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Cooperative Groups Advised To Prepare For 10% Budget Cut, Slow Patient Accrual

By Kirsten Boyd Goldberg

NCI officials have told the clinical trials cooperative groups to prepare for budget cuts as high as 10 percent, a move that group chairmen say would jeopardize the institute's clinical trials program.

At a meeting with the groups earlier this month, officials of the NCI Cancer Therapy Evaluation Program said cuts could range from 3 to 10 percent, but the groups should prepare for the worst-case scenario, a nearly $16-million decrease to the $158-million program.

The groups should start planning to limit the number of new clinical trials in order to reduce patient accrual, CTEP Director Michaele Christian

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In the Cancer Centers:

Inflammatory Breast Cancer Clinic, Research Program, Opens At Anderson

M. D. ANDERSON has opened a first-of-its-kind clinic and research program for inflammatory breast cancer. Under the co-direction of **Massimo Cristofanilli**, associate professor, Department of Breast Medical Oncology, and **Thomas Buchholz**, professor, Department of Radiation Oncology, the clinic is housed in the M. D. Anderson Nellie B. Connally Breast Center. "Our goal for both the clinic and the research program is to finally understand why the disease is different, why it is so resistant to treatment, and ultimately to develop therapies that improve the well-being of women with this very rare form of breast cancer, which represents just 1-2 percent of all breast cancers diagnosed." said Cristofanilli. The clinic will be staffed with a multidisciplinary team experienced in caring for women with IBC. Faculty include: **Anthony Lucci**, associate professor, Department of Surgical Oncology; **Gildy Babiera**, ssistant professor, Department of Surgical Oncology, and **Shaheena Dawood**, Susan G. Komen Interdisciplinary Breast Fellow. . . . **YALE UNIVERSITY** and National Foundation for Cancer Research have established the NFCR Center for Anti-Cancer Drug Design and Discovery to develop beta-peptide inhibitors for cancer research. The center, supported by a five-year, $750,000 grant from the NFCR, will be led jointly by **Alanna Schepartz**, the Milton Harris, '29 Ph.D., Professor of Chemistry, and **William Jorgensen**, the Whitehead Professor of Chemistry at Yale. The center will collaborate with scientists working in over 40 cancer centers and laboratories. Other NFCR Centers are located at Oxford University, Case Western Reserve University, University of Alabama-Birmingham, Dana Farber

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Groups Say Program Cuts Jeopardize Clinical Trials

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confirmed in an interview with The Cancer Letter.

"We have reached a point where if we have to sustain a decrease in funding, we may have to do that by decreasing accrual," Christian said. "We would prefer to do that by reducing the opening of new trials. If we start planning now, we will be able to slow accrual. Accrual has been creeping up, even in the face of flat or slightly decreased budgets."

Over the past four years, NCI has provided flat budgets or decreases to the Cooperative Group Program, one of the institute's longest-running initiatives. Annual patient accrual has been falling from a peak of about 29,000 in 2001 to 27,648 in 2005.

However, accrual for the first half of 2006 was nearly 15,000, according to CTEP.

Still, the emphasis on reducing accrual didn't sit well with group chairmen.

"The whole Cooperative Group Program is in serious jeopardy," said Richard Schilsky, chairman of Cancer and Leukemia Group B, which this summer marked its 50th anniversary. "No one would say anyone is trying to overtly kill the program, but the persistent budget cuts may end up inadvertently killing the program."

"The NCI CTEP is approving fewer and fewer protocols," Schilsky said. "With fewer protocols in the system, there will be fewer physicians interested in putting patients on studies. Inevitably, people are going to look to other mechanisms to test therapies and make progress against cancer.

"Whether the groups are at risk of being dismantled outright, or whether they are gradually withering away, the net effect is the same."

The Cooperative Group Program began in 1955, enabling physicians at academic centers and hospitals around the country to pool their patient populations and their expertise to methodically test new therapies. NCI provides funding to support the infrastructure for each cooperative group, as well as capitation payments for each patient enrolled.

The group system has been hailed as one of NCI's most important programs, but also criticized for moving too slowly. The groups have often blamed NCI and the increasing regulatory requirements for blocking progress. Over the past 10 years, NCI has tried various pilot projects to "streamline" the system, with mixed results.

