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## TV Networks Donate A Prime-Time Hour To Raise Funds For Cancer Research

*By Kirsten Boyd Goldberg*

Three television networks said they will donate an hour of simultaneous commercial-free prime time for a nationally televised benefit on Sept. 5, to raise money for cancer research.

Network evening news anchors Charles Gibson, Katie Couric, and Brian Williams announced the initiative in appearances May 28 on ABC's "Good Morning America," CBS's "The Early Show," and NBC's "Today show."

"Cancer in this country alone takes 1,500 lives every day, and as someone living with cancer, I find that an unacceptable statistic," said movie and television producer Laura Ziskin, who will produce the Sept. 5 broadcast,

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### NIH News:

#### **NHGRI Director Collins To Step Down; Led Genome Research For 15 Years**

Francis Collins, director of the National Human Genome Research Institute, said he plans to step down on Aug. 1 to explore writing projects and other professional opportunities.

Collins, 58, a physician-geneticist, has served as NHGRI's director since April 1993. He led the Human Genome Project to its conclusion in 2003, and initiated and managed a wide range of projects that built upon the foundation laid by the sequencing of the human genome.

"Francis has provided 15 years of outstanding leadership to NHGRI and has been a trailblazer in the scientific community at large," NIH Director Elias Zerhouni said. "His contributions to the world of genomics and medicine have been enormous. He has been a tremendous colleague, friend, and brilliant visionary. I know that he will continue to make groundbreaking advances in biomedical research. My colleagues and I have had a supreme good fortune of working with Francis over the years, we are all sorry to see him leave NIH, and wish him every success in his new endeavors."

Collins also is known for his attention to the ethical, legal and social implications of genome research. He has been an advocate for protecting the privacy of genetic information and has been recognized for his leadership in making the case for the Genetic Information Nondiscrimination Act of 2008. The act, which became law last week nearly 13 years after it was first introduced in Congress, protects Americans from discrimination in health

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## Major League Baseball Pledges \$10 Million for Cancer Research

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to air at 8 p.m. EDT and PDT.

"We looked at the barriers to why there were not more breakthroughs and why we are losing this war," Ziskin said at a May 28 press conference. "The advocacy groups have to come together. We have to stop the Balkanization of organ sites and body parts. This is a set of complex diseases, but it will only be solved if we all work together."

Organizing the television benefit is Stand Up To Cancer (SU2C), a new program of the Entertainment Industry Foundation, a 501(c)(3) charitable organization. The leaders of SU2C are Couric; Ziskin; Sherry Lansing, chairman of the board of the EIF; Lisa Paulsen, CEO of the EIF; the Noreen Fraser Foundation and its executives Noreen Fraser, Woody Fraser, Rusty Robertson, and Sue Schwartz; and nonprofit executive Ellen Ziffren.

The idea for a cancer benefit had its origins in the chemotherapy room of a Los Angeles doctor, where Fraser, a television producer, saw Ziskin, who originally wanted to make a documentary on cancer akin to Al Gore's "An Inconvenient Truth." Ziskin's film credits include the Spider-Man trilogy, "As Good As It Gets," and "Pretty Woman." She also produced the 74th and 79th Annual Academy Awards.

"Much as I've been influenced by 'An Inconvenient Truth' and how that tipped the conversation on global

warming, we are trying to do that for cancer," Ziskin said.

Major League Baseball became the first large donor to SU2C, pledging \$10 million and encouraging teams to raise additional funds at stadiums. Ziskin said that MLB Commissioner Bud Selig will be invited to appear on the program, as would representatives from any similarly large donors.

"For \$10 million and up, you get your moment in the sun on the show," she said. "And we will be announcing all major donors on the show."

"This initiative has presented an historic and unique plan to fight this deadly disease, and it is a privilege for me and Major League Baseball to join this magnificent effort," Selig said in a statement. "We have pledged many of our valuable resources in an attempt to assist in every way we can."

The television special will include live performances by recording artists and actors. Couric, Gibson, and Williams will present original news reports on various aspects of cancer treatment and research.

All funds donated by the public from the television benefit, through the group's website, and at baseball stadiums will be spent on cancer research, Ziskin said.

Corporate donations will be used for administrative and production expenses. Institutional overhead paid to universities or other organizations involved in research will be limited to 10 percent.

