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FDA Approves Merck's Gardasil Vaccine To Prevent HPV Infection, Cervical Cancer

By Kirsten Boyd Goldberg

FDA on June 8 announced the approval of Gardasil as the first vaccine to prevent cervical cancer, precancerous genital lesions, and genital warts due to human papillomavirus types 6, 11, 16, and 18.

The vaccine, manufactured by Merck & Co. Inc., is indicated for use in girls and women ages 9 to 26. The approval followed the May 18 unanimous recommendation of FDA's Vaccines and Related Biological Products Advisory Committee.

HPV is the most common sexually-transmitted infection in the U.S., with over half of all sexually active men and women becoming infected at

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Public Citizen Uses Logic Of FDA's Critical Path To Challenge Decision On Anti-Obesity Drug

By Paul Goldberg

FDA and GlaxoSmithKline exhibited "recklessness and indifference" to public health by failing to disclose a potential toxicity of the anti-obesity drug orlistat to an advisory committee, the advocacy group Public Citizen said in a letter to the agency.

Last week, The Cancer Letter reported that FDA was aware of animal data that linked the drug to a potentially precancerous lesion called aberrant crypt foci, but didn't present these data to outside advisors who met last January and recommended approving the drug for over-the-counter sale.

"The FDA (and Glaxo's) decision not to bring to the advisory committee the information from the two independent sources that demonstrated that orlistat promotes the formation of ACF shows a recklessness and indifference to the public's health on the part of the agency and the company," said the June 5 letter from the Public Citizen Health Research Group. "Advisory committees are charged with protecting the public health, but they cannot do so when drawing from a partial, stacked deck."

The letter, addressed to Andrew von Eschenbach, the agency's acting commissioner, brings into focus the immense challenge of validating biomarkers like ACF and brings attention to the agency's politicization of this legitimate area of research.

FDA sources confirmed to The Cancer Letter that the agency was aware of the animal data that associated orlistat with ACF, but decided that these data weren't relevant either to the drug's approval for sale by prescription

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CDC Advisors To Recommend Vaccine Availability June 29

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some time in their lives. The vaccine isn't effective in women already infected with HPV, and doesn't protect against all types of HPV, so public health officials said women need to continue to get regular Pap smears that screen for precancerous lesions.

"The HPV vaccine has the potential to dramatically reduce the toll of cervical cancer in the U.S. and worldwide, and even opens up the possibility of eliminating a cancer in our lifetime," said Gabriel Hortobagyi, president of the American Society of Clinical Oncology. "Critical to success will be ensuring that women in the world's poorest countries—where cervical cancer hits hardest—have rapid and affordable access to this life-saving new tool."

Cervical cancer is the second most common cancer in women worldwide, with nearly 500,000 new cases and 233,000 deaths each year. In the U.S., there are about 10,000 new cases and 4,000 deaths attributed to cervical cancer each year.

Research presented at the American Society of Clinical Oncology annual meeting in Atlanta on June 4 showed that the HPV vaccine also is effective in preventing vaginal and vulvar cancers, which are diagnosed in about 6,000 U.S. women every year, and cause about 1,700 deaths.

The price for Gardasil will be $360 for a three-dose course, given over six months, the company said.

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On June 29, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices is scheduled to issue recommendations on who should receive the HPV vaccine and determine whether the vaccine will be included in the federal Vaccines for Children Program, which provides free immunization for under-insured and uninsured children.

ACIP guidelines also are frequently used as the basis for insurance coverage decisions, medical guidelines. and inclusion in other public health programs.

"For the HPV vaccine to truly achieve its potential, it must be available to all recommended age groups, regardless of their socioeconomic status," said Susan Crosby, president of Women In Government, a non-profit, bipartisan organization representing women state legislators. "We urge the federal Advisory Committee on Immunization Practices to assist in this effort. "

A few social conservative groups that promote sexual abstinence oppose mandatory HPV vaccination, but other women's health advocates called for widespread public education about the vaccine and cervical cancer.

