THE CANCER LETTER

Vol. 32 No. 24
June 23, 2006

GM Downsizes "Nobel Prize" For Cancer, Bristol Ends Medical Research Awards

By Paul Goldberg

Three decades ago, in the heat of the War on Cancer, two top US companies pitched in to do their part.

In 1977, Bristol-Myers instituted "Freedom to Discover" grants, giving top scientists five years worth of funding to pursue any projects they considered worthwhile. A year later, the company launched "distinguished achievement" awards to scientists, as an additional inducement to innovation.

In 1978, General Motors established its version of the Nobel Prize for cancer research. Every year, the automaker awarded three prizes named after its founding executives: the Charles F. Kettering Prize for research in cancer

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In the Cancer Centers & Cooperative Groups:

City Of Hope Receives $6 Million Gift; MSKCC Opens New Surgical Center

CITY OF HOPE received a $6 million gift to establish The Michael Amini Transfusion Center that will house all components of the Department of Transfusion Medicine and integrate stem cell research, blood transfusion, islet cell processing. The donation comes from Michael Amini, chairman and CEO of AICO, Amini Innovation Corp. The gift from Amini, combined with an earlier $2 million matching grant from the Conrad Hilton Foundation, brings total private funding for the center to $8 million, said **Michael Friedman**, president and CEO, City of Hope. Groundbreaking is scheduled for early 2007. . . . **MEMORIAL SLOAN-KETTERING** Cancer Center opened a 72,000-square-foot surgical center last month on the 6th floor of Memorial Hospital. The $70 million facility includes 21 operating rooms, including intraoperative radiation therapy rooms and intraoperative imaging suites. The state-of-the-art visual system known as the Wall of Knowledge, which is in all operating rooms, gives surgeons and nurses a visual image of an operation as it proceeds, plus constantly updated information on patient status such as blood pressure, pulse, and oxygenation. . . . **NEVADA CANCER INSTITUTE** added four employees. **Tarmo Rooslid** was named assistant member in the Drug Development Division. He came from postdoctoral studies at the Salk Institute for Biological Studies where he was a member of the cancer center. **Birgit Bogler**, director of cancer prevention and control at the New York City Department of Health and Mental Hygiene, was named director of outreach and education. **Danylle Hampton** was appointed director of development.

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GM Awards Single Prize To Avastin Developer Ferrara

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diagnosis and treatment, the Charles S. Mott Prize for research in cancer causes and prevention, and the Alfred P. Sloan prize for basic science.

Fast-forward to the spring of 2006:

—BMS has scrapped the five-year grants that provided up to $500,000 in no-strings-attached funding and its $50,000 award to distinguished investigators.

—Instead of handing out three gold medals and three checks for $250,000 each at black-tie dinners held annually at posh Washington venues, GM earlier this month gave out only one medal and one check in more Spartan surroundings on the NIH campus.

When they were created, the Bristol and GM awards conveyed the image of good citizenship. Mankind was at war against disease, and then GM Chairman Roger Smith was doing his part. At Bristol, the awards were started in the public relations department, as a result of efforts by PR executive Harry Levine and then CEO Richard Gelb, who overrode skepticism from the marketing and drug development executives, sources said.

Now, GM's decision to curtail the awards coincides with its overall austerity program.

"I feel that the GM Cancer Research Award is the most important prize given for cancer research," said Samuel Wells, president of the GM awards program and professor of surgery at Duke University Medical School. "There is now a single prize, whereas formerly, there were three, which separately recognized outstanding accomplishments in diagnosis and treatment, cause and prevention, and basic cancer research.

"The current GM Award may be given for a meritorious contribution in any area of cancer research."

In recent years, the GM awards dinners were held at diplomatic reception rooms at State Department, in the entrance lobby of the Library of Congress, and at various Washington hotels. While in the past no one begrudged GM management a big reception for a good cause, today a menu card from an elaborate dinner for a few hundred guests could shed unflattering light on a company that is closing plants and eliminating tens of thousands of jobs, observers said.

Bristol said it has eliminated the grants in order to focus its charitable contributions on Africa. Concerns about potential conflicts of interest inherent in giving money to scientists and institutions that may be involved in development of drugs also figured in the decision, the company acknowledged.

