THE CANCER LETTER

Vol. 31 No. 18
May 6, 2005

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Price $335 Per Year

Oncology Study Section Members Protest NIH Handling Of Their Grant Applications

By Kirsten Boyd Goldberg

NIH oncology peer reviewers are protesting the outcome of a recent meeting in which their own grant applications fared so poorly that the reviewers said they were penalized for their service.

In e-mails and letters to NIH officials, members of three study sections charged that the Center for Scientific Review has become overzealous in trying to protect against favoritism in evaluating grant applications submitted by peer reviewers. Some reviewers said they will resign from the volunteer service unless CSR changes its procedures.

"I cannot risk my investigative career, my research livelihood, or the

(Continued to page 2)

In Brief:

Nevada Cancer Institute Gets $1 Million Gift; Fox Chase Endows Radiation Oncology Chair

NEVADA CANCER INSTITUTE received $1 million from MGM MIRAGE of Las Vegas, a hotel and gaming company, for cancer-related research, education, support, and treatment initiatives. As part of its mission, NVCI has raised $50 million for the construction of a research facility in Las Vegas dedicated to state-of-the-art research and implementation of methods of prevention, detection, and treatment of cancer, said **Nicholas Vogelzang**, director of NVCI. The facility is scheduled to open later this summer. . . . **FOX CHASE Cancer Center** said it has established the Gerald E. Hanks Endowed Chair in Radiation Oncology. Endowed for $1.5 million, the chair honors **Gerald Hanks**, chairman of radiation oncology from 1985 until his retirement in 2001. **Alan Pollack**, who succeeded Hanks as chairman, has been named the first holder of the chair. . . . **MEMORIAL SLOAN-KETTERING Cancer Center** announced the following appointments and awards. **Marcel van den Brink** was named chief of the Bone Marrow Transplant Service, Department of Medicine. Van den Brink, who joined MSKCC in 1999, is known for his work in allogeneic blood stem cell transplantation in adult cancer patients. **Richard O'Reilly,** chairman of pediatrics, received a Lifetime Achievement Award from the American Society for Blood and Marrow Transplantation. . . . **CANCER INSTITUTE of New Jersey** received a four-year $65,000 per year from the Kaleidoscope Foundation to establish the Hope Fellowship that would train a physician who has completed residency training in obstetrics and gynecology and wishes to pursue sub-specialty training in gynecologic oncology. Funds from the fellowship will support

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CSR Mishandled Peer Review, Study Section Members Say

(Continued from page 1)

livelihoods of members of my laboratory, in exchange for study section service that places my own applications in this kind of jeopardy that now exists," wrote James Young, assistant professor in the Department of Hematologic Oncology at Memorial Sloan-Kettering Cancer Center, in a letter addressed to CSR Acting Director Brent Stanfield.

The letter was also sent to other NIH and NCI officials and widely distributed among members of the Oncological Sciences Integrated Review Groups, which consists of 15 study sections. Young posted his letter on the Web and suggested that others use it as a template for writing to NIH officials.

"My own applications are not being reviewed in a manner equivalent to the general applicant pool or equivalent to the reviews that I have worked so diligently to provide," wrote Young, a member of the Cancer Immunopathology and Immunotherapy study section. "I trust that you can understand that qualified reviewers, already hard to attract to this demanding volunteer service, will only become scarcer if the current review policies are not corrected immediately."

A CSR official confirmed that the center has received e-mails and letters about the review of study section member applications.

"We have received a number of letters expressing concerns, some from applicants expressing concerns about specific applications, and some from their colleagues," said Karl Malik, director of the Office of Planning, Evaluation, and Analysis in CSR. "I don't know of anyone having actually resigned from a study section."

Malik said CSR hasn't made any changes in the peer review of member applications. "There has been no change in policy," he said. However, as a result of the letters, CSR plans to study how it reviews such applications, he said.

CSR manages the peer review of about 70 percent of the grant applications sent to NIH through 170 study sections and "special emphasis panels" organized according to areas of research. In fiscal 2003, about 11,000 outside experts served on these study sections, according to the center.

