THE CANCER LETTER

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FDA Cancer Therapeutics Review Split Among Three Units In Major Reorganization

Responding to Congressional criticism that followed the ImClone scandal, FDA has reorganized the process it uses to review cancer therapies, sources said.

Critics contended that the experience with the ImClone agent Erbitux revealed that the agency's procedures for handling biologics differed from its procedures for handling drugs.

Suggested remedies included formation of a single oncology unit that

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In Brief:

Norris Cotton Cancer Center Wins Renewal Of NCI Core Grant, Opens New Lab Space

NORRIS COTTON Cancer Center at Dartmouth-Hitchcock Medical Center opened the doors on 100,000 square feet of new research space last week, and was awarded a five-year renewal of its NCI Comprehensive Cancer Center status. NCI recommended annual funding for the center be increased to $3.54 million, almost double the current funding rate of $1.8 million. "This has been a great week for us," said Mark Israel, center director. "Renewal of our status and the increase in our core grant funding is solid affirmation that what we're doing here in New Hampshire represents real progress in the fight against cancer.". . . **SIDNEY KIMMEL Comprehensive Cancer Center** at Johns Hopkins was awarded $10 million from the Avon Foundation for a new breast center to support research, education and outreach initiatives. Johns Hopkins is one of only six institutions receiving this level of funding and the only cancer center in the Mid-Atlantic region, said **Nancy Davidson**, director of the Breast Cancer Program, Johns Hopkins Kimmel Cancer Center. Part of the gift establishes the Avon Foundation Access to Breast Health Initiative, which provides outreach and screening to underserved minority and low-income women in Baltimore. . . . **DENNIS CARSON,** known for developing the agent 2-CdA for hairy cell leukemia, was named director of the Rebecca and John Moores UCSD Cancer Center, effective Nov. 10, said **Edward Holmes**, vice chancellor for health sciences and dean of the School of Medicine. Carson has been a member of the cancer center since he joined the UCSD School of Medicine faculty in 1990 as professor of medicine and director of the Stein Institute for Research on

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FDA Parcels Cancer Therapy Reviews To Three Units

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would review all cancer therapies.

At a Congressional hearing and in correspondence last year, the agency indicated that it was combining its cancer activities within the Center for Drug Evaluation and Research, on the foundation of the Division of Oncology Drug Products.

However, after more than a year of study, the agency has in effect split its cancer portfolio between three administrative units.

One unit—drugs—remains unchanged. Another unit, which reviews cytokines and monoclonal antibodies, has been transferred from the agency's Center for Biologics Evaluation and Research to CDER, but is otherwise kept intact. A third unit, which has just been formed, reviews gene, cell and tissue therapies, which remain with biologics.

FDA officials described the changes as an intermediate step, with the final change expected sometime in 2005, after the agency moves its reviewers from Rockville to White Oak, Md.

Since this organizational schema was put in place on Oct. 1 and is yet to be announced to the public, it remains to be seen how Congress, professional societies, patient advocates, and industry will react to the change.

The changes run counter to the recommendation of the Cancer Leadership Council, a patient-led group of cancer organizations, which urged the agency to combine all of its oncology units.

Here is how the new system functions:

—Small molecule agents, or cancer drugs, will remain in the Division of Oncology Drug Products, directed by Richard Pazdur.

—Cytokines and monoclonal antibodies were moved from the CBER to CDER.

These agents will continue to be reviewed by the division directed by Patricia Keegan, who will report to the newly created Office of Drug Evaluation VI, headed by Karen Weiss, who is being transferred from an analogous position at CBER.

Ultimately, the two CDER divisions report to John Jenkins, director of the Office of New Drugs.

—Gene therapies for cancer remain in CBER, where they are handled by a new unit headed by Steven Hirschfeld, a pediatric oncologist and former medical reviewer in the oncology drugs division.

Hirschfeld's group will be part of the Office of Gene, Cell and Tissue Therapy, headed by Philip Noguchi.

The new unit, which does not yet have a formal name, will take control of about 500 Investigational New Drug applications, and is likely to oversee the introduction of gene therapies, vaccines, and therapies utilizing stem cells, sources said.

While small molecules, cytokines and monoclonal antibodies will continue to be referred to the Oncologic Drugs Advisory Committee, products reviewed by the new group may go either to ODAC or to the Biological Response Modifiers Advisory Committee, depending on the product type or indication, sources said.

