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## Tobacco Company Liggett Gave \$3.6 Million To Henschke For CT Screening Research

*By Paul Goldberg*

Lung cancer researcher Claudia Henschke accepted \$3.6 million from the parent company of cigarette maker Liggett Group Ltd., The Cancer Letter has found.

The maker of Grand Prix, Pyramid, Liggett Select, Quest and Eve cigarettes provided the money in four installments between 2000 and 2003, and Henschke placed the funds in a non-profit group where she serves as president, tax documents show.

In her scientific articles, Henschke doesn't disclose receiving money from Liggett. Instead, she declares support from the Foundation for Lung Cancer Early Detection, Prevention & Treatment, the non-profit that received  
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### In the Cancer Centers:

#### **UCSF Brain Tumor Program Gets \$10M Pledge; Ohio State Receives \$12.5M For Bike Event**

**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO** Brain Tumor Program received a pledge of \$10 million by 2010 from Champion Charities for the new Brain Tumor Research Center in the Helen Diller Family Cancer Research Building at Mission Bay, said **Kathleen Plant**, chairman, Department of Neurosurgery and director, Brain Tumor Research Center. Funds also will go to creating an endowment for translational brain tumor research and patient services. Champion Charities was created by former NFL players **Harris Barton** and **Ronnie Lott**. . . . **OHIO STATE UNIVERSITY** Comprehensive Cancer Center and the James Cancer Hospital and Solove Research Institute at Ohio State University received a gift of \$12.5 million from NetJets Inc. of Columbus, Ohio, for a grassroots biking event that could raise more than \$60 million during the next six years, and more than \$20 million annually thereafter. Proceeds from the annual bike-a-thon will support cancer research at Ohio State, said **Michael Caligiuri**, cancer center director. The event, which is scheduled for September 2009, will be underwritten for six years by NetJets. . . . **LOMBARDI COMPREHENSIVE CANCER CENTER** at Georgetown University said **Jeffrey Toretsky** received a Clinical Scientist Award in Translational Research from the Burroughs Wellcome Fund, a five-year, \$750,000 award. Toretsky is a pediatric oncology physician and Ewing's sarcoma researcher at Lombardi Comprehensive Cancer Center at  
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the tobacco company money and which uses it to fund the work of the International Early Lung Cancer Action Program.

Though a press release was issued at the time the Liggett gift was announced, journal editors and cancer researchers haven't been aware of the source of Henschke's funding.

"Separate from the argument that one could say the end justifies the means, if you are using blood money, you need to tell people you are using blood money," said Otis Brawley, chief medical officer of the American Cancer Society, one of the groups that helped fund I-ELCAP.

NCI Director John Niederhuber, too, was unaware of the source of Henschke's funds. "The design of the research questions we ask and the interpretation of the results must be, to the best of our ability, above question," Niederhuber said in an e-mail. "We cannot, and should not, hold ourselves to anything less, and we must always be transparent regarding any and all matters, real or perceived, which might call our scientific work into question.

"It is vital that, as scientists and clinicians, we maintain our bond of trust with our cancer patients, who so generously volunteer to participate in our clinical research. Any breach of that trust is not simply disappointing but, I believe, unacceptable."



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

Henschke's institution, Weill Cornell Medical College, has been aware of the tobacco money. Antonio Gotto, the dean of her medical school, is a member of the charity's board of directors, as is Arthur Mahon, vice chairman of the institution's board of overseers and its former chairman. David Yankelevitz, Henschke's collaborator at Weill Cornell, is listed as the foundation's secretary and treasurer. Another Weill Cornell colleague, oncologist Mark Pasmantier, is also on the board. Documents show that the charity has transferred \$726,092 to Weill Cornell between 2000 and 2006, the last year for which the filings are publicly available.

Liggett officials acknowledge having given Henschke the money. "The company disclosed its gift at inception in a press release, contributed \$3.6 million in over a three year period, and had no control or influence over the research," Paul Caminiti, a spokesman for Vector Group, the owner of Liggett, said in an e-mail to The Cancer Letter.

