

## Legislation Would Create Medicare Service For Comprehensive Cancer Care Planning

*By Kirsten Boyd Goldberg*

Legislation introduced in the House May 24 would reform Medicare reimbursements to cover the cost for healthcare providers to develop comprehensive cancer treatment plans, care summaries, and follow-up care plans in consultation with patients.

Reps. Lois Capps (D-Calif.) and Tom Davis (R-Va.) introduced the Comprehensive Cancer Care Improvement Act, which has been endorsed by several oncology professional societies, advocacy groups, and 22 cancer centers.

The bill would establish a new Medicare service for comprehensive  
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### In the Cancer Centers:

#### **Diasio To Direct Mayo Clinic Cancer Center; Schiller Named Deputy Director At Simmons**

**ROBERT DIASIO** was appointed director of the Mayo Clinic Cancer Center, succeeding **Franklyn Prendergast**. Diasio, who will be based at Mayo Clinic in Rochester, will also direct cancer center activities at Mayo Clinic in Arizona and Mayo Clinic in Jacksonville, Fla. Diasio comes to Mayo Clinic from the University of Alabama School of Medicine in Birmingham, where he was associate director of the comprehensive cancer center, chairman of the Department of Pharmacology and Toxicology, and director of the Division of Clinical Pharmacology. Nationally known as an expert in cancer pharmacogenomics, Diasio plans to continue research on maximizing the effectiveness of chemotherapy using new genetic diagnostic methods. Prendergast will remain at Mayo Clinic, continuing with his research and other responsibilities. . . . **JOAN SCHILLER**, a lung cancer researcher and professor at the University of Wisconsin Comprehensive Cancer Center, was named director of the Division of Hematology and Oncology and deputy director at the of the Harold C. Simmons Comprehensive Cancer Center, University of Texas Southwestern Medical Center. She succeeds **Sandra Hofmann**, professor of internal medicine, who served as interim chief of hematology/oncology. Schiller also is chairman of the Thoracic Oncology Committee of the Eastern Cooperative Oncology Group. Over the next three years, Hofmann plans to recruit up to 15 new faculty, said **James Willson**, associate dean for oncology programs. . . . **GEORGE YOO** was named vice president of medical affairs at the Barbara Ann Karmanos Cancer Center. Yoo will continue as leader of the Head and Neck Multidisciplinary Team  
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Bill Would Improve Quality Of Care, Supporters Say

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## House Bill Would Address Gaps In Cancer Care System

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cancer care planning that proponents say would improve the quality of cancer care by providing beneficiaries with integrated treatment and symptom management.

“There are definite holes in the current system of caring for cancer survivors,” said Ellen Stovall, president and CEO of the National Coalition for Cancer Survivorship. “We are happy to see that Congresswoman Capps and Congressman Davis are addressing that need, and we are hopeful that other members will soon follow in supporting this legislation which would help not only millions of cancer survivors, but all of their loved ones as well.”

The legislation would:

—Establish a new Medicare service for the development of a treatment plan at the beginning of primary therapy, the development of a cancer care summary and follow-up care plan for survivors, and communication of the plan to the patient.

—Authorize a Medicare demonstration project to evaluate the cost-effectiveness of delivering hospice benefits to cancer patients without the current limits.

—Authorize a discretionary program of grants to establish model programs that would integrate palliative care and symptom management with active treatment.

—Authorize a grant program administered by the Department of Health and Human Services for

improving institutional training of medical professionals in symptom management and palliative care.

—Encourage “a strong investment in palliative care research” at NIH.

The bill would address gaps in the system of cancer care identified by the Institute of Medicine report, “From Cancer Patient to Cancer Survivor: Lost in Transition,” proponents said. These gaps in care can lead to cancer survivors unnecessarily suffering from permanent and disabling symptoms including psychological distress, sexual dysfunction, infertility, and impaired organ function.

“Providing comprehensive care for cancer patients and helping them make a successful transition from patient to survivor is an important part of our current fight against cancer,” Capps said in a statement. “By investing in comprehensive care and enhanced treatment plans for patients and survivors we can realize substantial improvements in cancer care while we continue to search for a cure.”

