

## AACR Settles Dispute With Toronto Hotels Over 2003 Annual Meeting Cancellation

By Kirsten Boyd Goldberg

The American Association for Cancer Research has settled a legal dispute with the Toronto Convention Center and hotels, stemming from the cancellation of its annual meeting in April 2003.

The convention center and 19 hotels sought \$6.2 million Canadian from AACR as payment under contracts for housing the estimated 16,000 scientists and others who were expected to attend the meeting.

Two days before the event was scheduled to begin, AACR cancelled it, citing the outbreak of Severe Acute Respiratory Syndrome in Toronto.  
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### In Brief:

#### **AACR To Honor Eight Scientists At Annual Meeting In Anaheim**

The American Association for Cancer Research will honor several scientists at its annual meeting April 16-20, in Anaheim, Calif.

**David Livingston**, deputy director, Dana-Farber/Harvard Cancer Center and the Emil Frei Professor of Genetics and Medicine, Harvard Medical School, will receive the AACR-G.H.A. Clowes Memorial Award for his contributions to the understanding of the molecular basis of cancer.

**Charles Sawyers**, investigator, Howard Hughes Medical Institute and Peter Bing Professor of Medicine, University of California, Los Angeles, will be awarded the AACR-Richard and Hinda Rosenthal Foundation Award for his research in molecularly-targeted therapy, with special emphasis on signaling pathway abnormalities in cancer cells as targets for drug therapy.

**Napoleone Ferrara**, of Genentech Inc., will receive the AACR-Bruce F. Cain Memorial Award for his discovery of the protein, vascular endothelial cell growth factor (VEGF), and his research leading to the development of the anti-VEGF antibody.

**Ross Prentice**, member of the Division of Public Health Sciences at Fred Hutchinson Cancer Research Center and professor of biostatistics at University of Washington, will be awarded the AACR-American Cancer Society Award for Research Excellence in Cancer Epidemiology and Prevention for his outstanding contributions to cancer epidemiology, prevention, and public health through his role in conceiving, designing, and organizing the clinical trial arm of the Women's Health Initiative.

**Jimmie Holland**, the Wayne E. Chapman Chair in Psychiatric Oncology, Memorial Sloan-Kettering Cancer Center and professor of psychiatry, Weill  
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## Insurance Covered AACR's Obligations To Toronto Hotels

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After the cancellation, AACR Chief Executive Officer Margaret Foti secured a \$2 million subsidy from NCI to help cover expenses for rescheduling the meeting, which was held in July, in Washington, D.C.

Prior to the settlement with the Toronto hotels and the convention center, the association prevailed on Travelers Insurance Co. to cover the losses and obligations from the cancellation, said AACR's lawyer, John Foster III, of the Atlanta firm Foster, Jensen & Gulley.

"They covered the claim, so it was pretty much a break-even for AACR," Foster said to The Cancer Letter. "[Travelers] covered their obligations to hotels, out-of-pocket expenses, things like that."

Since the terms of the legal settlement and insurance coverage were not disclosed, it is unclear whether AACR sustained a financial loss from the 2003 annual meeting, or whether it came out ahead, thanks to a subsidy from NCI.

After canceling the Toronto meeting, AACR needed the money, said Warren Froelich, the association's director of communications.

"Clearly, at that time, we didn't have that money," Froelich said, declining to discuss the association's financial situation or the terms of the settlement. Froelich said he would have other AACR officials contact this

reporter, but subsequent emails and phone calls were not returned.

After the cancellation of the Toronto meeting, AACR had a reserve of \$12 million, and the meeting in Washington was expected to cost about \$5 million.

NCI subsidized the Washington meeting by having a contractor pay \$1,931,557 to cover a variety of AACR's bills, including reimbursement to the Washington Convention Center, webcasting services, computer rental, security services, audio visual services, exhibit show setup, and public relations.

