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Bristol-Myers To Pay $450 Million To Settle Claims On Inventory, Accounting Fraud

By Paul Goldberg

Bristol-Myers Squibb Co. has agreed to pay out $450 million to settle class action suits from shareholders and separate civil claims by the Securities and Exchange Commission.

The two settlements, which were announced within days of each other, stem from Bristol's long practice of building up wholesalers' inventories and diverting operating income to enhance dividends to create the illusion that the company was achieving ambitious growth goals, court documents state.

In a settlement of a civil complaint filed by SEC, Bristol agreed to

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In Brief:

Bunn Wins SPORE Leadership Award; ClinicalTrials.Gov Wins Recognition

PAUL BUNN JR., director of the University of the Colorado Cancer Center, was awarded the Outstanding Leadership Award at the 12th Annual Specialized Programs of Research Excellence Workshop held in Baltimore last month. The award is given annually to SPORE investigators who demonstrate strong leadership in pursuit of collaborative translational studies. Awardees are chosen by the organizing committee of the Annual SPORE workshop that consists of SPORE principal investigators. Bunn is the PI of the lung SPORE at UCCC. His award was specifically given for the appreciation of his work in the Lung Cancer Biomarkers and Chemoprevention Consortium as well as his other activities. . . . **CLINICALTRIALS.GOV**, the Web site developed by the National Library of Medicine, received Harvard University's Innovations in American Government Award. The Web site will receive a $100,000 grant. ClinicalTrials.gov grew out of 1997 legislation that required HHS to broaden the public's access to information about clinical trials by establishing a registry for federally and privately funded trials. The site was created in 2000. **Alexa McCray** directs the site. . . . **BARBARA ANN KARMANOS Cancer Institute** has recruited two faculty back to the institute from the University of Michigan. **Voravit Ratanatharathorn** was named clinical director Stem Cell Transplant Program and leader of the bone marrow transplant multidisciplinary team. He was professor in the Department of Internal Medicine, Division of Hematology and Oncology, University of Michigan Medical center. He

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Further Investigation To Focus On BMS Executives, SEC Says

(Continued from page 1)

pay $150 million, $100 million of it a penalty, and accepted a restraining order barring improper accounting techniques. The settlement was made public Aug. 4.

On July 30, the company agreed to pay $300 million to settle a class action suit stemming from the accounting irregularities and matters related to Bristol's deal to buy a stake in the ImClone Systems Inc. agent Erbitux.

Neither settlement constituted an admission of wrongdoing, the company said. "BMS agreed, without admitting or denying any liability, not to violate in the future provisions of the Federal securities laws, as set forth in the agreed judgment," Bristol said in a statement about the settlement with SEC. "BMS has cooperated fully with the SEC and is pleased to have resolved this matter."

It is unlikely that the settlements conclude the aftermath of the accounting scandal for the company once regarded as the leader in oncology. SEC officials said their investigation would now focus on individuals responsible for the accounting irregularities. Separately, the U.S. Attorney's Office in Newark is conducting a separate investigation, Bristol acknowledged. The company said it's cooperating with that investigation.

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Double-Double, Mega-Double Trouble

The 30-page complaint made public by SEC offers a concise history of Bristol's efforts to classify $1.5 billion worth of excess inventory as revenues.

The document, which can be downloaded at www.sec.gov/news/press/2004-105.htm, describes the mechanics of Bristol's efforts to meet the goals of a program called Double-Double, which called for doubling of gross sales, earnings and per-share earnings between the fiscal years 1993 and 2000.

Once that illusion of doubling was achieved, the company embarked on an even more ambitious plan called Mega-Double.

Describing the company's obsession with attaining short-term goals, the SEC complaint provides the context for understanding Bristol's failure to develop a pipeline of oncology products and its controversial efforts to maintain exclusivity over the cancer drug Taxol and the anti-anxiety drug BuSpar.

Last year, Bristol paid $670 million to settle claims by state attorneys-general and private litigants related to its attempts to block generics from offering their versions of Taxol and BuSpar (**The Cancer Letter**, Jan. 10, 2003).

The SEC complaint claims that Bristol management created the illusion of growing sales, silencing internal critics, and deceiving Wall Street analysts.

"Bristol-Myers' earnings management scheme distorted the true performance of the company and its medicines business on a massive scale and caused significant harm to the company's shareholders," said Stephen Cutler, director of the SEC's Division of Enforcement. "The company's conduct warrants a stiff civil sanction. As our investigation continues, we will be focusing on, among other things, those individuals responsible for the company's failures."

