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CMS Allows Medicare Payment For Eloxatin, But Says Review Of New Agents Likely

The Centers for Medicare and Medicaid Services gave "pass-through" status to Eloxatin (oxaliplatin) for first-line and second-line treatment of advanced colorectal cancer.

Pass-through status, which is extended to new agents, allows their prices to go unchallenged by Medicare for the first two or three years on the market.

Earlier this year, the agency subjected Eloxatin to a "National

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In Brief:

Peter Boyle Elected Director, IARC; Blackburn Wins BMS Research Award

PETER BOYLE has been elected to a five-year term as director of the International Agency for Research on Cancer, beginning January 2004, said **Jean Lariviere**, chairman, IARC Governing Council. Boyle, a cancer epidemiologist and biostatistician, heads the Division of Epidemiology and Biostatistics at the European Institute of Oncology, in Milan, Italy. **Paul Kleihues**, the current IARC director, will retire at the end of the year. The agency has four main objectives: monitoring global cancer occurrence, identifying the causes of cancer, elucidating the mechanisms of carcinogenesis, and developing scientific strategies for cancer control. IARC also announced that Spain will join the IARC as a member state. IARC has 16 member countries. . . . **ELIZABETH BLACKBURN** was selected to receive the Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research for her work in cell growth, including the molecular structure of telomeres and the telomerase enzyme. The award, a $50,000 cash prize and commemorative silver medallion, well be presented at the annual BMS award dinner Oct. 16, in New York. She is a professor in the Department of Biochemistry and Biophysics, University of California, San Francisco. . . . **AMERICAN ASSOCIATION for Cancer Research** has removed the name of **Cornelius P. Rhoads** from a $5,000 prize that the organization has awarded for 23 years to a promising researcher under age 40 after an investigation of the researcher's conduct while working in Puerto Rico in 1931. Rhoads, one of the most respected researchers of his day, and director of the Sloan-Kettering Institute, wrote but never mailed a letter denigrating Puerto Ricans and claiming to have injected cancer cells into

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CMS Says It May Routinely Review FDA-Approved Agents

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Coverage Analysis," an administrative procedure that, in case of an unfavorable determination, leads to a prohibition against reimbursement by Medicare carriers.

Since National Coverage Analysis has been rarely used in the past to analyze drugs and biologics, observers hypothesized that the agency was giving extra scrutiny to agents approved based on surrogate endpoints by FDA (**The Cancer Letter**, March 21).

After reviewing the data presented by Eloxatin's sponsor Sanofi-Synthelabo, the agency decided to issue a C-code for the agent, opening the door for reimbursement beyond the indication on the label. The C-code and the pass-through status will come in effect July 1, the company said.

Though Eloxatin received accelerated approval for second-line use from FDA, clinical data support its use in the front-line. After reviewing the data presented by Sanofi, CMS in effect left it up to the carriers to decide whether the agent should be covered for front-line use.

However, the agency decided to continue its National Coverage Analysis of the agent in the adjuvant setting, pending additional data, which are scheduled for presentation at the annual meeting of the American Society of Clinical Oncology, scheduled to begin May 31 in Chicago.

Sean Tunis, CMS medical director, said the agency decision to review Eloxatin was part of its new practice of analyzing the potential of newly-approved agents to benefit patients as well as their impact on Medicare.

Asked whether agents that receive accelerated approval would be routinely subjected to National Coverage Analysis, Tunis said, "I don't know that anyone is being quite that explicit about it in terms of how you framed it, but, functionally, that is what's going on."

CMS has to answer questions that differ from those asked by FDA, Tunis said.

"If you look at [FDA Commissioner] Dr. [Mark] McClellan's commitment to wanting to further expedite the approval of new drugs and new technologies, it seems to me that the only way that's going to happen is that there is going to be relatively less information prior to approval about the true clinical performance of new agents, and at the same time, you have a health care system that is increasingly struggling with how to deal with continued acceleration in costs," Tunis said to **The Cancer Letter**.