"This is a huge step forward for women's health," said Cecile Richards, president of Planned Parenthood Federation of America. "Prevention is the key to good health, and this vaccine will give future generations the promise of health, safety and peace of mind. Now we must move forward to educate the public about the vaccine and ensure it is available to all Americans, regardless of their income level."

Advocates for cancer prevention have argued for broad and mandatory usage of the vaccine, in males as well as females. The current FDA approval covers only females, but data in males have been submitted to the agency.

"My hope is eventually that they vaccinate boys and girls," Robert Ozols, senior vice president, medical science division, Fox Chase Cancer Center, said to The Cancer Letter. "HPV is an oncogenic virus that causes cervical cancer in women, but it also causes cancers in men—anogenital cancers and HPV-associated head and neck cancers. We shouldn't underestimate the potential benefit."

International organizations should work with industry to make the vaccine available at lower cost in developing countries, as has happened with treatments for malaria and HIV, Ozols said.

FDA evaluated and approved Gardasil in six months under its priority review process.

"The development of this vaccine is a product of

extraordinary work by scientists as well as by FDA's review teams to help facilitate the development of very novel vaccines to address unmet medical needs," said Acting FDA Commissioner Andrew von Eschenbach.

The FDA approval was based on data from clinical trials in women between the ages of 16 and 26, as well as data demonstrating that the vaccine caused an immune response in girls 9 to 15 years old. The studies involved 21,000 women in the U.S. and overseas. In women who had not already been infected, Gardasil was nearly 100 percent effective in preventing precancerous cervical lesions, precancerous vaginal and vulvar lesions, and genital warts caused by infection with the HPV types against which the vaccine is directed.

The study was designed to test the vaccine's ability to prevent cervical precancerous lesions that may lead to cervical cancer.

The vaccine's safety was tested in about 11,000 participants. Side effects include mild or moderate local reactions, such as pain or tenderness at the site of injection.

Merck agreed to conduct safety and long-term effectiveness studies following licensure, and will monitor the pregnancy outcomes of women who receive Gardasil while not knowing that they are pregnant. Also, the manufacturer is conducting a study to evaluate Gardasil in men.

"The development of this vaccine demonstrates the importance of investing in cancer prevention research," Hortobagyi said.

Gardasil and an HPV vaccine by GlaxoSmithKline, Cervarix, were based on work by NCI investigators Douglas Lowy and John Schiller. GSK said it plans to file for approval of Cervarix later this year.

Advocates Oppose Proposals For Post-Phase I Marketing

By Paul Goldberg

Four advocacy groups last week voiced opposition to proposals to make cancer drugs available following conclusion of phase I trials.

"Investigational treatments made available outside of clinical trials undermine the trials system that is a pillar of evidence-based health care and ultimately delay the answers patients desperately need," said Carolina Hinestrosa, executive vice president of the National Breast Cancer Coalition, one of the advocates who addressed the Oncologic Drugs Advisory Committee in Atlanta June 2.

"Interventions must be based on high-quality evidence, and appropriately designated randomized clinical trials are the gold standard of evidence," Hinestrosa said.

Proponents of early access to investigational drugs have won several important battles in recent months:

—The U.S. Court of Appeals for the District of Columbia last month ruled that access to investigational drugs is a constitutional right of dying patients (The Cancer Letter, May 5). The case was filed by the conservative Washington Legal Foundation on behalf of the Abigail Alliance, an advocacy group. FDA is appealing the ruling.

—Sen. Sam Brownback (R-Kan.) introduced a bill based on the proposal by Abigail Alliance to allow companies to sell drugs following completion of phase I testing. Also, the bill seeks to restrict the use of placebo in clinical trials.

Initially, oncology professional societies and patient groups have been reluctant to oppose the Abigail Alliance actions, but this appears to be changing. Recently, the Society for Clinical Trials issued a position paper critical of the Brownback bill, and the American Society of Clinical Oncology and the National Coalition for Cancer Survivorship petitioned FDA to issue guidelines for expanded access programs (The Cancer Letter, April 14).

