

THE **CANCER** LETTER

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PR Firm Ketchum Serves Two Clients On Medicare Issues: CMS And ASCO

By Paul Goldberg

After Congress changed the Medicare law last December, the Department of Health and Human Services hired Ketchum, a public relations firm, to promote the new prescription drug benefit.

Working for HHS and Centers for Medicare and Medicaid Services, Ketchum is producing and placing print, radio and television ads for a media campaign that will cost the taxpayers \$87 million this year.

Last April, after reviewing proposals from several PR firms, the American Society of Clinical Oncology hired Ketchum to help head off the cuts in
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In Brief:

NIH Opens 240-Bed Hatfield Clinical Center, Upgrading Capacity For Patient Research

MARK O. HATFIELD CLINICAL RESEARCH CENTER opened at NIH on Sept. 22. The 870,000-square-foot building connects to the existing Warren Grant Magnuson Clinical Center, which opened in 1953. Together, the facility will be called the NIH Clinical Center. Attending the opening ceremony were former Sen. Hatfield, HHS Secretary **Tommy Thompson**, and **Rep. Bill Young**, chairman of the House Committee on Appropriations.

“Patients are our partners in discovery and at the heart of the Clinical Center’s mission,” said Clinical Center Director **John Gallin**. “This new building will be a remarkable resource for science, because it has been designed in concert with the patients who come here and the scientists and clinicians who work with them to find new and better ways to prevent and treat disease.”

In 1989, an assessment of the Magnuson building concluded that the hospital had 12 to 15 years of useful life left. In 1994, by mandate of Congress, NIH convened an external advisory committee to review the intramural program. The committee endorsed NIH’s research program and recommended construction of a new hospital, followed by renovation of the existing Clinical Center. Former NIH Directors **Bernadine Healy** and **Harold Varmus** supported the plans.

The Hatfield Center opens with 240 inpatient beds and 80 day-hospital stations. Laboratories and patient rooms can quickly adapt to meet new requirements and changing priorities, because a full floor of systems space is built between each working floor of the building, Gallin said to the National Cancer Advisory Board at its meeting Sept. 14. The NCI intramural program
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Medicare payments to office-based oncologists.

ASCO officials said they saw no conflict in Ketchum promoting the drug benefit of the Medicare Prescription Drug Improvement and Modernization Act of 2003 for HHS while helping the professional society challenge that law's oncology reimbursement provisions.

“It was part of our understanding that the work they were doing for CMS was not related to the areas of focus for ASCO,” said Charles Balch, the society's executive vice president and CEO.

“There was a disclosure about that, and we saw no conflict in what they were doing,” Balch said to **The Cancer Letter**. “The reality is that any PR firm who is reputable in Washington is going to have some contracts that may overlap with the same large organizations within the Executive branch. The issue in looking at this is whether they overlap in the subject material. It was our view that the subjects were different.”

Robyn Massey, a spokesman for Ketchum, a unit of New York-based Omnicom Group Inc., a publicly traded company, said the firm cleared the potential conflict with both CMS and ASCO.

“They both feel there is no conflict; they both know there is no conflict,” she said. “In the Medicare Act there are hundreds of pages. I think there are several lines

within the bill that ASCO is interested in. For CMS, we are working on an education issue. It's all about educating seniors about the benefits that are available to them. That's where there is a disconnect. We know there is no conflict because of that.”

HHS spokesman Bill Pierce said the Department first learned about Ketchum's dual role from media reports earlier this month. The PR firm didn't inform senior level CMS and HHS public affairs officials about its business with ASCO, he said.

“Somebody should have let us know,” Pierce said to **The Cancer Letter**. “It may have been cleared through program people; that's entirely possible. But in terms of the folks who head the public affairs operations, that was not the case.”

“Common sense” should have led Ketchum to make a disclosure to the officials they interact with as they perform day-to-day work on the Medicare contract, Pierce said.

“Someone senior at Ketchum should have called someone senior here and said, ‘You guys need to know, we are going to take this contract,’” Pierce said. “This is simply an exercise in common sense. You can check the boxes, or you can exercise common sense.”

Pierce said HHS and Ketchum are discussing the issue. “It's something that we would like to look at, and we would like to address,” he said. “I don't know what we are going to do yet, so I can't go down that road, but we are concerned.”