Congress hasn't finalized the NCI budget for fiscal 2007, which began Oct. 1. The institute is expecting somewhere in the range of $4.754 billion (the House version) to $4.799 billion (the Senate version). The lower amount would represent a $40-million cut, while the higher figure would provide $9 million more than last year.

When Congress doubled the NIH budget between 1999 and 2003, NCI's budget increased by about 80 percent, and the budget for the Cooperative Group Program rose by nearly 55 percent.

The program's funding peaked at $169.3 million in 2003, and has declined by 6.86 percent since, to the 2006 level of $157.957 million, according to budget figures provided by CTEP.

"An Incredible Bargain"

Three cooperative group chairmen visited Capitol Hill last month to lobby for support for the groups and NCI.

"We cannot hope to continue to provide the types of treatment advances that help people with cancer unless we reverse the trend of decreasing NCI funding," Robert Comis, chairman of the Eastern Cooperative Oncology Group and president of the Coalition of Cancer Cooperative Groups, said at the Sept. 19 briefing for Congressional staff members.

Comis was joined by Schilsky, Norman Wolmark, chairman of the National Surgical Adjuvant Breast and Bowel Project, and Joseph Bailes, interim executive

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vice president and CEO of the American Society of Clinical Oncology.

"Clinical trials are the vital link between laboratory discoveries and improved patient outcomes," Bailes said. "The cooperative groups' research through these clinical trials has brought improved outcomes to millions of people with cancer."

The Congressional briefing may not have had much impact, Schilsky said to The Cancer Letter. "The only response we got was, 'Well, Congress doubled the NIH budget, so why are you complaining?'" he said. "Yes, Congress doubled NIH, and the NCI increased, but Congress is not funding all the NCI programs individually. At the end of the day, it is the NCI leadership that has to choose to deploy the funding. The cooperative groups have not been foremost in the minds of the recent NCI leadership."

The Cooperative Group Program "is an incredible bargain," and is lean and efficient, compared to pharmaceutical industry spending on research and development, Schilsky said. "To ask the groups to sustain a 10 percent budget cut, it's almost impossible to figure out where that money would come from," he said.

"When NCI wants to fund new initiatives, the money is always there," Schilsky said. "A very small increment for the groups could have a huge impact. What they would gain from a small increase far exceeds what they would gain from starting a new program."

"Accrual Is Not Like A Faucet"

Group chairmen said they were unhappy with CTEP's suggestion to reduce accrual.

"The plan that was presented was to affect the budget by affecting accrual—to stop or slow down accrual," said Laurence Baker, chairman of the Southwest Oncology Group. "I know that when we did that some years ago in SWOG, it took years to recover. Accrual is not like a faucet you can turn on and off."

"We were advised to plan on the 10 percent cut and consider either reducing infrastucture costs—already underfunded and overtaxed—or decreasing accruals—certainly not consistent with a robust clinical trials system," said Gregory Reaman, chairman of the Children's Oncology Group. "Decreasing accrual when our whole function is to find better therapies for cancer by testing therapies in patients doesn't seem to be a good option."

"The peculiar thing in all this is that the only way you could rapidly save money in the Cooperative Group Program is to slow down or stop accrual to the most rapidly-accruing protocols—which are the most interesting to the community and the most important," Schilsky said.

CTEP also suggested that the group chairmen agree on a formula for the cuts, with certain percentages to come out of various areas, Schilsky said. "The sentiment of the chairs was that we couldn't have a one-size-fits-all method," he said. "Each group wants to develop its own plan."

NCI's Christian said her staff's suggestions were only a means of starting discussion.

"NCI is beginning its budget planning for next year and we felt we did need to have people prepared," Christian said. "We get our budget late in the fiscal year, at which point cuts are draconian if you don't plan ahead. My hope is that we will not have to implement the worst-case scenario. We do work hard to try to find additional funds. We wanted to engage the groups to begin discussion."

Most of the groups have already been planning for budget cuts.

Partly as a result of cost, SWOG is planning to close two disease committees, Baker said. A review earlier this year by the group's advisory board found that the committees are "underperforming," he said. He declined to identify the committees, because the plan is yet to be approved by NCI.

"The economics drove us to analyze what each committee costs, and the recommendation was to close two of them," Baker said. "That's pretty painful stuff."

In another change, SWOG plans to redistribute its translational research funds more equally among its members.

If these two actions don't result in enough savings, SWOG is planning to take other budget-reduction steps, Baker said.

