

THE

CANCER LETTER

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

Vol. 29 No. 36
Oct. 3, 2003

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Price \$305 Per Year

Former Kidney Cancer Advocate Charged With Theft of \$335,000 From Association

Not long ago, Carl Dixon was a prominent operative in cancer politics.

A pudgy man with receding out-of-the-bottle orange hair, Dixon headed the Kidney Cancer Association, a small patient advocacy group based in Evanston, Ill. Though Dixon has never had cancer, pharmaceutical companies, their Washington lobbyists, FDA and the American Cancer Society accepted him as a voice of the patients.

Over the years, Dixon testified frequently before Congress, and sat on the boards of directors of three Washington lobbying and health policy
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In Brief:

Roeder Wins Lasker Award For Basic Research, Feldman, Maini Win Clinical Research Award

ALBERT LASKER AWARD for Basic Medical Research was presented Sept. 19 to **Robert Roeder**, the Arnold and Mabel Beckman Professor at Rockefeller University, for his work on eukaryotic RNA polymerases and the general transcriptional machinery, which opened gene expression in animal cells to biochemical analysis. The Albert Lasker Award for Clinical Medical Research was presented to **Marc Feldman** and **Sir Ravinder Maini**, of the Kennedy Institute of Rheumatology at Imperial College London, for their work in TNF therapy as treatment for rheumatoid arthritis and other autoimmune diseases. **Christopher Reeve**, actor and paralysis research advocate, received the Mary Woodard Lasker Award for Public Service in Support of Medical Research. . . . **DAVID SCHOETZ JR.**, professor of surgery at Tufts University and chairman of the Department of Education at the Lahey Clinic, Burlington, Vt, has been elected president of the American Society of Colon and Rectal Surgeons. **Bruce Wolff**, professor of surgery at Mayo Medical School, is president-elect. **Leela Prasad**, clinical professor of surgery at University of Illinois at Chicago and chairman, Section of Colon and Rectal Surgery at Lutheran General Hospital, was elected vice president. Two members-at-large were also elected. **Michael Stamos**, chief, Division of Colon and Rectal Surgery, and professor of Surgery, University of California Irvine School of Medicine at Orange, Ca.; and **Judith Trudel**, adjunct associate professor, Department of Surgery, University of Minnesota. . . **BRENT STANFIELD** was named acting director of the Center for Scientific Review by NIH Director **Elias Zerhouni**. Stanfield has served as CSR deputy director since 2000. He replaces **Ellie Ehrenfeld**. Stanfield
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Carl Dixon Charged With Theft From Kidney Cancer Assoc.

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groups: the National Coalition for Cancer Research, Friends of Cancer Research, and the National Health Council. On the National Dialogue on Cancer, an organization launched by ACS to construct an overarching cancer agenda, Dixon is still listed as a member of the cancer research team.

When ACS officials were recruiting patient advocates to join a committee to rewrite the National Cancer Act of 1971, Dixon was chosen, presumably as a spokesman for patients. The committee's work resulted in introduction of a bill by Sen. Dianne Feinstein (D-Calif.)

Today, eight years after his debut in cancer politics, the 55-year-old attorney who claimed to be independently wealthy and spoke of dinners in four-star restaurants in London and Paris can be found in Cook County Jail, one of the toughest lock-ups in the U.S.

According to court documents, coincidentally with his spectacular political ascent, Dixon was diverting funds—about \$335,000—from the kidney cancer charity. According to the indictment on file at the Cook County Circuit Court, Dixon is charged with three felonies: theft, theft by deception, and personal use of charitable funds. He is facing the maximum of 37 years in prison.

The funds were taken between July 14, 1997, and Nov. 14, 2002, the indictment states. Dixon's bail was set at \$150,000, which he was apparently unable to post. His case was assigned to the Public Defender's Office, and he is expected to enter a plea on Oct. 14.

Dixon's story is more than a mere case of bum luck and bad decisions. It is a story of the political power of patient advocates and the accountability of political operatives to the patients they claim to represent. The question of Dixon's appropriateness for the job first surfaced in 1995, when the association's widely respected founder Eugene Schonfeld chose him as a successor.

"He was Gene's hand-picked successor, and that carried a lot of weight," said Nicholas Vogelzang, director of the University of Chicago Cancer Center, who served on the association's board at the time. "Gene's tumor was growing, and we were looking for a way to keep the organization going. I tried to find a patient who could take over the leadership. I approached several. But they were back into their ordinary lives, and they didn't want to change careers. Carl did."