"When Freedom to Discover was initiated, more than 25 years ago, there was a pressing need to serve as an agent of change and fund risky, early-stage biomedical research without strings attached," said Rebecca Taylor, a BMS spokesman.

"But we are evolving, and we are making determination to focus on underserved populations, and we will want to be a catalyst for change in that regard, addressing disparities in healthcare delivery, infrastructure access around the world."

Ethics is more than an elevated intellectual construct at Bristol as it operates under a deferred prosecution agreement with federal prosecutors, stemming from a corporate accounting scandal. "We had no indication that there were any problems with this program," Taylor said. "But we are aware that the regulatory and compliance climate around the world is also evolving and becoming more challenging."

Altogether, the BMS program has committed $127 million in 289 grants to more than 160 institutions in 23 countries. The program's current budget is $6 million. Eighteen previous grant and award winners have also won Nobel Prizes, the company said. The BMS awards are given in cancer, nutrition, neuroscience, cardiovascular, infectious and metabolic diseases, and synthetic organic chemistry.

The first GM prizes were given on May 2, 1979. Since that time, the company awarded about $15 million to 109 scientists.

THE CANCER LETTER

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Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg
Editorial Assistant: Shelley Whitmore Wolfe

Editorial: 202-362-1809 Fax: 202-318-4030
PO Box 9905, Washington DC 20016
Letters to the Editor may be sent to the above address.

Subscriptions/Customer Service: 800-513-7042
PO Box 40724, Nashville TN 37204-0724
General Information/FAQ: www.cancerletter.com

Subscription $355 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc.
Founded Dec. 21, 1973, by Jerry D. Boyd.

Thanks to rigorous review, it represented a steppingstone to the Nobel Prize. Altogether, 13 GM prize laureates went on to win the Nobel Prize.

Only the Lasker Medical Science Awards have had a better record in predicting the Nobel Prize, with 71 Lasker winners making subsequent trips to Stockholm. (The Lasker awards have been around since 1945, and, like the Bristol awards, are not limited to cancer.)

To cancer clinicians, who typically don't receive Nobel Prizes for clinical advances, the GM and Bristol awards became one of the highest honors available.

Earlier this month, Napoleone Ferrara, a Genentech scientist, received the 2006 General Motors Cancer Research Award for work that resulted the approval of the drug Avastin.

Ferrera demonstrated in 1993 that an antibody directed at vascular endothelial growth factor could suppress angiogenesis and tumor growth in preclinical models.

"It is exceptionally rare for a scientist to define a basic element of cancer cell growth, develop a therapy to combat this growth, and then witness the successful application of this treatment in patients with cancer," Wells said in a statement.

In April, Bristol announced that Susan Band Horwitz, the Falkenstein Professor of Cancer Research and co-chair of the Department of Molecular Pharmacology at the Albert Einstein College of Medicine of Yeshiva University, received the 29th (and final) distinguished achievement award for cancer research.

The last BMS grants for cancer research went to Yusuke Nakamura, Director, Human Genome Center, and Professor of Molecular Medicine at the Institute of Medical Science, University of Tokyo, and Arnold Levine, Professor, Cancer Institute of New Jersey and The Simons Center for Systems Biology at the School of Natural Sciences at the Institute for Advanced Study in Princeton.

BMS spokesman Taylor said the decision to cut the program was made in April.

"This year is the end," she said. "All existing grants are going to remain active until their conclusion, and all 2006 award winners are going to receive the recognition."

The company will expand the $150 million program it started in 1999 to establish a network of AIDS clinics for children in Africa.

"To remain relevant, and to use our resources most effectively, every organization evolves in a complex environment," Taylor said.

NCI Programs:

Lung Cancer Program Aims To Boost Diagnosis, Treatment

By Kirsten Boyd Goldberg

In response to recommendations last year by an advisory group, NCI has begun a Lung Cancer Program that would provide about $5.5 million to support research in the early detection and treatment of the disease.

Acting NCI Director John Niederhuber will serve as head of the program until he is able to recruit a lung cancer expert to fill the position, he said to the National Cancer Advisory Board earlier this month.

The new program would not, at first, provide additional support for research in tobacco control, as requested by the Lung Cancer Integration and Implementation (I2) Team, a panel of outside advisors and NCI staff formed in 2004 to identify gaps and opportunities in lung cancer.