### Scientific "Dream Teams"

The American Association for Cancer Research will solicit ideas proposals, conduct scientific review, and administer funds raised through the initiative.

A Scientific Advisory Committee will oversee this process. The committee will be led by Nobel Laureate Phillip Sharp, institute professor at the Massachusetts Institute of Technology and the David H. Koch Institute for Integrative Cancer Research at MIT.

"This project has tremendous potential to change the face of cancer research," Sharp said in a May 27 press release by AACR. "Our goal is to rapidly move new research discoveries out of the lab and into the clinic to save lives from cancer."

The project would fund collaborative "Dream Teams" of researchers to pursue research avenues that could lead to discovery of new therapies or advances in cancer prevention, the organizers said. Funds would also be used for high-risk cancer research proposals that often aren't supported by conventional funding sources.

"It will bring together some of the best investigators in basic and clinical science in this whole hotbed



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

we know as translational medicine to make sure the technological advances that we have made in getting information and using new methods to query cancer cells and tumor tissue are applied to move things quickly from the laboratory to the bedside,” Dennis Slamon, director of clinical/translational research at University of California, Los Angeles, said at the press conference.

“Putting these Dream Teams together is going to accelerate the progress and get the basic scientists in contact with clinical scientists so that we can accelerate the progress of research,” said AACR President Raymond DuBois, provost and executive vice president of M. D. Anderson Cancer Center. “We want to have a very transparent process for selecting the best science. We put together a panel of experts that, bar none, are the best on the planet, and I think they are going to be able to select the teams, decide which of the research projects are the ones we should support, and make sure these resources are invested as wisely as possible.”

The research teams will have to include investigators from different institutions, AACR CEO Marge Foti said at the press conference. AACR will request ideas for the Dream Teams, and these will be presented to the Scientific Advisory Committee after Sept. 5 to determine the most promising research areas, she said.

“There will be a selection of dream team leaders, and there will be a process by which the dream team leaders will decide on their principles, the scientists that will be involved as well as advocates, and all throughout the process there will be a lot of project management to ensure that milestones and timelines and deliverables have been met,” Foti said.

Funds also would be available for high-risk research proposals and these would be solicited through a Request for Applications type of mechanism, DuBois said.

Of the funds raised, 70 percent would go to the Dream Teams, 20 percent to the innovative projects, and 10 percent would be put aside for unexpected opportunities, Foti said. “These proportions may change over time, but this is basically what is thought to be important,” she said.

### **Patient Advocacy Involvement**

Several cancer patient advocacy organizations have participated in the development of SU2C and have lent their names as supporters. These include Lance Armstrong Foundation, American Cancer Society Cancer Action Network, Breastcancer.org, C-Change, CancerCare, Colon Cancer Alliance, C3: Colorectal Cancer Coalition, Friends of Cancer

Research, Intercultural Cancer Council, Leukemia & Lymphoma Society, Lung Cancer Alliance, Multiple Myeloma Research Foundation, National Breast Cancer Coalition, National Coalition for Cancer Survivorship, Pancreatic Cancer Action Network, Prostate Cancer Foundation, Susan G. Komen for the Cure, and The Wellness Community.

“We are participating to have input to make certain money is spent well,” Fran Visco, president of the National Breast Cancer Coalition, said to *The Cancer Letter*. “What we don’t need is more money spent on the same old approaches. The organizers are absolutely interested in our playing that role.”

Visco said advocates should be deeply involved in the entire project. “We want to make certain there are trained advocates, with a constituency, that participate at all levels of this project—in peer review, actually doing the research, vetting information—true advocates who represent an advocate perspective,” she said.

An Advocate Advisory Council is being formed that will include representatives from about 25 organizations, said Staci Vernick Goldberg, director of communications for AACR. This council will elect members to serve on the Scientific Advisory Committee and will recommend advocates to serve on the scientific “Dream Teams.” The council also will elect advocates to serve on the Innovative Research Grants Committee, she said.