"While FDA has been vocally and repeatedly attacked at ODAC meetings and elsewhere in recent years for its lack of compassion for cancer patients, I wanted to take this opportunity to state publicly that there are many patient advocates and advocacy groups who understand the crucial importance of high quality in the compassionate care of cancer patients at all stages of disease, and who realize that it is only through maintaining the highest standards that we will get treatments that really work," Musa Mayer, a breast cancer activist who sometimes sits on ODAC, said to the committee.

Mayer said patients have a lot at stake in the current controversy over drug approval criteria.

"When I began my work as an advocate in the early 1990s, it was widely believed in the breast cancer community that high-dose chemotherapy with bone marrow or stem cell transplant was the treatment of choice," she said.

By the time randomized trials showed that the treatment was no more efficacious than standard therapy and produced higher toxicity, "thousands of women suffered terribly as a result, and many died," Mayer said.

"This horrendous experience taught my generation

of breast cancer advocates, the hard way, that we needed to care more about the levels of evidence, and that is we were to serve the needs of our constituents with true compassion, we had to do more than push for early access," she said.

Beverly Parker, a three-time breast cancer survivor and a research analyst with Y-ME National Breast Cancer Organization, said the existing FDA mechanisms are sufficient to give patients early access to therapies.

Accelerated approvals put drugs on the market based on surrogate endpoints, and expanded access programs give patients access to some drugs during phase II and phase III trials.

"To do so earlier has both the potential for weakening the integrity of the FDA as a scientific body and being detrimental to patients in the long run," Parker said. "Accrual to ongoing clinical trials and the marketing approval of the drugs could be delayed, in turn, harming the best access for the greatest number of patients.

"For breast cancer patients—and all patients—Y-ME requests that the FDA continue granting approval for cancer drugs based on science and good clinical trial evidence," Parker said.

Testimony from the Cancer Research and Prevention Foundation similarly urged the agency to maintain rigorous standards for drug approval.

"We strongly urge the FDA to review the current expanded access options and offer some clarity and recommendations on how to offer late-stage cancer patients access to unapproved therapies in the event that they are not eligible for a clinical trial or if there is strong evidence that a therapy could offer prolonged survival or more effective treatment," said Carolyn Aldigé, president of the foundation.

"We also urge FDA to do so in a way that will complement the clinical trials process that has been effective in making effective and lifesaving therapies available to increasing numbers of patients.

"The greatest number of patients will benefit from a drug by ensuring that our clinical trials structure remains strong and effective. It is critical that we all work together with you to strike a balance between the process of clinical research and evidence-based cancer care, requiring high levels of evidence in drug development, and the importance of the regulatory process with the compelling and urgent needs of patients," Aldigé said.

NBCC's Hinestrosa said that "strengthening of FDA's role to encompass a clear and rigorous path to demonstrate efficacy and safety."

Allowing patients to access drugs off-trial "raises serious issues of fairness," she said.

"The availability of these therapies is often limited by practical and economic constraints," she said. "Individual patients sometimes gain access through single-patient Investigational New Drug applications, a practice also known as compassionate access. These patients are usually well connected. They have access to physicians who have the ability to develop a protocol for them, and are willing to implement it. This is not the case for most patients with cancer."

Hinestrosa said the agency's decision to convene ODAC in conjunction with the ASCO annual meeting created undue pressure on the committee members and introduced the potential of bias.

"I am somewhat concerned that the credibility of [the approval] process could be compromised when stakeholders that stand to gain financially from ODAC's decisions are in such proximity and abundant numbers," she said. "NBCC recommends that ODAC carefully assess the benefits and potential drawbacks of meeting simultaneously with ASCO to avoid the perception of bias and undue influence."

ODAC Recommends Approval Of Bristol's Dasatinib For CML

By Paul Goldberg

The FDA Oncologic Drugs Advisory Committee June 2 recommended accelerated approval of Sprycel (dasatinib) for adults in all phases of chronic myeloid leukemia with resistance or intolerance to prior therapy, including Gleevec (imatinib mesylate).