Ketchum spokesman Massey declined to discuss the details of the company's disclosure of the ASCO business to HHS. “If that's what they are saying, there is no value in my commenting on it,” she said. “I have nothing to say.”

The Issue of Reimbursement

Medicare reimbursement for office-based oncologists is arguably the most urgent issue for ASCO today.

The drug payment schedule proposed in the 2003 law would likely force oncologists to refer Medicare patients to hospitals or close their practices, the society says. Recently, ASCO requested that CMS delay implementation of the drug reimbursement schedule that is slated to take effect next year (**The Cancer Letter**, Sept. 10).

The society has been working on the oncology reimbursement issue for years. However, last year, a group of oncologists formed the Community Oncology Alliance and hired lobbyists to work separately from ASCO. Pressured from inside and out, the society last

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Founded Dec. 21, 1973, by Jerry D. Boyd.

January issued a request for proposals seeking help from PR firms.

ASCO sought a public relations firm with solid government relations and public policy experience, and understanding of CMS and the legislative process. The bidders were asked to help formulate long-term and short-term legislative goals, communicate with ASCO members, build alliances with patient groups, mobilize grassroots support, and sell the story to the media.

The firms weren't asked to act as lobbyists, but were expected to assist ASCO in handling developments in Congress.

Ketchum's presentation featured Susan Molinari, a former New York Republican House member who is now chairman and CEO of Ketchum's lobbying unit, the Washington Group.

"They are advising us," Balch said of Ketchum's role in managing the issue. "That would be the nature of any group like that: to give us advice on how to frame the issues and how to communicate them."

The one-year contract with Ketchum was signed in April, ASCO officials said, declining to discuss the fees charged by the firm. However, industry sources said the services described in ASCO's RFP would likely generate bids of \$300,000 to \$500,000.

Balch said he is satisfied with Ketchum's performance.

"They are doing a good job," he said.

Ketchum's contract with HHS and its agencies, including CMS, covers a "full range of social marketing activities to plan, develop, produce, and deliver consumer-based communication programs, strategies and materials," according to a report by the Congressional General Accounting Office.

Pierce said CMS plans to spend \$87 million on marketing Medicare benefits this fiscal year, and Ketchum and its subcontractors would be responsible for producing and placing the English-language print and electronic media ads. Another firm handles Spanish-language materials. Direct mail, which comes out of the same marketing budget, is sent out by the Department without Ketchum's involvement, Pierce said.

"We have a budget, we give them an idea of roughly what we want them to do in terms of their scope of work, we determine the ad buys, and the ad buys determine how much money we spend with them," Pierce said. "Is there a specific dollar amount associated with the contract? Not necessarily. It's a running total."

Video News Releases Called "Propaganda"

Ketchum's representation of ASCO and CMS

would likely have gone unnoticed had the firm's work for the federal agency not attracted the attention of Congressional critics.

In the course of running the Medicare campaign, a Ketchum subcontractor produced "video news releases" that were formatted as news stories and featured narrators posing as television reporters.

As some television stations broadcast unedited versions of the news releases in late January and early February, viewers had no way of knowing that they were watching material produced by the government, the GAO said in a report issued May 19. The news releases violated restrictions on using appropriated funds for "publicity or propaganda purposes," the watchdog agency said.

ASCO's Balch said the controversy caused by Ketchum's campaign for CMS has nothing to do with the firm's work for the society.

"I thought that was a totally separate issue," Balch said. "People can make up that this is a story, and they can always fall back on perceptions. But in terms of what all of us would view as traditional areas of conflict of interest, the subject and the relationship of Ketchum with CMS didn't overlap, and therefore was not conflicting with what we've asked them to do."

Ketchum continues to work with HHS on promotion of the Medicare drug benefit, Pierce said.

Earlier this month, a Ketchum employee invited Associate Press reporter Mark Sherman to attend an ASCO press conference.

Having covered the GAO investigation of the Ketchum video news release, Sherman connected the dots: the PR firm was promoting the Medicare legislation while helping ASCO argue that cancer patients are being harmed by its implementation.

