THE CANCER LETTER

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A Patchwork Of Policies Emerges As Insurers Tighten Payments For ESAs

By Paul Goldberg

Insurers and Medicare contractors continued to tighten controls on the use of Erythropoiesis Stimulating Agents in the treatment of anemia in oncology.

In addition to changing the guidelines to eliminate payment for ESAs for anemia of cancer, insurers formulated approaches to limiting the duration of the treatment and moderating the doses of the agents. As a result, physicians will have to navigate an immensely complicated system of reimbursement policies.

The payers' rapid response to emerging data demonstrates their eagerness to curtail reimbursement for the use of ESAs, which add up to nearly $7.4

(Continued to page 2)

In Brief:

NCCS, Hopkins Establish Scholarship Named For NCCS President Ellen Stovall

NATIONAL COALITION FOR CANCER SURVIVORSHIP has partnered with the Johns Hopkins Bloomberg School of Public Health to establish the **Ellen Stovall** Scholarship. Named for the president and CEO of NCCS, the scholarship will support cancer survivor advocacy by training health policy analysts on policies that affect cancer survivors, caregivers, and families. The scholarship will be awarded to one applicant each year. During the first year of the program, the scholar will complete the required core curriculum and dedicate elective coursework to building a strong academic background in cancer policy and advocacy. In the second year, the recipient will work for NCCS in a full-time, paid position dedicated to cancer survivor advocacy. The scholarship recipient will then graduate with a master's in health science from the Bloomberg School. Stovall has been NCCS president and CEO since 1992. . . . **ONCOLOGY NURSING SOCIETY** announced member awards. **Jan Foubert** is the recipient of the 2007 Oncology Nursing Society International Award for Contributions to Cancer Care and **Ida Moore** is the winner of the 2007 Oncology Nursing Society Distinguished Researcher Award. Foubert, past-president of the European Oncology Nursing Society in Brussels, is a senior lecturer in nursing and midwifery at the Association VUB and Erasmushogeschool. The award recognizes his contributions to the growth and awareness of oncology nursing in Europe through his work at EONS. Moore is professor and director, Division of Nursing Practice,

(Continued to page 7)

Payers Cutting Off-Label Use, Limiting Doses, For ESAs

(Continued from page 1)
billion in the oncology and renal settings.

The guidelines announced by Anthem Blue Cross and Blue Shield, a subsidiary of WellPoint, on March 16 are emblematic of rapid changes in the use of Johnson & Johnson's drug Proctit and Amgen's Aranesp. The latest guidelines replace an earlier version that went in effect only five weeks earlier, on Feb. 5.

The changes at WellPoint are all the more significant, because they affect the single largest private payer in the U.S., a group that has 34 million covered lives. The WellPoint guidelines, posted at www.anthem.com, aren't binding for all plans.

WellPoint's new guidelines state that Procrit is considered not medically necessary for patients whose anemia is induced by cancer rather than chemotherapy.

The previous version allowed payment for "chronic anemia in patients with malignancy."

The new version states that continued use of Procrit and Aranesp is not medically necessary when hemoglobin exceeds 12 g/dL. The earlier version set the cutoff target at 13 g/dL.

The guideline's earlier version, as the newest version, states that in the absence of a response, the use of ESAs should be stopped if a patient fails to respond to treatment within six to eight weeks.

In the renal indication, the WellPoint guidelines state that patients who aren't on dialysis and have symptomatic anemia should have the hemoglobin level of 10 g/dL before treatment can begin. In the earlier version, the threshold was set at 11 g/dL.

The WellPoint guidelines are above the target levels currently floated by FDA officials. Recently, the agency said that ESA were approved for reduction in the number of blood transfusions, and therefore should be used in a manner comparable with blood transfusions. This would mean initiation of therapy at around 8 g/dL and the cutoff at 10 g/dL (The Cancer Letter, March 16).

These lower target levels weren't included in the "black box" warning that FDA placed on the labels of these drugs, but the issue is certain to be discussed at the all-day meeting of the Oncologic Drugs Advisory Committee.

