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## **Audit Finds NIH Conflict of Interest Reports Scattered, Inaccessible, And Incomplete**

*By Paul Goldberg*

Before any institution can start to dispense NIH grant money, it is required to submit a report on handling conflicts of interest on the part of its employees.

However, once these reports reach NIH, they become exceedingly difficult to locate, an audit by the HHS Office of Inspector General concluded.

Apparently, reports on management of conflicts are filed with other materials related to specific grants, and that would mean that the documents in question are scattered in the files for the 40,000 to 50,000 separate grants  
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### *In the Cancer Centers:*

#### **Pietenpol Named Director, Vanderbilt-Ingram; Jove To Lead Beckman Research Institute**

**JENNIFER PIETENPOL**, Ingram Professor of Cancer Research and professor of biochemistry, was named director of the Vanderbilt-Ingram Cancer Center after serving as interim director for the past year. "I am thrilled Jennifer has accepted this position," said Harry Jacobson, vice chancellor for Health Affairs at Vanderbilt University Medical Center. "I committed to finding the best person to lead this center and to ensure its place among the nation's finest. I believe we've found that person in Jennifer. During a national search, we considered a number of very capable and strong individuals. Meanwhile, Jennifer emerged as a true star, and has demonstrated energetic and inspirational leadership. It is clear she is uniquely qualified to lead this stellar team of physicians, scientists and staff to even greater heights." A member of the Vanderbilt faculty since 1994, Pietenpol has served as associate director of the Center for Basic Science and Translational Research Programs since 2002. She is a past program leader for Signal Transduction and Cell Proliferation, one of seven research programs in the center. Her laboratory is funded by NCI, the Department of Defense, and the Susan G. Komen Foundation. . . . **RICHARD JOVE** was named director of the Beckman Research Institute at City of Hope, where he also is deputy director of the Comprehensive Cancer Center. His research includes identifying STAT3 protein as a molecular target for cancer therapy and the roles of the protein in abnormal growth and survival of human tumor cells. Jove has been continuously funded by NIH for two decades since establishing his independent research laboratory. "City of Hope will commemorate the  
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## NIH Should Require Reporting Of Financial Conflicts, OIG Says

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that are active at any given time across the 24 NIH institutes that have grant-making authority.

Altogether, OIG was able to locate only 438 conflict-of-interest reports received during the fiscal years 2004 through 2006. For the most part, these documents didn't contain information on the nature of conflicts and their handling by the institution.

OIG offered three recommendations to NIH:

—Increase oversight of grantee institutions to ensure their compliance with federal financial conflict of interest regulations.

—Require the institutes to forward to the Office of Extramural Research all financial conflict-of-interest reports that they receive from grantee institutions and ensure that OER's conflict-of-interest database contains information on all conflict-of-interest reports provided by grantee institutions.

—Require grantee institutions to provide details regarding the nature of financial conflicts of interest and how they are managed, reduced, or eliminated.

NIH officials didn't dispute the findings and concurred with the first two of the OIG recommendations. The institutes balked at the prospect of collecting information on the nature of financial conflicts and the way they are managed, reduced or eliminated.

NIH argued that the responsibility for finding and handling conflicts rests on the institutions. Collection

of this information would effectively transfer this responsibility to the federal government.

OIG said the authority to collect this information is established by the law, 42 CFR 50.604(g)(3), and urged NIH to amend its current regulation. The provision states that the institutions should agree "to make information available, upon request, to the HHS regarding all conflicting interests identified by the institution and how those interests have been managed, reduced, or eliminated to protect the research from bias."

The report is posted at [www.oig.hhs.gov/oei/reports/oei-03-06-00460.pdf](http://www.oig.hhs.gov/oei/reports/oei-03-06-00460.pdf)

The Association of American Medical Colleges said it's in agreement with the NIH position. According to the association, collecting information on specific conflicts "would require the agency to become involved in research institutions' own management of specific conflict of interest cases in a manner that is unfeasible and beyond the NIH's existing statutory authority," AAMC said in a statement.