Capps is co-chairman of the House Cancer Caucus and a registered nurse.

“Sadly, cancer is a disease that affects millions of Americans,” Davis said. “The medical community has made remarkable progress in treating cancer, and in increasing survival rates. This legislation takes the next step and addresses the gaps in care for cancer patients.”

Davis is chairman of the House Committee on Government Reform.

Besides NCCS, the bill is endorsed by the American Society of Clinical Oncology, Cancer Care Cancer Research and Prevention Foundation, International Myeloma Foundation, The Leukemia & Lymphoma Society, Lymphoma Research Foundation, as well as 22 cancer centers: Abramson Cancer Center, Albert Einstein Cancer Center, Arizona Cancer Center, Case Western Reserve University, Chao Family Comprehensive Cancer Center at UC Irvine, Dana-Farber/Harvard Cancer Center, Dartmouth-Hitchcock Medical Center/Norris Cotton Cancer Center, Indiana University Cancer Center, M.D. Anderson Cancer Center, MIT Center for Cancer Research, Memorial Sloan-Kettering Cancer Center, H. Lee Moffit Cancer Center, Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Siteman Cancer Center, UC Davis Cancer Center, UCSF Comprehensive Cancer Center, UNC Lineberger Comprehensive Cancer Center, USC/Norris Comprehensive Cancer Care Center, University of Michigan Comprehensive Cancer Center, Vanderbilt-Ingram Cancer Center, Wistar Institute, and Yale Cancer Center.



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Capitol Hill:  
**“Be More Politically Active,”  
Specter Tells NIH Advocates**

*By Kirsten Boyd Goldberg*

Advocates for medical research need to intensify their lobbying of Congress for additional funding for NIH and loosening of the restrictions on human embryonic stem cell research, Sen. Arlen Specter (R-Penn.) said last week.

“We’re talking about organizing a march on the Mall,” Specter, chairman of the Senate Labor-HHS-Education Appropriations Subcommittee, said at a May 19 hearing on the NIH budget. “I’d like to put a million people on the Mall in September—enough people on the Mall to be heard in the living quarters of the White House, just a few blocks away.”

Congress doubled the NIH budget from 1999 to 2003, from \$12 billion to nearly \$29 billion, but budget cuts and inflation have reduced the NIH budget by more than 10 percent in the past two years, Specter said. The NIH budget was cut by \$66 million in the current fiscal year. For next year, President Bush proposed a budget that would keep NIH funding flat.

“There has to be a very intense advocacy effort,” Specter said. “People in Washington pay attention to people in their home states. If I get seven letters—I’ve got 12 million constituents—I think it’s significant. You’ve really got to be more politically active.”

The Senate recently approved \$2 billion in additional funding for NIH, on a vote of 173-27.

Specter, who sponsored the amendment with Sen. Tom Harkin (D-Iowa), told the research advocates that “you ought to identify” the 27 who voted against increased funding for NIH. “You ought to march on them in their cities, in their states,” Specter said.

“We did not work hard to double the funding of NIH to then have it plateau for another 20 years,” Harkin agreed. “The idea was to get it back up where it had been in the ‘70s, where we had some 40 percent of our peer-reviewed grants approved and funded.... It’s 19 percent right now. About one out of every five is accepted for funding. I think that’s having a ripple effect on researchers.”

The NIH budget is slated for more extensive cuts, Harkin said. “According to OMB projections, the administration will cut NIH by \$800 million in ‘08, and make more cuts in ‘09 and fiscal year ‘10. Something’s got to be done about this,” he said.

The hearing included testimony from representatives of more than 20 disease advocacy groups, as well as

NIH Director Elias Zerhouni and NCI Chief Operating Officer John Niederhuber.

**Specter: “Without Health, There Is Nothing”**

NIH is “the crown jewel of the federal government, if not the only jewel of the federal government,” Specter said in his opening statement. “The advances that have been made by medical science are really remarkable. But it takes funding to accomplish that.