Though the complaint alleges that the buildup of inventory began in late 1997, the company was formally accused of perpetrating a "fraudulent scheme" over two years, from January 2000 through December 2001.

"For two years, Bristol-Myers deceived the market into believing that it was meeting its financial projections and market expectations, when, in fact, the company was making its numbers primarily through channel-stuffing and manipulative accounting devices," said Timothy Warren, associate regional director of the SEC Midwest Regional Office. "Severe sanctions are necessary to hold Bristol-Myers accountable for its violative conduct, and deter

Bristol-Myers and other public companies from engaging in similar schemes."

The accounting problems cited by SEC occurred on the watch of the current chairman and CEO Peter Dolan and his predecessor Charles Heimbold. It was Heimbold who set both the Double-Double and Mega-Double targets. Dolan succeeded Heimbold as CEO in May 2001 and became chairman and CEO four month later.

Last year, Bristol acknowledged that its financials from the third quarter of 1999 through the fourth quarter of 2001 were inaccurate. Restating its earnings, the company said it had improperly recorded $2 billion worth of shipments to its two largest wholesalers.

Heimbold, who left the company to become the U.S. ambassador to Sweden, has since returned to the U.S. In addition to his job at Bristol, Dolan serves on the board of directors of C-Change, a non-profit organization which serves as the political platform for NCI Director Andrew von Eschenbach,

"I found it striking that the SEC complaint makes many references to the fact that many people were reassigned to lesser jobs for disagreeing with the policy of channel-stuffing," a former Bristol executive said to **The Cancer Letter**. "I know this to be accurate. The people running the company had created a climate of fear, which was markedly different from the culture that existed under previous management."

Rewards For Holding Inventory

Holding inventory for Bristol had its rewards. One wholesaler was paid 24 percent per year as a guaranteed return on investment for taking excess inventory, the complaint states.

As the distribution channels were clogged with drugs, the company failed to make proper rebates for state Medicaid programs, court documents say.

Also, in an effort to meet the Wall Street expectations, Bristol set up "cookie jar" reserves, which allowed it to classify one-time gains from sales of assets as operating income. With these funds, the company boosted per-share earnings to the level that met the projections of Wall Street analysts, the complaint states.

Bristol officials said that under the settlement with SEC, the company would form a $150 million fund for a class of shareholders, to be distributed under the court's supervision.

The settlement agreement from the shareholders' suit similarly allows Bristol to accept no responsibility.

"The defendants have denied and will continue to deny any wrongdoing whatsoever," states the document filed at the U.S. District Court for the Southern District of New York. "Defendants state that they are entering into this settlement to eliminate the burden and expense of further litigation."

The company said it has "implemented a series of internal controls and procedures designed to ensure that its financial reporting processes meet the highest standards of integrity and professionalism."

In June 2003, Bristol hired former federal judge Frederick Lacey as an independent advisor in connection with these matters. This consulting arrangement will continue through the filing of the 2005 form 10-K, the company said.

Following the Aug. 4 announcement, Bristol shares rose 16 cents and closed at $23.30.

Capitol Hill:

House Committee Says Budget Includes $8M For NCI-Frederick

NCI can spend up to $8 million next year to make improvements to the NCI-Frederick cancer research facility, according to the House Appropriations Committee's report on the fiscal 2005 budget bill for the Department of Health and Human Services.

According to the report, the Bush Administration requested the funds for repairs to the facility at Fort Detrick in Frederick, Md. The funds are included in the bill's appropriation for NCI of $4.87 billion, an increase of $130.77 million above the current year's appropriation of $4.739 billion, and the same as the President's budget request. The committee passed the budget bill on July 14.

In another development, the House and Senate on July 22 approved appropriations for the Department of Defense that included $150 million for the peer-reviewed Breast Cancer Research Program, the same funding the program received last year. The bill included $85 million for the Prostate Cancer Research Program and $10 million for the Ovarian Cancer Research Program.

The House committee's report included requests that NCI increase support for research in prostate, pediatric, pancreatic, liver, and blood cancers. The Institute also is requested to report to the committee next year on progress in various areas, including prostate cancer, stem cell research, and kidney

cancer. Excerpts of the House committee's report on NCI follow:

Prostate cancer—The Committee recognizes NCI's commitment to prostate cancer research as laid forth in its "Prostate Cancer Research Plan, FY 2003-FY 2008." The Committee requests that NCI provide an annual update every January on its progress in prostate cancer research as it reflects the goals outlined in the plan for years FY04-08.