"You are starting to see the strains of that in terms of reduced employee benefits," Tunis said. "You are starting to see the strains of that in terms of reduced physician payment. Most people agree that one of the contributing components to rising health care costs is new technology.

"Where in the system other than the payers is somebody going to have the role of looking at the available resources and trying to make the best use of what we've got?" Tunis said.

"It seems to me that as a result of that combination of pressures, you are going to see exactly what's happening at CMS, which is increasingly sophisticated scientific staff making increasingly specific decisions about what will and will not be paid for as a way of trying to maximize the health benefits that we obtain for our limited dollars," Tunis said.

The coverage analysis of Eloxatin began Feb. 12, shortly after the company applied for a C-code. According to a CMS announcement, the analysis was "internally generated" at the agency.

Originally, the agency reviewed the agent "in combination with 5-fluorouracil and leucovorin in patients with colorectal cancer whose disease has recurred or has become worse following initial therapy with a combination of Camptosar (irinotecan) with

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5-FU and leucovorin."

According to clinical researchers who presented data to CMS, the agency repeatedly asked questions about patient benefit.

"CMS made it very clear that they were not going to be revisiting the issue of safety and efficacy," said Mace Rothenberg, Ingram Associate Professor of Cancer Research at Vanderbilt-Ingram Cancer Center, and the principal investigator on Sanofi's pivotal trial.

"They wanted to know whether this represents either a breakthrough therapy or an innovation," said Rothenberg, who presented his data to CMS at a meeting Feb. 24.

No oncologist was involved in the meetings on the agency's side, participants said. Though it appeared that the agency didn't have in-house expertise in oncology, it was willing to be persuaded by the data.

"The message I gave them was that our studies showed a survival advantage as well as a response rate and time to progression advantage, all of which were statistically significant for FOLFOX (oxaliplatin with 5-FU/LV) versus IFL (irinotecan with 5-FU/LV), and I made the comparison to the initiation of taxanes in ovarian cancer as an illustration of how valuable this drug is in the first-line treatment of advanced colorectal cancer," said Richard Goldberg, principal investigator on the North Central Cancer Treatment Group trial N9741, which compared first-line treatments for advanced colorectal cancer.

On May 2, the agency decided to limit the national coverage determination to "off-label, adjuvant use of anti-cancer chemotherapy for patients with colorectal cancer."

The agency said it would review both Camptosar and Eloxatin in this indication.

CMS has not reviewed the yet-to-be-published results of an adjuvant trial, which will be presented at ASCO by Aimery de Gramont of Hopital Saint-Antoine, in Paris. "I hope and expect that oxaliplatin would improve the cure rate in the adjuvant setting," said Goldberg, professor of oncology and head of gastrointestinal cancer research at Mayo Clinic.

"We accomplished all the objectives that were set out, and that's a tribute to CMS understanding the information," said Robert Rosen, vice president of the Sanofi oncology business unit in the U.S. "This is basically a case where everybody got together and did the right thing on behalf of the patients."

Observers say the Eloxatin case may be unusual. Instead of relying on a small single-arm trial, a typical strategy for obtaining accelerated approval, Sanofi conducted a phase III trial, obtaining approval based on the outcome of a planned interim analysis. The final results of that trial are scheduled for presentation at ASCO.

CMS is continuing its National Coverage Analysis of Zevalin (ibritunomab tiuxetan), an agent that received accelerated approval for the treatment of non-Hodgkin's lymphoma. The agent, sponsored by IDEC Pharmaceuticals Corp., has no pass-through status and is reimbursed as a radiopharmaceutical.

FDA News:

Gleevec First Pediatric Cancer Approval By FDA In 13 Years

Gleevec earlier this week became the first oncology therapeutic agent in 13 years to receive FDA approval for a pediatric indication.

The agent was approved for treatment of pediatric patients with chronic phase Philadelphia chromosome positive (Ph+) chronic myelogenous leukemia whose disease has recurred after stem cell transplant or is resistant to interferon alpha. Gleevec (imatinib mesylate) is sponsored by Novartis Pharmaceuticals.