The subsidy didn't go through peer review and was not discussed by advisory boards or the NCI Executive Committee. The government commitment was announced as an "informational item" at a meeting of the NCI Executive Committee (The Cancer Letter, June 20, 2003). Since the NCI money didn't go to AACR directly, it didn't have to be disclosed on the association's tax filings.

The 2003 AACR meeting was of crucial importance to NCI Director Andrew von Eschenbach. It provided him with a prominent venue for announcing his plan to "eliminate the suffering and death due to cancer" by 2015. At the Washington meeting, AACR endorsed this "challenge goal."

Also at the meeting, NCI announced a multi-billion dollar National Biospecimen Network, a biorepository, which could have placed tissue collection outside the government.

Building up to the meeting, AACR provided von Eschenbach with another crucial element for his platform: a document that advocated regulatory approval of drugs shown to prevent or treat lesions that may be precursors of cancer.

The agents would be approved on the surrogate endpoint of eliminating these lesions, the 2002 paper by an AACR task force proposed. Under this proposal, sponsors wouldn't need to demonstrate definitively that without treatment, the patient would have gotten cancer and died.

"Continuing to rely on cancer incidence and mortality endpoints will lead to significant loss of opportunity to impact cancer," said the paper, "Treatment and Prevention of Intraepithelial Neoplasia: An Important Target for Accelerated New Agent Development" (The Cancer Letter, May 30, 2003).

The NBN plan has since been scaled down, and is facing an uncertain future. The plan to approve cancer agents for cancer prevention based on surrogate endpoints ran into stiff opposition from scientists and FDA. With the disappointing results of cancer Cox-



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

2 inhibitors, the AACR position on intraepithelial neoplasia is proving to be unjustified (The Cancer Letter, Jan. 7, 2005).

### **Aftermath of the Cancellation**

After AACR cancelled the Toronto meeting, the hotels and convention center demanded payment of cancellation damages, arguing that the SARS epidemic was confined to area hospitals and didn't affect normal business in the city.

The hotels offered to let AACR rebook its meeting in June or July, but the association rejected the offer, because there was no evidence that the disease would be contained by then, attorney Foster said.

AACR also declined an offer to rebook in Toronto in a later year, because it had contracts in other cities for several years in the future. In subsequent years, the association's anticipated growth was expected to outpace Toronto's available hotel rooms, Foster said.

AACR selected Washington as the location for the rescheduled meeting, and estimated at the time that the bill for that meeting would be \$5 million.

Faced with a potential bill of \$6.2 million Canadian (about \$4.97 million under the current exchange rate), AACR filed a claim under its "Showstoppers Policy" for convention cancellation through AON Insurance, underwritten by Travelers. Travelers initially denied AACR's claim for coverage of lost revenue and defense against claims of breach of contract.

At that time, AACR turned to NCI for help. Foti met with von Eschenbach in April. "I went to see him to get his advice and counsel, and ask if there would be some opportunity for special support under these circumstances," she said (The Cancer Letter, June 20, 2003).

Von Eschenbach agreed to commit about \$2 million to support the Washington meeting.

"The NCI, and especially the director, to whom we are very indebted, saw the benefits of holding the rescheduled meeting and knew that we couldn't hold this meeting without this gesture," Foti said at the time.

Foti said the association had a reserve fund of \$12 million and the cost of the two meetings threatened to drain it. Generally, AACR makes a profit of about \$1 million on the annual meeting. However, there was no indication that attendance at the Washington meeting would match the levels of previous years.

"If we do not recoup these funds, it's a setback, but it's not irrevocable," Foti said. "It's not going to affect the viability of the AACR, but could mean we have to be more conservative about launching new programs."

The NCI funding went directly from the Institute to a government contractor, BL Seamon and Associates Inc., a minority-owned business in Lanham, Md. The company then paid the bills that came in from AACR's conference vendors.

