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ASCO Must Be An "Independent Voice" For Patients And Physicians, Lichter Says

By Kirsten Boyd Goldberg

The American Society of Clinical Oncology has a "public responsibility" to serve as an "independent voice" for cancer patients and physicians on issues of drug pricing, access to high-quality care, funding for cancer research, and other legislative and regulatory issues, the society's newly appointed executive vice president and chief executive officer said earlier this week.

Allen Lichter, dean of the University of Michigan Medical School, said ASCO must be careful about its interactions with the pharmaceutical industry. "We have to make sure that those types of interactions are absolutely

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In Brief:

Bush Appoints Seven To NCAB; Designates Carolyn Runowicz As Chairman For 2 Years

PRESIDENT GEORGE W. BUSH announced his intention to appoint the following individuals to the National Cancer Advisory Board: **Anthony Atala**, professor, chairman, and director of the Institute for Regenerative Medicine at Wake Forest University. **Bruce Chabner**, clinical director, Massachusetts General Hospital Cancer Center, and chief, Division of Hematology and Oncology. **Donald Coffey**, director of research, James Buchanan Brady Urological Institute at Johns Hopkins University. **Lloyd Everson**, vice chairman of US Oncology. **Judah Folkman**, director, Vascular Biology Program, Andrus Professor of Pediatric Surgery and professor of cell biology, Children's Hospital Boston. **Robert Ingram**, vice chairman for pharmaceuticals, GlaxoSmithKline, and chairman, OSI Pharmaceuticals Inc. **Karen Dow Meneses**, of University of Central Florida School of Nursing. All but Everson were designated to serve terms through March 2012. Everson's term expires in March 2010. Also, as had been expected (The Cancer Letter, June 23), Bush designated **Carolyn Runowicz** to serve as NCAB chairman for a two-year term. Runowicz, director of the Carole and Ray Neag Comprehensive Cancer Center at the University of Connecticut, is the current president of the American Cancer Society. The NCAB, created by the National Cancer Act of 1971, advises the NCI director on institute activities and policies, and makes final recommendations for grant funding. . . . **SENATE APPROPRIATIONS COMMITTEE** voted 28-0 to approve a $606 billion fiscal year 2007 Labor-HHS-Education appropriations bill. The bill includes $28.5 billion for NIH, $200 million more than President

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Allen Lichter, New ASCO Head, Plans Review Of Programs

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transparent, they're disclosed, and that they do not influence the opinion of the society in its mission to help cancer patients and those that treat them.

"We must remain an independent voice," Lichter said in a phone interview July 27. "We have a public responsibility in that regard. I'm going to work very hard to make sure that we maintain that public trust."

Lichter said he plans to "take stock" of the society's programs when he arrives at ASCO headquarters in Alexandria, Va., in October. ASCO has an annual budget of about $60 million, a staff of about 200, and a membership of 23,000 oncologists worldwide. The society plans to break ground Aug. 2 on a 123,000-square-foot office building that it will own and occupy.

"ASCO, even though it's fairly large and quite capable, can't do everything," Lichter said. "So I think one of the things we'll have to do is to make sure… we are growing in the right areas, that we're devoting adequate resources to the key issues."

Lichter, 59, was named to the top ASCO position on July 13 (The Cancer Letter, July 14). He was a professor of radiation oncology at Michigan from 1984 to 1997, and prior to that served as director of the Radiation Therapy Section of the NCI Radiation Oncology Branch. Before coming to NCI, he held a faculty appointment at Johns Hopkins University. He trained in radiation oncology at University of California, San Francisco, after receiving his M.D. from Michigan. He was chairman of the Southwest Oncology Group's Radiation Oncology Committee. He served in many volunteer positions with ASCO, including president of the society in 1998-99.

Lichter discussed his transition plans and views about ASCO and the practice of oncology in an interview with The Cancer Letter. The text of the interview follows:

The Cancer Letter: Why did you decide to apply for this job?

Lichter: After serving nearly eight years as dean of this outstanding medical school, I began to ask the appropriate question, "What's next?" Typically, deans at Michigan serve 10 years. So I began to think about what my future might hold, and this job came open. I felt that this would be a fantastic capstone job to my career in oncology, and everything worked out, and I'm thrilled.

TCL: Why do you think you were selected for the position?

Lichter: You'll have to ask the board and the officers about that, but I think, if I were in the position of looking for someone to do this job, I think you're looking for a combination of someone who has long ties with ASCO and experience inside the organization, someone who has held leadership positions in other organizations, so has shown the ability to move organizations forward, and I think that the board felt that I had the constellation of skills and experience to do the job.