Separately, the committee recommended full approval of the agent for adults with Philadelphia chromosome-positive acute lymphoblastic leukemia with resistance or intolerance to imatinib.

Dasatinib was discovered in-house at Bristol-Myers Squibb Co. and is sponsored by that company.

For the first time in its history, ODAC met outside the Washington area, serving as a side attraction at the annual meeting of the American Society of Clinical Oncology, in Atlanta.

In his opening remarks, Richard Pazdur, head of the agency's Office of Oncology Drug Products, said the proceedings were taken on the road to make them accessible to a wider audience, which included international participants in the society's conference.

About 1,000 people showed up to watch the committee discuss an application that didn't present any vexing questions, making committee members and many observers wonder why the agency decided to present the

application to the committee.

Before Pazdur took over the agency's oncology division, the agency generally presented most applications to ODAC. In recent years, the committee has reviewed only applications that raised thorny regulatory questions, though at times the committee was used as a means to discuss unforeseen toxicities of approved drugs and review the sponsors' compliance with post-approval commitments.

Dasatinib is available through an expanded access program.

Data included safety and efficacy results from five international, multi-center phase II trials, together with other supportive data. Phase II trials analyzed data from all phases of CML or Ph+ ALL in patients resistant or intolerant to prior therapy.

* * *

The terms of three ODAC members have ended. The members are: committee chairman Silvana Martino, of the Angeles Clinic and Research Institute; Gregory Reaman, chairman of Children's Oncology Group; and Bruce Cheson, head of hematology at Georgetown University Lombardi Comprehensive Cancer Center.

Critical Path:

IOM Committee To Help Chart Biomarker Validation Research

(Continued from page 1)

or to the over-the-counter application.

The orlistat-ACF link was noted in 1997 in data submitted to the agency by the drug's original sponsor, Roche, and was confirmed in a study published in the journal Cancer Letters last December, a month before the agency's advisors met to consider the over-the-counter application.

The Roche version of the drug is sold by prescription under the name Xenical. The over-the-counter version would be sold by Glaxo under the name Alli. The agency has issued an "approvable" letter to Glaxo, indicating that the drug would receive approval after some undisclosed issues are resolved.

In April, Public Citizen filed a citizen petition demanding withdrawal of the drug.

A source familiar with the agency's position said the findings published in the scientific journal Cancer Letters "magnify an issue of which we were well aware before the drug's approval, and it doesn't change our thinking at this time, and, regardless, would be no more or less concerning in the OTC setting.

"The only way to fully discount the finding you cite is to do a very large and very long study," the source said. This was, apparently, something the agency wasn't prepared to mandate.

Observers see the FDA Critical Path initiative—which purportedly seeks to stimulate drug discovery by making it more akin to an engineering task—as a symptom of politicization of the agency and a progression of von Eschenbach's quixotic quest to "eliminate suffering and death due to cancer by 2015."

Taking a radically different approach, Public Citizen argues that surrogate endpoints related to safety are more relevant than those related to efficacy. "Increasingly, the FDA is relying upon surrogate markers of efficacy in approving new drugs," Public Citizen said in the June 5 letter to von Eschenbach. "Examples include tumor shrinkage (instead of mortality) for cancer drugs and bone mineral density (instead of fractures) for osteoporosis drugs.

"Public Citizen has raised questions about the validity of these surrogate markers for efficacy," the organization said. Generally, the agency's bar for demonstrating safety is lower than its bar for demonstrating efficacy, and animal data are acceptable for demonstrating safety problems. Therefore, "surrogate marker measurement should be given greater weight in measuring adverse events than surrogate markers in measuring efficacy," the letter said.

According to the advocacy group, biomarkers for safety are more important for the following reasons:

—"Unless there is a clear demonstration of efficacy, a drug should not be approved. In contrast, safety is a relative concept; it can be evaluated only in the context of the degree of efficacy that has been demonstrated.

