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Scientists, Advocates Voice Objections To Von Eschenbach's Conflicts, 2015 Goal

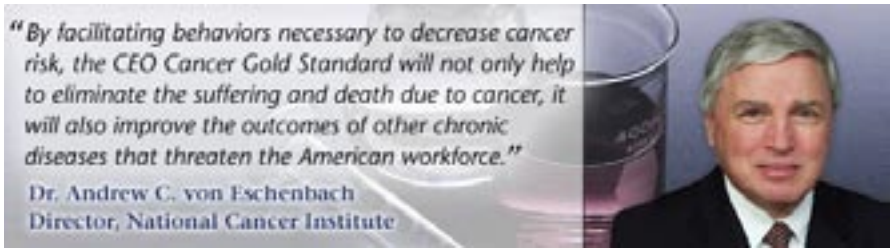
By Kirsten Boyd Goldberg

Cancer researchers and advocates in recent weeks have expressed objections to the ambiguity created by Andrew von Eschenbach's dual role as NCI director and acting FDA commissioner.

Separately, cancer center directors are challenging the scientific underpinnings of the NCI goal to "eliminate the suffering and death due to cancer by 2015."

In what several sources described as a "very blunt" discussion, the center directors told von Eschenbach they were frustrated with the goal, which is

(Continued to page 2)



Von Eschenbach Role In Industry Program Raises New Questions Of Conflict Of Interest

By Paul Goldberg

Two months after Andrew von Eschenbach was named acting FDA commissioner, he continues to endorse a program of an organization largely funded by pharmaceutical companies and run by the industry's executives.

Von Eschenbach's photograph and a promotional blurb appear on a Web site operated by the CEO Roundtable on Cancer. The Roundtable is an offshoot of C-Change, a related industry-funded group where von Eschenbach served as vice chairman of the board. He stepped down from that position last month, after coverage of this apparent conflict appeared in the Sept. 30 issue of The Cancer Letter.

While von Eschenbach isn't a fiduciary of the CEO Roundtable, he has been listed as one of its members and is an endorser of the CEO Cancer Gold Standard, which gives accreditation to companies' employee benefits programs. A photomontage of a smiling von Eschenbach and an oversized 400-milliliter beaker appears at www.cancergoldstandard.org.

His endorsement reads: "By facilitating behaviors necessary to decrease

(Continued to page 6)

Groups Write To White House; Center Directors Hit 2015 Goal

(Continued from page 1)

widely viewed as ill-defined and unrealistic.

The centers formed a committee to develop a blueprint that M.D. Anderson Cancer Center President John Mendelsohn describes as an "honest" assessment of best clinical practices and research priorities.

At the Nov. 14 meeting of NCI Board of Scientific Advisors, board chairman Robert Young, president of Fox Chase Cancer Center, asked von Eschenbach to address the potential for conflicts of interest in his dual role.

These questions "are on everyone's mind," Young said, adding that von Eschenbach's response was needed "for the record."

In a separate development, the Cancer Leadership Council sent a letter to President Bush, stating that "the absence of permanent qualified leadership at the two agencies is a cause for concern."

The council, comprised of patient advocacy groups and professional societies, urged Bush to "make appointment of a permanent FDA commissioner and permanent NCI director a priority" for the administration.

The letter, dated Nov. 18 and signed by 22 organizations, doesn't mention von Eschenbach by name.

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"We Want Some Clarity"

Von Eschenbach's dual appointment triggered concerns about a variety of conflicts.

"We want some clarity about what the plans are, because these are two big agencies, and there is obviously potential for conflict of interest and conflict of commitment," said Nobel Laureate Harold Varmus, president and CEO of Memorial Sloan-Kettering Cancer Center.

"I think virtually everybody in the country, whether they are worried about cancer as a disease or whether they are worried about how the country manages its scientific enterprise—we want to know what the administration's plans are for running these two important agencies," Varmus said to The Cancer Letter. "Clearly, one person can't handle both of them. It's too big a job."

Since von Eschenbach's designation as acting FDA commissioner on Sept. 23, the former urologic surgeon has called the situation temporary and asked for patience from the cancer community. Now, patience—if there was any—is wearing thin.