Pediatric cancer—To expedite the progress and further improvements in outcomes for children with cancer, the conferees encourage NCI to increase its support of dedicated translational research and to accelerate the pace of pediatric cancer clinical trials. The conferees also urge NCI to place a significant focus on genomic and proteomic approaches to identifying and validating potential molecular targets for therapeutic exploitation and evaluation in a controlled clinical trial setting. The existing, NCI-supported national clinical trials infrastructure and network, the Children's Oncology Group, should be the dominant participant in this accelerated effort.

Pancreatic cancer—The Committee is concerned that there are too few scientists researching pancreatic cancer, which is the country's fourth leading cause of cancer deaths. Tragically, 99 percent of people diagnosed with this disease die within six months. The Committee compliments the NCI's past efforts for increasing the research field through its program of a 50 percent formalized extended payline for grants that were 100 cent relevant to pancreatic cancer, an initiative that was an important method for attracting both young and experienced investigators to develop careers in pancreatic cancer. The Committee understands that NCI is adjusting this policy for the current year and looks forward to learning whether this revised approach is even more successful in increasing the number of grants.

Cancer centers—The Committee commends NCI on the success of its cancer centers program. Given that minority populations suffer disproportionately from virtually every form of cancer, the Committee encourages NCI to give consideration to the establishment of a comprehensive at a minority institution focused on research, treatment, and prevention of cancer in African American and other minority communities.

Neurofibromatosis—The Committee is pleased that NCI is conducting phase II clinical trials of NF1 patients with plexiform neurofibromas. Recognizing NF's connection to many of the most common forms of human cancer, the Committee encourages NCI to increase its NF research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation, and clinical trials. The Committee hopes that NCI will aggressively pursue clinical and translational research while still maintaining a solid basic research portfolio.

Liver cancer—The Committee notes with concern the number of people who develop and die from liver cancer. As the symptoms of liver cancer often do not appear until the disease is advanced, only a small number of liver cancers are found in the early stages of the disease when they can be easily treated. The Committee is aware that NCI, in collaboration with NIDDK, convened an Experts Conference in April 2004 to help define the most pressing areas requiring additional research, professional education and public awareness initiatives. The Committee encourages NCI to pursue the research initiatives that result from the conference.

Kidney cancer—The Committee is concerned that the incidence of kidney cancer has increased significantly over the last decade. The Committee encourages NCI to develop a strategic plan to combat kidney cancer, including implementing the NCI Progress Review Group's recommendations in order to bolster research efforts to fight this disease. The Committee requests that NCI report in March 2005 on its progress in developing a strategic plan.

Lymphoma—Hodgkin's lymphoma and non-Hodgkin's lymphoma represent a serious health burden, because of their persistent high incidence and the inadequate improvement in survival rates. The Committee encourages NCI to strengthen its support for translational and clinical lymphoma research which can utilize laboratory discoveries in lymphoma biology specifically to develop new approaches in the clinic for patients. The Committee recommends that NCI evaluate its current investment in lymphoma clinical research and expand or initiate programs that would ensure support for translational and clinical research efforts. The Committee encourages NCI to enhance and expand its commitment to investigation of the etiology and prevention of lymphoma. In the past decade there has been a dramatic and unexplained increase in the incidence of the disease; this epidemic is particularly evident in young and middle-aged

persons. Evidence suggests that these cancers develop from genetic damage caused by environmental factors such as chemicals, toxins and ultraviolet light, and infectious organisms such as hepatitis C, as well as immune dysfunction.

Angiogenesis—The Committee is pleased with the progress of angiogenesis research across the institute to involve both intramural and extramural researchers and encourages NCI to continue to pursue efforts to establish greater collaboration between angiogenesis researchers in the fields of cancer biology and diabetes. The trans-NIH angiogenesis workshop is an important step toward promoting multidisciplinary research on this important topic.

Blood cancers—The Committee is pleased that important new therapies have been developed for the blood cancers—leukemia, lymphoma, and multiple myeloma. Despite the introduction of these new therapies—including monoclonal antibody, radioimmunotherapies, and a proteasome inhibitor—far too many Americans still die from the blood cancers. The Leukemia, Lymphoma, and Myeloma Progress Review Group recommended in May 2001 the establishment of new multi-disciplinary and multi-institutional structures to shorten the timeline for new blood cancer drug development. The Committee encourages NCI to develop new strategies to accelerate the development of new blood cancer therapies, which might include, among other options, public-private partnerships, multi-disciplinary collaborations, and multi-institutional initiatives. NCI should consider flexible uses of current funding mechanisms in order to respond to the key recommendation of the blood cancer Progress Review Group, which was to reduce dramatically the time required to develop new therapies.