—"The incidence of an efficacy endpoint is likely to be considerably higher than the incidence of a serious adverse event, making the need for a surrogate marker for efficacy endpoints less critical.

—"The multiplicity and diversity of potential adverse events (compared to only one or a few efficacy outcomes) makes measuring adverse events in all cases impractical and necessitates reliance on surrogate adverse event markers. Indeed, many safety concerns are already measured by surrogate markers, e.g., liver function tests and creatinine levels."

Evolution of Von Eschenbach's Vision & Mission

In recent months, FDA has been working with NCI to expand reliance on biomarkers.

Despite its ambitious goals, under the President's budget proposal, the agency's Critical Path initiative,

headed by Deputy Commissioner for Administration Janet Woodcock, is slated to receive only $5.9 million next year.

The original Critical Path report, published in 2004, states that "safety issues should be detected as early as possible, and ways to distinguish potential from actual safety problems should be available.… Unfortunately, in part because of limitations of current methods, safety problems are often uncovered only during clinical trials or, occasionally, after marketing."

The agenda first outlined in the report is being refined by von Eschenbach as he settles into his new position at the regulatory agency. Earlier this week, von Eschenbach appeared as the keynote speaker at a conference staged by the conservative Manhattan Institute to roll out its report on the "21st Century FDA."

The report is remarkably consistent with the visions von Eschenbach outlined at NCI, and, even more remarkably, employs many of the former institute director's alliterations. The report seeks to "usher in an era in which drugs are targeted by biomarkers and diagnostics rather than marketed to large, and perhaps inappropriate, populations."

The document states:

"The key to making medicines safer and more effective is to make them more personalized and targeted. Moreover, the way to personalize medicine is to transform the FDA from an organization of rule-based regulators to a public health-focused agency staffed with 21st century science-based standard setters.

"By collaborating with academic institutions, private companies, and other government agencies, the FDA can utilize genetic information and better bioinformatics to create a template that will allow us to move from trial and error or one size fits all medicine to predictive and personalized care….

"To the extent that the FDA evolves into a science-based standard setter for translating genetic knowledge into medicines, great progress is possible."

According to the Manhattan Institute, the need for clinical trials may be eliminated.

"The Critical Path process will be most successful [when] FDA reviewers are comfortable using validated Critical Path tools," the document states. "Medical reviewers, for example, within drug divisions could actually begin to use non-frequentist trial designs (such as Bayesian models) or virtual clinical trials for diseases where small treatment populations make traditional clinical trials extremely time-consuming or expensive."

The report is posted at www.manhattan-institute.org/html/fda_task_1.htm.

Some of FDA's statements on Critical Path point to a consensus between top agency officials and conservative groups that are challenging the government's reliance on randomized clinical trials.

The Manhattan Institute report that von Eschenbach and Woodcock helped unveil was co-authored by Robert Goldberg, director of programs at the Center for Medicine in the Public Interest.

Goldberg is an opponent of randomized trials and a supporter of proposals by Abigail Alliance to put cancer drugs on the market as early as after completion of phase I testing. "[While] the Abigail Alliance, which filed the suit with the Washington Legal Foundation, sued the FDA, it was really putting the traditional approach to drug development on trial as well as those politicians and media types who are too quick to demand bigger and longer studies as the panacea for safety," Goldberg wrote recently (http://www.drugwonks.com/bios.php#rgoldberg).

Biomarkers May (or May Not) Simplify Approval

The challenge of incorporating biomarkers into cancer research and the development of cancer treatments is also being addressed by a committee of the Institute of Medicine.

"The point is to look at the science, and to make recommendations going forward only going on science," said a source close to the committee.

The 11-member group, headed by Harold Moses, the Hortense B. Ingram Professor of Molecular Oncology at Vanderbilt University, includes six members of the IOM National Cancer Policy Forum. The committee doesn't receive money from NCI, and its $440,000 budget comes mostly from unrestricted funds the academy had received in the past, sources said.