Agency officials maintain that they had been contemplating reorganization of the cancer portfolio before the ImClone scandal.

Congress Called For Consistency

Calls for consistency between FDA's cancer drugs and biologics units were part of the take-home message from the ImClone hearings held by the House Committee on Commerce last year.

In a letter, the committee urged FDA to "assure that protocols of registration studies are properly designed and that the presentation format and content requirements are clear to sponsors and consistent among centers" (**The Cancer Letter**, July 5, 2002).

Two months later, in September 2002, the agency announced that it would combine review of

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drugs and biologics within CDER. Patient advocates, professional societies, and industry at the time interpreted this as a sign that the agency was forming an oncology center (**The Cancer Letter**, Sept. 13, 2002).

In Congressional testimony last fall, then acting FDA deputy commissioner Lester Crawford said the agency would transfer cancer-related activities to the CDER Division of Oncology Drug Products (**The Cancer Letter**, Oct. 18, 2002).

However, the plan ran into internal resistance within FDA, sources said.

In a letter earlier this year, CLC asked FDA Commissioner Mark McClellan to create a single oncology unit.

"We… insist that review of products for cancer patients be exclusively in the hands of trained cancer specialists," the council wrote in a letter dated Feb. 24.

"To that end, we were encouraged to hear that a model for such consolidated review already exists at FDA for review of infectious disease products, which are uniformly reviewed in an 'Office' dedicated to that therapeutic area," the letter states.

"We would be pleased to see the agency move in that direction for purposes of oncology product review, and, with the announced move of many biologics to CDER from the Center for Biologics Evaluation and Research (CBER), there would appear to be a sufficient critical mass of cancer-related products within CBER to justify a dedicated Office for those products."

The letter, signed by 19 groups and professional societies, specifically objects to the plan to split off the cancer vaccines and leave them in CBER.

"The manner in which cancer vaccines have been studied by investigators and ultimately by CBER has, from time to time, been a source of concern among both physicians and patient advocates, and we believe that review of these products would benefit from their transfer to a consolidated oncology review authority within CDER," the letter states. "While we appreciate that any transition must be orderly and mindful of resource needs, current planning should envision that cancer vaccines would be part of an oncology Office within CDER."

The text of the CLC letter is posted at: www.cancerleadership.org/policy/fda/030224.htm

The changes were the result of over a year of work by a task force headed by Murray Lumpkin, FDA Principal Associate Commissioner.

National Cancer Policy Board:

Childhood Cancer Survivors Need Organized System Of Follow-up Care, Report Says

NCI should convene an expert panel to develop evidence-based clinical practice guidelines for the care of childhood cancer survivors, according to a report of the National Cancer Policy Board of the Institute of Medicine.

While there is general agreement that survivors of childhood cancer should have long-term follow-up care, there is no consensus about where the care should take place, what the components of care should be, or who should provide it, the report said.

"In short, an organized system of care and a method of care for childhood cancer survivors needs to be devised," the report said.

The Policy Board report called the treatment of childhood cancer "one of oncology's great success stories." Before 1970, children and young adults under age 20 had little hope of cure, but since then, cure rates have increased to 78 percent largely as a result of intensive multi-modal treatments, the report said.

However, the intensive treatments often result in life-long consequences for survivors. Only recently has it been recognized that late effects of treatment can impair the health of survivors. Since leukemias and lymphomas account for 40 percent of childhood cancer and tumors of the central nervous system account for about 20 percent, a total of about 60 percent of children are at risk for neurocognitive damage, the report said.

Because of uncertainty about the best care, NCI should convene a panel to develop practice guidelines, the report said. Specifically, efforts should be made to better define the optimal periodicity of follow-up contact, the value of screening tests, and the effectiveness of interventions to ameliorate late effects.

The report also recommends that NCI convene an expert panel to "define a minimum set of standards for systems of comprehensive, multidisciplinary, follow-up care that link specialty and primary care providers, ensure the presence of such a system within institutions treating children with cancer, and evaluate alternate models of delivery of survivorship care."

The results of this work should be endorsed by groups including the Children's Oncology Group, and the oncology and pediatric specialty societies, the

report said. The Health Resources and Services Administration and the states should take appropriate follow-up action.

