THE CANCER LETTER INTERACTIVE

PO Box 9905 Washington DC 20016 Telephone 202-362-1809

Vol. 29 No. 29
July 18, 2003

AACR Thanks NCI For Funds, Provides Platform For Von Eschenbach's 2015 Goal

At the annual meeting of the American Association for Cancer Research earlier this week, the officials of the professional society thanked NCI Director Andrew von Eschenbach for a $2 million subsidy, and provided a sympathetic setting for defense of the Institute's controversial goal to "eliminate the suffering and death due to cancer" by 2015.

In a statement released at the opening of the meeting, held in Washington, D.C., July 11-14, the society commended the goal that many scientists describe as unrealistic.

"When we're offered a challenge to eliminate death and suffering

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In Brief:

Three Cancer Societies To Be Led By Vanderbilt-Ingram Faculty In 2004

VANDERBILT-INGRAM Cancer Center faculty will lead three cancer organizations in 2004. **Lynn Matrisian**, Ingram Professor of Cancer Research and chairman of cancer biology, has been elected president-elect of the American Association for Cancer Research. Matrisian is a member of the NCI Board of Scientific Advisors, has served on the AACR Board of Directors and the International Metastasis Society. She is also a panel member for the Dept. of Defense Breast Cancer Research Program. Her term as AACR president will begin in March. **David Johnson**, deputy director at Vanderbilt-Ingram and Cornelius Abernathy Craig Professor of Oncology, is president-elect of the American Society of Clinical Oncology and will become president in June. **Harold Moses**, Benjamin F. Byrd Jr. Professor of Oncology and director at Vanderbilt-Ingram, is president-elect of the Association of American Cancer Institutes and will begin a two-year term in October. The elections provide an opportunity for the three organizations to collaborate on issues of common interest, such as increasing access to clinical trials, speeding drug development, and ensuring that resources are available to continue the momentum in cancer research, said Johnson. "We are excited about the potential that will exist only because the three presidents of these organizations happen to work together every day in the same cancer center," Moses said. . . . **RAYMOND DEMERS** was named medical director and CEO of the Great Lakes Cancer Institute in Lansing, Mich., said **Philip Incarnati**, president and CEO, McLaren Health Care and board chairman for the institute. Demers was director of the Josephine Ford Cancer Center in Detroit.

AACR On 2015 Goal: "We'll Never Know Unless We Try"

(Continued from page 1)

from one of the major diseases of our time—cancer—we applaud the spirit behind the challenge and encourage all to reach out to make it happen," the association said in a three-page statement. [See page 3].

Originally, the AACR meeting was scheduled to be held in Toronto last April, but AACR officials became concerned about the outbreak of SARS in that city, and cancelled. The meeting cancellation insurance claim was denied, and the society is facing $5 million to $6 million in unpaid bills (**The Cancer Letter**, June 20).

Addressing von Eschenbach at the meeting's plenary session, Margaret Foti, AACR chief executive officer, thanked the NCI director for his support.

"Dr. von Eschenbach, without your help at this crucial period, this meeting could not have been held," Foti said. "We are indebted to you not only for your assistance with this meeting, but also for your inspiring leadership and vision as the guiding force of the National Cancer Program. So, we applaud you for your efforts to speed the conquest of this disease."

The NCI funding for the AACR meeting was not discussed by the Institute's top managers, or by its advisory committees, but was presented as an "informational item" at an Executive Committee meeting, sources said.

"The support comes not from me, but from the entire staff of NCI," von Eschenbach said, responding to Foti's words of gratitude at the plenary session. "We are pleased to provide the opportunity to help."

AACR officials asked von Eschenbach to serve as moderator of the meeting's plenary session after Francis Collins, director of the National Human Genome Research Institute, cancelled his appearance, sources said. Collins was to have been the moderator at the Toronto meeting [See page 4].

