THE CANCER LETTER

Vol. 31 No. 11
March 18, 2005

Price $335 Per Year

Advisors Propose Cancer Genome Project Funded With $1.35 Billion In New Money

By Kirsten Boyd Goldberg

NCI and the National Human Genome Research Institute should begin a $1.35 billion, 10-year project to identify the most frequently occurring genetic mutations in common human cancers, an advisory panel recommended.

The cost of the proposed Human Cancer Genome Project—about $150 million annually—"would be modest given its broad impact across cancer research," the National Cancer Advisory Board's biomedical technology working group concluded in a report.

Congress should appropriate new funding for the project, equivalent to a

(Continued to page 2)

In Brief:

M.D. Anderson Names Thomas Burke Executive Vice President, Physician-In-Chief

THOMAS BURKE was named executive vice president and physician-in-chief at M. D. Anderson Cancer Center, effective immediately. Burke, professor in the Department of Gynecologic Oncology, has been a member of the M. D. Anderson faculty since 1988 and interim senior vice president and chief operating officer for nearly a year. Burke is principal investigator of an NCI Specialized Program of Research Excellence grant in uterine cancer. As executive vice president, Burke will manage patient care delivery in the hospital, clinics, and outreach programs, oversee clinical strategic planning, and develop more efficient systems for participation in clinical trials. He leads about 7,000 of the center's 14,000 employees. "Aligning our clinical and research efforts will benefit patients through a more efficient organization as we continue to make progress towards the new era of individualized cancer treatment," said **John Mendelsohn**, M.D. Anderson president. . . . **ZVI FUKS** asked to be temporarily relieved of his duties as chairman of the Department of Radiation Oncology at Memorial Sloan-Kettering Cancer Center. **Beryl McCormick** was named acting chairman of radiation oncology while Fuks "attends to personal matters," a spokesman said. Fuks is being charged with securities fraud and conspiracy to commit securities fraud in connection with a sale of nearly $5.4 million worth of stock of ImClone Systems Inc. Fuks denies the allegations. . . . **BENNETT LEBOW** stepped down from the board of the Dana-Farber Cancer Institute on March 14 after The Boston Globe inquired about his Jan. 25 appointment. LeBow, chairman and chief executive of Miami-based Vector Group Ltd., the fifth-largest U.S. cigarette manufacturer, has been a donor to the center. The center announced

(Continued to page 7)

Cancer Genome Project:
Pilot Projects Should Begin Soon, Report to NCAB Says
. . . Page 3

Report Proposes Biomarker Initiative
. . . Page 3

FDA News:
FDA Says Official Spoke On Own Behalf; Health Journalists Object To Letter
. . . Page 4

NCI Programs:
BSA Approves Set-Aside For BMT Trials Network, Breast Cancer Registries
. . . Page 5

Funding Opportunities:
Armstrong Foundation Offers Research Grants; PAs, RFPs Available
. . . Page 6

Lander: One-Time 3% Increase Would Fund 10-Year HCGP

(Continued from page 1)

one-time, three percent increase in the combined budgets of the two institutes, the working group said.

"I can think of no project more important than understanding the genetic basis of cancer, because it underlies the most basic research in individual laboratories, biotechnology and pharmaceutical companies, and clinical work," said Eric Lander, who served as co-chairman of the working group, with Leland Hartwell, president of the Fred Hutchinson Cancer Research Center.

"Would it be worth the Congress allocating three percent more to NCI and NHGRI in order to ensure that we have the information about all the mutations underlying cancer? I think the answer is, absolutely," Lander, director of the Broad Institute, said to The Cancer Letter.

"Seven to 10 years from now, we could be in a situation where there are no more mysteries about the mutations present that drive cancers," Lander said in an interview March 16. "That doesn't mean that we know everything there is to know about cancer. It doesn't mean we've cured cancer, but it does mean, from the point of view of the genetic mutations that are the driving force for cancer, they would no longer be in the dark."

The working group, formed in 2003 to advise NCI on future directions for technology in cancer research, didn't have "a great deal of argument" about the need for the project, Lander said. The timing is right, primarily because of the completion of the sequencing of the human genome in 2003, a project that Lander helped lead.