The black box states that physicians should use the lowest doses of ESAs necessary to raise the hemoglobin levels.

The Centers for Medicare and Medicaid Services, too, have initiated a "national coverage determination" on the use of ESAs outside nephrology (The Cancer Letter. March 16).

Also, the agency has informed its contractors that they may be able to avoid going through the public comment period if they decide to cut payment for ESA for anemia of cancer.

On March 9, Noridian Administrative Services, which runs the Medicare Part B program in 12 Western states, became the first contractor to eliminate payment for Aranesp for anemia of cancer. The company continued to reimburse Procrit.

Another contractor, NHIC, a company that serves 4 million Medicare beneficiaries in California and New England, announced that effective March 9 it wouldn't pay for either Aranesp or Procrit for anemia of cancer.

On the private side, United Healthcare will require doctors to report the patients' hematocrit levels before initiation of ESA treatment, and claims for treatment of patients whose hematocrit is 36 percent would be denied (The Cancer Letter, March 9).

New York Medicare Limits Dosage, Duration

National Government Services Inc., a unit of WellPoint which administers the Medicare Part B program in downstate New York, earlier this week published a "local coverage decision" that, in addition to limiting the uses of ESAs, mandates a move to lower doses of the agents.

This change is significant in part because Amgen

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Founded Dec. 21, 1973, by Jerry D. Boyd.

has been marketing pre-filled syringes of Aranesp, which can contain high doses of Aranesp.

The language of the National Government Services guideline, which will go into effect March 26, follows:

Erythropoietin is indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy.

Erythropoietin is indicated to decrease the need for transfusions in patients who will be receiving concomitant chemotherapy for a minimum of two months.

Patients receiving erythropoietin for this indication must have a target HCT no higher than 36% or a Hgb no higher than 12 g/dL.

Continued usage of supplemental erythropoietin is covered for this indication when the patient's HCT is no higher than 36% or the hgb is no higher than 12 grams.

The recommended starting dosage of erythropoietin is 150 Units/kg three times weekly or may alternatively be given at 40,000 units once per week for four weeks and increased to 60,000 units once per week for an additional weeks.

If the response is not satisfactory in terms of reducing transfusion requirements or increasing HCT levels after eight weeks of therapy, the dose of erythropoietin can be increased up to 300 Units/kg. If patients have not responded satisfactorily to an erythropoietin dose of 300 Units/kg or the weekly dosing as described above after two months, the erythropoietin therapy will be considered not reasonable and necessary.

The guideline is posted at www.empiremedicare.com/newypolicy/policy/l8897_final.htm

Trailblazer Requires Measurement of Hg

Another Medicare contractor, Trailblazer Health, requires physicians to measure the patients' hemoglobin levels a week before administration of ESAs.

The text of the Trailblazer coverage decision, which went into effect March 19, follows:

EPO [Procrit] or DPO [Aranesp] is indicated when administering the lowest dose possible to gradually raise the hemoglobin concentration to the lowest level sufficient to avoid the need for blood transfusion in the treatment of symptomatic anemia caused by chemotherapy administration for non-myeloid cancer treatment.

• Medicare will cover EPO or DPO use for this indication when pre-treatment HCT level is 36 percent or less and the patient is sufficiently symptomatic.

• The pretreatment HCT level should be obtained within one week of the initial EPO or DPO injection.

• Subsequent HCT levels should be obtained within one month of the next EPO or DPO injection.

• The patient may be treated until the hematocrit level reaches a target range of 36 percent. As the hematocrit level approaches 36 percent, administration of EPO or DPO should be reduced to maintain that level of HCT. Medicare will not cover ESA supplemental use for subsequent HCT level greater than 36 percent.

• The patient must have symptomatic anemia as a result of non-myeloid cancer chemotherapy treatments received no more than three months prior to the EPO or DPO injection.

Trailblazer administers Medicare in Washington, DC, Maryland, Virginia, Delaware, Texas, and Indian Health. The document is posted at www.trailblazerhealth.com/lmrp.asp?ID=4219&lmrptype=va.