The I2 group developed a list of recommended research and estimated that NCI would need to spend $8.35 million for the new program, including $2.9 million on tobacco control research.

"As they were completing their work, we were struggling with the budget and the difficulties of finding new money, especially at this time," Niederhuber said to the NCAB at its meeting June 14. NCI currently funds 187 projects worth a total of $137 million in tobacco control and mechanisms of nicotine addiction, he said.

NCI will support almost all of the group's other recommendations, Niederhuber said. Tobacco control was "the one area which I told them honestly that I didn't have enough resources to address," he said. "I believe there are a lot of other activities going on, on campus, related to tobacco control. There are other ways to leverage our own activities outside of NCI to address these areas, since they are critical.

"It's a matter of looking at the priorities on the list and saying, 'I've got these resources, I can probably not get resources for these other priorities, but I might be able to get resources for these priorities,'" Niederhuber said. "We are working with other institutes and the department, and other ways of leveraging resources that might be a little easier to get for that issue than we could get for laboratory research or a clinical trial."

While U.S. lung cancer incidence rates have stabilized, the disease remains the most common cause of cancer death among men and women in this country, with more than 163,000 people dying of lung cancer each year.

"There has been a lot of concern in the lung cancer community, and rightly so, about our NCI commitment to lung cancer," Niederhuber said.

The I2 Team recommended that the institute organize a formal structure for allocation of resources to lung cancer research, and recruit a program director. Niederhuber said he plans to recruit a "senior clinician leader" for the position.

"While I could probably get myself in and out of the chest, I don't consider myself a lung cancer specialist, but I'm happy to provide the leadership on an interim basis," said Niederhuber, a surgeon. "That puts pressure on me to find someone quickly."

The program director would have responsibility for extramural research, and also would "have a foot in" the NCI Center for Cancer Research, the intramural program, Niederhuber said. "I think that's an outstanding model, and [Division of Cancer Treatment and Diagnosis Director] Jim [Doroshow] and I want to try to do more with Bob [Wiltrout, head of the CCR]."

This would represent a change in management philosophy at NCI. In the mid-1990s, institute officials reorganized the divisional structure to separate intramural and extramural research programs, ensuring that one manager wouldn't oversee both types of programs within a single field. Now, however, the institute seems to be attempting to copy the academic "matrix" organizational model used by many cancer centers.

The recent reorganization of the institute's clinical trials programs, and the draft recommendations of the Translational Research Working Group (see story in this issue), would indicate a move toward closer interaction between intramural and extramural research.

The major focus of the Lung Cancer Program will be two clinical trials. One would be a large clinical trial that would attempt to define a panel of genomic and proteomic pharmacodynamic markers to predict response to EGFR inhibitors, such as erlotinib (Tarceva), in patients with non-small-cell lung cancer. The trial would screen about 1,000 patients. It would be conducted in conjunction with FDA and the Centers for Medicare and Medicaid Services.

The second study will begin as an early-phase trial at the NIH Clinical Center to test a DNA methylase inhibitor that may have the ability to reactivate tumor suppressor genes.

"I felt we needed to do work in addressing the patients with lung cancer at the present time," Niederhuber said.

The program also will develop a Request for Applications from the Division of Cancer Biology that will be directed at the biology of very early changes in the lung, inflammation, and the tumor microenvironment. Also, the program will provide $400,000 in supplements to the Cancer Intervention and Surveillance Modeling Network. About the same amount of additional funds have been committed to the tissue repository for the National Lung Screening Trial.

* * *

CAROLYN RUNOWICZ served as acting chairman of the NCAB at its June 14 meeting. She is being recommended by NCI to the White House to serve as chairman of the board. She succeeds **Daniel Von Hoff**, who served as interim chairman after **John Niederhuber** joined NCI.

Runowicz is director of the Carole and Ray Neag Comprehensive Cancer Center at the University of Connecticut Health Center. She also is the Northeast Utilities Chair in Experimental Oncology and professor of obstetrics and gynecology. She was appointed to the NCAB in 2004 for a six-year term.