Myelodysplasia and myeloproliferative disorders research—The Committee recognizes NCI's support for a new research initiative in myeloproliferative disorders, which are chronic diseases of bone marrow cells that can develop into acute leukemia. The Committee encourages NCI and NHLBI to bring together scientific and clinical experts in these fields to explore collaborative and crosscutting research mechanisms to further this research agenda. The Committee also urges NCI to utilize the Surveillance, Epidemiology, and End Results program to collect data on the incidence and distribution of these diseases.

Chronic lymphocytic leukemia—This incurable disease is the most common form of adult leukemia in the U.S. The Committee encourages NCI to strengthen research efforts into CLL, including improved therapies and their rapid movement from the laboratory to the bedside. The Committee is pleased to learn that the unique multidisciplinary and multi-institutional research consortium funded by the institute for the past five years is proceeding with a competing renewal of its initial grant to permit continued study of CLL at the cellular and clinical levels. The Committee encourages NCI to consider enhancing the scope of research activities funded through the CLL Research Consortium as it works to defeat this devastating blood disorder.

Tuberous sclerosis complex—TSC is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the brain, heart, kidneys, lungs, liver, eyes or skin. In light of its similarities to the uncontrolled growth of cancer cells, many scientists believe that determining the cause of tumor growth in TSC could open the way for cures and treatments for cancer as well. The Committee encourages NCI to support programs examining the molecular and cellular basis of TSC, and the role of TSC in tumor development.

Cancer genomics—The Committee is aware of the potential for improved understanding and treatment of cancer presented by the use of microarray technology in both basic research and the clinical setting. The Committee understands that the use of this technology can help accelerate the development of effective cancer drugs, the prediction of drug response, and ultimately the early detection and improved treatment of cancer. The Committee recommends that NCI continue to employ these enabling technologies to identify, characterize, and validate the gene pathways that cause cancer and that it continue to work cooperatively with public and private sector entities in this effort.

American Russian Cancer Alliance—The Committee recognizes the contribution of the ARCA in its pursuit of novel research activities that ultimately benefit cancer patients worldwide. The Alliance has brought together the scientific strengths, expertise, and particular resources of both nations for the benefit of humankind through its effort to diagnose, treat and prevent cancer. The Committee notes in particular the unique ARCA projects in molecular imaging and radionuclide therapy that capitalize on the exceptional scientific expertise and technical capabilities of the leading Russian nuclear research centers and

American cancer centers. The Committee encourages NCI to establish a mechanism to support the continued development of this collaboration between the United States and Russian cancer researchers and to develop a plan to support the necessary infrastructure at U.S. institutions for the Alliance and its activities.

Bone metastasis study—The Committee encourages NCI to develop an integrated approach to study bone metastasis, leveraging the expertise of cancer and bone biologists, clinical oncologists and metastasis experts and representatives from pharmaceutical industry. Key issues to address include the generation of novel models which mimic tumor/bone interaction and which delineate mechanisms to determine why tumor cells prefer bone for metastasis. The Committee also urges NCI to expand research on osteosarcoma to improve survival and quality of life and to prevent metastatic osteosarcoma for children and teenagers who develop this cancer.

Tobacco harm reduction—The Committee continues to encourage research about tobacco products intended to reduce the harm caused by cigarette smoking and encourages NCI to expedite its research and review of existing literature regarding tobacco harm reduction. The Committee is particularly interested in what can be done from a public policy perspective to reduce tobacco related mortality and morbidity in that 10 to 15 percent of adult population who cannot or will not quit smoking. The Committee encourages NCI to focus on the difference in harm caused by cigarettes versus potential reduced exposure tobacco products and how effective these products are or could be in smoking cessation efforts. NCI should consider exploring why Sweden has been so successful in reducing smoking and smoking related disease and what has been the impact of non-combustion products on smoking cessation in Sweden.

Human embryonic stem cell research—The Committee understands that NCI will soon begin implementing a human embryonic stem cell program. The Committee requests NCI to submit a report to the Committee by Dec. 1, 2004, listing the human embryonic stem cell research grants that NCI has awarded, the requests for proposals on human embryonic stem cell research that have been developed by NCI, and a plan describing how NCI will further develop its human embryonic stem cell research program.