Besides Sharp, members of the Scientific Advisory Committee include Vice Chairman **Arnold Levine**, professor, Institute for Advanced Study and Cancer Institute of New Jersey; **Julian Adams**, chief scientific officer, Infinity Pharmaceuticals Inc.; **Elizabeth Blackburn**, the Morris Herzstein Professor, Department of Biochemistry and Biophysics, University of California, San Francisco; **Raymond DuBois**, provost and executive vice president, University of Texas M.D. Anderson Cancer Center; **Richard Gaynor**, vice president, cancer research and clinical investigation, Eli Lilly and Co.; **Waun Ki Hong**, head, Division of Cancer Medicine, M.D. Anderson; **Richard Kolodner**, professor of medicine, University of California, San Diego and Ludwig Institute for Cancer Research; **Cecil Pickett**, president, research and development, Biogen Idec; **Laura Shawver**, CEO, Phenomix Corp.; Joseph Simone, president, Simone Consulting; **Samuel Wells Jr.**, professor of surgery, Washington University School of Medicine.

A clinical vice chairman is yet to be appointed.

“AACR is absolutely delighted to be a partner with this incredible team,” Foti said. “We are thrilled

to be marshaling the resources we have, the scientific expertise of our members, to help in this project. We have 28,000 members in AACR, representing 80 countries. We are the largest and most comprehensive cancer science organization leading the cancer field in the translation of basic cancer science discoveries to the clinic, and will provide expert scientific oversight of this important initiative.”

#### **Scheduled Four Days After MDA Telethon**

The Sept. 5 program will take place four days after the annual Jerry Lewis MDA Telethon, which raises money for the Muscular Dystrophy Association.

“I didn’t pick the date, the networks did, and we were grateful for it,” Ziskin said at the press conference in response to a question about the MDA Telethon. “Unfortunately, there is more than one problem in the world and more than one disease that needs fixing. Nothing like this ever been done for cancer, because cancer is many, many diseases. So we were very happy the networks gave us this opportunity and we took whatever date they gave us. Nothing I could do about that.”

Last year, the MDA Telethon raised \$63.8 million in donations and pledges in 21 and a half hours from the Sunday night before Labor Day through Monday, according to the MDA. Lewis began the telethon in 1952 and it has been held annually since 1966.

In the past, St. Jude Children’s Research Hospital and the Children’s Miracle Network produced telethons, but those programs have given way to other forms of fundraising such as direct mail.

Organizers aren’t publicly speculating about how much could be raised by the television benefit, but sources involved in discussions about the event said the amount of \$250 million has been mentioned as a target.

Asked how much the organizers expect to award in grants, Ziskin said, “That’s the \$64,000 question; I hope we raise more than that.

“We don’t know, because no one has ever done this before,” she said. “There has never been a three-network, nationally televised fundraiser. We have fundraising via the website. We have fundraising via Major League Baseball and, we hope, other sources as well. We don’t know. I want to say, as much as it takes to get a handle on these diseases and reduce these terrible, dreadful, unacceptable statistics.”

Over the past decade, high-profile efforts to bring together the cancer scientists, advocates, donors, and politicians have only deepened the rifts among many

of these groups.

These efforts began with the 1998 cancer “march” on Washington. Dubbed “Coming Together to Conquer Cancer,” the march sought to build a broad political platform similar to one left behind by the environmental groups that staged the 1970 Earth Day (The Cancer Letter, Oct. 31, 1997).

The march brought 125,000 people to the National Mall and set off a political realignment of cancer interests. The American Cancer Society, the biggest non-governmental player in oncology, took over the political follow-up to the march, setting up a group called the National Dialogue on Cancer (The Cancer Letter, Jan. 21, 2000).

Designed to act as a “forum” for a variety of interests, the dialogue proved vulnerable to manipulation by public relations firms, tobacco interests, and pharmaceutical companies (The Cancer Letter, July 25, 2003).

The Dialogue, which now functions under the name C-Change, helped propel Andrew von Eschenbach to the top job at NCI, and has at times acted as a de facto advisory committee to the institute (The Cancer Letter, Dec. 12, 2003). However, today, even the most enthusiastic participants of C-Change would be unlikely to argue that the organization represents the nerve center of cancer politics.

Given this history, it’s not surprising that cancer groups don’t speak with a single voice about the desirability of speaking with a single voice.

“I think you have to define success,” Visco said when asked whether she thought the television benefit could be successful. “Does everyone want the same thing? If everyone is focused on raising significant funds from the public for innovative research, let’s see if that is successful. If everyone is focused on getting the public to care about doing something politically about cancer, then we all have different ideas. I think we have to define our expectations carefully.”