"Until now, it wasn't possible," Lander said. "We didn't have a sequence of the genome, so it wasn't possible to consider looking systematically for mutations in cancer."

Targeted therapies such as Gleevec, Iressa, and Tarceva provide proof of principle that mutations are important, Lander said. "There is now convincing proof of principle in more than a dozen recently discovered mutations in cancers, that are not just related incidentally, but appear to play important causative roles and appear to be plausibly good targets," he said.

"Another thing that the past several years have taught us is that, while on the one hand, the discovery of new mutations that are crucial in cancer is very exciting, the fact that we are still making them at a considerable pace means that we are nowhere near done," Lander said.

"Finally, there is a burst of technology development that is likely to lead to significant drops in cost of genomic analysis," he said. "These costs are going to be dropping substantially over the next decade, and, therefore, this is a good time to begin such a project, to both ride the technology curve down to cheaper costs, and help drive that technology curve. Having important projects helps drive those costs."

Lander presented the committee's report at the Feb. 16 meeting of the NCAB.

Ready For Ramp-Up By 2008

The working group proposed that the HCGP be carried out by an extramural network consisting of "cancer sample acquisition centers" that collect samples from various tumor types, and "cancer genome analysis centers" that characterize tumor samples.

"The appropriate support mechanism (e.g., grant vs. contract) will need to be considered," the report said. "We note that the grant mechanisms may offer greater opportunity for innovation, while contract mechanisms may offer tighter accountability (which may be particularly important for sample collection)."

Centers should be selected by peer review through open competition, and funding should be contingent on reaching milestones, the report said.

The project also should include investigator-initiated research grants for development of technology and computational tools, funding for databases, and a

THE CANCER LETTER

Member, Newsletter and Electronic Publishers Association

Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg
Editorial Assistant: Shelley Whitmore Wolfe

Editorial: 202-362-1809 Fax: 202-318-4030
PO Box 9905, Washington DC 20016
Letters to the Editor may be sent to the above address.

Customer Service: 800-513-7042
PO Box 40724, Nashville TN 37204-0724
Customer service FAQ: www.cancerletter.com

Subscription $335 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc.
Founded Dec. 21, 1973, by Jerry D. Boyd.

component to address ethical, educational, medical, and regulatory issues.

The project could be ready for "full-scale ramp-up" by 2008, the working group said.

NCI and NHGRI should "take the next steps" to begin the project, "even in advance of appropriation of new federal funds," the report said. Several pilot projects could begin immediately, funded with existing budgets.

"It's important to start the process of creating the kinds of groups that will be able to produce these public data," Lander said to The Cancer Letter. "The real limitations right now are simply the funds available and the ramp-up time to programs."

The institutes should establish immediately a staff working group and an external scientific committee to guide the project, the report said.

The report outlined a the three-year pilot phase, consisting of:

—Sample collection, providing 1,250 samples from five cancer types from three to four centers, at $3 million to $4 million a year.

—Genomic analysis applying available technologies to an initial sample collection, through cooperative agreement awards to three to five centers, costing $40 million a year. The technologies include genome-wide LOH analysis, resequencing of about 2,000 genes, and RNA expression analysis.

—Technology development solicitation for applications (R01, R21, R21/R33), providing $5 million in early 2006, growing to $15 million in 2007 and 2008.

"We Owe It To Generations of Cancer Patients"

Lander said NCI and NHGRI may take a few months to consider a response to the report. "The impression I have is that both [institutes] initially are very enthusiastic," he said.

"If it becomes clear that NCI and NHGRI do want to move forward on this, then the scientific community should get involved in lobbying Congress to add new money for it," he said.

"There is a tremendous amount of important work going on at the NCI, and in no sense should the opportunity to gain this information come at the expense of existing work," he said. "New monies should be allocated when there are important, compelling, new opportunities, and this is one."

The White House budget proposal for fiscal 2006 seeks $4.84 billion for NCI and $491 million for NHGRI. Funds for the proposed cancer genome project were not included.

"I could strongly defend the idea that the U.S. Congress should increase the budget [of the two institutes] by 1.5 percent next year and 1.5 percent the year after that, above whatever level it would otherwise allocate," Lander said.

In its report, the working group recommended that Congress provide new funding for the project.

