THE CANCER LETTER

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NCI Developing Criteria For $200 Million Loan Program For Cancer Centers

By Kirsten Boyd Goldberg

NCI is developing review criteria and an awards process for a Cancer Center Loan Program that would provide $200 million in loans for capital improvements to qualified centers.

The program, approved by Congress last year as part of the Medicare Modernization Act, provides $200 million to be awarded in a competitive process for cancer center infrastructure improvement between July 1, 2004, and Sept. 30, 2008.

The Health Resources and Services Administration will handle the

(Continued to page 2)

In Brief:

Knudson Wins Kyoto Prize; King Wins Genetics Prize; Cicerone To Succeed Alberts

ALFRED KNUDSON JR. received the 2004 Inamori Foundation Kyoto Prize for lifetime achievement. Knudson will receive about $450,000 (50 million yen), a gold medal and diploma at a ceremony in Kyoto, Japan, in November. Knudson, of Fox Chase Cancer Center, served as a special advisor to former NCI Director **Richard Klausner** and was acting director of the human genetics program in the NCI Division of Epidemiology and Genetics until September 1999. He isknown for the two-hit theory of cancer causation, which explained the relationship between the hereditary and non-hereditary forms of cancer and predicted the existence of tumor suppressor genes. . . . **MARY-CLAIRE KING** will receive the 2004 Genetics Prize of the Peter Gruber Foundation for her contributions to women's health and human rights. King is the American Cancer Society Professor at the University of Washington School of Medicine. She will receive a gold medal and a $200,000 unrestricted award. . . . **RALPH CICERONE**, chancellor of the University of California, Irvine, was elected president of the National Academy of Sciences. Cicerone, an atmospheric chemist, will succeed **Bruce Alberts** when Alberts' second six-year term as NAS president ends on July 1, 2005. . . . **INTERNATIONAL AGENCY** for Research on Cancer has classified formaldehyde as a human carcinogen, said **Peter Boyle**, director of IARC. A working group concluded that formaldehyde causes nasopharyngeal cancer in humans. The group also found limited evidence for cancer of the nasal cavity and paranasal sinuses, and "strong but not sufficient

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Lander: NCI Didn't Seek NCAB Advice On Loan Program

(Continued from page 1)

technical details of the loans, Mark Clanton, NCI deputy director for cancer care delivery systems, said at a June 2 meeting of the National Cancer Advisory Board.

The two agencies are developing an interagency agreement to administer the program, Clanton said. Under the law, the government cannot announce the program until July 1.

In the board's discussion of the program, NCAB member Eric Lander questioned what he described as "a lack of vision" for the use of the funds, and NCI's inability to discuss the program fully with the NCAB.

"This is the National Cancer Advisory Board," said Lander, director of the MIT Center for Genome Research and a member of the Whitehead Institute. "I don't hear us engaging in an advisory process."

Although NCI can't provide specific details about the loan program's criteria until July 1, Clanton said that improving imaging capabilities and bioinformatics are among NCI's highest strategic priorities. For example, the loan program could provide for new buildings, imaging equipment, computers, and software, Clanton said.

"Expanding your imaging capabilities might be one thing a cancer center might want to focus on," Clanton said. "For those who are interested in bioinformatics, facilitating the clinical trials process, for those who are interested in e-health reference at their institutions and need a few million dollars to put in an effective, robust, e-health reference system, that would represent improvement in health care infrastructure."

To qualify, a center would have to demonstrate "substantial impact, regional or national impact," of the proposed improvements, Clanton said.

"Roughly, anything that would fall under the area of improving the health care infrastructure of your hospital, you could make an application for," he said. "If you look at the language of the law, Section 1016, NCI thinks that a number of things we would like to see advance, such as imcreasing imaging capability, could be leveraged under the loan program."

The law specifies that only NCI-designated cancer centers, of which there are currently 61, and official "state-designated cancer center institutes" can apply for the loans.

"We think there are approximately 10 to 12 [centers] that would qualify as state-designated centers" in addition to the NCI-designated centers, Clanton said. "The language talks specifically about hospitals," he said. "The legislation is designed to fund hospitals that are NCI-designated or state-designated centers."

The text of the Medicare Modernization Act is available at www.cms.hhs.gov/medicarereform/.

