THE CANCER LETTER

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# Medicare Plans To Cut Oncology Payments On Jan. 1, Barring Congressional Action

Barring a last-minute rescue from Capitol Hill, on Jan. 1, 2004, Medicare will reduce reimbursement for office-based oncologists.

The proposal by the Centers for Medicare and Medicaid Services to replace the payment system based on "average wholesale price" of cancer drugs will push oncology practices into the red and make it difficult for cancer patients to get treatment, critics predict.

Letters submitted to the agency before the Oct. 14 public comment deadline on the CMS proposal assert that the agency lacks legal authority

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*In Brief:*

## Armstrong Bike Ride To Stop At NIH, White House, To Raise Funds, Awareness

**LANCE ARMSTRONG**, a member of the President's Cancer Panel, was scheduled to have the grand finale to his Tour of Hope at the White House Ellipse in Washington, D.C on Oct. 18. The tour was a one-week, 3,200- mile cycling journey across the country to raise funds and awareness for the Lance Armstrong Foundation and cancer research. The tour was scheduled to make a stop at NIH on Oct. 17, to greet NIH employees. Speakers at the event were to include Armstrong, NCI Director **Andrew von Eschenbach**, Clinical Center Director **John Gallin**, and **Peter Scacheri**, an NIH scientist participating in the tour. During the ride, Armstrong's team of cyclists asked people to sign a "cancer promise," described as "a personal commitment to learn more about cancer and to recognize the value of research on the disease." . . . **UNIVERSITY OF WISCONSIN-MADISON** received a $10 million grant from NCI to fund a Center of Excellence in Cancer Communications Research. **David Gustafson** will lead this center. The UW Comprehensive Cancer Center also was awarded a $5 million contract from NCI to serve as the coordinating center of a consortium conducting phase I and II trials of cancer chemopreventive agents. The consortium includes University of Wisconsin, University of Iowa, Vanderbilt University, Emory University/ Grady, and University of Rochester. **Howard Bailey** is the principal investigator and **George Wilding**, co-principal investigator. Another NCI grant, for $3 million, will fund an Aging and Cancer Program, lead by **Richard Weindruch**, principal investigator, and **James Cleary**, co-principal investigator. Also, HHS Secretary **Tommy Thompson** presented

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## Oncology Reimbursement To Be Cut Jan. 1 By CMS

(Continued from page 1)

to implement its proposal and has violated the government's administrative procedures. However, insiders and observers concede that fighting CMS in courts would be difficult and would likely take years.

The only hope for oncologists rests with the conference committee reconciling the House and Senate Medicare reform bills, which address payments to oncologists (**The Cancer Letter**, Sept. 12). The American Society of Clinical Oncology last month submitted a compromise proposal to the conference committee, but received no response.

Comments on the proposed CMS rule came from the Cancer Leadership Council, a patient-run group, ASCO, and Biotechnology Industry Organization.

Pharmaceutical companies are not expected to challenge CMS on the rule, mostly because of ongoing investigations of oncology reimbursement practices, observers said. At this time, the HHS Office of the Inspector General as well as state attorneys general are investigating drug marketing by pioneer drug companies as well as the generics.

"Most lawyers in this town would advise their pharmaceutical and biotech clients not to comment on the CMS rule, but to direct their resources to the Medicare reform bill and state legislatures and the courts," said a Washington lawyer who represents pharmaceutical companies. Earlier this year, a federal judge ruled that pharmaceutical companies are not direct beneficiaries of Medicare, and therefore have no legal standing to sue CMS (**The Cancer Letter**, Jan. 13).

It is unclear whether professional societies are in better position to challenge the agency. Attorneys say that even Medicare beneficiaries, who likely have the standing to sue, may have to go through CMS appeals procedures before they are able to take their grievances to court.

The appeals procedures can take two years or longer, sources said. All of this is likely to mean that on Nov. 1, CMS will complete its final rule and submit it for publication in the Federal Register.