Scoring Called "Out of Line"

To protect against favoritism, grant applications submitted by study section members aren't reviewed by their own panels, but separately by other study sections or special emphasis panels.

The SEPs formed to review applications from members of study sections usually include former reviewers, current members of different study sections, and one or two members of the applicant's study section.

However, a SEP that recently reviewed 18 grant applications submitted by members of the Cancer Immunopathology and Immunotherapy (CII) and Developmental Therapeutics (DT) study sections seemed to represent a major change in composition.

That SEP included 24 "very junior" investigators, according to an e-mail sent by DT member Jessie Au to other study section members on April 27. Only one of the SEP members currently serves on the CII study section and none of the reviewers were current or past members of DT, wrote Au, the Dorothy M. Davis Chair in Cancer Research in the College of Pharmacy at Ohio State University.

"Apparently, only one application made the payline (5.5%), which is much below the usual success rate of 50% for this preselected group (even worse considering several of the applications were renewal applications that typical have an even higher success rate)," Au wrote.

"The scoring pattern was so out of line that Syed Quadri [chief of the Oncological Sciences Integrated Review Groups], who supervised the SEP, requested that the scores be percentiled against DT and CII scores,"

THE CANCER LETTER

Member, Newsletter and Electronic Publishers Association

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rather than compared with scores for CSR overall, Au wrote.

Quadri was overruled, Au wrote.

"Many of the affected members, and members who did not have their applications reviewed in the SEP in question, considered resigning from the study section, but since decided to first attempt a more moderate approach to protest and ask for changes from CSR," she wrote.

Au declined to comment to The Cancer Letter. Quadri also declined to comment.

CSR's Malik confirmed that the majority of the applications the SEP reviewed were from members of the two study sections. He defended the panel's work and the scientific expertise of its members.

"This is not a special case or something that we've done differently," Malik said. "The average number of R01 grants per reviewer was about the same as our regular chartered study sections. We don't feel that there was a substantial problem with the experience of these reviewers. We feel the expertise was appropriate and that the review process was fair."

CSR has looked at the scores from the SEP, Malik said. "We didn't see anything unusual about the distribution of scores that was alarming," he said. "In general, reviewers do very well in review. But there was nothing in the outcome of the distribution of scores that gave us concern that there was any problem with the scoring.

"In every group of applications, there are some that do well and some that don't do as well," Malik said. "To assume from one meeting that there has to be X number that fall into a given range, that's pejorative."

Malik said CSR isn't planning to reconsider the scores, but the affected applicants can appeal the review. "We don't see any problem with the review process, so we feel the review should stand," he said. "We understand some of the applicants were unhappy with the outcome. If applicants feel they received an inappropriate review, there is an appeals process that NIH has in place. It is within their rights to appeal."

That's not the end of the matter, he said. "We are considering, based on the concerns that have been expressed, how NIH and CSR might review membership applications better," Malik said. "We are going to look at the current system and see if there is anything that can be done better. We've heard the concerns expressed, and we don't take them lightly, and we're looking into it. But we are not going to suddenly make a change in policy rashly. We want to be careful and look at the evidence and make a decision based on careful deliberation."

Reviewers Worry About "The F-Word"

Membership in a study section is an apprenticeship, where less experienced reviewers learn from their more experienced colleagues, said Henry Friedman, the James B. Powell Jr. Professor of Neuro-Oncology at Duke University, who served for 10 years on Experimental Therapeutics 2.

"If CSR maintains that the quality of review will be adequate by employing people with no study section experience, they are dead wrong, and they deserve what would follow, which would be a mass exodus of the good scientists on study sections who still have active grants," Friedman said.

"Reviewing grants is an acquired skill," he said. "The newer members are taught by the senior members how you do business. If none have ever reviewed before, then it's just not a credible process. If I was in that situation, being reviewed by people who haven't served on a study section, I would resign from a study section so fast, it would make their heads spin."