“Something personal to me is the lack of adequate funding for the National Cancer Institute,” he said. “In 1971, President Nixon declared war on cancer. And if that war had been pursued with the same intensity as our other wars, cancer would have been cured long ago.

“My chief of staff, Carey Lackman, a beautiful young woman of 48, died of breast cancer recently. My son’s partner’s wife, a beautiful young woman, died of breast cancer. One of my best friends, Judge Edward Becker, one of the most distinguished jurists in America, is suffering great anguish and great pain, as we speak, from prostate cancer.

“And I had a bout with Hodgkin’s last year, myself. If you see me dabbing my eyes, that’s one of the remnants of chemotherapy.

“Had the Nixon war on cancer been pursued, I think I wouldn’t have gotten Hodgkin’s. And Carey Lackman wouldn’t have died. Paula Kline wouldn’t have died. Ed Becker wouldn’t be in the dire straits he is today. It’s just unconscionable that we’re not doing more.”

Specter and Harkin introduced legislation that would remove restrictions on federal funding of embryonic stem cell research. “I believe we’re going to have a vote very soon” on the issue, Specter said. “It is doubtful that we have 67 to override a presidential veto.”

The “110 million people being affected directly, or indirectly, by these ailments” should make their voices heard, Specter said. “I don’t believe there is any subject as important as this one.... This is number one.

“Without health, there is nothing.”

**Zerhouni: “We Have Delivered”**

NIH Director Zerhouni made a case for long-term support for biomedical research, citing decreased mortality in coronary heart disease and increases in cancer survival as returns on the taxpayers’ investment.

“First, let me just remind everyone that biomedical research has delivered enormous returns to the American people,” he said. The 63 percent decrease in mortality in coronary heart disease over the past 30 years “is

worth \$2.6 trillion dollars in economic return, because a cohort of individuals who would have died in their 50s now do not and then can produce economic return,” Zerhouni said.

Achieving that result cost “each one of us” about \$3.70 per year for 30 years for heart disease research, or \$110, he said.

“Cancer is another example.... For the first time in recorded history this year, we have a lower number of deaths from cancer in the United States, despite an increasing population and increasing age of the population,” Zerhouni said. “We have 10 million survivors. This is due to the advent of early screening, early detection, new therapies.

“What has this cost us? \$8.60 per year over the past 30 years,” he said. “The total investment for each one of us is \$216 over 30 years.

“So my message is very simple: We have delivered. We continue to deliver. And the return on investment is, in my view, one of the most remarkable returns that anyone can describe.”

SPECTER: “Dr. Zerhouni, you say you will continue to deliver. How is that possible when you’ve had more than a 10 percent decrease considering inflation, which amounts to about \$3 billion? The comments that I hear relate to there being a panic among the applicants for NIH research. How can you continue to deliver with that kind of a budget?”

ZERHOUNI: “It’s very important to realize that medical research cannot be funded in ups and downs. We have to sustain the investment over time. It’s clear that medical research requires support of scientists. What is happening right now is that through the doubling, we have generated a new generation of scientists. We have over 50 percent increase in the number of scientists and—”

SPECTER: “What is the consequence of the cut?”

ZERHOUNI: “The consequence of the cut is very simple. If you keep investing below [inflation] and lose purchasing power, the most important impact on the research is loss of scientists.

“This is what we’ve seen in the past, and this is what may happen again, if we do not sustain our investment in medical research.”

#### **A “Winning Strategy” For Cancer?**

Specter turned to NCI’s Niederhuber to ask about The Cancer Genome Atlas project.

“Can that be implemented with the current funding? What do we need to successfully prosecute

the war against cancer?” Specter asked.

NIEDERHUBER: “Well, Senator Specter, thank you. We’re very committed at the National Cancer Institute with our partner, the National Human Genome Research Institute, to initiate a pilot project on the Cancer Genome Atlas.

“Each institute has committed \$50 million from our existing resources to do that. This will be a pilot project, which is important to helping us understand the technology needs, the technology advancements and our ability to do this project.”

SPECTER: “Dr. Niederhuber, would you supplement your testimony today with a memorandum as to what you need as to that program and as to the war on cancer overall?”

