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No Longer A Hands-Off Shareholder, Roche Seeks Full Control Of Genentech

By Paul Goldberg

The Swiss pharmaceutical company Roche earlier this week made a \$43.7 billion offer to acquire full ownership of the biotech company Genentech Inc.

Roche, which already owns a 55.9 percent stake in Genentech, said the buyout is part of its plan to consolidate the U.S. operations, moving the headquarters of the U.S. unit from Nutley, N.J., to Genentech's campus in South San Francisco.

Under the proposal presented by Roche on July 21, Genentech would conduct early research, leaving it to the parent company to conduct later phases of research as well as commercial and manufacturing operations.

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Cancer Prevention:

Pitt Cancer Center Director Herberman Issues “Precautionary Advice” On Cell Phone Use

By Paul Goldberg

Ronald Herberman, director of the University of Pittsburgh Cancer Center, sent out an email to the faculty and staff stating that he has become “convinced that there are sufficient data to warrant issuing an advisory to share some precautionary advice on cell phone use.”

Herberman's July 23 email blast to about 3,000 people instantly became an international news story, hitting outlets from ABC News to Hindu Business Line. A Google news search produced 853 hits.

According to a Pittsburgh television station, the University of Pittsburgh cancer prevention expert Devra Lee Davis had convinced Herberman to compose the email that contains 10 “prudent and simple precautions” for lowering exposure. Indeed, Herberman's email contains a link to Davis's center.

“The question is, do you want to play Russian roulette with your brain?” Davis said to a reporter for Pittsburgh's television channel 8. “I don't know that cell phones are dangerous. But I don't know that they are safe.” Davis runs the UPCI Center for Environmental Oncology, which she describes as the “world's first” center of this sort. Her most recent book is titled “The Secret History of The War on Cancer.”

Several observers were surprised by Herberman, an immunologist who is not known for incendiary remarks, taking a strong advocacy stance

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Would A Roche Takeover Stifle Risk-Taker Genentech?

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Critics of the proposed deal argue that the merger would strangle Genentech's risk-taking corporate culture and lead its scientists to abandon the firm.

Genentech, which trades under the stock symbol DNA, has developed and licensed a portfolio of cancer drugs which includes Avastin, Herceptin, Rituxan, and Tarceva. "It's impressive to see a well-financed operation that takes risks and interrogates potential pathways in disease that from what I can see the more traditional pharma mindset would not have addressed," said H. Kim Lyerly, director of Duke Comprehensive Cancer Center and an expert in drug development.

"When you look at their track record of targeted therapies, that's pretty remarkable that they would make the type of investment and push as hard," Lyerly said. "It would be tragic to lose that type of leadership in drug development."

The concern about the relationship with Roche isn't new. It surfaced in 1990, when the Swiss firm first acquired a majority stake in Genentech.

"At that time, there was a lot of fear at that Roche would change the culture," said Robert Bazell, chief science and health correspondent on NBC Nightly News and author of a book chronicling Genentech's development of Herceptin. "They were always so proud that they were a free-standing company; they were one of the few biotechs that hadn't been bought out."



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

However, until now, Roche refrained from trying to run the biotech company. "Roche left them alone to do their own thing, and it has been enormously successful for both Roche and Genentech," said Bazell. "If they were to mess with the culture of Genentech and run it in the way Big Pharma has been run, they would be utterly foolish."

Bazell's book, "HER-2: The Making of Herceptin, a Revolutionary Treatment for Breast Cancer," is being made into a movie by Lifetime, with the part of Herceptin's developer Dennis Slamon played by the jazz musician Harry Connick Jr.

Roche's plans, described in a conference call with Wall Street analysts, call for complete absorption of the California company into the Roche structure. The research arm, which would be dubbed the "Genentech Founders Research Center," would operate as a subsidiary focused on research and early development.

Everything else would be handled by Roche. "As a combined organization we will be able to share intellectual property, technologies and external networks," Severin Schwan, CEO of Roche Holding AG, said in a July 21 call. "[When] it comes to the other functions, such as late development, manufacturing, commercial or administration, with the success of the two companies and the two parallel structures which have been built up in the US, we do see room to reduce complexity, eliminate duplication in certain areas, and eventually also leverage to combine scale in the US on the commercial side."