The rule would finally spell out the reimbursement schema chosen by CMS. In a proposed rule published last August, the agency described four alternative approaches, stating that one would be chosen.

The approaches included: (1) Limiting Medicare payments to what contractors pay for the same drugs provided to their private policyholders; (2) Lowering reimbursement to 80% or 90% of AWP; (3) Using market data to adjust reimbursement for drugs at widely available market prices; and (4) Making oncologists buy chemotherapy agents through a 'competitive acquisition program' run by intermediaries, or accepting reimbursement based on the average sales price.

The draft rule is posted at http://cms.hhs.gov/providers/drugs/AWP_NPRM_082003.pdf

Option four of the CMS plan happens to coincide with the House bill being considered by the conferees.

CMS projects that as much as $27.6 billion could be taken out of the system over 10 years. Meanwhile, the agency proposed increasing oncologists' reimbursement for professional services and practice expenses by $175 million a year.

Commenting on the CMS rule, ASCO submitted a 31-page document, which is posted at www.asco.org/medicare

According to ASCO, the CMS proposal contains the following flaws:

—"CMS lacks the legal authority to implement any of its proposals. Its authority relies on the Government Accounting Office having completed a congressionally mandated study with specific components outlined in statute, but GAO has never completed such a study.

—"The schedule by which CMS is conducting

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the rulemaking violates the requirements of the Administrative Procedure Act.

—"CMS provides no basis for its assertion that severe reductions in payments to oncologists will not affect patient access to treatment. In fact, the one study that looked at this issue, a survey conducted by ASCO, found that 73 percent of oncologists would have to send chemotherapy patients to a hospital instead of treating them in a community office if CMS's proposal is enacted.

—"The 'comparability' option for drug payments, under which Medicare carriers would limit payments for drugs to the amounts in comparable private plans, does not adequately define comparable circumstances. In particular, comparability must consider all elements of reimbursement for drug-related services, not just payment for the drug itself.

—"CMS's proposal to use historical rather than current AWPs, and to pay only 80 to 90 percent of those amounts, could easily lead to reimbursement amounts that are less than the prices physicians' offices pay for the drugs.

—"The proposal to base Medicare payments on widely available market prices ("Option 3") lacks specifics. In addition, the CMS proposal would not, in fact, rely on widely available prices, and the prices used would not be current. The proposal to use discounts stated in reports issued two years ago would result in payment amounts that are less than what oncologists' practices pay for the drugs.

—"The explanation of CMS's proposal for competitive acquisition ("Option 4") is so incomplete that informed comment is impossible to provide.

—"The proposal to base Medicare payment on the manufacturer's average sales price (ASP) is acceptable in concept because it is based on market prices. But since CMS has no authority to require manufacturers to submit this information, the method cannot be established administratively. In addition, CMS did not to provide data to show that the proposed payment rate (101 to 112% of ASP) would sufficiently cover market prices paid by physicians.

—"Although CMS is proposing to change its payment policy for 'multiple push' drug administrations, CMS's proposal to make no other changes in payment for drug administration services would result in wholly inadequate payment amounts.

—"The inadequate payment rates result, at least in part, from CMS's failure to revise the indirect cost allocation methodology, and from CMS's discriminatory policy of setting payment rates for services furnished by non-physician staff at levels lower than the costs of providing those services."

ASCO acknowledges that the system based on AWP is flawed. However, "the CMS proposals, if enacted, will create significant barriers to access to quality cancer care for Medicare beneficiaries," said society president Margaret Tempero.

The compromise proposal ASCO submitted to the House-Senate conferees builds conceptually on one of the options in the House plan, but calls for a longer—three year—transition to the reimbursement level of 112% of the average sales price of oncology drugs.

The House plan and Option Four in the CMS proposal call for using 112% of ASP as the starting point and moving toward 100% of ASP.