"Current projections show cuts or sub-inflationary increases in the NIH budget for at least the next several years," the report said. "Without dedicated funding, a HCGP would require major cuts in existing programs."

The project would "seize the opportunity to create a permanent foundation of knowledge to transform the understanding and treatment of cancer. A compelling case can and should be made to Congress and the American people to support this project through the appropriation of new funds."

The report concluded: "A major barrier in the fight against cancer has been the extraordinary complexity and heterogeneity of the disease. Scientific advances over the past decade have finally provided, in principle, the ability to gain a comprehensive picture of the genetic basis of cancer. Such systematic knowledge would lead to dramatic progress in the understanding, classification, detection, diagnosis, and therapy of cancer, by accelerating research in thousands of laboratories throughout academia and industry.

"We owe it to generations of cancer patients to come to seize this opportunity."

Cancer Molecular Diagnostics Initiative Proposed

The working group also proposed that NCI begin a Cancer Molecular Diagnostics Initiative to coordinate and expand research on functional imaging of cancer in vivo, and biomarker identification and detection in patient samples.

Unlike the HCGP, the working group didn't propose a specific funding level or new program.

"There are currently nearly 20 programs or initiatives within NCI relevant to this area," the report said. "NCI needs to take a more comprehensive approach to this crucial area by evaluating the success of existing efforts relative to overall goals, identifying key areas that are not being addressed, and modifying or creating programs to address them."

NCI should form a Biomarker Discovery Working Group to coordinate "discovery and validation of endogenous biomarkers of cancer in patient samples, and creation and testing of imaging and other agents for

in vivo monitoring of cancers and cancer therapeutics," the report said.

The report also said NCI should form an extramural Cancer Technology Working Group, and establish a Phase I/II Consortium "to accelerate the translation of technological advances and scientifically validated targets into clinical trials."

The working group's report is posted at http://deainfo.nci.nih.gov/Advisory/ncab/sub-bt/NCABReport_Feb05.pdf.

FDA News:

FDA Says Official Spoke On Own Behalf, Not Agency's

By Paul Goldberg

The high-level FDA employee who alleged a breech of journalistic ethics on the part of The Cancer Letter was exercising her First Amendment rights and not speaking in her official capacity, the agency said.

Using FDA stationery and citing her title, FDA Deputy Director of the Office of New Drugs Sandra Kweder alleged that this publication infringed the privacy of five candidates for the job of director of the Office of Oncology Drug Products (The Cancer Letter, March 4).

Journalism professional groups said Kweder's citation of the Code of Ethics of the Society of Professional Journalists was blatantly wrong and constituted an attempt by a government official to intimidate the press. Far from fading into obscurity, Kweder's letter triggered news stories in The Washington Post and in The Cancer Letter.

Facing public embarrassment, FDA chose not to defend Kweder, head of the agency's search committee for oncology office director. An agency spokesman told the Post that Kweder was exercising her First Amendment rights and speaking for herself only.

On March 10, the Association of Health Care Journalists said Kweder's letter appeared to be an effort to intimidate a news organization. "You can end the perceptions of intimidation and mistrust by rescinding your letter," Gary Schwitzer, assistant professor of the University of Minnesota School of Journalism and Mass Communication who is also a member of the association's advocacy committee, wrote in a letter to FDA.

FDA officials said they stood by their assertion that Kweder's letter didn't represent the agency's view. "We stand by the statement our spokesperson made in The Washington Post article you reference," Bradford Stone, an FDA spokesman, said earlier this week.

Kweder's letter had the look of an official communication from the agency. Written on FDA stationery, it contained Kweder's title and a cc list of three officials to whom Kweder reports. Also, the letter dealt with a subject that lies squarely within Kweder's official capacity, the word "we" figured throughout the text, and there was no caveat stating that accusations were being made by Kweder-the-citizen rather than Kweder-the-official.

The letter arrived in an FDA envelope marked "Official Business" and "Penalty for Private Use $300."

Ethics rules prohibit officials from creating an appearance of government sanction of a personal activity and restrict situations where a reference to an official position can be made. According to government rules, "an employee has a duty to protect and conserve government property and shall not use such property, or allow its use, for other than authorized purposes." Stationery, printers, and mailings are included in the definition of government property.

By stating that Kweder didn't speak for the agency, Stone in effect acknowledged that an unauthorized use of the agency's name and stationery had occurred, lawyers say.