"Ketchum Communications, the public relations company working with the cancer doctors to call for change in the Medicare law, also is the principal contractor employed by the Administration to promote that same law," Sherman wrote in a story about the Sept. 8 press conference.

HHS spokesman Pierce said he and his colleagues in the public affairs office first learned about Ketchum's dual role from the AP story. The context was of interest to HHS: the PR firm hired to promote the Medicare law was helping cancer doctors argue that the law in question would erode the quality of cancer care. Pierce disputes ASCO's assertion, describing it as "scare tactics."

After reading the AP story, a Los Angeles-based group called Public Interest Watch sent a letter to the HHS Office of the Inspector General. The letter is posted

at www.publicinterestwatch.org/press_9_8_04.htm.

“ASCO’s decision to retain Ketchum appears to be nothing more than a premeditated attempt to corrupt the legislative process and to waste millions in public funds in the process,” said Lewis Fein, the group’s interim executive director.

“Whether ASCO knows it or not, Ketchum’s policy is designed to create stalemate, which is designed to produce increased fees to Ketchum. There will be no clear resolution on this issue for the taxpayer, who indirectly is financing Ketchum’s fees, or even for ASCO, so long as there is the same entity that is ‘communicating’ its message to the public, to media, to Congress, and to whomever may be interested in this subject.”

According to information on its website, PIW was funded with contributions from “business organizations.” Fein, a writer and marketing consultant, said the group has a board of directors, but declined to provide a list of its members. Contributions to the group aren’t tax deductible.

James Benton, a research analyst and government ethics expert at Common Cause, agrees with PIW’s point. “It really doesn’t look good,” Benton said.

The situation is absurd, Benton said, summarizing the controversy: “The same company is promoting the Medicare drug benefit on one hand, and saying it’s a good thing, but then turning around and lobbying for doctors who argue that these changes will cause problems.”

Common Cause is concerned about the expenditure of public money, Benton said.

“For Ketchum to be doing what may be considered working both sides of the issue with the aid of the American taxpayer strikes us as something that deserves to be looked into,” he said. “It’s an unsavory way of doing things in Washington.”

PR Code of Ethics

The use of government funds for lobbying, propaganda and political purposes is a concern in situations where government agencies become intertwined with private interests, said Charles Teifer, professor of law at the University of Baltimore and former solicitor of the House of Representatives.

“Legally, the problems posed under the prohibition on appropriated spending for ‘publicity or propaganda’ purposes get much worse when the money goes to a group with its own major self-interested agenda before the agency giving it the funding,” Teifer said.

Teifer said GAO addressed these issues in a 1979

report titled “The Maritime Administration and the National Maritime Council: Was Their Relationship Appropriate?” GAO found that a close relationship between the merchant marine agency and an industry group led to use of federal funds for lobbying and violations of standards of conduct by federal employees.

“The GAO has found a ‘troublesome potential conflict of interest’ when publicity money went to an industry component regulated by the agency providing the funding,” Teifer said.

Though Ketchum’s relationships with CMS and ASCO are configured differently from Maritime Administration’s link with the industry group, the same principle is at the root of both controversies, Teifer said.

“For CMS to fund from taxpayer money a massive publicity campaign by Ketchum while Ketchum lobbies for a group highly dependent upon CMS’s decisions poses precisely the ‘troublesome potential conflict of interest’ that GAO warns about,” he said.

That case as well as the decision in the recent controversy over the CMS video news release can be found on the GAO website, www.gao.gov.

The code of ethics of the Public Relations Society of America suggests that its members “disclose promptly any existing or potential conflict of interest to affected clients or organizations” and “encourage clients and customers to determine if a conflict exists.” No disciplinary actions are suggested for PR professionals who disregard the society’s guidelines on ethics.

“It behooves us to not take on clients that are going to be conflicts,” Ketchum spokesman Massey said. “Certainly, any time we take on any new clients, we try to be very careful that there are no conflicts involved. I think the last thing any service organization wants to do is upset its clients and have any surprises.”

PR industry insiders say thorough disclosure protects all the parties. “You never want to read about yourself in a paper that way,” a PR company executive said of the Ketchum controversy. “In a gray area, the way out is to inform your client, get their view of it. You have an obligation to go to someone responsible.”

