

# THE **CANCER** LETTER

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## **A 2.7% Increase In FY 2005 Insufficient To Cover Commitments, NCI Director Says**

*By Kirsten Boyd Goldberg*

NCI's projected budget increase for fiscal 2005 will not cover the Institute's commitments for noncompeting renewal grants, NCI Director Andrew von Eschenbach said this week.

Under the FY 2005 omnibus appropriations bill, NCI would receive \$4.87 billion, an increase of \$129.6 million, or 2.7 percent, over last year. However, that increase is expected to be diminished by a 0.8 percent across-the-board cut, as well as by other reductions.

"We are going to be looking at a situation in which whatever increase

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### *In Brief:*

#### **Thompson Resigns As HHS Secretary, McClellan Seen As Likely Successor**

**TOMMY THOMPSON** resigned as HHS Secretary Dec. 3. Washington sources said he is likely to be succeeded by Mark McClellan, director of the Center for Medicare and Medicaid Services and former FDA commissioner. . . . **EDWARD MAIBACH**, director of the NCI Center for Strategic Dissemination, plans to resign Dec. 31, he announced in an email to Institute officials. Maibach, formerly of Porter Novelli, said he is leaving for "personal reasons," but doesn't have another job lined up. "I do not yet know where I will choose to work next, but my goal is to find a position where I can best continue contributing to our nation's—and our world's—public health efforts," he wrote. "If you are aware of any interesting opportunities, please don't be shy in bringing them to my attention." The center will report to **Mark Clanton**, NCI deputy director for cancer care delivery systems. . . . **AMERICAN CANCER SOCIETY** announced officers to its national board of directors. **Stephen Sener**, vice-chairman, department of surgery at Evanston Northwestern Healthcare, and professor of surgery at the Feinberg School of Medicine at Northwestern University, was elected president. He succeeds **Ralph Vance**, professor of medicine in the Division of Medical Oncology at the University of Mississippi School of Medicine. Vance remains on the board as immediate past president. **Thomas Burish**, president of Washington and Lee University, was elected chairman, replacing **Gary Streit**, president of Shuttleworth and Ingersoll. **Carolyn Runowicz**, director of the Carole and Ray Neag Comprehensive Cancer Center at the University of Connecticut Health Center, was elected president-elect. **Sally Brooks**, founding president of the Desert Palms, Calif., unit of ACS, was

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## Maintaining A "Critical Mass" Of Investigators A Priority

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we receive will not be sufficient to cover all our commitments for the 2005 budget," von Eschenbach said to the National Cancer Advisory Board at its Nov. 30 meeting. The Institute will "have to find those dollars someplace else," he said.

Von Eschenbach provided no further information to the board on what appears to be shaping up as the most serious financial predicament in decades. Institute officials will present a full report on the budget next month, at a "retreat" of three NCI advisory boards, he said. NCI held a "joint boards retreat" last January, bringing together the NCAB, the Board of Scientific Advisors, and the Board of Scientific Counselors. Last year's retreat was closed to the public.

Despite the prospect of a budget that "will place significant restraints on NCI," von Eschenbach said he remained optimistic about the Institute's ability to lead the National Cancer Program. "We will not stop the growth of new and innovative programs," he said. "We will not stop reaching out and achieving opportunities that are presenting themselves for making progress."

The budget restraints will require discipline, von Eschenbach said. "When we launch programs, we will do so with the understanding that when we say yes to something, by definition we must say no to something else," he said. "Those decisions are difficult. They

will be done with due diligence. They will be done with ample consultation and advice, and they will be done in the context of the portfolio of the discovery, development, and delivery continuum that achieves the goal of eliminating the suffering and death due to cancer."

NCI has obligated its entire FY 2004 budget of \$4.7 billion, von Eschenbach said. "We were able to achieve the goals we set out," he said. NCI funded over 5,400 research project grants, including 1,493 competing grants, and maintained an R01 payline at the 20<sup>th</sup> percentile. The RPG success rate was 24 percent.