Other recommendations are aimed at improving ways to deliver services and care to childhood cancer survivors, including steps to:

—Improve awareness of late effects and their implications for long-term health among childhood cancer survivors and their families.

—Improve professional education and training regarding late effects and their management for providers.

—Support the Children with Special Health Care Needs programs of HRSA.

—Optimize childhood cancer survivors' access to appropriate resources and delivery systems through health insurance reforms and support of safety net programs.

—Increase support for research in survivorship from institutions including NCI, the National Institute for Nursing Research, and the American Cancer Society.

Copies of the report, "Childhood Cancer Survivorship: Improving Care and Quality of Life," are available at www.nap.edu or 800-624-6242.

NCI Programs:

NCI Awards $4 Million For Disparities Partnerships

The NCI Radiation Research Program has awarded $4 million to four institutions to support radiation oncology clinical research trials.

The Cancer Disparities Research Partnership grants, which will provide $15 million over five years to the institutions, will support radiation oncology research at hospitals that care for a disproportionate number of medically underserved, low income, ethnic and minority populations. These institutions traditionally have not been involved in NCI-sponsored research. Two institutions were funded last year.

The NCI Center to Reduce Cancer Health Disparities also is providing funding for a Patient Navigator Program to be established at each of the CDRP sites.

The new sites and principal investigators are: Daniel Freeman Memorial Hospital, Michael Steinberg; UPMC McKeesport Hospital, Dwight Heron; New Hanover Regional Medical Center, Patrick Maguire; and Singing River Hospital, The Regional Cancer Center, Raymond Wynn.

NIH News:

NIH Funds Eight Centers For Health Disparities Research

NIH has funded eight Centers for Population Health and Health Disparities to support research to understand and reduce differences in health outcomes, access and care.

The grants, which total $60.5 million over the next five years, were funded by the National Institute of Environmental Health Sciences, NCI, the National Institute on Aging, and the Office of Behavioral and Social Sciences Research.

The centers, principal investigators, and funding are:

—Ohio State University and University of Michigan, Electra Paskett; a project to increase early detection of cervical cancer in Appalachian women. $1.455 million.

—RAND Corp., Nicole Lurie, to assess the impact of Los Angeles park improvements on the physical activity and health of residents. $1.400 million.

—Tufts University and Northeastern University, Katherine Tucker, for studies of older adults of Puerto Rican origin in Boston. $1.600 million.

—University of Chicago and University of Ibadan (Nigeria), Sarah Gehlert, to use an animal model to test the hypothesis that social isolation and excess stress in African-American women increase the risk of early, lethal breast cancers. $1.330 million.

—University of Illinois at Chicago, Richard Warnecke, to partner with the Healthcare Consortium of Illinois to examine the effects of social context on stage of breast cancer diagnosis. $1.455 million.

—University of Pennsylvania, Timothy Rebbeck, to change African-American men's attitudes and beliefs about prostate cancer screening, specifically men's openness toward discussing screening options with providers. $1.690 million.

—University of Texas Medical Branch, James Goodwin, to explore the relationship between neighborhood context and measures of health among Hispanics, using data sets linked to cancer, including the NCI SEER database and other health databases. $1.700 million.

—Wayne State University, John Flack, to examine the effects of stressors, obesity, and genetic variation of angiotensin-converting enzyme and endothelial nitric oxide synthase genotypes on oxidative stress and salt sensitivity. $1.270 million.

NHGRI Funds $36M Project To Identify All Genome Parts

The National Human Genome Research Institute this week announced the first grants in a three-year, $36 million effort to discover all parts of the human genome that are crucial to biological function.

The protein-encoding component of DNA comprises a small fraction of the genome, accounting for roughly 1.5 percent of the genetic material of humans and other mammals. There is compelling evidence that other parts of the genome have important functions, but there is only limited information available about how these other parts work.

"The Human Genome Project has provided us with a wonderful foundation, but obviously having the human genomic sequence is not enough," said NHGRI Director Francis Collins. "We must keep on exploring this newfound wealth of knowledge if we are to realize the full potential of genome research to improve human health."