"It's been a couple of months, and I think we ought to be clear about what's going to happen," Varmus said. "This has nothing to do with Andy; it's really about how the administration runs its agencies. No matter how terrific anybody is, these are just two jobs that are enormous, and collide with each other."

Despite having taken a leave of absence from NCI to concentrate on his job at the regulatory agency, von Eschenbach met with the center directors at a "retreat" in Dallas Nov. 6-7. The meeting was closed to the public.

"There was a frank discussion," M.D. Anderson's Mendelsohn said to The Cancer Letter. "Many of us felt that [the 2015 goal] was a fine thing as an aspiration, but that it's not something that we could chart out a blueprint that would show that we could deliver it…. We have to build a consensus that's practical and is very honest about what we can and can't do."

As a result of the meeting, Mendelsohn will lead a group of center directors to develop new recommendations.

In his weekly column in the Nov. 15 issue of the NCI Cancer Bulletin, an official publication of the institute, von Eschenbach acknowledged that, "there were concerns among many that the timeline is too ambitious." The center directors will work with NCI "to establish intermediate milestones for reaching the 2015 goal," he wrote.

Mendelsohn characterized the group's intentions

differently: "The word 'milestone' may or may not come out of this…. If I could use the word 'blueprint,' because blueprints don't have timelines—they are a design. The timeline will depend on the availability of construction materials and the funds that are available….

"Part of what we are aiming for is really an explanation to the public of what we can see is on the horizon here," Mendelsohn said. "We are not promising a deadline, but we are saying that we think there will be many more effective ways to find cancer earlier, to understand interventions that will work, and to apply them."

The full text of an interview with Mendelsohn appears on page 4.

At the meeting, the center directors reviewed the NCI budget, which in fiscal 2006 is in danger of shrinking, compared to the previous year.

NCI officials said funding for the Cancer Centers Program will be flat or would be cut, and funding for R01 grants is projected to drop to the 14th percentile, meaning that only the top 14 percent of qualified grant applications would be funded, sources said.

"A lot of good research isn't going to be funded," said one center director. "But all we get from NCI is a lot of platitudes."

The Three Questions

Young's three questions to von Eschenbach at the BSA meeting were as follows:

—"There are some clear conflicts of interest between the role and function of the NCI and the role and function of the FDA…. What are the steps being put in place to make this dual management as viable as possible?

—"How on Earth can anybody, even with your level of energy, be expected to do two huge potentially non-doable jobs when you have to do both of them?

—"How long is this sort of ambiguous dual function going to persist?"

Von Eschenbach's response follows:

"OK, let me take them in reverse order. First of all, there is nothing ambiguous about the two roles. They are very clear and they are very defined as it relates to my level of responsibility and my activity, the things I engage in, the things I do not engage in, and there is a team of six lawyers that have been very explicit about all of that.

"As far as how long it will last, quite candidly, and frankly, that's a decision that's above my pay grade. That's a decision that will be made ultimately by the President of the United States. It is not intended to be something that will go on for a long period of time. Now, you are asking, what is long? Long is how long it takes the process. But it is a process that has been considered to be finite, that is not one that will go on unattended or indefinite or let's just go on and let it play out.

"There is a core understanding and appreciation that no matter how well I might perform, the fact of the matter is that it is important that there not be acting titles as far as a commissioner for FDA and there not be the situation at NCI in which there is the kind of concern that you raised with regard to, for example, conflict of interest and conflict of commitment.

"The conflict of interest has been remedied legally. Much of the things that I alluded to have legal implications, including what it means to take a leave of absence. No. 2, there are very specific recusals and proscriptions in place that separate me from decisions at the FDA that are relevant or related to a specific matter that comes before the FDA vis-à-vis the NCI.

"As far as conflict of commitment is concerned, there, quite candidly, is a very defined portfolio from here at NCI, and by virtue of the fact that I have a strong leadership team, there isn't really a conflict in commitment.

"The concern—not a conflict—but the concern is that that distinction will create a vacuum and a gap, and therefore, things will go unattended or un-cared for.