Recipients of the loans can apply for loan forgiveness if they meet specific criteria that are written into the law. The criteria include caring for a significant proportion of the Native American population, providing significant outreach to the state population, and conducting clinical research, Clanton said.

NCI and HRSA could award the $200 million up front, rather than over the four-year life of the program, Clanton said. "It's in the interest of NCI to get this money out as quickly as possible," he said. "We have no interest in trying to hold this money and have it meted out over a longer period of time, and we would like it to go to as many places as possible. The way the law is written, there is no restriction on the amount of money one can ask for."

If the $200 million is awarded within a single fiscal year, it would nearly match the entire NCI Cancer Centers Program budget, said Karen Antman, NCI deputy director for translational and clinical science.

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No Vision Attached?

NCAB member Lander said he was "frustrated" with the discussion of the loan program. "You can't really tell us what the NCI is going to do with this, until it has been decided," he said.

"We are prohibited from making any program announcements prior to announcement in the Federal Register," Clanton said.

"What's the point of bringing it to the NCAB if we are not going to advise on it?" Lander asked.

"This is important information for us to be aware of," said NCAB Chairman John Niederhuber, professor of oncology and surgery at University of Wisconsin-Madison.

"But we don't have any information," Lander replied. "We ought to be having a conversation about what would be better—put it all out in a year, or stretch it out over time, or what are the most important things we are trying to accomplish."

"Mark is open to hearing your opinions," Niederhuber said.

LANDER: "So, can I ask the NCI, what sort of things do you think would be most valuable to accomplish with this program?"

CLANTON: "What we can tell you is that there are specific strategic priorities that we have announced publicly that certainly could be advanced through the loan program. We can't say the program will be restricted to those particular things, because the language of the legislation is pretty broad and makes it possible for anybody to apply for anything that would be considered health care infrastructure, including buildings or capital improvement.

"The things we are particularly interested in are the bioinformatics grid, to increase that structure and make that a more robust process. We also mentioned imaging, not just traditional imaging, but all sorts of imaging. That is a capital improvement intensive endeavor. Those are two areas we would certainly like to see applications on."

LANDER: "$200 million, properly deployed, could make some real difference. What I'm having a hard time getting my hands around is whether the NCI is going to take a proactive role to basically try to shape the areas in which this is going to be used. What I'm missing is the clarity of a strategic plan to deploy this. What are the criteria you are thinking about?

"It's frustrating to hear there is a program with significant funds to be spent, and there's a lack of a vision attached to it. I understand the legislation doesn't have a vision, but you guys could, and I know you can't announce your vision, but you've got to engage in more of a discussion of vision than we are getting."

CLANTON: "I will make the following statement: What NCI cannot do is produce a program announcement prior to July 1. What we hve done, and you are aware of NCI's strategic initiatives, two or three of them I've mentioned. So, in terms of vision, there is a vision that is connected to NCI's strategic priorities, and we are including some, but not all of those, in terms of how the program might be shaped. We just cannot say definitively exactly how that might work. The program is not an NCI program. The program is not an NIH program. This program was born of the legislative process. Consequently, there is something called legislative intent. What NCI has done by volunteering to administer this program is to blend both legislative intent with cancer-related priorities."

"A Million and One Questions"

NCAB member Franklyn Prendergast said he had "a million and one questions" that would have to wait until the program announcement is issued. He questioned the role of a center's credit rating in the review process. "The centers in the greatest need might be those with the lowest [credit] ratings," said Prendergast, director of the Mayo Comprehensive Cancer Center. "There may be no need for credit worthiness if there is going to be loan forgiveness. So the review process is really critical."

"Most centers are credit worthy," Lander said. "If you have a need for an imaging device that's going to be able to pay for itself, either through its use or covered through overhead on grants, you don't need this. So, the strategic deployment of these funds, in abstract, still looks disconcerting.

"Many institutions can figure out how to get $5 or $10 million in capital when they have a repayment stream they are going to be able to put up against it," Lander said. "How do you imagine wanting to use $200 million to strategic effect to do things that wouldn't be done otherwise?"

"The first place I have to start is not with loan requirements or loan criteria," Clanton said. "I have to start with Congressional intent. The program was not designed to create a pot of money that was to create a strategic effect. We just take that as reality and we are moving on, using NCI's strategic priorities to bolster and support it."