The new effort, called the Encyclopedia of DNA Elements (ENCODE) project, will be carried out by an international consortium of scientists in government, industry, and academia. A major aspect of this initiative is a three-year pilot project in which research groups will test efficient, high-throughput methods for identifying, locating and fully analyzing all of the functional elements contained in a set of DNA target regions that covers approximately 30 megabases, or about 1 percent, of the human genome. If the pilot effort proves successful, the project will be expanded to cover the entire genome.

"The ultimate goal of the ENCODE project is to create a reference work that will help researchers fully utilize the human sequence to gain a deeper understanding of human biology, as well as to develop new strategies for preventing and treating disease," said Elise Feingold, the NHGRI program director in charge of the ENCODE project. "Following the model established by the Human Genome Project, data generated by ENCODE researchers will be collected and stored in databases, and will be rapidly and freely available to the entire scientific community."

The ENCODE pilot effort is being implemented by a consortium because the wide range of technologies that need to be tested and developed is well beyond the scope of any single scientific team. The DNA target regions were selected to provide a good cross section of different types of genome sequence and to encourage researchers to look for functional elements beyond genes, transcription-factor binding sites and others that are already fairly well characterized.

Another component of the ENCODE project will be the comparison of genomic sequences from many different animals. "Multi-species comparisons enable us to zero in on DNA sequences that have been highly conserved throughout evolution, which is a strong indicator that these sequences reflect functionally important regions of the human genome," said NHGRI Scientific Director Eric Green, whose team recently published a pioneering study in the journal Nature that compared genomic sequences among 13 vertebrate species.

In this the first year of the ENCODE project, NHGRI has awarded $10.5 million in funds to researchers who will study the large-scale application of existing technologies for determining functional elements. Ultimately, approximately $28 million is expected to be allocated to this part of the effort over three years.

Grant recipients in this category are: Richard Myers, Stanford University, first year funds, $2.7 million; total funds, $8 million. George Stamatoyannopoulos, University of Washington, first year funds, $2.3 million; total funds, $6.9 million. Michael Snyder, Yale University, first year funds, $1.7 million; total funds, $4.9 million. Bing Ren, Ludwig Institute for Cancer Research, University of California, San Diego, first year funds, $1.4 million; total funds, $3.1 million. Thomas Gingeras, Affymetrix Inc., Santa Clara, Calif., first year funds, $990,000; total funds, $2 million. Roderick Guigo, Municipal Institute of Medical Research, Barcelona, Spain, first year funds, $570,000; total funds, $1.5 million. Anindya Dutta, University of Virginia, first year funds, $380,000; total funds, $1.1 million. Ian Dunham, The Wellcome Trust Sanger Institute, Hinxton, U.K., first year funds, $490,000; total funds, $730,000.

A number of other groups will participate in the ENCODE consortium, including those headed by NHGRI's Green, who will spearhead the comparative sequencing efforts; the University of California, Santa Cruz's David Haussler, who will coordinate the database for all sequence-related data; NHGRI's Andreas Baxevanis, who will coordinate the database for other data types; and Children's Hospital Oakland Research Institute's Pieter de Jong, who will lead the team that will create the clone resources needed to support the comparative sequencing. ENCODE is

open to other investigators.

NHGRI also awarded $2.6 million in first-year funding for a second component of the ENCODE project: to develop new or improved technologies for finding functional elements in genomic DNA. About $7.8 million will be allocated to this part of the effort over three years. Grant recipients in this category are: Zhiping Weng, Boston University, first year funds, $530,000; total funds, $1.5 million. Xiang-Dong Fu, University of California, San Diego, first year funds, $460,000; total funds, $1.4 million. Rovert Kingston, Massachusetts General Hospital, first year funds, $430,000; total funds, $1.3 million. Roland Green, Nimblegen Systems Inc., Madison, Wisc., first year funds, $400,000; total funds $1.3 million. Mark McCormick, Nimblegen Systems Inc., first year funds, $400,000; total funds, $1.2 million. Job Dekker, University of Massachusetts Medical School, first year funds, $370,000; total funds, $1.2 million.

Funding Opportunities:

RFAs Available

RFA-CA-04-011: Small Animal Imaging Resource Programs

Letter Of Intent Receipt Date: Nov. 18

Application Receipt Date: Dec. 18

NCI invites applications from extramural investigators for Small Animal Imaging Resource Programs. These grants will support (a) shared imaging research resources to be used by cancer investigators, (b) research related to small animal imaging technology, and (c) training of both professional and technical support personnel interested in the science and techniques of small animal imaging. The RFA is available at: http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-04-011.html.

