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Breast Cancer Awareness High, Knowledge Of Facts Low, Survey Of Women Finds

By Paul Goldberg

The National Breast Cancer Coalition recently surveyed 1,000 women to quantify the gap between “awareness” of breast cancer and genuine understanding of the disease.

The result: a lot of awareness, but woefully poor knowledge.

“The National Breast Cancer Awareness Month has been in place for many years now, and I think it has done a pretty great job in terms raising awareness of breast cancer, and also painting breast cancer pink,” said Fran Visco, president of the Washington umbrella group that approaches breast cancer as a political issue.

“However, for NBCC, awareness is not enough, and we have worked
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In Brief:

Three Selected For MSKCC Paul Marks Prize; Hollings To Create \$1M Endowed Chair

MEMORIAL SLOAN-KETTERING Cancer Center announced winners of the 2007 Paul Marks Prize. The prize, which comes with a \$150,000 shared award, is named after the president emeritus of MSKCC, and recognizes significant contributions to the basic understanding and treatment of cancer by scientists no more than 45 years old at the time they are nominated. The awardees are: **Angelika Amon**, professor, Department of Biology and the Center for Cancer Research at MIT, and an investigator at Howard Hughes Medical Institute; **Todd Golub**, Charles A. Dana Investigator of Human Cancer Genetics at Dana-Farber Cancer Institute, associate professor of pediatrics at Harvard Medical School, and founding director of the cancer program at the Broad Institute of MIT and Harvard; and **Gregory Hannon**, professor at Cold Spring Harbor Laboratory and HHMI investigator. A committee whose chairman was **Jeffrey Friedman**, professor at Rockefeller University, selected the winners. . . . **HOLLINGS CANCER CENTER** at Medical University of South Carolina received \$500,000 from the Spaulding-Paolozzi Foundation to create the Countess Alicia Paolozzi Distinguished Endowed Chair in Breast Cancer Diagnosis, Treatment and Research. The center will provide matching funds of \$500,000. “The \$1 million chair will allow Hollings Cancer Center to recruit an outstanding breast cancer clinician and scientist to find new ways of diagnosing and treating the disease,” said **Andrew Kraft**, the center director. . . . **UNIVERSITY HOSPITALS**

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Women Think Charities, Not Feds, Pay For Research

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very hard over 16 years of our existence to determine how best to move beyond awareness to action, and how best to make certain that awareness in this country is awareness of the realities of breast cancer, and not a feel-good approach to breast cancer," Visco said at a press conference Oct. 1.

In addition to releasing the survey, NBCC has launched a "breast cancer caucus" website and invited presidential candidates to summarize their approaches to breast cancer. The webcasts are posted at www.breastcancercaucus.org.

In the survey, the majority of women said that private charities pay for most of cancer research, incorrectly identifying the government as a minor player.

Only 6 percent of women said that the federal government contributes the most to breast cancer treatment or prevention research. Nine out of 10 women across age groups have not heard or read anything recently about government-funded research in breast cancer.

More than half said incorrectly that the largest contributions came from breast cancer foundations. This finding is consistent with surveys that, over the years, have shown that the public grossly underestimates the federal government's role in funding cancer research.

Though often wrong, the respondents considered

themselves well-informed. Altogether, 76 percent said that they considered themselves knowledgeable about breast cancer.

In the survey, 59 percent of respondents said they had purchased or worn a pink ribbon, but only 36 percent described this as a very important activity in the fight against breast cancer.

"While the vast majority of respondents [wear pink ribbons], they also felt that it wasn't very important," Visco said.

Poor information hasn't translated into apathy, as 96 percent said that contributing to a breast cancer related charity was important, and 82 percent said it was important to contact an elected official about breast cancer legislation.

"We believed—and now we believe even more firmly—that while there is a lot of awareness and some knowledge, there is a lot of misinformation and misunderstanding about breast cancer, about risk of breast cancer, about prevention, about what we can do, and what actions really will make a difference for all women," Visco said.

Some of the survey's findings follow:

—A majority of respondents (56 percent) said that most breast cancers occur among women with a family history or a genetic predisposition to the disease. In fact, over two thirds of women diagnosed have no known risk factor.

Though an inherited genetic mutation is a potent risk factor, NCI estimates that these genes account for no more than 5 percent to 10 percent of breast and ovarian cancer cases overall.

"This is a serious piece of misinformation that still exists in the public," Visco said. "The research tells us that, in fact, about 70 percent of women who are diagnosed have no known risk factors."