The approval used an approach endorsed by the Congressionally-mandated pediatric oncology subcommittee of the Oncologic Drugs Advisory Committee of extrapolating adult efficacy data combined with a demonstration of proof-of-concept in children.

A major portion of the data that led to the approval came from a Children's Oncology Group study that was supported by NCI and Novartis.

"This action was a synthesis of many factors including the submission of quality data, the use of extrapolation, the application of advice from the pediatric oncology subcommittee of the ODAC and federal initiatives to develop product information for pediatric patients," said Steven Hirschfeld, a pediatric oncologist at the FDA Center for Drug Evaluation and Research. "We anticipate that this approval will be the first of many in the years to come."

Additional information on the approval is available at http://www.fda.gov/cder/cancer/whatsnew.htm

"Gleevec has been as effective, if not more so, in children with CML as it has been in adults with CML," said Brian Druker, chairman of leukemia

research at Oregon Health & Science University Cancer Institute and a Howard Hughes Medical Investigator. "This offers great hope for children with CML in its chronic phase."

Druker is a developer of the agent, which was approved for the CML indication in 2001, and for gastrointestinal stromal tumor last year.

The most recent drug to receive a pediatric cancer indication was teniposide, approved in 1990 for refractory leukemia. The agent is sponsored by Bristol-Myers Squibb.

Professional Societies:

ASCO Recognizes 15 For Leadership In Cancer

The American Society of Clinical Oncology announced the recipients of its 2003 Special Awards, which recognize individuals who have made significant contributions to both ASCO and the practice of clinical oncology.

The awards will be presented during the opening ceremony of ASCO's 39th annual meeting in Chicago on May 31.

Honorees will include:

—Brian Druker, of the Oregon Health & Science University and Howard Hughes Medical Institute, will receive the David A. Karnofsky Memorial Award, which honors innovative research and developments that have changed the way oncologists think about the practice of oncology. Druker played an important role in the development of imatinib mesylate, approved for use in the treatment of patients with CML and gastrointestinal stromal tumors.

—Umberto Veronesi will receive the Distinguished Service Award for Scientific Achievement, which honors scientists, practitioners and researchers in all subspecialties of oncology whose research and innovations have had a transforming and lasting impact on the treatment of cancer. Veronesi will be recognized for his lifelong commitment to improving the quality of life for patients with cancer by developing safer, less invasive surgical techniques and procedures. He introduced the philosophy that advocates administering the minimal effective treatment and is responsible for the development of conservative techniques from partial breast irradiation to intraoperative radiotherapy for the treatment of breast cancer. Veronesi has also dedicated a significant portion of his career to training oncologists, founding both the European Institute of Oncology, for which he serves as scientific director, and the European Society of Surgical Oncology. He also created the International Melanoma Group, which is comprised of 45 centers, to promote research aimed at uncovering the epidemiology of the disease and the best course of treatment. He served as Minister of Health in Italy from 2000–2001.

—David Kessler, dean of the Yale University School of Medicine, will receive the Distinguished Service Award for Scientific Leadership, established to recognize the achievements of individuals who, through a blend of outstanding leadership skills and groundbreaking scientific vision, have transformed the practice and profession of medicine. Kessler was instrumental in achieving tougher regulations for tobacco in the U.S. and also made progress in accelerating the new drug approval process during his service as FDA commissioner.

—Sir Richard Peto will receive the Distinguished Service Award for Scientific Leadership in recognition of his involvement with groundbreaking studies that proved a link between tobacco and cancer. A professor of medical statistics and epidemiology at the University of Oxford and co-director of the university's Clinical Trial Service Unit, Peto is known for the size and international scope of the epidemiologic studies he conducts, as well as for devising a number of reliable statistical methods now in widespread use in clinical trials around the world. Among his many contributions to the study and treatment of diseases, Peto is recognized for establishing a credible link between the use of hormonal adjuvant therapy in the treatment of early breast cancer and improved long-term survival. He also identified the relationship between blood pressure and cholesterol, and the development of vascular disease, providing evidence of aspirin's value in the treatment and prevention of heart attacks. For his service in the field of epidemiology, he was knighted in 1999 by Queen Elizabeth II.