New Jersey Blue Cross Limits Duration of Use

Blue Cross Blue Shield of New Jersey on Jan. 14 developed a method for limiting the duration of ESA use.

When ESA therapy is medically necessary, it is covered initially for eight weeks, then reviewed again every eight weeks thereafter.

"If there is no response (i.e., insignificant increase in Hgb of >1 g/dL or decrease in the duration or number of transfusions) after eight weeks, dose escalation is recommended.," the guidelines state. "If after 16 weeks, the Hgb has not increased by 1 g/dl, erythropoietin therapy is recommended to be discontinued.

Also, the New Jersey health plan's guidelines state that ESA therapy isn't medically necessary for the following conditions:

To enhance physical performance and energy level.

For members who merely have concerns with safety issues surrounding the use of blood products.

In managing immediate correction of acute anemia.

The document is posted at https://services3.horizon-bcbsnj.com/hcm/MedPol2.nsf

NY and NJ Aetna Plans Require Pre-Certification

On March 1, doctors who treat patients enrolled in all Aetna HMO-based benefits plans, including Aetna Medicare in Metro New York and Northern New Jersey have been required to get approval before initiating ESA therapy.

Oncologists and nephrologists have to fax a form or a patient's flow sheet to an Aetna office before treatment can begin. "If the treatment meets the criteria, CareCore [a unit of Aetna] will provide an authorization for eight weeks of therapy. Services will need to be reauthorized every eight weeks for continuation of coverage for treatment," the health plan said in a letter to physicians.

Preparing to institute the pre-certification process, the company asked physicians who practice in New York and Norhern New Jersey to report their use of Aranesp and Procrit. Instituted in 2005, the voluntary program was designed to track the use of these therapies.

"Health care providers who have complied with the monitoring program and have demonstrated that they are administering therapy within industry guidelines may be eligible for an exemption from the 2007 pre-certification requirement for these two drugs," Aetna said in a letter to physicians. "If your practice meets these eligibility criteria, this will be communicated to you in writing. Otherwise, you are required to obtain precertification."

Also, Aetna is changing its system-wide guidelines for EPO use. The new guidelines, which will be made public within a month, would require doctors to specify the patients' hematocrit levels when they submit claim forms. The current version of the guideline is posted at http://www.aetna.com/cpb/medical/data/100_199/0195.html.

NCI Programs:

Advisors Approve Continuation Of CCOP, Now In Its 23rd Year

By Kirsten Boyd Goldberg

The NCI Board of Scientific Advisors voted to approve the institute's plans to continue the Community Clinical Oncology Program, which provides support for community hospitals and oncology practices to enroll patients on NCI-funded clinical trials.

"This is one of the stellar programs [of NCI], now in its 23rd year," said BSA member Kirby Bland, deputy director of the University of Alabama at Birmingham Comprehensive Cancer Center. "It's a cooperative program. Our community, by volunteerism as well as hospital input, pays a large percentage of cost of these trials, and we don't want to lose the value of that. It's an extraordinary program…. Many would say that's a real bargain for NCI to get this kind of outcome for $2,000 [per patient]."

The NCI grants pay $2,000 per patient, but that doesn't cover the entire cost of enrolling a patient on a clinical trial. Hospitals match the federal dollars at about 76 percent on average, CCOP Program Director Lori Minasian said.

Minasian said the program has planned to take a cut this year of $8 million from the grants for the CCOPs, the Minority-Based CCOPs, and the Research Bases that support the CCOPs. In FY 2006, the grants were funded for a total of $66.1 million, and the estimate for FY 2007 is $58.1 million.

Under the budget in the concept statement presented to the BSA, NCI would provide $65.3 million in fiscal 2008 to fund the CCOPs. That would allow for a $7.2 million increase, restoring most of the expected cut. CCOPs are funded for three to five years, and a portion of the grants come in for competitive renewal each year.

The concept included $10.9 million in FY08 for an anticipated 15 to 17 CCOP applications, and $2.4 million for four to five MB-CCOP applications.