— Women are convinced that breast self-examination is an effective early detection method, despite data to the contrary. Asked to characterize the area where the most progress has been made in the fight against breast cancer, the most frequent response (39 percent) was "awareness about how to self-detect breast cancer."

Research has shown that breast self-examinations do not reduce deaths due to breast cancer, and greatly increase the number of benign lumps detected, resulting in increased anxiety, physician visits, and unnecessary biopsies. According to the U.S. Preventive Services Task Force, "the evidence is insufficient to recommend for or against teaching or performing routine breast self-examination."



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

“A lot of the awareness about breast cancer comes around doing breast self-examination,” Visco said. “That was somewhat startling to us.”

—Overall, 73 percent of women said breast cancer is the most frequently discussed disease affecting women. Only 6 percent cited heart disease. Lung cancer, HIV/AIDS and diabetes got 1 percent each.

—Eating a diet rich in fruit, vegetables, and grains, exercise, and avoiding hormone replacement therapies are considered the top activities that effectively reduce the risk of cancer for women. Overall, 70 percent of women said that a diet rich in fruits and vegetables has a significant prophylactic effect. The most recent studies have found no significant decrease in breast cancer incidence when vegetable and fruit consumption was increased. Also, 55 percent cited exercise as an effective means of prevention, and 54 percent cited avoiding HRT.

—Women, particularly those over 50, said that very limited progress had been made in reducing deaths due to breast cancer. Looking forward, 44 percent of women in this age group expressed doubt that prevention will be found in their lifetime, but 86 percent were confident it will be found in their children’s lifetime.

—Younger women were more interested in prevention, as 53 percent of the respondents between ages 18 and 24 maintained that emphasis should be placed on prevention. Older respondents (46 percent of those 50 or older) preferred the focus to be on more effective treatments.

“It is not enough to light bridges and buildings pink,” Visco said. “It is not enough to pass resolutions in honor of breast cancer awareness month. There are serious substantive public policy measures that will truly make a difference in women’s lives, and breastcancercaucus.org will help us continue to educate the candidates and the public about those issues.”

The survey was conducted by in August by Penn, Schoen & Berland Associates, and includes responses from 1,004 women.

Research Funding: **Bush Signs Stopgap Funding To Keep Agencies Operating**

By Kirsten Boyd Goldberg

President Bush last week signed into law a continuing resolution that will fund government agencies at current levels through Nov. 16.

The legislation was needed because Congress

hasn’t finalized the 12 appropriations bills; the House approved all 12, but the Senate has passed only five.

Democratic leaders have said they would like to complete work on appropriations by Nov. 16, but it is likely that another continuing resolution will be required before Congress and the administration are able to resolve their differences.

Earlier this week, Bush vetoed a bill that would have expanded health insurance for children from low-income families. The compromise bill provided \$35 billion in additional funding over the next five years, to be paid for by a 61-cent-per-pack increase in the tobacco tax. Last week, the House voted 265-159 and the Senate voted 67-29 to approve the bill. Democrats are beginning a grassroots advocacy campaign to try to win enough votes to override the veto.

At the same time, the administration is seeking an additional \$42 billion in FY 2008 for the wars in Iraq and Afghanistan, for a total of \$184 billion for military operations.

“The irony here involves the fact that Congress is unable to send nine of the 12 FY2008 appropriations bills to the President because of his threats to veto them for including \$22 billion more for non-defense, domestic discretionary programs than was requested in the President’s FY2008 budget request,” John Retzlaff, director of legislative relations for the Federation of American Societies for Experimental Biology, wrote on the organization’s website. “The additional \$22 billion was inserted by Democrats to increase our country’s investments in many vital areas, including education, health care, and medical research.”

The White House request for the FY2008 Labor-HHS-Education appropriations bill proposed a cut of nearly \$4 billion. Democrats reinstated that amount and added \$8 billion.

“How this all ends is anyone’s guess, but it’s safe to say that the current spending battle between the two branches of government is as divided as it’s been since the federal shutdown of 1995,” Retzlaff wrote. “The President has drawn a line in the sand at limiting total spending to \$933 billion in FY2008 and is receiving support from House Republicans, who have been arguing all year that they lost Congress by not staying true to their principles, particularly on controlling spending. Democrats are adamant that many programs besides those related to defense, homeland security, veterans and foreign operations deserve to be supported.