TCL: What would you say are some of the most pressing problems or issues that ASCO faces right now, and do you have any specific plans to address them?

Lichter: It's certainly premature. I'm still in the deanship and still trying to address in these final days and weeks of my deanship important issues here in Ann Arbor. As I begin to transition over the summer, leading to my actual start in the office, in mid- to late October, I will be focusing more on ASCO issues. But let me say that ASCO is not an organization that is in anything but a growth period, a period of great strength. This is not a job that they have brought someone in to fix problems. This is a society that is extremely strong, and in fact, is involved in so many things, it's almost a question of trying to make sure that you are triaging and devoting the right amount of resources to the most important things. ASCO, even though it's fairly large and quite capable, can't do everything. So I think one of the things we'll have to do is to make sure as an organization, to

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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
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take stock, and make sure we are growing in the right areas, that we're devoting adequate resources to the key issues. Part of my first month in office at ASCO will be to identify those key issues.

TCL: You see continued growth for ASCO?

Lichter: This is a society that has been on a fairly large, extended period of growth. Yet, I see more growth for this organization. I think there are still many oncologists in the United States who do not belong to ASCO, and for some reason, have not seen the value of this organization, and we need to present that to them.

There are important and very meaningful public policy issues and concerns that we have—about access to patient care, the increasing cost of health care, the uninsured, which represent an unforgivable problem in our society and must be addressed. Cancer, as you know, is a disease that at times can affect one's ability to perform work. With our insurance system that is tied to employer-based insurance, that's a very important and unique issue for cancer patients. ASCO has a stake in making sure that everybody can gain access to high-quality cancer care.

We also face some critical issues about the funding for cancer research. The country has created a set of priorities today that has caused it to freeze the amount of resources that they devote to advancing biomedical research. We believe that the investment the country has made in biomedical research in general, and specifically in oncology research, has been one of the greatest investments the country has ever made. We would like to spend some time making sure that our elected representatives understand the value of what they have invested in, and that we don't lose a generation of investigators while we are devoting resources in other areas that might be better spent to continue our research endeavor. ASCO has an important stake in that discussion.

TCL: Since you mention research, do you see a balance between the academic side of ASCO and the practice or business side?

Lichter: We are one society. We share a common goal. Some of us practice medicine inside academic centers and some of us practice down the block in community practices and community hospitals. But we are all oncology physicians. We are all dedicated to advancing our craft and producing better results for our patients. The need for entire community to take advantage of new research, to have access to new agents, to understand pathways of cancer so we can intervene and prevent better—this is the desire of every single member of ASCO regardless of their practice situation. We also want to make sure that we can deliver great care to patients, that the practice of oncology is not hampered by various legislative and regulatory decisions. That's an important issue whether you practice in a community hospital, or practice as I have, in a university hospital. We all share these issues and we all have similar goals. There are those that talk about ASCO as—how can you balance this against that. My feeling is that there is a single agenda. We're all on the same team.

TCL: Do you think the drug industry has become excessively influential in the practice of oncology?

Lichter: The pharmaceutical industry in this country is huge. It has become influential in the practice of medicine. Oncology is no exception; it's not singled out, nor has it escaped attention. The pharmaceutical industry does many wonderful things. Just about every agent we have to treat cancer, or heart disease, or diabetes, etc., comes through the efforts of the pharmaceutical industry, often combined with academic researchers. We have chosen in this country to make this a commercial enterprise, so it has all of the complexities of the interface between a for-profit, investor-driven, bottom-line-driven industry, interfacing with important and critical social goods, such as the delivery of health care and the advancing of research. This boundary is always going to be complicated. I think that the pendulum today might be swinging a little too much to say that physician interaction with industry is bad. That's not so. Physician interaction with industry is critical. If we cannot interact with our colleagues in the pharmaceutical industry to give advice, to point out problems, to help interface with their scientists to chart research direction—there really is no substitute group of individuals that the pharmaceutical industry can turn to. We have unique and irreplaceable skills, and must interact with pharma. On the other hand, it must be done in a way that does not hamper physicians' ability to be independent advocates on behalf of their patients. So, is oncology affected? Yes. All of medicine is affected. One thing ASCO absolutely is dedicated to doing is to make sure that the work we carry out is carried out with the highest ethical standards.

TCL: How do you view the industry influence on ASCO, specifically?