(The full report is available at www.aau.edu/budget/05NIHAppReport.pdf.)

Gene Therapy Researcher Accused of Sexual Abuse

Gene therapy researcher William French Anderson was arrested Friday and accused of molesting a young girl he coached in karate, authorities said.

Anderson was arrested June 30, and remained in confinement until a court hearing Aug. 2, when his bond was reduced from $6 million to $600,000.

Anderson pleaded not guilty to one count of continuous sexual abuse of a child under the age of 14 and five counts of lewd acts upon a child under the age of 14.

According to the complaint, the abuse occurred between March 1 and Sept. 30, 1999, and the other crimes occurred between January 1997 and December 2001. The girl is now 17, authorities said.

If convicted, Anderson, 67, faces 56 years in prison.

Anderson spent 27 years at NIH. He left in 1992, as chief of the Molecular Hematology Branch at the National Heart, Lung and Blood Institute, where he performed the first authorized experiment in gene therapy. The researcher used a genetic engineering technique to control ADA deficiency.

Anderson is the director of the Gene Therapy Laboratories at the University of Southern California Keck School of Medicine and professor of biochemistry and pediatrics.

"It is a nightmare being falsely accused," Anderson said after leaving jail, the Los Angeles Times reported. "I did not do the things that I am charged with." According to the newspaper, the girl's mother was employed by Anderson.

The scientist is represented by Marcia Morrissey, a criminal lawyer who currently represents the music producer Phil Spector, who is accused of shooting a woman in his house. Morrissey also represented the brothers Lyle and Erik Menendez, who were convicted in 1996 of killing their parents.

Dixon, Former KCA Executive, Dies In Cook County Jail

Carl Dixon, a former executive of the Kidney Cancer Association, died while incarcerated at Cook County Jail, officials said.

According to Cook County Office of the Medical Examiner, Dixon, a 56-year-old attorney, died on July 21. The cause of death was AIDS, officials said.

Last year, Dixon was charged with two counts of felony theft and one count of personal use of charitable funds connected with disappearance of $335,000 from the Evanston, Il., based organization where he served as president and executive director (**The Cancer Letter**, Oct. 3, 2003).

Dixon was arrested on Sept. 16, 2003, as he was making a court appearance on unrelated drunk driving charges. Though Dixon claimed to be independently wealthy and often spoke of dining at four-star restaurants in Paris and London, he was unable to post $150,000 bail, and his case was assigned to the Public Defender's Office.

Dixon spent nearly a year confined to the prison hospital, and never made a court appearance to plead to the charges.

The KCA funds were diverted between July 1997 and November 2002, the indictment states. During that period, Dixon, who was not a cancer survivor, proved himself an active oncopolitician. He supported conservative political causes, volunteered to assist pharmaceutical companies, and embraced the controversial political initiatives of the American Cancer Society.

He was a member of the National Cancer Legislation Advisory Committee, a group formed by ACS to rewrite the National Cancer Act, and served on the National Dialogue on Cancer, another ACS-funded organization, which was renamed C-Change. He was also a member of the National Coalition for Cancer Research, Friends of Cancer Research, and the National Health Council.

After being ousted by KCA in 2002, Dixon worked briefly as a consultant to Friends.

Funding Opportunities:
RFP Available

RFP N02-CP-41015-50: Support Services For Viral Epidemiology

Response Due: Oct. 25

The Viral Epidemiology Branch, NCI Division of Cancer Epidemiology and Genetics is recompeting an on-going project which is currently being performed by Research Triangle Institute. The objectives are to collect, process, and analyze data for the VEB through the use of technical, managerial, and clerical support. The contractor will function in a supportive role carrying out specific tasks and will not engage in independent research. Any "designing" or "developing" mentioned within the scope of work does not imply research activities but will be only for the purpose of assisting the staff of the NCI in support of the main objectives of the contract. Specific objectives include providing various levels of support (except for retrovirus and immunologic testing of specimens) for a number of epidemiologic studies involving case-control, cohort, or observational designs, as well as analysis of large public access databases. Specific objectives also include a number of support activities that cut across individual projects including: providing educational materials to clinicians, assuring the adequate protection of human subjects, establishing liaison with and obtaining clearances from all necessary parties and organizations, management and tracking of specimen shipments and laboratory data, statistical analysis of data under the guidance of NCI staff, and providing financial management and advice to the NCI Project Officer for optimal use of available funds based on sound budget projections. The types of activities needed in the conduct of the studies can be divided into nine tasks: (1) initiation, liaison and administrative management, (2) word processing and computing, (3) development of study materials and procedures, (4) identifying and tracing study subjects, data collection and monitoring, (5) laboratory aspects involving biologic specimens, tests and laboratory data, (6) data preparation, (7) data processing, (8) data analysis, and (9) documentation, monitoring, quality control, and priority actions. Offerors must display the ability and willingness to meet with NCI investigators on short notice in the Washington D.C./Metropolitan Area. Offerors must also display the ability to provide support for field studies that are conducted internationally. The RFP is available at http://rcb.cancer.gov/rcb-internet/.