"The implementation of conflict of interest management programs at academic medical centers has been a challenging undertaking, and the AAMC acknowledges that there is opportunity for improvement," AAMC said. "To assist medical schools and research universities in this task, a joint AAMC-Association of American Universities Advisory Committee has worked during the past year to develop additional guidance and tools that will address key areas of conflict identification, evaluation, management, and disclosure."

The report is expected in mid-spring, AAMC said.

Capitol Hill insiders note that the question of conflicts of interest on the part of extramural scientists is the next logical direction of the campaign to regulate conflicts of interest in NIH-funded research.

In the past, such efforts resulted in tightening of rules for intramural scientists. Now, Congress appears to be looking for an approach to examining the issue.

Sen. Chuck Grassley (R-Iowa) said the subject has come up in several of his investigations.

"Universities receive NIH dollars with the understanding that they will manage their researchers' conflicts of interest," Grassley said in a statement. "However, my investigations have uncovered several instances where grant-funded doctors also have taken money from pharmaceutical companies and not reported it to their institutions. Universities need to take this issue more seriously, and the NIH should monitor its grants more closely for this problem."

In the cancer field, the question of monitoring



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**Editor & Publisher:** Kirsten Boyd Goldberg

**Editor:** Paul Goldberg

**Editorial Assistant:** Shelley Whitmore Wolfe

**Editorial:** 202-362-1809 **Fax:** 202-318-4030

**PO Box 9905, Washington DC 20016**

Letters to the Editor may be sent to the above address.

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

conflicts was raised by the Subcommittee on Oversight and Investigations of the House Committee on Energy and Commerce. The investigators asked NCI to account for conflicts of interest on the part of investigators of the National Lung Screening Trial (The Cancer Letter, Oct. 26, 2007).

Last week, The Cancer Letter reported that the leaders of another group of researchers, the International Early Lung Cancer Action Program, have been inconsistent in disclosing their patent applications, licensing agreements, and other commercial ties in their publications. Several journals said they are continuing to investigate the matter.

A publicly available database shows that one of the researchers—David Yankelevitz, of Weill Cornell Medical College—has four active NIH grants. Another—Claudia Henschke, of the same institution—has held federal grants sporadically in recent years.

The institution didn't respond to questions submitted by The Cancer Letter last week and resubmitted earlier this week. NIH officials declined to discuss the matter.

## **Group Urges Journals To Run Corrections On I-ELCAP Papers**

*By Paul Goldberg*

A Washington group that advocates for disclosure of conflicts of interest has asked the medical journals that have published papers by the leaders of the International Early Lung Cancer Action Project to run corrections indicating that proper disclosure was not made.

In letters addressed to journal editors, the Integrity of Science Project of the Center for Science in the Public Interest said that it had reviewed the story published in the Jan. 18 issue of The Cancer Letter and confirmed that significant conflicts of interest were not disclosed.

The letters were sent to The New England Journal of Medicine, JAMA, the Archives of Internal Medicine, The Lancet, Nature Clinical Practice Oncology, Clinical Cancer Research, CHEST, and Cancer Cytopathology, said Merrill Goozner, director of the project.

The journals were originally selected by The Cancer Letter from a longer list of publications that have published papers by I-ELCAP leaders after they began to seek patent protection for technologies involved in CT screening for lung cancer.

Several journals contacted by The Cancer Letter said that they are investigating the matter and are in the process of contacting the authors.

The CSPI letters to journal editors were dated Jan. 24 and signed by Aruna Prabhala, project coordinator

for Integrity in Science.

The text of the letter to Jeffrey Drazen, editor of NEJM follows:

“Following our own investigation of a report by Paul Goldberg in The Cancer Letter, the Integrity in Science Project has confirmed that New England Journal of Medicine failed to disclose significant conflict of interests of two authors published in October 26, 2006. In volume 355, number 17 of the New England Journal of Medicine, there was no disclosure that Claudia Henschke and David Yankelevitz, co-authors of ‘Survival of Patients with Stage I Lung Cancer Detected on CT Screening,’ hold patents and have filed patent applications for technology used in lung cancer screening. Their one awarded patent has been licensed by Weill-Cornell Medical College in New York City to General Electric, which manufactures CT scanning machinery.