### Teaching An Elephant to Dance

Acclimating NCI to lean times would be as difficult as teaching an elephant to dance, von Eschenbach said, borrowing a metaphor from NCAB member David Koch, executive vice president and board member of Koch Industries Inc.

Von Eschenbach, who often resorts to imagery from books on business strategy, said he was struck by Koch's pachyderm comment at the NCAB meeting Sept. 14. "How can we make the NCI elephant dance like a ballerina?" Koch asked at that meeting (**The Cancer Letter**, Sept. 17).

"I carried away an interesting image in my mind of how would you teach an elephant to dance," von Eschenbach said, reflecting on that comment two months later. "We do, in fact, need to teach this elephant to dance."

Science is developing at "almost warp speed," von Eschenbach said. "The opportunities that are before us are extraordinary and almost beyond imagination," von Eschenbach said. "The kinds of things that are happening in other fields that are impacting upon the cancer program are also changing at light speed."

Electronics and information technology are two areas that are rapidly changing, he said.

"The NCI is an elephant," von Eschenbach continued. "Often, we are referred to as an 800-pound gorilla, and a variety of other kinds of metaphors. We are large, and we are powerful, and we are the single largest force in support of cancer research and cancer progress in the entire world. But we are not the only force.

"We are nested in an environment that is changing rapidly, so we must learn to both apply and direct that force, but to do it in a way that enriches and serves the purpose of progress and change. Change and change management--the pace and the amplitude of that change--while at the same time maintaining stability and continuity, are some of the major challenges that

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

we are going to be facing with regard to our leadership role within the National Cancer Program.

“We have defined for ourselves a portfolio with which to conceptualize and focus our ability to direct that kind of force and to affect that kind of nimble, rapid, change, so that we can, in fact, achieve the pace and magnitude of progress that will get us to our goal of eliminating the suffering and death due to cancer,” von Eschenbach said. “The portfolio that we will continue to emphasize and manage is the portfolio of discovery, development, and delivery.”

### **New Dance Steps?**

With this portfolio, NCI will emphasize “critical features... that I believe are elements necessary for our future success,” von Eschenbach said.

In the coming year, these areas will include maintaining funding for investigators, training and career development, a new initiative in technology development, and reform of the clinical trials infrastructure, he said.

“Within discovery, it is essential that we maintain a critical mass of investigators that are generating and developing the new knowledge that is essential if we are going to truly be able to deal with cancer in a way that we can determine its outcome, such that we eliminate that outcome in a self-limiting way,” von Eschenbach said.

NCI needs to make sure that “our programs and our initiatives are promoting integration and creativity among investigators, and that they are appropriately arrayed across the continuum of basic research, translational research, clinical research, and population research,” he said.

“This is going to create important issues for us with regard to balancing our portfolio, especially with regard to our discovery commitment, as we look at important opportunities and our mechanisms for funding investigators, and our ability to balance the portfolio across the various opportunities that exist for those investigators.”

NCI will focus on “making sure that we are providing ample opportunities for career development, both at the very front end of the pipeline, in which we are bringing people into the fields that are central, and at the same time, paying attention to the back end of the pipeline in terms of making certain that we are keeping people in fields of endeavor,” von Eschenbach said. “There are problems on both ends of the pipeline.”

“We are losing people, especially in the clinical research arena,” he said.

It will also be important to “create a culture”

among investigators that emphasizes “transdisciplinary” research, he said.

In the area of “development,” NCI must lead and engage many components that are outside the Institute, von Eschenbach said. For example, the NCI-FDA Task Force is beginning a training initiative in regulatory science.

Also, the technology initiative in development by a committee led by NCAB member Eric Lander, will be ready to be put in place sometime next year, von Eschenbach said.

“We are also continuing individual efforts such as our nanotechnology and cancer program,” von Eschenbach said. “One of the things this program pointed out was not only the importance of the focus on seizing an area of emerging opportunity, namely, the application of emerging nanotechnology to the problem of cancer, but it was created in a way that defined platforms that promote collaboration, integration, and transdisciplinary participation. And, it was done in a collaborative way in which NCI talked from the outset with FDA and National Institute of Standards and Technology so that standards will be uniform. The regulatory components of this initiative will be aligned at the very outset.