NCI frequently uses this indirect method to help support conferences and organizations, but what made the AACR support unusual was the \$2-million figure, far more than usual conference grants, sources said.

NCI also provides direct annual support to AACR for four or five scientific workshops. In fiscal 2003, that amount was about \$750,000; this support increased to \$1 million in 2004. Also, NCI provides about \$200,000 to support AACR's young minority scientists program and about \$150,000 for the association's grants to faculty from historically black colleges.

### **Resolution of Dispute**

Foster, named by a meetings industry publication as one of the 25 most influential people in the industry, said he prevailed on Travelers to reconsider its denial of AACR's claim.

"We forced them to go back and read their own policy, and realize that [SARS] was not an excluded event," Foster said. "It was within the terms of the convention cancellation policy."

As a result of AACR's Toronto situation, meetings organizers can't get insurance for epidemics and diseases, because those are specifically excluded. "It was covered under [AACR's] policy," Foster said. "It just took some legal maneuvering on our part to convince the insurance company that their policy said what it said."

According to AACR tax filings, the association paid Foster's firm \$59,692 in 2003 for its work.

Louis Novick, president of the Novick Group, a Rockville, Md., company that provides commercial insurance, consulting, and financial services, said the turnaround by Travelers was an important event in the meetings industry.

"This guy's a stud," Novick said of Foster. "He had a real tall hill to climb. A lot of people didn't think he would get over the top. I would imagine that he and his associates and AACR had to tell the story, and tell it pretty well, and tell it a few times again."

After obtaining coverage, Foster represented Travelers and AACR in the negotiations with the hotels and convention center.

AACR had used the contracts the hotels had sent them, which contained standard *force majeure* clauses, addressing the conditions under which the parties may terminate an agreement without liability.

The hotels and convention center took the position that *force majeure* didn't apply, because people who contracted SARS were confined to hospitals and there was no risk to the general public. Businesses were open.

But Foster said the contracts, written three years prior to the planned meeting, didn't contemplate the possibility of an epidemic. "It was like nobody thought about terrorists flying into buildings before Sept. 11, 2001," he said. "This wasn't on anybody's radar screen. AACR didn't make a mistake. None of the contracts in the industry contemplated that."

After unsuccessful negotiations in 2003 and early 2004, AACR filed suit in the Ontario Superior Court in Toronto against the hotels and convention center.

"The legal position we took was that the law of contracts shouldn't require a group like this to show up and expose themselves to a deadly disease, at the time for which was no treatment and no known cure," Foster said. "It's hard to argue against that, to say, 'Oh, no, you guys should have shown up and see who dropped dead.' That wouldn't have been smart."

Foster argued that a legal standard called commercial impracticability should apply. Under Canadian law, it's called frustration of contract.

"The standard is less than impossibility, but it's severe enough to where it makes performance either substantially more difficult or substantially unsafe to perform the contract," Foster said. "In other words, it wasn't impossible for AACR to hold their convention there, it just wouldn't have been very prudent."

It helped AACR's argument that just before the annual meeting was to have begun, Memorial Sloan-Kettering Cancer Center advised its employees not to travel to Toronto. Staff members who did would have to refrain from contact with patients for 10 days upon their return, the center said.

"That was a very legitimate concern," Foster said. "[AACR] would have been foolish not to take heed of that. Their obligation is not to expose their patients and people around the world."

Now, meeting contracts do contain clauses about commercial impracticability, Foster said. "That situation in Toronto changed the way people write contracts, to provide for a standard that's less than impossible, but more than inconvenient," he said. "It has to be a pretty substantial event, obviously."

Foster said he reviews all AACR meeting contracts.

The Ontario court ordered AACR and the hotels and convention center to go to mediation. They reached

settlement last November.

The settlement was amicable, Foster said. "Everybody shook hands and walked away, and I'm sure AACR would certainly consider going back to Toronto again in the future, and I'm sure the hotels there would be happy to see them."