"That has not happened and that's a great testimony to this man behind me [NCI Chief Operating Officer John Niederhuber], and especially to the support he's getting from [deputy directors] Ann [Barker] and Mark [Clanton], and the support he's getting from the division heads and the center directors, and, in fact, I do not believe that there's any of us who are raising issues of concern that NCI is not being led or managed on a day-in and day-out basis in the appropriate fashion it has been."

An Unstable Situation?

As the BSA chairman, Young said he couldn't endorse the CLC letter to the White House, but he shares the council's concern that the administration isn't paying attention to NCI and FDA.

"I know there are people who are saying to Andy and to Congressional leadership that this is an unacceptable arrangement," Young said to The Cancer Letter. "It's not an arrangement that I heartily endorse, but I don't think it's Andy's fault.

"I hope the organizations out there that are strident will get people to notice," he said. "I think FDA and NCI are far down on the priority list of the people who can

do something about this.

"The most telling thing in Andy's response was that it's not under his control," Young said. "That's one of my biggest concerns.

"The longer this goes on, the more difficult it is for Andy and for NCI and FDA," Young said. "Many people on all sorts of sides of the political fence believe this is an unstable situation on a long-term basis.

"My belief is that, on a long-term basis, there are certain intrinsic conflicts of interest between both institutions, which, despite everyone's best will, can't be separated and resolved," Young said.

"Somebody's got to clarify what they want him to do," Young said. "I think they need to tell Andy to either apply for the FDA position or get on with this.

"I'm worried that it's going to sit in never-never land."

The Cancer Leadership Council Letter

The text of the CLC's Nov. 18 letter follows:

Dear Mr. President,

The undersigned organizations represent cancer patients, providers and researchers. We understandably place great value on the work of the Food and Drug Administration and National Cancer Institute.

The cancer community depends on NCI to provide leadership and substantial federal funding for basic, translational and clinical cancer research leading to discoveries of new cancer therapies, and on FDA as the efficient gatekeeper for approval and marketing of those products.

The absence of permanent qualified leadership at the two agencies is a cause for concern to the more than 1 million patients who are diagnosed with cancer annually and the approximately 12 million people living with cancer in the United States.

We urge you, Mr. President, to make appointment of a permanent FDA Commissioner and permanent NCI Director a priority for your Administration.

Every day that these important positions are left in doubt runs the risk that morale at both agencies will suffer and opportunities for advances against cancer will be missed.

The governance of both NCI and FDA must be securely in the hands of highly qualified leaders who can devote full and undivided attention to the vital missions entrusted to them.

We hope and trust that you and your senior staff will turn your attention without delay to the matter of appointing permanent leaders for these important custodians of cancer research and treatment in the United States.

Sincerely,

Cancer Leadership Council
American Psychosocial Oncology Society
American Society of Clinical Oncology
American Society for Therapeutic Radiology & Oncology
C3: Colorectal Cancer Coalition
Cancer Care
Cancer Research and Prevention Foundation
The Children's Cause for Cancer Advocacy
Coalition of Cancer Cooperative Groups
Fertile Hope
International Myeloma Foundation
Kidney Cancer Association
The Leukemia & Lymphoma Society
The Lung Cancer Alliance
Lymphoma Research Foundation
Multiple Myeloma Research Foundation
National Coalition for Cancer Survivorship
National Patient Advocate Foundation
North American Brain Tumor Coalition
Ovarian Cancer National Alliance
Pancreatic Cancer Action Network
The Wellness Community
Y-ME National Breast Cancer Organization

Interview:

Center Directors To Develop Blueprint That's "Honest"

John Mendelsohn, president of the University of Texas M.D. Anderson Cancer Center, spoke to The Cancer Letter Editor and Publisher Kirsten Boyd Goldberg earlier this week about the NCI's goal to "eliminate the suffering and death due to cancer by the year 2015" and a move by directors of the cancer centers to develop an "honest" plan.

GOLDBERG: At the retreat of the cancer center directors, you were appointed to convene a group to look at some specific milestones for reaching the 2015 goal. I wondered if you could talk about that?