—Harold Freeman will receive the Special Recognition Award, which was established to honor individual efforts and accomplishments in the field of oncology and oncology research. Freeman will be honored for his dedication to unraveling the racial and socioeconomic factors that contribute to higher incidences of cancer in minority populations and to reducing disparities in health care across racial divides. He is director of the NCI Center to Reduce Cancer Health Disparities.

—Ezekiel Emanuel, chairman of the Department of Clinical Bioethics at the Warren G. Magnuson Clinical Center at NIH, will receive a Public Service Award for his efforts in developing many of ASCO's key policy statements and position papers. Emanuel is an authority on some of the most sensitive topics in oncology, including advance care directives, end-of-life issues, euthanasia, the ethics of managed care and human subject research, and the importance of the physician-patient relationship.

—Lowell Schnipper, director of clinical affairs at Beth Israel Deaconess Cancer Center, will receive a Public Service Award in recognition for his staunch support of clinical research in his many years of ASCO membership, during which time he has served as chairman of the Public Issues Committee, the Ethics Committee, and the ASCO Task Force on Clinical Research. Schnipper is responsible for the development of two surveys, one to determine member training and participation in clinical research, and the second to assess the cost of clinical research in academic and community practice settings.

—Ellen Stovall, president and CEO of the National Coalition for Cancer Survivorship, will receive ASCO's first Partners in Progress Award. This new award recognizes extraordinary patient advocates whose dedication and work have had a measurable effect on public awareness about cancer and have led to advancements in cancer treatment, research, prevention, and education. Stovall, a 31-year survivor of two separate occurrences of cancer, will be honored for her commitment to improving the quality of care for people living with cancer. She was founder and president of "THE MARCH ... Coming Together to Conquer Cancer," a national public awareness campaign. She serves as vice chairman of the Institute of Medicine's National Cancer Policy Board.

—Jimmie Holland, chairman of the Department of Psychiatry and Behavioral Sciences at Memorial Sloan-Kettering Cancer Center, is being awarded the American Cancer Society Award Lecture for her standard-setting work in the field of psycho-oncology and for her dedication to training clinicians and researchers in this discipline. Holland conducted the first epidemiologic studies to evaluate and monitor the prevalence and nature of the psychologic effects of cancer, not only on patients, but on their families and caregivers as well. She also initiated groundbreaking investigations into the psychological and behavioral factors that affect cancer risk and survival. She is the founding president of the International Psycho-oncology Society and the American Psychosocial Oncology Society. She serves as chairman of the National Comprehensive Cancer Network panel on management of distress, which has developed the first clinical practice guidelines to address psychosocial care in the management of people living with cancer.

—Melvyn Greaves, director of the Leukemia Research Fund Centre for Cell and Molecular Biology at the Institute of Cancer Research in London, will be awarded the Pediatric Oncology Lectureship for his groundbreaking work in the field of pediatric leukemia. He introduced new methods for biologic classification that have led to insights into the cellular origins of leukemia and more targeted treatment regimens. His research on the molecular genetics of pediatric leukemia has uncovered convincing data to suggest that the disease originates prenatally, a discovery that will someday enable physicians to identify individual susceptibility to the disease and to work to prevent its development.

Special Appreciation Awards will be given to the following ASCO members: Douglas Blayney, of the Wilshire Oncology Medical Group Inc., will be recognized for his work in establishing ASCO's websites, and as chair of ASCO's OnLine Committee and Internet Services Committee. L. Michael Glode, professor of medicine, University of Colorado Health Sciences Center, will be recognized for his work as editor-in-chief of ASCO OnLine. Charles LeMaistre will be honored for his work on the original 1964 Surgeon General's report that linked tobacco use with lung cancer and for his leadership as the president of the American Cancer Society in 1986. Allen Lichter, dean of the University of Michigan Medical School, will be honored for his leadership as the founding chairman of the ASCO Foundation, and his formation of the ASCO Fellows Task Force and fellows program. Jesse Steinfeld will be recognized for his lifelong leadership in the area of public awareness about the harmful effects of tobacco use.