Vogelzang returned to the association's board last fall, in time to see that his misgivings about Dixon were justified. Now, along with the rest of the board, he is trying to glean the higher meaning from this unsightly story.

"I will never again support a non-patient in this kind of role," Vogelzang said. "Having myself been a survivor, I know that there is a special bond among survivors. It's almost like a religious sect. You can come up to a survivor, and you can immediately start talking about your experiences, with no social pretenses. You bare your soul to somebody."

As cancer drugs are developed and as health policy is made, patients are regarded as a priceless asset. Can anyone better than a patient create urgency for an application for drug approval? Can anyone better than a patient drive demand for a drug or create momentum for a change in public policy?

"We all know that there is an industry built around that life-changing experience, and it can be abused," said Vogelzang, a survivor of Hodgkin's lymphoma. "It can be abused by docs. It can be abused by pharmaceutical companies. It can be abused by the government. But there is at the core of it an experiential reality that can't be corrupted, because at root you are a survivor."

Gerald White, a former board member, said he



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never trusted Dixon, but fraud was beyond his darkest suspicions.

“I just thought he was a smart-ass,” said White, an inventor and engineer who lives in the Fort Worth area. “I had no idea that anything that gross was going on. The thought of stealing from sick people is so incredible that nobody was looking for it. Maybe we should have. Maybe we didn’t stop him in time, but we stopped him.”

A Bad Day for Carl Dixon

Sept. 16 was a bad day for Dixon. He showed up at a courthouse in Skokie to make an appearance on a drunk driving charge.

After leaving the Kidney Cancer Association job in the fall of 2002, he had been working on and off. A job in Washington lasted only two months, and according to court documents, Dixon was living in Nashville.

Dixon had to have known that his former employer had called the police and was conducting a separate investigation, but it is less likely that he knew that a grand jury had returned an indictment, and that two Evanston police detectives in plainclothes were waiting for him at the courthouse.

According to officials at the Cook County State’s Attorney’s office, at the time of arrest, Dixon admitted wrongdoing. “He made a statement that he diverted funds from his employer,” said Tom Stanton, a spokesman. Attempts to reach Dixon’s attorney at the Public Defender’s Office were unsuccessful.

It appears that during his years at the Kidney Cancer Association, Dixon wasted the respect and good will painstakingly built by his predecessor Schonfeld, an expert in advertising and finance, who founded the group in 1990, modeling it in part on the AIDS movement.

“Gene was a serious policy guy,” said a Washington source. “Here is somebody who is basically in a life-threatening situation, and he is trying to convert that experience into some change that would benefit many people. I thought it was extraordinary. He was an intellectual provocateur. He wasn’t always pushing his way. He was trying to create constructive change, trying to stimulate exchange of ideas. And he did stimulate a lot of good thinking at a time when FDA reform was getting a lot of attention.”

As Schonfeld’s cancer progressed, he traveled to Washington to introduce Dixon as his successor. “I recall Gene coming in with Carl to introduce him,”

said a source. Such introductions opened doors and assured respect.

Schonfeld died in 1997.

During his years at the group, Dixon became known as a man eager to please and impress. His brief biography, posted on the Web site of AdvaMed, a trade association of manufacturers of medical technology, states that Dixon “serves on the FDA’s Oncology Drug Advisory Committee as a voting consumer representative.”

Not true, said agency spokesman Susan Cruzan. “Carl Dixon was not a consumer representative on ODAC,” she said. An AdvaMed spokesman confirmed that Dixon took part in the group’s conferences, and said that the bio had been submitted by Dixon or by the association.

Not only did the profile misstate the name of the FDA committee in question—“Oncologic Drugs Advisory Committee” would have been correct—but even Dixon’s title at the association was inflated. Dixon was not the president and CEO he claimed to be, but president and executive director.

“The board called him on it on more than one occasion,” said Bill Bro, former chairman of the association’s board. “He was not the CEO. This was not the title we wanted him to use.”

Dixon seemed willing to take on tasks other advocates consider inappropriate. In May 2002, in Orlando, at a meeting of the American Society of Clinical Oncology, **The Cancer Letter** observed Dixon standing at the Kidney Cancer Association booth, handing out brochures on off-label use of Thalidomide, a drug approved for leprosy, but sometimes used off-label to treat kidney cancer and other diseases.