#### **Website, Facebook, and PSAs**

Other elements of the Stand Up To Cancer initiative include:

—A website, [www.standup2cancer.org](http://www.standup2cancer.org), which includes “The Constellation,” a place where users who donate a dollar or more “can launch a star in honor of anyone who has received a cancer diagnosis,” according to a press release. The site also includes video segments about cancer research and the personal impact of a cancer diagnosis.

—“The Stand,” an Facebook application that

Facebook users can add to their profiles. The application is intended “to illustrate that the ‘cancer community’ encompasses everyone and that we are all connected by this disease.”

—SU2C Magazine, an online magazine.

—Public Service Announcement Campaign, a series of TV, radio, and print ads featuring celebrities and members of the public to mobilize support for the campaign.

Other organizations that have joined in supporting SU2C include AARP, Alliance for Global Good, AOL, Condé Nast Media Group, Def Jam Recordings, Lee Jeans, The Paley Center for Media, Philips, Playphone, Revlon, Ronald Perelman, Saks Fifth Avenue, Stonyfield Farm, and Steve Tisch, as well as media partners Hearst Magazines, Los Angeles Times, The Meredith Publishing Group, The New York Times, and Time Inc.

### Advocacy Organizations: **Bonner To Succeed Stovall As NCCS President And CEO**

**NATIONAL COALITION FOR CANCER SURVIVORSHIP** announced that **Cathy Bonner** of Austin, Tex., will become its next president and CEO, effective Aug. 1. She will succeed **Ellen Stovall**, who will continue to serve as a senior advisor to the organization.

“Over the last 17 years Ellen Stovall has created a legacy of leadership in championing the interests of cancer survivors,” said **Robert Sachs**, chairman of the NCCS Board of Directors. “In selecting Cathy Bonner to lead NCCS, we have found a CEO, entrepreneur and cancer activist with an outstanding record of accomplishment in the public and private sectors. We are thrilled to have someone of Cathy Bonner’s outstanding talents and skills serve as a national voice for cancer survivors and guide NCCS going forward.”

A cancer survivor, marketing entrepreneur and former executive director of the Texas Department of Commerce, Bonner founded KillCancer.org and in 2007 successfully led a coalition through the Texas Legislature and Proposition 15 ballot initiative to establish the Cancer Prevention and Research Institute of Texas, funded by \$3 billion in state bonds. The Institute will fund its first \$300 million in grants in 2009.

Bonner was also a founding member of the Board of Directors of the Lance Armstrong Foundation and in 1997 helped Armstrong create his educational foundation for the prevention and treatment of testicular cancer. She serves on the Austin Affiliate Board of Directors for the

Susan G. Komen for the Cure.

Bonner is also the founder of the nation’s only comprehensive women’s history museum, The Women’s Museum: An Institute for the Future, in association with the Smithsonian Institution. She raised over \$32 million to build this museum, which opened in September 2000 in Dallas’s Fair Park.

Bonner was executive director of the Texas Department of Commerce under Gov. **Ann Richards** from 1991-94. From 1981-1990 and 1995 to the present, Bonner has been president and CEO of Bonner Inc., a marketing consulting firm specializing in strategic planning, advertising, public relations, and direct response campaigns. Her advertising campaigns have created more than \$20 billion in assets for 14 state-supported 529 college savings programs.

In March 2001, Fortune Magazine named Bonner one of the 25 most influential entrepreneurs in America, saying she is “smart, gutsy and innovative—as interested in making a difference as in making money.”

“I am excited and honored to join this effective and inspiring organization that benefits so many people,” said Bonner. “With nearly 12 million cancer survivors living in the U.S. today, NCCS’s work is critical, and I look forward to guiding the organization toward the accomplishment of its mission to improve cancer care for all Americans.”

NCCS chose Bonner following a nine-month nationwide search conducted by the Isaacson, Miller executive search firm. The NCCS search committee was chaired by Catherine Harvey, NCCS director and former board chairman.

**NATIONAL BREAST CANCER COALITION FUND** is accepting nominations for up to seven awards, in the amount of \$25,000 to \$50,000, recognizing consumer-led grassroots advocacy organizations whose strategic, high-impact programs are addressing critical issues in the systems of breast cancer research, health care access and public policy.

The programs will serve as models for other organizations nationwide. Organizations serving diverse populations and the medically underserved are encouraged to apply.

The 2008 nomination process is divided into two phases. Phase I deadline: July 15. Phase II deadline: Aug. 29. Further information is available at <http://www.stopbreastcancer.org/bestpracticesawards.htm>.