Inexperienced reviewers, no matter their scientific credentials, can't properly score an application, Friedman said. "As a new study section member, you learn not only how to assess the science, but also you learn the finesse of making sure that a grant you really believe to be of high-quality research that should be funded is actually funded," he said.

"Although they tell you in study sections that you don't worry about the 'f-word,' the reality is, that's all we worry about," Friedman said. "If you review a grant that is particularly strong, you want to be damned sure that it's appropriately handled.

"Inexperienced reviewers just don't have a clue as to how to do both things: to review the science, and to make sure that good science gets rewarded with scores that are in the payline," Friedman said.

Each study section develops its own identity, so that a particular score that might be in the "excellent" range and fundable in one study section could represent a non-fundable score when measured against all NIH or NCI grants in a particular cycle, Friedman said.

"CSR has got to understand that they aren't going to keep experienced reviewers in their study section ranks if they are being penalized by being reviewed by people who simply aren't qualified by virtue of their review inexperience," Friedman said. "It has always been difficult getting senior or mid-level scientists to serve on study sections. The compensation is in feeling that you are giving back to the system, and you do learn how to read, review, and write grants better. But you certainly don't want to be penalized on the review of

your own grants.

"If you are told your grant can't be reviewed by members of your own study section or study sections with similar areas of research, then, effectively, you are screwed."

Peter Houghton, chairman of the Drug Discovery and Molecular Pharmacology study section, said CSR's change in selection of reviewers could be damaging to NIH.

"I am concerned that the replacement of SEPs comprised of members of related IRGs with an ad hoc committee [comprised of] non-study section members may compromise the review process," Houghton wrote in an April 28 e-mail to Antonio Scarpa, who is leaving Case Western Reserve University to become CSR director on July 1.

"As an individual who has served on NIH IRGs for over 20 years, (and have been successfully funded over this time), I am aware that any perception of favoritism for those involved in IRGs has to be avoided," wrote Houghton, the ALSAC Chair of Pharmacology at St. Jude Children's Research Hospital. "However, I feel it equally important that those individuals committing their time and effort to support the peer review system are not compromised."

"Late" Applications Returned

Another problem with review of grant applications submitted by members of the study sections arose last November.

Reviewers get a two-week grace period to turn in their grant applications. For a deadline last fall, the two extra weeks ended on a Sunday, so about 300 reviewers thought they could submit their applications on the following Monday. However, CSR officials returned those applications, calling them late.

CSR reversed the decision after the reviewers complained.

"Last November, a change in CSR policy over receipt of late grant applications from IRG members sent the wrong signal to the peer review community," Houghton wrote to Scarpa. "CSR subsequently revised its decision and permitted applications received one date 'late' to be reviewed. I would ask that prior to making unilateral decisions, that there be some communication with IRG members, or at least chairs of those IRGs that may be involved.

"As you are aware, it is a constant problem to attract first rank scientists for IRG service," Houghton wrote. "Changes made by CSR that can be perceived as reducing the competitiveness of those reviewers will certainly not be an incentive to recruit those individuals to study section."

In an interview earlier this week, Houghton said the SEP controversy and the "late" applications were "isolated" problems.

"Some of the e-mails that went around suggested that being on study sections compromised your ability to get funded," Houghton said. "I've had 20-plus years of funding from NIH, and I've been on study sections for 20 years, so I don't think that is the case. It's a very fair system. I think CSR has tried to do its very best to be fair to all applicants."

Houghton said he is optimistic that Scarpa's arrival as CSR director may improve communications between the review center and the reviewers. "Maybe now, with some leadership, there will be some changes," he said. "I think the idea is to communicate with the community rather than making unilateral decisions."

Drug Development:

FISH Assay Predicts Survival On Iressa, Study Reports

By Paul Goldberg

A readily available test that measures the copy number of the epidermal growth factor may be the best available tool for predicting a patient's response to the AstraZeneca drug Iressa, a group of scientists at the University of Colorado Cancer Center reported earlier this week.