Erich Hunziker, chief financial officer of Roche Holding, described the merger as a direct consequence of a bargain struck by Genentech 18 years ago.

"We acquired Genentech in 1990, and they developed as we all say again and again very respectfully into an icon and into really a very admired company," Hunziker said at the conference call. "But we should not forget that the first 10 years were quite tough for this company also, and that it was able to prosper also under the shield of, actually, Roche."

Now, Roche wants Genentech's revenues, which last year added up to \$11.7 billion.

"We have now ended up in a situation where Roche as a group earns a lot of cash from U.S. customers, but of course the cash is very clearly in the cash book of Genentech, and we have very clear respect, we always treated everything at arm's length, so this cash is not available at the moment for the developing of the Roche Group's position in the United States market," Hunziker said. "And with the move we are making today, this cash will become available primarily to further develop our

position in the U.S. market.”

Genentech and Roche have an agreement that gives the Swiss company the right of first refusal on licensing Genentech’s products outside the U.S. This agreement ends in 2015.

The weakness of the dollar was a factor in the decision to buy Genentech. “The U.S. dollar against currencies, which are very important for cash generation in our group, like the euro, or Swiss franc, is at a historic low, and, of course, this was one of the many elements we’ve started to fit into the mosaic,” Hunziker said.

Several Wall Street analysts said the Roche bid of \$89 per share is too low and should be increased to about \$100. “We believe this offer substantially undervalues Genentech and, as an opening lowball gambit by Roche, could backfire,” Geoffrey Porges, an analyst with Bernstein Research, wrote in a scathing note on the proposed deal.

The figures exclude potential upside from the nearly completed phase III trials. These include trials of Avastin in adjuvant colorectal cancer and trials comparing two years vs. one year of Herceptin in adjuvant breast cancer, as well as the trials of Avastin for adjuvant breast and lung cancer. The value of Genentech’s phase II programs is also excluded, Porges wrote.

“This deal causes an irrevocable breach in relations between Genentech and Roche,” Porges wrote. “The most important part of Genentech’s value is in its soft assets—the world leading scientists, the culture, the single site, the values, and history. Many of these will walk out the door if the company becomes simply a research subsidiary of Roche. If this deal is closed, we believe Roche will be judged in the future to have killed one of the great research entities in the industry’s history.”

Speaking with analysts, officials of the Swiss company said Genentech doesn’t warrant a high premium over the trading price.

“I firmly invite you to respect that we already own Genentech in the sense that we already have control of Genentech,” said Hunziker, the CFO. “This is not an acquisition where you have to buy and to pay a high premium for change of control. So what this is, is a taking private. Yes, it’s a very big one. It may be the biggest one, but I invite you really to see if you analyze others’ similar transactions of taking companies private where they—actually not the company has already a controlling stake in the companies, with this you will find out that the premium we offer to the minority shareholders of Genentech is actually full and generous.”

Roche needs Genentech’s revenues, said a biotechnology company executive who spoke on condition that his name would not be used.

“I think Roche had a bad second quarter and they see more bad quarters ahead,” the executive said. “Eventually, Roche is going to get what they want; the only questions are: what’s the price and who is going to leave. I think they are making a big mistake, because they risk losing key people at Genentech plus the unique culture that exists there.”

On July 24, Genentech said it appointed a committee of three members of the company’s board of directors to assess the Roche proposal. The group excludes board members representing the Swiss company.

“The special committee intends to proceed in a timely manner to review the Roche proposal, which was both unsolicited and unexpected,” Charles Sanders, chairman of the committee said in a statement. “The outcome of this process has not been pre-determined, and there can be no assurance that the special committee will approve any transaction with Roche.”

The special committee has retained Goldman, Sachs & Co. to act as its financial advisor, and Latham & Watkins LLP as its legal counsel. Wilson Sonsini Goodrich & Rosati is representing Genentech. Roche hired Greenhill & Co. as financial advisor and Davis Polk & Wardwell as legal counsel.