NCI intends to commit about $4.5 million total cost in FY2004 to fund five new and/or competitive continuation grants in response to this RFA, which includes funds for adding small animal imaging equipment; subsequent year funding would be less, because it would not fund equipment acquisition. Approximately $3.45 million total cost for all the SAIRPs will be available each year for years two through five of the award. Approximately $18.3 million total cost will be available for the five-year period of the award for all the SAIRPs.

Inquiries: Barbara Croft, Cancer Imaging Program, NCI, tel: 301-496-9531, email: bc129b@nih.gov.

RFA-CA-04-012: Transdisciplinary Tobacco Use Research Centers

Letter Of Intent Receipt Date: Dec. 26

Application Receipt Date: Jan. 23

NCI, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism invite center grant applications (P50) for Transdisciplinary Tobacco Use Research Centers. Tobacco use control and addiction research spans diverse areas ranging from molecular biology, genetics, neuroscience and epidemiology to imaging, primary care, behavioral science, communication, health policy, biostatistics, economics and marketing.

Eight to nine new and/or competitive continuation grants are expected to be funded in response to this RFA. For first-year funding, NCI intends to commit about $9 million, NIDA intends to commit $4.3 million, and NIAAA intends to commit $1.5 million. An applicant may request a project period of up to 5 years and a budget for direct costs of up to $1.25 million in the initial year (excluding facility and administrative costs to consortium participants). Future year increments are limited to 3%. The budget for total costs cannot exceed $1.75 million for the initial year. Full text of the RFA is available at http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-04-012.html.

Inquiries: Glen Morgan, NCI Division of Cancer Control and Population Sciences, tel: 301-496-8585, email: gmorgan@nih.gov; or Allison Chausmer, NIDA, tel: 301-402-5088, email: achausme@nida.nih.gov.

Other Funding Notices

NOT-CA-03-038: Inter-Institute Program For The Development Of AIDS-Related Therapeutics

Letter Of Intent: Nov. 1

Application Receipt Date: Dec. 1

The Inter-Institute Program for the Development of AIDS-Related Therapeutics is co-sponsored by the National Institute of Allergy and Infectious Diseases and NCI. Investigators are invited to submit proposals to this drug development program. IIP is designed to help AIDS research investigators facilitate the preclinical development of: 1) therapies for the treatment of HIV disease, AIDS-associated malignancies, opportunistic infections and tuberculosis associated with AIDS, and 2) microbicide-based prevention strategies for HIV. IIP does not fund grants. Instead, applications to the program are requests to use IIP drug development resources to conduct specific tasks the applicants themselves are unable to carry out in their efforts to translate basic research findings to applied or clinical practice. Examples of tasks that may be requested include High Throughput Screen assay development, evaluation in animal efficacy models, Good Manufacturing Practice scale-up synthesis of small molecules and biologics, clinical dosage formulation and manufacturing, and Good Laboratory Practice toxicology. Program proposals are solicited twice per year on June 1 and Dec. 1. Further information is available at http://dtp.nci.nih.gov/docs/dart.html.

Inquiries: IIP Coordinator, tel: 301-496-8720, email: iip@dtpax2.ncifcrf.gov.

Newsletter Publisher Wins Copyright Infringement Case

A federal jury in Baltimore this week found in favor of a financial newsletter publisher in a copyright infringement suit against Legg Mason Inc.

The jury fined Legg Mason $20 million for illegally distributing Lowry's Market Trend Analysis newsletter to its employees. The newsletter is published by Lowry's Reports Inc., of North Palm Beach, Fla.

The lawsuit claimed that Legg Mason e-mailed copies of the newsletter to hundreds of its employees for more than a decade, but only three Legg Mason employees paid the $700 annual subscription fee.

Kirsten Boyd Goldberg, president of The Cancer Letter Inc., of Washington, D.C., said organizations should remind employees not to illegally distribute publications.

"If employees are emailing copies of newsletters without prior permission of the publisher, they are breaking the law," Goldberg said. "Newsletters offer specialized information at reasonable cost. Organizations that need the information should pay for it, just as they pay for office supplies, software, or other business tools."