MENDELSOHN: There was a very good general discussion about what the 2015 goal really meant, and was it something that we expected to be able to deliver on literally, or whether this was a reach that we should all strive towards. You get the difference between the two.

GOLDBERG: What was the consensus?

MENDELSOHN: The consensus among many of

us was that instead of worrying about the precision of the successes that might be achieved and whether they were absolute, or whether tremendous progress was the result of what was going on, that what we needed to do was to try to take advantage of what was already known and is not completely disseminated, and also take advantage of the new technologies and the new molecular discoveries and try to draw up a blueprint of where we see progress could be made to reduce the pain and suffering and death from cancer as much as possible.

A certain amount of that might be achieved by 2010, a certain another amount by 2015, and it may take longer to reduce it to the level that is the best we can do.

Early on, prevention and smoking [cessation] and best practice dissemination is probably more important, and later on in this decade or two that we are talking about, applying new discoveries, new ways of detecting cancer earlier, new ways of treating it, new ways of preventing it, even chemoprevention someday maybe, might come in.

We thought it would be very useful to try to summarize where knowledge is today, and arm the community that is trying to achieve these goals with, as much as possible, a consensus on what we can do and what we can explain to the public, and to legislators and executives who are empowered to fund these types of projects.

The momentum has been lost, because the country is, I think appropriately, preoccupied with some other things right now—war and the cost of health care and Social Security, and things like that.

GOLDBERG: The 2015 goal as stated by NCI now—is it unrealistic?

MENDELSOHN: Many of us felt that it was a fine thing as an aspiration, but that it's not something that we could chart out a blueprint that would show that we could deliver it.

There was a frank discussion. If we could reduce pain and death 50 or 75 or 80 percent, wouldn't that be great? Instead of worrying, well, can we do it all by 2015?

The whole gist of the impact of what is now known about cancer that could be applied and what we expect to happen over the next couple of decades—the whole gist was, let's have a goal of reducing this as much as possible, and not worry about whether we are going to totally eradicate it.

GOLDBERG: Hasn't that always been your goal?

MENDELSOHN: Of course.

GOLDBERG: Why do you need specific milestones?

MENDELSOHN: The word "milestones"—I don't think it's milestones so much as a blueprint of what to expect. That's what we'll come up with.

I mean, if we all quit smoking, lung cancer will go down 85 percent in about 15 or 20 years. It won't go down immediately.

We know that if a woman has breast cancer and she is obese, there's a much higher risk that it will recur or that she will get it in the first place. There's just a lot of data out there that the public needs to be made aware of and we need to bring into practice with the primary care deliverers who are seeing the patients before they get the cancer.

GOLDBERG: So it's a way to point out certain priorities and practices?

MENDELSOHN: Yes. It's a way to try to put on a single outline what best practices we could apply now, what best practices are anticipated over the next decade, and what best practices are going to take even longer.

A new drug takes 10 years, 15 years, to develop, so the new drugs that are going to make an impact on 2015—they'd better be pretty close to being discovered initially right now. Or, we have to change things to short-track things at the FDA. I think some of that could occur.

But, I think it will mean the American public will have to agree that the FDA's attitude toward a medicine that helps arthritis might be different than a medicine that could be useful for advanced cancer. There may have to be different rules set up, and the FDA has talked about that, and is willing to do that. The American people and Congress have to say, "This is what we want."

We have to build a consensus that's practical and is very honest about what we can and can't do. A lot of it has to do with things that aren't cloning more genes and devising new treatments. A lot of it has to do with taking the knowledge we have and applying it in a disciplined way.

This is nothing new. You're saying, "So what? This is what we all believe." But we've lost track of it, I believe, in the dialogue. Whereas this was front-page stuff in the major newspapers five years ago, there isn't much attention being paid to it any longer.

GOLDBERG: You rarely see an article about smoking these days.

MENDELSOHN: Isn't that amazing? And it's still a huge problem. The data are there. If a kid doesn't smoke before they are 21, they probably won't smoke. We know so much now. We don't know how to affect

the behavior of teenagers as much as we'd like to, and not just in smoking.

GOLDBERG: Every parent would want to know how to do that!