The CCOPs and MB-CCOPs account for about one-third of the accrual to NCI-supported cooperative group trials. In 2005, they accrued 8,000 patients to treatment trials and 5,000 patients to prevention and control trials.

NCI currently supports 50 CCOPs, 13 MB-CCOPs, and 14 Research Bases at cooperative groups and cancer centers. The program involves 395 hospitals, 2,170 physicians who accrue trial participants, and another 1,215 physicians who refer participants for accrual.

The BSA committee that reviewed the concept sought clarification about how the older program fits in with the NCI Community Cancer Centers Program, Bland said at a March 5 meeting of the BSA. "The question came up, how does the CCOP fit in with this new NCI initiative, how are they related, and are they duplicative?" he said.

In one of his first actions as NCI director, John Niederhuber created the NCCCP, which will use subcontracts totaling about $9 million through NCI-Frederick to support research at community hospitals. The initiative was presented to the BSA last year as an informational item, not for approval (The Cancer Letter, Nov. 10, 2006).

Minasian said the CCOP grants only support participation in clinical trials. "It's not meant to provide funding for other aspects of cancer care in the community," she said. "The NCCCP, I believe, is funding other aspects."

Niederhuber said the two programs are "quite

different" and would not compete with one another. "[NCCCP] is an effort do a lot of different things that we are doing in the institute, but to bring them together in the community in an integrative fashion, such as education, screening," he said. "My guess is that to be a solid applicant, one would have a track record, like participation in a CCOP. This would be, in many ways, actually added support for the CCOPs program."

Bland also asked about the impact of the Study to Evaluate Letrozole and Raloxifene (STELLAR, or P-4) proposed by the National Surgical Adjuvant Breast and Bowel Project, which NCI placed on hold in January (The Cancer Letter, March 2).

"A lot of the CCOP investigators are looking forward to participation in the P-4 trial," Minasian said. "There is no question that if it starts relatively soon, the costs savings will be there. The infrastructure is already built, it's ready to go. The community physicians have been asking for clarity because they were on the brink of hiring staff…. There was no request for new dollars for P4."

The board also approved two other concepts:

—Reissuance of the RFA for Centers of Excellence in Cancer Communication Research, which would provide $40 million over five years to fund four centers to support interdisciplinary research to inform practitioners how best to communicate to the public, patients, and cancer survivors. The currently funded centers are University of Michigan, St. Louis University, University of Pennsylvania, and University of Wisconsin.

Two of the three BSA members who reviewed the concept—Jane Weeks, of Dana-Farber Cancer Institute, and Margaret Spitz, of M.D. Anderson Cancer Center— said they thought that while the grants produced good research, there was too much of an investment in infrastructure, in only four institutions, and that the science of cancer communication needs more R01-type research. However, the chairman of the subcommittee, Susan Curry, of University of Illinois at Chicago, recommended maintaining the program's current structure.

Niederhuber said he thought that "tinkering with this would be kind of destructive for the progress that has been made." Also, NCI is in discussions with the American Cancer Society about expanding the program, he said.

The board voted to approve the concept as written.

—Reissuance of a "letter RFA" for A Data Resource for Analyzing Blood and Marrow Transplants, a project with the participation of the National Heart, Lung and Blood Institute and the National Institute of Allergy and Infectious Diseases. NCI would set aside $10 million over five years for one award to the Center for International Blood and Marrow Transplant Research. The project partially fulfills a Congressional mandate in establishing the C.W. Bill Young Cell Transplantation Program for collecting outcomes data on every related and unrelated transplant done in the U.S.

Professional Societies:

Hait Takes Office At AACR, DuBois Is President-Elect

Raymond DuBois was nominated president-elect of the American Association for Cancer Research, succeeding William Hait, who will become president of the association at its annual meeting on April 16 in Los Angeles.

DuBois stepped down last month as director of the Vanderbilt-Ingram Cancer Center and will join The University of Texas M. D. Anderson Cancer Center as provost and executive vice president.