NIEDERHUBER: “Absolutely, sir.”

SPECTER: “Give us a winning strategy for that war.”

NIEDERHUBER: “Absolutely.”

#### **“On Our Way To Un-Doubling”**

Richard Knapp, chairman of the Ad Hoc Group for Medical Research, called the NIH budget freeze a misnomer, since most of the institutes and centers would receive budget cuts. “This budget proposal represents the fourth consecutive year that NIH funding has failed to keep pace with inflation,” he said.

“Mr. Chairman, we are well on our way to un-doubling the NIH budget that you and your colleagues fought so hard to achieve,” Knapp said. “Under this President’s budget, NIH would fund 10 percent fewer competing research project grants in 2007 than four years ago.

Steve Emerson, associate director for clinical research at the Abramson Cancer Center at the University of Pennsylvania, said the nearly 1 percent cut to NCI proposed by the White House would worsen a recent trend of a reduction in new R01 grants, which NCI currently funds at the 11th percentile.

“Worse than that, the money per grant is being cut 30 percent off even the best grants,” Emerson said. “So the funds going in for new research have plummeted. That’s the source to the panic you’re talking about.”

With that funding outlook, “it’s hard to convince [young scientists] what the future is,” he said. “If we don’t correct this, all of the good will and investment we’ve made in the infrastructure, with the Roadmap, the collaborative work, the genomics and cancer that we’ve put this investment into, will go to waste because we won’t have a next generation of scientists to take advantage of it.”

## Clinical Trials Group Opposes Bill Ending Efficacy Standard

The Society for Clinical Trials has published a position paper opposing a Senate bill that would restrict the use of placebo controls and allow pharmaceutical companies to sell drugs after they complete phase I tests.

An excerpt from the statement follows:

“The proposed Bill S.1956 is a bad law. Wide early access to minimally tested treatments cannot be expected to lead to better or more compassionate care of the seriously ill patient.

“The long history of medicine is replete with treatments that initially seemed promising to patients, doctors, and especially to their own inventors, but which careful study revealed to be worthless or harmful. We understand the desperate plight of these patients and the importance of hope for them and their families.

“However, although the proposed law is portrayed as an effort to help patients in desperate need of treatment, in fact its effect would be to undermine the system of scientifically valid testing of new drugs that has been a bulwark of health care for several decades.

“The effect of the law would be to provide many more possible choices of treatment but much less information upon which to make the choice. Patients would be very unlikely to end up receiving an effective treatment. They would be much more likely to receive useless or possibly harmful treatments in the last days of their lives.”

The statement is published in the society’s journal *Clinical Trials* and posted at [www.sctweb.org/positionpapers.cfm](http://www.sctweb.org/positionpapers.cfm).

### FDA News:

## FDA Guidance Encourages Randomized Trials For Devices

FDA last week issued a draft guidance on the use of adaptive clinical trial designs in development of medical devices.

The document, released May 23, “Bayesian Statistics in Medical Device Clinical Trials,” encourages randomization in such trials.

“We recommend you follow the principles of good clinical trial design and execution, including minimizing bias,” the draft guidance states. “Randomization minimizes bias that can be introduced in the selection of which patients get which treatment. Randomization allows concrete statements about the probability of

imbalances in covariates due to chance alone. For reasonably large sample sizes, randomization ensures some degree of balance for all covariates, including those not measured in the study.”

Conservative groups often lambaste the agency for demanding randomization. Often, these critics point to Bayesian design as an alternative to randomization (The Cancer Letter, Aug. 5, 2005).

The agency’s Center for Devices and Radiological Health has been accepting Bayesian design for several years, and about 20 premarket authorizations have been issued based on such design. None of these devices was approved for use in cancer.

The guidance is posted at [www.fda.gov/cdrh/osb/guidance/1601.html](http://www.fda.gov/cdrh/osb/guidance/1601.html).

Separately, the center issued a guidance on early interaction between the FDA and industry. That guidance is posted at [www.fda.gov/cdrh/ocd/mdii.html](http://www.fda.gov/cdrh/ocd/mdii.html).