Lichter: Every professional society has its relation with industry. Resources that come to us through advertising in our journals, of being present at our exhibitor hall, and through unrestricted educational grants are part of the financial picture of a society like ASCO. We have to make sure that those types of interactions are absolutely transparent, they're disclosed,

and that they do not influence the opinion of the society in its mission to help cancer patients and those that treat them. We must remain an independent voice. We have a public responsibility in that regard. I'm going to work very hard to make sure that we maintain that public trust.

TCL: The issue of the price of cancer drugs has become prominent recently. Do you have any thoughts about ASCO's role in how to manage that?

Lichter: The cost of drugs is another very complex issue, one that we're not going to solve on this phone call. This has a particular focus in certain aspects of oncology and other branches of medicine, especially when some of these biologics and antibodies are used. Rheumatology faces these situations in treating many of their diseases. These drugs are very expensive. There's always a question of how a pharmaceutical company prices its drugs, the ability to take a drug and use its profits to underwrite the cost of drugs that didn't make it through the system. I think it is an important time for a national discussion on these issues. Obviously, these issues are front and center. People aren't importing drugs from Canada because they're of higher quality. They are importing drugs from Canada because the pharmaceutical industry has differential pricing in different countries around the world. The United States government, with Medicare Part D, chose to not use its purchasing power to bargain with industry, but rather to allow this to be done through the auspices of hundreds of separate insurance companies. These are important issues that the country has to deal with; they are important in oncology, and important in all of medicine.

TCL: Do you see any specific role for ASCO in working on this?

Lichter: Without question, we need to make sure our patients have access to the agents they need. I think that there are some reports of companies that have increased the price of various pharmaceutical agents without a rationale that the cost of producing the drug has gone up. I think that there are times where it is important for ASCO to speak out in situations like that and to try to ask important questions as to whether these practices represent practices that are in the best interests of our patients and our members.

TCL: On a more personal note, do you have plans to continue to practice oncology while running ASCO?

Lichter: No, I stopped practicing about two-and-a-half years ago, due to the demands of this job. Although I miss it terribly, I plan to devote all my energy to the job of EVP at ASCO, and not to get back into the practice of medicine.

TCL: What about teaching?

Lichter: A couple of academic centers in the Washington area have contacted me about the possibility of having a faculty position, and I've said that I would be interested in exploring it, but not until I settle into ASCO. So, I'm putting all of those discussions on hold.

TCL: Was there anything you learned in your ASCO presidency in 1998-99 that really struck you, that you didn't know about ASCO?

Lichter: The two most important things I learned were, first, that we have an outstanding group of volunteers. These are physicians who give of their time to make this society do what it has done, and to advance the care of cancer patients. And second, we have an extraordinarily dedicated staff that take the energy of the volunteers and channel it into great programs and into great products. That tradition of outstanding volunteers and a great staff—that's what's going to make the job so enjoyable.

Pharmaceutical Industry:

Bristol-Myers Squibb Under Federal Criminal Investigation

By Paul Goldberg

Bristol-Myers Squibb earlier this week disclosed that the U.S. Department of Justice has launched a criminal investigation of its deal with a Canadian manufacturer of generic drugs.

The investigation is focused on a the blood-thinner Plavix, Bristol's largest selling product, which had net sales of $3.8 billion last year.

On July 27, the company announced that it had "learned" that Justice is conducting an investigation of its three-way deal with Apotex, a generics company that was preparing to market a version of Plavix, and Sanofi-Aventis, the French company that invented the drug.

According to The Wall Street Journal, FBI agents raided the company headquarters, including the office of CEO Peter Dolan. DOJ doesn't comment on ongoing investigations.

The investigation stems from a proposed settlement under which BMS and Sanofi agreed to pay Apotex at least $40 million to delay the market introduction of generic Plavix. Under the agreement, Apotex agreed to delay market introduction of the generic Plavix until 2011, after the drug would go off patent. BMS sells Plavix in the US, and Sanofi, the holder of the principal

patent for the drug, sells it worldwide. The drug's total sales, including the US market, were $5.9 billion last year.

As a result of its acknowledged past infractions, Bristol has been operating under heightened scrutiny from regulators and law enforcement agencies. In 2003, Bristol's settled charges of anticompetitive acts and obstruction of generic competitors, delaying introduction of cheaper versions of the cancer drugs Taxol and Platinol, as well as the anti-anxiety drug BuSpar.

Under that settlement agreement, the company's deals are subject to antitrust review by the Federal Trade Commission and the state attorneys general (The Cancer Letter, Jan. 10, March 14, 2003, June 7, 2002). The new criminal investigation by Justice stems from the review of the Plavix deal by FTC and the attorneys general.

