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Four Centers Form Privately-Funded Multiple Myeloma Research Consortium

By Paul Goldberg

Four cancer centers last month formed a privately funded consortium to develop therapies for multiple myeloma.

Joining the Multiple Myeloma Research Consortium, the investigators at Dana-Farber Cancer Institute, H. Lee Moffitt Cancer Center & Research Institute, Mayo Clinic, and Princess Margaret Hospital established a joint tissue bank and agreed to share data and cooperate on clinical trials and commercialization of agents.

The consortium implements an idea described in three years ago in

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In Brief:

Fox Chase Cancer Center Hires Breast Experts Jordan and Morrow From Northwestern Univ.

V. CRAIG JORDAN, a pharmacologist known for his work on the breast cancer drug tamoxifen, and **Monica Morrow**, a breast cancer surgeon, have joined Fox Chase Cancer Center's division of medical science.

The husband and wife team has served on the faculty of Northwestern University and Northwestern Memorial Hospital in Chicago since 1993. Morrow became chairman of surgical oncology at Fox Chase in August, one of a few women in the U.S. to lead a surgery department. She holds the center's G. Willing "Wing" Pepper Chair in Cancer Research. Jordan will move his laboratory to Fox Chase by January. He has been named vice president and scientific director for the medical science division and holds the new Alfred G. Knudson Jr., M.D., Ph.D., Chair in Cancer Research.

Jordan's published studies of tamoxifen and other selective estrogen-receptor modulators have made him one of the top 20 most-cited breast cancer researchers over the past decade.

"We are extraordinarily pleased to welcome Dr. Morrow and Dr. Jordan to our faculty," said Fox Chase president **Robert Young**. "They are among the leading breast cancer researchers in the country. Dr. Morrow has been an outstanding advocate in the effort to ensure that women receive appropriate, state-of-the-art treatment for breast cancer and she has also worked to expand prevention options for women. Dr. Jordan was a major force in the development of tamoxifen in the 1970s, and it has subsequently become a mainstay for treating women with breast cancer. Just six years ago, tamoxifen was also shown to reduce the risk of breast cancer by 40 percent among high-risk women. Dr. Morrow was a principal investigator on that prevention

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Consortium Implements A PRG Proposal, Without NCI

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the NCI Progress Review Group report on research in leukemia, lymphoma and multiple myeloma. The Institute hasn't acted on the PRG proposal, but the Multiple Myeloma Research Foundation, non-profit group based in New Canaan, Conn., took the lead, designed the consortium, and convinced the institutions to join it.

Organizers estimate that the cost of setting up the enterprise and launching the tissue bank and a preclinical research project would be less than $5 million, a strikingly modest price tag by comparison with the controversial NCI efforts to launch multi-billion-dollar ventures in tissue banking and informatics.

"Myeloma is a disease you can get your arms around, because you have centers of excellence and scientists who work beautifully together," said Kathy Giusti, a myeloma survivor and founder of both the Multiple Myeloma Research Foundation and the consortium. "We are giving them what they need to integrate these centers in a way that allows them to work together, sharing tissue, and collaborating on preclinical research and phase I and II trials."

Giusti was recently appointed to the National Cancer Advisory Board.

In addition to funding the informatics system and a tissue bank, which is currently being put together at Mayo Clinic, the consortium will interact with pharmaceutical companies in testing and commercialization of therapies.

The collaboration is designed to become a magnet for the industry, Giusti said. "The objective of the consortium is to be the come-to place for industry, to make sure that preclinical work clicks with clinical trials, and the trials are designed properly and accrued quickly," she said.

About 15,000 people develop multiple myeloma in the US, and about 50,000 are living with the disease. The institutions in the consortium see approximately 8,000 myeloma patients.

A Manageable Scale

"Many of us are collaborating already with many groups all over the world, but this offered us a new opportunity to take this to another level," said Kenneth Anderson, chief of the division of hematologic neoplasia and director of the Jerome Lipper Multiple Myeloma Center at Dana-Farber Cancer Institute.