The original theme of the plenary session was "Celebrating the 50th Anniversary of the Discovery of DNA." AACR President Susan Horwitz paid homage to James Watson and Francis Crick at the start of the July 11 plenary session, while von Eschenbach wrapped up the session with his remarks on the 2015 goal, which he first announced last February (**The Cancer Letter**, Feb. 14).

At a press conference with the plenary session speakers, Horwitz called the 2015 goal "an enormous challenge" that will require sustained funding for basic research.

"It is very ambitious to eliminate the suffering from cancer by 2015, but I think it is one that we are ready to face," Horwitz said. "The AACR realizes that to do this, we have to continually have the resources in basic science, in funding, in order to move forward. We look forward to this challenge, very excitedly."

Another plenary session speaker, Thomas Look, of Dana-Farber Cancer Institute, said the addition of Gleevec to the treatment of chronic myelogenous leukemia has made leukemia specialists optimistic.

"We in the leukemia community feel like we are in the lead," Look said at the press conference. "We have hundreds of mutations. We have defined multiple different subtypes of the disease at the molecular level. We're poised to meet the challenge, and to develop new targeted therapies and completely change the outlook for patients with leukemia. I have no doubt that this will occur within the next decade, in other words, by 2015."

Michael Stratton, head of the Cancer Genome Project at the Wellcome Trust Sanger Institute, in Hinxton, UK, said much work still must be done to get to the starting point for interventions. "The issue is, we really don't have hundreds of targets," he said. "We have hundreds of mutations and pathways, and what we need is to dissect these to find the targets."

THE CANCER LETTER

Member, Newsletter and Electronic Publishers Association

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Subscription $305 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc. Founded Dec. 21, 1973, by Jerry D. Boyd

The rescheduled annual meeting drew 12,126 registrants, the society said. Final tally of actual attendance will be available next week.

"I'm delighted to be here," Horwitz said. "I wasn't sure that we were going to have this meeting."

Horwitz served an unusually long 15-month term before turning over the presidency to Karen Antman, the Wu Professor of Medicine and Pharmacology at Columbia College of Physicians and Surgeons and director of the Herbert Irving Comprehensive Cancer Center.

"We were very doubtful that we could find a place and redo our program," Horwitz, the Falkenstein Professor of Cancer Research at Albert Einstein College of Medicine, said. "The fact that we are here, all of us together, is a tremendous tribute to AACR, but, mainly, I think it is the enthusiasm and excitement and the feeling that so much is going on in this area, that it is very important that we get together, that we exchange ideas, that we network, and collaborate."

The text of the AACR statement on the 2015 goal follows:

Year 2015: Eliminating Death and Suffering From Cancer: A Challenge for Our Generation

Without challenges and goals, our history would be quite empty. Few of the grand accomplishments found in humanity's archives—in art, music, philosophy or science—would exist without the innate desire to better our condition.

And so, when we're offered a challenge to eliminate death and suffering from one of the major diseases of our time—cancer—we applaud the spirit behind the challenge and encourage all to reach out to make it happen.

Is the challenge, as outlined by NCI Director Andrew von Eschenbach, ambitious?

Yes, challenges are meant to inspire and motivate.

Is it doable?

To be succinct, we'll never know unless we try.

Is there concern that we may disappoint if we fall short of the mark?

Sure, but what's worse: the disappointment of failure, or the failure to try?

We, at the American Association for Cancer Research, recognize that much work needs to be accomplished if we are to lend structure to this challenge. Certainly, additional resources must continue to flow into basic research for cancer, the foundation for our future efforts in translational and clinical medicine. But look how far we've come in just the past decade or so, in the areas of diagnostics, prevention and treatment of cancer.

For example, emerging technologies—both imaging and analytical—are increasing the numbers of lesions that can be detected and identified at an early stage. Imaging devices, such as confocal microscopes and the magnifying endoscope for colorectal monitoring, are presenting clearer and earlier pictures of cells and how they change following drug therapy. Likewise, the development of gene chips and protein micro-arrays is helping scientists and clinicians to measure specific cancer-related changes at the molecular, genetic and cellular level during disease progression and in patients undergoing treatment.