Hait is senior vice president and worldwide head for hematology oncology research development at Johnson & Johnson.

Geoffrey Wahl, of The Salk Institute for Biological Sciences, who has served as AACR president for the 2006-2007 term, will fulfill the role of past president.

Five new members were elected to the AACR Board of Directors for the 2007-2010 term:

Judy Garber, director of the Cancer Risk and Prevention Clinic/Clinical Genetics Program; associate professor of Medicine, clinical associate in Medicine, and attending physician, Medical Oncology Service, Dana-Farber Cancer Institute; associate physician in Medicine and attending physician, Medical Service, Brigham and Women's Hospital.

Joe Gray, director of the Division of Life Sciences, and associate director of Life and Environmental Sciences, Lawrence Berkeley National Laboratory; adjunct professor in the Department of Laboratory Medicine, University of California San Francisco School of Medicine; program leader of Breast Oncology and Cancer Genetics; University of California San Francisco Comprehensive Cancer Center.

Daniel Haber, director of the Massachusetts General Hospital Cancer Center; director, Center for Cancer Risk Analysis, and physician, Massachusetts General Hospital; Laurel Schwartz Professor of Oncology and professor of Medicine, Harvard Medical School; chair, Program in Cancer Genetics, Dana Farber-

Harvard Comprehensive Cancer Center.

V. Craig Jordan, the Alfred G. Knudson Chair in Cancer Research and vice president and research director for Medical Sciences, Fox Chase Cancer Center; adjunct professor, Cancer Biology, Abramson Family Cancer Center, University of Pennsylvania.

Eileen White, associate director for Basic Science, member and program leader, Cancer Institute of New Jersey; professor, Department of Molecular Biology and Biochemistry, Rutgers University; resident faculty member, Center for Advanced Biotechnology and Medicine; adjunct professor, Department of Surgery, University of Medicine and Dentistry of New Jersey.

Four new members were elected to the AACR Nominating Committee for the 2007-2009 term:

Stephen Friend, executive vice president, Advanced Technologies and Oncology, Merck Research Laboratories; president, Aton Pharma Inc.; president, Rosetta Inpharmatics LLC.

Elaine Fuchs, the Rebecca C. Lancefield Professor, professor of Laboratory of Mammalian Cell Biology and Development, and Howard Hughes Medical Institute Investigator.

Jeffrey Trent, president and scientific director, Translational Genomics Research Institute, Phoenix.

Zena Werb, professor of Anatomy and vice chair of the Department of Anatomy, University of California, San Francisco; faculty biologist, Lawrence Berkeley National Laboratory.

Bissell Receives Pezcoller Award

Mina Bissell is the recipient of the 2007 Pezcoller Foundation-AACR International Award for Cancer Research for her pioneering work on the relationship between cancer genetics and the three-dimensional structure of cells and tissues.

Bissell is Distinguished Scientist in the Life Sciences Division at Lawrence Berkeley National Laboratory and a recognized leader in the study of the extracellular matrix—the complex physical and biochemical environment that surrounds living tissues —and how it regulates genes in both normal organs and malignant tumors.

The award recognizes an individual who has made a major scientific discovery in basic or translational cancer research. Bissell will give an award lecture at the AACR annual meeting on April 15.

The foundation will hold an award ceremony in early May in Trento, Italy, where she will receive a cash award of €75,000 and a medallion.

NIH News:

Wiltrout, Helman Named Scientific Directors, NCI CCR

Robert Wiltrout and Lee Helman have been appointed as scientific directors of NCI's Center for Cancer Research.

Both have been serving in acting roles, Wiltrout as the SD for CCR and Helman serving under him as the SD for Clinical Research.

Wiltrout has championed the importance of innovative, collaborative research, including overseeing the creation of four CCR Centers of Excellence to foster team science.

* * *

The Centers for Disease Control and Prevention, in partnership with the Produce for Better Health Foundation and other health organizations including NCI, launched the "Fruits & Veggies - More Matters" campaign on March 19. The campaign, which replaces the 5 A Day program, encourages adults to eat more fruits and vegetables at every meal.