Anderson, who is also the chairman of the MMRC leadership team and a consortium investigator, said he envisions two forms of interaction with the industry. "Pharma can come to us if they have a novel agent, and we can go to pharma together, in a stronger position, when we have an agent," he said.

Brian Druker, a member of the MMRC scientific advisory board, said the consortium is structured to design agents similar to Gleevec, a targeted drug he developed for chronic myelogenous leukemia and gastrointestinal stromal tumor.

"It's not just the accrual that matters, it's performing the science in association with clinical trials, so you actually learn how your drug is working, why it's working, whom it works best for, or whom it will not work for," said Druker, professor of medicine and director of the leukemia program at the Oregon Health Sciences University. "This consortium is making sure that this kind of science is done in association with clinical trials."

The scope of the collaboration will evolve with the science, Druker said.

"Ultimately, we are not going to call myeloma myeloma," he said. "We are going to call it some molecular abnormality. And that same molecular abnormality might be present in some solid tumor. Or a drug that works in myeloma might work in some solid tumor."

Druker and others involved in designing the consortium said its structure could be applied to a variety of diseases. "What we are undertaking here has

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never been done before, so, every step we have taken has been new," said Giusti, who is working on a five-year business plan for the consortium. "Now we have a model up and running, and this model can be taken over by others."

From PRG To Consortium

Giusti said she has heard myeloma experts talk about enhancing collaboration ever since she was diagnosed with the disease eight years ago.

At roundtables organized by the foundation she formed in 1998, Giusti learned that even in the small world of myeloma, scientists were often unaware of work being done by their colleagues. Sometimes that meant duplication and other forms of inefficiency.

In 2001, Giusti joined the blood cancer PRG, becoming part of a process NCI started partly in order to thwart threats of earmarking its budget for specific diseases. Whenever advocates and their Congressional patrons came calling, NCI wanted to be able to provide an analysis of its research for specific diseases and describe its plans for the future.

To enhance collaboration between scientists studying myeloma and other blood cancers, the group proposed a program called C-TRAC, which was described in the PRG report and in the NCI implementation document that was published a year later.

"The concept of C-TRAC is embodied by this consortium," said Anderson, who served as a co-chairman of the PRG. "The concept of closer relationship, more collaborative working relationship, with pharmaceuticals, which was in C-TRAC, is also one of the foundations of MMRC.

"The structure of MMRC was never proposed precisely for C-TRAC, but the goals of C-TRAC are very much going to be met by MMRC."

Giusti said she didn't want to wait for NCI to determine whether to act on the PRG proposals. "I am living with a disease that is fatal," she said. "I was told I would die in three years, and it's been eight. I can't wait around and see if a PRG is going to get implemented."

A year and a half ago, Giusti convened a round table to ask myeloma experts to imagine a consortium that would help them cure myeloma.

"They felt they needed integration of the leading centers," Giusti said. "They felt they needed the expertise of specific cores. They felt strongly that we needed expertise in genomics, target validation and clinical trials, and that these cores would lead the way. They felt very strongly that they needed information technology systems that would allow them to function together."

Next, Giusti, a former G.D. Searle & Co. executive, approached pharmaceutical companies.

"I went around and I called on all the people in pharma, the industry I came from, and I asked, 'What would make this the come-to place for you?'" Giusti said. "And they were the ones who helped me understand that their focus is on tissue banking. They want to know that somebody is accruing great tissue. It helped us understand that they wanted us to do phase I and II trials, but they really wanted us to look at the genomic work, and to help them with correlative science. Also, they said, `We don't want to negotiate with every center in the consortium. You've got to make it one-stop shopping."

To develop an operating plan, Giusti worked with PricewaterhouseCoopers, a management consulting firm. "It's one thing to say, 'Let's all work together. It's another thing to actually create a governance system and the process that you are going to need to make it come together," Giusti said.

The consortium was set up as a 509a3 non-profit organization, a structure that allows it to receive federal grants.