What's more, this revolution in diagnostics has set the stage for renewed interest in drugs targeted to prevent cancer in its earliest stages. If we can visualize small molecular changes in cells, we can develop, test and monitor the activity of a new generation of compounds designed to wipe out precancerous cells or even return them to normal.

Studies reported at this year's Annual Meeting and at our Prevention meeting last year are demonstrating how drugs already approved to treat other maladies, even over-the-counter remedies such as common aspirin or ibuprofen, can slow and possibly prevent the progression of precancers to cancer. Our scientists say they are poised to discover and bring to the clinic new drugs that specifically target this activity.

This year's Annual Meeting marks an auspicious moment in the history of biological science, the 50th anniversary of the discovery of the structure of DNA. We are on the precipice of reaping the rewards of all the basic knowledge we've accumulated during the genetic revolution of the past half-century. This includes a vast range of insights gleaned from the recently completed human genome.

It's incredible how much we've learned since Watson and Crick reported their findings of a structure with "novel features which are of considerable biological interest."

We're just now seeing a glimpse of what's possible as a result, with the development of new drugs targeted to specific tumors, drugs that are reducing death and suffering from previously intractable cancers—without the disabilities and scars commonly associated with our classic armaments of cancer therapies.

These new designer drugs, which treat the tumor with few side effects for the patient, include Gleevec—now being used to attack chronic myelogenous leukemia. Dubbed a "miracle" drug by some, Gleevec is the product of dedicated basic research gathered over the past two decades on the function and the kinase activity of the Bcr-Abl gene.

Then, there's the introduction of Herceptin and Rituxan, monoclonal antibodies directed against cell surface genetic targets in patients with breast cancer and non-Hodgkin's lymphoma. Many other anti-tumor compounds are in the pipeline, including drugs such as Avastin which we've recently heard about that induce angiogenesis, and still others that inhibit telomerase activity, or block specific protein kinase activity or ubiquitination.

All of these advances have been made possible through the combined efforts of cancer researchers and other specialists covering a wide range of biomedical sciences—from the basic researcher trying to understand the fundamental nature of how life works, to the translational scientist who bridges the gap between this basic knowledge and its application, to the clinical investigator who brings the product of this work to the patient.

Certainly, if we are to reach our goals, we must also do a better job of educating the public about what they can do to help. We can truly eradicate death and suffering from cancer now among millions worldwide … if they would only stop smoking cigarettes. We all know that this single act would dramatically lower the incidence and mortality figures for many cancer sites, including larynx, bladder and, of course, the lung.

We also must continue informing the public about the benefits of proper diet and exercise, and how a healthy lifestyle can improve an individual's chances of avoiding cancer. And we, as a people, also need to make medical care accessible to all those in need, particularly the medically underserved. We can never succeed unless everyone has equal opportunity and access to the best medical care we can provide to prevent, diagnose early and treat cancer.

So, that's the challenge. We stand at a unique moment in history where knowledge, technology and resources are coming together to make what seemed impossible a short time ago, now possible. We may never wipe out cancer all together. But we owe it to ourselves, and to future generations, to try to eliminate and control this terrible disease. We at the AACR collectively and in partnership with the NCI and others—will work as best we can to reach this goal.

2015 Goal Not A Dream, But A Vision, Director Says

Standing at a lectern facing reporters at a July 11 press conference, NCI Director Andrew von Eschenbach held the blue-and-white, 1,496-page, 4.5-pound "Proceedings: American Association for Cancer Research 94th Annual Meeting, Volume 44 2nd Edition" in the air above his shoulder.

"When one looks at just the abstract book of this meeting, and particularly pays attention to the font size, which is something you are very familiar with, what an extraordinary contribution, and what an extraordinary accomplishment this represents," von Eschenbach said.

The text appeared to be set in about an eight-point font, eight lines to the inch. It looked like this.