Several NCAB members have completed their terms on the board: **Samir Abu-Ghazaleh**, director of gynecology and gynecologic oncology at the Avera McKennan Hospital and University Health Center in Sioux Falls, S.D.; **James Armitage**, the Joe Shapiro Professor of Medicine at University of Nebraska; **Ralph Freedman**, professor of gynecologic oncology at the University of Texas M.D. Anderson Cancer Center; **Eric Lander**, director of the Broad Institute of MIT and Harvard; and **Arthur Nienhuis**, of St. Jude Children's Research Hospital.

NCI's Translational Research Uncoordinated, Advisors Say

By Kirsten Boyd Goldberg

Translational research isn't well-coordinated across NCI, and the resulting "fragmented" efforts that risk duplication or miss important opportunities, according to the preliminary findings of an advisory group's report to the institute.

The draft report of the Translational Research Working Group recommends that the institute establish a "matrix organizational structure integrating all NCI programs and mechanisms that support [translational research]." This would include about $1.3 billion in grant awards, the group estimated.

The group presented its draft recommendations to the National Cancer Advisory Board June 14. The group was formed last year to evaluate the status of

NCI's investment in translational research and envision its future, said Ernest Hawk, director of the NCI Officer of Centers, Training and Resources.

Hawk led the group with co-chairmen Lynn Matrisian, professor and chairman of cancer biology at Vanderbilt-Ingram Comprehensive Cancer Center, and William Nelson IV, associate director for translational research at Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins.

The group studied how several products had been developed "to learn what works, what doesn't work, what might be better facilitated in the future," Hawk said. "What we came up with were 20 specific examples, and we then went back to the literature, the grant applications, the publications, and interviews with individuals involved to learn how those translational advances were made."

The group defined translational research (TR) as "research that transforms scientific discoveries arising in the lab, clinic, or population into new clinical tools and applications that reduce cancer incidence, morbidity, and mortality."

In an analysis of the NCI research portfolio, the group found that:

—Awards are not adequately categorized for translational content to provide meaningful quantitative assessment.

—TR is funded by most NCI divisions, offices, and centers.

—TR is funded by a range of mechanisms: collaborative, facilitated, and individual.

—The majority of TR awards are to NCI-designated cancer centers.

Besides poor coordination across NCI, the group identified the following "obstacles" to progress in translational research:

—"Absence of clearly designated funding and adequate incentives for researchers threatens the perceived importance of TR within NCI.

—"Absence of a structured, consistent review and prioritization process tailored to the characteristics and goals of TR makes it difficult to direct resources to critical needs and opportunities.

—"TR core services are often duplicative and inconsistently standardized, with capacity poorly matched to need.

—"Multidisciplinary nature of TR and the need to integrate sequential steps in complex development pathways warrants dedicated project management resources.

—"Insufficient collaboration and communication between basic and clinical scientists, and the paucity of effective training opportunities limits the supply of experienced translational researchers.

—"Inadequate collaboration with industry delays appropriate developmental hand-offs."

The proposed new organizational structure to coordinate NCI's translational research should have designated leadership and budget that is some percentage of the institute's budget, and should be overseen by an external advisory committee, the group said.

The funding should be balanced between investigator-initiated projects and "major projects prioritized through a comprehensive, system-wide process," the group said. NCI should establish a "distinctive prioritization process for early TR to prioritize research goals and select specific projects to realize those goals."

The prioritization process should be led by a "Translational Research Prioritization Committee" that would identify emerging concepts and opportunities, develop criteria for prioritization, and focus resources on high-priority projects.

NCI's funding and review should provide incentives for investigators to take risks in translational research, the group said. This could be accomplished by encouraging flexible team awards with incentives for collaboration and funding based on milestones, as well as translational R01 awards that would include a discovery and a translational component, the group suggested.

TR core services should be coordinated to reduce duplication and improve standardization, the group said. NCI should begin by taking inventory of existing cores.

The TRWG plans to hold a public "roundtable" meeting this fall for public comment on the draft recommendations. The group expects to present final recommendations to the NCAB next year.

The TRWG posts information online at http://www.cancer.gov/trwg/.