“I believe this is another example of the way in which the elephant must dance,” he said.

In the area of “delivery,” the clinical research infrastructure is “a critically important component of what we will be addressing over the next year,” von Eschenbach said.

The Clinical Trials Working Group has made “a tremendous amount of progress,” he said. “That committee has gone through an exhaustive assessment of all the various components of what will it take for us to redesign and recreate the clinical trials infrastructure that is really and truly appropriately adapted to all the things that we see as potential fruits of the discovery and development end of the continuum.” The committee is expected to provide a report to NCI early next year.

“Clearly, it’s obvious to all of us that the practice of oncology in 2015 will be far different than the practice of oncology in 2005,” von Eschenbach said. “Yet, we need to begin to work now to teach that elephant how to dance, so that we can have in place a clinical research infrastructure and a clinical trials process that’s truly suited and truly adapted to that opportunity.”

The NCI intramural program must play “an important central role,” von Eschenbach said. “One of the high priorities for this next year will be continued discussion of the important opportunities that exist

for the intramural program to define its central role of contributing to and adding value to the National Cancer Program.”

## Didst Thou See The Elephants Dance? A Metaphor's History

By Kirsten Boyd Goldberg

Dancing elephants, the apparent new favorite metaphor of NCI Director Andrew von Eschenbach, is rooted in folk wisdom and literature as diverse as “The Jungle Book” and a business memoir by former National Cancer Advisory Board member Louis Gerstner Jr.

The metaphor of teaching an elephant to dance has been around for quite some time in the business context, said business consultant Rick Brenner, of Boston-based Chaco Canyon Consulting ([www.ChacoCanyon.com](http://www.ChacoCanyon.com)).

The first appearance of the metaphor in a business book can be traced to Rosabeth Moss Kanter’s “Teaching Elephants to Dance: The Post-Entrepreneurial Revolution in Strategy, Management, and Careers,” published in 1989, Brenner said.

After Kanter, hundreds of books, audio tapes, and manuals attempted to coach executives in dance instruction for elephants. In a 2002 book, “Who Says Elephants Can’t Dance? Inside IBM’s Historic Turnaround,” Gerstner described his rescue of IBM from the brink of demise.

Gerstner, who left the company the year his book came out, described going against the prevailing view in the industry that IBM should sell parts of its business. (It appears that Gerstner’s efforts have only delayed the inevitable. Earlier this week, the company announced it would sell off its computer business.)

Gerstner’s stint on NCAB was brief and controversial. Appointed to the board by President George H.W. Bush in 1988, he resigned a year later, opting to take a job as president and CEO of RJR Nabisco, a producer of tobacco products. At the same time, Gerstner resigned from the board of Memorial Sloan-Kettering Cancer Center. Since leaving RJR, he has rejoined the MSKCC board.

The metaphor is much older than the business books, said consultant Brenner, who writes a newsletter of business advice. Rudyard Kipling’s “The Jungle Book,” contains this passage from Chapter 10, Toomai of the Elephants:

*“Remember, though, that Keddahs [elephant stockades] are not good for children to play in,” Petersen Sahib went on.*

*“Must I never go there, Sahib?” asked Little*

*Toomai with a big gasp.*

*“Yes,” Petersen Sahib smiled again. “When thou hast seen the elephants dance. That is the proper time. Come to me when thou hast seen the elephants dance, and then I will let thee go into all the Keddahs.”*

*There was another roar of laughter, for that is an old joke among elephant-catchers, and it means just never. There are great cleared flat places hidden away in the forests that are called elephants’ ball-rooms, but even these are only found by accident, and no man has ever seen the elephants dance. When a driver boasts of his skill and bravery the other drivers say, “And when didst thou see the elephants dance?”*

“The Jungle Book appeared in 1899, but no doubt the metaphor was old by then,” Brenner said. “Its origin is most likely an ancient proverb, and there many contenders.”