The revelation that a tobacco company has been a major funder of Henschke's research comes at the time when medical journals and providers and accreditors of continuing medical education are investigating her failure to disclose patents and royalties from commercial sponsors, including GE Healthcare. As the leading manufacturer of CT scanners, GE stands to benefit from Henschke's campaign to screen asymptomatic former and current smokers (The Cancer Letter, Jan. 18). Several providers of continuing medical education are similarly investigating Henschke's disclosures at CME events (The Cancer Letter, March 14).

Weill Cornell officials didn't respond to questions from The Cancer Letter. However, in an interview with The New York Times, Gotto said the charity was set up by Henschke, Yankelevitz and another physician, and he joined the board sometime later.

"If we had been approached, we would not have set up the foundation," Gotto said to the Times. "We would have accepted the gift directly. We think we behaved honorably. There was no attempt to set up a foundation to hide tobacco money."

The Times and The Cancer Letter are publishing concurrent stories about this matter.

### Liggett: CT Screening Can Save Lives

On Dec. 4, 2000, Vector Group Ltd., the parent company of Liggett Group Ltd., announced a donation of \$2.4 million "to provide for the expansion of spiral CT scanning research at the Joan and Sanford I. Weill Medical College of Cornell University in New York City.

“The project is headed by Dr. Claudia Henschke of Weill Medical College, who has assembled an international, multi-site collaboration for lung cancer screening,” the press release states.

The press release quotes Bennett LeBow, chairman and CEO of Vector Group:

“We are very proud and thankful that we are able to help support this very important cause and believe it’s the right thing to do. Spiral CT scanning can potentially save millions of lives a year. We are especially pleased to partner with Weill Cornell Medical College and Dr. Henschke and her esteemed colleagues to further efforts to ensure the availability and reliability of this critical cancer screening method. We hope the other companies in the industry join us in our efforts.”

Henschke, too, gets a quote:

“Thanks to the contribution of Mr. LeBow and Vector Group, we have raised the initial funding needed to support this important research and data collection on the effectiveness of spiral CT scanning. In the U.S. alone, there are currently 48 million former smokers and 40 million smokers waiting to be screened by this method. This endowment brings us one step closer to amassing the data needed to ensure that this screening is reliable, affordable and accessible to all who need it going forward.”

The document is posted at <http://www.tobacco.org/news/54637.html>.

The Foundation for Lung Cancer Early Detection, Prevention & Treatment is not, technically, a foundation. In filings, it’s classified as a public charity. While foundations are set up primarily to distribute money, public charities are founded primarily to receive money and spend it on specific projects.

The group’s first tax form was dated Dec. 31, 2000, less than four weeks after the Liggett announcement. It received the Liggett money in four installments: \$900,000 in 2000, another \$900,000 in 2001, \$1.2 million in 2002, and \$600,000 in 2003.

### **Spending on Consultants**

Tax documents show that over the years, payments to consultants have been the largest single line item in the foundation’s budget. Overall, consultants received \$1,291,037 between 2000 and 2006.

In 2004 alone, consultants received \$346,127, tax documents show.

Consultants aren’t customarily used by clinical trials cooperative groups. “In all my years as a group chair, the only time I can think of that we used consultants was to help us in the evaluation of our

scientific programs, such as inviting outside experts to participate in our site visit preparations during a grant renewal or asking someone to participate in a scientific retreat to evaluate a particular research program or help us plan for the future,” said Richard Schilsky, chairman of Cancer and Leukemia Group B. “In such circumstances, we will reimburse travel expenses and might pay a modest honorarium, \$500 to \$1,000.”

Transfers of funds to Cornell were the second largest line item, and conferences were the third, adding up to \$424,596.

Altogether, over the years the I-ELCAP sites received \$390,000—less than a quarter of the funds that went to consultants. Most sites received \$30,000 grants, tax documents show.

In 2004, Henschke started taking money from groups that specifically prohibit the practice of “commingling” of their funds with those received from tobacco companies.

Funds from these institutions were received by Weill Cornell for Henschke’s and I-ELCAP’s use and combined with the \$1,057,086 surplus of Liggett money. The 2006 tax form shows that \$243,228 remained in the foundation.

Over the past four years, Henschke received over \$100,000 in grants and contracts from ACS, the society said. This included several \$10,000 to \$15,000 contributions for the annual meeting of the I-ELCAP, and a \$61,850 contract to support the I-ELCAP pathology and cytology evaluation program.