NIH News:

NIH Funding To Universities To Make More Mouse Mutants

NATIONAL CENTER FOR RESEARCH RESOURCES with funding from Neuroscience Blueprint and the National Institute of Allergy and Infectious Diseases awarded $800,000 to Mutant Mouse Regional Resource Centers at the University of California, Davis, and the Harlan/University of Missouri

facility, to acquire genetically engineered mouse lines not yet widely accessible to researchers.

This is part of an NIH-wide effort to build a public, genome-wide library of knockout mouse models for the study of human disease. All of the NCRR-supported mouse repositories, which include the MMRRCs at UC-Davis, the Harlan/University facility, the University of North Carolina, Chapel Hill, and the Jackson Laboratory, will increase the number of mice that can be deposited.

NIH expects more than 300 existing mouse mutants will be made available to researchers over the next two years. Later this summer, through the National Human Genome Research Institute, a set of cooperative agreements will be awarded to support the central component of the Knockout Mouse Project, a five-year trans-NIH initiative that would produce a comprehensive resource of knockout mice lines representing all genes in the mouse genome. The agreements, which would total up to $50 million over five years, would encourage research areas including gene targeting, gene trapping or transposon-mediated mutagenesis, to systematically create new knockout mouse lines. Further information is available at http://www.nih.gov/science/models/mouse/knockout/index.html.

* * *

NIH awarded nearly $4 million to fund 19 bench-to-bedside medical research projects designed to speed translation of promising laboratory discoveries into new medical treatments.

For the first time, applications for these awards, first given in 1999, were open to research teams made up of NIH intramural and extramural collaborators from medical schools, health-care organizations, and private industry. All but one of the funded projects include extramural partners; nine of the 19 projects involve researchers from two or more NIH institutes or centers.

The bench-to-bedside research program was formed in the NIH Clinical Center to encourage collaborations among basic and clinical investigators, said Clinical Center Director John Gallin.

This year, awards were made in four categories funded by the NIH Office of Rare Diseases; the NIH Office of AIDS Research; the National Center on Minority Health and Health disparities; and the NIH Office of Research on Women's Health. A fifth category is co-funded by sponsoring institutes and, for the projects' extramural components, the NIH National Center for Research Resources. Project teams receive up to $200,000 over two years.

Eight teams received funding for investigations on rare diseases: National Heart, Lung, and Blood Institute, NIH Clinical Center, Harvard University, Georgetown University Medical Center and National Naval Medical Center; NHLBI, NIH Clinical Center and Walter Reed Army Medical Center; NHLBI and M.D. Anderson Cancer Center, with associate investigators from the National Institute of Diabetes and Digestive and Kidney Diseases and the Medical College of Virginia; National Cancer Institute and NHLBI, with associate investigators from the National Institute of Neurological Disorders and Stroke and Sloan-Kettering Cancer Center; NCI, with associate investigators from the University of Southern California, the Barbara Ann Karmanos Cancer Institute and Wayne State University, the Fred Hutchinson Cancer Research Center, the University of Washington and Mayo Clinic College of Medicine; NIH Clinical Center, NCI, University of Toronto/Ontario Cancer Institute, with associate investigators from the University of Illinois; NIDDK, NHLBI, and the University of Maryland; and NHLBI, NIH Clinical Center, with associate investigators from NCI, NIDDK and Drexel University.

Four teams will conduct AIDS-related studies: National Institute of Allergy and Infectious Diseases and St. Michael's Medical Center; NCI, NIAID and Johns Hopkins University; NIH Clinical Center, NCI, San Francisco General Hospital and Science Applications International Corporation (SAIC-Frederick), with associate investigators from Mulago Hospital, Makerere University, in Uganda; and NIDDK and the Children's National Medical Center.

The work of four teams target minority health and health disparities: NIH Clinical Center and NHLBI; National Institute on Drug Abuse and University of Pennsylvania; National Human Genome Research Institute and Fred Hutchinson Cancer Research Center; and National Institute of Child Health and Human Development, NIDDK and the University of Wisconsin.

A team from NIDDK and Oregon State University will conduct research related to women's health.

The NIH National Center for Research Resources is co-funder for two projects, one conducted by NIDDK and Washington Hospital Center and another involving the National Institute of Neurological Disorders and Stroke, National Eye Institute, Johns Hopkins University School of Medicine and the University of Pennsylvania.