"I'm pretty sure that she has placed the agency and higher-ups in a light that they didn't like or, perhaps, expect," said Michael Clark, former chief of the Criminal Division of the U.S. Attorney's Office in Houston, who specializes in healthcare issues at the Houston firm of Hamel Bowers & Clark. "Unless she had conferred with her superiors before sending the letter out, and something is memorialized, she's basically going to have to fend for herself."

FDA spokesman Stone declined to discuss sanctions that may have been taken against agency employees. "The agency does not as a policy discuss personnel matters," Stone said.

In another development, FDA official Nancy Myers announced March 10 that she would leave the agency effective that day and move to PhRMA. Myers, senior policy counsel at the Office of the Commissioner, was directly involved in coordinating the agency's interactions with outside groups in matters that included oncology and selection of the director of the oncology office.

"I just wanted to let you know that opportunity has knocked again and I answered the door," Myers wrote in a widely circulated email. "Sadly my last day at FDA will be today, March 10th. Over the last two

years, I have learned a great deal and hopefully I have left some good work behind.

"What could lure me away? I'll be going over to PhRMA to focus on regulatory strategic planning… So, with my rose colored glasses balanced on the bridge of my nose and the appropriate respect for this wonderful agency I am leaving, I will resume my downtown commutes."

The text of the letter from the Association of Health Care Journalists follows:

Dear Dr. Kweder:

The Association of Health Care Journalists has reviewed your letter of February 25 to one of our members, Kirsten Boyd Goldberg, editor and publisher of The Cancer Letter, and respectfully asks that you rescind it. In the letter, you charge that Goldberg's publication of "uncorroborated names of possible candidates" to be the new director of the Office of Oncology Drug Products "could undermine and delay the selection of a candidate for this position."

You cite a clause in the Society of Professional Journalists' code of ethics, urging journalists to "recognize that private people have a greater right to control information about themselves than do public officials and others who seek power, influence or attention." Clearly, you missed the point of the SPJ's admonition. Anyone vying for a federal position is, indeed, someone who seeks power, influence or attention. The director of the Office of Oncology Drug Products is a public position, financed by public funds, with public responsibilities. A journalist serves the public best by informing people before a selection is made and by examining potential candidates. Ms. Goldberg did nothing wrong.

The AHCJ shares the concern expressed by Ms. Goldberg that your letter may have been an attempt to intimidate her or her publication. You wrote to Ms. Goldberg that "mutual trust and respect must be maintained in order to build a productive relationship for the future." Such attempted interference with a legitimate journalistic endeavor is no way to build such trust and respect.

You can end the perceptions of intimidation and mistrust by rescinding your letter. I, or any member of the AHCJ board, would be happy to discuss this with you.

Thank you for your consideration.

Gary Schwitzer, Association of Health Care Journalists advocacy committee and Assistant Professor, University of Minnesota School of Journalism and Mass Communication

NCI Programs:

BMT Clinical Trials Network, BC Registry, To Continue

By Kirsten Boyd Goldberg

Advisors to NCI have approved the Institute's plan to continue funding for current grantees of the Blood and Marrow Transplant Clinical Trials Network and the Breast Cancer Family Registries.

The Board of Scientific Advisors voted 12-9 in favor of the proposal to set aside $14.1 million over five years to continue the BMT network, which also would receive $29.3 million from the National Heart, Lung and Blood Institute. Six board members abstained from the vote.

The close vote reflected the view of some BSA member that the network has had relatively low accrual of 500 patients. NCI officials said the network took two years to develop and begin accrual.

Reimbursement to sites for these trials is $3,000 to $10,000 per case, compared to $2,000 for cooperative group trials.

The BSA voted 21-2 in favor of the proposal to set aside $40 million over the next five years to fund the breast cancer registries. Four board members abstained from the vote.

Excerpts of the concept statements follow:

Blood and Marrow Transplant Clinical Trials Network. Reissue of RFA, 17 awards, $14.1 million from NCI over five years. Program directors: Roy Wu, LeeAnn Jensen, and Tom Davis, Division of Cancer Treatment and Diagnosis.