The awards are made possible by a grant from the Breast Cancer Fund of the National Philanthropic Trust.

*NIH News:*

## **Collins Led HGP, Advocated For Nondiscrimination Act**

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insurance and employment based on their genetic information.

Collins said his decision to step down as leader of NHGRI came after much personal deliberation. "My decision was driven by a desire for an interval of time dedicated to writing, reflection and exploration of other professional opportunities in the public or private sectors," he said. "The demands and responsibilities of directing an NIH institute do not allow the time commitment necessary for this. In addition, I may need greater latitude than my current position allows to pursue other potential positions of service without encountering any possible conflicts of interest, whether real or perceived."

Alan Guttmacher, deputy director of NHGRI, will be appointed acting director. A formal search process for a permanent NHGRI director will begin soon, Zerhouni said.

Collins initiated and guided a wide range of follow-up projects in large-scale genomics: the International HapMap Project; the Encyclopedia of DNA Elements; the Knockout Mouse Project; the Mammalian Gene Collection; The Cancer Genome Atlas, a joint project with NCI; and the Molecular Libraries Initiative and the Human Microbiome Project, both of which are part of the NIH Roadmap for Biomedical Research.

Collins also founded an intramural program in genomics at NIH in 1993, NHGRI's Division of Intramural Research.

As a scientist, Collins has been a pioneer in the development of genetic tools. His teams have made a number of discoveries, including the genes for cystic fibrosis, neurofibromatosis, a common type of adult leukemia and Huntington's disease.

Recently, his laboratory in NHGRI's intramural program has uncovered new insights into the cause, diagnosis and treatment of type 2 diabetes and Hutchinson-Gilford progeria, a rare disorder that causes a dramatic form of premature aging. Collins said he plans to remain involved in his lab's work after Aug. 1 by serving as a part-time, unpaid "special volunteer" at NIH. The Collins lab will be formally supervised by Lawrence Brody, a senior investigator in the NHGRI Genome Technology Branch.

Collins received a B.S. from the University of Virginia; a Ph.D. in physical chemistry from Yale

University; and an M.D. from the University of North Carolina, Chapel Hill. Following a fellowship in human genetics at Yale, Collins joined the faculty of the University of Michigan, Ann Arbor, where he remained until becoming NHGRI director in 1993.

## **NIH Undiagnosed Diseases Program Takes Difficult Cases**

NIH announced a new clinical research program that will aim to provide answers to patients with mysterious conditions that have long eluded diagnosis.

Called the Undiagnosed Diseases Program, the trans-NIH initiative will focus on the most puzzling medical cases referred to the NIH Clinical Center in Bethesda, Md., by physicians across the nation.

"A small number of patients suffer from symptoms that do not correspond to known conditions, making their care and treatment extraordinarily difficult," said NIH Director Elias Zerhouni. "However, the history of biomedical research has taught us that careful study of baffling cases can provide new insights into the mechanisms of disease—both rare and common. The goal of NIH's Undiagnosed Diseases Program is two-pronged: to improve disease management for individual patients and to advance medical knowledge in general."

The program is the culmination of work by William Gahl, clinical director at the National Human Genome Research Institute, John Gallin, director of the NIH Clinical Center; and Stephen Groft, director of the NIH Office of Rare Diseases. With the program infrastructure now in place, the program is ready to accept patients, the first of which is expected to be seen in July.

To evaluate each patient enrolled in the new program, NIH will enlist the expertise of more than 25 of its senior attending physicians, whose specialties include endocrinology, immunology, oncology, dermatology, dentistry, cardiology and genetics. Gahl, an expert on rare genetic diseases, will serve as director of the program.

"We have developed a stringent referral process to ensure this program deals with those cases that have truly confounded medical experts," Gahl said. "We will be very selective when it comes to patient eligibility. Our focus is strictly on conditions that have not been diagnosed."

To be considered for this NIH pilot program, a patient must be referred by a physician and provide all medical records and diagnostic test results requested by NIH. As many as 100 patients a year who meet

the program's criteria will then be asked to undergo additional evaluation during a visit to the NIH Clinical Center that may take up to a week.

Two nurse practitioners will manage patient recruitment and logistics for the new program, which will use existing facilities and staff already at the NIH Clinical Center, NHGRI, and ORD. Funding for the program includes \$280,000 per year from the ORD.