MENDELSOHN: That's right. So, I don't think we're going to have—The word "milestone" may or may not come out of this, because the group needs time to meet and think about this.

But I hope that a reasonable—if I could use the word "blueprint," because blueprints don't have timelines—they are a design. The timeline will depend on the availability of construction materials and the funds that are available. You can't build a building just with a blueprint. You can't predict the time until you know a lot of other things.

I got onto talking about applying practical things that are known, but I wanted to emphasize that the science is amazing, and that we do expect during the next decade to find a PSA test for other kinds of cancer and to refine what we know about the PSA test—I'm using that as a example—so that we hopefully will be able to predict which patients need to have aggressive surgery or radiation and which patients it's safe to just watch, even though their PSA is up. There may be other markers developed.

We think that molecular imaging is going to help us understand the chemistry and the abnormalities in tumors that have spread through the body where there may be heterogeneity. Today, we depend on the original biopsy and you can't go an biopsy four or five different areas of metastases, but with molecular imaging we are going to be able to target some of the rational therapies that are being developed.

The new instrumentation that's being developed with PET scanning and surgery, and the new forms of giving radiation with IMRT, and possibly with proton therapy—there are many new innovations coming along in the various types of cancer treatment. There is reasonable hope that the immune system will be able to be harnessed to fight cancer much more effectively, because we understand it better.

So, part of what we are aiming for is really an explanation to the public of what we can see is on the horizon here. We are not promising a deadline, but we are saying that we think there will be many more effective ways to find cancer earlier, to understand interventions that will work, and to apply them.

Part of it is public health and public education, and part of it is focusing science on practical and useful application. Those together, we think, are going to make a major impact over the next 10 to 20 years.

Acting FDA Chief Was Present At Web Site Announcement

(Continued from page 1)

cancer risk, the CEO Cancer Gold Standard will not only help to eliminate the suffering and death due to cancer, it will also improve the outcomes of other chronic diseases that threaten the American workforce."

In the endorsement, von Eschenbach is identified as the NCI director. Other endorsers—whose pictures and quotes alternate on the Web site—are former President George H. W. Bush, the American Cancer Society Chief Executive Officer John Seffrin, and Duke University basketball coach Mike Krzyzewski.

According to tax filings obtained by The Cancer Letter, board members of the CEO Roundtable include executives of Johnson & Johnson, GlaxoSmithKline and AstraZeneca.

A federal regulation that governs endorsements by public officials prohibits promotion of "any product, service or enterprise" except when this is done in "furtherance of statutory authority" of the official's agency: http://www.usoge.gov/pages/comp_web_trng/cwt_modules/misuse_wbt_01/a702c.html.

Von Eschenbach's endorsement of a CEO Roundtable program may have been defensible when he served only as NCI director, but appears to violate the ethics regulation now, when he also heads FDA, said Scott Amey, general counsel of the non-partisan Project on Government Oversight.

"It's outrageous that the acting commissioner of the FDA is endorsing a coalition of companies that are regulated by his agency," Amey said. "What next, the Secretary of Defense appearing in a TV ad for a defense contractor? Only time will tell."

Michael Friedman, former FDA acting commissioner, said top FDA officials should avoid even appearances of conflicts. "I am unfamiliar with [CEO Roundtable], so I can't speak to specifics. I don't know its membership, its activities, or its mandate," said Friedman, president and CEO of City of Hope National Medical Center. "But I do think that it is essential for an acting FDA commissioner to avoid conflicts of interest, either actual or perceived."

Lawyers say government officials should continuously review their past endorsements for potential conflicts.

"It would be prudent for a public official to avoid any appearance of a conflict of interest, whether or not an actual conflict exists, and typically this would be done," said Jon Steiger, an attorney with the Los Angeles-based

firm of Quinn, Emanuel, Urquhart, Oliver & Hedges. "The appropriate procedure would be for someone in Dr. von Eschenbach's position to go over his past endorsements to determine whether they conflict with his current role."

Former federal prosecutor Michael Clark said von Eschenbach's involvement in another industry group is "astonishing."