“Therefore, it’s extremely likely that we will be discussing the FY2008 appropriations process well into December,” Retzlaff wrote.

NIH News:

NIH Begins To Implement President's Stem Cell Order

NIH said it will begin implementing President Bush's Executive Order to explore methods to expand the number of approved pluripotent stem cell lines "without creating a human embryo for research purposes or destroying, discarding, or subjecting to harm a human embryo or fetus."

The Executive Order calls on Health and Human Services Secretary Michael Leavitt, who in turn is directing NIH, to conduct and support research that takes advantage of emerging potential alternative methods for generating stem cells that are pluripotent—capable of producing all or almost all of the cell types in the developing body.

"The NIH has developed a sound, ambitious strategy to advance pluripotent stem cell research and generate more opportunities in this critical area," Secretary Leavitt said. "I sincerely hope that these steps will accelerate the discovery of new cures and treatments."

Stem cells have been recognized for years as a tool for advancing knowledge about cell specialization and its great potential to be medically valuable. At the most basic level, stem cells will also help in understanding the most fundamental processes in human biology and teach us how cells program and re-program themselves. Recently, technical innovation in stem cell derivation and proliferation suggests that there may be new avenues for scientific progress.

"NIH has been pursuing the potential of stem cells on all fronts, whether they are human embryonic, adult, or cord blood—since they were discovered. It is one of the central scientific challenges of our time," said NIH Director Elias Zerhouni. "NIH will continue to consult widely with the scientific community to determine the best approaches."

"The Executive Order recognizes the recent developments in adult mouse cells that can be reprogrammed to behave like embryonic stem cells, and we've laid out a strategy to explore their possible applications to human cells," said Story Landis, director of the National Institute of Neurological Disorders and Stroke. She also serves as chairman of the NIH Stem Cell Task Force.

The NIH plan includes a number of new or accelerated activities. The NIH Stem Cell Task Force will develop several funding opportunity announcements, including a Program Announcement. The PA will ask

for grant applications proposing research on human pluripotent stem cells derived from non-embryonic sources, such as somatic cells or cells found in amniotic fluid.

Also, the task force will create two supplement programs that will stimulate research in specific areas rapidly. They would be awarded to researchers already working in stem cell research to augment certain areas of their work that are of particular interest to NIH. All research proposals will be subject to the standard peer review process.

The plan also calls for aggressively pursuing an assessment of the potential of alternative sources of pluripotent stem cell lines, including altered nuclear transfer; single cell embryo biopsy, and reprogramming, or dedifferentiation of somatic cells, such as skin cells. While these methods have been proposed, questions remain as to their feasibility. NIH plans to undertake a comprehensive research portfolio review to determine what research the institutes are currently supporting in this area and convene a state-of-the-science workshop to identify the key questions. Some of the alternative methods may raise questions under applicable law. In such cases, NIH must carefully consider whether it may fund such research.

NIH will also hold a symposium that will explore what avenues of stem cell research eligible for funding under federal law and policy offer the greatest potential for clinical benefit.

Under the plan, NIH will rename its Human Embryonic Stem Cell Registry as the "Human Pluripotent Stem Cell Registry" and will consider the addition of new human pluripotent stem cell lines to the registry that are deemed eligible.

The implementation plan is available at <http://stemcells.nih.gov/policy/091907eo>.

NIH Awards 41 Grants, \$105M To "Pioneers" and Innovators

NIH has awarded five-year grants totaling more than \$105 million to 41 exceptionally innovative investigators, many of whom are in the early stages of their careers.

This is the first group of New Innovator Awards and the fourth group of Pioneer Awards. Both programs are part of an NIH Roadmap for Medical Research initiative that tests new approaches to supporting research.

Pioneer Awards support scientists at any career stage, while New Innovator Awards are reserved for new investigators who have not received an NIH regular research (R01) or similar grant.

The 12 new Pioneer Award recipients will each receive \$2.5 million in direct costs over five years. The 29 New Innovator Award recipients will each receive \$1.5 million in direct costs over the same period.

The Pioneer Award recipients are:

Lisa Feldman Barrett, Boston College; Peter Bearman, Columbia University; Emery Brown, Massachusetts General Hospital; Thomas Clandinin, Stanford University; James Collins, Boston University; Margaret Gardel, University of Chicago; Takao Hensch, Children's Hospital Boston; Marshall Horwitz, University of Washington School of Medicine; Rustem Ismagilov, University of Chicago; Frances Jensen, Children's Hospital Boston; Mark Schnitzer, Stanford University; Gina Turrigiano, Brandeis University.