"The contributions of our scientific and research community have made it possible for us now to imagine things that previously, back in 1971 when the National Cancer Act was signed, were perhaps truly a dream," he said. "But now, in 2003, what we can imagine is no longer, in my opinion, a dream, but a vision to be accomplished."

Von Eschenbach placed the Proceedings on the lectern. "We now have within our grasp the ability to capitalize on our progress and to eliminate the suffering and death due to cancer," he said. "I did not say that we are going to eliminate cancer. I don't know when that day will come."

Then came a question from a reporter: NCI is facing its smallest budget increase in five years, the latest data show that mortality has been flattening out since 1998, and critics say that the 2015 goal, while laudable, is unachievable. What would you say in response to that?

"There's no doubt that we have to continue to have a sufficient resource base to continue to drive this incredible engine of discovery, development, and delivery," von Eschenbach said. "We have more money in the NCI budget than we've ever had before, so we have to view it as not simply being the glass empty, but there are substantial resources to work with.

"Having said that, we have to look beyond that federal appropriation to other opportunities to leverage and amplify the resources that are being applied to the process," he said. "I do recognize the resource challenge. I do think we have to find creative ways to amplify the resources that are being applied, from the private sector, from the public sector.

"With respect to looking at the problem from the point of view of mortality: I think what I've tried to point out is when you look at the broad breadth of our approach to cancer, you can see multiple places and steps along that pathway of progression in which we have the opportunity for progress, and when that progress is synergized, we will really have the opportunity to really significantly modulate mortality.

"We tend to think that this improvement is going to be a slow, gradual, linear process. I actually think

it's going to be much more exponential in nature. It's going to be synergistic in nature. If you just backtrack to how rapidly our knowledge and understanding has occurred in the past 10 years, you can see that it is not simply incremental. It is essentially feeding on itself, almost as if critical mass has been achieved.

"There are barriers, and those barriers are real and they go beyond simply the research enterprise," von Eschenbach said. "We have to address those as well. You will hear about our collaboration with FDA to help streamline some of the issues that create barriers to getting to the patients.

"So the other part of our strategy is not only to amplify the progress, but shorten the timeline."

"I Actually Am An Exclamation Point"

Later that day, in his remarks at the plenary session, von Eschenbach said cancer research has come a long way in 30 years, as evidenced by work the plenary speakers presented.

"For me to stand here this afternoon and discuss with you the critically important role of research, I think I actually am an exclamation point for the incredible presentations that have gone before me," he said.

"We are moving from dreams years ago to what is perhaps vision today, and hopefully, very soon will be reality for tomorrow. That dream and those processes began most emphatically just about 30 some years ago in this city in 1971 when Congress came together and passed the National Cancer Act with the dream, perhaps, at that time, of being able to mobilize the resources in this country, and, in fact, eliminate the problem of cancer.

"Some may say that back in 1971, that was not a dream but perhaps a fantasy. It is true that back then, unlike when we made a commitment to put a man on the moon, it was more than just an engineering problem. It was, in fact, a problem in which we did not understand the fundamental nature of the problem we were hoping to resolve.

"But what that 1971 Cancer Act did do was to begin an incredibly exciting journey of progress, and a journey in which we have seen a tremendous explosion in our ability now to understand cancer, and, it put in place the development of intellectual resources, and it put in place the opportunity for expansion in technology.

"You have been responsible for that evolution and development of knowledge by using those resources, such that today, in 2003, we are in a much different place than in 1971. We are celebrating the 50th anniversary of DNA, and we are on the very cusp of the tremendous progress that has been made in our unraveling of the human genome, and you saw, just in the past few hours, the incredible power that that knowledge is making possible.

"You built the basis and the foundation for this progress going back to the 1970s, and we began a systematic, methodical unraveling of the secrets of cancer."