"At a minimum, this indicates to me either a lack of concern or, perhaps, a lack of good sense," said Clark, an attorney with the Houston firm of Hamel Bowers & Clark. "A person who is sensitive to this type of concerns would want to make sure that they have done everything they possibly could to try to keep their position free from any further scrutiny. It doesn't make sense that this kind of major issues would be lingering. This is not the kind of attention to detail that you would expect would be exhibited."

As he faced questions from the NCI Board of Scientific Advisors last week, von Eschenbach said government lawyers are monitoring conflicts that could arise from his dual role. "There is a team of six lawyers that have been very explicit about all of that," von Eschenbach said at the BSA meeting Nov. 14. FDA officials didn't respond to questions by deadline.

The CEO Roundtable is commonly known as an organization with strong pharmaceutical industry ties.

The launch of the Web site for the Roundtable's Gold Standard program was announced at a C-Change meeting Oct. 15, more than three weeks after von Eschenbach was appointed FDA acting commissioner.

"Dr. von Eschenbach was absolutely, totally in the room when the Web site was announced," said one C-Change participant. "I can tell you exactly where he was sitting when the announcement was made, and so can 150 other people."

Though the Roundtable includes several non-pharmaceutical businesses, the group has taken positions on how drugs should be developed and, on one occasion last spring, represented the industry's views in a meeting with the American Society of Clinical Oncology.

The meeting was scheduled to discuss the drug development process and guidelines for industry support of research and educational activities, insiders say. "They appeared to be an appropriate group to discuss this with," said a participant in the meeting. The meeting was co-chaired by David Johnson, then ASCO president, and Robert Ingram, GlaxoSmithKline vice president, pharmaceuticals, who is also the president of the Roundtable's board.

Two years ago, The New York Times reported that the Roundtable was developing a research consortium to spread the risk and rewards of drug discovery. It doesn't appear that the consortium has been developed. The story is posted at http://query.nytimes.com/gst/health/article-page.html?res=9407E3DA103FF930A25756C0A9659C8B63.

The Roundtable's CEO Gold Standard program requirements include cancer risk reduction, such as smoking cessation, and access to cancer screening and high-quality cancer care. The Web site includes a story about J&J chief executive Bill Weldon's "personal goal" to log 10,000 steps a day, about five miles, on his pedometer.

The Web site describes the CEO Gold Standard as a "partnership" with the American Cancer Society. Tax documents identify ACS as a "substantial contributor," a category of donors who give over $5,000. Other contributors in this category included J&J, sanofiaventis, GlaxoSmithKline, AstraZeneca, and Schering.

An Offshoot of C-Change

The CEO Roundtable began four years ago as a program of C-Change, an umbrella group created by ACS and funded primarily by the pharmaceutical industry.

Like C-Change, the Roundtable is open only to its members, and even C-Change insiders regard the Roundtable as a secret society within a secret society.

The news that the Roundtable would become separate from C-Change was announced at the May 23-24, 2004, meeting of the Roundtable at the Greenbrier resort in White Sulfur Springs, W.Va.

Von Eschenbach, who was then a member of the Roundtable and vice chairman of the C-Change board, was present at the meeting, sources said. "He gave a brief presentation about innovation in cancer treatment," said one participant. "It was gee-wiz kind of stuff."

The event was lavish. "At dinner, there were more courses than I could count, with a wine to accompany each," a participant said. "It was unlike any other not-for-profit event I have ever attended."

It is unclear who made the decision to separate the Roundtable from C-Change. The spin-off plan was announced to C-Change membership as fait accompli at the C-Change meeting June 19, 2004.

A list of the Roundtable's 36 individual members distributed by Ingram after the Greenbrier meeting includes von Eschenbach. According to the list, 13 of the Roundtable's members run GlaxoSmithKline, Schering Plough, Novartis, Bristol-Myers Squibb, Johnson & Johnson, Eli Lilly, AstraZeneca, Bayer

AG, Pfizer, Roche, Chiron, sanofiaventis, and OSI Pharmaceuticals.