“Failing to disclose all possible conflicts of interests of authors can compromise the credibility of research and the scientific journal in which that research appears. Therefore, the Integrity in Science Project requests that you print a correction disclosing the above conflicts of interests. If and when you do so, we would appreciate being notified.”

### *In the Courts:*

## **Smoker Sues NCI To Compel Guideline For CT Screening**

*By Paul Goldberg*

A suit filed in a federal court in Atlanta last week seeks to compel NCI to issue a guideline recommending CT screening of current and former smokers.

The suit, filed Jan. 17 in the U.S. District Court for the Northern District of Georgia asks for a permanent injunction to order NCI to recommend the controversial procedure.

The plaintiff is a 51-year-old smoker who wanted to be screened, but couldn't obtain insurance coverage for the service.

“Plaintiff's doctor told him that he would order a spiral CT for him, but that his insurance company would not pay for it, because NCI does not recommend Spiral CT to detect lung cancer,” the suit states. “Consequently, the plaintiff must pay for his Spiral CT out of his own pocket. The NCI's refusal to recommend spiral CT to detect lung cancer has caused economic harm to the plaintiff.”

The suit, Steven Peoples v. NCI, is posted at [www.thelungcancertrial.com](http://www.thelungcancertrial.com).

The case is unusual, because it doesn't seek

compensation from the defendants. However, other suits have asked for CT screening as part of compensation from tobacco companies. One such case, *Caronia v. Philip Morris USA Inc.*, is pending in New York. Another, *Donovan v. Philip Morris USA Inc.*, is pending in Boston. The damages in a third case, *Scott v. The American Tobacco Co. Inc.*, were recently stripped of the medical monitoring component, and the case is pending in Louisiana.

The government hasn't yet responded to the suit filed in Atlanta.

### Industry News:

## **Amgen Says ESA Use Dropped By Half In Fourth Quarter**

*By Paul Goldberg*

Amgen Inc. said utilization of its ESA agent has dropped by half during the fourth quarter of 2007, compared to 2006.

At an earnings call with Wall Street analysts Jan. 24, George Morrow, the company's executive vice president, global commercial operations, said the end of 2007 represented a "period of stabilization" of demand for ESAs.

"If you take that in the fourth quarter and compare to the similar period the previous year, the utilization patient use for ESA is down about 50 percent," Morrow said. "Literally we are talking about half of the patients being treated in that period, versus really a peak period in 2006."

The company's original projection that the National Coverage Decision enacted by the Centers for Medicare and Medicaid Services would result in a two-tier system, one for Medicare, another for patients covered by commercial insurance companies, doesn't appear to have come true. Private insurers haven't completely adopted measures that mirror the NCD.

"Many doctors are treating their patients with one approach," Morrow said. "They are not differentiating between Medicare and commercial payers. So I think 50 percent decrease in utilization, really reflects the new reimbursement environment in the label and it's been very stable through latter part of last year."

The company said that worldwide sales of Aranesp decreased 25 percent to \$827 million in the fourth quarter of 2007, compared to \$1,106 million for the same period of 2006.

The drop was primarily attributable to drop in U.S. sales, which fell by 39 percent, from \$761 during the fourth quarter of 2006 to \$462 million for the same

period in 2007.

"The decline for the quarter was due to demand, primarily reflecting physician conformance to label and reimbursement changes," the company said.

International sales of Aranesp increased by 6 percent due to changes in foreign exchange. "In Europe, sales were negatively impacted by dosing conservatism in the oncology segment and pricing pressure," the company said.

A meeting of the FDA Oncologic Drugs Advisory Committee could lead to further changes in the label for ESAs. According to the agency, the meeting is tentatively scheduled for March 13.