Each time she accepted ACS funds, Henschke signed a document certifying that she didn’t represent a tobacco company or subcontract work to those who do.

The ACS definition of a “tobacco company” contained in each of these documents includes “any company that manufactures tobacco products and is commonly considered to be part of the tobacco industry, including subsidiaries and parent companies, as well as philanthropic foundations and other organizations closely linked with the tobacco industry.”

Grant and contract applications signed by Henschke and listing her as the principal investigator state that “in no event shall Dr. Claudia Henschke or any staff associated with the project or the funds hereinafter employ any entity or assign, subcontract, or delegate, directly or indirectly, any work to any entity under this agreement if such is a tobacco company.”

In 2004, the American Legacy Foundation, in conjunction with a British foundation, gave Weill Cornell and Henschke \$1.8 million to conduct a

4,000-patient study designed to link CT screening with smoking-cessation programs.

As a condition for accepting funding from Legacy, institutions have to sign a statement pledging not to take funds from tobacco companies for the duration of the grant.

This clause in the grant conditions, known as Clause 12, states that “grants awarded under this program require that the dean or CEO of the school of public health confirm that the school of public health does not currently accept nor will accept any grant or anything else of value from any tobacco manufacturer, distributor, or other tobacco-related company during the grant period. This restriction is a policy of the American Legacy Foundation and applies to all of the foundation’s grantees and sub-grantees.”

Legacy spokesman Julia Cartwright said the foundation knew that Henschke had received money from a tobacco company in the past. However, the final transfer of funds from Liggett preceded the Legacy grant.

Though scientists who receive Legacy money are precluded from accepting concurrent funds from tobacco sources, surpluses of funds received from tobacco companies in the past are exempted from this prohibition, Cartwright said.

“The American Legacy Foundation requires grant recipients to agree not to accept tobacco funds or anything else of value from tobacco companies during the Legacy grant period,” she said in an e-mail. “It does not include a look-back provision, i.e., we do not disqualify grantees on the basis that they may have previously received tobacco support. If Legacy only supplied grants to entities that had never received tobacco dollars, unfortunately that list would be short and subsequently, our efforts to champion research and implement innovative programs to reduce tobacco use and save lives would have been seriously curtailed.

“Based on assurances from Weill Cornell that its Radiology Department would not accept funds (or anything else of value) from the tobacco industry during the period of our grant, we approved this grant because we believe that Dr. Henschke’s research holds promise in the effort to detect early lung cancer cases. Given the multi-site nature of this trial, her project is uniquely positioned to answer the fundamental question: ‘Does lung cancer screening adversely effect smoking cessation?’”

In 2006, the Foundation for Lung Cancer Early Detection, Prevention & Treatment made a \$25,000 cash “gift” to Legacy, tax documents show.

Cartwright said the transfer was never made. “According to Legacy’s accounting records, we have received no check from either Weill Cornell or the Foundation for Lung Cancer Early Detection Prevention & Treatment in the amount of \$25,000,” she said. “We made an inquiry to Weill Cornell about this \$25,000 check and notified them that we had received no such check. They have re-examined their files and apparently this was an accounting error on their part.”

On March 10, at a gala at the Pierre hotel, Legacy gave Henschke its “Humanitarian in Medicine and Public Health Award.”

In 2007, the Flight Attendant Medical Research Institute gave \$8.7 million to Weill Cornell to set up a “multidisciplinary research and clinical program to enhance early detection and treatment of diseases related to secondhand smoke exposure-including cancer, heart disease, emphysema, asthma, chronic bronchitis and osteoporosis.”

The initiative, called the FAMRI-I-ELCAP Collaborative Network, was expected to recruit 5,000 individuals from industries associated with exposure to secondhand smoke.

On its website, FAMRI states that it “does not support investigators who are currently receiving funds from the tobacco industry.” A FAMRI spokesman didn’t respond to a query from The Cancer Letter.

“I think all of them definitely should attempt to get the money back, if there is residual money that still remains,” said Robert Young, chancellor of the Fox Chase Cancer Center and chairman of the oversight committee of the National Lung Screening Trial, an NCI-sponsored randomized trial comparing CT with chest x-ray.