According to a paper published in the May 4 issue of JNCI, a high EGFR gene copy number identified by the fluorescence in situ hybridization (FISH) assay correlated with higher survival among 102 non-small-cell lung cancer patients who were treated in an Italian trial or received Iressa as a single agent through the company's expanded access program.

The retrospective study compared FISH with immunohistochemistry and a test for the EGFR mutation that, according to earlier studies, correlated with a response to Iressa. The study was conducted at the University of Colorado Cancer Center.

"In our study, it looks like FISH, immunohistochemistry and the mutation analysis showed an association to objective response, but only FISH demonstrated association to prolonged survival," said Fred Hirsch, professor of medicine and pathology at UCCC, one of the authors of the study.

Hirsch said the high gene copy number correlated with tumor shrinkage as well as stable disease. No association with stable disease was found in patients

with the EGFR mutation.

"My hypothesis is that by using FISH, eventually in combination with immunohistochemistry, you might be able to select a group of patients who will benefit from EGFR TKIs, or by using these two markers, you might be able to select a group of patients who will not benefit from this type of treatment," Hirsch said. "In contrast to EGFR mutation, which requires DNA sequencing, high technology and expertise, here is a marker that can be so easily applicable that it can be used almost anywhere."

The correlation between a high EGFR copy number ad a higher survival was statistically significant (P=.03). The study also showed that 40 percent of patients who were shown to have EGFR mutations showed progressive disease.

Genzyme Licenses EGFR Mutations

Two days before JNCI published the UCCC paper, Genzyme Corp. of Cambridge, Mass., announced that it had licensed the rights to the EGFR mutations from the Massachusetts General Hospital and Dana-Farber Cancer Institute.

Genzyme said it plans to develop and market a commercial test to identify patients most likely to benefit from Iressa (gefitinib) and Tarceva (erlotinib), a similar drug marketed by Genentech Inc. The company said it expects to launch the test later this year.

"We are eager for this technology to be widely available to physicians and their lung cancer patients, as it can help identify those who are likely to dramatically respond and survive for extended periods of time with a relatively benign treatment," Bruce Johnson, director of the Lowe Center for Thoracic Oncology at Dana-Farber, said in a statement.

Hirsch is less certain about clinical applicability of such tests. "I think the discovery of the mutation was a significant discovery, and it has focused our research," he said. "But the clinical application of the mutation still needs to be defined through larger studies."

Results of several retrospective studies comparing available assays will be presented at the annual meeting of the American Society of Clinical Oncology next week.

These include a study of pathology samples obtained through the Southwest Oncology Group study 0126, which tested Iressa in advanced bronchioloalveolar carcinoma, and a similar analysis of the Canadian trial BR.21, which demonstrated the survival advantage of Tarceva in advanced NSCLC.

Also, Hirsch said he is involved in a similar analysis of pathology samples collected in AstraZeneca's ISEL trial, which failed to demonstrate Iressa's superiority over placebo. The company has said that it obtained pathology samples for about 650 patients.

In addition to testing the just-published results in the larger cohort of the ISEL trial, Hirsch said the lung cancer SPOREs are planning a series of prospective trials that would utilize selection criteria for EGFR drugs.

If federal support is to be used in these trials, it is almost certain that the studies would have to be conducted with Tarceva.

Following the outcome of ISEL, NCI convinced SWOG and the cooperative group of NCI Canada to conduct unplanned analyses of their trials of Iressa in early NSCLS. After looking at the data, both cooperative groups stopped the trials, and the data from the SWOG trial will be presented at ASCO (The Cancer Letter, April 22).

Hirsch said the objective of the trials is to apply selection criteria at earlier stages of NSCLC.

"If you can select patients at an earlier stage for this type of treatment, that might have a huge impact," Hirsch said. "But these types of studies have not been done in earlier stage disease."

Tarceva would be better positioned for studies in early disease, Hirsch said. "Tarceva has demonstrated survival benefit in advanced disease. In my opinion, it is relevant to study at least Tarceva in early stage disease, and that could be based on enriched populations."