### NCI Programs:

## NCI, Cooperative Groups Begin TAILORx Study

NCI and the Eastern Cooperative Oncology Group began the Trial Assigning Individualized Options for Treatment, or TAILORx, to examine whether genes that are frequently associated with risk of recurrence for women with early-stage breast cancer can be used to assign patients to the most appropriate and effective treatment.

All of the NCI-sponsored clinical trials cooperative groups that perform breast cancer research studies have collaborated in the trial’s development and are participating in this study. ECOG is coordinating the trial.

“This trial is important because it is one of the first to examine a methodology for personalizing cancer treatment,” said NIH Director Elias Zerhouni.

The majority of women with early-stage breast cancer are advised to receive chemotherapy in addition to radiation and hormonal therapy, yet research has not demonstrated that chemotherapy benefits all of them equally. TAILORx seeks to incorporate a molecular profiling test into clinical decision making, and spare women unnecessary treatment if chemotherapy is not likely to be of substantial benefit to them.

The study will enroll over 10,000 women at 900 sites in the U.S. and Canada. Women recently diagnosed with estrogen receptor and/or progesterone receptor positive, Her2/neu negative breast cancer, which has not yet spread to the lymph nodes, are eligible for the

study. Overexpression of the Her2/neu gene carries poorer prognosis for patients.

TAILORx will determine the most effective current approach to cancer treatment, with the fewest side effects, for women with early-stage breast cancer by using Oncotype DX, a diagnostic test developed by Genomic Health Inc., Redwood City, Calif., in collaboration with the National Surgical Adjuvant Breast and Bowel Project.

TAILORx is the first trial to be launched as part of a new NCI program, the Program for the Assessment of Clinical Cancer Tests, which seeks to individualize cancer treatment by using, evaluating and improving the latest diagnostic tests.

“A large number of these women are receiving toxic chemotherapy unnecessarily, and we need a means of identifying them,” said Jo Anne Zujewski, senior investigator in the Clinical Investigation Branch of NCI’s Cancer Therapy Evaluation Program. “TAILORx could help change the way we treat breast cancer and improve the quality of patients’ lives, helping to better identify women who are likely to benefit from chemotherapy from those who are not.”

Oncotype DX measures the levels of expression of 21 genes (whether they are transcribed into messenger RNA) in breast tumors. Based on the Oncotype DX gene expression analysis, a recurrence score from 0 to 100 is generated; the higher the score, the greater a woman’s chance of having a recurrence if treated with hormonal therapy alone.

Women will be studied for 10 years, with an additional follow-up of up to 20 years after initial therapies. Based on their recurrence score, women will be assigned to three different treatment groups in the TAILORx study:

- Women with a recurrence score higher than 25 will receive chemotherapy plus hormonal therapy (the standard of care)

- Women with a recurrence score lower than 11 will receive hormonal therapy alone

- Women with a recurrence score of 11 to 25 will be randomly assigned to receive adjuvant hormonal therapy, with or without chemotherapy.

TAILORx is designed primarily to evaluate the effect of chemotherapy on those with a recurrence score of 11 to 25. Women in this group will comprise 4,390 women, or about 44 percent of the study population. Because the degree of benefit of chemotherapy for women with recurrence scores between 11 and 25 is uncertain, TAILORx seeks to determine if Oncotype DX will be helpful in treatment planning for this group.

Hormonal therapies in the trial are assigned based on menopausal status and include tamoxifen and the aromatase inhibitors anastrozole, letrozole and exemestane. Women on the chemotherapy arm of the trial will receive one of several standard combination chemotherapy regimens considered to be the best available standard care today. It will also be possible for women participating in TAILORx to participate in other NCI-sponsored clinical trials, provided the therapy prescribed in the clinical trial is consistent with their assigned therapy in TAILORx.

Additional goals of this clinical study are to create a tissue and specimen repository for patients enrolled in the trial and to collect follow-up information regarding the health status of those who participate in the study. Tissue collected in this study will be stored for use in future studies to learn more about breast cancer and to evaluate, and potentially refine, diagnostic tests for treatment decisions to an even greater degree than in TAILORx.