"We are prepared to close the bottom 10 percent of our trials, and our board has approved our plan," he said. "We believe that there are trials that we started years ago with the best of intentions, but that completing them now is not as important as when we started. We think that's a much better approach than preventing new trials from opening."

Last year, SWOG handled a 5 percent budget cut by reducing its operations and headquarters expenses. With inflation of about 3 percent, the impact was an 8 or 9 percent cut, Baker said.

COG, which currently has a budget of $34 million, plans to open fewer, less complex studies, requiring fewer data points, Reaman said. "What this will mean

for COG is considerable scrutiny of study concepts, recognizing that we can no longer accomplish everything that we would like, prioritizing study development both on scientific merit and resource intensity, and an attempt to re-engineer processes in recognition that we need to do more with less," he said. "We also plan to look at ways to partner with industry, particularly for phase II studies or post-marketing studies, or where [companies have in place] a clinical trials agreement with CTEP," he said. This year, COG also received $3 million in funding from the Department of Defense cancer research programs.

CALGB decided six months ago to eliminate its melanoma committee, primarily because it wasn't making progress, Schilsky said. The group also decided to hold only one large meeting next year instead of the usual two.

CALGB would have to cut its $12-million infrastructure budget by $1.2 million if NCI requires a 10-percent reduction, Schilsky said.

"There is almost no way I can give up $1.2 million," he said. "We have a bare-bones staff to begin with.

"Cutting trials that aren't accruing well doesn't actually save you much money," he said. "If they are not accruing, they are not costing anything. It's easy to close those, but that has almost no immediate budgetary effect."

Like the other groups, CALGB will be careful about opening new trials, Schilsky said. "We are scrutinizing every trial that is proposed more carefully to make sure it is likely to be successful. We are trying to partner with industry where appropriate. We are probably going to make some adjustments for reimbursement rates for ancillary kinds of studies. We will have only one major group meeting instead of two. Even with doing all of that, we are not sure we would be able to sustain a 10-percent budget cut."

Starting fewer trials for the next few years could severely hurt groups at the time of peer review, Schilsky said.

Jan Buckner, chairman of the North Central Cancer Treatment Group, said his group has brought in efficiency experts to study how the group works and find ways to cut costs and time. NCCTG also plans to explore collaborations with other groups or academic centers.

"As with all the other groups, we continue to look for supplementary sources of revenue, through philanthropy, grants, and contracts," Buckner said. "If that doesn't do it, eventually it will result in reducing scientific output. That's a last resort, and hopefully it won't come to that. We are certainly scrutinizing every idea that comes through the door."

A sustained period of budget cuts to the Cooperative Group Program will result in fewer trials, Buckner said. "There will be fewer trials—I think there's no question about that," he said. "Will we be cutting practice-changing trials? I think we might. It's very difficult to reliably pick a winner. There's definitely a risk that we will slow down progress in the cooperative group system."

Since its founding, the Cooperative Group Program has completed more than 4,000 clinical trials and treated more that 500,000 patients, according to a press release ASCO prepared for the Congressional briefing.

According to the ASCO, "cooperative group trials have provided immediate benefits to a broad population of cancer patients, through research that has:

"—Produced long-term survival and cures for the majority of pediatric cancers.

"—Showed that breast-conserving lumpectomy is often a better surgical option than radical mastectomy.

"—Developed paclitaxel as a premier treatment for ovarian and metastatic non-small-cell lung cancers.

"—Established combined chemotherapy and radiation as the most effective treatment for cervical cancer.

"—Defined the role of newer targeted therapies, such as trastuzimab and bevacizumab, in the major solid tumors."

Two More Components Of TCGA Project Awarded

NCI and the National Human Genome Research Institute announced another two of the components of The Cancer Genome Atlas Pilot Project, a three-year, $100 million collaboration to test the feasibility of using large-scale genome analysis technologies to identify genetic changes involved in cancer.

The institutes made seven awards to establish Cancer Genome Characterization Centers, and one award for a Data Coordinating Center. The CGCCs will use advanced genome analysis technologies to identify major changes in the genomes of the cancers chosen for pilot program. NCI awarded a total of $11.7 million per year to support the CGCCs. The institutions receiving CGCC awards are:

—Broad Institute of MIT and Harvard. Using the Affymetrix platform, this center will identify changes in expression and copy number alterations that occur in cancer.