"The War On Cancer Is Winnable"

Earlier this year, in a White House celebration of cancer survivorship, von Eschenbach said, "the President of the United States made a statement. The statement was that for the first time in human history, we can say with certainty that the war on cancer is winnable. This nation will not quit until our victory is complete.

"We perhaps have moved from that dream to vision, and that has been made possible by the tremendous effort and success of the cancer research enterprise, you who are in this room and colleagues around the world. Now we can begin to look to the next step, of taking our vision that the war on cancer is winnable to now beginning to translate that into the reality.

"The NCI has issued to itself and to the entire cancer community a challenge. A challenge goal, if you will, to build on this knowledge and continue this momentum to eliminate the suffering and death due to cancer, and to bring that about by 2015.

"The strategy that we can embark upon to accomplish that challenge goal of eliminating the suffering and death due to cancer is to use the knowledge and continue the momentum to affect a strategy that will enable us to preempt the disease, to preempt the initiation and progression of cancer as its on its pathway to a lethal phenotype.

"Why this is feasible is because we've begun to understand cancer as a biologic process and there are multiple steps and multiple mechanisms in that process from our very susceptibility to the point where it takes our life, and those steps in that process by virtue of the knowledge we are gaining are now vulnerable. They are vulnerable for us to define interventions to eliminate or control that process.

"Clearly, there will be no magic bullet or single solution to this challenge, but there can be a magic strategy by not only defining the steps, but by defining their integration.

"The preemption strategy has to include our efforts around prevention, elimination, and modulation. We will accomplish this by promoting a portfolio that includes discovery, development and delivery.

"We do not know enough about cancer, but we know so much more than we did when we began this journey. We must continue to maintain that momentum and drive that engine of discovery to understand the relevant mechanisms at there very fundamental level. But we must also go beyond the discovery of the mechanisms to use that knowledge in the understanding of cancer to develop interventions that will enable better detection, diagnosis, treatment and prevention of the disease and then to use those interventions and deliver them to all who are in need, but deliver them in a process of clinical research that the very delivery of those interventions yields new knowledge and understanding of the fundamental biology of cancer helps to re-inform our discovery process. So we will continue on a circle of discovery, development and delivery."

Intramural Program Reengineering

For fiscal 2004, NCI plans to "reengineer" the intramural program, with the eye toward "ways in which the intramural program will complement what is going on in the extramural community," von Eschenbach said.

Other top priorities include:

—Creating a National Biospecimen Network "to enable us to rapidly accelerate our ability to exploit the opportunities that genomics and proteomics are providing for us."

—Imaging, nanotechnology, and molecular medicine.

—Development of the Cancer Biomedical Informatics Grid, or CaBIG. "This will go out as a pilot project specifically for our cancer centers and SPOREs to create a platform that will enable us to integrate across the entire spectrum," von Eschenbach said.

* * *

HHS Secretary Tommy Thompson was invited to speak at the AACR plenary session, but could not attend, von Eschenbach said in his remarks at the plenary session.

"He was very upset over the fact that many other demands and pressures, legislative activities, made it impossible for him to be here today," von Eschenbach said. "He wanted me to share with you his sincere and warm welcome on the part of the Department of Health and Human Services and on behalf of the President and the Administration. The Secretary and the President are truly committed to the advancement of science and especially to biomedical research."

Dialogue Developing Plans For Biospecimen Network

The National Dialogue on Cancer said it is working to develop plans for a National Biospecimen Network, which it described as "the first national, standardized tissue resource in the U.S. designed to facilitate genomic and proteomics research."

The NBN will be "openly accessible to cancer researchers" nationwide, according to a July 11 press release by the Dialogue.

The network will collect tissue, blood and serum, pathology data, clinical data and genetic information for use in evaluating new drugs for cancer treatment, according to the Dialogue. "When implemented, the NBN will be the first comprehensive tool allowing researchers to evaluate these samples with new methods for gene and protein analysis," the statement said.

Anna Barker, NCI deputy director for strategic scientific initiatives and a member of the NDC board, first described the network at a recent meeting of the NCI Board of Scientific Advisors (**The Cancer Letter**, July 11).