### **Liggett and the Cure**

“One of the interesting questions to me is why did the tobacco companies decide to support her work?” said Jerome Kassirer, a professor at Tufts University and former editor of The New England Journal of Medicine. “That’s a fundamental question, and the answer has to be that they probably thought that her work would show that lung cancer is not as bad as it is thought to be. In fact, they are wrong. It is as bad.

“Her research is trying to show a cure rate of 90% or something of the sort, but the fact is that her evidence is too weak to show that,” Kassirer said.

The role of tobacco companies in funding Henschke’s research should have been disclosed in talks and publications, Kassirer said. “Of course, it should have been disclosed, because we would want to know

what the nature of her research is getting at, and what we don't know is what the connection might be between the funding and the results."

Bruce Chabner, director of the Massachusetts General Hospital Cancer Center and editor of *The Oncologist*, a journal that published a paper by Henschke and Yankelevitz in its February issue said he, too, regards the latest conflict as relevant. "This only reinforces my concerns that full disclosure was not made," said Chabner, whose editorial on Henschke's disclosures appears in the March issue of the journal.

"This is a huge amount of money," said Young. "This is what just amazes me. This is not \$100,000, which would be big enough. But \$3.6 million! It's just difficult to imagine that that amount of money would not influence the researcher's behavior."

Merrill Goozner, director of the Integrity in Science Project of the Center for Science in the Public Interest, said Henschke's foundation is a smoke screen hiding the support of tobacco companies.

"When a researcher take money from organizations funded by industry, it's the same as taking money from the industry itself," Goozner said. "I didn't know Liggett as the prevention of lung cancer. I thought they were the cause of lung cancer. A discerning reader might want to look at the data a bit more closely if he is informed that the research is funded by a tobacco company."

Henschke has published 70 papers since establishing the charity to receive tobacco money. Disclosures in most of these papers state that she had no relevant conflicts. Several journals are investigating whether the technologies embedded in the I-ELCAP protocol should have been disclosed.

### **JAMA: Conflicts Are Relevant**

The Journal of the American Medical Association and the ACS journals *Cancer* and *Cytopathology* are about to publish items listing Henschke's business interests.

The March 24 issue of JAMA published Henschke's and Yankelevitz's letter to the editor disclosing their potential conflicts.

"We believe that none of the patent applications or the license agreement played any role in the design of the study, interpretation of the data, or drafting of the publications in JAMA and therefore did not disclose them," Henschke and Yankelevitz wrote. "However, we recognize that JAMA policy requires disclosure of any potential conflicts of interest, and in retrospect we regret that we did not disclose these financial relationships.... We apologize for any misperceptions that may have

resulted."

Responding to the letter, JAMA Editor in Chief Catherine DeAngelis wrote that the conflicts are relevant.

"The disclosures included in the letter by Drs. Henschke and Yankelevitz would have been published with their JAMA article and letter if they had been disclosed at that time," DeAngelis wrote. "The editors believe that they are relevant to these publications."

DeAngelis said the journal wasn't aware of Henschke's and Yankelevitz's tobacco ties. "I would never publish a paper dealing with lung cancer from a person who had taken money from a tobacco company," she said to *The New York Times*.

The ACS journals are publishing a publisher's note listing Henschke's and Yankelevitz's patents, licenses and funding sources. "Journal policy is that all authors sign an Authorship Responsibility, Financial Disclosure, and Copyright Transfer form, which states 'any direct financial interest in the subject matter discussed should be disclosed,'" the note states. "Full disclosure of the interests detailed above would have allowed the peer reviewers to consider the study in light of the authors' interests and whether this study's authors would benefit financially from its conclusions. If these interests had been disclosed, it would not have necessarily prevented publication of the papers, but these interests would have been published with the papers."

The *New England Journal of Medicine* said it had been given full disclosure in connection with the publication of the I-ELCAP paper on Oct. 26, 2006. However, it is unclear whether disclosure would have been acceptable for granting of Continuing Medical Education Credits (*The Cancer Letter*, March 14).

"I can't understand the *New England Journal's* position," Young said. "To say that these weren't conflict, to kiss it off, is really shocking."

An NEJM spokesman said the journal would look into the funding matter. "We have recently become aware of the source of the funding, which was not disclosed by the authors at the time of publication, and are reviewing the matter," Karen Pedersen, a spokesman for the journal, said in an e-mail.