According to Brisol, FTC and the attorneys general earlier rejected one version of the agreement.

"In the response to concerns raised by the FTC and state attorneys general to that proposed settlement agreement, the company, Sanofi-Aventis and Apotex have amended the agreement," BMS said in the July 27 press release.

The Wall Street Journal reported that FTC and the states objected to the provision under which Bristol agreed not to launch an authorized generic Plavix in early 2011, thereby giving Apotex six-month exclusivity over the generic market.

"The modified agreement remains under review by the FTC and the state attorneys general," Bristol said in its press release. "There remains significant risk that antitrust clearance will not be obtained."

If clearance isn't obtained, "the proposed settlement would be terminated, and the litigation would be reinstated," the document states. "If the litigation were reinstated, Sanofi-Aventis and Bristol-Myers Squibb intend to vigorously pursue enforcement of their patent rights in Plavix."

Explanations for swift actions by Justice are yet to emerge. Legal observers who aren't involved in the case say that companies can face prosecution if they submit misleading statements to government agencies or share pricing information during negotiations.

BMS cannot afford another run-in with prosecutors. Last June, the company entered a deferred prosecution agreement with the U.S. Attorney's office in Newark, NJ. Under that deal, the prosecutors filed a criminal complaint charging the company with conspiring to commit securities fraud, but agreeing to delay prosecution, and if no new infractions occur, dismiss the charges after two years (The Cancer Letter, June 17, 2005).

Conditions of the agreement include an obligation by the company to inform prosecutors of "(a) any crime related to BMS activities committed by one or more BMS executive officers or directors; (b) securities fraud, accounting fraud, financial fraud or other business fraud materially affecting the books, records or publicly-filed reports of BMS; and (c) obstruction of justice."

Sources said the Newark U.S. Attorney's office isn't involved in the latest investigation.

Dolan is a member of the board of directors of C-Change and chairman of the board of the Pharmaceutical Research and Manufacturers of America. After taking the top job at Bristol five years ago, he has survived the sharp decline in the company's financial performance, the ImClone scandal, and prosecution of the company over accounting irregularities and anticompetitive practices.

In Congress:

Senate Committee Schedules Hearing For Von Eschenbach

By Paul Goldberg

Andrew von Eschenbach will get an opportunity to face the Senate Health, Education, Labor and Pensions Committee and make a case for his confirmation as the head of FDA.

The committee Republicans, who control the hearings schedule, have allowed the acting FDA Commissioner to appear before the panel.

Responding to this development, two Senators who placed holds on the von Eschenbach candidacy said that they would continue to block the confirmation until the agency makes a decision on the morning-after contraceptive Plan B.

The hold on the nomination blocks the vote by the full Senate, but doesn't apply to committee action. However, it was unclear whether the committee would vote on the von Eschenbach candidacy, Capitol Hill sources said.

The hearing is scheduled for Aug. 1.

"We are happy to question him in a hearing," said Alex Glass, a spokesman for Murray. "Sen. [Michael] Enzi [(R-Wyo.)], the chair of the committee, knows our position that we will place a hold on this nomination if it goes through the committee. So I am not sure what their end game is. But it will give us another chance to publicly ask questions about Plan B and other aspects of FDA."

The hearing would give von Eschenbach the platform to describe his visions of personalized medicine and increased reliance on surrogate endpoints. As head of FDA, von Eschenbach has not mentioned the goal that shaped his four-year stint as NCI director, the elimination of "suffering and death due to cancer" by the year 2015.

His plans have been focused on the Critical Path initiative, which seeks to "qualify" biomarkers for drug development and develop standards for "adaptive" clinical trials.

Von Eschenbach's successor at NCI, Acting Director John Niederhuber, has apparently refrained from mentioning the 2015 goal in his recent speeches. Niederhuber's more urgent goals include adjusting to lower appropriations by trimming the institute's programs, including those that were launched by his predecessor.

So far, the Senate has not questioned von Eschenbach's scientific agenda of his administration of NCI. The lawmakers challenged the conflicts of interest inherent in his dual role of running FDA and NCI, but that problem was resolved June 10, after von Eschenbach left the institute.

The hold placed by Clinton and Murray doesn't apply to von Eschenbach directly. Should the agency find it possible to approve Plan B, the hold would likely go away and the nomination would become viable.