* * *

The National Institute on Aging renewed its

cooperative agreement with the University of Michigan to continue the Health and Retirement Study.

The HRS, in its 14th year, follows more than 20,000 people at two-year intervals, providing data from pre-retirement to advanced age. A goal of the study is to help address the scientific and policy challenges posed by the nation's aging population.

The renewal will provide about $70 million over the next six years. The U.S. Social Security Administration also will provide funding for data on pensions and consumption.

"Since it began in 1992, the Health and Retirement Study has provided a vast amount of information about the health, economic and psychosocial status of the aging U.S. population," said Richard Hodes, director of the NIA. "It has also served as a template for similar studies now being conducted in other countries, making the study even more valuable in helping us to look at aging globally."

NIA Director of Behavioral and Social Research Richard Suzman was instrumental in starting the study. The HRS co-directors are Robert Willis and David Weir, professors at the Institute for Social Research, University of Michigan, Ann Arbor.

In the Cooperative Groups:

Former SWOG Chairman Hoogstraten Publishes Memoir

(Continued from page 1)

She was director of development at Children's Hospital of Orange County, Calif. **April Espinoza** was named Lance Armstrong Foundation Survivorship coordinator for the Department of Outreach and Education. She was the quality of life relationship manager with the American Cancer Society in Reno, Nev.

* * *

BARTH HOOGSTRATEN, the first American Cancer Society Professor of Clinical Oncology (1970) and past chairman of the Southwest Oncology Group (1972-1981), has published a memoir, titled "Cancer Doctor."

Born in Holland with a tumor on his ankle, Hoogstraten hoped to study medicine, but his studies were interrupted when he declined to sign a loyalty oath to Hitler. He hid with two blind women for several years, then completed his studies after World War II.

He immigrated to the U.S. in 1956, where he gravitated to cancer treatment and clinical trials testing new chemotherapeutic agents.

Once, at a seminar in 1960 where he recounted his previous five years of work up to that point, which demonstrated no improvement in the median survival time for either adults or children with acute leukemia, he was asked by a distinquished colleague, "Why do you even treat these poor people?"

After a moment, he answered, "Because, doctor, you do not."

Hoogstraten was a professor of medicine at Mount Sinai School of Medicine, and then moved to the University of Kansas to try to establish a cancer center. He served as chairman of the Committee on Combination Chemotherapy of the National Breast Cancer Task Force.

The book includes Hoogstraten's recollections of his mentor, **Louis Wasserman**, and other pioneers including **C. Gordon Zubrod**, **Joseph Burchenal**, **James Holland**, **Emil (Tom) Frei**, and **Emil (J) Freireich**.

Hoogstraten ends the book with comments on his concern about the influence of the pharmaceutical industry, which he calls "a new cancer" that has "infiltrated the ranks of oncologists."

The 244-page book is available for $19.95 at http://www.iuniverse.com/bookstore/book_detail.asp?&isbn=0-595-36010-6.

Obituary:

H. Samuel Wieand, NSABP Biostatistician, Pitt Professor

H. SAMUEL WIEAND, 62, former director of the biostatistical center of the National Surgical Adjuvant Breast and Bowel Project and a professor of biostatistics at the University of Pittsburgh, died June 10. He had recurrent non-Hodgkin's lymphoma. Wieand joined the cooperative group 20 years ago and directed the biostatistical center from 1995 to 2000. He recently retired. "In addition to being a warm and caring man and a brilliant biostatistician, Sam was a friend and mentor to many," the cooperative group said in a statement. "He contributed enormously to the accomplishments of the NSABP, particularly in the area of colorectal cancer research." NSABP established a memorial lectureship in his honor.

Awards and Appointments:

SUNY Honors Harold Maurer

HAROLD MAURER received the Clark-Curran Award in Medical Administration from his alma mater, State University of New York Downstate Medical

Center in Brooklyn. The award recognized Maurer for his teaching ability and contributions to medical administration. He is a pediatric oncologist specializing in rhabdomyosarcoma and has been chancellor at the University of Nebraska Medical Center since 1998. His tenure at UNMC has been marked by construction projects ranging from the $77 million Durham Research Center to the $52.7 million Michael F. Sorrell Center for Health Science Education to the $56.8 million Hixson Lied Center for Clinical Excellence to an Aug. 8 groundbreaking ceremony for a $74 million second research tower. Maurer also spearheaded the UNMC merger talks with Clarkson Hospital, which in 1997 led to what is now The Nebraska Medical Center. He also has successfully lobbied for legislation securing a multi-million dollar portion of the state tobacco settlement money each year for biomedical research and bolstered UNMC national reputation in bioterrorism preparedness.