FDA News:

ODAC Recommends Against Approval Of J&J's Zarnestra

The FDA Oncologic Drugs Advisory Committee voted 7-4 against recommending approval for Zarnestra (tipifarnib), a Johnson & Johnson treatment for elderly patients with newly diagnosed poor-risk acute myeloid leukemia.

At a meeting May 5, the committee first voted 11-0 that Zarnestra data didn't justify a regular approval.

According to the agency, in a study of 136 patients, Zarnestra, farnesyl treansferase inhibitor, demonstrated a complete remission rate of 11% with the 95% CI of 6.6 to 18%.

In discussion, several ODAC members said the experience of the AstraZeneca therapy Iressa has demonstrated that there is no benefit to approving a drug based on weak evidence of efficacy.

Funding Opportunities:

Program Announcements

The Howard Temin Award (K01)

The goal of NCI's Howard Temin Award is to bridge the transition from a mentored research environment to an independent basic cancer research career for scientists who have demonstrated unusually high potential.

This special award is aimed at fostering the research careers of outstanding junior scientists in basic research who are committed to developing research programs in understanding human biology and human disease as it relates to the etiology, pathogenesis, prevention, diagnosis, and treatment of human cancer. The objective is to sustain and advance the early research careers of the most promising M.D.s and Ph.D.s while they focus their independent research programs and obtain grant support.

The award offers candidates up to five years to gain additional skills and knowledge in human cancer research, including up to three years in a mentored environment followed by transition to the equivalent of a junior faculty position to develop an independent research program. The award provides up to five consecutive 12-month appointments. At least 75 percent of the recipient's full-time professional effort must be devoted to the career development plan/research proposed, and the remainder must be devoted to activities related to the development of a successful research career focused on human cancer research. The recipient must receive appropriate mentoring for at least the first year of the grant and for no more than the first three years. The candidate may move to the unmentored (independent) research phase only on the award anniversary dates of the second, third, and fourth year of support.

The candidate must have a research or a health professional doctoral degree or its equivalent, must have completed at least three years of postdoctoral research, and must have demonstrated highly productive research activity and high potential for establishing an independent research program in the period after the doctorate. The candidate's research proposal must include work on the etiology, pathogenesis, prevention, diagnosis, control or treatment of human cancer. Work developing or refining model systems will be supported only if the proposed research objectives actively test the relevance of the model to human cancer. The candidate must be able to describe a career development program that takes maximum advantage of the research and educational resources relevant to the candidate's career development. The institution must have a well-established track record of conducting research directly relevant to human cancer and faculty who are highly experienced in human cancer research and can serve as mentors. Candidates must be able to identify an individual with extensive experience in human cancer research who can serve as a mentor.

Inquiries: David Eckstein, Cancer Training Branch, Office of Centers, Training and Resources, NCI, phone 301-496-8580, e-mail: eckstein@mail.nih.gov.

Pancreatic Cancer: Epidemiology, Detection, Prevention, and Treatment

The proposed initiative will use R21 and R03 mechanisms to promote innovative research across multiple disciplines for better understanding of the biology, etiology, detection, prevention, and treatment of pancreatic cancer. Investigators who did not have a pancreatic cancer-related research grant (from the NCI or NIH) in the past are eligible for this initiative.

Examples of appropriate research areas include, but are not limited to: examination of how variations in cells may combine with the microenvironment in the development of pancreatic cancer; development of experimental models for human pancreatic cancer; exploration of molecular pathways important in cancer biology, particularly those that could lead to novel targets for therapeutic development; preclinical studies to identify dietary components for prevention and candidate chemopreventive drugs and to characterize the molecular mechanisms of the agent's activity; preclinical studies to identify and characterize candidate biomarkers for pancreatic cancer risk; proteomic profiling studies to discriminate between sera of pancreatic cancer case patients, chronic pancreatitis patients, and control subjects and which also evaluate the performance characteristics of the profiling methods; identification of genetic combinations that lead to pancreatic cancer; impact of pancreatic cancer on health-related quality of life of patients and their caregivers; epidemiology studies in pancreatic cancer; and development of early-stage clinical trials in pancreatic cancer and imaging studies associated with clinical trials in pancreatic cancer.