In addition to Giusti and Dana-Farber's Anderson, MMRC leadership includes Bill Dalton, CEO and director of H. Lee Moffitt Cancer Center & Research Institute, Rafael Fonseca, associate professor of medicine Mayo Graduate School of Medicine, and Keith Stewart, director of the McLaughlin Centre for Molecular Medicine and associate professor at the University of Toronto.

Giusti turned to IBM Life Sciences to identify a vendor for the computer system to integrate the centers. The system was provided by First Genetic Trust, a Chicago-based firm that specializes in collection and analysis of genetic and medical data.

The system will manage collaborative research at the four institutions and deploy and host its Web-based enTRUST Genetic Banking system to enable the consortium to create a central repository of well-phenotyped myeloma tissue and relevant biologic samples preserved in accordance with Good Laboratory Practices standards, the company said.

The system will integrate laboratory and clinical trial data, track the status of enrollment in MMRC clinical trials, monitor compliance with protocols, and enable exchange of data among MMRC researchers, the company said.

Giusti said she hasn't spent the entire $5 million budget. "We will have enough funding to initiate our first two projects," she said.

The consortium's overhead is low, Giusti said. It has a staff of two. The Multiple Myeloma Research Foundation has a staff of eight. Some employees—including Giusti—split their time between the two entities, she said.

Giusti said she negotiated aggressively. "I said to PricewaterhouseCoopers, 'Come work with us, because you will learn a lot on this project. We know that this is going to be a cutting edge way to get cancer research done.'"

The four institutions didn't need enormous new resources to form the consortium, said Anderson. "The consortium purposefully chose centers of excellence in myeloma that are already cancer centers well-funded to do translational research in myeloma," he said. "MMRC is building on a platform that is existent at these centers of excellence."

Druker said the consortium's efficiency enhances its promise. "It would be nice if we could double the NCI and NIH budget every five years, but it's not going to happen," he said. "MMRC is small, it's focused, but it has the potential to grow. Once you get it up and going, people will want to be a part of it."

Medicare:

Cuts In Drug Payments Deeper Than Expected, ASCO Finds

By Kirsten Boyd Goldberg

Cuts in Medicare reimbursements for cancer drugs could be much deeper than the Bush Administration has estimated and could reduce access to community-based cancer care when the provisions take effect in January, the American Society of Clinical Oncology said earlier this week.

If doctors can't afford to treat patients in their offices, patients may be forced to go to hospitals, which aren't prepared for a massive influx of patients, lacking drug supplies and adequate facilities, members of the society said in a press conference and briefing for Congressional staff on Sept. 8.

"Hospitals cannot handle the extra volume if patients are shifted," said Therese Mulvey, an oncologist from Quincy, Mass., who took part in an ASCO survey. "Congress must know what is at stake here. It's not about my practice. It's about patients having access to care in my community."

For many years, Medicare overpaid oncologists for drugs while underpaying them for related office-based cancer care services such as treatment for side effects, psychosocial support, and nutritional guidance. In the Medicare Modernization Act passed last year, Congress attempted to correct that imbalance by cutting payments for drugs. Medicare officials recently estimated the cut to drug payments would average 8 percent, but an ASCO survey of 100 oncology practices suggested the cut would average 15 percent.

Also, about a quarter of all drugs used for cancer treatment will cost the typical oncology practice more than what is covered by Medicare, the survey found. While some drugs are adequately covered by the Medicare reimbursement rate, many others are not. For example, 73 percent of practices will be unable to cover the cost of epoetin with the Medicare reimbursement and 70% will have to pay more than the Medicare reimbursement for pamidronate, a drug used for bone metastasis. For irinotecan, a colon cancer drug, and gemcitabine, a drug used to treat lung and pancreas cancers, more than half of practices will have to pay more than the Medicare reimbursement.

The survey represents the first available data to examine the effect of the new law on community-based cancer care.

The cut in drug payments in addition to cuts in drug administration services will result in a loss of funds for community-based cancer care from 43 to 54 percent beginning in 2005, ASCO said.

"These data provide compelling nationwide and local insight as to the impact of the impending Medicare cuts on the U.S. community cancer care system," said Joseph Bailes, co-chairman of ASCO's government relations council. "This analysis confirms the concerns the oncology community has voiced since the bill's passage in 2003."