In the ideal situation, a PR firm remains in the background, helping the client do the talking. Has Ketchum become an issue in the campaigns it coordinates for ASCO and CMS?

“It sounds like some hypothesizing,” Ketchum spokesman Massey said. “I tell you what, I am not going down that path, because one issue has nothing to do with the other.”

NCI Programs:
**Clinical Trials Working Group
Looks For Pragmatic Solutions**

By Kirsten Boyd Goldberg

An NCI working group studying the cancer clinical trials system is turning its attention to pragmatic reforms that could make the system more efficient, an Institute official said to the National Cancer Advisory Board last week.

The NCI Clinical Trials Working Group, which includes extramural advisors and Institute staff members, formed six subcommittees to examine issues such as clinical trial coordination, standardization, and accrual. The group plans to submit recommendations to the NCAB in June, James Doroshow, director of the NCI Division of Cancer Treatment, said to the board at its meeting Sept. 15.

“The working group has focused down on areas that the members wanted to work on,” Doroshow said to **The Cancer Letter** last week. “This process is driven by the extramural community, and we hope to have recommendations that reflect a broad consensus by the community and the clinical trials stakeholders.”

The working group appears to have altered its emphasis since early August, when the group’s primary activity up to that time was to consider a proposal for centralizing the entire clinical trials system (**The Cancer Letter**, Aug. 13).

Now, “Protocol Prioritization” is one of six subcommittees. The others are: Standardization and Infrastructure; Coordination Across Venues; NCI, Industry, Regulatory, Advocate Interactions; Core Facilities; and Accrual Management. Each is led by two or more working group members.

NCI is encouraging the subcommittees to “engage input from the broad scientific community,” Doroshow said to the NCAB. He said he hoped the group would recommend that NCI establish a permanent advisory group on clinical trials, to continue to work on systematic reforms.

* * *

FAITH-BASED INITIATIVE: NCI plans to expand what it calls a “faith-based initiative” to encourage African Americans to eat a healthy diet.

The program, “Body & Soul: A Celebration of Healthy Eating & Living,” promotes to African American churches the recommendation to eat five to nine servings of fruits and vegetables a day.

“This initiative is one more way we can help empower African Americans to make healthy diet and

lifestyle choices,” HHS Secretary Tommy Thompson said.

The program is based on five years of NCI-funded intervention research and another five years of an NCI and American Cancer Society effectiveness study, the Institute said. “Body & Soul” has been shown to effectively increase the number of daily servings of fruits and vegetables that African Americans eat, NCI said.

“Churches have always played an important role in improving the status of African Americans in this country, and that has certainly included health,” said Mark Clanton, NCI deputy director for cancer care and delivery systems. “Working through the church is a powerful grassroots approach that will get the African American community’s attention on this important issue.”

NCI began to introduce the program to national African American faith-based organizations. Free copy of the Body & Soul guide is available by calling 800-422-6237.

In the Cancer Centers:
**UPCI Wins SPORE Grant
In Head And Neck Cancer**

UNIVERSITY OF PITTSBURGH Cancer Institute received a five-year, \$10 million Specialized Program of Research Excellence grant from NCI for head and neck cancer. The grant funds four translational research projects on genetic changes as risk factors for head and neck cancer, intracellular signaling proteins activated during head and neck cancer, and new treatment strategies designed to reduce the morbidity and mortality from head and neck cancer, said **Jennifer Grandis**, professor of otolaryngology and pharmacology, University of Pittsburgh School of Medicine, director of the Head and Neck Cancer Program at UPCI, and principal investigator. Each project within the grant has two co-leaders. The co-leaders of two projects are **Marjorie Romkes**, associate professor, center for clinical pharmacology, department of medicine, and **Joel Weissfeld**, associate professor, department of epidemiology. **Albert DeLeo**, professor of pathology, and **Robert Ferris**, assistant professor of otolaryngology, will head a third project. The fourth project will be headed by **Jill Siegfried**, professor of pharmacology, and **Jennifer Grandis**. . . **GREGORY T.H. DAVIES Brain Tumor Research and Physician Education Endowed Fund** was established at the University of Pittsburgh Cancer Institute for brain tumor research and physician education. The \$300,000