The goal of the network is to efficiently compare novel BMT methods and management strategies derived from single-center studies to existing treatments in a multi-center setting. The [original] RFA established the infrastructure for a network of 16 core clinical centers and a data coordinating center. The structure includes a steering committee, external data and safety monitoring board, protocol review committee, and administrative, technical and research committees.

NHLBI and NCI staff reviewed progress and recommended a limited re-competition be offered to the original participants for an additional five-year period. As a result of this initiative, there is one overarching mechanism to conduct studies designed to improve BMT procedure.

There are three open phase III studies, one open phase II/III study, and six studies in varying stages of development, not counting one study deemed unfeasible

because of overlap with a planned Southwest Oncology Group study. The target enrollment for all studies is 3,000 patients.

In addition to the 19 institutions that comprise the 16 core clinical centers, there are 24 non-core institutions approved to enroll patients in BMT CTN trials. Approximately 25 percent of the total patients enrolled are from non-core centers. All protocols are posted on the network's public Web site: http://spitfire.emmes.com/study/bmt/index.html.

The NCI Executive Committee recommended participation from the intramural program. Steve Paveltic, of the NCI Experimental Transplantation and Immunology Branch, has been added to the steering committee. The NIH intramural transplant program will become a member of the CTN once it meets eligibility criteria by becoming a transplant center affiliated with the National Marrow Donor Program.

Breast Cancer Family Registries. Reissue of RFA, six awards, $40 million over five years. Program director: Daniela Seminara, Division of Cancer Control and Population Sciences.

NCI began the Breast/Ovarian Cancer Family Registries in 1995; 12 sites are currently supported. The primary objective of this closed competition letter RFA is to maintain and restructure the B-CFR hypothesis-driven infrastructure to a) maximize its use and exploitation by interdisciplinary teams of researchers, including investigators from the B-CFR participating institutions and other qualified scientists, and b) adapt to the changing technologies and evolving scientific knowledge.

The set-aside request of $7.3 million a year plus a cost-of-living increase reflects a flat budget aimed at supporting the core functions/platforms. Interim funding of $3 million is requested to cover the five months between the expiration of the current funding period and the earliest expected data of award.

The B-CFRs have developed a unique familial resource which is both population-based and clinic-based and includes a comprehensive and extremely high-quality biospecimen resource. The proposed addition of eight infrastructural platforms will allow this infrastructure to support an increased range of studies. There is no comparable research infrastructure funded by NCI.

Funding Opportunities:

Lance Armstrong Foundation Offers Research Awards

Letter of Intent Due Date: May 13

LAF offers funding for Young Investigator Research Awards of up to $50,000 per year, and Research Awards of up to $75,000 annually. Proposals will be accepted in two areas: cancer survivorship and the basic and clinical science of testicular cancer.

Young investigators are defined as within eight years of completing a terminal degree or within five years of initiating independent research within a mentored laboratory, while general research awards support new research projects initiated by established investigators.Letter of intent instructions are available at www.laf.org.

Program Announcements

PAR-05-063: Collaborations with National Centers for Biomedical Computing

Letters of Intent Receipt Dates: April 19 and Dec.19, 2005, 2006, 2007 and 2008.

Application Receipt Dates: May 17, 2005; Jan. 17 and May 17, 2006, 2007, and 2008.

NCI and participating institutes invite R01 applications from investigators or small groups to collaborate as part of the recently-formed National Centers for Biomedical Computing.

The PAR is available at http://grants.nih.gov/grants/guide/pa-files/PAR-05-063.html.

Inquiries: For NCI, Jennifer Couch, Cancer Diagnosis Program, phone 301-435-5226; email couchj@mail.nih.gov.

PAR-05-065: Cancer Education R25E Grants Program

Application Receipt Dates: http://grants.nih.gov/grants/funding/submissionschedule.htm

The NCI funding opportunity provides support for biomedical and other health science students to pursue cancer related careers; for short courses to update cancer research scientists in new scientific methods, technologies and findings; and for training of cancer care clinicians and community health care providers in evidence-based cancer prevention and control approaches.

The funding opportunity also supports the development of approaches to dissemination research knowledge related to cancer prevention and control. The PAR will use the R25 mechanism to provide up to five years of funding at up to $300,000 per year in direct costs.

The PAR is available at http://grants.nih.gov/grants/guide/pa-files/PAR-05-065.html.