Congress requested three studies to evaluate the effect of the Medicare law on cancer care, but those studies are not expected until 2006. ASCO has asked Medicare to maintain the 2004 reimbursement levels while these studies are underway.

"As oncologists, our first priority is to ensure that people living with cancer have access to the highest quality care, including comprehensive community-based care," said Margaret Tempero, ASCO president for 2003-04. "Based on ASCO's data and the potential impact on cancer care, we recommend that net Medicare reimbursement levels for cancer care from 2005 to 2006 be maintained until further analysis of the impact of these cuts has been completed.

"We believe it is not only our responsibility as

oncologists to provide quality care, but also to let Congress and policymakers in Washington know that these cuts may be more significant than intended," Tempero said.

Congress is unlikely to take any action on Medicare in the remainder of this election year.

ASCO is working with the American Medical Association to develop new Medicare reimbursement codes to formally recognize certain oncology services, which could help alleviate a small portion of the cut, but those won't be in place for several months, Bailes said.

Mulvey said she is planning to reduce staffing levels in her office if Congress or CMS doesn't halt the cuts. Meanwhile, as she cuts back, it could take a local hospital six to 12 months to increase chemotherapy services. "In most cases, community hospitals cannot stock chemotherapy agents due to waste," she said. "Many of these agents must be used within 24 hours. Also, patients can't delay treatment. The right drug must be delivered on the right schedule at the right dose."

Mulvey said she is committed to taking care of her patients. "My patients are my patients," she said. "We are working with the local hospital and hoping they will ramp up their services. We will muddle through as best we can until it sorts itself out."

Ellen Stovall, president and CEO of the National Coalition for Cancer Survivorship, said that while health professionals are likely to make sure patients receive treatment, the disruption of services will deprive patients of essential support. "Cancer patients want to receive high quality care from physicians in communities where they live and work and where they can maintain access to the range of supportive care services they need during the course of their treatment," Stovall said. "The current reforms may have the unintended consequence of limiting access to care, particularly for the elderly and patients living in rural areas."

Funding Opportunities:

ACS Offers Ovarian Cancer Research Professorship

The American Cancer Society announces a Request for Applications for a Research Professorship in Ovarian Cancer.

The ACS-Barbara Thomason Professorship in Ovarian Cancer is intended for a distinguished, mid-career investigator in any category of research who has made seminal contributions in ovarian cancer. The award amount is $100,000 per year for five years. Letters of Intent are due in hard copy Oct. 1.

Inquiries: call 404-329-7717 or email donella.wilson@cancer.org.

RFA Available

RFA-CA-05-023 Early Detection Research Network: Biomarker Developmental Laboratories

NCI Division of Cancer Prevention invites new and competing renewal cooperative agreement and NIH intramural applications for the development, evaluation, and validation of biomarkers for earlier cancer detection and risk assessment.

The purpose of the reissuance is to add additional Biomarker Development Laboratories and to ensure biomarker studies on all cancers of common occurrence are supported. Special emphasis should be placed on cancers of common occurrence, with high priority given to studies of breast, lung, ovarian, colon, pancreatic, and prostate and other less prevalent epithelial cancers, which are the major causes of cancer-related mortality and have yet to be controlled with screening and prevention.

The Network has a straightforward mission: to translate newly emerging molecular knowledge into practical clinical tests to detect cancer and cancer risk.

The RFA will use the NIH Cooperative Agreement U01 award mechanism.

The RFA is available at http://grants.nih.gov/grants/guide/pa-files/PAR-04-147 html.

Inquiries: Sudhir Srivastava, program coordinator, NCI, Division of Cancer Prevention, phone 301-435-1594; fax 301-402-8990; e-mail srivasts@mail.nih.gov.

Program Announcement

PAR-04-147: Cancer Prevention Research Small Grant Program

Application Receipt Dates: Dec. 20, 2004; March 21, July 21, Nov. 21, 2005; March 22, July 20, Nov. 20, 2006; March 20, July 21, Dec. 20, 2007.