AACR was acting responsibly in canceling the Toronto meeting, Foster said. "I think AACR would have made a serious mistake legally as well as medically to stay up there," he said. "They made the right decision."

### **Excess Dropped In 2003**

AACR had a total revenue of \$28.128 million and expenses of \$27.726 million in 2003, ending the year with an excess of \$401,740, according to the association's most recent tax return.

It was a bad year, compared to the previous year. In 2002, AACR had revenue of \$27.495 million and expenses of \$25.283 million, posting an excess of \$2.2 million.

At the end of 2003, the association held \$20.3 million in net assets, an increase of \$2.4 million from the previous year, due to appreciation on investments.

AACR received income of \$4.9 million from the 2003 annual meeting and \$3.3 million from other conferences.

Total expenditures for the annual meeting were not listed separately. The association said it spent \$3.6 million for conferences as part of its "functional services," and \$11.7 million in "program services" expenses for the annual meeting, special conferences, and educational workshops.

Foti received \$385,535 in salary and \$134,799 in benefits, for a total compensation package of \$520,334 in 2003. In 2002, she received \$417,195 in salary and \$78,574 in benefits, for a total of \$495,769. During both years, her expense account was \$9,600.

### **Washington Roundup:**

## **Senate Committee Postpones Session On FDA Nominee**

The Senate Health, Education, Labor and Pensions Committee earlier this week postponed an executive session on the nomination of Lester Crawford as FDA Commissioner.

In a statement April 13, Committee Chairman Mike Enzi (R-Wyo.) and Ranking Member Edward Kennedy (D-Mass.) said the nomination would be

delayed “to provide more time to address issues that have been raised on both sides of the aisle.

“We also hope this postponement will provide an opportunity for the Committee to come together and focus on maintaining the FDA as an agency free from politics and focused on protecting and promoting the public health,” Enzi and Kennedy said in the joint statement.

Sens. Patty Murray (D-Wash.) and Hillary Rodham Clinton (D-N.Y.) said they planned to block Senate vote on Crawford because of the agency’s delay in decision on Plan B, a “morning after” contraceptive.

According to a spokesman, the committee also received an anonymous letter containing allegations about Crawford. The allegations were not disclosed, but The Washington Post, citing unnamed Capitol Hill sources, reported that the letter claimed that Crawford was involved in a personal relationship with a senior staff member.

The committee asked for an investigation of the matter. On April 14, Enzi said he expected to hold a committee vote on the nomination later this month.

\* \* \*

**CMS official on leave:** Sean Tunis, a top policy official at the Center for Medicare and Medicaid Services was placed on administrative leave after Maryland Board of Physicians accused him of falsifying documents related to his continuing medical education.

As chief clinical officer and director of the Office of Clinical Standards and Quality, Tunis was responsible for National Coverage Decisions. At the agency, he will be temporarily replaced by Barry Straub, chief medical officer from the CMS San Francisco regional office.

Tunis practiced at an emergency room at Mercy Medical Center, a Baltimore hospital. The case is expected to go to an administrative law judge in July.

### National Academies: **Report Defines Indicators To Measure Quality Of Care**

The Institute of Medicine of the National Academies has recommended a set of 52 quality indicators with which the state of Georgia can measure its progress in improving cancer care and reducing the number of cancer cases and deaths.

This is the first such collection of indicators that has been developed to enable a state to gauge progress in reducing the burdens of this disease.

Such measurements are important tools in efforts

to reduce the pain and suffering caused by cancer, said Joseph Simone, president of a cancer care and research consulting firm based in Dunwoody, Ga., and chairman of the committee that wrote the report.

“Currently, many individuals throughout the nation do not follow lifestyle recommendations that could help prevent some cancers, and many cancer patients cannot be confident that they will receive even the most basic elements of efficient, high-quality cancer diagnosis and treatment,” Simone said. “Efforts such as those being undertaken by the Georgia Cancer Coalition could fulfill much of the untapped potential of cancer prevention and care by closing the gap between what is known and what is practiced in the everyday routines of the home, workplace, and physicians’ offices.”