New Innovator Award Recipients:

Kjersti Aagaard-Tillery, Baylor College of Medicine; Ryan Bailey, University of Illinois At Urbana-Champaign; Ed Boyden, Massachusetts Institute of Technology; Frances Champagne, Columbia University; Sean Davies, Vanderbilt University; Pedro Fernandez-Funez, University of Texas Medical Branch; Sarah Fortune, Harvard School of Public Health; Levi Garraway, Dana-Farber Cancer Institute; Tawanda Gumbo, University of Texas Southwestern Medical Center At Dallas; Nir Hacohen, Massachusetts General Hospital; Ekaterina Heldwein, Tufts University School of Medicine; Konrad Hochedlinger, Harvard Stem Cell Institute; Kristen Jacobson, University of Chicago; Joanna Jankowsky, California Institute of Technology; Alan Jasanoff, Massachusetts Institute of Technology; Mark Johnson, Brigham And Women's Hospital; Manuel Llinas, Princeton University; Feroz Papa, University of California, San Francisco; Dana Pe'er, Columbia University; Kathrin Plath, University of California, Los Angeles; Michael Rape, University of California, Berkeley; Jody Rosenblatt, Huntsman Cancer Institute; Alan Saghatelian, Harvard University; James Shorter, University of Pennsylvania School of Medicine; Dorothy Sipkins, University of Chicago; Eva Szigethy, Children's Hospital of Pittsburgh; Derek Toomre, Yale University; Jing Yang, University of California, San Diego; Mehmet Fatih Yanik, Massachusetts Institute of Technology.

NIH Adds 12 Academic Centers To Clinical Science Program

NIH has funded the second round of Clinical and Translational Science Awards, adding 12 academic health centers to the 12 awards made last October.

When fully implemented in 2012, 60 institutions

will be linked through these awards.

Led by the National Center for Research Resources, this round of awards includes partnerships with three minority research centers, three institutions led by women principal investigators, and connections with an additional four national primate research centers.

The awardees are: Case Western Reserve University; Emory University, partnering with Morehouse School of Medicine; Johns Hopkins University; University of Chicago; University of Iowa; University of Michigan; University of Texas Southwestern Medical Center; University of Washington; University of Wisconsin; Vanderbilt University, partnering with Meharry Medical College; Washington University; Weill Cornell Medical College, partnering with Hunter College.

The CTSA initiative grew out of the objectives of the NIH Roadmap for Medical Research. Funding comes from redirecting existing clinical and translational programs, and from Roadmap funds. Total funding for these new awards will be \$574 million. This total represents a nearly five-year budget period.

A third funding opportunity announcement for CTSA's has been issued, calling for the next round of applications to be submitted by Nov. 7, with the awards expected in June. The funding announcement is available at www.ncrr.nih.gov/ctsa.asp. The CTSA Consortium Web site is www.ctsaweb.org.

In Brief:

Ireland Cancer Center Fund Honors Comic Strip Character

(Continued from page 1)

IRELAND CANCER CENTER in Cleveland has unveiled a fund called Lisa's Legacy Fund for Cancer Research and Education, named in honor of a comic strip character. For the first time in a comic strip, "Funky Winkerbean" creator **Tom Batiuk** has depicted the death of a young wife and mother from the recurrence of breast cancer. In the strip, Lisa Moore died of the disease on Oct. 4, leaving behind her husband, Les, and their five-year-old daughter, Summer. Batiuk has granted UH Ireland Cancer Center permission to use Lisa's name and likeness to raise funds for cancer research and education. Also, Batiuk and King Features Syndicate will donate all royalties from his book, "Lisa's Story: The Other Shoe," published by The Kent State University Press to Lisa's Legacy Fund at the Ireland Cancer Center. "We are sincerely appreciative of Tom Batiuk's heart-felt gift in allowing us to establish Lisa's Legacy Fund to support cancer research," said **Stanton**