One is a Swahili proverb, “When elephants fight, the grass gets hurt.”

“You sometimes see this as, ‘When elephants dance, the grass gets crushed,’” Brenner said. “And there’s a Southeast Asian proverb, ‘When elephants dance, the chickens must be careful.’”

Metaphors can be useful for executives, Brenner said. “On the plus side, they amuse and maybe even entertain. They give your message ‘punch’ and make it memorable. They enable you to communicate subtle or complex messages in a compact way,” he said.

“On the minus side, they can distort reality--remember the Social Security ‘lockbox’?” he said. “They can evoke images that carry baggage that the receiver is unaware of, thereby enabling the sender to manipulate the receiver without the receiver (and sometimes the sender) being aware of the manipulation. They distract: people focus on the color and entertainment value of the metaphor at the expense of the actual message.”

Is the elephant dancing metaphor useful? It depends on how it’s used, Brenner said. “It can be used responsibly, of course, but I have real concerns,” he said.

“Let’s suppose that the elephants in this case are health care delivery organizations, and that the dance they are supposed to be doing is adapting to the changes in their regulatory, financial, legal, technological, organizational and demographic environment,” Brenner said. “If we use the metaphor to evoke an understanding of the difficulty health care organizations face with respect to adapting to change, then I think we would tend to overstate that difficulty, because, let’s face it, elephants cannot dance and never will.

“But these organizations *can* change,” Brenner



said. "So, the danger is that if administrators convince their stakeholders that changing their organizations is like teaching an elephant to dance, they will have succeeded in providing themselves with a super-effective excuse for failing to manage change effectively.

"Basically, this metaphor can function as a subterfuge for any management that cannot manage change effectively."

That said, skeptics should note that Kipling's Little Toomai does see the elephants dance, and the feat earns him great reverence among the elephant-catchers.

### Capitol Hill:

## **House Committee Investigates \$5.7 Million Overdraft By IFCP**

The House Committee on Energy and Commerce has started an examination of collapse of the Institute for Cancer Prevention, an NCI-designated cancer center that closed in September after overdrawing \$5.7 million in federal grant and contract funds.

In a recent letter addressed to NIH Director Elias Zerhouni, Committee Chairman Joe Barton (R-Tex.) and ranking Democrat John Dingell (D-Mich.) described the investigation as part of a broader probe of "NIH management and oversight of federally funded research."

"We are troubled that federal taxpayer funds reportedly have been used to subsidize unnecessary and extravagant work environments for IFCP officers and employees such as [President] Dr. [Daniel] Nixon, while other IFCP employees' pension contributions were diverted," said the letter, dated Nov. 22. "We are also concerned that an organization that failed to maintain fiscal responsibility of taxpayer funds in the past was allowed to overdraw federal grant funds from the HHS Payment Management System."

For over a year, the committee has been examining a variety of conflicts of interest at NIH, including acceptance of honoraria and lectureship awards by former NCI Director Richard Klausner.

*The text of the committee letter follows:*

Since March 2003, the Committee on Energy and Commerce has been examining the NIH management and oversight of federally funded research. Recently, new information has emerged about the financial collapse of an NIH-funded research institute that raises questions about the Department of Health and Human Services (HHS) and NIH oversight of grant funds. In its October 1, 2004, issue, **The Cancer Letter** reported that the Institute for Cancer Prevention (IFCP), an organization that received the majority of its budget from the National

Cancer Institute (NCI) in 2003, filed for bankruptcy protection on September 21, 2004. The article further states that IFCP had overdrawn \$5.7 million of federal grant funds from the HHS Payment Management System. That this apparent mismanagement of funds occurred is troubling given that IFCP had overdrawn its NCI accounts before in 1999, when it was required to pay back \$4 million. Nevertheless, NCI permitted IFCP to retain its Cancer Center Support Grant.