If the committee rejects the Roche offer, an earlier agreement between the two companies requires them to hire two investment banks. The banks would derive the fair stock price, and their estimates would be averaged.

However, Genentech said it is under no obligation to sell. “Neither Genentech nor the special committee has any obligation under the affiliation agreement between Genentech and Roche, or otherwise, to agree to a transaction,” the company said in a statement. “In addition, the affiliation agreement does not obligate Genentech or the special committee to agree to any specific process or any price based on valuation assessments provided by investment banks.”

In an email to clients, Mark Schoenebaum, an analyst with the Deutsche Bank, wrote that Genentech’s stance may force Roche to increase its bid. “We believe investors can now feel confident that DNA has sufficient leverage to negotiate a higher price for any potential Roche transaction,” Schoenebaum wrote. “However, risk has also increased that DNA’s ‘asking’ price will exceed Roche’s threshold.”

The Roche offer boosted the price of Genetech’s

stock from \$81.82 at market closing July 18 to \$94.65 July 24. This reflects the market's belief that the offer will go up. Meanwhile, Fitch Ratings Services said it would likely lower the ratings for Roche due to the debt that company would take on to acquire Genentech.

These considerations are of greater importance to investors than scientists, said Leonard Saltz, a colorectal cancer and drug development expert at Memorial Sloan-Kettering Cancer Center, who has served as the principal investigator on both Roche and Genentech studies and consulted for both companies.

"Genentech has already morphed, for better or for worse, from a small biotech into a fairly large pharma company," Saltz said. "I have had, and continue to have, constructive research projects with both companies, and I am not sure this merger would have much of an effect on my research collaborations one way or the other."

Cancer Prevention:

Herberman "Convinced" Data Warrant Cell Phone Advisory

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in an area where rigorous evidence is scarce. "I am concerned about screaming fire in a crowded theater, because eventually you lose credibility, and people will ignore you," said Otis Brawley, medical director of the American Cancer Society. "All studies that have been done to date do not show that cell phones call brain tumors. That is not to say that longer-term studies won't show that cell phones cause brain tumors. If you are worried about cell phones, the simple answer is, use an ear piece, and then it becomes a non-issue."

In an interview, Herberman said he is pleased with the coverage his memo received. "If we can bring this to the attention not only of the people who work at our cancer institute but the general public, so much the better," Herberman said. "The main thing that I hope that this degree of attention could lead to is more definitive research."

While the data aren't conclusive, "there is enough there to make me feel concerned, and want to share that concern with other people," he said. Herberman said the most compelling data have been produced by the Interphone study, a series of case control studies coordinated by the International Agency for Cancer Research. The study is described on the IARC website: www.rfcom.ca/programs/interphone.shtml.

Interphone studied 9,000 people who were frequent users of cell phones for at least 10 years. "That's the only study that has focused on very long-term frequent users

of cell phones, because all the prior studies that were inconclusive were of shorter use and less frequent use," Herberman said.

The study was completed and analyzed over two years ago, but "the frustration is, it has not been published yet," Herberman said. "I've talked with several people who are experts, and everyone I've talked to who has seen the data say there is clearly at least a two-fold increase in tumors on the side of the head where the cell phone tends to be used. The most common type of such tumor is acoustic neuroma, which is very plausible, because these are tumors between the inner ear and the brain. There is also data in the U.S. and in England that has been published that the incidence of acoustic neuromas has risen substantially over the last 20 years. Of course, that's indirect correlation with the rising use of cell phones, but it at least is consistent with the possibility of the hazard and could explain to a certain extent why the incidence has been rising."

The text of Herberman's memo follows:

MEMORANDUM TO: UPCI Faculty and Staff

FROM: Ronald B. Herberman, MD

SUBJECT: Important Precautionary Advice Regarding Cell Phone Use

Recently I have become aware of the growing body of literature linking long-term cell phone use to possible adverse health effects including cancer. Although the evidence is still controversial, I am convinced that there are sufficient data to warrant issuing an advisory to share some precautionary advice on cell phone use.

An international expert panel of pathologists, oncologists and public health specialists, recently declared that electromagnetic fields emitted by cell phones should be considered a potential human health risk. To date, a number of countries including France, Germany and India have issued recommendations that exposure to electromagnetic fields should be limited.