Inquiries: Mary C. Blehar, Cancer Training Branch, phone 301-496-8580; fax 301-402-4472; e-mail mblehar@mail.nih.gov.

PA-05-062: Correlative Studies with Specimens from Multi-Site Trials

Application Receipt Dates: http://grants.nih.gov/grants/funding/submissionschedule.htm

CTEP, Cancer Diagnosis Program, and the Cancer Biomarkers Research Group from NCI will sponsor the funding opportunity with the following objectives: 1. provide investigators with support for correlative studies using trial-related tumor specimens to compare genetic variations and molecular changes from the cell nucleus, the cytosol, and the cell surface and extracellular matrix to tumorigenesis and progression, drug resistance, therapeutic effectiveness of interventions, and patients' clinical outcomes. 2. decipher mechanisms and evaluate cancer interventions by utilizing these tumor tissue resources and accumulated clinical trial results for better cancer risk assessment, early detection, and prediction of response to various cancer therapies and prevention strategies. 3. promote translational research and collaborations between basic researchers and clinical investigators from academia, private industry, and non-profit organizations to translate findings into clinical practice. The PA will use R21 and R01 award mechanisms. The PA is available at http://grants1.nih.gov/grants/guide/pa-files/PA-05-062.html.

Inquiries: Heng Xie, Division of Cancer Treatment and Diagnosis, phone 301-496-8866; fax 301-480-4663; e-mail xieh@mail.nih.gov.

RFPs Available

RFP N02-RC-57015-30: Development of Strategies, Treatment and Prevention of Bacterial and Fungal Infections in Patients with Cancer

Response Due Date: May 2

Pediatric Oncology Branch, Immunocompromised Host Section, NCI Center for Cancer Research, requires that the contractor provide veterinary and laboratory animal care, assessments, and transportation of rabbits transferred from a breeding colony, ensure their acclimation to a laboratory environment, and deliver them in good health to the Clinical Center monthly. The RFP is available at http://www.fbodaily.com/archive//03-March/05-Mar-/FBO-00761736.htm.

RFP N02-CM-54200-92: Operation of an Animal Diagnostic Lab

Biological Testing Branch in the NCI Division of Cancer Treatment and Diagnosis seeks organizations to monitor the health status of the NCI Animal Production Programs colonies. Respondent must have existing diagnostic facilities and staff must provide documentation of current experience in the successful performance of comprehensive serologic, bacteriologic, pathologic and molecular diagnostics in laboratory rodents. Approximately 2,000 animals, annually, sent at a rate of 40 per week will be provided to the diagnostic contractor at no cost. The RFP is available at http://www.fbodaily.com/archive/2005/03-March/05-Mar-2005/FBO-00761732.htm.

In Brief:

Tobacco Exec Steps Down From Dana-Farber Board

(Continued from page 1)

his appointment with no mention of his career in the tobacco industry. "We did not intend his appointment to in any way be construed as an endorsement of the tobacco industry or tobacco consumption," said **Edward Benz Jr**., the institute's president. "We have led and continue to lead major research and outreach efforts in smoking cessation and cancer prevention." . . . **LAJOS BALOGH** was named director of nanotechnology research in the Department of Radiation Medicine at Roswell Park Cancer Institute. He was research associate professor of internal medicine, biomedical engineering, biologic nanotechnology and macromolecular science and engineering at the University of Michigan, Ann Arbor. . . . **ALONZO WALKER,** professor of surgery at the Medical College of Wisconsin, was named chief of the Division of General Surgery, said **Mark Adams**, chairman of surgery at MCW. Walker, who joined MCW in 1983, is chief of staff at Froedtert Hospital and director of the Breast Care Center. He is the institutional principal investigator for the National Surgical Adjuvant Breast and Bowel Project. . . . **WILLIAM HUBBARD**, associate commissioner for policy and planning at FDA for 14 years, announced his retirement. Hubbard, who joined the Department of Health and Human Services in 1973, was one of the principal designers of the nutrition label. **Randall Lutter**, chief economist at FDA since 2002, was named as successor to Hubbard. Lutter also will be a senior advisor to Acting FDA Commissioner **Lester Crawford**. . . . **BRUCE ALBERTS**, president of the U.S. National Academy of Sciences, and **Lu Yongxiang**, president of the Chinese Academy of Sciences, were elected co-chairmen of the governing board of the InterAcademy Council for the next four years. The IAC, headquartered at the Royal Netherlands Academy of Arts and Sciences in Amsterdam, mobilizes scientists and engineers as advisers for international bodies such as the United Nations and the World Bank, and collaborates with the InterAcademy Panel on International Issues, which represents more than 90 national science academies. Other elected members of the board for 2005-2009 are: **Reza Ardakani**, president, Academy of Sciences of the Islamic Republic of Iran; **Engin Bermek**, president, Turkish Academy of Sciences; **Edouard Brézin**, president, French Academy of Sciences; **Mohamed Hassan**, president, African Academy of Sciences; **Eduardo Krieger**,