In organizing the Undiagnosed Diseases Program, NIH has reached out to patient advocacy groups that often serve as a source of information and support for people struggling with mysterious ailments.

"We hope to build upon our strong working relationships with many patient advocacy groups," Groft said. "These organizations provide a crucial link in our nation's efforts to improve human health through biomedical research. We hope that this new partnership of NIH researchers, advocacy groups and patients will give hope for many Americans who now face troubling medical symptoms with no clear diagnosis."

Further information about the Undiagnosed Diseases Program is available at <http://rarediseases.info.nih.gov/Undiagnosed>.

Physicians and patients with specific inquiries may call the NIH Clinical Center clinical information research line, at 1-866-444-8806.

## NIH Adds To CTSA Consortium

Fourteen academic health centers in 11 states are the latest members of the NIH Clinical and Translational Science Award consortium.

Creating a network of medical research institutions across the nation, the consortium is working to reduce the time it takes for laboratory discoveries to become treatments for patients and to engage communities in clinical research efforts.

The institutions are: Albert Einstein College of Medicine of Yeshiva University, Boston University, Harvard University, Indiana University School of Medicine, Northwestern University, Ohio State University, The Scripps Research Institute, Stanford University, Tufts University, University of Alabama at Birmingham, University of Colorado Denver, University of North Carolina at Chapel Hill, University of Texas Health Science Center at San Antonio, and University of Utah.

These centers join 24 others announced in 2006 and 2007. Total funding for these new awards is \$533 million over five years. In 2012, when the program is fully implemented, approximately 60 CTSA's will be connected with an annual budget of \$500 million.

## *Professional Societies:*

### ONS Elects Board Members, Names Health Policy Manager

ONCOLOGY NURSING SOCIETY announced its 2008–2009 Board of Directors. **Brenda Nevidjon** assumed the presidency after serving one year as president-elect. She is a clinical professor and chairman of the master's program at Duke University School of Nursing. Board officers continuing their terms are secretary **Amy Tranin**, quality outcomes coordinator at the University of Kansas Hospital Cancer Center, and treasurer **Gay Bailey**, director of nursing and ambulatory services at Sloan-Kettering Cancer Center. Newly-elected ONS directors-at-large are **Susan Schneider**, associate professor, director oncology nursing specialty at Duke University School of Nursing, and **Virginia Martin**, clinical director, ambulatory care services at Fox Chase Cancer Center. ONS directors-at-large continuing their terms are **Bertie Ford**, clinical oncology specialist with Genentech BioOncology; **Peg Esper**, nurse practitioner in medical oncology at the University of Michigan Comprehensive Cancer Center; **Barbara Gobel**, oncology clinical nurse specialist at Northwestern Memorial Hospital; **Joanne Itano**, associate professor of nursing and director of academic planning and policy at the University of Hawaii in Honolulu; and board-appointed member **John Poister**, founding partner of Business-Talk Radio in Pittsburgh. Also, **LESLIE GREENBERG** was named health policy manager for ONS. She will be based in Rockville, Md., and will direct and coordinate the ONS legislative advocacy efforts on Capitol Hill, said **Paula Rieger**, CEO of ONS. Before joining ONS, Greenberg was research nurse specialist at NCI where she coordinated clinical and operational aspects of clinical trials in ovarian cancer. . . . **AMERICAN SOCIETY for Therapeutic Radiology and Oncology** Survivor Circle Award will be given to a cancer survivor in the Boston area who has helped others in the community. The winner will receive \$1,000 and be honored at a ceremony Sept. 23 during the ASTRO annual meeting. "Patients who confront cancer are uniquely aware of the multiple physical, emotional and social challenges that must be faced daily," said **Anthony Zietman**, professor of Radiation Oncology at Harvard Medical School and chairman of the ASTRO Local Arrangements Committee. Applicants must have received radiation therapy as part of their treatment. Application must be postmarked by Aug. 1. Further information: <http://www.astro.org/Patients/SurvivorCircle/index.asp>.