Comments on the CMS proposed rule were also submitted by:

—The Biotechnology Industry Organization, http://www.bio.org/medicare/testimony/100303_Comments_CMS.pdf

—The Cancer Leadership Council, http://www.cancerleadership.org/policy/medicare_payment/index.html,

—Community Oncology Alliance http://www.communityoncology.org/news_082503.html

—The Association of Community Cancer Centers http://www.accc-cancer.org/OPPS1007.asp

Ortho Biotech, a unit of Johnson & Johnson, was one of the few pharmaceutical companies to submit comments. In addition to critiquing the proposed rule, Ortho raised a narrow, technical question, asking the agency to reclassify injections of epoetin alfa and other supportive care cancer drugs from one Medicare code to another. US Oncology Inc., a Houston-based company that operates and supplies drugs to outpatient cancer clinics nationwide, also submitted comments on the proposed rule.

*Clinical Trials:*

## Femara Cuts Risk of Recurrent Breast Cancer, Study Finds

Canadian and U.S. researchers last week reported that post-menopausal survivors of early-stage breast cancer who took letrozole after five years of tamoxifen therapy had a significantly reduced risk of recurrence, compared to women taking a placebo.

Letrozole, known under the trade name Femara, is made by Novartis.

The positive results necessitated halting the

study after only 2.4 years of follow-up, rather than the five years originally planned. The 5,187 women who participated in the study were told which pill they were taking, and those on the placebo were given the option of switching to letrozole.

The study results and two accompanying editorials will be published in the Nov. 6 issue of The New England Journal of Medicine, but the journal released them online Oct. 9 because of their clinical importance.

"More than half of women who develop recurrent breast cancer do so more than five years after their original diagnosis," said Paul Goss, of Princess Margaret Hospital in Toronto, who conceived and led the trial. "For years, we have thought that we had reached the limit of what we could do to reduce the risk of recurrence with five years of tamoxifen. Our study ushers in a new era of hope by cutting these ongoing recurrences and deaths from breast cancer after tamoxifen by almost one half."

At the first interim analysis of the trial, 132 women taking the placebo had a recurrence or new contralateral breast cancer, compared to 75 events in the letrozole group, a 43 percent reduction. After three years of follow-up, 13 percent of the women on the placebo and seven percent of those on letrozole had recurred, an absolute difference of five percent.

Deaths from breast cancer were also reduced. Seventeen women taking the placebo died of breast cancer, compared to nine taking letrozole. Overall survival was 2.4 percent higher in the letrozole group, a finding that was not statistically significant.

"Based on our findings, all post-menopausal women with hormone-receptor positive tumors completing about five years of tamoxifen should discuss taking letrozole with their doctors to reduce their risk of breast cancer recurrence," said Mayo Clinic medical oncologist James Ingle, who led the study in the U.S.

The study was led by the National Cancer Institute of Canada Clinical Trials Group at Queen's University, with the participation of the clinical trials cooperative groups funded by the U.S. National Cancer Institute, and the International Breast Cancer Study Group.

The National Breast Cancer Coalition criticized the decision to halt the study. "The follow up is extremely short and the end point of recurrence is not meaningful," the NBCC said in a statement. "Letrozole is an aromatase inhibitor like Anastrazole, and we don't have the data yet to know what the long term effects of this treatment might be, particularly in terms of osteoporosis or cognition. We will need to continue to follow these women to determine the full side effects and benefits of this treatment."

In an editorial accompanying the study, John Bryant and Norman Wolmark of the National Surgical Adjuvant Breast and Bowel Project said the interim analysis was conducted according to the study protocol, and the decision by the data and safety monitoring committee to release the data was justified.

Because tamoxifen continues to reduce breast cancer recurrence by about 30 percent in the five years after women stop taking it, researchers thought the added benefit of letrozole would be moderate. Instead, the study's finding "is remarkable," Bryant and Wolmark wrote.