—Harvard Medical School and Brigham and Women's Hospital. Using the Agilent platform, this center will characterize tumor samples for alterations in chromosome segments copy number. This center will also develop new technologies to analyze expression profiles.

—Lawrence Berkeley National Laboratory. Using an Affymetrix Exon 1.0 array platform, this center will identify changes in the transcription profiles that occur in cancer.

—Memorial Sloan-Kettering Cancer Center. Using Agilent arrays, this center will provide characterization of chromosome segment gains and losses. This center will also develop new approaches to detect novel genetic rearrangements.

—The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University. This is a joint project with the University of Southern California Norris Comprehensive Cancer Center to detect changes in methylation profiles associated with transcribed genes in cancer samples.

—Stanford University School of Medicine. This center will use high-throughput whole-genome genotyping technology to identify chromosome segments copy number variation found in cancer.

—University of North Carolina Lineberger Comprehensive Cancer Center. Using an Agilent array platform, this center will identify changes in the transcription profiles that occur in cancer.

SRA International Inc., of Fairfax, Va., was selected to develop the Data Coordinating Center.

The DCC will track data produced by components of TCGA, ensuring that this data meets quality standards set for the project, and make TCGA data publicly accessible through databases supported by NCI's Cancer Biomedical Informatics Grid and the National Library of Medicine's National Center for Biotechnology Information. The DCC will establish public data resources that scientists can use in their research to generate new insights into the causes and potential targets for interventions in cancer.

Cancer Statistics:

Tobacco Control Accounts For 40% Of Mortality Decrease

A new report from the American Cancer Society –the first to systematically addresses the dramatic success of tobacco control efforts—finds even the most conservative estimate shows that reductions in tobacco smoking account for about 40 percent of the decrease in cancer death rates among men between 1991 and 2003.

Researchers say those efforts have prevented at least 146,000 cancer deaths in men during that time.

Writing in the October issue of Tobacco Control, Michael Thun, ACS vice president of epidemiology and surveillance research, and Ahmedin Jemal, say their findings suggest that without reductions in smoking, recent reductions in overall cancer mortality in men and women would have been virtually erased.

In 1991, the age-adjusted overall cancer death rate in the U.S. peaked. Between 1991 and 2003, it dropped by 16.1 percent in men and by 8.4 percent in women. The decrease in lung cancer and overall cancer mortality among men began approximately 30 years after the downturn in smoking rates.

No decrease in lung cancer mortality has yet occurred among U.S. women, who took up regular smoking 20 to 30 years after men and have been slower in giving it up.

The authors of the report used two approaches to estimate the impact of reductions in smoking on cancer death rates and number of cancer deaths. First, they projected the increase in lung cancer death rates in men and women that would have occurred had they continued to rise at their previous rates. From this, they conclude that without the drop in smoking that began in the 1960s, there would be essentially no decrease in cancer death rates occurring today.

In a second, more conservative approach, the authors applied the 1991 lung cancer death rate in men to the U.S. male population in each year from 1991 to 2003. From this they estimate that about 146,000 lung cancer deaths were prevented or postponed by the drop in lung cancer death rates in men during this interval.

While the second approach likely underestimates the full benefit of reductions in smoking on cancer mortality, it illustrates that a very large number of deaths from lung cancer were avoided because of reductions in cigarette smoking resulting from anti-smoking messages and other tobacco control measures implemented since the 1950s.

The authors say as dramatic as those gains have been, the payoff from past investments in tobacco control has only just begun. Lower smoking initiation rates today and the anticipated future decrease in lung cancer mortality in women have the potential to drive cancer death rates down even further.

"The bottom line is that sustained progress in tobacco control is essential if we are to continue to make progress against cancer," the authors conclude.

In the Cancer Centers:

Mayo, Legacy Develop Pilot Smoking Cessation Program

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Cancer Institute, Translational Genomics Research Institue, Vanderbilt University, Freie Universität Berlin, and the Institute of Medicinal Biotechnology of the Chinese Academy of Medical Sceinces in Beijing to form a broader international collaborative network. . . . **MAYO CLINIC** Nicotine Dependence Center and the American Legacy Foundation have collaborated on cessation materials for the pilot phase of EXsm, a multi-channel program to help people stop smoking. The campaign is being test marketed in four U.S. cities. The organizations have created a quit manual and online resources that avoid anti-smoking overtones used in past campaigns and instead provide resources to develop a comprehensive quit plan, said **Richard Hurt**, director of the center. . . . **CITY OF HOPE** Department of Nursing Research and Education received a $1.5 million five-year grant from NCI to advance the quality of end-of-life care through education for social workers, psychologists, and chaplains. The grant will fund the City of Hope ACE Project—Advocating for Clinical Excellence: Transdisciplinary Palliative Care Education. The program will consist of four annual educational seminars, said **Shirley Otis-Green**, principal investigator. City of Hope will accept 75 participants for the annual course. In the fifth year, the 300 participants will gather to disseminate their findings. . . . **TRANSLATIONAL GENOMICS Research Institute** was awarded a five-year, $10.7-million grant from the Department of Defense Breast Cancer Research Program. With Fox Chase Cancer Center, the grant would develop a treatment model for breast cancer to reverse resistance to anti-estrogen therapy. **Heather Cunliffe**, head of the Breast and Ovarian Cancer Research Unit, will collaborate with **V. Craig Jordan**, vice president and scientific director of medical science at FCCC. . . . **GAIL TOMLINSON** was named deputy director of the Children's Cancer Research Institute and chief of the Division of Hematology and Oncology in the Department of Pediatrics at the University of Texas Health Sciences Center in San Antonio. She held the Children's Cancer Fund Distinguished Professorship at the University of Texas Southwestern in Dallas. A pediatric oncologist and cancer geneticist, she will expand and develop translational and clinical research at the CCRI and Christus Santa Rosa Children's Hospital, the academic children's hospital partner of the Health Science Center. . . . **MARK LEMA**, chairman, Department of Anesthesiology and Pain Medicine at Roswell Park Cancer Institute, was installed as president of the American Society of Anesthesiologists Oct. 18 at the ASA annual meeting in Chicago. Lema has served in various capacities for ASA including first vice-president, member of the board of directors, and ASA newsletter editor. He serves on the National Comprehensive Cancer Network End-of-Life panel, NCCN Pain Panel and the New York State Partnership to Improve End-of-Life Care task force. . . . **MONICA MORROW**, chairman of the surgical oncology department at Fox Chase Cancer Center since 2004, received the Alumni Achievement Award from Jefferson Medical College alumni association. Morrow graduated from Jefferson Medical College in 1976 as a member of its five-year accelerated medical program. "She was awarded our most prestigious award because of her stellar clinical and research background and achievements in the study and treatment of breast cancer," said **Thomas Nasca**, dean of Jefferson Medical College. . . . **ALBERT FORNACE, JR**. was given a dual appointment in the Lombardi Comprehensive Cancer Center and the Department of Biochemistry and Molecular and Cellular Biology in the Biomedical Graduate Research Organization at Georgetown University Medical Center. A researcher in molecular oncology and the biology of cell injury, Fornace was recruited from the Harvard School of Public Health. . . . **COLORADO COLORECTAL SCREENING Program** received a $3 million award to provide colon cancer screenings for uninsured legal residents of the state. The grant is part of a larger tax revenue distribution collected from tobacco products. The program is managed by the University of Colorado Cancer Center at the University of Colorado at Denver and Health Sciences Center, but is based in more than 65 community health clinics across the state, said **Tim Byers**, deputy director and director of the Colorado Colorectal Screening Program at UCCC. The program will be expanded Nov. 1 for uninsured patients in all community clinics across the state whose incomes are below 250 percent of the federal poverty level. Also awarded were grants to The Children's Hospital, Denver Health, National Jewish Medical and Research Center, and the San Luis Valley Regional Medical Center. . . . **UNIVERSITY OF NEBRASKA Medical Center Eppley Cancer Center** recognized newscaster **Tom Brokaw** with its Ambassador of Hope Award Oct. 13. The event is a fundraiser for the center. The award is given for contributions in the fight against cancer through research, patient care activities or by raising