Despite that apparent financial mismanagement, NCI reportedly provided \$14 million of IFCP's \$18.9 million budget last year. Nevertheless it appears that IFCP continued to engage in questionable financial practices. For example, IFCP spent \$35,000 per month to lease a 14,500-square-foot suite in a building on Fifth Avenue in Manhattan, when the organization reportedly already had sufficient office space on its Valhalla, New York, campus.

In addition, an October 10, 2004, article in the New York Post noted that IFCP's president, Dr. Daniel Nixon, was paid more than \$400,000 annually and had a full-time chauffeur. We note that IFCP has also admitted that \$350,000 in pension contributions by IFCP employees was diverted for other expenses.

We are troubled that federal taxpayer funds reportedly have been used to subsidize unnecessary and extravagant work environments for IFCP officers and employees such as Dr. Nixon, while other IFCP employees' pension contributions were diverted. We are also concerned that an organization that failed to maintain fiscal responsibility of taxpayer funds in the past was allowed to overdraw federal grant funds from the HHS Payment Management System.

Given these concerns, we are requesting further information about the IFCP matter to review the NIH's handling of this particular situation, and whether the overdrawing of NIH-grant accounts represents a systemic problem in the HHS Payment Management System. Pursuant to Rules X and XI of the U.S. House of Representatives, please provide the following by Monday, December 6, 2004:

All records relating to grants provided by NIH to IFCP. Include information relating to the \$4 million that IFCP was required to repay in 1999.

The article in **The Cancer Letter** stated that the HHS Inspector General conducted an audit that concluded that IFCP had overdrawn \$5.7 million. What prompted this audit? Once the audit was concluded, how did NIH proceed? Please provide a copy of the audit.

A description of the process by which research organizations withdraw money from the HHS Payment

Management System. Are there safeguards to prevent organizations from overdrawing funds from the system?

A list of all organizations that have overdrawn funds from the HHS Payment Management System since January 1, 1995. Include dates funds were overdrawn, the amount of funds that were overdrawn, the amount of funds provided to the organizations in any subsequent grants, and a description of steps NIH took in each case to prevent this abuse from reoccurring.

A description of the processes by which NIH guarantees that grantees spend federal grant funds appropriately. Specifically, what due diligence does NIH perform to guarantee that public funds are being spent for the purposes of the grant and not unreasonable overhead costs, such as extravagant office space? What requirements does NIH impose on grantees as part of the grant application process regarding obligations to use the funds properly?

What audit processes does NIH have in place to review subsequent adherence to these policies? What percentage of grantees are reviewed on an annual basis? Is compliance by self-certification alone?

What penalties exist for grantees that fail to spend federal grant funds appropriately? How often has NIH imposed these penalties on grantees since January 1, 1995? Have any grantees ever been debarred from receiving NIH grants as a result of inappropriate or wasteful spending of NIH grants funds? Provide a list of grantees that have been penalized, as well as the dates and reasons for the penalty.

### Funding Opportunities:

## **RFAs Available**

### **RFA-CA-05-026: Cancer Nanotechnology Platform Partnerships**

Letter of Intent Receipt Date: Feb. 25

Application Receipt Date: March 25

NCI invites applications to support development of nanotechnology platforms for basic, applied, and translational multi-disciplinary research that uses nanotechnology (e.g., nanoscale devices or nanomaterials less than 1000 nm in size, although the assembly, synthesis, and/or fabrication of components at dimensions less than 300 nm should be demonstrated) in cancer research. Proposed projects will be eligible for consideration if they address one or more of the following thematic/programmatic areas of focus: molecular imaging and early detection, *in vivo* imaging, reporters of therapeutic efficacy, multifunctional therapeutics, prevention and control of cancer, and research enablers.

The RFA supports the NCI Alliance for Nanotechnology in Cancer. The three core elements of the Alliance for Nanotechnology in Cancer are: 1. The establishment of Centers

for Cancer Nanotechnology Excellence, which will serve as hubs to develop and apply nanotechnology solutions to the diagnosis, prevention, and treatment of cancer; 2. Support for the career development of investigators for multi-disciplinary nano-oncology research; and 3. Support for individual investigator-initiated projects in cancer nanotechnology platform development and applications through partnerships. The RFA is available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-026.html>.