Attempting to wrap up the discussion, NCAB Chairman Niederhuber thanked Clanton for his presentation. “I think we've certainly sent some messages and strong signals to our colleagues at NCI about how we are thinking, and I think that will be helpful to them,” he said.

“What would those messages be, John?” Lander said. “Because I don't hear them. The only message that I hear is: Why did we schedule this? What messages have we sent? This is the National Cancer Advisory Board. I don't hear us engaging in an advisory process.

“If you hear messages, let me know what they are, because I'm not hearing it,” Lander said. “I'm just hearing frustration of a process that is either brought prematurely, or where the NCI is thinking in highly legalistic terms about what it can and can't talk about. That's not a very useful way to engage this board.”

* * *

The NCI Director's Consumer Liaison Group will take on a new role this fall, Edward Maibach, director of the NCI Center for Strategic Dissemination, said to the NCAB.

The DCLG will be in charge of new Web pages on the NCI Web site, to be called “NCI Listens and Learns.” The pages will encourage comment on NCI activities. There will be separate sections for cancer patient advocates and the general public.

“The role of dialogue is important in communication,” Maibach said. The objective of this “dialogue process” will be to seek comment on topics selected by the DCLG, he said. “It will not be a free-for-all, but will be controlled. The community provides input and we wil summarize what is told to us.”

* * *

Von Eschenbach Requests Prayer: NCI Director Andrew von Eschenbach told the NCAB that he would miss part of the board's meeting June 2, because he had been called to the White House to present what he described as “a briefing on the important agenda of the National Cancer Institute with regard to eliminating the suffering and death from cancer.”

Von Eschenbach asked NCAB members to pray for him in his absence. “While I'm gone, and while you are working hard, if you have a little moment in time for a quiet moment of prayer, it would be greatly appreciated,” von Eschenbach said to the board.

It could not be determined whether board members complied with the request.

* * *

James Doroshow, director of the NCI Division of Cancer Treatment and Diagnosis, said the Clinical Trials Working Group is trying to “envision an entirely new way of doing clinical trials.”

Doroshow and Howard Fine, chief of the NCI Neuro-Oncology Branch, serve as co-chairmen of the committee. The group will start by examining “immediate impediments” to a more streamlined clinical trials process, including the prioritization of trials and their coordination, and regulatory affairs, Doroshow said to the NCAB Clinical Investigations Subcommittee.

Trials need to be smaller and faster, and their prioritization needs to be a “pan-NCI process, that includes not just NCI, but other stakeholders,” including FDA and industry, he said.

Capitol Hill:

Third Hearing On Conflicts Scheduled For June 22

By Paul Goldberg

The Subcommittee on Oversight and Investigations of the House Committee on Energy and Commerce scheduled a third hearing on conflicts of interest at NIH for June 22.

Though the committee hasn’t released a list of witnesses, it is apparent that NCI remains at the center of inquiry. Sources said witnesses include NIH Director Elias Zerhouni and NCI officials Anna Barker, Carl Barrett, and Maureen Wilson.

The list of witnesses for the hearing, the committee’s third on the subject, indicates that the investigation continues to advance in three directions:

—Zerhouini was likely asked to return because the committee is comtinuing to monitor outside consulting by intramural scientists. The NIH Director testified at the first hearing May 12, but had to leave early, and was expected to return to complete his testimony at a later date (**The Cancer Letter**, May 14).

—Wilson, the NCI ethics officer, figured in the committee inquiry into conduct of former NCI Director Richard Klausner. According to documents that emerged in the investigation, Wilson twice advised Klausner not to accept a lectureship award from the University of Pittsburgh. Wilson was invited to a hearing May 18, but was apparently unable to attend (**The Cancer Letter**, May 21).

—The invitation to Barker and Barrett likely

indicates that the committee has follow-up questions concerning outside consulting agreements of NCI researcher Lance Liotta and FDA researcher Emanuel Petricoin (**The Cancer Letter**, May 21).

In their day jobs, Liotta and Petricoin supervised a Cooperative Research and Development Agreement involving Correlogic Systems Inc., a company built around their proteomics research. Moonlighting, they consulted for Biospect Inc., a company that committee investigators contend was a competitor of Correlogic.