A "final draft" of the plan is scheduled to be made public in September, the NDC statement said.

The text of the NDC statement is available at www.ndoc.org/pr_july11.html.

AACR Plans To Establish Policy Office In Washington

The American Association for Cancer Research, based in Philadelphia, is considering opening an office in Washington, D.C., the society's leaders said earlier this week.

William Nelson V, newly appointed chairman of the AACR Science Policy and Legislative Affairs Committee, said having a Washington office would enable the society to do a better job dealing with policy issues that go beyond appropriations.

Nelson, of Johns Hopkins University School of Medicine, succeeds Anna Barker as chairman of the policy committee. Barker is the NCI deputy director for strategic scientific initiatives.

AACR spokesman Warren Froelich said plans

for a Washington office are in "early discussions."

AACR has done its best policy work in NIH appropriations, Nelson said at a July 13 "town hall" session at the AACR annual meeting in Washington.

"We focused fairly resolutely on appropriations and that was really what we did well," Nelson said. "We found it fairly easy to recruit some of our scientists to describe the opportunities arising if additional funds were available."

In the last few years of the effort to double the NIH budget, "that was not a hard sell to make" to members of Congress, Nelson said. "Now we are back into the appropriations game again."

Over the past five years, the NCI budget and funding for grants increased, but the grants payline decreased from an average of 33 percent to 28 percent, Nelson said. The SPORE program "increased dramatically during the time of doubling," and now NCI funds 55 SPOREs. "It's not likely they are going to increase the SPOREs [further]," Nelson said. "Those coming for recompetition are going to have [budget] cuts."

Scientists should begin to "describe what the opportunities are, what opportunities are being missed or curtailed with the budget allotments," Nelson said.

Now is the time for AACR to work on policy and legislative strategy beyond appropriations, Nelson said. "AACR is pondering how to engage in some new strategic relationships, not just with legislators, but also with the administrative branch of government, with the Food and Drug Administration, with the Centers for Disease Control," he said.

Nelson said AACR has been less active in other issues, including stem cells, Medicare prescription drug benefits, and the government-wide effort to study competitive outsourcing of services.

"These are issues that we need to figure out ways to develop positions," Nelson said. "We have historically done this relatively haphazardly. My hope is that with the establishment of an office in Washington with a full-time lobbying presence, that we may be more effective in addressing these issues that are not directly appropriations issues."

AACR is "generally thought of as an honest broker in our dealings on Capitol Hill," Nelson said.

"Marge Foti, because of her consistent presence as the CEO of the AACR, is a recognized figure in Washington, increasingly," Nelson said. "I think we will try and continue to 'brand' her with the AACR so that she is someone that gets called frequently when questions come up."

The AACR Intraepithelial Neoplasia Task Force report (**The Cancer Letter**, May 30), discussing methods of studying interventions for "precancers," has generated "a lot of controversy," Nelson said. "Some of this controversy has been healthy."

AACR and the American Society for Clinical Oncology have "engaged in a new relationship with FDA," Nelson said.

"I think to drive the science of chemoprevention and begin to impact on the culture and the way people think in the lay public and in a variety of institutions about cancer prevention is going to be an uphill climb and our best weapon is going to be science," Nelson said. "Our challenge going to be to communicate that science to the people who need to hear it."

Cancer center directors and SPORE investigators will be watching closely the effort by the National Dialogue on Cancer to develop a National Biospecimen Network, Nelson said.

"What has happened is that cancer centers have efforts to collect these kind of materials, and that is a requirement of a SPORE grant," he said. "The question is, is there going to be a cost savings, or an attempt at cost savings, by reducing allocations to cancer centers or SPOREs for this activity, saying there's going to be a national one, when in fact, they are effectively under-supported now, because they are quite under-funded.

"More cost savings may not be helpful to the SPORE community, but a large national project may be helpful to the overall research community," Nelson said.

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