public awareness of cancer, said **Ken Cowan**, director of the UNMC Eppley Cancer Center. The family of the late **Harlan Noddle**, a Omaha businessman, will receive the Margre and Chuck Durham Spirit of Nebraska Award for their contributions to the UNMC Eppley Cancer Center. . . . **ELIA GILBOA**, a gene therapy scientist working in cancer and HIV/AIDS research, has joined the faculty of the Leonard M. Miller School of Medicine at the University of Miami. Gilboa, who will have dual appointments in the Department of Microbiology and Immunology and in the Division of Hematology Oncology at the University of Miami Sylvester Comprehensive Cancer Center, will develop an interdisciplinary immunotherapy institute for patients across the UM Miller School, said **Pascal Goldschmidt**, senior vice president for medical affairs and dean of the UM Miller School. The institute will be composed of four autonomous programs on cancer, infectious diseases, autoimmunity and transplantation. Since 1993, Gilboa has held dual appointments in the Departments of Surgery and Immunology at Duke University. . . . **UNIVERSITY OF VIRGINIA** researchers were awarded $1.5 million from the NCI Clinical Proteomic Technologies Initiative for Cancer to develop an office-based cancer screening test. The grant will identify biomarkers in human urine, whose presence could indicate cancer or other diseases, said **Dennis Templeton**, chairman of the Department of Pathology.

In Brief:

Leukemia Society Funds Four Center Research Grants

LEUKEMIA AND LYMPHOMA Society awarded four new Specialized Center of Research grants totaling $42.75 million, bringing to $159 million the amount the program has awarded since its inception in 2000. The SCOR program brings together teams of researchers representing different disciplines in a collaborative effort to discover treatment approaches for leukemia, lymphoma or myeloma. Three of the recipients for 2006 will receive $1.25 million per year for five years, for a total of $6.25 million, and one will receive $1.05 million per year for five years, for a total of $5.25 million. The recipients for 2006 are: **Frederick Alt**, Howard Hughes Medical Investigator at Children's Hospital Boston; **Carolyn Felix**, Children's Hospital of Philadelphia and professor of Pediatrics at the University of Pennsylvania School of Medicine; **Anthony Green**, University of Cambridge, Cambridge Institute for Medical Research Hematology; **Michael Thirman**, associate professor of medicine and director of Leukemia Biology, University of Chicago. The society renewed SCORs led by **Carl June**, University of Pennsylvania; **Stephen Nimer**, Memorial Sloan-Kettering Cancer Center; and **Jerry Adams**, Walter & Eliza Hall Institute of Medical Research. . . . **AMERICAN ASSOCIATION** for Cancer Research received a $200,000 gift from the Breast Cancer Research Foundation for the BCRF-AACR Fund for Translational Breast Cancer Research. The gift will be supplemented with a matching grant from the AACR Foundation for the Prevention and Cure of Cancer with a $400,000 research grant for translational breast cancer research. Grants in the amount of $200,000 will be awarded to researchers through the AACR scientific review process beginning in 2007. . . . **RICHARD LEAPMAN** was appointed scientific director of the Intramural Research Program at National Institute of Biomedical Imaging and Bioengineering, said NIBIB Director **Roderic Pettigrew**. Leapman was acting director of the Division of Bioengineering and Physical Science in the Office of Research Services at NIH. He served in a dual capacity as chief of the Supramolecular Structure and Function Resource. "The new intramural research program provides opportunities to develop innovative imaging and bioengineering technologies related to both clinical and basic biomedical sciences," said Leapman. "I envision that components of our program will serve as points of focus for the current trans-NIH research initiative, Imaging from Molecules to Cells, as well as for initiatives in nanotechnology and nanomedicine." . . . **SOUTHWEST ONCOLOGY GROUP** announced the completion of the Southwest Oncology Group 10th Young Investigators Training Course. During the three-day program in September, the six doctors received intensive training in statistical principles, data collection, analysis, critical decision-making and procedures. The skills will help them propose clinical trials that are more likely to be funded by NIH, said SWOG Chairman **Laurence Baker**. **Katherine Crew**, assistant professor of medicine and epidemiology at Columbia University; **Nestor Esnaola**, assistant professor in the Surgical Oncology Section at Medical University of South Carolina in Charleston; **Norah Lynn Henry**, hematology/oncology fellow at the University of Michigan Comprehensive Cancer Center in Ann Arbor; **John Sarantopoulos**, clinical research fellow in the Advanced Drug Development Program at the Cancer Therapy & Research Center Institute for Drug Development in San Antonio; **Andrew Stephenson**, associate attending physician and assistant professor