Gerson, director of the UH Ireland Cancer Center. "Through his work, Tom has done much to let women who are fighting breast cancer know that they are not alone. And through Lisa's Legacy Fund, we will be able to continue making progress in our ultimate goals of preventing, controlling, and eradicating cancer in all of its different forms." University Hospitals has planned a new, free-standing cancer hospital that will unite all of its cancer services under one roof. The proposed 360,000-square-foot facility, slated to open in 2010, will include 150 inpatient beds and ambulatory units for multidisciplinary care. . . . **UNIVERSITY OF SOUTH ALABAMA** Mitchell Cancer Institute received a \$2 million bequest from **Michael Boyd** and his wife **Ginni Boyd**, for an unrestricted research endowment. Boyd, the Abraham Mitchell chair and director of the USA Mitchell Cancer Institute, said the gift would initiate the development of the USA Mitchell Cancer Institute Research Endowment Fund. The fund supports cancer prevention, diagnosis, treatment, community outreach and public education. The gift is the largest to Campaign USA by an employee, the university said. The fund-raising campaign is projecting \$75 million for USA programs, faculty, students and construction over three years. Campaign USA was launched in March 2006 and, to date, has raised \$58.6 million. Prior to joining USAMCI in 2002, Boyd served as senior investigator and program director of the Molecular Targets Drug Discovery Program at the Center for Cancer Research at NCI. . . . **EMORY WINSHIP** Cancer Institute announced the appointments of two faculty members. **R. Donald Harvey** is assistant professor of hematology and oncology and director of the phase I clinical trials section. He was medical science liaison for Alexion Pharmaceuticals Inc. Prior to that appointment, he was clinical specialist in hematology and oncology and director of the hematology and oncology residency program at the Georgia Cancer Center of Excellence at Grady Health System. **Morgan McLemore** is assistant professor of hematology and oncology with a secondary appointment in medicine. He was assistant professor in the Department of Medicine Division of Hematology at the University of Texas Health Science Center at San Antonio. . . . **ROSWELL PARK** Cancer Institute received an award from the Global Smokefree Partnership at the meeting of the Society for Research on Nicotine and Tobacco in Rio de Janeiro. The institute was recognized for its outstanding and sustained contribution to promoting smoke-free policies in the U.S. and around the world. Research from the Department of Health Behavior at RPCI is funded in

part by grants from NCI, the Flight Attendant Medical Research Institute and the Robert Wood Johnson Foundation. GSP, a multi-partner initiative coordinated by the American Cancer Society and the Framework Convention Alliance, promotes effective smoke-free air policies. Also at RPCI, New York Gov. **Eliot Spitzer** has named **Michael Joseph** chairman of the Board of Directors of the Roswell Park Cancer Institute Corp., and **R. Buford Sears** to a three-year term on the board. Joseph has served on the board since 2004 and succeeds **David Zebro**, a principal of Strategic Investments & Holdings Inc., who chaired the board since 2004. Joseph is president of Clover Construction Management Inc. Sears served previously as a trustee and chairman of the Finance Committee for the Roswell Park Cancer Institute Alliance Foundation.

Professional Societies: **Edward Benz To Lead AACI; IPOS Presents Awards**

EDWARD BENZ JR., president and CEO of the Dana-Farber Cancer Institute, will become president of the Association of American Cancer Institutes at the association's annual meeting Oct. 28-30, in Washington, D.C. He will succeed **H. Shelton Earp**, director of the Lineberger Comprehensive Cancer Center at University of North Carolina, Chapel Hill. AACI represents 89 academic and free-standing cancer research centers. . . . **INTERNATIONAL PSYCHO-ONCOLOGY** Society presented two awards at its meeting in London last month. **Joan Bloom**, professor of psychology, University of California, Berkeley, received the Bernard Fox Award for contributions to psycho-oncology research. The Arthur Sutherland Award for lifetime contributions to the field of psycho-oncology was given to **Uwe Koch**, dean of the School of Medicine, University of Hamburg. . . . **INTERNATIONAL ATOMIC ENERGY** Agency of Vienna, Austria, and National Foundation for Cancer Research of Bethesda, Md., are collaborating on the Programme of Action for Cancer Therapy in America fund for developing countries at NFCR. The fund would support the International Atomic Energy Agency. PACT was created within the IAEA in 2004 to enable developing countries to introduce, to expand or to improve their cancer care capacity and services in a sustainable manner. NFCR is a non-profit organization that supports research in cancer prevention, early diagnosis, and treatment. . . . **TRIALCHECK**, a searchable database for cancer clinical trials, is available at the American Cancer

Society Web Site (www.cancer.org) and its 24-hour National Cancer Information Center (1-800-ACS-2345). The service gives cancer patients access to clinical trial matches for their diagnosis and locale. Developed by the Coalition of Cancer Cooperative Groups in 2001, the search tool has a disease-specific search filter guiding users through a query on cancer type, treatment history and condition. Its location-driven filter displays the search results by proximity to the user Zip code, providing tailored information on nationally registered cancer clinical trials open and seeking patients in the U.S. The service also will have links to trained clinical trial specialists at the ACS National Cancer Information Center directly from a TrialCheck search. "With this new TrialCheck service, we can work with ACS to reverse enrollment trends and give patients access to information that can inform and facilitate discussion with their physician," said **Robert Comis**, president and chairman of the Coalition of Cancer Cooperative Groups.