Legislators further contended that the CRADA holder wasn't informed about the apparent conflict.

As Congressional investigators reviewed the case, FDA Acting Commissioner Lester Crawford determined that Biospect is a "significantly regulated entity," and legislators asked the HHS Inspector General to investigate Petricoin's arrangement with the company.

At the May 18 hearing, Liotta and Petricoin said they were unaware of conflicts, and were cleared to consult with Biospect. The arrangement was reviewed by NCI officials in 2002. Last year, Correlogic officials claimed that Liotta's work for Biospect constituted a conflict, prompting a review by NCI. Following that review, Liotta was once again approved to consult for Biospect.

In their testimony, Barker NCI deputy director for advanced technologies, and Barrett, director of the NCI Center for Cancer Research, said the companies didn't appear to be in competition at the time when Liotta's consulting agreement was approved and at the time the arrangement was scrutinized again.

Industry sources say it was common knowledge that Correlogic and Biospect had the same goals: to find biomarkers associated with cancer.

Wilson figures in the Liotta-Petricoin inquiry since she approved the consulting arrangement. Klausner, too, makes a cameo appearance, as a Biospect board member.

On May 17, literally on the eve of the hearing, Biospect changed its name to Predicant Biosciences.

Waxman Urges PhRMA To List Clinical Trials On NIH Web Site

By Paul Goldberg

Following up on a recent hearing on clinical trials in cancer, Rep. Henry Waxman (D-Ca.) said drug companies are defaulting on their legal obligation to submit information on clinical trials to a government-run website.

"This appears to be a disturbing example of the pharmaceutical industry refusing to make important information available to physicians and patients, " Waxman wrote in a letter to Alan Holmer, president on Pharmaceutical Research and Manufacturers of America.

The letter is the consequence of a hearing by the House Government Reform Committee last month (**The Cancer Letter**, May 28). The website in question, www.clinicaltrials.gov, is an on-line registry of clinical trials in series or life-threatening diseases. The clinical trials database, housed at the National Library of Medicine, was established under the passage of the Food and Drug Administration Modernization Act of 1997.

"This failure has drawn the attention of senior FDA officials," Waxman wrote in the June 7 letter to Holmer. "At a recent Government reform Committee hearing on cancer clinical trials, Dr. Richard Pazdur, the senior cancer drug reviewer at the agency, testified that he and his colleagues `are greatly concerned about the low participation of the industry.'"

Waxman wrote that PhRMA didn't send a witness to the hearing or submit written testimony. "I ask that you address the industry's failure to comply," Waxman wrote.

PhRMA officials said they have alerted member companies about their obligations to comply with the posting requirement. "The federally sponsored clinical trial database is an important resource for the public," said Alan Goldhammer, associate vice president for regulatory affairs at PhRMA.

"PhRMA has alerted our companies about their obligations to post information on clinical trials for serious and life threatening diseases," Goldhammer said in a statement. "PhRMA understands that FDA is finalizing a report on how to comply with the posting requirement and this should be available soon. We look forward to reviewing the report and working with FDA to assure that the necessary information about ongoing trials is on the NLM website."

Under FDAMA, trial sponsors have 21 days from the initiation of enrollment to submit information to the database. Exceptions can be made when a sponsor demonstrates that submitting information would "interfere with timely enrollment of subjects."

In his letter to PhRMA, Waxman wrote that despite these requirements, pharmaceutical companies haven't been submitting information to the

database. “An April 2003 presentation by FDA staff showed that between January and September 2002, while 91% of cancer-related government sponsored trials… had been registered…, only 49 % of such industry-sponsored covered trials had been registered.”

Waxman is the ranking minority member of the committee.

NIH News:

Chemical Genomics Center To Screen Small Molecules

NIH has established a Chemical Genomics Center that officials said would be the first component of a national network to produce large libraries of organic chemical compounds called small molecules.

Academic and government scientists do not have easy access to small molecule libraries, in contrast to researchers in the pharmaceutical industry, NIH said. Small molecules can be used to modulate gene function and improve understanding of biological pathways involved in disease.

Established through the Molecular Libraries and Imaging working group of the NIH Roadmap for Medical Research, the NIH Chemical Genomics Center is based in the National Human Genome Research Institute's Division of Intramural Research. The center is the first component of an initiative that will result in a consortium of chemical genomics screening centers. Up to 10 pilot centers will be funded in fiscal 2005.