The Cancer Letter offers group subscription discounts and institutional site licenses. Also, digital rights and permissions may be purchased from the company's Web site at www.cancerletter.com.

In Brief:

Tripuraneni Is President-Elect Of ASTRO; New Officers Named

(Continued from page 1)

Aging. . . . **AMERICAN SOCIETY For Therapeutic Radiology and Oncology** announced elections to its board of directors and nominating committee. **Prabhakar Tripuraneni** is president-elect. Tripuraneni is head of radiation oncology and an associate director of the Green Cancer Center of Scripps Clinic in La Jolla, Calif. He is also senior editor of ASTROnews and chairman of the information technology and resource development committee. **Leonard Gunderson,** chairman of radiation oncology and deputy director of clinical affairs at the Mayo Clinic, is treasurer. Council chairmen are as follows: **Michael Steinberg** is healthcare economics council chairman. He is professor of clinical Oncology at UCLA and in private practice. **George Laramore** is government relations council chairman. Laramore is on the staff at both the University of Washington at Seattle and at other hospitals in Seattle. The education council chairman is **Bruce Minsky.** He is vice-chairman of the Department of Radiation Oncology at Memorial Sloan-Kettering Cancer Center and a professor of radiation oncology at Cornell University. **Randall Ten Haken** is research council chairman. Ten Haken is a professor of radiation oncology, nuclear engineering and radiological sciences at the University of Michigan. Nominating Committee members are: **Richard Hoppe**, Henry S. Kaplan-Harry Lebeson Professor of Cancer Biology and chairman in the Department of Radiation Oncology at Stanford University. **Ivy Peterson**, assistant professor at Mayo Medical School. **Christopher Rose**, associate clinical professor at the University of California in Los Angeles and in private practice as director of clinical programs at Vantage Oncology, Inc. **David Beyer,** clinical lecturer at the University of Arizona in Tucson. **Mark Dewhirst,** the Gustavo Montana Professor of Radiation Oncology at Duke University. **C. Clifton Ling,** the Enid Haupt Chair of the Department of Medical Physics at Memorial Sloan Kettering Cancer Center and professor of radiology physics at Cornell University Medical College. The officers will begin their terms during the ASTRO Annual Meeting in Salt Lake City, Oct.19-23, 2003. . . .**OHIO STATE University** appointed **William Carson,** associate director for clinical research at the OSU Comprehensive Cancer Center. He is co-leader of the Immunology Program at the center. **Michael Lairmore,** chairman of the Department of veterinary Biosciences, was named associate professor of basic research. . . . **AMERICAN ITALIAN Cancer Foundation** has awarded its Prizes for Scientific Excellence in Medicine to **Steve Rosenberg**, of NCI, and **Andrea Velardi,** of the University of Perugia. The cancer research awards include a $50,000 honorarium. . . . **MICHAEL BRATTAIN** has been appointed senior vice president for basic research at Roswell Park Cancer Institute. He will continue to serve as chairman of the Department of Pharmacology & Therapeutics and as basic science director of the RPCI Cancer Center Support Grant. . . . **OWEN WITTE,** of the UCLA Jonsson Cancer Center and the Howard Hughes Medical Institute, was given the de Villiers International Achievement Award by the Leukemia & Lymphoma Society for his work in blood cancers

and immune disorders. The award consists of a medal and a grant of $100,000, over a two-year period. . . . **SOCIETY OF GYNECOLOGIC ONCOLOGY** has named its Surgical Handicraft Workshop in honor of the late **FREDRICK MONTZ.** Montz died in 2002 at age 47 after a heart attack. . . . **PAUL BUNN,** director of the University of Colorado Cancer Center, has been selected as the executive director of the International Association for the Study of Lung Cancer for a five-year term. Bunn has directed the UCCC since its inception in 1988. He is the co-principal investigator of the Specialized Program of Research Excellence in lung cancer at the UCCC. Last year, he was president of the American Society of Clinical Oncology. . . . **HAK CHOY** was named chairman and professor of the Department of Radiation Oncology of The University of Texas Southwestern Medical Center. He also is director of the new Moncrief Radiation Oncology Center and holder of the Nancy B. and Jake L. Hamon Distinguished Chair in Therapeutic Oncology Research. Choy was the Ingram Professor of Cancer Research and vice-chairman of the Department of Radiation Oncology at Vanderbilt University Medical Center.

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