The relationship between I-ELCAP and Liggett presents a novel problem in the context of CME, said Murray Kopelow, chief executive of the Accreditation Council for Continuing Medical Education.

"The funding of CME by the tobacco industry is a CME issue," Kopelow said in an e-mail. "ACCME has never before been made aware of CME being funded by the tobacco industry. Technically this industry is not

included in what ACCME defines as a 'commercial interest,' so ACCME's disclosure and independence policies do not apply. We are going to recommend to ACCME that ACCME open discussions on this issue to see if policy needs to be modified."

CME conflict of interest rules are written to prevent health care companies from influencing the content of education. "We've never seen a scenario where a tobacco company is involved in CME," said Kopelow, who plans to present this matter to the ACCME board at its next meeting.

Liggett, the smallest of the major U.S. tobacco companies, has pursued the strategy of cooperation with prosecutors and plaintiffs attorneys. The company has sought to settle legal claims and turn over privileged documents. In return, it has been able to avoid being prosecuted or being named in class action lawsuits.

CT screening figures in several aggregated civil lawsuits, where plaintiffs demand regular scans as part of "medical monitoring" of former and current smokers, and at least four I-ELCAP investigators have appeared as expert witnesses for the plaintiffs. Liggett hasn't been named in any of these suits.

No major medical society recommends CT screening, and FDA has approved the device only for diagnostic purposes. Two NLST investigators agreed to testify for the defense in those cases, arguing that the benefits of CT screening for lung cancer haven't been demonstrated.

At the behest of the Lung Cancer Alliance, a pro-screening group that works closely with Henschke, the House Committee on Oversight and Investigations last October started a probe of alleged conflicts of interest on the part of NLST investigators (The Cancer Letter, Oct. 26, 2007).

"I find it ironic that this type of attacks could be levied at people doing a well-designed and responsible trial by groups that have not done such a trial and were receiving huge amounts of money from the tobacco industry," Young said. "That's just appalling."

The status of the House investigation is uncertain.

While proponents of screening have characterized NLST as unethical and outmoded, NCI is committed to complete it.

"It is important, as well, to remember that no single study can answer every question about a broad area of research," Niederhuber said in an e-mail. "It is often said that good research not only provides new knowledge but also more questions. The NCI is committed to seeing its National Lung Screening Trial through to completion,

to help answer many of the questions surrounding mortality benefit of screening for lung cancer. Clinical trials that significantly advance knowledge often take longer than any of us would hope, but we must allow the research to go forward. The public health necessitates that clinical practice be driven by scientific evidence. We owe this to the public and to those who generously agreed to participate."

### *In the Cancer Centers:* **Lombardi Researcher Wins Burroughs Wellcome Award**

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Georgetown University. He is working with the drug discovery program led by **Milton Brown**, the Edwin H Richard and Elisabeth Richard von Matsch Endowed Chair in Experimental Therapeutics. "The collaboration between Jeff Toretsky and Milt Brown exemplifies the Lombardi commitment to creating multi-investigator collaborations that focus on translational research," said **Louis Weiner**, Lombardi center director. Toretsky completed his pediatric oncology fellowship at the NCI Pediatric Branch in 1994. . . . **CARL CROCE** was named the recipient of the 3rd Annual Albert Szent-Györgyi Prize for Progress in Cancer Research by the National Foundation for Cancer Research. He is director of the Human Cancer Genetics Program and director of the Institute of Genetics at Ohio State University. Croce was honored for his research into the direct and causative association of chromosomal translocations with the molecular mechanisms of oncogene activation. . . . **THOMAS JEFFERSON UNIVERSITY** established The Jefferson Stem Cell Biology and Regenerative Medicine Center for research into the biology, behavior and medical uses of adult stem cells in diseases that include neurological disease and cancer. **Michael Lisanti**, professor of cancer biology at Jefferson Medical College of Thomas Jefferson University and the Kimmel Cancer Center at Jefferson, was named its director. He also is the Margaret Q. Landenberger Professor of Breast Cancer Research at Jefferson. Concentration in cancer stem cell research will focus both on solid tumors such as breast, prostate and pancreas and on blood cancers such as leukemia and lymphoma. The center consists of seven programs: blood and immune cells; bone, cartilage and muscle; brain and nervous system; cancer; tissue and organ regeneration; reproduction and fertility; and skin. Ties are being established with other local institutions, such as Lankenau Institute for Medical Research in Wynnewood and Christiana Care's Helen F. Graham