NIH plans to establish a repository to acquire, maintain and distribute a collection of up to 1 million chemical compounds. Data generated by the network will be deposited in a central public database, PubChem, managed by the National Center for Biotechnology Information at the National Library of Medicine.

“Our effort will build upon what has been learned by the pharmaceutical industry, but it should not be viewed as an effort to turn public sector researchers into drug developers,” said NHGRI Director Francis Collins. “What we are doing is simply giving academic and government researchers a chance to contribute in a much more vigorous way to the earliest stages of the drug development pipeline: the identification of useful biological targets.”

Christopher Austin, NHGRI senior advisor for translational research, will direct the NIH Chemical Genomics Center. The center, which will have a staff of about 50 scientists, plans to begin high-throughput screening of small molecules by the end of the year.

Pharmaceutical research tends to focus on small molecules that act upon a relatively narrow group of molecular targets with known relevance to human disease, NIH officials said. The chemical genomics center network will explore the vast majority of the human genome for which no small-molecule chemical probes have been identified. Of the hundreds of thousands of proteins thought to be encoded by the 25,000 genes in the human genome, less than 500 currently have a chemical compound with which they interact.

The center plans to screen more than 100,000 small-molecule compounds in multiple high-throughput assays within its first year of operation. “Screening on the scale we are planning is unprecedented outside of the pharmaceutical and biotechnology industries” Austin said. “For the first time, biologists in the public sector will be able to take full advantage of the tremendous power of small molecules to serve as probes to advance our understanding of biology.”

The center selected a suite of ultra-high throughput target and pathway screening technologies from Kalypsys Inc., of San Diego. The agreement, valued at up to $30 million over the four-year contract, will deliver to the NIH center a suite of technologies, materials, and services, including a highly automated robotic system capable of screening more than 1 million compounds per day in a variety of biochemical and cellular assays.

Jim Inglese was named head of biomolecular screening in the NIH Chemical Genomics Center. He was a senior research fellow in the automated biotechnology group at Merck Research Laboratories.

Funding Opportunities:

Lustgarten Foundation Offers Pancreatic Research Funds

Letter of Intent Receipt Date: Aug. 2

Application Receipt Date: Oct. 1

The foundation provides funding for research into the biology, diagnosis, and prevention of adenocarcinoma of the pancreas, as well as research into various treatment modalities. National and international applications will be considered. One-year grants will be issued in amounts up to $100,000. The complete RFP is available at www.lustgarten.org or by request at phone 516-803-2304.

Inquiries: The Lustgarten Foundation for Pancreatic Cancer Research, 1111 Stewart Ave., Bethpage, NY 11714; phone 561-803-2304; fax: 516-803-2303.

NCI RFA Available

RFA-CA-06-001: SBIR/STTR: Circulating Cells and DNA in Cancer Detection

Letter of Intent Receipt Dates: Jan. 17, May 16, Sept. 14, 2005.

Application Receipt Date: Feb. 14, June 13, Oct. 12, 2005.

NCI Division of Cancer Prevention invites small business applications for research projects to dvelop novel technologies for capturing, enriching, and preserving exfoliated abnormal cells and circulating DNA from body fluids or effusions and to develop methods to concentrate the cells and DNA for cancer biomarker detection. NCI invites applications which address the following areas: Development of high-throughput, high yield technologies for isolating exfoliated cells, circulating cells, and DNA in body fluids; Development of methods for enrichment and preservation of exfoliated cells, circulating cells, and DNA isolated from body fluids; Development of sensitive, high-throughput molecular, cytomorphometric, immunologic, and other relevant technologies to isolate and characterize tumor cells in malignant effusions for detection of low tumor burden, to help distinguish reactive cells from tumor cells, and to perform acurate assays on circulating DNA; Validation of the sensitivity and reproducibility of current technologies for isolating and characterizing exfoliated cells, circulating cells and DNA isolated from body fluids. The RFA uses the SBIR and STTR mechanisms. The RFA is available at http://grants2.nih.gov/grants/guide/rfa-files/RFA-CA-06-001.html.