At the call with analysts, Roger Perlmutter, Amgen's executive vice president for research and development, said the company is planning "a more robust pharmacovigilance program to do additional studies to explore the question of ESA safety."

"The fundamental issue here is that the weight of evidence, when you look at the totality of all the studies, suggests that ESAs do not pose additional risk in terms of tumor progression or safety if you, for example, perform a meta-analysis as we have done, or Cochrane has done, or other people have done," Perlmutter said. "On the other hand, there are individual studies which show safety signals, in a number of different settings, and it is possible that those individual studies are telling us something quite important about particular tumor types or particular patients.

"So to exclude the possibility that there is a risk in terms of tumor progression or early death as a result of ESA used to treat chemotherapy-induced anemia, you really have to do large studies in homogenous tumor types, and we have been working with the FDA to design those studies with an eye towards making sure that they are practical, that you can actually enroll the studies, that we all agree that will answer the question and give us the right kind of results," Perlmutter said. "We are looking forward to the advice that we will get from the ODAC panel."

Last week, CMS posted three sets of instructions related to coverage of ESAs.

One instruction requires physicians to report the patients' hematocrit level prior to administration of ESAs. That change, which has been in the works for over a year, is intended to eliminate overuse of the agents stemming from poor monitoring of standing orders. The instruction is posted at <http://www.cms.hhs.gov/transmittals/downloads/R1412CP.pdf>.

Other two sets of instructions complete the process of implementation of the NCD covering the use of ESAs



in oncology. The final version of the coverage policy was published last July.

The new documents are posted at <http://www.cms.hhs.gov/transmittals/downloads/R1413CP.pdf> and <http://www.cms.hhs.gov/transmittals/downloads/R80NCD.pdf>.

### *In the Cancer Centers:* **Moffitt, Shands, UF Agree To Develop Joint Programs**

Moffitt Cancer Center, Shands HealthCare, and the University of Florida have signed a memorandum of understanding to work together to develop programs in cancer care, research, and prevention.

“As a statewide resource for cancer research and treatment, Moffitt seeks to foster relationships such as these to maximize the state’s investment in addressing cancer,” said William Dalton, president/CEO and center director of Tampa-based Moffitt. “We feel this partnership will enhance Florida’s national and international reputation in cancer care and research, and ultimately contribute to improving the overall standard of cancer care in Florida and increase the state’s profile in cancer care and research in the state and beyond.”

Moffitt’s Total Cancer Care model to patient care will be integrated with the cancer program at Shands at UF, the academic medical center in Gainesville, known for its work in such areas as bone marrow transplantation and radiosurgery.

The TCC model is widely admired for its emphasis on quality improvement, the needs of surviving family members, and tissue and data collection for the purpose of tailoring therapies for individual patients, said Bruce Kone, dean of the UF College of Medicine.

“We’re looking for synergies,” Kone said. “Our efforts will leverage their best assets and our best assets to deliver world-class care and discovery.”

This alliance comes 18 months after the opening of the Cancer-Genetics Research Complex on the UF campus. Also, Shands is preparing for the completion of its \$388-million, 500,000-square-foot cancer hospital in 2009.

“This partnership doesn’t disturb any relationship that our organizations have with other parties; in fact, we welcome others to join us,” said Tim Goldfarb, CEO of Shands HealthCare. “Through this alliance, we are uniting our intellectual, technological and scientific resources to truly lead cancer care for the benefit of Florida residents. Our impact together will be outstanding. This is an exciting day for people

throughout our region.”

Initial collaborations will include joint research, co-authored scientific publications, joint recruitment and philanthropy.

Working with NCI, Moffitt will seek to integrate the UF and Shands cancer programs into Moffitt’s NCI comprehensive cancer center designation. Inclusion would give UF scientists more opportunities at garnering NCI grants for collaborative projects with Moffitt investigators, Kone said. It also will give UF and Shands patients better access to large-scale clinical trials of new therapies.