John Niederhuber, then chairman of the National Cancer Advisory Board, figures as an "advisor" on the list. Niederhuber's official brief biography, distributed after he was named NCI chief operating officer last month, states: "He has also served the as co-chair of the… CEO Roundtable task force to develop a plan for future oncology drug development. Dr. Niederhuber was recently appointed by former President Bush as a member of the prestigious CEO Roundtable."

The Roundtable filed its articles of incorporation in North Carolina July 28, 2004. The group is recognized as a tax-exempt organization by the Internal Revenue Service.

Martin Murphy Jr. figures as the "incorporator" on the organization's state filing document. Murphy, who headed the Roundtable when it was part of C-Change, is the editor of Oncologist, a journal for physicians, and a principal in AlphaMed Consulting.

Attempts to reach Murphy for comment were unsuccessful.

Murphy founded the now defunct Hipple Cancer Center of Dayton, Ohio. In 1996, he was the subject of an investigative story in The Dayton Daily News. In the story, Murphy's critics described him as a "tyrant" and questioned his management of the center, and his advocates described him as a "saint."

The stories are posted with permission from the newspaper at http://www.cancerletter.com/archives/post.html?http://www.newslettersonline.com/user/user.fas/s=292/fp=3/tp=18?T=open_article,907433&P=article.

According to tax documents, the Roundtable had total revenues of $807,561 last year. Its projected spending for 2005 was $299,200. Of that sum, $203,500 was to pay for "administration," $25,000 was to pay for travel, $30,000 for hotels, and $15,000 for food and beverages.

The CEO Roundtable Web site doesn't list the members of its board of directors. According to tax documents, the group's board is comprised of:

—President: Ingram, vice president for pharmaceuticals at GlaxoSmithKline;

—Vice President: David Brennan, AstraZeneca's executive vice president for North America;

—Secretary: Thomas Moran, President and CEO of Mutual of America insurance company;

—Treasurer: James Goodnight, CEO of SAS, a software firm;

Board members are:

—Christopher Viehbacher, president, U.S. pharmaceuticals, at GlaxoSmithKline;

—Weldon, CEO and Chairman of the Board at Johnson & Johnson;

—Frederick Frank, vice chairman at Lehman Brothers Inc.

—Viren Mehta, Managing Member of Mehta Partners LLC., a consulting firm that serves the pharmaceutical and biotechnology industry, and a member of the board of directors of OSI Pharmaceuticals;

—Jean Becker, the chief of staff for George H.W. Bush.

Funding Opportunities:

Program Announcement

PA-06-077: Research on Clinical Decision Making in Life-Threatening Illness

NCI and National Institute of Nursing Research invites applications on clinical decision-making, which can occur from the point of adopting preventive behaviors through the end of life. Examples of such decisions could include choosing a treatment intervention vs. watchful waiting, choosing a treatment intervention among several options, joining a therapeutic clinical trial, or making end-of-life care decisions. Some research areas might include: investigating the factors that influence decision making regarding new or experimental diagnostic or therapeutic innovations; testing strategies to help patients of various groups make a decision about participating in a clinical trial of a new intervention, particularly phase I and II clinical trials; investigating how various factors influence a clinical decision to initiate, change and/or discontinue treatment; and examining issues such as whether advance care planning protects the patient's autonomy and if the health care provided to the patient is altered by advance care planning. The PA will use the R01 mechanism. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-06-077.html

Inquiries: For NCI—Wendy Nelson, 301-435-4590; nelsonw@mail.nih.gov.

RFP Available

RFP S02-076: High quality, genome wide scan of high density Single Nucleotide Polymorphisms

The Cancer Genetic Markers of Susceptibility program is a three-year NCI initiative to identify and validate cancer susceptibility genes, and to make such information publicly accessible through the NCI caBIG. The solicitation seeks a vendor to perform a high-quality, genome-wide scan of high-density single nucleotide polymorphisms. The requirement is to assay 300,000 or more distinct SNP genotypes in each of about 2500 high-quality genomic DNA samples within 90 days of the contract execution period. For more information, see www.fbo.gov/spg/HHS/NIH/FCRF/Reference%2DNumber%2DS02%2D076/Attachments.html.

Inquiries: Jeanne Lewis, 301-228-4007; jlewis@ncifcrf.gov.

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