Inquiries: Referral officer, NCI, Division of Extramural Activities, phone 301-496-3428; fax: 301-402-0275; email: ncirefof@dea.nci.nih.gov.

Program Announcements

PA-04-108: Innovative and Exploratory Research In Digestive Diseases and Nutrition

NCI Division of Cancer Prevention and the Division of Digestive Diseases and Nutrition and the National Institute of Diabetes and Digestive and Kidney Diseases invite applications through the exploratory/developmental R21 grant mechanism for research in gastroenterology, hepatology, obesity, and nutrition. The PA would stimulate the application of scientific ideas, model systems, tools, agents, targets, and technologies. This mechanism is primarily aimed at attracting and supporting new investigators in these research fields. Patient oriented or epidemiological research will not be supported through the PA. The PA is available at: http://grants2.nih.gov/grants/guide/pa-files/PA-04-108.html.

Inquiries: For NCI--Sharon Ross, Nutritional Sciences Research Group, Division of Cancer Prevention, phone 301-594-7547; fax: 301-480-3925; email: sr75k@nih.gov.

PA-04-109:Cross-Disciplinary Translational Research at NIH

The PA promotes research that will have a practical impact on the treatment and prevention of drug abuse through the development of research technologies that are based on existing basic and/or clinical research knowledge, and technology transfer knowledge. The PA will use laboratory studies with human volunteers. However, it is possible that preclinical research studies may be relevant to the PA. For example, studies with animal models might be relevant to the discovery of more details regarding the mode of action of a clinically used medication, knowledge that, in turn, would allow development of more specific medications. Medications development research, per se, is not the focus of this PA. Collaboration of basic and applied investigators or between clinical and health services investigators working towards a common goal may produce new perspectives, insights, and approaches to improving drug abuse prevention and treatment. This PA will use the NIH research project grant R01 and small grant R03. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-04-109.html.

Inquiries: for NCI--Jacqueline Stoddard, Tobacco Control Research Branch, phone 301-496-0274; fax: 301-496-8675; email stoddaja@mail.nih.gov.

NOT-OD-04-047: Announcing the High Priority, Short-Term Award

The R56 Award will provide limited, interim research support based on the merit of a pending application. R56 funding will end after one or two years, or when the application succeeds in obtaining traditional project funding. The High Priority, Short-Term Project Awards will underwrite highly

meritorious applications with funds that can range up to initial review group recommended levels. The R56 award will help early career stage scientists trying to establish research careers as well as more experienced scientists who just miss getting funded.

The R56 grant will be available to domestic R01 applicants only. Investigators may not apply for an R56 grant. A complete listing of features is available at http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-047.html.

Inquiries: Christopher Hatch, NCI, chief, Program Coordination and Referral Branch, Division of Extramural Activities, phone 301-594-1403; fax 301-402-0275; email hatchc@mail.nih.gov.

In Brief:

Hopkins Professor Drake Wins Damon Runyon Award

(Continued from page 1)