ASCO Updates Guidelines On Genetic Testing for Cancer

In an update of its 1996 recommendations on genetic testing for cancer, the American Society of Clinical Oncology says testing should not occur in children in the absence of evidence-based, risk-reduction strategies or if the probability of developing

cancer during childhood is low.

If there is not an increased risk of a childhood malignancy, ASCO recommends delaying genetic testing until an individual is of sufficient age to make an informed decision. The updated guidelines, "Genetic Testing for Cancer Susceptibility," is available on www.jco.org and is scheduled for publication in the June 15 issue of the Journal of Clinical Oncology.

The statement makes new recommendations in the following areas:

—Indications for genetic testing,

—Regulation of testing,

—Insurance reimbursement,

—Protection from discrimination,

—Confidentiality issues associated with genetic testing,

—Continuing educational challenges, and

—Special research issues concerning testing of human tissues.

The new statement broadens the list of cancer predisposition syndromes for which genetic testing may be clinically indicated. In addition to the common syndromes of hereditary predisposition to breast, ovarian, and colon cancers, the statement now includes rarer syndromes as well. For many of these syndromes, genetic testing may be justified because it serves as an aid in diagnosis of affected families, regardless of whether there are definitive prevention or treatment options available. The new statement continues to stress the importance of pre- and post-test counseling—including discussion of possible risks and benefits of cancer early detection and prevention—as part of cancer genetic counseling.

Informed consent, obtained through pre-test counseling, is a critical element of genetic testing that was addressed in more specific detail in the update. The ASCO statement outlines the basic topics that should be discussed during the informed consent process. The following are among the 12 issues included in the update: 1) implications of a positive and negative result; 2) possibility that the test will not be informative; 3) options for risk estimation without genetic testing; 4) risks of insurance or employer discrimination; 5) options and limitations of medical surveillance and strategies for prevention following testing; and 6) importance of sharing genetic test results with at-risk relatives.

The ASCO statement also advises researchers planning to use human tissue for genetic studies that research review boards should be consulted to determine the protections specific to the study. Special attention should be paid to whether 1) the research involves tests for genetic markers of known clinical significance, 2) research data will be linked to protected health information, 3) future research findings will be disclosed to the research participants, and 4) study specimens will be maintained or discarded after the trial ends. ASCO also emphasizes the right of individuals contributing tissue to rescind permission.

Funding Opportunities:

Gates Foundation Issues Call For "Grand Challenges"

Bill & Melinda Gates Foundation, in collaboration with NIH, and the Foundation for NIH, has established an initiative to support scientific and technological research that addresses Grand Challenges in Global Health.

The initiative seeks the participation of the global scientific community for scientific exploration that will increase research attention to the most critical health problems in the developing world.

Submission Due Date: June 15, 2003.

Submission through the Web site www.grandchallengesgh.org is preferred, or email to callforideas@grandchallengesgh.org, or fax to 301-480-2752. Inquiries: info@grandchallengesgh.org.

AACR Seeks Nominations For Prevention Award

American Association for Cancer Research and the Cancer Research and Prevention Foundation said nominations are being accepted for a major international award in recognition of outstanding cancer prevention research.

The award will be given to a scientist residing in any country for seminal contributions in basic, translational, clinical, epidemiological, or behavioral science investigations in cancer prevention research that have had a major impact on the field and stimulated new directions in this important field.

The winner of the award will present a lecture during the second annual International Conference on Frontiers in Cancer Prevention Research, scheduled for Oct. 26-30 in Phoenix. The awardee will receive an honorarium of $5,000 and a commemorative plaque, as well as support for travel and subsistence expenses.

Candidates must maintain an active research program, have a record of recent publications, and be in a position to present the award lecture.

Nomination Deadline: July 1, 2003.

Inquiries: www.aacr.org.