While the quality measures were developed for Georgia, they could be used by other states that choose to develop programs aimed at improving cancer prevention and care for their citizens. Also, the collection of quality measures can serve as a model to devise similar indicators for other diseases.

The committee’s 52 quality measurements can be used to track progress in improving cancer prevention, early detection, diagnosis, and treatment. The committee focused specifically on breast, colorectal, prostate, and lung cancers, which together account for more than half of all cancer cases and deaths in the state.

Among the indicators are rates of screening for each of the target cancers; the frequency of needle biopsy to diagnose breast cancer; whether appropriate radiation treatment is used for prostate cancer; the frequency with which smokers are recommended pharmacotherapy to help them quit; and the proportion of cancer patients who are assessed for pain.

States undertaking cancer control programs also should evaluate patients’ experiences to help determine the quality of cancer care being provided, the report says. The committee stressed that cancer care will not meaningfully improve unless health care disparities are remedied.

The quality measures were devised at the request of the Georgia Cancer Coalition, the independent, nonprofit entity established by the state of Georgia to coordinate expenditures dedicated to cancer from the state’s share of the Tobacco Settlement Fund. The coalition’s goal is to reduce the number of cancer-related deaths in the state by accelerating cancer prevention, early detection, treatment, and research.

Copies of the report, “Assessing the Quality of Cancer Care: An Approach to Measurement in Georgia,” are available at [www.nap.edu](http://www.nap.edu).

## Report Urges Centralization Of Cord Blood Stem Cell Banks

To achieve a more cohesive national system for storing and distributing lifesaving stem cells derived from umbilical cord blood, the U.S. Department of Health and Human Services should establish a new National Cord Blood Policy Board to set rules for the donation, collection, and use of this resource, according to a report from the Institute of Medicine of the National Academies.

The Health Resources and Services Administration should call for proposals to identify an organization that can serve as a new Cord Blood Coordinating Center to manage daily operations of cord blood banking and allocation nationwide, the congressionally requested report says.

Blood from umbilical cords is a good source of hematopoietic progenitor cells (HPCs). Transplants of these stem cells have saved the lives of roughly 20,000 Americans with leukemia, lymphoma, sickle cell anemia, and several other illnesses in recent years, the report notes. But thousands of patients who might benefit from a transplant die every year waiting for a match. Although 22 public banks have been established in the U.S. to collect, store, and distribute donated cord blood containing these cells, these banks operate without any centralized coordination, noted the committee that wrote the report.

“The lack of centralized organization, universal quality standards, and uniform matching mechanisms makes it more difficult than it has to be for physicians to provide patients with suitable cells in a timely way,” said Kristine Gebbie, associate professor of nursing and director of the Center for Health Policy and Doctoral Studies at Columbia University and chairman of the committee that wrote the report. “Moreover, there simply aren’t enough units of cord blood available now to meet the needs of the roughly 11,700 Americans who could benefit from a transplant of these cells every year. The structure we are recommending for a national cord blood banking program would assure that patients receive high-quality therapeutic cells in the most timely, ethical, and cost-effective manner possible.”

The proposed Policy Board should be established in the office of the HHS secretary to distance it from the day-to-day concerns of the department responsible for managing relationships with and funding for bone marrow donor programs and cord blood programs, the committee urged. Copies of the report are available at [www.nap.edu](http://www.nap.edu).

## Funding Opportunities: Medical Scholarships Offered

Deadline Receipt Date: Aug. 17, 2005

Goldman Philanthropic Partnerships is accepting applications for its Medical Science Program for career development of academic physicians. Three awards of \$108,000 per year for three years will be made to U.S. medical schools or equivalent U.S. educational institutions on behalf of candidates who are U.S. citizens or aliens who have been granted permanent U.S. residence (proof required). All scientific research relevant to human health is eligible; research that has relevance to cures for human disease is highly encouraged.