Cancer Center in Wilmington, said Lisante. . . . **M. D. ANDERSON CANCER CENTER** and its partners are working with Partnership for Breast Cancer Awareness and Research of the Americas to combat breast cancer in Mexico at an event with First Lady **Laura Bush**. Joining the collaboration are Asociacion Mexicana contra el Cancer de Mama, A.C. and Instituto Nacional de Cancerologia or INCAN, which will work with M. D. Anderson, the U.S. Department of State and Susan G. Komen for the Cure on education, research, training, community outreach, and women's empowerment. M. D. Anderson and INCAN entered a formal sister institution agreement in January 2007. The Partnership for Breast Cancer Awareness and Research of the Americas was announced by Laura Bush in July 2007 and is facilitated by the U.S. Department of State. The initiative brings together leading experts in the United States, Mexico, Brazil and Costa Rica to reduce the burden of breast cancer through programs in the region. . . . **ROSWELL PARK CANCER INSTITUTE** gynecologic cancer surgeon **Kunle Odunsi** received a three-year \$900,000 research grant from the Ovarian Cancer Research Fund to develop an ovarian cancer vaccine. Working with an experimental anti-tumor vaccine, Odunsi and his team will work on ways to heighten the immune system's ability to respond to the vaccine. Also working with Odunsi on the project are RPCI collaborators **Protul Shrikant**, Department of Immunology; **Adam Karpf**, Department of Pharmacology and Therapeutics; and **Kirsten Moysich**, Department of Cancer Control and Prevention. Also at Roswell Park, **Wen Wee Ma** and **Grace Dy** were appointed attending physicians in the drug development program, Department of Medicine, and will work on phase I trials. Ma will treat patients with gastrointestinal cancers. He completed fellowship training in medical oncology and hematology at Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins. Dy will treat patients with lung cancer. She completed fellowship training in hematology and oncology at Mayo Clinic College of Medicine. . . . **CITY OF HOPE** and California Institute of Technology researchers were awarded a three-year, \$1.5 million grant from the W. M. Keck Foundation to continue a collaborative study investigating the molecular mechanisms underlying lymphoma. The goal of the project is to develop targeted, less-toxic treatments for the disease based on siRNA technology that can inhibit the protein products of specific genes. The foundation previously funded the first phase of the lymphoma study in 2006 with a one-year, \$450,000 pilot grant. Researchers began testing a novel compound comprised

of a polymer created by Caltech researcher **Mark Davis**, and an engineered antibody developed at City of Hope. The multi-disciplinary team is targeting the polymers directly into the cancer cells. Once inside, they deliver their payload of siRNA that disrupts the genetic coding in cancer cells. Several known genes in the tumors' DNA have been targeted and the researchers also plan to identify new genetic targets. **Stephen Forman**, the Francis and Kathleen McNamara Distinguished Chair in Hematology and Hematopoietic Cell Transplantation at City of Hope, is principal investigator of the study. Forman's team includes Caltech researcher **Scott Fraser**, and City of Hope researchers **John Rossi**, **Andrew Raubitschek**, **David Colcher**, **Richard Jove**, and **Hua Yu**.

### Obituary

**J. EDWARD BALL**, NIH thyroid scientist and National Academy of Sciences member, died of lung cancer Feb. 28 in Frederick County, Maryland. He was 88. His thyroid research led him to study young victims of radioactive fallout during atomic bomb testing at Bikini Atoll in the late 1940s. He came to NIH in 1955, as chief of endocrinology at what is now National Institute of Diabetes and Digestive and Kidney Diseases. He later spent 21 years as scientific director of the institute. He retired as the NIH deputy director for intramural research.

### Professional Societies:

## **ASCO Develops Generic Treatment Plan Template**

**AMERICAN SOCIETY OF CLINICAL ONCOLOGY** has expanded its tools to improve documentation and coordination of cancer treatment and survivorship care by developing a "generic" chemotherapy treatment plan and summary template that can be customized for almost any cancer diagnosis.