NCI RFA Available

RFA CA-04-007: Minority-Based Community Clinical Oncology Program

Letter of Intent Receipt Date: June 16, 2003

Application Receipt Date: July 14, 2003

Division of Cancer Prevention, NCI, is continuing the established cancer control effort which involves practicing oncologists who serve large minority populations in the NCI clinical trials program. The Community Oncology and Prevention Trials Research Group invites domestic institutions with the capability and intent to serve new cancer patients largely from minority populations to apply for cooperative agreements in response to this Minority-Based Community Clinical Oncology Program RFA. Currently funded Minority-Based CCOPs are also invited to respond to this RFA. The RFA is available at http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-04-007.html.

Inquiries: Worta McCaskill-Stevens, Community Oncology and Prevention Trials Research Group, DCP, NCI, EPN Rm 2017, 6130 Executive Blvd., MSC-7340, Bethesda, MD, 20892-7340, phone 301-496-8541; fax 301-496-8667; e-mail wm57h@nih.gov.

Program Announcements

PAR-03-121: The Fetal Basis of Adult Disease: Role of the Environment

Letter of Intent Receipt Dates: July 10, 2003 and 2004.

Application Receipt Dates: Aug. 12, 2003, 2004

The purpose of the PA with a set aside of funds and a Special Emphasis Panel review by the NIH Center for Scientific Review is to stimulate research in an important and emerging area of developmental toxicology: the effects of in utero exposures that cause permanent functional changes that are not overtly, grossly teratogenic yet that result in increased susceptibility to disease/dysfunction later in the life span. The PA encourages the application of the new high-throughput functional-genomic, metabonomic, proteomic, and bioinformatic technologies to pursue an understanding of these latent effects of in utero environmental insult. The PA will use the NIH exploratory/developmental R21 award mechanism. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PAR-03-121.html.

Inquiries: For NCI—Carol MacLeod, Cancer Biology Division, NCI, 6130 Executive Blvd., Rockville, MD 20892; phone 301 435 1878; fax 301 480 0864; e-mail macleodc@mail.nih.gov

PAR-03-119: Innovations in Biomedical Computational Science and Technology: SBIR/STTR Initiative

Application Receipt Dates: Oct. 24, 2003; Feb. 24, 2004; June 24, 2004; Oct. 24, 2004; Feb. 24, 2005; Feb. 24, 2005; Oct. 24, 2005; Feb. 26, 2006.

Participating Institutes and Centers of NIH invite applications for targets that support research in biomedical computing science and technology as well as the development and application of biocomputing tools or technologies for a particular area(s) of scientific opportunity in biomedical research. Programs may target one or multiple areas of biomedical computing that will enable progress in biomedical research. Examples of data types that could be considered include but are not limited to genomic sequences, biomedical images, qualitative descriptors for health and There exists an expanding need to speed the progress of biomedical research through the power of computing to manage and analyze data and to model biological processes. The PA will utilize the Small Business Innovation Research SBIR and Small Business Technology Transfer mechanisms, but will be run in parallel with a program announcement of identical scientific scope (PAR-03-106) that will utilize the traditional research project grant R01 or the phased innovation award R21/R33. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PAR-03-119.html.

Inquiries: James Cassatt, National Institute of General Medical Sciences, 45 Center Dr., Rm 2AS.19C, MSC 6200, Bethesda, MD 20892-6200, phone 301451-6446; fax 301-480-2004; e-mail jc12b@nih.gov.

PAR-03-118: Global Health Research Initiative Program for New Foreign Investigators

Letter of Intent Receipt Date: July 25

Application Receipt Date: Aug. 25, 2003; Aug. 25, 2004; Aug. 25 2005

The goal of the PA to provide funding opportunities 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 critical issues in global health upon their return to their home countries.

After their term of research training, developing country participants supported by this PA 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 PA will use the NIH Research Project Grant R01 award mechanism. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PAR-03-118.html.

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.