Applications and instructions are available at the Web site [www.goldmanpartnerships.org](http://www.goldmanpartnerships.org) or by contacting Amanda Morton, program manager, Goldman Partnerships, 155 N. Pfingsten Rd., Suite 109, Deerfield, IL, 60015, phone 847-948-5512; fax 847-948-5516.

## NCI Cancer Prevention Fellowship Program

Application Receipt Deadline: Sept. 1 (for entry the following July 1).

The three-year program offers postdoctoral research training opportunities in four broad areas: 1.) cancer prevention and control; 2.) clinical cancer prevention; 3.) ethics of prevention and public health; 4.) NCI-FDA joint training in prevention. The primary features of the fellowship are mentored research, master of public health degree, and the NCI summer curriculum in cancer prevention (the NCI-SCCP is also open to other health professionals outside of the fellowship with an interest in cancer prevention).

Applicants must have M.D., Ph.D., J.D., or other doctoral degree in a related discipline such as ethics, philosophy, or the biomedical, public health, social, or behavioral sciences. Applicant must be a citizen or a permanent resident of the U.S. at time of application. The stipend will be determined by the degree held by the fellow and years of relevant experience; annual increases will be given.

Applications are available at Web site <http://www3.cancer.gov/prevention/pob/>. Materials can be sent to: Douglas Weed, CFPD director, Cancer Prevention Fellowship Program, NCI, 6130 Executive Blvd., Suite 321, MSC 7361, Bethesda, MD., 20892-7361.

Inquiries: program coordinator, CFPD, phone 301-496-8640; fax 301-402-4863; e-mail [cpfpcoordinator@mail.nih.gov](mailto:cpfpcoordinator@mail.nih.gov).



## NCI Grant Supplements

### NOT-CA-05-016: Notice of Availability of Administrative Supplements for Disseminating Evidence-Based Intervention Research Products

Application Receipt Date: May 30

NCI is requesting applications for administrative one-year supplements for NCI-funded cancer control intervention research R01, P01, P50, U01, and U19 grants. Applicants may apply for a supplement to a related R01, P01, P50, U01, or U19 intervention research award, as long as the following conditions are met: 1) The focus of the awarded grant is similar to the focus of the intervention dissemination supplement that is being proposed; 2) There are no funds in the related award related to the proposed dissemination effort; 3) There must be an active parent grant during the entire funding period of this supplement; and 4) The PI for the supplement must be the PI of the parent grant.

Intervention research includes: tobacco use prevention and cessation; promotion of appropriate changes in diet and physical activity; reduction of sun exposure and ultraviolet radiation exposure; facilitation of informed decisions about genetic testing for cancer susceptibility; enhancement of screening for breast, cervix, and colorectal cancers; quality of care; and improvements in coping skills and quality-of-life for cancer survivors and their families.

Application instructions are posted at [http://www.dccps.cancer.gov/funding\\_apply.html](http://www.dccps.cancer.gov/funding_apply.html). Inquiries should be addressed to the NCI Program Director for the particular R01, P01, P50, U01, or U19 for which the supplement is being requested.

General inquiries: Jon Kerner, deputy director for research dissemination and diffusion, Division of Cancer Control and Population Sciences, phone 301-594-7294; e-mail [kernerj@mail.nih.gov](mailto:kernerj@mail.nih.gov).

## RFP Available

### RFPN01-CN-55009-39: Laboratory Assessment of Tobacco Use Behavior and Exposure to Toxins Among Users of New Tobacco Products

NCI Tobacco Control Research Branch is seeking a contractor to conduct multidisciplinary research on the interplay of tobacco product type, behavior of product use, chemistry, toxicology, and biology to determine the addiction and cancer risk of reduced-exposure tobacco products. Emphasis will be on development and validation of sensitive, specific, and high throughput laboratory methods and their application in large population studies.