Such distribution of materials by third parties is in the gray area of FDA law and a darker-gray area of advocacy. Many groups, including the Kidney Cancer Association, refrain from endorsing specific products. According to the association’s newsletter published in the spring of 2002, Celgene Corp., the sponsor of Thalidomide, gave the association a grant for production of a video program on kidney cancer.

“It would have been inappropriate for Mr. Dixon to distribute literature promoting any particular therapy,” Bro said.

“The only information we have from the Kidney Cancer Association was a document that covered all channels of treatment opportunities for patients challenged with kidney cancer,” said Brian Gill, a spokesman for Celgene.



Dixon's prominence in oncopolitics increased with his involvement in the National Dialogue on Cancer.

He joined the Dialogue shortly after it was launched by ACS, and was rewarded with a seat on the National Cancer Legislation Advisory Committee, the group rewriting the National Cancer Act. Though the bill drafted on the basis of the committee's report appears to be moribund, contributions from ACS and pharmaceutical companies have made the Dialogue into a forum for advancing agendas and careers.

Bro and White said the board never approved Dixon's joining the Dialogue or the legislation committee.

"That's clearly an action he undertook unilaterally," Bro said to **The Cancer Letter**. "He was unresponsive to the demands of the board."

Colleagues and social acquaintances said Dixon habitually spoke of expensive meals and fine hotels all over the world. He claimed to be something of a regular at the Gordon Ramsey restaurant in London. He spoke of having dined at the Michel Rostang restaurant in Paris, and at sundry fine eateries in Burgundy.

"It seemed that anything less than Michelin three stars didn't exist for him," said one acquaintance.

Dixon's salary was far from lavish. When he left the association, he was earning about \$120,000, Bro said. Dixon offered a variety of explanations for his expensive lifestyle: (1) he had an independent source of income from his former law firm; (2) he owned valuable farmland; and (3) pharmaceutical companies paid for the meals.

Dixon described himself as a prominent attorney who had worked at large firms.

Attorney registration records show that he obtained a license to practice in Illinois in 1975, and moved from law firm to law firm in Chicago, Columbus, and Cleveland. In 1990, Dixon appears to have become a sole practitioner. In a profile published in the Martindale-Hubble Law Directory for 1994, Dixon listed no law firm affiliation and described his specialty as real estate and corporate law.

According to the Illinois Attorney Registration and Disciplinary Commission, Dixon has never been suspended or censured. However, the commission routinely initiates disciplinary actions when an attorney is charged with a crime.

Dixon seemed eager to play party politics. In 1999, he approached several people, including a reporter for **The Cancer Letter**, with a plan to unite

what he called "the cancer community" behind Rep. Rick Lazio (R-NY) in the Senate campaign against Hillary Rodham Clinton. The association's board has never authorized—and would not have supported—such a blatantly partisan move, Bro said.

Public relations firms and pharmaceutical companies routinely cultivate activists who are willing to support them, said Sheldon Rampton, editor of PR Watch, a publication of the University of Wisconsin, based Center for Media and Democracy

A fine meal in London or Paris is a reasonable expenditure when millions of dollars are at stake. "Opportunists in the advocacy world can be counted on to say whatever the sponsor wants said," Rampton said. "They are not bound by considerations of honesty or accuracy or fair play. And that can be very useful. But they do have limited usefulness to their sponsors, because over time their credibility doesn't travel well.

"They are a little bit like lemons. They get squeezed and thrown away."

What The Board Knew

The association's board members said that they trusted Dixon at first.

After a few years, several board members expressed concern about Dixon's expenses and unauthorized political forays. Dixon's close ties with the industry didn't raise flags. Many respected patient groups support the industry on specific issues.

Problems notwithstanding, an abrupt firing of an executive director is not a move associations are eager to make. "You can't really go in and fire a guy because you don't like him, or because you think he is a smart-ass," said White, a survivor of metastatic kidney cancer that went into a long-term remission he attributes to use of guided imagery. "The organization was growing. Membership was growing, in spite of him."

At board meetings, it was a challenge to get a word in, White said. "Carl would dominate the meetings," he said. "He was one of the worst public speakers I've ever heard, yet he wouldn't let any of us speak."

Under Dixon's direction, the association's newsletter changed emphasis from science and policy to just plain politics. One issue, from the spring of 2002, included two separate photos of Dixon on the same page. Dixon's smiling likeness appeared in groups that included Feinstein, NCI Director Andrew von Eschenbach and his predecessor Richard Klausner. The photos were taken at a briefing



sponsored by the association on behalf of the Dialogue.