NCI Division of Cancer Prevention invites applications that address developmental research in chemoprevention agent development, biomarkers, early detection, and nutrition science.

The Small Grant Programs may lead to the submission of subsequent individual research project grants R01. New, as well as experienced, investigators in relevant fields and disciplines (e.g., chemoprevention, nutritional science, genetic and infectious agents, and early detection, including biomarker development and validation) may apply for small grants to test ideas or do pilot studies. The specific areas of research may include, but are not limited to early detection, chemoprevention, and nutrition.

The PA is available at http://grants.nih.gov/grants/guide/pa-files/PAR-04-147.html.

Inquiries: Padma Maruvada, (Early Detection), NCI Division of Cancer Prevention, phone 301-496-3983; e-mail maruvadp@mail.nih.gov. Harold Seifried, (Nutrition), phone 301-496-8573; e-mail hs41s@nih.gov. Vernon Steele, (Chemoprevention), phone 301-594-0420; e-mail steelev@mail.nih.gov.

In Brief:

Surgeon Morrow, Scientist Jordan Move To Fox Chase

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trial. This illustrates how Dr. Jordan with his preclinical work and Dr. Morrow with her clinical research work together to accelerate the translation of research from the lab to treatment and prevention."

Morrow was professor of surgery at Northwestern University's Feinberg School of Medicine in Chicago and director of Northwestern Memorial Hospital's clinical breast programs, including the Lynn Sage Comprehensive Breast Center. She received an inaugural Department of Defense Center of Excellence grant in 1996, one of only three breast cancer center grants the DOD awarded nationally, to focus on increasing access to modern multidisciplinary breast cancer care. Morrow was Northwestern's co-principal investigator for the NCI-funded Specialized Program of Research Excellence in prevention, diagnosis and treatment of breast cancer. She also was the University of Chicago's principal investigator for the first national breast cancer prevention trial. She held the same position at Northwestern for the Study of Tamoxifen and Raloxifene.

Morrow made the move to Fox Chase because "the opportunity to work with an outstanding group of surgeons, researchers, and other clinicians devoted solely to cancer provides a great opportunity for advancing cancer treatment," she said. "I was also impressed with the leadership Fox Chase has shown in initiating a comprehensive program of cancer prevention research. Advances in genetics make improved prevention strategies a necessity for the future. Fox Chase has made a commitment to continuing its leadership role in cancer and it is exciting to be part of this effort."

Morrow was the first surgeon to serve on the National Cancer Policy Board of the Institute of Medicine, from 1999 to 2002. She is the surgical editor of the standard textbook, Diseases of the Breast, as well as an author of a book in the "Dummies" series called "Breast Cancer for Dummies."

From 1999 to 2001, she was director of the cancer department of the American College of Surgeons and executive director of the American Joint Committee on Cancer. She has served on the board of directors of the American Society of Clinical Oncology and currently is a member of the executive council of the Society of Surgical Oncology.

The move to Philadelphia brings Morrow back to her roots. Born in Bucks County, she graduated from Pennsylvania State University and Jefferson Medical College in 1976 as a member of their five-year accelerated medical program. Morrow served her residency in surgery at the Medical Center Hospital of Vermont in Burlington. After completing a two-year fellowship in surgical oncology at Memorial Sloan-Kettering Cancer Center in 1983, she became assistant professor of surgery at the State University of New York Downstate Medical Center in Brooklyn and also directed the surgical oncology service at Kings County Hospital Medical Center there. In 1988, she moved to the University of Chicago as director of the multidisciplinary breast cancer team and associate professor of surgery until joining the Northwestern faculty in 1993.

Jordan is the Diana, Princess of Wales, Professor of Cancer Research, professor of cancer pharmacology and director of the Lynn Sage Breast Cancer Research Program at the Robert H. Lurie Comprehensive Cancer Center at Northwestern. He was principal investigator for the cancer center's SPORE grant for breast cancer. He was also professor of molecular pharmacology and biological chemistry and professor of medicine at Northwestern's Feinberg School of Medicine.