However, the decision to stop the trial "undeniably diminishes the clinical usefulness of the data," they wrote. "It is possible that a survival advantage will never be documented, since ongoing follow-up will be confounded by crossover."

Women taking letrozole in the study reported more hot flashes, arthritis, arthralgia, and myalgia. There were new diagnoses of osteoporosis in 5.8 percent of the letrozole group and 4.5 percent of the placebo group.

Three other placebo-controlled trials of aromatase inhibitors are likely to be adversely affected by the letrozole results. NSABP trial B-33, Study 2002-05 of the Grupo Español de Investigación en Cáncer de Mama, and Study 6A of the Austrian Breast Cancer and Colorectal Cancer Study Group "are virtually certain to be modified or terminated in response to the announcement of these study results," Bryant and Wolmark wrote. "Therefore, there may be no opportunity to collect data from a placebo-controlled trial that will help to evaluate the risks of long-term adverse events. It is sobering to recall that, at a similar stage in its development, tamoxifen was generally regarded as having a fairly innocuous adverse-event profile."

NSABP has temporarily suspended accrual to its B-33 trial.

In a second editorial, Harold Burstein, of Dana-Farber Cancer Institute, wrote that the results from other studies of the timing and duration of tamoxifen and aromatase inhibitors are expected in two or three years. "In the meantime, a woman who is considering letrozole therapy after five years of tamoxifen therapy

in order to reduce further the risk of a recurrence of breast cancer should be carefully educated about the realistic benefits and the likely side effects of therapy so that she can make a well-informed decision," he wrote.

The paper and editorials are posted at www.nejm.org.

Kathy Albain, a medical oncologist at Cardinal Bernardin Cancer Center at Loyola University, said that while women who recently finished tamoxifen now can consider taking letrozole, it is more difficult to advise those who finished tamoxifen therapy one or two years ago. Not only did the study not address that question, but also, by that time, many survivors stop seeing oncologists.

"It's imperative that primary caregivers read this paper and refer patients back to their oncologist for discussion," she said.

"I think the data are getting increasingly compelling with aromatase inhibitors," Albain said. "But, the aromatase inhibitors are not a walk in the park for some women. A few have joint pain, so you have the challenge to manage that. Then, the data in this trial are way to early to comment on the question of osteoporosis."

The data represent an incremental advance in oncology, Albain said. "We have the benefit of tamoxifen, adjuvant chemotherapy, and radiotherapy, and now we have aromatase inhibitors," she said. "We are making step-wise gains. We should be happy that we are challenged to figure out where to go next."

*NIH News:*

## Centers Funded To Study Environmental Exposures

NIH has funded four Breast Cancer and the Environment Research Centers to study the prenatal-to-adult environmental exposures that may predispose a woman to breast cancer.

The centers are funded jointly by the National Institute of Environmental Health Sciences and NCI, at a total of $5 million a year over seven years, or $35 million.

"Although diagnosis and treatment are improving, breast cancer is the leading cancer in women," NIH Director Elias Zerhouni said. "To improve this picture, we need to better understand the elusive environmental piece of the breast cancer puzzle. If we can understand the early events that can set the stage for breast cancer, we can do more to prevent this disease."

The new centers and their directors are University of Cincinnati, Sue Heffelfinger; Fox Chase Cancer Center, Jose Russo; University of California, San Francisco, Robert Hiatt; and Michigan State University, East Lansing, Sandra Haslam.

The centers will work collaboratively on animal and epidemiologic studies. The four centers will interact as a single program, though with some specialization at each center. The University of Cincinnati will explore the factors influencing the decline in age of onset of menstruation in the U.S. and identify improved early markers for cancer susceptibility. They will examine a population of white and African-American students to test the role of diet in the development of adipose tissue and in alteration of hormonal control of sexual maturation. The center will also carry out complementary studies in rodents.