Task areas will involve 1) assessment of tobacco product emissions under varying behavior conditions; 2) standardization and validation of laboratory methods and exposure biomarkers; 3) information gathering on toxicity biomarkers; 4) communication of major findings and 5) interaction with Expert Consulting Committee. It is anticipated that one (1) cost reimbursement, completion-type contract will be awarded and that the period of performance will consist of a period of five years. The RFP is available at <http://www.fbodaily.com/archive/2005/03-March/24-Mar-2005/FBO-00773144.htm>.

Inquiries: Theresa Shroff, contracting officer, phone: 301-435-3796; fax: 301-402-8579; e-mail [ts144t@nih.gov](mailto:ts144t@nih.gov).

### *In Brief:*

## AACR Honors Scientists At Annual Meeting In Anaheim

(Continued from page 1)

Medical College of Cornell University, will receive the AACR-Joseph H. Burchenal Clinical Research Award for her central role in the establishment of psycho-oncology as a subspecialty within oncology, dealing with the psychological, social, and behavioral aspects related to cancer.

**Gregory Hannon**, professor, Watson School of Biological Sciences, Cold Spring Harbor Laboratory, will receive the AACR Award for Outstanding Achievement in Cancer Research for his work uncovering the biochemical mechanism of RNA interference of gene expression (RNAi) and his contributions to the discovery and development of short hairpin RNAs as tools for genetic manipulation of mammalian cells.

**Edward Giovannucci**, professor of nutrition and epidemiology, Harvard School of Public Health, and associate professor of medicine, Brigham and Women's Hospital, was chosen to deliver the AACR-DeWitt S. Goodman Memorial Lectureship for his contributions to cancer epidemiology and prevention, especially in the role of diet as it relates to colorectal and prostate cancers.

**Joan Brugge**, chairman of the Department of Cell Biology, Harvard Medical School, will receive the AACR-Women in Cancer Research-Charlotte Friend Memorial Lectureship for her research on the processes involved in oncogenesis and the normal functions of proto-oncogenes and for being a role model for women in cancer and biomedical science.

\* \* \*

**AMERICAN SOCIETY OF CLINICAL ONCOLOGY** announced the recipients of its 2005 Clinical Research Career Development Awards and Young Investigator Awards. Fifty-eight cancer physicians will receive a total of \$3.8 million for clinical and translational cancer research. The awards will be presented at the annual meeting in Orlando, Fla., May 13-17. The recipients of the three-year Clinical Research Career Development Awards, which total \$170,000, are the following. **Ezra Cohen**, University of Chicago; **Elaina Gartner**, Karmanos Cancer Institute; **Arti Hurria**, Sloan-Kettering Cancer Center; **Virginia Kaklamani**, Northwestern University; **Peter Lebowitz**, Georgetown University; **Rinaa Punglia**, Dana-Farber Cancer Institute; **William Read**, University of California, San Diego; **Antoinette Tan**, Cancer Institute of New Jersey; **Jennifer Temel**, Massachusetts General Hospital; **Larissa Temple**, Sloan-Kettering Cancer Center; **Archie Tse**, Sloan-Kettering Cancer Center; **Christina Tsien**, University of Michigan; and **Kala Visvanathan**, Johns Hopkins University. Recipients of the Young Investigator Awards will each be given a one-year grant of \$35,000. They are: **Weiyun Ai**, Stanford University; **Edward Attiyeh**, Children's Hospital of Philadelphia; **Anthony Brade**, University of Toronto; **Anne Chiang**, Sloan-Kettering Cancer Center; **Michael Davies**, M. D. Anderson Cancer Center; **Serena Di Cosimo**, Vall d'Hebron University; **Jeffrey Engelman**, Dana-Farber Cancer Institute; **David Feltquate**, Sloan-Kettering Cancer Center; **Kelly Goldsmith**, Children's Hospital of Philadelphia; **Oscar Goodman Jr.**, New York Presbyterian Hospital; **Melinda Gordon**, University of Chicago; **Christine Hann**, Johns Hopkins University; **Aram Hezel**, Dana-Farber Cancer Institute; **Antonio Jimeno**, Johns Hopkins University; **Yvette Kasamon**, Johns Hopkins University; **James Kim**, Johns Hopkins University; **Allison Kurian**, Stanford University Medical Center; **John Lee**, Johns Hopkins University; **Aliza Leiser**, Sloan-Kettering Cancer Center; **Amy Lin**, University of California, San Francisco; **Nancy Lin**, Dana-Farber Cancer Institute; **Sherene Loi**, Institut Jules Bordet; **Joseph Ludwig, IV**, NCI; **Jennifer Mack**, Dana-Farber Cancer Institute; **Shifeng Mao**, M. D. Anderson Cancer Center; **Phuong Morrow**, M. D. Anderson Cancer Center; **Yasuhiro Oki**, M. D. Anderson Cancer Center; **Cynthia Owusu**, Boston Medical Center; **Samir Parekh**, Montefiore Medical Center; **David Park**, University of Southern California; **Ido Paz-Priel**, Johns Hopkins University; **Carlos Ramos**, Sloan-Kettering Cancer Center; **Rosanna**