“With TAILORx, we are taking a big step toward personalized medicine,” said Joseph Sparano, of Montefiore Medical Center and the ECOG protocol chairman. “By using cutting-edge diagnostic tests, we’ll be able to customize an individual’s cancer treatment.”

## **NCI Issues Draft Guidelines For Biospecimen Collection**

NCI has issued a draft document that would establish common guidelines for the collection of biospecimens and their accompanying data by NCI-sponsored biorepositories.

“These guidelines are intended to standardize and enhance the quality of research material and data used in cancer research,” according to a notice in the April 28 edition of the Federal Register.

The guidelines, which would be voluntary, are open for public comment.

Written comments will continue to be accepted for the first year of implementation and can be sent to: First-Generation Guidelines, Office of Biorepositories and Biospecimen Research, Office of the Deputy Director for Advanced Technologies and Strategic Partnerships, NCI, 31 Center Drive, Room 10A03, Bethesda, MD 20892. Comments submitted via e-mail should use [biospecimens@mail.nih.gov](mailto:biospecimens@mail.nih.gov) and enter “First-Generation Guidelines Comment” in the subject line.

The guidelines are available at [http://biospecimens.cancer.gov/biorepositories/guidelines\\_overview.asp](http://biospecimens.cancer.gov/biorepositories/guidelines_overview.asp).

*In Brief:*

## **Sydney Salmon Awards Given To Bowden, Schroeder**

(Continued from page 1)

and associate professor at the Wayne State University School of Medicine. . . . **G. TIM BOWDEN** and **JOYCE SCHROEDER** will receive the 4th annual Sydney E. Salmon M.D. awards from the Arizona Cancer Center on its 30<sup>th</sup> anniversary. Bowden, director of basic science research, will receive the distinguished senior investigator award. Schroeder, director of the Experimental Mouse Shared Service at ACC, will receive the distinguished junior investigator award. . . . **JOHNS HOPKINS** Bloomberg School of Public Health and Kimmel Cancer Center received a \$5.4 million grant from the Centers for Medicare and Medicaid Services to test the effectiveness of a team of community health navigators to improve adherence to recommended cancer prevention and treatment for minority participants, said **Jean Ford**, director of Hopkins Community Programs and Research and associate professor of oncology and epidemiology. As part of the four-year grant, Hopkins will conduct a randomized, controlled study of more than 3,000 participants. Five other hospitals will receive additional funds as part of the CMS grant: Huntsman Cancer Institute, Molokai General Hospital in Hawaii, University of Texas M.D. Anderson Cancer Center, New Jersey Medical School, and Josephine Ford Cancer Center in Michigan. . . . **DENNIS SMITH**, executive director of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute at Ohio State University, was elected chairman of the Alliance of Dedicated Cancer Centers. Ten NCI-designated comprehensive cancer centers belong to the alliance, which works on best practices to improve operations and integrate resources. Smith is also a member of the boards of the American Cancer Society and the National Comprehensive Cancer Network. In addition to Ohio State, Alliance members include Memorial Sloan Kettering Cancer Center, Fox Chase Cancer Center, UM Sylvester Comprehensive Cancer Center, Dana-Farber Cancer Institute, Seattle Cancer Care Alliance, Roswell Park Cancer Institute, H. Lee Moffitt Cancer Center & Research Institute, University of Texas MD Anderson Cancer Center, and City of Hope. . . . **CHARLES BALCH**, surgical oncologist at Johns Hopkins Medical Institutions, received the Heritage Award from the Society of Surgical Oncology. The award is given to former presidents of the society for their contributions to the field of oncology and to