The Fox Chase Cancer Center investigators also plan to study a series of rodent models of mammary gland development. The researchers also will work to understand how environmental exposures may affect the development of puberty in young African-American and Latina girls in East Harlem, N.Y. Such changes in pubertal development may contribute to premenopausal breast cancer, which is more common in African-American women.

The center at University of California, San Francisco, will study the impact of environmental agents on the interactions between epithelial and stromal (connective tissue) cells in normal and cancer-prone mice. An epidemiology study will follow through puberty a multiethnic group of seven- and eight- year-old girls.

Michigan State University researchers will examine environmental exposures that affect the expression and function of estrogen and progesterone receptors in mouse models.

All the centers will work with advocacy groups to add their insight and experience to the research effort. These breast cancer and other advocates also will play a part in outreach activities to translate the results of the research into improved understanding, diagnosis and prevention of breast cancer. These partnerships are unique in breast cancer research.

"Understanding the development of normal mammary tissue is important in understanding what environmental factors might cause susceptibility later in life," NIEHS Director Kenneth Olden said. "These

four centers will work in close cooperation, bringing all of their expertise to bear upon these questions. This will be a united effort among the centers, not four centers working in isolation."

NCI Director Andrew von Eschenbach said, "Discovery, development, and delivery are the keys to eliminating suffering and death due to cancer. Our hope is that these new centers will help us discover possible environmental causes of breast cancer so that, based on these discoveries, we can develop and deliver effective treatments to fight this disease."

*Professional Societies:*

## AACI To Coordinate NIH Project To Raise Clinical Trial Accrual

The Association of American Cancer Institutes has been named the coordinating center for a clinical trials pilot project that is being funded through a public-private partnership that includes NIH, the Foundation for the NIH, Friends of Cancer Research, NCI, and five pharmaceutical partners—Aventis, Bristol-Myers Squibb, Eli Lilly and Co., GlaxoSmithKline, and Novartis.

The project, "Overcoming Barriers to Clinical Trials," will provide grants to six cancer centers to improve accrual to early phase clinical trials.

The grantees are: Bruce Chabner, of Massachusetts General Hospital; S. Gail Eckhardt, of the University of Colorado Health Sciences Center; Paula Fracasso, of Washington University, St. Louis; Samuel Jacobs, of the University of Pittsburgh Cancer Institute; Primo Lara, Jr., of the University of California, Davis Cancer Center; and Donn Young, of The Ohio State University Comprehensive Cancer Center.

Funding provided to these six centers will be used to design and implement new approaches to increase participation in phase I and phase II cancer clinical trials, with particular emphasis on improving minority and geriatric patients' access to these trials.

As the coordinating center for this project, AACI will be responsible for the development and dissemination of educational materials, convening of meetings and workshops, website design and development, and other communication support to help facilitate the goals of the project to increase accrual to early phase clinical trials.

"AACI is very enthusiastic about participating as the coordinating center for the Overcoming Barriers to Clinical Trials project, and we look forward to working with these six outstanding cancer centers, NCI, Foundation for the NIH, Friends of Cancer Research and the industry partners to improve patient access to new and promising treatments for cancer," said Barbara Duffy Stewart, executive director of AACI.

AACI's interest in the project began two years ago in discussions with NCI, FOCR, and industry regarding the role cancer centers and their community-based networks could play in increasing accrual to early phase clinical trials, Stewart said.

AACI is an association of 79 cancer centers.

*NCI Programs:*

## NCI Director Recognizes Work Of Employees

NCI Director Andrew von Eschenbach presented his NCI Director's Awards to Institute staff for their accomplishments in the past year.

At the Oct. 9 awards ceremony, von Eschenbach said he has "loved every minute" of his job for the past two years. He said he enjoys watching the television program "West Wing" to "get insight on how Washington works."