In Brief:

AACR Removes Rhoads' Name From Major Annual Award

(Continued from page 1)

patients. The letter caused an international scandal, but Rhoads escaped repercussions, saying it was intended as a "parody." **Edwin Vazquez**, a biology professor at the University of Puerto Rico, found and publicized the letter last fall, according to Science magazine. AACR commissioned an investigation by **Jay Katz**, emeritus professor of law, medicine, and psychiatry at Yale Law School. Katz found no evidence that Rhoads harmed patients, but concluded that the letter warranted the removal of Rhoads' name from the prize. AACR decided not to award the prize this year. It will be renamed and awarded next year, the association said. . . . **ONCOLOGY NURSING SOCIETY** announced the following awards and appointment: **Carol Webb**, company group chairman of Johnson & Johnson, was presented the ONS Foundation Ellyn Bushkin Friend Award for financial and fundraising support of ONS. **Rep. Diana DeGette** (D-Colo), received the ONS Honor Award for her work in support of cancer patients and for oncology nursing. Former **Rep. Kenneth Bentsen,** senior advisor with Public Strategies Inc., has been appointed to fill the non-ONS member seat on the Board of Directors. . . . **MAYO CLINIC Cancer Center** Women's Cancer Program was awarded a $6 million grant from the Department of Defense Breast Cancer Research Program to find biomarkers for breast cancer, said **Col. Kenneth Bertram**, director, DOD Medical Research Programs. **Lynn Hartmann**, medical oncologist at Mayo Clinic, is the principal investigator. The study will draw upon benign tissue specimens from 12,000 women who had breast biopsies between 1967 and 1991. About 700 of the women developed breast cancer. "We know that some women with benign breast disease have an increased risk of eventually developing breast cancer and that the cancer can occur in either breas," said Hartmann. "What we lack are good research studies that identify these women so they can receive the necessary screening and risk-reduction strategies." The research team includes **Thea Tlsty**, tumor biologist, University of California at San Francisco, and **Kathryn Carolin**, breast cancer surgeon and researcher, Wayne State University. . . . **ERIC JAKOBSSON** was named director of the Center for Bioinformatics and Computational Biology at the National Institute of General Medical Sciences. He succeeds **James Cassatt**, director of the NIGMS Division of Cell Biology and Biophysics, who served as CBCB acting director since 2001. Jakobsson was a professor in the Department of Molecular and Integrative Physiology and in the programs in biophysics, neuroscience, and bioengineering at the University of Illinois at Urbana-Champaign. He also was a professor at the University of Illinois Beckman Institute and a research scientist at the National Center for Supercomputing Applications. . . . **UNIVERSITY OF CALIFORNIA** Davis Health System received an R25 educational grant from NCI to study test methods for cancer patients enrolled in clinical trials and their caregivers. The study will provide training to improve problem-solving and decision-making skills to decrease stress and anxiety, and improve communication. The study also will assess the impact of problem-solving education on clinical trials participation, accrual and retention, utilization of resources, place of death, and frequency of hospice/supportive care referral, admission and length of stay. The randomized controlled trial will take place at City of Hope Medical Center and Johns Hopkins. . . . **M. D. ANDERSON CANCER CENTER** broke ground May 7 for the Proton Therapy Center, a 85,000 square-foot building scheduled to open in 2006. "Proton therapy marks a new era for radiation therapy with the precision, safety, and effectiveness it brings," said **James Cox**, head of the Division of Radiation Oncology at M.D. Anderson. "With proton therapy, we will be able to increase doses of radiation, preserve healthy tissue, and treat more patients much more successfully." Only two clinical proton beam therapy facilities are in operation in the U.S., one at Massachusetts General Hospital and the other at Loma Linda University Medical Center. Other centers are being planned in Florida, Pennsylvania, and Indiana, Cox said. M.D. Anderson is building the $125-million center through a partnership that will own and operate the facility. M.D. Anderson is providing the site, valued at $2.5 million, and will have full clinical, research, and staffing responsibilities. Other investors include Hitachi Ltd. and Hitachi America Ltd., supplying the proton therapy technology; Sanders Morris Harris Inc., an investment bank; The Styles Co., a project development firm; the Houston Firefighters' Relief and Retirement Fund and Houston Police Officers' Pension System; General Electric Co.; Varian Medical Systems; and IMPAC Medical Systems.

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