Inquiries: Mukesh Verma, phone 301-594-7344, e-mail: mblehar@mail.nih.gov.

Other Funding Notices

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

NCI is amending the PA as follows: The number of amendments of an application is now limited to two (instead of only one); Applications may now be submitted from either domestic or foreign institutions, and, any application that involves the development and/or use of a novel animal model system should include the following information: Clear rationale for the need to develop and/or use a novel animal model; Characteristics (including any known or anticipated improvements or limitations) of the proposed animal model compared with existing models; How the proposed animal model mimics the cancer process in humans; Potential uses of the animal model for (proposed and/or future) cancer prevention research studies; and What the end points are for proposed studies involving use of the animal model and how they are measured. The notice is available at http://grants1.nih.gov/grants/guide/notice-files/NOT-CA-05-019.html.

Inquiries: Padma Maruvada, phone: 301-496-3893; e-mail maruvadp@mail.nih.gov, Harold Seifried, (Nutrition), DCP, phone 301-496-8573; e-mail hs41s@nih.gov, Vernon Steele, (Chemoprevention), DCP, phone 301-594-0420.

Meeting Announcement: Enhancing the Discipline of Clinical and Translational` Research: May 23, 9 a.m.-3 p.m., Double Tree Crystal City National Airport Hotel, 300 Army Navy Dr., Arlington, Va.

On behalf of the NIH Roadmap Re-engineering the Clinical Research Enterprise initiative, National Center for Research Resources seeks participation of the clinical and translational research community on ways NIH can promote the clinical and translational sciences into a new academic discipline; support the training and career pathways of clinical and translational investigators; allow for the more comprehensive integration and expansion of resources for clinical and translational research; and also improve inter-institutional collaborations. This notice is available at http://grants.nih.gov/grants/guide/notice-files/NOT-RR-05-006.html.

Inquiries: Robert Star, senior advisor for Clinical and Translational Sciences, NNCRR, NIH, One Democracy Plaza, Rm 922; 6701 Democracy Boulevard, Bethesda, MD 20892-4874.

RFPs Available

N02-CM-52400-92: Operation of an Animal Diagnostic Lab

Biological Testing Branch of the NCI Division of Cancer Treatment and Diagnosis is seeking organizations with facilities to monitor the health status of the NCI Animal Production Programs colonies. Each respondent must have existing diagnostic facilities and staff must be able to provide documentation of current experience in the successful performance of comprehensive serologic, bacteriologic, pathologic and molecular diagnostics in laboratory rodents.

The RFP is available at http://www.fbodaily.com/archive/2005/04-April/29-Apr-2005/FBO-00796528.htm.

N02-CM-57023-48: Storage and Distribution of Clinical Agents

NCI Cancer Therapy Evaluation Program is soliciting contractors to receive, store, and distribute commercial and investigational drug products, biologic products, and other therapeutic anticancer agents. The contractor would receive and inspect agents from manufacturers and suppliers throughout the world. Agents shall be relabeled or supplemental labels applied as necessary to meet U.S. FDA and NCI guidelines for completeness and clarity of labeling. The contract requires handling, storage, shipping, and disposal of hazardous and biological materials.

The RFP is available at http://rcb.cancer.gov.

N02-CN-55011-02: Operational Support for DCP Protocol Information Officer

NCI Division of Cancer Prevention is seeking proposals from small business organizations that can improve health outcomes, improve the quality of care, and advance scientific and medical research by achieving the following outcomes: (1) Facilitate the development of quality clinical trials in the most efficient and expeditious manner possible. (2) Minimize the administrative burden related to clinical trial development, implementation and oversight on DCP staff and the extramural community. (3) Maintain clinical trials information in the DCP Enterprise System Knowledgebase and its PIO portal, Protocol Information Management System to support DCP program management, evaluation and planning. The RFP will be available on the Research Contracts Branch Web site at http://rcb.nci.nih.gov.