Receiving individual awards were:

Crystal Mackall, Frank Balis, Michele Vos, Scott Leischow, Nilanjan Chatterjee, Ruth Pfeiffer, Gladys Glenn, Andrew Bergen, Ethel Gilbert, Margaret Gartland, Daniel Sullivan, Richard Camalier, Jacqueline Clapp, Yali Hallock, Linda Hummer, David Newman, John Killen, Jodi Black, Gregory Fischetti, Kevin Broun, Mary Gregg, Patrick Miller, Anne Rogerson, Kristin Lee, Lisa Mascone, and Joseph Bowe.

Group awards were presented to:

Early Reproductive Events Workshop Committee: Sarah Birckhead, Kelly Blake, Mary Anne Bright, Louise Brinton, Nelvis Castro, Leslie Ford, Bob Hoover, Maureen Johnson, Anne Lubenow, Nancy Nelson, Kathleen Schlom, Barbara Vonderhaar, and Debbie Winn, for planning the NCI workshop.

NCI Exhibit Program Staff: Donna Bonner, Jo-Ann Kriebel, and Nina Ghanem, for enhancement of NCI's Exhibit Program.

NCI Grant Referral Committee: Deborah Bielat, Ray Bramhall, Greg Fischetti, Toby Friedberg, Natacha Lassegue, Anita Lomonico, and Florence Pedersen, for developing a tool for electronic grant

referral, saving staff time.

PLANET Team Members: Susan Allison, Audie Atienza, Sue Bell, Kelly Blake, Erica Breslau, Mary Anne Bright, Everett Carpenter, Laurie Cynkin, Brenda Edwards, Dan Grauman, Lenora Johnson, Mary Beth Kelley, Jon Kerner, Sanjay Koyani, Madeline LaPorta, Scott Leischow, Shruthi Nawab, Judy Patt, Jacqueline Stoddard, Mark Tolson, Cynthia Vinson, Cari Wolfson, Amy Yaroch, and Paula Zeller, for the new Cancer Control PLANET Web site.

NCI CISNET Team: Eric Feuer, Kathleen Cronin, Angela Mariotto, Kevin Dodd, Das Barnali, Martin Brown, and Paul Pinsky, for development of tools to advance the understanding of cancer statistics.

Laboratory of Tumor Immunology and Biology: Jeffrey Schlom, Philip Arlen, John Greiner, James Gulley, James Hodge, Syed Kashmiri, Helen Sabzevari, and Kwong-Yok Tsang, for major contributions to the field of cancer immunotherapy.

DCCPS Representatives on the NCI Accrual Working Group: Mark Alexander, Everett Carpenter, Yvonne Grant, and Virginia Hartmuller, for sustained efforts that led the transition to the new NIH population tracking system.

NCI's Central Institutional Review Board Initiative: Jacqueline Goldberg, Jeanne Adler, and Jeffrey Abrams, for effective teamwork and leadership in the management of NCI's Central Institutional Review Board Initiative.

Long Island Breast Cancer Study Project: Linda Anderson, Stacey Bruckbauer, Gwen Collman, Susan Erickson, Dorothy Foellmer, Ellen Heineman, Kumiko Iwamoto, Cheryl Jenkins, G. Iris Obrams, Deborah Winn, Theresa Shroff, and Clarissa Wittenberg, for exceptional service in support of the project.

Overcoming Barriers to Early Phase Clinical Trials Team: Ellen Feigal, Brian Kimes, Linda Weiss, Annette Levey, Diane Bronzert, and Louise Grochow, for development of a public-private partnership.

Margaret Mooney and Helen Chen, for extraordinary effort in organizing trials that build on an important colorectal cancer treatment advance and should establish the future standard of treatment.

NCI's Progress Review Group Team: Cherie Nichols, Kevin Callahan, Samir Sauma, and Lisa Stevens, for outstanding leadership in developing strategic plans to accelerate progress against specific cancers.

Office of Division Operations and Analysis: Marianne Henderson, Chitra Mohla, and Elyse Wiszneauckas, for exceptional initiative in the development of the intramural system, a scientific portfolio management tool.