The committee is working through the IOM Executive Office to make recommendations for development of biomarker-based tools for cancer screening, diagnosis and treatment. Its report will go through peer review by the National Academy of Sciences, and could be addressed to FDA, NCI, NIH, the pharmaceutical industry, or any other party.

The report is expected to be completed next fall.

Skeptics at FDA and outside the agency point out that the science that would enable practical, widespread reliance on biomarkers has not been developed. Biostatisticians warn that standards for validation of biomarkers, too, are a work in progress, and that standards of proof in science haven't changed.

Just because scientists can measure something, the meaning of that measurement usually has to be demonstrated through rigorous clinical studies, skeptics say.

"Speaking generally, I agree with Dr. Woodcock about the importance of using biomarkers in drug and device development," said Donald Berry, chairman of the Department of Biostatistics at M.D. Anderson Cancer Center.

Berry, who is working with academia, industry and regulators to develop Bayesian approaches to clinical trials, said that even though biomarker research is "of critical importance," it wouldn't necessarily streamline the process of drug discovery or accelerate approvals.

"There is an incredible amount of work to be done," he said. "It's very complicated because of the number of biomarkers, and we will be following false leads, as we've done in the past. It's a dual problem. It occurs on the efficacy side, and on the safety side."

Though current discussions have focused on efficacy, "biomarkers can be just as important in predicting safety as efficacy," he said. However, it's not at all clear that a "good" biomarker, which could suggest efficacy, can always be distinguished from a "bad" biomarker, which could signal safety problems, Berry said.

"Safety and efficacy may be on a similar scale," Berry said. "You want to look at biomarkers generally, and then try to understand which are the good ones and which are the bad ones, and sometimes they are both good and bad.

"Let's take calculation of a dose as an example," he said. "Biomarkers can tell you how much of a drug a patient can handle. If you give too much, it's toxic, and if you don't give enough, it's not efficacious. So what you want to do is understand the relationship between efficacy and safety and biomarkers. It's at least a three-dimensional object. It's hard to learn this relationship, especially since the set of biomarkers is itself multidimensional, with complex pathways that we do not fully understand."

Interpretation of animal data is an enormous challenge, too, said Berry, who is not familiar with the orlistat application.

"It is of special importance to address the relationship between biomarkers and safety in an animal model, and then relate that functional relationship to the corresponding functional relationship in the human," Berry said. "That, to my knowledge, has never been done. Toxicology is about looking to see whether a drug in question induces cancer at extremely high doses. It's not trying to relate what characteristics of the tumor you put in the mouse respond to the various therapies or create safety problems."

While FDA's discussions of the role of biomarkers in Critical Path are largely theoretical, Glaxo is facing an urgent, practical problem as Public Citizen applies the agency's rhetoric to challenge the safety of orlistat.

"Validated biomarkers are potentially useful as a substitute for clinical data," said a non-FDA source familiar with the situation. "There are no validated colon cancer biomarkers. GSK did provide human data on three biomarkers that are far more highly regarded in the scientific community than ACF, and there were no issues.

"But beyond that, why would anyone look at biomarkers when there are both human clinical trials, and extensive use of this drug over the last seven or eight years in tens of millions of patients? It makes no sense.

"ACF is an unvalidated biomarker based on very weak animal data," the source said. "If the use of such weak data were viewed as somehow relevant, few drugs would ever be approved.

"Companies would have to spend hundreds of millions of dollars in studies involving many thousands of patients over long periods of time to disprove allegations that have little or no scientific basis.

"Who is going to do that?"

Next week, Sidney Wolfe, director of the Public Citizen Health Research Group will address the IOM committee on biomarkers.

Though Wolfe is dead-serious about pulling orlistat off the market, his challenge of the emerging orthodoxy on Critical Path has the potential to have more profound impact on science and public health than his objections to any single drug.

Capitol Hill:

House Subcommittee Passes President's Budget For NIH

The House Labor-HHS-Education Appropriations Subcommittee voted 9-7 along party lines to approve a $141.9 billion spending bill for FY 2007, $4.1 billion more than the White House requested.