evidence" for leukemia. . . . **JOHNS HOPKINS** Kimmel Cancer Center faculty recently received several grants and awards. **Charles Drake**, assistant professor of oncology, received the five-year, $1.2 million Damon Runyon-Lilly Clinical Investigator Award from the Damon Runyon Cancer Research Foundation, for his translational studies designed to advance immunotherapy for prostate cancer. The award provides funds for Drake and his mentor, **Drew Pardoll**. Also, upon successful completion of the program, the fund will retire up to $100,000 of Drake's medical school debt. **Vered Sterans** and **William Matsui** received more than $630,000 in grants from the American Society of Clinical Oncology. Sterans, assistant professor of oncology, was the inaugural recipient of the ASCO Advanced Clinical Research Award for a study of new chemotherapy agents for early breast cancer. The award is supported by the Breast Cancer Research Foundation. Matsui, assistant professor of oncology, received a Career Development Award, sponsored by Genentech BioOncology. **Curt Civin**, the Herman and Walter Samuelson Professor of Oncology and co-director of immunology and hematopoiesis at the center, was awarded a $250,000, five-year grant from the National Foundation for Cancer Research, for stem cell research. . . . **ELLEN STOVALL**, president and CEO of the National Coalition for Cancer Survivorship, received the Medal of Valor from the Wellness Community of Philadelphia for demonstrating the importance of complementary psychosocial support to conventional medical treatment of cancer. Former first lady **Rosalynn Carter** presented the award June 11. Also receiving awards were GlaxoSmithKline Oncology for its professional commitment, civic responsibility, and support for Wellness Community programs, and **Shirly Ruiz**, a breast cancer survivor and volunteer. . . . **G&P FOUNDATION** for Cancer Research announced the 2003 recipients of the G&P Medical Research Awards for blood cancer research: **Andreas Beutler**, Mount Sinaid Medical Center; **Julia Glade-Bender**, Columbia University; **Timothy Graubert**, Washington University; **Chuan He**, University of Chicago; and **John Timmerman**, University of California, Los Angeles. The researchers will receive $75,000 per year for three years. . . . **CENTERS FOR DISEASE CONTROL AND PREVENTION** and the Cancer Research and Prevention Foundation have entered into a five-year, $1.5 million cooperative agreement to enhance colorectal cancer screening in three states: Maryland, Nebraska, and Ohio. The grant will provide technical assistance and funding for a one-year state-level collaboration among health-care professionals, administrators, educators, and advocates. The collaboration will conclude with a conference, called Dialogue for Action, on colorectal cancer prevention and early detection. This is the second year of the CDC and CRPF partnership. Dialogue for Action conferences funded by other means have been held in Utah, West Virginia, and Arizona/New Mexico, and a conference is planned for Michigan in September. . . . **NIH** has expanded its health information Web site, at http://health.nih.gov, which is linked to other information sites. Visitors can access a listing of health topics, browse topics by body location or systems, or use the main search box. Health databases, including clinical trials, MEDLINEplus, and PubMed, are available with one click, said Dennis Rodrigues, Web site manager. . . . **ERWIN VOLLMER**, retired supervisory physiologist and endocrinologist with NCI, died May 13 of aspiration pneumonia in Maryland. He was 98. Vollmer began his 20-year career at NCI in 1957. He served as executive secretary of a breast cancer task force and allocated grant money for research projects. . . . **CORRECTION**: An advertisement in the May 28 issue of **The Cancer Letter** for a director for the San Antonio Cancer Institute incorrectly listed a Web site. The correct address is http://saci.uthscsa.edu.

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The software that comes with your issue allows you to make a printout, intended for your own personal use. Because we cannot control what you do with the printout, we would like to remind you that routine cover-to-cover photocopying of The Cancer Letter Interactive is theft of intellectual property and is a crime under U.S. and international law.

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Fourth International

Congress on Monoclonal Antibodies in Cancer

SEPTEMBER 3-6, 2004

Colorado Springs, Colorado

Symposium Overview:

The Fourth International Congress on Monoclonal Antibodies in Cancer will be held at the beautiful Broadmoor in Colorado Springs over the Labor Day weekend from September 3-6, 2004. Over the past 3 years, this symposium has become a forum to bring together basic scientists, translational oncologists, and people from the biotech industry who are interested in developing the therapeutic potential of monoclonal antibodies for the management of cancer. Again this year, we are planning a state-of-the-art agenda focusing on a number of novel antibodies that are being developed for malignancies. These include antibodies targeting signal transduction pathway receptors like epidermal growth factor receptor, vascular endothelial growth factor, tumor necrosis factor–related apoptosis-inducing ligand, etc., as well as antibodies of cell surface receptors including CD20, CD22, CD30, CD52, CD80, etc. The symposium will also include discussion of radiolabeled antibodies, immunotoxins, and other novel ways in which antibodies can be utilized. In addition to the regular morning sessions, we will have translational workshops where antibody engineering, glycosylation, pharmacology, etc. will all be discussed. There will be an opportunity for participants to submit abstracts for inclusion in a poster session at this meeting. We look forward to an informative meeting with stimulating discussion.