Shands HealthCare is a private, not-for-profit health-care organization affiliated with the University of Florida Health Science Center. With facilities in North Central and Northeast Florida, Shands HealthCare includes eight hospitals: two academic medical centers and four community and two specialty hospitals. Shands at the University of Florida, the system’s academic medical center in Gainesville, has centers of emphasis in cancer, cardiovascular, neurosurgery, orthopaedic, pediatric and transplantation services.

### **Horne Succeeds Jove To Lead Molecular Medicine At COH**

(Continued from page 1)

Beckman Research Institute 25th anniversary this year and will have Dr. Jove facilitating collaborations between basic scientists and clinical investigators to begin the new era,” said **Michael Friedman**, president and CEO, City of Hope. Jove joined City of Hope in 2005 from the H. Lee Moffitt Cancer Center and Research Institute, where he was director of the Molecular Oncology Program and associate director of basic research. He succeeds **Arthur Riggs**, BRI emeritus director and professor of biology.

... **DAVID HORNE** was appointed chairman of the Division of Molecular Medicine at City of Hope. He will continue in his position as co-director of the City of Hope synthetic and biopolymer chemistry core facility. Known for his research in natural products synthesis, particularly in biologically active marine alkaloids and medicinal chemistry, Horne joined City of Hope in 2006 as professor in molecular medicine and co-director of the synthetic and biopolymer chemistry core program. He was associate chairman of molecular medicine and then acting chairman when then current chairman **Richard Jove** was named director of the Beckman Research Institute at City of Hope. Horne, whose research program has been continuously supported by NIH and the National Science Foundation, also serves on the synthetic and biological chemistry review panel for NIH.

... **ADAM DICKER** was appointed interim chairman of the Department of Radiation Oncology at Thomas Jefferson University Hospital. Dicker replaces **Walter Curran Jr.** Dicker, known for his work in prostate brachytherapy, also heads the Radiation Research and Translational Biology Program at the Kimmel Cancer Center at Thomas Jefferson University Hospital. He is chairman of the Translational Research Committee in the Radiation Therapy Oncology Group and serves on the NCI Investigational Drug Steering Committee of the Cancer Treatment Evaluation Program. ... **ANTHONY INGENITO**, radiation oncologist and researcher at The Cancer Center at Hackensack University Medical Center, was named founding chairman of the newly elevated Department of Radiation Oncology. Ingenito, known for his work in cancers of the central nervous system, head and neck, lung, gastrointestinal, and lymphoma, was medical director of the Division of Radiation Oncology. The division was renamed a department to reflect the increasing complexity of services and growing number of clinical trials under way, said **Andrew Pecora**, chairman and executive administrative director of the center. The department participates in trials of the Children's Oncology Group and the Eastern Cooperative Oncology Group. ... **HAMID and VIMLA BAND** were named heads of the new Breast Cancer Research Center at the Eppley Cancer Center at the University of Nebraska Medical Center in Omaha. Hamid Band, who is professor at the Eppley Institute for Research in Cancer and Allied Diseases, was professor at the Feinberg School of Medicine at Northwestern University and director of the Division of Molecular Oncology at Evanston Northwestern Research Institute. Vimla Band, who is professor in the Division of Genetics, Cell Biology and Anatomy and vice-chairman for research, was professor of medicine at Northwestern University. ... **TWO MIT SCIENTISTS** will be honored for their work by the National Academy of Sciences. The NAS Award in Chemical Sciences will be presented to **JoAnne Stubbe**, Novartis Professor, Departments of Chemistry and Biology, for her work on the mechanisms and regulation of ribonucleotide reductases. The award, supported by the Merck Company Foundation, comes with a medal and prize of \$15,000. **Angelika Amon**, investigator, Howard Hughes Medical Institute, and professor, Department of Biology and David Koch Institute for Integrative Cancer Research, will receive the NAS Award in Molecular Biology for her studies into the mechanism of chromosome segregation and the regulation of segregation. The \$25,000 award is supported by Pfizer Inc.