Von Eschenbach's appearance before the committee could also set the stage for a recess appointment, which would allow the administration to bypass Senate confirmation through the end of the President's term.

"This may be en route to a recess appointment," said Robert Goldberg, vice president and director of programs for Center for Medicine in the Public Interest, a von Eschenbach supporter. "If he gets the votes, then he gets the votes. And if he doesn't, at least everyone got to air out their concerns, and the recess appointment will go forward. I think there is an agreement that the agency, one way or another needs a full-time commissioner."

National Academies:
Medication Errors Cost $3.5B A Year, IOM Report Estimates

Medication errors are among the most common medical errors, harming at least 1.5 million people every year, according to a report from the Institute of Medicine of the National Academies.

The extra medical costs of treating drug-related injuries occurring in hospitals alone conservatively amount to $3.5 billion a year, and this estimate does not take into account lost wages and productivity or additional health care costs, the report says.

The committee that wrote the report recommended steps to increase communication and improve interactions between health care professionals and patients, as well as steps patients should take to protect themselves. The report also recommends the creation of consumer-friendly information resources through which patients can obtain objective, easy-to-understand drug information. Also, it calls for all prescriptions to be written electronically by 2010 and suggests ways to improve the naming, labeling, and packaging of drugs to reduce confusion and prevent errors.

"The frequency of medication errors and preventable adverse drug events is cause for serious concern," said committee co-chairman Linda Cronenwett, dean and professor, School of Nursing, University of North Carolina, Chapel Hill. "We need a comprehensive approach to reducing these errors that involves not just health care organizations and federal agencies, but the industry and consumers as well."

The report estimated that on average, there is at least one medication error per hospital patient per day, although error rates vary widely across facilities.

Studies indicate that 400,000 preventable drug-related injuries occur each year in hospitals. Another 800,000 occur in long-term care settings, and roughly 530,000 occur just among Medicare recipients in outpatient clinics. The committee noted that these are likely underestimates.

There is insufficient data to determine accurately all the costs associated with medication errors. The conservative estimate of 400,000 preventable drug-related injuries in hospitals will result in at least $3.5 billion in extra medical costs this year, the committee calculated. A study of outpatient clinics found that medication-related injuries there resulted in roughly $887 million in extra medical costs in 2000—and the study looked only at injuries experienced by Medicare recipients, a subset of clinic visitors. None of these figures take into account lost wages and productivity or other costs.

FDA should work with other groups to standardize the text and design of medication leaflets to ensure that they are comprehensible and useful to all consumers, the report said.

The study was sponsored by the U.S. Department of Health and Human Services and Centers for Medicare and Medicaid Services. Copies of the report, "Preventing Medication Errors," are available at www.nap.edu.

In Brief:

Senate Appropriators Approve $200 Million More For NIH

(Continued from page 1)