Jordan has been studying the effects of tamoxifen for his entire career. He was the first scientist to focus attention on tamoxifen's anticancer properties and its ability to prevent breast cancer in laboratory mice. His work guided the evolution from preclinical lab studies to clinical research on the drug. More recently, he has been involved in developing a second estrogen-modulating compound, the osteoporosis drug raloxifene, now being tested as a preventive agent for breast cancer.

Jordan's long list of national and international awards includes the General Motors Cancer Research Foundation's 2003 Charles F. Kettering Prize, the American Cancer Society's 2002 Medal of Honor for basic research, the 2001 Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research, and the first Brinker International Breast Cancer Award for Basic Science from the Susan G. Komen Foundation in 1992.

In 2002, Queen Elizabeth II named Jordan an Officer of the Most Excellent Order of the British Empire for services to international breast cancer research.

Born in Texas to an English mother and American father, he grew up in rural England and earned his undergraduate and doctoral degrees in pharmacology at the University of Leeds, completing his Ph.D. in 1972. Although appointed to the faculty at Leeds, Jordan first came to the U.S. for postdoctoral training. He was

a research associate and then a visiting scientist at the Worcester Foundation for Experimental Biology in Shrewsbury, Mass., from 1972 to 1973.

After teaching at Leeds until 1979, he held a one-year appointment at the endocrinology unit at the Ludwig Institute for Cancer Research at the University of Berne in Switzerland and then joined the University of Wisconsin faculty in 1980. For his seminal contributions to the pharmacology of non-steroidal anti-estrogens, Leeds awarded him a doctor of science degree in 1985 and he became a full professor of human oncology and pharmacology at Wisconsin the same year. His roles at Wisconsin included directing the University of Wisconsin Comprehensive Cancer Center Breast Cancer Program until he joined the Northwestern faculty in 1993.

* * *

NATIONAL QUALITY Forum Cancer Care Quality Improvement Project will endorse a set of measures for public reporting and quality improvement initiatives. The project will focus on three areas: breast cancer, colon cancer, and symptom management/end of life care. Funded by a $1.9 million contract from the Agency for Healthcare Research and Quality, NCI, the Centers for Medicare and Medicaid Services, and the Center for Disease Control and Prevention, the project is expected to be completed in September 2006. **Rodger Winn**, former chairman of the Guideline Steering Committee for the National Comprehensive Cancer Network and former chief of the Community Oncology Program at M.D. Anderson Cancer Center, is director of the project. **Robert Wittes**, physician-in-chief at Memorial Sloan-Kettering Cancer Center, and **Helen Darling**, president of the National Business Group on Health, of Washington, D.C., are co-chairmen of the steering committee for the project. . . . **CARLO CROCE** was named director of the Human Cancer Genetics Program at Ohio State University. Croce, director of the Kimmel Cancer Institute/Kimmel Cancer Center at Jefferson Medical College, Thomas Jefferson University, was also appointed chairman of the Department of Molecular Virology, Immunology, and Medical Genetics at OSU. He succeeds **Caroline Whitacre**, who will continue as vice dean of research in the College of Medicine and Public Health, and associate vice president for research in the Office of Health Sciences. Croce will be involved in the university's plans to create an Institute of Genetics, said **Michael Caligiuri**, director of the Ohio State University Comprehensive Cancer Center. Croce's appointment begins Oct. 1. **Albert de la Chapelle**, founder of the genetics program, will remain at OSU and continue his research, working with Croce. Croce is a member of the National Academy of Sciences and a winner of two Outstanding Investigator awards from NCI, among other prizes, said **David Schuller**, executive director of the OSU Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. . . . **MARY EIKEN** was appointed executive director of the Society of Gynecologic Oncologists, said SGO President **James Orr Jr**. Eiken was director of quality, research, and patient advocacy for the Society of Thoracic Surgeons. . . . **NADER HANNA** was named head of surgical oncology at the University of Maryland Medical Center and the Greenebaum Cancer Center, said **Kevin Cullen**, director of the cancer center, and **Stephen Bartlett**, acting chief of surgery at the university. Hanna was associate professor of surgery at the University of Kentucky and director of gastrointestinal clinical research at the Lucille Markey Cancer Center.. . . . **JONATHAN BEREK,** pelvic surgeon and gynecologic oncologist, was appointed editor of ASCO News, the 21-year-old quarterly member magazine. Berek, director of the Women's Reproductive Cancer Program at the David Geffen School of Medicine at UCLA, , professor and chairman in the College of Applied Anatomy; executive vice chairman of the Department of Obstetrics & Gynecology; and chief of the Division of Gynecologic Oncology and Gynecology Service at UCLA, succeeds **Bruce Cheson**, who served as editor for the past 10 years. . . . **KEMP KERNSTINE** was named director of the Department of Thoracic Oncologic Surgery, Division of Surgery, at City of Hope Cancer Center. He was full professor in the Division of Cardiothoracic Surgery, Department of Surgery at the University of Iowa. Also at City of Hope, **Kevin Chan** has joined the Department of Urology and Urologic Oncology. He was at the Los Angeles County-University of Southern California Medical Center, where he completed his urology residency. . . **MULTIPLE MYELOMA** Research Foundation has been awarded $497,560, in year one of a possible three-year program, through a cooperative agreement from Centers for Disease Control and Prevention for the Nationwide Patient and Provider Education and Outreach Program, its blood cancer education program. The funds would increase awareness of treatment options and clinical trials among physicians, patient education strategies, and to increase the awareness of multiple myeloma patient resources among patients and providers. The award is part of the CDC National Health Organization Strategies to Provide Information and Education for Patients, their Family Members, Friends