“Carl controlled the newsletter,” said White. Even as a board member, White was blocked from publishing a lengthy article attacking the National Cancer Legislation Advisory Committee, on which Dixon served.

“The [NCLAC] booklet is not about cancer nearly as much as it is about power and control and who is going to wield it,” White wrote in the unpublished article. “The interests of those in the ‘cancer business’ are all too often of a nature quite different from those of a mere patient... The grandiose program now under discussion will do little to change that.”

According to three board members, in September 2001, a financial contributor complained that Dixon showed up drunk at a fundraising event in New York. Though there was no way to prove the allegation, board chairman Bro decided to act.

“Bill immediately polled every one of our board members by telephone,” said White, whose term on the board was ending. “I said, ‘Fire him immediately. Run, do not walk, kick him out the door.’”

“I offered a motion that the board appoint a committee-at-large to investigate his conduct, and bring back a report to see what action would be appropriate,” White said. “I added to that motion that while we are at it, let’s have an independent auditing firm come in and start looking at every transaction, how we do business. That was the first domino that fell over.”

“So I guess I am the guy who kicked the first domino over.”

Bro confirmed White’s account. “That report certainly resulted in applying higher scrutiny,” he said. “The difficult thing there was the matter of independent verification. Other than a single contributor, we couldn’t find anyone to go on record. No one was willing to say in absolute terms that he was drunk or behaved inappropriately.”

Concern about Dixon grew as the board focused on his travel and entertainment expenses. Worse, the association’s revenues were dropping. According to an annual “990” form for 2002, the association raised \$1.2 million, but spent \$1.7 million. In October 2002, the board decided to put Dixon on a paid leave of absence, pending conclusion of another audit, which focus on his expense accounts.

The auditors never detected theft, Bro said. There was a good reason for this: they examined the

books. Revenues that never made it into the books remained unseen.

At the Source...

Days after the Board placed Dixon on leave, a patient called to request confirmation of a contribution of around \$400.

The association’s accounting software failed to find record of that contribution. It seemed entirely plausible that the check fell through the cracks.

“We asked the donor to provide a copy of the front and back of the check, so we could send a normal acknowledgment letter,” said Bro. “When we received the check from the donor, it contained an endorsement that didn’t agree with any bank account recognized by the association.”

The check was deposited into a savings account in the name of the Kidney Cancer Association. “Everything appeared genuine,” Bro said. “When we got an accounting from that bank, we knew what we were dealing with.”

After Dixon, who was still on leave, was confronted with the problem, he told Bro that he would step down. His resignation was dated Oct. 31, 2002.

Immediately, Bro notified Evanston police. The investigation was proceeding quietly, but since Dixon was trying to reestablish himself in cancer politics—as a consultant to Friends of Cancer Research—Bro said he felt an obligation to warn the public.

Finally, in March, the police allowed the association to issue a press release. “The Kidney Cancer Association... has launched an internal investigation concerning the financial management practices of its former Executive Director, Carl F. Dixon,” the group said in a press release dated March 21. “The Evanston Police Department has been notified and they have instituted an investigation.”

Dixon’s consulting job with Friends lasted through February and March, said Ellen Sigal, the organization’s chairman. “It was not extended beyond that,” Sigal said. She said she saw no evidence of financial impropriety on Dixon’s part during that time.

Dixon brought the Kidney Cancer Association to the brink of disaster, Bro said.

“When it became clear that a crime had been committed by a person in a leadership position, the thought that occurred to me immediately was how can you replace Carl—knowing what had happened—with someone who is capable, and good, and prepared to stand the heat?” Bro said. “What kind of person are you going to find that a small organization could



afford, who would be willing to endure the scandal?

This line of reasoning led Bro to conclude that it would take someone like him to do the job.

Last January, the 57-year-old retired businessman moved his family from Peoria to the Chicago area to become the association's executive director.

"It seemed to me that if the organization was going to become viable, then having somebody who had been touched directly by the disease and who was committed to its eradication is an essential element," Bro said.

"When I Monday-morning-quarterback this whole affair, I ask myself whether people behaved responsibly, and the answer is a resounding 'Yes,'" he said. "The directors took appropriate action when they needed to. The staff paid attention to small details. The question that has to be asked is, 'Is there a way to prevent the fundamental abuse of the organization by the person in the key leadership role?'"

"If the person in whom you have invested the highest trust is intent upon being abusive of that trust, how does one prevent it?"