**Ricafort**, Sloan-Kettering Cancer Center; **Jia Ruan**, New York Presbyterian Hospital; **Carolina Salvador**, University of Louisville; **Sanjai Sharma**, University of California, Los Angeles; **Vandana Sharma**, Stanford University; **Thomas Shellenberger**, M. D. Anderson Cancer Center; **Benjamin Smith**, Yale University School of Medicine; **Karen Smith**, Sloan Kettering Cancer Center; **David Teachey**, Children's Hospital of Philadelphia; **David Wang**, Johns Hopkins University; **Wei Wang**, Fred Hutchinson Cancer Research Center; **Yu-Ning Wong**, Fox Chase Cancer Center; and **Charles Yang**, M. D. Anderson Cancer Center. . . . **FRANK DETTERBECK** was named associate director for clinical affairs at Yale Cancer Center, and will be liaison between the administration of Yale-New Haven Hospital, the Yale University School of Medicine, and the medical staff. Detterbeck, professor of surgery will coordinate the activities of all the oncology-related departments at the center. He also was named chief of the Section of Thoracic Surgery, and surgical director of thoracic oncology in the Department of Surgery at Yale-New Haven Hospital. . . . **TRANSLATIONAL GENOMICS Research Institute** received a pledge for \$3 million to support three breast cancer research projects from **Ray Thurston**, businessman, entrepreneur, and an expert in supply chain management and logistics. "The new frontier in bringing the human genome project to patient application is the integration of complex information from genomic, medical, and computer studies—a field we call systems biology," said **Jeffrey Trent**, president and scientific director of TGen. "Thurston has been successfully applying systems management to the business sector for many years and we are learning ways to apply these engineering principals to the task of fighting disease." The breast cancer projects include a study to diagnose and treat patients with genetic predispositions, a study of tumor response therapy, and a study to leverage the results of the first two studies for targeted tumor treatment based on genetic information. . . . **JAMES GRAHAM BROWN Cancer Center** at the University of Louisville Health Science Center will receive \$15 million over the next five years from the James Brown Foundation. **Patty Melvin** was named vice president for cancer operations at the center. Melvin was interim vice president at Western Pennsylvania Hospital in Pittsburgh, with primary responsibilities for the Department of Medicine, including Oncology/BMT services. **Douglas Dean**, of the Washington University, St. Louis, was named the Rounsavall Chair of Ocular Cancer Biology with appointments in the cancer center and the Department of Ophthalmology.



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