and Care Givers with Respect to Hematologic Cancers program, a result from an increase in research funding for blood cancer education brought about by **Sen. Kay Bailey Hutchison** (R-TX) and the Hematological Cancer Research Investment and Education Act (S. 1094). . . . **UNIVERSITY OF ALASKA** received two grants totaling $19.2 million from NIH for infrastructure and biomedical research, under the Institutional Development Award Program. The first grant, awarded for $17.46 million over 5 years, called an IDeA Network of Biomedical Research Excellence, will support new faculty, provide access to biomedical resources, recruit students into biomedical research careers, and provide outreach programs for Alaska colleges. **George Happ**, research professor at the Institute of Arctic Biology, UA, is the principal investigator. The second grant consists of $1.75 million for the fourth year of an IDeA grant. The total funding for the five-year award, which began in 2001, is $10.86 million. Under this grant, the university is developing a multidisciplinary Center for Alaska Native Health Research, which focuses on genetic, dietary, and cultural-behavioral studies related to weight, nutrition, and health of specific Alaska Native villages. **Gerald Mohatt**, professor of psychology and director of the Center for Alaska Native Health Research, is the principal investigator. . . . **BRUCE WOLFF**, professor of surgery, Mayo Clinic College of Medicine, and consultant at Mayo Clinic, became the 2004-05 president of the American Society of Colon and Rectal Surgeons at the society's annual meeting in Dallas. Other surgeons elected to the executive council include: president-elect **Ann Lowry**, adjunct professor and residency program director, Minnesota Medical School; vice president **James Church**, staff colorectal surgeon and Victor Fazio Chair, Department of Colorectal Surgery, The Cleveland Clinic Foundation; treasurer **Anthony Senagore**, medical director, associate chief of staff and the Krause-Lieberman Chair in Laparoscopic Colorectal Surgery at the Cleveland Clinic Foundation; research foundation president **David Rothenberger**, professor and chief, Division of Colon and Rectal Surgery and Surgical Oncology at University of Minnesota and the John P. Delaney, M.D., Chair of Clinical Surgical Oncology and associate director for clinical research and programs at the UM Cancer Center. Executive council members are: **David Beck**, chairman, Department of Colon and Rectal Surgery at the Ochsner Clinic Foundation; and **W. Donald Buie**, clinical associate professor, Division of General Surgery and Surgical Oncology at the University of Calgary.

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