### *In Brief:*

## **Yates Succeeds Nelson As President Of NCCN**

**JEROME YATES** was elected president of the National Coalition for Cancer Research. He is national vice president for research at the American Cancer Society, where he is responsible for the Extramural Grants Program, Behavioral Research Center, and the Department of Epidemiology and Surveillance. Yates was senior vice president for clinical affairs and population sciences at Roswell Park Cancer Institute. He also was associate director for Centers and Community Oncology at NCI. He succeeds **William Nelson**, co-director of the Prostate Cancer Program at Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins. ... **RAJEEV VENKAYYA**, assistant professor of medicine, Division of Pulmonary and Critical Care Medicine, University of California, San Francisco, was named director of global health delivery in the Global Health Program of the Bill & Melinda Gates Foundation. He was special assistant to the President and senior director for biodefense on the White House Homeland Security Council. ... **NCI Division of Cancer Control and Population Sciences** announced the appointment of five branch chiefs. In the Behavioral Research Program, **Cathy Backinger** was named chief of the Tobacco Control Research Branch, and **Paige McDonald** was named chief of the Basic and Biobehavioral Research Branch. In the Epidemiology and Genetics Research Program, **Mukesh Verma** was appointed chief of the Methods and Technologies Branch, and **Britt Reid** was named chief of the Modifiable Risk Factors Branch. **David Stinchcomb** was appointed chief, Cancer Statistics Branch in the Surveillance Research Program. ... **L. MICHELLE BENNETT** was named deputy director of the NCI Center for Cancer Research. She previously served as CCR's associate director for science. Bennett trained at the McArdle Laboratory for Cancer Research where she focused on the genetic susceptibility of inbred strains of mice to liver cancer. She completed a postdoctoral fellowship at the National Institute of Environmental Health Sciences where she contributed to the identification and characterization of the human BRCA1 gene. While at the Lawrence Livermore National Laboratory, she focused on the mechanisms associated with the etiology of breast cancer in rodents. She joined CCR in 2002 and has been involved in a broad range of projects and activities, including the development and implementation of CCR's strategic

plan, the introduction of new Centers of Excellence as hubs for collaboration, and the restructuring of CC's communications activities.

*Professional Societies:*  
**ASCO Calls for Increase  
In Cancer Research Funding**

The American Society of Clinical Oncology called for substantial funding increases for NIH and NCI to reverse the effects of cuts and maintain the nation's research infrastructure.

NIH and NCI budgets have remained unchanged for four years, marking the longest sustained period of flat government funding for cancer research in the country's history.

"We've made extraordinary progress in preventing and treating cancer, but we still have a lot of work to do," said Julie Gralow, director, breast medical oncology, University of Washington School of Medicine and Fred Hutchinson Cancer Research Center, and co-executive editor of ASCO's report recommending a funding increase. "The pace of progress is in jeopardy. Because of funding cuts, we're already seeing reductions in the proportion of funded NCI grant applications, cutbacks in clinical trial enrollment and the elimination of entire research programs. We've never known more about how cancer grows and spreads. We need to accelerate progress for our patients, not slow it down."

ASCO also called for the removal of barriers to patient participation in clinical trials.

Clinical trials are the engine of cancer research and can represent a patient's best chance for effective therapy, but data suggest that only about 5 percent of cancer patients currently participate, the report said. ASCO urged public and private insurers to cover the costs of patients' participation. Some insurers do not cover participation in clinical trials because they are classified as "experimental." Several states have passed legislation or established agreements requiring that health plans pay for routine medical care for patients in clinical trials. ASCO urged other states to do the same, and encourages Medicare to continue to cover trial participation.

"Clinical trials are critical to advancing cancer research and improving care for patients. We need to do everything possible to remove barriers to participation in clinical trials," said Robert Ozols, senior vice president for medical science at Fox Chase Cancer Center, and co-executive editor of the report.

The recommendations were made in a year-

end report on advances in clinical cancer research, identifying the six most important advances in clinical cancer research over the past year.