the SSO. Balch was president from 1991-1992. . . . **WISTAR INSTITUTE** has established the Robert and Penny Fox Distinguished Professorship with a gift from Robert Fox, chairman and CEO of R.A.F. Industries Inc. The professorship will significantly advance Wistar's strategic plan, a goal of which is recruitment, said **Russel Kaufman**, president and CEO. . . . **CHILDREN'S MEMORIAL** Research Center received a \$1 million commitment from the Everett O'Connor Trust for the work of **Marcelo Bento Soares**, director, Cancer Biology and Epigenomics Program at the Feinberg School of Medicine, Northwestern University. Soares is working on uncovering genetic and epigenetic molecular mechanisms underlying tumor heterogeneity and cancer metastasis. He is developing methods for improved diagnosis, prognosis, and early detection of pediatric malignancies. . . . **BARBARA ANN KARMANOS Cancer Institute** and the **Metropolitan Florence Nightingale Hospital and Cancer Center** in Istanbul signed an affiliation agreement, said **John Ruckdeschel**, president and CEO of the Karmanos Cancer Institute. The agreement allows the institute to provide clinical services to the physicians, staff and patients of the center in Turkey. The affiliation also will create an international referral system for cancer patients in Turkey, who will have access to phase II and III trials offered by the institute. . . . **ASSOCIATION OF COMMUNITY** Cancer Centers has updated its Cancer Program Guidelines, which assist cancer programs in development and maintenance of a comprehensive interdisciplinary program. The guidelines are available at [www.acc-cancer.org](http://www.acc-cancer.org).

### *Professional Societies & Advocacy:*

## **LAF Invites Applications For LIVESTRONG Summit**

**LANCE ARMSTRONG FOUNDATION** invites applications for survivors, caregivers, friends and family affected by cancer to attend its inaugural LIVESTRONG Summit in Austin. During the Oct. 27-29 event, leaders will be chosen to work on survivorship issues nationally and in their communities, said **Mitch Stoller**, LAF president and CEO. Through an application process, LAF will seek a geographic, ethnic, and socioeconomic cross-section of Americans affected by cancer. **Sen. John Kerry**, President's Cancer Panel chairman **LaSalle Leffall Jr.**, author **Jim Collins**, and **Michael Milken**, chairman of FasterCures, will be among the 1,000 participants. Applications are available at [www.livestrong.org/summit](http://www.livestrong.org/summit). . . . **AMERICAN SOCIETY**



for **Therapeutic Radiology and Oncology** added three members to its Education Department. **Kimberly Stahl**, manager of hospital development for the Washington Regional Transplant Consortium, was appointed assistant director of education. **Christopher Wanza**, senior trainer for CareFirst BlueCross BlueShield, was named to the new position of E-Learning manager. **Nikki Wenzel** will be staff liaison to the Educational Session Subcommittee and work with the Nursing Committee. ASTRO also expanded its communications and meetings departments. **Faith Brown** was named marketing manager within the communications department. **Suzanne Jewett** was appointed meetings manager. . . . **WILLIAM WOODS**, director of the Aflac Cancer Center and Blood Disorders Service of Children's Healthcare of Atlanta/Emory University Department of Pediatrics, was appointed president of the American Society of Pediatric Hematology/Oncology for a two-year term. . . . **AVON FOUNDATION** awarded a \$1 million grant to researchers in the U.S. and Mexico to assess breast cancer in Hispanic/Latina populations in both countries. The program, conducted by the Arizona Cancer Center, the University of Texas M.D. Anderson Cancer Center, and the Universities of Sonora and Guadalajara in Mexico, will collect clinical, treatment, and preliminary outcome data, and characterize tumors by genetic analysis. . . . **AMERICAN CANCER Society** Lane Adams Quality of Life Award was presented to 10 individuals: **Eduardo Bruera**, chairman, Department of Palliative Care and Rehabilitation Medicine, M. D. Anderson Cancer Center; **Isabel Chiu**, ACS Northern California Chinese Unit; **Martha Gaines**, director of the Center for Patient Partnerships, Madison, Wis; **Brenda Jo Gillund**, oncology resource nurse, Altru Cancer Center, Grand Forks; **Susan Guckenberger**, oncology social worker, Henrico Doctor's Hospital, Richmond; **André Metzelaars**, oncology nurse, Carle Foundation Physicians, Mattoon, Ill; **Peggy Nikolajski**, oncology nurse practitioner, University of Pittsburgh Medical Center; **Sharon Showalter**, nurse case manager, Mercy Women's Services, Mason City, Iowa; **Julie Silver**, director, RESTORE Breast Cancer Rehabilitation Program, Spaulding Rehabilitation Hospital, Framingham, Mass and assistant professor, Harvard Medical School; and **Eden Stotsky**, health educator, Johns Hopkins Colon Cancer Center. . . . **JAY HARNESS**, medical director at St. Joseph Hospital's Comprehensive Breast Center since 2003, was elected president-elect of the American Society of Breast Surgeons. . . . **CLARIFICATION**: An article in the May 5 issue of The Cancer Letter on the American Society