*In the Cancer Centers:*  
**City of Hope Wins Renewal  
Of Comprehensive Status**

CITY OF HOPE received renewal of its NCI designation as a comprehensive cancer center and its Cancer Center Support Grant. "The NCI's comprehensive cancer center designation and grant renewal reflect the high standard of our research and patient care, as well as City of Hope's role in our community," said **Michael Friedman**, president and chief executive officer, City of Hope. **Robert Figlin**, the Arthur and Rosalie Kaplan Professor of Medical Oncology, was named interim cancer center director, succeeding **Theodore Krontiris**, professor of molecular medicine, who guided the institution through the review process. Krontiris stepped down to return to his research on genetic susceptibility to commonly occurring cancers. Among his other activities, he leads a national study of sibling pairs affected with breast, colon, lung and prostate cancer in collaboration with the Eastern Cooperative Oncology Group. City of Hope was first designated as a comprehensive cancer center in 1998. This is the second renewal of its designation. . . . **MEMORIAL SLOAN-KETTERING** Cancer Center announced two appointments. **William Jarnagin** was named chief of the newly formed Hepatopancreatobiliary Service in the Department of Surgery. A successor to the Hepatobiliary Service, of which Jarnagin was acting chief for the past year, the new HPB Service will promote clinical and translational research in liver, biliary, and pancreas disease and will centralize research activities and clinical care. **Steven Martin** was named chief of the Medicine Consultation Service and associate chairman for patient care operations in the Department of Medicine. Martin was vice chairman of the Department of Medicine and director of the Internal Medicine Residency Program at Jacobi Medical Center. . . . **FOX CHASE CANCER CENTER** named **Barbara Burtness** chief of head and neck oncology. Burtness was associate professor in the Department of Internal Medicine and director of the Gastrointestinal Oncology Unit at Yale University. Known for her work in head and neck, esophageal, pancreatic and colorectal cancers, Burtness is chairman of the head and neck cancer committee for the Eastern Cooperative Oncology Group. She is a member of the NCI head and neck cancer steering committee and serves on the head and neck cancer guidelines committee for the National Comprehensive Cancer Network. . . . **REHABILITATION INSTITUTE** of Chicago received a \$1 million endowment from the

James C. Hemphill Foundation/Goldman Sachs & Co., for program development. As part its expansion and enhancement plans for its cancer rehabilitation program, RIC has named **Gail Gamble** medical director. Gamble, who was assistant professor of physical medicine and rehabilitation at Mayo Clinic College of Medicine, will lead the cancer patient care program, as well as education and clinical research. The RIC cancer rehabilitation program treats across the post acute care continuum, which includes inpatient, day and outpatient rehabilitation. Program expansion would include the integration of rehabilitation medicine with oncology care. Program staff will work with the Robert H. Lurie Comprehensive Cancer Center at Northwestern University.

*Awards:*  
**Group Honors Research,  
Advocacy In Difficult Cancers**

**HOPE FUNDS** for Cancer Research, a new organization dedicated to advancing innovative research for the most difficult-to-treat cancers, announced its 2008 Award of Excellence recipients. The Hope Funds Award for Basic Research honors **Craig Mello**, 2006 Nobel Laureate in Medicine, for his seminal discoveries in RNA interference as it relates to cancer. The Hope Funds Award for Clinical Development honors **Malcolm Moore**, from Sloan-Kettering Institute, for his contribution to the development of blood cell growth stimulatory factors. The Hope Funds Award for Advocacy honors **Robert Bazell**, from NBC, for his influential reporting of science and health issues. The Hope Funds Award for Philanthropy honors **Gilda's Club** for the compassion it has shown to cancer patients and their families.

*Funding Opportunities*

RFA-CA-08-021: SBIR Phase II Bridge Awards to Accelerate the Development of New Cancer Therapies and Cancer Imaging Technologies Toward Commercialization. R44. Letters of Intent Receipt Date: Aug. 19; Jan. 27, 2009. Application Due Date: Sept. 19; Feb. 27, 2009. Full text: <http://www.grants.nih.gov/grants/guide/rfa-files/RFA-CA-08-021.html>. Inquiries: Andrew Kurtz, 301-594-6846; [kurtza@mail.nih.gov](mailto:kurtza@mail.nih.gov).

NOT-CA-08-017: Administrative Supplements to Promote Research Collaborations in AIDS-Associated Malignancies for Projects Currently Funded by the National Cancer Institute. Full text: <http://www.grants.nih.gov/grants/guide/notice-files/NOT-CA-08-017.html>. Inquiries: Betsy Read-Connole, 301-496-9740; [bconnole@mail.nih.gov](mailto:bconnole@mail.nih.gov).



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