Inquiries: Karen McFarlane, contracting officer, phone 301-435-3782, fax 301-480-0241, email km63k@nih.gov.

Letter to the Editors:
CRPF Clarifies Information

To the Editors:

Thank you for highlighting the Centers for Disease Control and Prevention and the Cancer Research and Prevention Foundation's $1.5 million five-year cooperative agreement to increase colorectal screening rates through a Dialogue for Action Conference (In Brief, June 18).

CRPF would like to clarify that the $1.5 million grant is distributed over a five-year period to annually selected recipients. This is the second year of the agreement where Maryland, Nebraska, and Ohio were chosen to host a Dialogue for Action conference.

Jasmine Greenamyer
Assistant Director of Provider Training
Dialogue for Action Project

In Brief:

Karmanos Recruits Faculty Back From Univ. of Michigan

(Continued from page 1)

founded the Karmanos BMT program in 1980, said **John Ruckdeschel**, Karmanos president and CEO. **Stephen Ethier** was appointed associate director, Basic Science, and deputy director. Ethier also has been appointed associate director and professor in the Cancer Institute and Department of Pathology for Wayne State University School of Medicine. Ethier was director for the Division of Radiation and Cancer Biology in the Department of Radiation Oncology at the University of Michigan Comprehensive Cancer Center and co-director of its Breast Oncology Program. Prior to that, Ethier was in the Department of Chemical Carcinogenesis with the Michigan Cancer Foundation, now the Karmanos Cancer Institute. Joining Ethier in his return to the institute will be **Kathleen Ignatoski**, a cell signaling in breast cancer cells specialist, and **Zeng Yang**, an expert in molecular cytogenetics and breast cancer oncogenes. **Michele Dziubinski**, will also join as lab manager to Ethier along with graduate students **Allison Moffa** and **Nicole Wilmarth**. . . . **Q. PING DOU**, leader of the Prevention Program at Barbara Ann Karmanos Cancer Institute, received a $492,000 award from the U.S. Department of Defense Breast Cancer Program to fund research on a new family of anti-cancer drugs. Dou, a professor of pathology at Wayne State University School of Medicine, will use the award to study beta lactam analogs in cultured human breast cancer cells, and later on mice. . . . **UC DAVIS CANCER CENTER** ranked first among the 283 research institutions in the Southwest Oncology Group for the number of patients enrolled in cancer clinical trials, for the third consecutive year. The cancer center and its affiliates enrolled 185 patients in SWOG trials in 2003. The center also ranked eighth among the 250 research institutions in the Radiation Therapy Oncology Group for the number of patients enrolled in cancer clinical trials during the first quarter of this year. "Advances in cancer treatment depend upon clinical trials," said **Kelly Avery**, clinical research administrator at the center. "We're very proud of the number and variety of trials we have open, and with our ability to provide investigational treatments to cancer patients in our region." About 16 percent of new cancer patients seen at the center participate in a clinical trial. . . .**ARTHUR RIGGS**, director of City of Hope's Beckman Research Institute, will receive the Technology Leadership Award from the San Gabriel Valley Economic Partnership in recognition of his contributions to biomedical research and his contributions to establishing the San Gabriel Valley as a center of innovation and intellectual excellence. Riggs co-developed research techniques that led to the development of a process to make human proteins in microorganisms. This process was used to develop Humulin, a synthetic insulin used by more than four million people with diabetes worldwide. . . . **FRANCIS CRICK**, 88, co-discoverer of the structure of DNA, died in a San Diego hospital July 28. He had colon cancer. Crick was awarded the Nobel Prize in Physiology or Medicine in 1962, along with his colleagues **James Watson** and **Maurice Wilkins**. He was a distinguished research professor and former president at the Salk Institute for Biological Studies. . . . **HELEN F. GRAHAM Cancer Center** of Newark, Delaware, received approval from the state to expand its radiation oncology facilities with a third linear accelerator, said **Nicholas Petrelli**, medical director of the center. . . . **NIH** announced four new members to its Director's Council of Public Representatives. **Craig Beam**, a partner with Hammes Co. and an appointed endowed fellow by the National Health Foundation; **Wendy Chaite,** president and founder of the non-profit Lymphatic Research Foundation, an officer of the board of Research!America; **R. Michael Hill,** executive director of the Northwest Florida and Big Bend Health Councils and president of the Florida Association of Health Planning Agencies; and **James Kearns,** screenwriter and member of the nonprofit Entertainment Industries Council. . . . **ROSWELL PARK CANCER INSTITUTE** announced awards and an appointment. **Christine Ambrosone**, chairman of the Department of Epidemiology, Division of Cancer Prevention and Population Sciences, was awarded two grants from NCI. The first, is a five-year $3.7 million grant for a molecular epidemiological study on non-small cell lung cancer in smokers and nonsmokers. The second grant, also five-year, will examine characteristics of both early onset and aggressive breast cancer in African-American and Caucasian women. The second grant will be administered by Mt. Sinai Hospital. **Rochelle Krowinski** was appointed executive director of regional network development. She was CEO of the Regional Cancer Center of Erie, Pa.