Inquiries: Gregory Downing, director, Office of Technology and Industrial Relations, phone 301-496-1550; fax 301-496-7807; e-mail [downingg@mail.nih.gov](mailto:downingg@mail.nih.gov).

### **RFA-DK-05-001: Preventing Mitochondrial Oxidative Stress in Diabetes and Obesity**

Letters of Intent Receipt Date: Jan. 27

Application Receipt Date: Feb. 24

The RFA encourages the translation of the recent advances into therapies that can interrupt the increase in mitochondrial ROS and prevent their role in diabetic complications. R01 and R21 applications are invited for basic or clinical studies for discovering and characterizing molecular targets, agents and assays related to the accumulation of mitochondrial ROS secondary to hyperglycemia. The RFA is available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-05-001.html>.

Inquiries: For NCI--Sharon Ross, Nutritional Sciences Research Group, Division of Cancer Prevention, phone 301-594-7547; e-mail [rosssha@mail.nih.gov](mailto:rosssha@mail.nih.gov).

### **RFA-AI-05-001: Leadership for HIV/AIDS Clinical Trials Networks**

Letters of Intent Receipt Date: April 11

Application Receipt Date: May 11

National Institute of Allergy and Infectious Diseases and collaborating ICs solicit applications from domestic institutions to establish leadership of three to six HIV/AIDS Clinical Trials Networks to carry out the NIAID research agenda in the following areas: 1. Vaccine Research and Development; 2. Translational Research/Drug Development; 3. Optimization of Clinical Management, Including Co-Morbidities; 4. Microbicides; 5. Prevention of Mother-to-Child Transmission of HIV; and 6. Prevention of HIV Infection. Each Network Leadership will consist of three components: Coordinating and Operations Center to provide scientific and administrative leadership, central operations, and communications; Statistical and Data Management Center to provide biostatistical leadership and central data management; and Network Laboratory Structure to provide laboratory services. The components may be combined in a single application or in separate applications. The RFA is available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-AI-05-001.html>.

Inquiries: DAIDS, NIAID, Office of the Director Division of AIDS, phone 301-496-0545; fax 301-402-1505; e-mail [FY06LGRFA@niaid.nih.gov](mailto:FY06LGRFA@niaid.nih.gov).

## Program Announcements

### PA-05-016: Decision Making in Health: Behavior Maintenance

NCI, NIDA, and NIAAA encourage collaborations between decision-making researchers and applied cancer control or addiction researchers that will elucidate the basic cognitive and affective processes involved in decisions that are made repeatedly over time, such as adhering to weight-loss programs or smoking cessation programs. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-05-016.html>.

Inquiries: For NCI--Wendy Nelson, Basic Biobehavioral Research Branch, Division of Cancer Control and Population Sciences, phone 301-435-4590; fax 301-435-7547.

### PA-05-017: Decision Making in Cancer: Single-Event Decisions

NCI encourages collaborations between decision-making researchers and applied cancer control researchers that will elucidate single-event decision-making processes for the individual patient or health care provider that are pertinent to cancer prevention, detection, treatment, survivorship, or end-of-life care. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-05-017.html>.

Inquiries: See preceding PA.