fund was made possible by the Wabtec Corp., a railroad equipment supply company of Pittsburgh, said **Ronald Herberman**, director of UPCI and the UPMC Cancer Centers. The fund will support the Brain Tumor Program at UPCI. . . . **SHARON OSBOURNE Colon Cancer Program** at the Samuel Oschin Comprehensive Cancer Institute has been established at Cedars-Sinai Medical Center. The program will fund three initiatives, including sponsored care and direct financial assistance to people in need; specialized care and treatments for colon cancer patients at Cedars-Sinai; and elevated awareness and education for patients, families and the community. "I am passionate about making it my personal mission to do what I can to make sure that all colon cancer patients are empowered with the same resources and receive the same level of treatment I received," said Osbourne, star of the MTV reality series, "The Osbournes." . . . **RALPH D'AGOSTINO Jr.** was named director of biostatistics for the Comprehensive Cancer Center of Wake Forest University. His NCI-funded research includes serving as principal investigator for a coordinating center on an epidemiological study, IRAS-Colon Study, which examines the relationship between insulin resistance and colon cancer. He is also principal investigator on a grant developing statistical methods for handling missing data in research studies. . . . **BARBARA ANN KARMANOS Cancer Institute** announced several appointments: **Stephen Ethier** was named associate center director, basic science, and deputy director; and **Voravit Ratanatharathorn** was appointed clinical director of the Stem Cell Transplant Program and leader of the bone marrow transplant multidisciplinary team. **Guri Tzivion** has joined the Breast Cancer Program and the Department of Pathology at Wayne State University School of Medicine as associate professor. He was assistant professor of internal medicine at the Texas A&M University System Health Science Center. The Communication and Behavioral Oncology Program and Department of Family Medicine at Wayne State University School of Medicine have appointed **Rebecca Cline** to associate professor and **Felicity Harper** to assistant professor. Cline was associate professor in Health Education & Behavior at the University of Florida in Gainesville. Harper was a postdoctoral research fellow at the University of Kentucky in Lexington. . . . **FOX CHASE Cancer Center** received full accreditation by the Association for the Accreditation of Human Research Protection Programs, the second cancer center in the U.S. to achieve that status. The accreditation recognizes institutions that meet or surpass state and federal laws on the oversight of human

research. Institutions seeking AAHRPP accreditation must conduct a self-assessment of their research policies and practices and undergo a site visit by reviewers. "Responding to increased public and political scrutiny, AAHRPP seeks not only to ensure compliance, but to raise the bar in human research protection by helping institutions reach performance standards that in some instances go beyond the threshold of state and federal requirements," said **Marjorie Speers**, AAHRPP executive director. . . . **ROSWELL PARK Cancer Institute** announced three appointments to its board of directors: **Bob Skerker**, chairman and CEO of the Robinson Knife Co., and **Michael Joseph**, president of MLJ Advisors, Inc., will serve three-year and five-year terms; **Hugh Russ**, III, of HodgsonRuss Attorneys, LLP, will complete a term on the board scheduled to expire in 2005. In other news, **Gregory McDonald**, a member of the RPCI administration since 1995, was appointed vice president of finance and chief financial officer. **Ronald Gottlieb**, director of clinical research at the University of Rochester School of Medicine and Dentistry, and **Garin Tomaszewski**, of the University of Colorado Health Sciences Center, have been appointed to the Department of Radiology. **Mohamed Khan**, Department of Radiation Oncology and the Division of Radiation and Cancer Biology, University of Michigan Medical Center, Ann Arbor, was appointed attending physician in the Department of Radiation Medicine and director of basic and translational radiation research at RPCI. . . . **NATIONAL COMPREHENSIVE Cancer Network** has published the NCCN Drugs and Biologics Compendium. The compendium, which derives from the NCCN Clinical Practice Guidelines in Oncology, outlines uses for drugs and biologicals in clinical situations. "One target audience for the compendium comprises decision-makers at insurance/managed care companies, PBMs, etc. who seek authoritative and definitive information to establish coverage policies," said **William McGivney**, CEO of NCCN. "In cancer care, the issue of the appropriateness of use beyond FDA approved labeling is critical and is addressed extensively by the compendium." The guide is available after Oct. 1 at www.nccn.org.