president, Brazilian Academy of Sciences; **Kiyoshi Kurokawa**, president, Science Council of Japan; **Servet Aguilera**, president, Chilean Academy of Sciences; **R.A. Mashelkar**, president, Indian National Science Academy; **Robert May**, president, Royal Society of London, United Kingdom; **C.N.R. Rao**, president, Academy of Sciences for the Developing World; **Salleh Nor**, vice president, Academy of Sciences Malaysia; **S.E. Vizi**, president, Hungarian Academy of Sciences; **Ernst-Ludwig Winnacker**, president, German Research Foundation; **Achiel van Cauwenberghe**, president-elect, International Council of Academies of Engineering and Technological Sciences Inc.; **Guy de Thé**, co-chairman, InterAcademy Medical Panel; **Willem Levelt**, president, Royal Netherlands Academy of Arts and Sciences; **Jane Lubchenco**, president, International Council for Science; Yves Quéré, co-chairman, InterAcademy Panel on International Issues. . . **LUSTGARTEN FOUNDATION** for Pancreatic Cancer Research awarded $700,000 in grants. The following researchers will each receive a one-year grant of $100,000: **Steven Leach**, chief, Division Surgical Oncology, Johns Hopkins Medical Institutions; **Kimberly Kelly**, instructor, radiology, Massachusetts General Hospital; **Roland Schmid**, Technical University of Munich; **Sarah Thayer**, Massachusetts General Hospital; **Richard Kolesnick**, member, Molecular Pharmacology & Therapeutics, Memorial Sloan-Kettering Cancer Center; **Paul Fisher**, professor, clinical pathology; Columbia University College of Physicians & Surgeons; and **Amy Tang**, assistant professor of surgery, Mayo Clinic SIAH. . . . **NATIONAL HUMAN GENOME** Research Institute Large-Scale Sequencing Research Network will begin sequencing 12 more organisms, including the marmoset, a skate and several insects, said NHGRI Director **Francis Collins**. Two of the projects would focus on model organisms used in research on drug development and disease susceptibility. The first aims to sequence the genome of the marmoset (Callithrix jacchus). The second project would identify 280,000 single nucleotide polymorphisms in the genomes of eight strains of laboratory rats. The rat strains selected are PVG, used as a healthy control; F344, used in toxicological and pharmacological studies; SS, used for cardiovascular disease studies; LEW, used in studies of transplants and immune response; BB, used in studies of diabetes; FHH, also used for cardiovascular studies; DA, used for studies of arthritis and cancer; and SHR, used in studies of hypertension.

Copying Policy for The Cancer Letter Interactive

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

Here are guidelines we advise our subscribers to follow regarding photocopying or distribution of the copyrighted material in The Cancer Letter Inc. publications in compliance with the U.S. Copyright Act:

What you can do:

--Route the printout of the newsletter to anyone in your office.

--Copy, on an occasional basis, a single story or article and send it to colleagues.

--Consider purchasing multiple subscriptions. Contact us for information on multiple subscription discounts.

What you can't do without prior permission:

--Make copies of an entire issue of the newsletter. The law forbids cover-to-cover photocopying.

--Routinely copy and distribute portions of the newsletter.

--Republish or repackage the contents of the newsletter.

We can provide reprints for nominal fees. If you have any questions or comments regarding photocopying, please contact Publisher Kirsten Boyd Goldberg, phone: 202-362-1809.

We welcome the opportunity to speak to you regarding your information needs.