### *In Brief:*

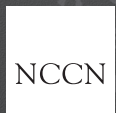
## ACS Elects Officers; AACR Forms Advocacy Department

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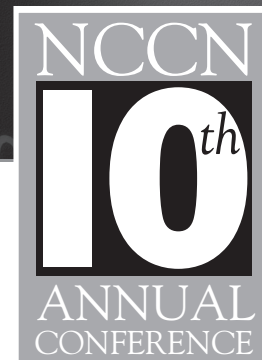
selected chairman-elect. **Anna Johnson-Winegar**, consultant in bioterrorism and homeland security, was elected vice chairman. **Richard Wender**, chairman of the Department of Family Medicine at Jefferson Medical College, was elected first vice president-elect. **Elmer Huerta**, director of the Cancer Preventorium at the Washington Cancer Institute, is second vice president. **G. Van Velsor Wolf, Jr.**, of Snell & Wilmer, was elected treasurer. **Marion Morra**, president of Morra Communications, was elected secretary. ACS also announced the 2004 annual awards for cancer control. **Malcolm Pike**, professor of preventive medicine at the Norris Comprehensive Cancer Center, University of Southern California, received the Distinguished Service Award for research in female cancer risk. **Isaiah Fidler**, chairman of the department of cancer biology and director of the cancer metastasis research center at M. D. Anderson Cancer Center, received the Distinguished Service Award for his findings on the biology of cancer metastasis. **Margaret Pierce**, assistant professor, College of Nursing at the University of Tennessee,

received the Volunteer Leadership Award for 30 years of work for the society. **Barbara Grevior**, former educator, was also awarded the National Volunteer Leadership Award for her work on income development. **Kathleen Foley**, attending neurologist in the Pain and Palliative Care Service at Sloan-Kettering Cancer Center, received the Humanitarian Award for improving the quality of life for cancer patients. . . . **GWEN DARIEN**, publisher and editor-in-chief of MAMM magazine since 1997, was named director of the new Department of Survivor and Patient Advocacy at the American Association for Cancer Research. The department would promote communication and collaboration among leaders of the cancer survivor, patient advocacy, and scientific communities to increase funding for research, further participation in clinical trials, improve clinical trial design and facilitate public access to cancer information, said Darien. . . . **JAMES CLEARY** was named the program leader for the Cancer Control and Population Science Program at the University of Wisconsin Comprehensive Cancer Center. Cleary is a facilitator for the center's Education of Physicians in End-of-Life Care Program. He also serves as president of the American Academy of Hospice and Palliative Medicine and co-chairman of the American Pain Society Cancer Pain Guidelines. . . . **CINDY ELLER** was elected president of the National Association of Cancer Center Development Officers for a two-year term. She is vice president for development at Roswell Park Alliance Foundation. . . . **ELLEN STOVALL**, president and CEO of the National Coalition for Cancer Survivorship, gave the keynote speech at the M.D. Anderson Cancer Center annual Faculty Honors Convocation. Stovall is the first patient advocate to address the academic gathering. Faculty receiving achievement awards were **Rakesh Kumar**, **Bogdan Czerniak**, **Gabriel Lopez-Berestein**, **S. Eva Singletary**, and **Chusilp Charansangavej**. Faculty Scholar Awards were presented to **Georg Halder**, **Dimitrios Kontoyiannis**, and **Jeffrey Morris**. **Ryuzo Ohno**, president of the Aichi Cancer Center in Nagoya, Japan, received the Distinguished Alumnus Award and **Sandeep Dayal** received the Alfred G. Knudson Jr. Outstanding Dissertation Award. . . . **NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES** through its National Center for Toxicogenomics has begun a \$3 million project to develop a RNAi library. Icoria, a North Carolina-based biotechnology company, will carry out the three-year contract. . . . **ALFRED KNUDSON JR.** was given the Reimann Honor Award by Fox Chase Cancer Center and the new Centennial Award by Bristol-Myers Squibb Co. and Coaches vs. Cancer on Nov. 4.





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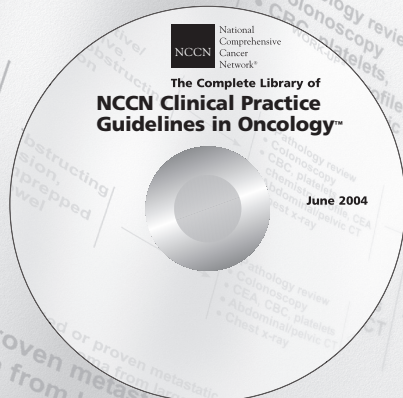
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