Funding Opportunities:

Program Announcement

PA-04-157: Research on Malignancies in AIDS and Acquired Immune Suppression

Application Receipt Dates(s): Standard AIDS receipt deadlines; Jan. 2, May 1, Sept. 1

Earliest Anticipated Start Date: July, Dec., April

The initiative would stimulate research on the biological basis of development and progression of cancer in the context of HIV/AIDS or acquired immune suppression not associated with HIV infection such as organ transplantation.

NCI and NIDCR encourage approaches to discovery and preclinical development of therapeutic agents and biomarkers for early diagnosis and monitoring of disease progression. Molecular epidemiologic studies of the role of chronic latent viruses and their interaction with one another or with environmental factors in the context of acquired immune suppression or HIV infection leading to the development of tumors or lesions with oncogenic potential are also of interest.

The PA encourages applications ranging in scope from basic science through molecular epidemiology to preclinical studies and including, but not limited to: 1) developing and utilizing animal and cell culture models to study disease pathogenesis of the prevalent viral agents found in AIDS associated cancers (i.e. Kaposi's Sarcoma Herpes Virus, EBV, HPV); 2) discovering and characterizing new viral and microbiological agents that act as co-factors in tumor promotion or progression; 3) developing and utilizing predictive models for the preclinical evaluation of new therapies against AIDS-related malignancies; 4) developing preclinical applications to translate basic knowledge of AIDS related malignancies towards the development of new treatments for these diseases; 5) defining the molecular epidemiology of HIV-associated cancers and their pre-neoplastic conditions and; 6) discovering, developing and utilizing biomarkers of cancer risk, progression, or response to treatment including immunologic markers and markers that change during the course of disease (such as cytokines or viral load).

Projects may identify, characterize, and validate targets for ongoing or future drug discovery, prognostic marker utility, or molecular epidemiology efforts for established disease or disease prevention. Agents could include, but are not restricted to, small molecules, antivirals, gene therapy, immunotherapy, vaccines, natural products, or drug delivery systems. Applications directly linking pathogenesis to molecular target identification and interdisciplinary approaches among virologists, microbiologists, molecular biologists, chemists, tumor biologists, immunologists, biochemists, pharmacologists or other disciplines appropriate to the proposed research are encouraged.

NCI and NIDCR are also interested in receiving applications proposing studies of HIV-associated malignancies in international settings of high HIV incidence and prevalence, including India, South East Asia, Eastern Europe, Central/South America, and Africa. The PA will use the R21 and R01 awards. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-04-157.html>.

Inquiries: For NCI—for basic science issues: Elizabeth Read-Connole, Division of Cancer Biology, phone 301-496-6085; fax 301-496-2025; e-mail bconnole@mail.nih.gov. For molecular epidemiology studies: Sandra Melnick, Division

of Cancer Control and Population Sciences, phone 301-435-4914; fax 301-402-4279; e-mail melnick@mail.nih.gov. For pre-clinical diagnostics and therapeutics studies: Roy Wu, Division of Cancer Treatment and Diagnosis, phone 301-496-8866; fax 301-480-4663; e-mail wur@ctep.nci.nih.gov.

Other Funding Notices

NOT-CA-04-030: Regarding NCI Cancer Center Support Grant P30 Interim Guidelines

NCI has revised and clarified the Cancer Center Support Grant Guidelines for its Cancer Centers Program. The interim Guidelines provide further details on the purpose and characteristics of NCI-designated Cancer Centers, eligibility criteria, application preparation and submission procedures, review criteria and procedures, and contacts for further information. The guidelines are effective with applications submitted for the Feb. 1, 2005, receipt date.

The Cancer Center Support Grant Guidelines are available at <http://cancer.gov/cancercenters>.

Inquiries: Linda Weiss, Chief, NCI, Cancer Centers Branch, chief, Office of Centers, Training, and Resources, phone 301-496-8531; e-mail weissl@mail.nih.gov.

In Brief:

New Hatfield Center Opens, Updating NIH Patient Facilities

(Continued from page 1)


is the largest single user of the Clinical Center, he said. The Zimmer Gunsul Frasca Partnership designed the building.