NIH and NCI would receive the amounts President Bush requested earlier this year.

The NIH budget would remain at $28.3 billion and NCI would receive $4.753 billion, a decrease of nearly $40 million from the previous year.

NCI In Transition:

Times Have Been "Confusing," Niederhuber Memo Admits

By Kirsten Boyd Goldberg

Acting NCI Director John Niederhuber acknowledged in memos emailed to staff members May 31 that the past few months at the institute have been "confusing, at times, for us all."

However, the statement about confusing times was deleted from the otherwise nearly identical emails sent June 1 to NCI advisors.

It's not clear why the cleansing of the email took place, since most NCI staff, grantees, and advisors would consider "confusing, at times" a highly accurate description of the past eight months at the institute.

The confusion began last September, when Andrew von Eschenbach was named acting FDA commissioner while retaining his title as NCI director. Von Eschenbach plans to step down from NCI June 10 to await confirmation as FDA commissioner. HHS Secretary Michael Leavitt named Niederhuber acting NCI director effective June 11.

The five-paragraph May 31 statement, issued about 4 p.m., titled "Statement from Dr. Niederhuber," informed the recipients that Niederhuber had been named acting NCI director. In his career as a surgeon, he had been "privileged" to have served NCI as an advisor, and more recently, as deputy director for translational and clinical sciences. "I am pleased and honored to have the opportunity to continue to serve the NCI, as Acting Director," he wrote.

"Please accept my personal appreciation for your continued dedication during these last months, which have been confusing, at times, for us all," the final paragraph said. "Your professionalism and your sense of mission have infused every lab, clinic and office at NCI, and will most certainly make this a rewarding and exiting time for all of us. I hope you will join me in rededicating ourselves to decreasing the burden of cancer."

The June 1 email to advisory board members, titled "Appointment of NCI Acting Director," was identical to the announcement to the staff, except for the last paragraph:

"Upon receiving the appointment, I immediately informed the NCI staff and extended by personal appreciation for their dedication during these past months. Their professionalism and sense of mission have infused every lab, clinic, and office at NCI. The continuation of this relationship will most certainly make this a rewarding and exciting time for all of us as we rededicate ourselves to decreasing the burden of cancer."

Although no text about confusion appeared, that email—sent at 2:05 p.m. to the institute's National Cancer Advisory Board and other boards—had another problem that would seem to create its own confusion.

It was signed, "Warm Regards, Claire."

"Claire" was identified in text below the signature as Claire Harris, a committee management officer in the NCI Division of Extramural Activities.

At 2:19 p.m. the advisory boards received an email from NCI staff member Andrea Collins asking to "recall the message 'Appointment of NCI Acting Director.' "

At 2:33 p.m., the same advisors were sent a third email on the subject. This time it was signed, "Warm Regards, John E. Niederhuber, M.D."

Professional Societies:

ASCO Hires Lawyer Michels As VP, General Counsel

The American Society of Clinical Oncology named Dina Michels as vice president and general counsel.

In the new position in the office of the executive vice president, Michels will provide legal perspective on issues and oversee the management of ASCO's outside counsel, said Joseph Bailes, interim EVP and CEO.

Michels was a partner with Ropes & Gray LLP, in its Corporate Department and Health Care Group. She earned a bachelor's degree in history and literature from Harvard College and a law degree from Georgetown University Law Center.

* * *

ASCO and the European Society for Medical Oncology released a joint Consensus Statement on Quality Cancer Care for patients.

The 10-point statement outlines goals to provide access to and continuity of quality cancer care worldwide. It will be published in the Journal of Clinical Oncology and the Annals of Oncology.

"ASCO and ESMO are dedicated to improving cancer care for the estimated 10 million people diagnosed with cancer worldwide each year," said Sandra Horning, who completed her term as ASCO president earlier this week. "This collaboration is a direct result of our shared commitment to providing global communities with a set of criteria for evaluating quality cancer care."

The statement calls for access to information, privacy, prevention services, non-discrimination, consent to treatment, and pain management.

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