Professional Societies & Advocacy:

SSO Installs News Leaders

SOCIETY FOR SURGICAL ONCOLOGY elected representatives at its San Diego meeting. Raphael Pollock was elected president. He is head, Division of Surgical Oncology, M.D. Anderson Cancer Center, where he is the Senator Aiken Jr., Distinguished Chair. He succeeds **Timothy Eberlein**. **Nicholas Petrelli**, medical director, Helen H. Graham Cancer Center, Christiana Care, and professor of surgery at Thomas Jefferson University, was voted president-elect. The following members were also elected. **William Cance**, professor and chairman, Department of Surgery, University of Florida, Gainesville, was nominated vice president. **Mitchell Posner**, professor and chief, Section of General Surgery and Surgical Oncology, University of Chicago Pritzker School of Medicine, was selected treasurer. **Peter Pisters**, professor of surgery, Department of Surgical Oncology, M.D. Anderson Cancer Center, and **Lisa Newman**, associate professor of surgery and director of the Breast Care Center, University of Michigan Comprehensive Cancer Center, Ann Arbor, were designated executive council members. **David Bartlett**, chief, Division of Surgical Oncology, University of Pittsburgh, was nominated councilor-at-large. . . . **SUSAN G. KOMEN** Breast Cancer Foundation awarded 247 research grants totaling more than $54.8 million as part of its 2006 Award and Research Grant Program. The amount represents a 21 percent increase and the largest to date over the research grants of last year, which totaled over $45.1 million. "Every major scientific advance to date in the fight against breast cancer has been supported in some way by a Komen grant," said **Nancy Brinker**, founder. Grants were awarded in basic, clinical and translational research (awards of up to $250,000 for a two- or three-year period); postdoctoral fellowship research (awards of up to $250,000 for a two- or three-year period) and population-specific research (awards of $250,000 for a two- or three-year period).

The Cancer Letter Editors Win Journalism Award

The Cancer Letter's coverage in 2005 of former NCI Director Andrew von Eschenbach won recognition from a major journalism organization earlier this week.

The Society of Professional Journalists, Washington D.C. Chapter, presented an award for public service in newsletter reporting to Kirsten Boyd Goldberg, editor and publisher, and Paul Goldberg, editor, for their articles on von Eschenbach's unprecedented dual role as NCI director and acting FDA commissioner.

The dual appointment began last Sept. 23 and ended June 10, when von Eschenbach stepped down as NCI director.

The articles examined issues of conflict of interest inherent in the two positions, as well as von Eschenbach's ties to pharmaceutical industry-funded coalitions.

Funding Opportunities:

RFP S06-261: Bioinformatics S/W Services NCI The Cancer Genome Atlas. Response Due Date: July 7. Full text**:** http://www.fbodaily.com/archive/2006/06-June/17-Jun-2006/FBO-01070464.htm**.** Inquiries: Jane Wells, jwells@ncifcrf.gov.

RFA-CA-07-020: Alliance of Glycobiologists for Detection of Cancer and Cancer Risk. U01. Letters of Intent Receipt Date: July 23; Application Receipt Date: Aug. 23. Full text: http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-07-020.html. Inquiries: Karl Krueger, 301-594-1044; kruegerk@mail.nih.gov.

PAS-06-467 The Role of Nuclear Receptors in Tissue and Organismal Aging. R01. Full text: http://grants.nih.gov/grants/guide/pa-files/PAS-06-467.html. Inquiries: Neeraja Sathyamoorthy, 301-435-1878; ns61r@nih.gov.

PA-06-468: Ruth L. Kirschstein National Research Service Award Institutional Research Training Grants. T32. Full text: http://grants.nih.gov/grants/guide/pa-files/PA-06-468.html. Inquiries: David Eckstein, 301-496-8580; eckstein@mail.nih.gov.

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