* * *

MICHAEL O'CONNELL, director of the Allegheny Cancer Center and the Division of Medical Oncology at Allegheny General Hospital, and associate chairman of the National Surgical Adjuvant Breast and Bowel Project, has stepped down as chairman of the Gastrointestinal Intergroup. **Dan Haller**, of the University of Pennsylvania School of Medicine, and **Joel Tepper**, of the University of North Carolina-Chapel Hill, have agreed to serve as co-chairmen of the GI Intergroup. . . . **CLINICAL TRIALS** Study sponsored by the Coalition of National Cancer Cooperative Groups and Newsweek magazine shows that 95 percent of respondents, if diagnosed with cancer, would be likely to investigate cancer clinical trials as a treatment option. Ninety-seven percent of readers surveyed in the study, conducted by NOP World, remembered seeing the eight-page advertising section on cancer clinical trials that appeared in the June 7 issue of Newsweek. Previous studies have shown that the majority of Americans are not aware they may be able to participate in clinical trials as a treatment option. "These findings confirm that many

Americans need accurate, reliable information about cancer treatment options such as clinical trials,” said **Robert Comis**, chairman and president of the CNCCG. “Newsweek has proven to be an outstanding vehicle for communicating this important health message.” The Newsweek/Cancer Coalition partnership included the special section running in the national edition, plus distribution of the supplement to over 7,000 drug stores, physicians and hospitals nationwide, and policy makers throughout Capital Hill. Research points from the NOP World study include: 1.) Half of those who remembered seeing the section were aware of clinical trials before reading the section. 2.) 99 percent found the subject matter to be at least somewhat important. Seven out of 10 felt the subject was very important. 3.) 49 percent were unaware of clinical trials before seeing the section. Among this group, all felt positive toward clinical trials as a result of the section (68 percent now feel very positive and 32 percent somewhat positive) 4.) Respondents are significantly more likely to take some action as a result of reading the section, based on the current research compared to the 2003 data (92 percent in 2004 vs. 79 percent in 2003) 5.) More respondents from the current research showed an inclination to speak to their doctor about clinical trials compared to the

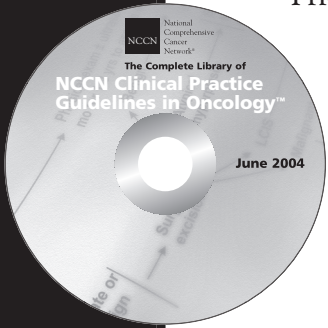
2003 data (57 percent in 2004 vs. 43 percent in 2003). . . **NON-PROFIT GROUPS** Accelerate Brain Cancer Cure and the National Brain Tumor Foundation, are co-funding a population-based study at the University of California, San Francisco, on cancer genetics research. “We chose the specific subjects and hypotheses for this project to be the best first step in a multi-stage process aimed at delineating the role of polymorphisms in glioblastoma multiforme prognosis and etiology,” said **Margaret Wrench**, of UCSF and principal investigator. Wrench is among nine research scientists to receive a 2004 Project Award from ABC2 for her translational research project, which involves large-scale genotyping of constitutive DNA from brain cancer patients. “The funding we are receiving from ABC2 and NBTf will allow us to generate extremely valuable genetic information about GBM.” . . **UNIVERSITY OF SOUTH ALABAMA** Foundation agreed to give the university an additional \$10.5 million by 2009 for its cancer research center. The \$40 million it will cost to pay for the building the center will come from USA foundation money and other sources. Local, state and federal governments as well as foundation and private sources will be tapped for the \$115 million total USA is seeking for the venture.



National Comprehensive Cancer Network®

Updated June 2004!

NCCN Clinical Practice Guidelines in Oncology™



The Standard for Clinical Policy in Oncology

Updated continually using a consensus-based process with explicit review of evidence, *NCCN Clinical Practice Guidelines in Oncology* are the product of collaboration among multidisciplinary expert physicians from NCCN member institutions.

The complete library of 100+ guidelines addresses treatment of over 95% of all diagnosed cancers and major supportive care issues. In addition, NCCN develops detection and risk-reduction guidelines for major cancers.

Visit www.nccn.org to order your complimentary copy of *The Complete Library of NCCN Clinical Practice Guidelines in Oncology* on CD-ROM or to access the latest updates of the guidelines.

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