CHEMOTHERAPY FOUNDATION SYMPOSIUM XX11
INNOVATIVE CANCER THERAPY FOR TOMORROW

November 10-13, 2004, New York City

Presented by the Mount Sinai School of Medicine and The Chemotherapy Foundation

Practical Applications For The Medical Oncologist

New developments in multimodality therapies for diverse neoplasms are presented by a faculty of leading clinical investigators. This program is designed for the education of physicians who employ therapeutic advances in cancer patient management.

Wednesday, November 10

Hematologic

Erythropoietic Agents: Clinical Considerations
Targeting the Ubiquitin-Proteasome Pathway
Pixantrone: A New & Active Drug in Lymphoma
Zevalin in Diffuse Large B-Cell Lymphoma
Denileukin Diftitox: A Novel Therapy
R-Chop Followed by Zevalin in Follicular NHL
Treatment of MDS with Hypomethylating Agents
Lenalidomide (Revlimid) for Anemia in MDS
Azacytadine: An Approved Agent in MDS
Bortezomib: Approaches in Multiple Myeloma
Trisenox Regimen in Multiple Myeloma
Role of Alemtuzumab and Rituximab in CLL
Treatment Risk Stratification of CLL
Histone Deacetylase Inhibitor in AML
Clofarabine plus ARA C Combinations in AML
Curing APL without Cytotoxic Chemotherapy?
Neutropenia: Impact of Peg-Filgrastim
The Roadmap to Follicular Lymphoma*
**Thursday*

GI Cancers

Rational Treatment Options for GIST
Gleevec, SU11248, RAD001 and Beyond
Oral Adjuvant Chemotherapy in CRC
Anti-VEGF Therapy for Colon Cancer
Options with Oral Chemotherapy in CRC
Oxaliplatin as Adjuvant Therapy of Colon Cancer
Ifox (Gefitinib, FU, Oxaliplatin) in Colorectal Cancer
Oxaliplatin-Based Regimens with Bevacizumab in CRC
Oxaliplatin/Fluoropyrimide/Avastin in Metastatic CRC
Panitumumab: A Human Anti-EGFR Antibody in CRC
New Treatment Paradigms in CRC
QOL & Pharmacoeconomics: Colon Cancer Therapy
Angiogenesis in Colorectal Cancer
Bevacizumab + Gemcitabine in Pancreatic Cancer
Chemotherapeutic Doublets in Pancreatic Cancer
Novel Approaches to Esophagogastric Cancer
Emerging Standard of Care: Gastroesophageal Cancer
Combined Modality Therapy of Rectal Cancer

Thursday, November 11

Gynecologic Cancers

Update on Cervical Cancer Therapy
Gemcitabine & Carboplatin in 2nd Line Ovarian Cancer
Long Term Survival: Liposomal Doxorubicin in Ovarian
DOXIL: Doxorubicin in Ovarian & Endometrial
Weekly Schedules in Ovarian Cancer
Treatment & Proteomic Monitoring of Gefitinib in Ovarian
Pertuzumab (Omnitarg) in Ovarian Cancer
Thalidomide with Topotecan in Recurrent Ovarian Cancer
Rx of Ovarian Cancer