at the Glickman Urological Institute at the Cleveland Clinic Foundation; and **Glen Weiss**, chief fellow of hematology/medical oncology at the University of Colorado Health Sciences Center in Aurora. . . . **SUSAN G. KOMEN** Breast Cancer Foundation released, "Why Current Breast Pathology Practices Must Be Evaluated," a white paper calling for the review of gaps in breast cancer pathology guidelines and procedures. Developed by the foundation with a panel of oncology, breast pathology, surgery and radiology experts, the paper identifies a lack of uniform national standards in pathology practices, tissue handling, preservation and access, and current reimbursement policies as key issues that need to be addressed. The goal of the foundation in creating the white paper was to raise awareness of the critical issues, stimulate dialogue and challenge professional societies, government and the healthcare system to take action to develop new standards, improve quality control, and examine needed changes to reimbursement and insurance policies, said Rebecca Garcia, vice president of health sciences. . . . **NATIONAL COALITION** for Cancer Survivorship has begun online advocacy training sessions through its grassroots network, Cancer Advocacy Now! at www.canceradvocacynow.org. The sessions emphasize advocating for access to quality cancer care and provide guidance on how to communicate with federal legislators and other policymakers, said **Ellen Stovall**, president and CEO of NCCS. The first training session defines advocacy and explains how it can improve the healthcare system. The second session highlights some of the barriers and obstacles that cancer survivors face and the proposed legislative changes that would promote a comprehensive cancer care system. NCCI also said its Cancer Survival Toolbox is available free on iTunes, www.itunes.com. The Toolbox is a self-learning audio program created by cancer organizations to better meet and understand the challenges of the disease. The program features 10 modules that cover basic skills and topics including communication, finding information, negotiating, making decisions, solving problems, standing up for your rights, topics for older persons, finding ways to pay for care, caring for the caregiver, and living beyond cancer. . . . **AMERICAN HEALTH LAWYERS ASSOCIATION** elected **Anthea Daniels**, partner at Calfee, Halter & Griswold LLP in Cleveland, as president of the association. The group is a 9,800-member nonpartisan educational association. Daniels served on the board for eight years. Four health lawyers were elected to the board of directors: **Peter Pavarini**, **Kristen Rosati**, **Michael Schaff**, and **Lisa Diehl Vandecaveye**. Pavarini is chairman of the Schottenstein Zox & Dunn Health Law Practice Group of Columbus. Rosati is partner at Coppersmith Gordon Schermer Owens & Nelson, PLC of Phoenix. Schaff is shareholder at Wilentz Goldman & Spitzer PA in Woodbridge, NJ. Vandecaveye is corporate vice president of legal affairs at Botsford Health Care Continuum in Farmington Hills, MI. . . . **JOHN POISTER**, director of coverage and content for WPXI-TV, Pittsburgh, was appointed to the non-member seat on the board of directors of the Oncology Nursing Society. "A strategic objective of ONS is to raise the profile of nursing in the media. We are eager to hear how we can educate and inspire our members to work with the media," said **Pearl Moore**, CEO of ONS. . . . **MURDOCK RESEARCH INSTITUTE**, a new nonprofit institute of Research Park, N.C., will house the Bruker BioSpin World-Leading Superconducting Magnet thanks to **David Murdock**, chairman and owner of Castle & Cooke Inc. and Dole Food Co. Inc. The first and only actively shielded 950 MHz superconducting magnet is two story, eight ton machine, known as the Avance II 950 US2. The technology allows scientists to delve into the three-dimensional structures of molecules and study their interactions with greater clarity, enhancing research into drug development and nutrition. "This instrument will allow us to view biological molecules at an unprecedented resolution," said **Robert Taber**, vice chancellor of corporate and venture development at Duke University Medical Center. "It will be the flagship of a virtual armada of NMR devices available to the scientific community." Murdock is also purchasing several other pieces of advanced NMR equipment from Bruker BioSpin, which he intends to donate to the institute, including the Avance II 700 MHz systems, the Avance II 600 MHz system, and the Avance II 400 MHz system, all of which will be located in the Core Laboratory facility. . . . **ASH STEVENS**, of Detroit, was awarded two multi-year contracts from NCI totaling $12.4 million. The first contract, "Manufacture of Bulk Chemicals and Bulk Pharmaceutical Ingredients for Preclinical and Clinical Studies," is valued at $10.6 million, and the second contract, "Synthesis of Non-GMP Small Molecules," is valued at $1.8 million.

Funding Opportunities:

RFP N02-PC-65027-20: Cancer Control and Population Science Program Scientific Support Contract. Response Due Date: Dec. 12. Full text: http://www.fbodaily.com/archive/2006/10-October/22-Oct-2006/FBO-01168599.htm.

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