of Clinical Oncology 2006 Special Awards failed to mention that awardee **Clara Bloomfield** is a senior advisor at the Ohio State University Comprehensive Cancer Center. She also is the William G. Pace III Professor of Cancer Research and professor of internal medicine at OSUCCC.

## Funding Opportunities: Program Announcements

**PAR-06-411: Exploratory Innovations in Biomedical Computational Science and Technology.** R21. Full text: <http://grants.nih.gov/grants/guide/pa-files/PAR-06-411.html>. Inquiries: Jennifer Couch, 301-435-5226; [couchj@mail.nih.gov](mailto:couchj@mail.nih.gov).

**PAR-06-410: Innovations in Biomedical Computational Science and Technology.** R01. Full text: <http://grants.nih.gov/grants/guide/pa-files/PAR-06-410.html>. Inquiries: Jennifer Couch, 301-435-5226; [couchj@mail.nih.gov](mailto:couchj@mail.nih.gov).

**PA-06-419: Bioengineering Research Grants.** R01. Full text: <http://grants.nih.gov/grants/guide/pa-files/PA-06-419.html>. Inquiries: Houston Baker, 301-594-9117; [bakerhou@mail.nih.gov](mailto:bakerhou@mail.nih.gov).

**PA-06-418: Exploratory/Developmental Bioengineering Research Grants.** R21. Full text: <http://grants.nih.gov/grants/guide/pa-files/PA-06-418.html>. Inquiries: Houston Baker, 301-594-9117; [bakerhou@mail.nih.gov](mailto:bakerhou@mail.nih.gov).

**PA-06-412: Diet, Epigenetic Events, and Cancer Prevention.** R01. Full text: <http://grants.nih.gov/grants/guide/pa-files/PA-06-412.html>. Inquiries: Sharon Ross, 301-594-7547; [rosssha@mail.nih.gov](mailto:rosssha@mail.nih.gov).

**PA-06-413: Diet, Epigenetic Events, and Cancer Prevention.** R21. Full text: <http://grants.nih.gov/grants/guide/pa-files/PA-06-413.html>.

**PA-06-414: Diet, Epigenetic Events, and Cancer Prevention.** R03. Full text: <http://grants.nih.gov/grants/guide/pa-files/PA-06-414.html>.

**PA-06-415: School-based Interventions to Prevent Obesity.** R01. Full text: <http://grants.nih.gov/grants/guide/pa-files/PA-06-415.html>. Inquiries: Amy Yarocho, 301-451-9530; [yarocho@mail.nih.gov](mailto:yarocho@mail.nih.gov).

**PA-06-416: School-based Interventions to Prevent Obesity.** R03. Full text: <http://grants.nih.gov/grants/guide/pa-files/PA-06-416.html>.

**PA-06-417: School-based Interventions to Prevent Obesity.** R21. Full text: <http://grants.nih.gov/grants/guide/pa-files/PA-06-417.html>.

**PA-06-434: Phased Innovation Research in Cancer Prognosis and Prediction.** R21/R33. Full text: <http://grants.nih.gov/grants/guide/pa-files/PA-06-434.html>. Inquiries: Tracy Lively, 301-402-7819; [livelyt@mail.nih.gov](mailto:livelyt@mail.nih.gov).

**PA-06-435: Phased Innovation Research in Cancer Prognosis and Prediction.** R33. Full text: <http://grants.nih.gov/grants/guide/pa-files/PA-06-435.html>.



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