NIH News:

Zerhouni Unveils Roadmap, Defends Peer Review Process

NIH officials earlier this week unveiled a \$2 billion "Roadmap for Medical Research," a series of initiatives intended to foster more innovative approaches to medical therapy and streamline research.

The 28 initiatives would commence in fiscal year 2004, and are expected to cost \$130 million the first year. The five-year plan would not require additional federal funding, but NIH Director Elias Zerhouni suggested at a hearing this week that Congress give the director additional budgetary authority.

The Roadmap plan was released on Sept. 30, two days before a hearing of House and Senate oversight committees looking into the NIH management of biomedical research. While the tone of the hearing was generally supportive of NIH and the Roadmap, two House members criticized the Institutes' funding for studies of human sexuality.

NIH Director Zerhouni defended the peer review process that resulted in grants that Rep. Joseph Pitts (R-PA) and Rep. Mike Ferguson (R-NJ) cited, including studies of response to pornography and sexual habits of older men.

"The key question you're asking is, 'Do we have a process with integrity, that represents the public's view?'" Zerhouni said. "We owe it to ourselves to look at the balance between science, public health, and society. Are we putting money in the right place? We will look into that."

Rep. Henry Waxman (D-CA) countered, "I want NIH protected from political interference. What's raised is political correctness, while research should be based on scientific validity."

Rep. John Dingell (D-MI) questioned the White House Office of Management and Budget's A-76 competitions for outsourcing. The process for "transferring jobs out of NIH" is causing "great concern among NIH employees and many of its key stakeholders," he said.

Sen. Edward Kennedy (D-MA), said the outsourcing competition that NIH won recently cost the Institutes \$7 million and 100,000 hours of staff time, resources that could have been used to support new grants.

Zerhouni said NIH must respond to OMB directives. "My instinct about this is our people are the best people [to do the jobs]," he said.

Also testifying at the hearing in support of the Roadmap were Harold Varmus, president and CEO of Memorial Sloan-Kettering Cancer Center and former NIH director (1993-1999), and Harold Shapiro, president emeritus and professor of economics and public affairs, Princeton University. Shapiro served as chairman of a National Research Council committee that studied the structure of NIH.

Varmus said the OMB outsourcing directives are "sending a wave of unnecessary anxiety and unnecessary duplication" across NIH.

The OMB directives "threaten to undermine the vitality of NIH," Shapiro said. The first recommendation of his committee's report was that such centralization plans should be considered only after careful study (**The Cancer Letter**, Aug. 1).

In response to questioning by Rep. Michael Bilirakis (R-FL) about the feasibility of the Roadmap, Zerhouni said the NIH director's only budget authority is a 1 percent transfer from budgets of the individual institutes. "There is always tension between the Institutes and the director," Zerhouni said. "They are accountable to their constituencies and there is tension when they have to choose between their constituencies and the common good."

Shapiro suggested that Congress amend the NIH authorizing legislation to charge the NIH



Director to conduct trans-NIH strategic planning, and enable the director to require the institutes to commit a percentage of their budgets to trans-NIH research.

Written testimony of the hearing of the Senate Committee on Health, Education, Labor and Pensions and House Energy and Commerce Committee can be viewed at <http://energycommerce.house.gov>.

The NIH Roadmap

NIH released four new Requests for Applications this week to begin the Roadmap initiatives.

The projects are for Metabolomics Technology Development, Exploratory Centers for Interdisciplinary Research, National Technology Centers for Networks and Pathways, and National Centers for Biomedical Computing. The RFAs are available at <http://nihroadmap.nih.gov/grants.asp>.

“With this new strategy for medical research, NIH is uniquely positioned to spark the changes that must be made to transform scientific knowledge into tangible benefits for people,” Zerhouni said in a prepared statement.

“We have made remarkable progress in medical research in recent decades, and NIH-led research has changed the landscape of many diseases,” he said. “However, very real—and very urgent—needs remain.

NIH is now drawing all fields of science together in a concerted effort to meet these challenges head-on.”

To be part of the roadmap, scientific initiatives had to be deemed of high potential impact, had to enhance the disease and mission-specific activities of all of NIH’s 27 institutes and centers, and had to respond to the needs and concerns of the public.

“Through these new initiatives, we hope to remove some of the biggest roadblocks that are keeping research findings from reaching the public as swiftly as possible,” Zerhouni said. “These efforts cover a broad spectrum of points between the lab and the clinic—from basic biological research, such as determining protein structure, to the front lines of clinical research, such as improving the training of the physicians and nurses who run clinical trials.”