"The transition from active treatment to post-treatment care is critical to long-term health," said **Joseph Jacobson**, chairman-elect of ASCO's Quality of Care Committee. "If cancer care is not planned and coordinated, cancer survivors may be left without knowledge of their heightened risks or a follow-up plan of action."

Developing a generic template was an important step for community practices that see patients with a variety of diagnoses, Jacobson added. "The generic template gives oncologists the opportunity to integrate this system throughout their entire practice. It's a

solution for almost any patient who walks through the door,” he said

The new generic cancer treatment plan and summary template joins breast and colorectal cancer treatment templates, which have been available online at [www.asco.org/treatmentsummary](http://www.asco.org/treatmentsummary) since 2007. ASCO is continuing to develop and test treatment plans and summaries for additional cancer diagnoses, including several lung cancer templates that will be available this summer.

**ONCOLOGY NURSING SOCIETY** will honor **Terry Badger** and **Jeri Ashley** at the society’s annual meeting May 15-18 in Philadelphia. Badger was selected to present the 2008 ONS Foundation Mara Mogensen Flaherty Memorial Lecture on psychosocial aspects of cancer diagnosis, treatment, and patient care. Badger is professor and division director of systems at the University of Arizona, College of Nursing. Ashley, oncology advanced practice nurse at Methodist University Hospital in Memphis, will present the 2008 ONS Clinical Lectureship. . . . **AMERICAN SOCIETY** for Therapeutic Radiology and Oncology announced the additions of **Stephen McNutt** and **Shana Campbell** of its Health Policy and Education departments. McNutt, administrator at Decatur Ambulatory Surgery Center, was named director of the Health Policy Department at ASTRO. Campbell was named education manager in the Education Department. She was education and research program specialist at the American Podiatric Medical Association. . . . **AMERICAN ASSOCIATION for Cancer Research** will provide 10 undergraduate students AACR-Thomas J. Bardos Science Education Awards for Undergraduate Students. The awards finance travel to the annual meeting April 12-16 in San Diego. The award program is open to full-time, third-year undergraduate students majoring in science. Because the award provides registration for two consecutive meetings, 10 winners will attend the AACR Annual Meeting 2009 as well. The Bardos Awards are supported by matching contributions from AACR.

### *In Brief:*

## **NIH Forms Intramural Center For Genomics And Disparities**

NIH INTRAMURAL CENTER for Genomics and Health Disparities has been established for research into how populations are affected by diseases such as obesity, diabetes and hypertension. NICGHD will employ a genomics approach, collecting and analyzing

genetic, clinical, lifestyle and socio-economic data to study a range of clinical conditions. **Charles Rotimi**, genetic epidemiologist and former director of the National Human Genome Center at Howard University, was named director of the NICGHD as well as senior investigator in the Inherited Disease Research Branch, Division of Intramural Research, NHGRI. The center is within the NIH Office of Intramural Research and administered by the National Human Genome Research Institute. Additional support will come from the NIH Office of the Director, the National Institute of Diabetes and Digestive and Kidney Diseases, and the Center for Information Technology. The center will train students and established scientists from developing countries and from minority groups in the U.S. . . . **JANET WOODCOCK**, acting director of the Center for Drug Evaluation and Research at FDA since 2007, was named its director. Her career at FDA has included leadership positions such as agency deputy commissioner and chief medical officer, where she oversaw scientific and regulatory operations. . . . **NATIONAL LIBRARY** of Medicine and the Office of Research on Women’s Health have created a website on women’s health issues, providing information on scientific journals and peer-reviewed sources and links and searches for other sites including [ClinicalTrials.gov](http://ClinicalTrials.gov) and [PubMed](http://PubMed). The site is available at <http://sis.nlm.nih.gov/outreach/womenshealthoverview.html>.

## **New Look For Cancerletter.com**

The Cancer Letter Inc. publications, including The Cancer Letter, The Clinical Cancer Letter, and Business & Regulatory Report, announce the renovation of its website at [www.cancerletter.com](http://www.cancerletter.com).

The site has been redesigned to make it easier for users to search back issues, order or renew subscriptions, and communicate with the editors and customer service staff.

The home page of the site features a blog with news items.

Subscribers to the email newsletters will continue to receive an email when new issues of the newsletters are posted. The email will provide a link for logging in to download the newsletter.

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