Inquiries: James Chestnut, phone 301-496-8604, fax 301-402-8579, and Gary Topper, phone 301-435-3793, fax 301-402-8579.

In Brief:

M.D. Anderson To Partner With Yoga Institute On Studies

(Continued from page 1)

the training and research of a post-doctoral fellow at UMDNJ-Robert Wood Johnson Medical School to expand the number of board-certified gynecologic oncologists in New Jersey, said **Anthony Vintzileos**, chairman, Department of Obstetrics and Gynecology. The fellowship will be awarded in the summer of 2006. . . . **M. D. ANDERSON Cancer Center** and the Swami Vivekananda Yoga Anusandhana Samsthana Research Foundation of Bangalore, India, are collaborating in a randomized controlled trial on the benefits of yoga-based therapies for cancer treatments. A follow-up study, funded by NCI, will measure the benefits of yoga on similar outcomes. Under the leadership of Lorenzo Cohen, director of the Integrative Medicine Program and associate professor in the Departments of Behavioral Science and Palliative Care & Rehabilitation Medicine at M. D. Anderson, researchers from both institutions are studying the effects of Indian-based yoga on breast cancer patients undergoing radiation treatments, said **Thomas Brown**, vice president for extramural programs at M. D. Anderson. . . . **PIOTR GRODZINSKI** joined NCI as program director for cancer nanotechnology in the Office of Technology and Industrial Relations. He will manage the activities of the newly formed Alliance for Nanotechnology in Cancer, as well as related cancer nanotechnology research. He was group leader and interim chief scientist of the Center for Integrated Nanotechnologies at Los Alamos National Laboratory. . . . **PANCREATIC Cancer Action Network** awarded four grants to **William Hawkins** of Washington University, St. Louis; **Sunil Hingorani** of the University of Pennsylvania; **Mircea Ivan** of Tufts University School of Medicine; **Aram Hezel** of Dana-Farber Cancer Institute.

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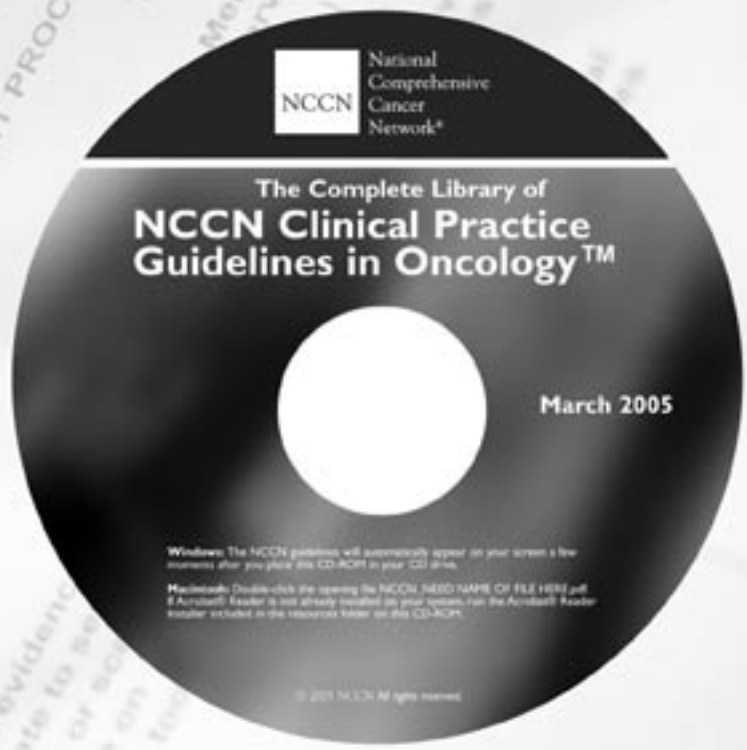

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