The 28 initiatives are to be carried out by nine implementation groups under three themes: New Pathways to Discovery, Research Teams of the Future, and Re-Engineering Clinical Research.

The Roadmap plan for clinical research emphasizes partnerships between patients,

community-based physicians, and academic researchers, an uncanny resemblance to the current arrangement of the NCI-supported clinical trials cooperative groups.

“In these initiatives, NIH will promote the creation of better integrated networks of academic centers that work jointly on clinical trials and that include community-based physicians who care for sufficiently large groups of well-characterized patients,” the Roadmap states.

“Implementing this vision will require new ways to organize the way clinical research information is recorded, new standards for clinical research protocols, modern information technology, new models of cooperation between NIH and patient advocacy alliances, and new strategies to re-energize the clinical research workforce.”

The Roadmap intends to develop initiatives to promote better integration of existing clinical research networks, encourage the development of technologies to improve the assessment of clinical outcomes, harmonize regulatory processes and enhance training for clinical researchers.

“Another major goal of this initiative is to more fully involve and empower the public in the research process,” the plan said.

The text of the Roadmap is online at <http://nihroadmap.nih.gov>.

Funding Opportunities: **Program Announcements**

PA-03-169: Basic and Translational Research in Emotion. NCI and other institutes invite research grant applications to expand basic and translational research on the processes and mechanisms involved in the experience and expression of emotion. See <http://grants.nih.gov/grants/guide/pa-files/PA-03-169.html>. Inquiries: Wendy Nelson, Behavioral Research Program, NCI, phone 301-435-4590; fax 301-435-7547; e-mail nelsonw@mail.nih.gov

PA-03-161: Research on the Reduction and Prevention of Suicidality. NCI and other institutes invite grant applications for research that will reduce the burden of suicidality. See <http://grants.nih.gov/grants/guide/pa-files/PA-03-161.html>. Inquiries: Ann O’Mara, DCP, NCI, phone 301-496-8541; fax 301-496-8667; e-mail omaraa@mail.nih.gov

PA-03-159: Chronic Illness Self-Management in Children. See <http://grants.nih.gov/grants/guide/pa-files/PA-03-159.html>. Inquiries: Lynne Haverkos, NICHD, phone 301-435-6881; fax 301) 480-0230; e-mail haverkol@mail.nih.gov.



In Brief:

Claims For Taxol Payment Settlement Fund Due Nov. 14

(Continued from page 1)

was director of the Office of Science Policy and Program Planning at the National Institute of Mental Health. . . . **TAXOL PAYMENTS** may be available to certain cancer patients in the U.S. who received Taxol or generic paclitaxel from Jan. 1, 1999, to Feb. 28, 2003. The payments will be made through a fund of \$12.5 million set aside by Bristol-Myers Squibb Co. as a result of the settlement of a lawsuit by the Maryland Attorney General. Claims must be filed by Nov. 14. Further information is available at www.taxolsettlement.com or by calling 800-659-7609. . . . **JOURNAL OF CLINICAL ONCOLOGY** is providing free or lower-cost access to public health institutions in more than 100 developing countries. JCO will be available through the World Health Organization Health InterNetwork Access to Research Initiative, said **Daniel Haller**, JCO editor-in-chief. Further information is available at www.healthinternetwork.org. . . . **LYMPHOMA COALITION**, a network of lymphoma patient

groups, has been formed through an educational grant from Roche Pharmaceuticals. Further information is available at www.lymphomacoalition.org. . . . **ED HOWELL**, vice president and CEO of University of Virginia Medical Center, was appointed chairman of the board of governors for the NIH Clinical Center. . . . **GABRIEL HORTOBAGYI**, chairman of the Department of Breast Medical Oncology at M.D. Anderson Cancer Center, was awarded the annual 2003 Horizon Achievement Award in Cancer Research by Bristol-Myers Squibb Oncology in conjunction with the Susan G. Komen Breast Cancer Foundation. He also received the Glenn Robbins Award from the New York Cancer Society and the New York Metropolitan Breast Cancer Group. . . . **FRED EILBER**, of the University of California School of Medicine in Los Angeles and **LaSalle Leffall Jr.**, of Howard University, will be awarded honorary memberships in the American Society for Therapeutic Radiology and Oncology at the society's annual meeting Oct. 21 in Salt Lake City. . . . **WILLIAM JORDAN**, chief executive officer of Texas Cancer Care, was named director of the University of North Texas Health Science Center at Fort Worth's Institute for Cancer Research.



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