Lynn Ries and April Fritz, for outstanding use of leadership skill and technical knowledge in completing the Collaborative Staging System to standardize cancer data collection in the U.S.

Peer Review Management Team: Sherwood Githens, Thomas Vollberg, Timothy Meeker, and Kenneth Bielat, for creative and consistent high quality management of the peer review of NCI's initiatives in technology development.

Financial Management Branch: John Hartinger, Kristin Adamson, Tammie Bell, Karen Colbert, James Dickens, May Ma, Ngan Nguyen, Millicent Williams, Kevin Wilson, and Ann Fitzpatrick, for outstanding fiscal management of NCI resources and improvement of financial systems during the doubling of the NIH budget.

Epidemiology and Genetics Research Program Leadership: Deborah Winn and Sandra Melnick, for outstanding leadership.

Clinical Genetics Branch Senior Program Working Group: June Peters, Nancy Wessman and Jennifer Loud, for outstanding materials develoment and leadership.

*Funding Opportunities:*

## Pancreatic Cancer Group, AACR, Offer Career Award

Application Deadline: Nov. 14, 2003.

American Association for Cancer Research and the Pancreatic Cancer Action Network have established the Research Career Development Award for early-career scientists engaged in pancreatic cancer research.

Candidates must be, by the start of the grant term, July 2004, in the first, second, or third year of a full-time faculty appointment at the level of instructor, acting assistant professor, assistant professor, or an equivalent full-time faculty appointment at an academic or medical institution within the U.S.

Research proposals are restricted to basic, translational, or clinical research proposals with 100 percent applicability to pancreatic cancer. The two-year grant provides $50,000 per year for direct research expenses. 2004 and 2005 AACR annual meetings financial support for travel and a waiver of registration fees will also be provided.

For information, see www.aacr.org/1603.asp.

*In Brief:*

## Wisconsin Center Wins Grants, Contract, From NCI and HHS

(Continued from page 1)

a $7 million federal construction grant for a floor devoted to prostate cancer research in the center's Interdisciplinary Research Complex. . . . **DUKE COMPREHENSIVE Cancer** Center Breast Cancer Research Program has been awarded a five-year $9.8 million SPORE grant from NCI for breast cancer research, said **H. Kim Lyerly**, center and SPORE director. The grant will fund four research projects and a developmental research project in the Duke Breast Cancer Research Program. . . . **OHIO STATE UNIVERSITY Comprehensive Cancer Center** and **WALTER REED Cancer Program** have been awarded a $2.1 million grant for a women's gynecological cancer center from the U.S Defense Department. **Jeffrey Fowler** is the principal investigator. . . . **V FOUNDATION** awarded three research award grants for 2003. **Virginia Commonwealth University School of Medicine** and **Massey Cancer Center** won $100,000 per year for three years; **Steven Grant** is the principal investigator. Two other recipients undation Translational-Clinical Awards for 2003 were St. Jude Children's Research Hospital and University of Southern California Norris Comprehensive Cancer Center and Hospital. V Foundation is a charitable organization created by ESPN and Jim Valvano, the North Carolina State University basketball coach and ESPN broadcaster who died in 1993 of metastatic adenocarcinoma. . . . **SIDNEY KIMMEL** Comprehensive Cancer Center at Johns Hopkins has received $2.27 million from The Commonwealth Foundation for Cancer Research, led by **William Goodwin Jr**. and **Alice Goodwin**. The funds will support the immunotherapy research of **Drew Pardoll**, Seraph Professor in Oncology. The gift is part of a shared $2.8 million commitment to Hopkins and Mayo Clinic for collaborative research. The Commonwealth Foundation previously committed $15 million to the Kimmel Center. . . . **GLAXOSMITHKLINE** and **CORIXA CORP.** received the Trailblazer Award from the Lymphoma Research Foundation for the development of the drug Bexxar. **Kevin Lokay**, vice president of oncology for GSK, accepted the award on behalf of the companies.

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