* * *

George Strait Jr. will be the new director of communications at the National Center on Minority Health and Health Disparities at NIH.

"This appointment comes at a critical time in the continued development and growth of the NCMHD," said John Ruffin, NCMHD Director. "Mr. Strait brings a multitude of broadcasting, strategic communications and administrative experiences to the NCMHD that will serve the Center and the NIH well. I am pleased that someone with such outstanding credentials has joined our staff."

Strait served as associate vice chancellor for public affairs at the University of California, Berkley. Prior to joining UC Berkley, Strait was chairman of the board at the Henry J. Kaiser Family Foundation, a private philanthropic foundation dedicated to improving the health and life chances of the disadvantaged. At the Dr. Spock Company, an Internet resource for parenting and childcare, he served as Vice President of Content and Media.

For 22 years he was a correspondent at ABC News. In 1983, he became the first medical and health reporter in network television news history. In 1993, Strait was named correspondent in charge of directing ABC's coverage of the national health care reform debate. He was chief medical correspondent at ABC until he left the network in 1999. In 1975, he helped found the National Association of Black Journalists.

In Brief:

Soiffer Takes Office As ASBMT President, Anasetti Is VP

(Continued from page 1)

College of Nursing at the University of Arizona in Tucson. The honor recognizes her contributions through research that have enhanced the science and practice of oncology nursing. The topics of her research include leukemia and the central nervous system, biomarkers, and neuropsychological evaluation of children. They will receive their awards at the ONS 32nd Annual Congress in April. . . . **AMERICAN SOCIETY For Blood Marrow Transplantation** announced the installation of officers and directors. **Robert Soiffer**, chief of the Division of Hematologic Malignancies at Dana-Farber Cancer Institute and associate professor of medicine at Harvard Medical School, is president. **Claudio Anasetti**, professor of oncology and medicine at the University of South Florida and program leader of the Blood and Marrow Transplant Program at H. Lee Moffitt Cancer Center & Research Institute, is vice president. He will become president in 2009. **Helen Heslop** was elevated to president-elect and will assume the presidency in 2008. She is professor of medicine and pediatrics and director of adult stem cell transplantation at the Center for Cell and Gene Therapy, Baylor College of Medicine. Newly installed directors include: **Jeffrey Schriber**, of the City of Hope/Samaritan Bone Marrow Transplantation Program, Phoenix; **Paul Martin**, of the Fred Hutchinson Cancer Research Center and the University of Washington, Seattle; and **Ginna Laport**, of the Division of Bone Marrow Transplantation at Stanford University. . . . **CANCER RESEARCH and Prevention Foundation** of Alexandria, Va., established a $1.5 million Community Grants Endowment to fund cancer prevention and early detection programs and services in local communities across the country. Priority will be given to programs that demonstrate one or more of the following characteristics: new and innovative cancer prevention and/or health and wellness outreach; technology to enhance cancer prevention outreach; alternate settings and circumstances that enhance access to cancer prevention programming; promotion of cultural diversity and cultural sensitivity; focus on underserved special populations inclusion of patient navigation services; and integration of prevention and early detection education or service delivery—integration of two or more cancers, possibly with other chronic disease, said **Carolyn Aldigé**, founder and president of the foundation.

In the Cancer Centers:

Columbia Hires Two Experts In Prostate Cancer Research

HERBERT IRVING COMREHENSIVE Cancer Center at Columbia University Medical Center and NewYork-Presbyterian Hospital announced the addition of two prostate cancer physician-scientists. **Edward Gelmann** was named deputy director for clinical research in HICCC and chief of the Division of Hematology and Oncology. He was director of the growth regulation of the cancer program and the clinical research management office of Lombardi Comprehensive Cancer Center at Georgetown University. Gelmann is known for his work in the discovery in 1997 of the NKX3.1 gene, which is solely expressed in the prostate. **Carlos Cordon-Cardo**, a urologic cancer researcher, was appointed associate director for research infrastructure in HICCC and vice chairman of pathology. He was director of the Division of Molecular Pathology at Memorial Sloan-Kettering Cancer Center. . . . **PETER EMANUEL** was named executive director of the Arkansas Cancer Research Center at the University of Arkansas for Medical Sciences beginning July 1. He is acting director of the University of Alabama at Birmingham Comprehensive Cancer Center and is professor in the UAB Departments of Medicine, Genetics and Biochemistry. Emanuel has received continuous funding from NIH since 1992 in the amount of $1 million annually. He replaces **James Suen**, who has been center executive director since 2001. Suen, a co-founder of the ACRC, is chairman of the Department of Otolaryngology-Head and Neck Surgery in the UAMS College of Medicine. UAMS also announced a $1 million donation from **Joe Ford**, chairman of the board of Alltel Corp. and a state senator from 1967 to 1982, for new research and clinic space in the ACRC. A bill has been introduced in the Arkansas Senate to create the UAMS Cancer Research Center Matching Fund to fund construction and endowments for the center. . . . **MICHAEL HARBUT**, co-director, National Center for Vermiculite and Asbestos-Related Cancers, Karmanos Cancer Institute, is the recipient of the Dr. Irving Selikoff Lifetime Achievement Award from the Asbestos Disease Awareness Organization. He was honored for his research into the social and medical impact of asbestos. He will receive the award during the ADAO Third Annual Asbestos Awareness Day Conference March 31 at the Drexel University School of Public Health in Philadelphia. . . . **VANDERBILT-INGRAM** Cancer Center colorectal surgery team has developed

the Hereditary Colorectal Cancer Registry to track Lynch syndrome, or hereditary nonpolyposis colorectal cancer. In addition to monitoring patients, the registry would evaluate other family members who may need to be screened regularly at a younger age than traditional guidelines recommend, said **Duveen Sturgeon**, program coordinator for the registry. . . . **CITY OF HOPE** and California Institute of Technology received a $450,000 grant from the W.M. Keck Foundation for lymphoma research. The pilot grant could be renewed for up to $1.55 million in additional research funding through 2010. The researchers will direct cyclodextrin containing polymers—designed by **Mark Davis**, the Warren and Katharine Schlinger Professor of Chemical Engineering at Caltech, and his colleagues—to cells using engineered lymphoma antibodies developed at City of Hope, said **Stephen Forman**, the Francis and Kathleen McNamara Distinguished Chair in Hematology and Hematopoietic Cell Transplantation and principal investigator. Forman will lead a team including Davis; **Scott Fraser**, director of the Magnetic Resonance Imaging Center at Caltech; as well as COH investigators: **John Rossi**, chairman of the Division of Molecular Biology; **Andrew Raubitschek**, chairman of the Division of Cancer Immunotherapeutics and Tumor Immunology; **David Colcher**, deputy director, Department of Radioimmunotherapy Research; **Richard Jove**, co-director, Developmental Cancer Therapeutics; and **Hua Eleanor Yu**, professor, Division of Cancer Immunotherapeutics and Tumor Immunology. The Keck grant complements work at City of Hope funded by a five-year, $11.5 million NCI Specialized Program of Research Excellence grant for detection and treatment of Hodgkin's and non-Hodgkin's lymphoma.

Funding Opportunities:

RFA-RM-07-008: Assay Development for High Throughput Molecular Screening. R21. Letters of Intent Receipt Date: May 2. Application Submission/Receipt Date: May 16. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-RM-07-008.html.

PA-07-320: Development of Assays for High-Throughput Drug Screening. R01. Full text: http://www.grants.nih.gov/grants/guide/pa-files/PA-07-320.html. Inquiries: Min Song, 301-496-8783; ms425z@nih.gov.

RFQ-NCI-70036-NG: Special Studies Institutional Review Board NCI. Response Due Date: April 6. Full text: http://www.fbodaily.com/archive/2007/03-March/08-Mar-2007/FBO-01244431.htm. Inquiries: Malinda Holdcraft, holdcram@exchange.nih.gov.

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