In Brief:

Galson Named Surgeon General; Woodcock To Fill In At CDER

STEVEN GALSON has been appointed Acting Surgeon General in the Department of Health and Human Services. Galson, a rear admiral in the Public Health Service, is director of the FDA Center for Drug Evaluation and Research. He joined FDA in 2001. He has served previously with the Environmental Protection Agency, Department of Energy, and the Center for Disease Control and Prevention. **Janet Woodcock** was appointed Acting Center Director. She will retain her position as FDA deputy commissioner and chief medical officer. She will begin a search for a permanent center director. Also in the Public Health Service, **Robert Williams** was named Acting Deputy Surgeon General. He was chief of staff in the Office of the Surgeon General. . . . **TIMOTHY COTÉ** was named director of the FDA Office of Orphan Products Development. He was Center for Disease Control country director for Rwanda, where he directed programs in HIV/AIDS, malaria and avian influenza, and was responsible for scientific and administrative leadership in patient care and research initiatives. He also oversaw the President's Emergency Plan for AIDS Relief operations in Rwanda. From 2002 until 2004, Coté was chief of the Therapeutics and Blood Safety Branch in the FDA Center for Biologics Evaluation and Research. . . . **NCI DIRECTOR'S CONSUMER LIAISON**

GROUP announced the appointment of four members: **Marie Dahlstrom**, of De La Mano Frente Al Cancer: Latino Cancer Coalition, and a member of the Komen Breast Foundation National Hispanic/Latina Advisory Council; **Everett Dodson**, of Prostate NET and director of prostate cancer screening at Howard University Cancer Center; **Joyce Graff**, executive director of VHL Family Alliance; and **Arlene Wahwasuck**, of the Four Tribes Women's Wellness Coalition, and a nurse and retired U.S. Public Health Service officer. . . . **NCI's caBIG** released a new software tool, CPAS (computational proteomics analysis system), which enables the cancer proteomics community to store, analyze, and share clinical proteomics data. The technology is an open-source, Web-based proteomics data management software that combines laboratory information management systems and informatics modules for high-throughput liquid chromatography/tandem mass spectrometry experiments and clinical trials. CPAS was developed as part of the NCI Clinical Proteomic Technologies for Cancer programs. Researchers can download the software at <http://ncicb.nci.nih.gov/download>. . . . **NIH** named eight members to its Peer Review Advisory Committee. Five will begin their terms immediately: **R. Lorraine Collins**, research professor in the Department of Psychology at University at Buffalo, State University of New York; **Garret Fitzgerald**, chairman of the Department of Pharmacology at the University of Pennsylvania; **Heidi Hamm**, chairman of the Department of Pharmacology at Vanderbilt University Medical Center; **Story Landis**, director of the National Institute of Neurological Disorders and Stroke; and **Jane Steinberg**, director of the Division of Extramural Activities at the NIH National Institute of Mental Health. Three will begin their terms in January: **Jill Buyon**, professor of medicine and associate director of the Division of Rheumatology, Department of Medicine, at New York University School of Medicine; **Paulette Gray**, director of the NCI Division of Extramural Activities; and **Andrew Murray**, the Herchel Smith Professor of Molecular Genetics and director of the Bauer Fellows Program at Harvard University. . . . **EISAI INC.**, of Woodcliff Lake, N.J., and Research Triangle Park, N.C., named **Emile Youssef** director, medical affairs, oncology. Youssef was associate director clinical research at Novartis Pharmaceuticals, Oncology Business Unit, and clinical indication leader for phase I/II trials at Novartis Oncology Business Unit. He also was instructor and faculty member for the past five years in the Department of Leukemia at M.D. Anderson Cancer Center.

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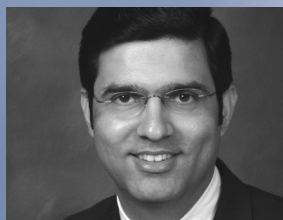
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