase for application and evaluation of clinical utility. See <http://grants.nih.gov/grants/guide/pa-files/PAR-03-098.html>.

Inquiries: Tracy Lugo, Division of Cancer Treatment and Diagnosis, NCI, 6130 Executive Blvd., Rm EPN 6035A, Bethesda, MD 20892, phone 301-496-1591; fax 301-402-7819; e-mail [lugot@mail.nih.gov](mailto:lugot@mail.nih.gov) (for general inquiries and for projects related to breast, gynecologic, gastric, and pancreatic cancers, or brain tumors); Magdalena Thurin, e-mail [thurinm@mail.nih.gov](mailto:thurinm@mail.nih.gov) (colon, skin cancers including melanoma, sarcomas, or acute leukemias); James Tricoli, e-mail [tricolij@mail.nih.gov](mailto:tricolij@mail.nih.gov) (prostate, renal or bladder cancer, liver cancer, lymphomas or chronic leukemias); Barbara Conley, e-mail [conleyb@mail.nih.gov](mailto:conleyb@mail.nih.gov) (lung, head and neck, or esophageal cancer).

### *In Brief:*

## **Winship Wins \$10M DoD Grant For Prostate Research Group**

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**Hartmut Geiger**, assistant professor of pediatrics, Stem Cell Biology Program; **Christof Kalle**, formerly of Freiburg University, associate professor of pediatrics and program leader, Molecular and Gene Therapy Program in Experimental Hematology; **Han van der Loo**, assistant professor of pediatrics, and member, Stem Cell Biology Program, from University of Minnesota, who also will direct the Virus Vector Production facility; **James Mulloy**, of Memorial Sloan-Kettering Research Hospital, assistant professor of pediatrics, Stem Cell Biology Program; **Janos Sumegi**, of University of Nebraska, joined the Immune Deficiency and Histiocytic Disorders Program in Hematology/Oncology; **Susanne Wells** has joined the Tumor Biology Program in Hematology/Oncology Division, from Dana-Farber Cancer Institute; **Yi Zheng**, from University of Tennessee, is leader of the Cell Signaling Program. . . . **WINSHIP CANCER INSTITUTE** at Emory University was awarded a \$10 million grant from the Department of Defense Prostate Cancer Research Program. The grant will fund development of a prostate cancer research consortium consisting of 13 universities from eight states over three years. Led by WCI Director **Jonathan Simons** and **Leland Chung**, director, Molecular Urology and Therapeutics Program and a Georgia Cancer Coalition Distinguished Scholar, the consortium will identify therapeutic targets and concepts for advanced prostate cancer treatment. Based on research completed with the planning grant award, WCI

investigators created a Web-based system, Virtual Corridor of Adjacent Programs, that allows consortium investigators, regardless of geography, to enter each other's laboratory or clinic to share an idea, problem, unpublished manuscript or clinical trial protocol. "To our knowledge, the V-CAP infrastructure for real-time interaction is a first in prostate cancer research," said Simons. Investigators are from Emory, WCI, Wayne State University, Johns Hopkins Oncology Center, Harvard Medical School, University of Texas Southwestern Medical Center in Dallas, Fred Hutchinson Cancer Research Center, University of California Davis, Memorial Sloan-Kettering Cancer Center, UCLA Jonsson Cancer Center, University of Washington School of Medicine, University of Virginia, and Brigham and Women's Hospital. . . . **UNIVERSITY OF COLORADO CANCER CENTER** has established an endowed chair for cancer prevention research, which will be occupied by **Tim Byers**, associate director for cancer prevention and control, at UCCC. Byers is also co-editor of the recent report on cancer prevention and early detection by the National Cancer Policy Board of the Institute of Medicine (**The Cancer Letter**, March 28). . . . **JOHN WILEY & Sons Inc** has signed an agreement to affiliate its journal, *Medical and Pediatric Oncology*, with the American Society for Pediatric Hematology/Oncology. The journal will re-named *Pediatric Blood and Cancer*. The International Society for Paediatric Oncology will continue to make the journal its official publication. *Pediatric Blood and Cancer* will also remain the official journal of the International Society of Pediatric Surgical Oncology and the Histiocyte Society. The societies are conducting an international search for an editor-in-chief, said **Alan Craft**, president of SIOP. . . . **TERRANCE ALBRECHT** was appointed program leader of the Barbara Ann Karmanos Cancer Institute's new Communication and Behavioral Oncology Program, said **John Ruckdeschel**, president and CEO of the institute. The program is a joint initiative between the institute and the Department of Family Medicine, Wayne State University, where Albrecht is a tenured professor. In her current work, funded by a \$1.2 million grant from NCI, Albrecht studies the effects of physician communication on the decision of patients to enter clinical trials. She has recently received NCI funding for a new, \$1 million study of the ways parents affect how their children cope with pediatric cancer treatment and survival.





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