Head & Neck Cancer

Reducing Chemoradiotherapy-Related Side Effects
Update on Docetaxel in Head & Neck Cancer
Gefitinib in Head & Neck Cancer
Combination Radiation & EGFR Blockade

Breast Cancer

Life After Tamoxifen: The Aromatase Inhibitors
Faslodex and Arimidex: 11/11/04
Role of Letrozole in Adjuvant Therapy
Tamoxifen and Exemestane: Trial Results
Breast Cancer Prevention: A Feasible Strategy?
Gemcitabine plus Paclitaxel in Breast Cancer
Docetaxel-Based Therapy in Early Breast Cancer
Improved Remission Rate with Neoadjuvant Regimen
Abraxane in Metastatic Breast Cancer
Oncotype Diagnostic Assay: Breast Cancer Recurrence
iTAG Assay in Patient-Selection for Targeted Therapy
Febrile Neutropenia in Docetaxel-Treated Breast Cancer
ERb Inhibitors: Single Agent & Combination Therapy
Circulating Tumor Cells in Metastatic Breast Cancer

Friday, Saturday Schedule-Over >>>

Friday, November 12

GU CANCERS

Prostate Cancer

Adjuvant Therapy in Hormone Refractory Prostate Cancer
Therapeutic Options in Advanced Prostate Cancer
Endothelin Receptor Antagonists in Prostate Cancer
Chemoimmunotherapy in Prostate Cancer
Chemohormonal Therapy for Biochemical Failure
Provenge: Novel Immunotherapy for Prostate Cancer

Renal Cell Cancer

Oncophage: An Autologous Heat Shock Protein Vaccine
Revlimid (Lenalidomide) in Renal Cell Cancer
Biologic Markers for Response Prediction
Sugen11248: A Multitargeted Tyrosine Kinase Inhibitor*
**Wednesday*

Lung Cancer

Update on Pemetrexed in SCLC
Irinotecan vs Etoposide combinations in SCLC
Pemetrexed plus Carboplatin or Oxaliplatin in NSCLC
Epothilones: Clinical Developments
Neoadjuvant and Adjuvant Therapy for NSCLC
Therapy in PS 2 Advanced NSCLC
Avastin and Tarceva in NSCLC
Update on EGFR Inhibitors in NSCLC
Pemetrexed Overview
Cytotoxic Therapy in PS 2 Advanced NSCLC
Cetuximab in Chemoradiation for NSCLC
Inhibition of ErbB Pathways in Lung Cancer*
**Thursday*

Diverse Therapeutic Strategies

Temozolomide & Irinotecan in Recurrent Astrocytoma
RSR 13 (Efaproxiral) in Therapy of Brain Metastases
BAY 43-9006 with Carboplatin & Paclitaxel in Melanoma
Clinical Update on the Novel mTOR-Inhibitor Rad001
Targeting Novel Kinase Inhibitors
Update on Clinical Trials with Xyotax
Update on Rubitecan in Solid Tumors
MUC-1 Cancer Vaccines: Are we there yet?
Evaluating Options in Chemotherapy-Induced Anemia
Antiangiogenic Therapy with Targeting Agents
Motexafin Gadolinium: Tumor Selective Anticancer Agent
Management of Malignancy-Associated Thrombosis
Defining Success in Oncology Drug Development*
**Wednesday*

Saturday, November 13

Strategies for Anthracycline Use In Early Breast Cancer
Hormonal Treatment of Breast Cancer
Prevention Targets in Methylated Epithelial Cells
Experience with Decitabine in CML and MDS
Biomarkers & Genetic Mutations
Signal Transduction Inhibitors in Breast Cancer
Cancer Treatment-Induced Bone Loss
EGFR Testing and Interpretation
EGFR Expression Rash: Grading & Treatment

NEW AGENTS & STRATEGIES FOR THE ONCOLOGY TEAM

Chemotherapy… and Beyond

Colorectal Cancer: Individualized Therapy
Utilizing Radioimmunotherapy
Case Studies

Controversies in Supportive Care

The Chemotherapy Experience: Supportive Care Options
Pain Management: Still an Issue?
Implementing Best Practices & Appropriate Use Guidelines
Projecting & Controlling Costs: M. D. Anderson Experience

Logistics and Practice Management Issues

Information Technology Serves the Cancer Care Team
Avoiding Medication Errors

Seminar
Tuesday, November 9
Avoiding Medication Errors

Conference Chairs
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Edward P. Ambinder, M.D.
Janice L. Gabrilove, M.D.

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