The six advances identified were:

—First Systemic Treatment for Primary Liver Cancer: Nexavar.

—Treatments for Advanced Kidney Cancer Continue to Expand: Avastin.

—MRI Better for Screening Women at High Risk of Breast Cancer.

—HPV Linked to Head and Neck Cancers.

—Drop in Breast Cancer Cases Linked to Declining Use of Hormone Replacement Therapy.

—Preventive Radiation Therapy Can Stop Spread of Advanced Lung Cancer.

The report, "Clinical Cancer Advances 2007: Major Research Advances in Cancer Treatment, Prevention, and Screening," is available at [www.plwc.org](http://www.plwc.org).

*Funding Opportunities:*

PA-08-074: Community Participation in Research. R01. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PA-08-074.html>. Inquiries: Sabra Woolley, 301-435-4589; [woolleys@mail.nih.gov](mailto:woolleys@mail.nih.gov).

PAR-08-075: Community Participation Research Targeting the Medically Underserved. R01. Letters of Intent Receipt Date: April 16, April 15, 2009, and April 14, 2010. Application Submission/Receipt Date: May 16, May 15, 2009, and May 14, 2010. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PAR-08-075.html>. Inquiries: Sabra Woolley, 301-435-4589; [woolleys@mail.nih.gov](mailto:woolleys@mail.nih.gov).

PAR-08-076: Community Participation Research Targeting the Medically Underserved. R21. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PAR-08-076.html>.

PA-08-077: Research on the Economics of Diet, Activity and Energy Balance. R21. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PA-08-077.html>. Inquiries: Nancy Breen, 301-496-4675; [breenn@mail.nih.gov](mailto:breenn@mail.nih.gov).

PA-08-078: Research on the Economics of Diet, Activity and Energy Balance. R01. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PA-08-078.html>.

NOT-CA-08-008: Administrative Supplements for Dissemination of Cancer-related Surveillance Research. <http://www.grants.nih.gov/grants/guide/notice-files/NOT-CA-08-008.html>. Inquiries: Jon Kerner, 301-594-7294; [jon.kerner@nih.gov](mailto:jon.kerner@nih.gov).

RFPN02-RC-81005-74: Enzyme-Linked Immunoassays of Soluble Receptors, Antibodies and Immunoglobulin. Response Due date: March 4. Full text: <http://www.fbdaily.com/archive/2008/01-January/20-Jan-2008/FBO-01488413.htm>. Inquiries: Odessa Henderson, 301-435-3812, [oh4o@nih.gov](mailto:oh4o@nih.gov).



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### Breast Cancer

**Monday, May 12, 2008**

Host: National Comprehensive Cancer Network  
Location: Washington D.C.

**Friday, June 20, 2008**

Host: Stanford Comprehensive Cancer Center  
Location: Palo Alto, California

**Monday, September 22, 2008**

Host: Duke Comprehensive Cancer Center  
Location: Durham, North Carolina

### Colon, Rectal, & Anal Cancers

**Friday, February 15, 2008**

Host: Robert H. Lurie Comprehensive Cancer Center of  
Northwestern University  
Location: Chicago, Illinois

**Tuesday, April 29, 2008**

Host: Fox Chase Cancer Center  
Location: Philadelphia, Pennsylvania

**Wednesday, June 11, 2008**

Host: Fred Hutchinson Cancer Research Center/  
Seattle Cancer Care Alliance  
Location: Seattle, Washington

### Kidney Cancer

**Friday, June 20, 2008**

Host: University of Michigan Comprehensive Cancer Center  
Location: Detroit, Michigan

### Non-Small Cell Lung Cancer

**Monday, May 5, 2008**

Host: City of Hope  
Location: Pasadena, California

**Friday, September 12, 2008**

Host: University of Michigan Comprehensive  
Cancer Center  
Location: Birmingham, Michigan

*These dates are subject to change.*

Visit [www.nccn.org](http://www.nccn.org) to register or for more information.



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