Bush requested and $220 million more than the FY 2006 appropriation. . . . **WEILL MEDICAL COLLEGE** of Cornell University received an $8 million pledge from the Arthur and Rochelle Belfer Foundation to create the Arthur and Rochelle Belfer Institute of Hematology and Medical Oncology. The Belfer Institute will be dedicated to translation of laboratory discoveries into treatments for patients with cancer and blood disorders. The gift will fund the renovation of the medical college's hematology and medical oncology laboratories, new equipment for its tissue bank, and the recruitment of up to eight new faculty members with expertise in translational and clinical research. Construction began in March, and the center is expected to open next summer. "This extraordinary gift will help us enhance and expand our cancer research and treatment programs with the goal of becoming a National Cancer Institute-designated comprehensive cancer center," said **Antonio Gotto**, dean of Weill Cornell Medical College. "The Division of Hematology and Medical Oncology has undergone significant change over the last 10 years, growing from a relatively small group of predominantly basic and translational scientists and a limited number of full-time clinicians, into a division with 30 research professionals and internationally recognized physician-scientists," said **David Nanus**, co-chief of the Division of Hematology/Oncology. . . . **CANCER INSTITUTE of New Jersey** and **UMDNJ-Robert Wood Johnson Medical School** are working with **IBM** on a project that aims to advance cancer research using the computational power of World Community Grid. The WCG has the speed and sophistication to enable researchers to analyze large numbers of cancer tissue microarrays and conduct multiple experiments simultaneously. IBM will use its information technology capabilities to power the Help Defeat Cancer project for a minimum of three months. The project will begin with the analysis of breast cancer TMA's followed by studies involving head and neck cancers, said **David Foran,** lead researcher and professor of pathology and laboratory medicine and director of the Center for Biomedical Imaging at the UMDNJ-Robert Wood Johnson Medical School. . . . **UNIVERSITY OF NORTH CAROLINA** Lineberger Comprehensive Cancer Center and the UNC-Chapel Hill School of Pharmacy announced faculty appointments. **Howard McLeod** will be the Fred Eshelman Distinguished Professor of Pharmacy, director of the new UNC Institute for Pharmacogenomics and Individualized Therapy and member of the UNC Lineberger Comprehensive Cancer Center. McLeod comes to UNC from the Alvin J. Siteman Cancer Center at Washington University School of Medicine in St. Louis. McLeod is a principal investigator in the NIH Pharmacogenetics Research Network. **Ian Jonathan Davis** will join the UNC School of Medicine Department of Pediatrics as assistant professor in the Division of Hematology/Oncology. He will also be a member of the UNC Lineberger Comprehensive Cancer Center. Davis comes to UNC from Children's Hospital Boston and the Dana-Farber Cancer Institute. . . . **S. GAIL ECKHARDT** was named the Stapp-Harlow Endowed Professor and head of the Division of Medical Oncology at the University of Colorado School of Medicine, effective Oct. 1. She has directed the Division of Medical Oncology's phase I program and GI malignancies program at the University of Colorado Cancer Center as well as the Developmental Therapeutics Fellowship Program. She has led the Cancer Center Developmental Therapeutics Program since 2004. Eckhardt serves on the 2006-2009 NIH/NCI Developmental Therapeutics Study Section; the 2005-2009 FDA Oncology Drug Advisory Committee, and the 2005-to present NCI Investigational Drug Steering Committee. . . . **MARK GOLDBERGER** was named medical director for Emerging and Pandemic Threat Preparedness in the Center for Biologics Evaluation and Research at FDA. Goldberger, who has been with the agency in 1989 as a medical reviewer, was director of the Office of Antimicrobial Products, Center for Drug Evaluation and Research.

Jury Finds USC Geneticist Guilty Of Sexual Abuse

WILLIAM FRENCH ANDERSON, director of the Gene Therapy Laboratories at University of Southern California, was convicted July 19 of sexually abusing a child. A Los Angeles County Superior Court jury found the 69-year-old researcher guilty of four counts of continuous sex abuse and lewd acts toward a child under 14. He was jailed immediately and will undergo evaluation by psychiatrists and prison officials prior to his Nov. 17 sentencing. The victim, now 19, is the daughter of a woman who worked for Anderson at USC. Anderson began teaching the girl tae kwon do at his home in 1997, when she was 10. She claimed the abuse started during the lessons and continued for five years.

Obituary:

Tsuyoshi Kakefuda, NCI researcher, died June 16 in Potomac, Md. He was 77. Kakefuda joined the NCI Department of Molecular Carcinogenesis in 1967, capturing one of the first images of DNA replicating itself. Later he worked in the Office of International Affairs and became executive secretary of the U.S.-Japan Cooperative Cancer Research Program. He is known for promoting U.S.-Japan relations mentoring young Japanese scientists.

Funding Opportunities:

RFA-RM-07-001: **Assay Development for High Throughput Molecular Screening.** R21. Letters of Intent Receipt Date(s): Sept. 8. Application Submission/Receipt Date: Sept. 22. Full text: http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-07-001.html#SectionVII. Inquiries: Mark Scheideler, 301-496-1779; scheidelerm@ninds.nih.gov.

PA-06-481: Ruth L. Kirschstein National Research Service Awards for Individual Predoctoral Fellowships to Promote Diversity in Health-Related Research. F31. Application Receipt Date: May 1, Nov. 15. Full text: http://grants.nih.gov/grants/guide/pa-files/PA-06-481.html. Inquiries: H. Nelson Aguila, 301-496-7344; Aguilah@mail.nih.gov.

RFQ-NCI-60100-NG: Review of NCI Thesaurus for OBO Compliance and Training. Response Due Date: Sept. 2. Full text: http://www.fbodaily.com/archive/2006/07-July/22-Jul-2006/FBO-01093698.htm. Inquiries: holdcram@exchange.nih.gov.

N02-RC-67018-56: Facility for Breeding, Housing and Handling Virus Infected Mice, Genetically Manipulated Mice and Chimeric Mice. Response Due: Sept. 8. Full text: http://www.fbodaily.com/archive/2006/07-July/23-Jul-2006/FBO-01094804.htm. Inquiries: Juana Diaz, 301-496-8613; diazj@mail.nih.gov.

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