CONFERENCE CHAIRMAN

Vinay Jain, MD, FACP
Baylor Charles A. Sammons Cancer Center
Texas Oncology P.A.
Dallas, TX

PLANNING COMMITTEE

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Mark Pegram, MD

Leonard Presta, PhD

Steven Treon, MD

Louis Weiner, MD

Educational Objectives:

- Assess the current role of monoclonal antibodies in the treatment of lymphoma, myeloma, and chronic lymphocytic leukemia
- Analyze the current status of monoclonal antibodies targeted to growth factor receptors in the treatment of solid tumors and hematologic malignancies
- List strategies for improving the pharmacokinetic profile and cytotoxic index of monoclonal antibodies
- Describe the rationale for using monoclonal antibodies to target the immune system in hematologic malignancies
- Evaluate the mechanisms of action and clinical activity of antiangiogenic antibodies
- Identify the current role and potential utility of immunotoxins in treatment of hematologic malignancies
- Describe the role of antibodies as vaccines and as vehicles for delivering chemotherapeutic agents

ABSTRACT DEADLINE
August 9, 2004

CME Accreditation and Designation:

Physicians' Education Resource is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Physicians' Education Resource designates this educational activity for a maximum of 19 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

Translational workshops are not for credit.

Lecture Topics:

- **New Developments With EGFR/HER1-Targeted Antibodies**
- **Other EGFR/HER1-Targeted Antibodies**
- **Antibodies for Chronic Leukemias**
- **Lymphoma/Myeloma**
- **Novel Antibodies for Lymphoid Malignancies**
- **Targeting HER2**
- **Antibody Structure, Function, Efficacy, and Engineering**
- **Targeting Angiogenic Pathways**
- **Radiolabeled Monoclonal Antibodies**
- **Targeting Kidney Cancer and Melanoma**

Workshop Topics:

- **Novel Antibodies for Hematologic Malignancies**
- **Novel Antibody-Based Approaches for Solid Tumors**
- **New Developments: Antibody Engineering**

Third International Congress on

TARGETED THERAPIES in Cancer

AUGUST 27 - 29, 2004, WASHINGTON, DC

CONGRESS DESCRIPTION

This educational conference will provide state-of-the-art information about current advances in translational therapies that have been developed based on our growing understanding of the pathogenesis, molecular biology, and progression of neoplastic diseases. In the past few years, there have been rapid increases in the number of suitable therapeutic targets identified that have potential therapeutic application, and the number of agents under preclinical and clinical investigation has grown accordingly. The conference will cover a wide range of agents from those in preclinical development to those that have indications for use in cancer. Novel targeted approaches to be covered include receptor tyrosine kinase inhibitors (epidermal growth factor receptor, HER2, vascular endothelial growth factor, etc.); inhibitors of proteins involved in various signal transduction pathways (protein kinase C, Ras, Raf, Map kinase, Akt); antiangiogenic drugs (vascular targeting agents, monoclonal antibodies); agents acting on proteins involved in chromatin organization, gene expression and protein synthesis; proteasome inhibitors; and antisense RNA approaches.

EDUCATIONAL OBJECTIVES

At the conclusion of this educational activity, you should be able to:

- Integrate information on the role of angiogenesis in tumor growth and metastasis with recent advances in antiangiogenic therapies
- List agents in clinical development for targeting the process of protein trafficking including synthesis, folding, and degradation
- Evaluate the clinical efficacy of agents targeting signal transduction pathways that affect cell cycle progression
- Identify various approaches that target tumor cell survival pathways
- Compare and contrast the clinical activity and safety of monoclonal antibodies and small-molecule tyrosine kinase inhibitors that target the ErbB family of receptors
- Assess the potential clinical utility of agents which promote or inhibit apoptosis in neoplastic cells
- Describe the integration of targeted therapies in the management of hematologic malignancies
- Discuss the rationale for combining targeted agents with chemotherapy in malignant diseases
- Summarize recent data on immunological approaches to managing patients with cancer

ABSTRACT DEADLINE
August 2, 2004

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CME ACCREDITATION

Physicians' Education Resource is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Physicians' Education Resource designates this educational activity for a maximum of 18.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

Lecture Topics:

- Targeting VEGF
- Other Strategies to Inhibit Angiogenesis
- Targeting Protein Folding and Degradation
- Immunomodulating Agents
- Growth Regulators
- Small-Molecule Inhibitors of the ErbB Axis
- Monoclonal Antibodies Targeting the ErbB Axis
- Targeting Raf/MAP Kinase Pathway
- Signal Transduction Inhibitors
- Targeting Chromatin Remodeling
- Targeting Apoptosis
- Targeting the Cell Cycle
- Miscellaneous