In addition, Toronto's Department of Public Health is advising teenagers and young children to limit their use of cell phones, to avoid potential health risks. More definitive data that cover the health effects from prolonged cell phone use have been compiled by the World Health Organization, International Agency for Research on Cancer. However, publication has been delayed for two years. In anticipation of release of the WHO report, the following prudent and simple precautions, intended to promote precautionary efforts to reduce exposures to cell phone electromagnetic radiation, have been reviewed by UPCI experts in neuro-oncology, epidemiology, neurosurgery and the Center for Environmental Oncology.

Practical Advice to Limit Exposure to Electromagnetic Radiation Emitted from Cell Phones

1. Do not allow children to use a cell phone, except for emergencies. The developing organs of a fetus or child are the most likely to be sensitive to any possible effects of exposure to electromagnetic fields. (The Case for Precaution in the Use of Cell Phones Advice from University of Pittsburgh Cancer Institute Based on Advice from an International Expert Panel, available at www.preventingcancernow.org.)

2. While communicating using your cell phone, try to keep the cell phone away from the body as much as possible. The amplitude of the electromagnetic field is one fourth the strength at a distance of two inches and fifty times lower at three feet. Whenever possible, use the speaker-phone mode or a wireless Bluetooth headset, which has less than 1/100th of the electromagnetic emission of a normal cell phone. Use of a hands-free ear piece attachment may also reduce exposures.

3. Avoid using your cell phone in places, like a bus, where you can passively expose others to your phone's electromagnetic fields.

4. Avoid carrying your cell phone on your body at all times. Do not keep it near your body at night such as under the pillow or on a bedside table, particularly if pregnant. You can also put it on "flight" or "off-line" mode, which stops electromagnetic emissions.

5. If you must carry your cell phone on you, make sure that the keypad is positioned toward your body and the back is positioned toward the outside so that the transmitted electromagnetic fields move away from your rather than through you. Avoid using your cell phone when the signal is weak or when moving at high speed, such as in a car or train, as this automatically increases power to a maximum.

6. Only use your cell phone to establish contact or for conversations lasting a few minutes, as the biological effects are directly related to the duration of exposure. For longer conversations, use a land line with a corded phone, not a cordless phone, which uses electromagnetic emitting technology similar to that of cell phones.

7. Switch sides regularly while communicating on your cell phone to spread out your exposure. Before putting your cell phone to the ear, wait until your correspondent has picked up. This limits the power of the electromagnetic field emitted near your ear and the duration of your exposure.

8. Avoid using your cell phone when the signal is weak or when moving at high speed, such as in a car or train, as this automatically increases power to a maximum as the phone repeatedly attempts to connect

to a new relay antenna.

9. When possible, communicate via text messaging rather than making a call, limiting the duration of exposure and the proximity to the body.

10. Choose a device with the lowest SAR possible (SAR = Specific Absorption Rate, which is a measure of the strength of the magnetic field absorbed by the body). SAR ratings of contemporary phones by different manufacturers are available by searching for "sar ratings cell phones" on the internet.

Philanthropy:

Gates, Bloomberg To Fund Tobacco Use Reduction

The Bill & Melinda Gates Foundation said it will invest \$125 million over five years to fight the tobacco epidemic, including a \$24 million grant to the Bloomberg Initiative to Reduce Tobacco Use, which supports public and private efforts to implement proven tobacco control strategies in low- and middle-income countries.

In addition to the grant to Bloomberg, the Gates Foundation will support complementary efforts to reduce high rates of tobacco use in countries such as China and India, as well as to help prevent the tobacco epidemic from taking root in Africa.

New York City Mayor Michael Bloomberg, in a joint announcement with the Gates Foundation, said the Bloomberg Initiative, which was established in 2005 and includes a \$125 million commitment, will be extended with a new \$250 million, four-year commitment. This brings Bloomberg's total commitment to date to more than \$375 million.

The Bloomberg Initiative supports projects that increase tobacco tax, change the image of tobacco, protect nonsmokers from exposure to smoke and help people quit. The initiative supports the public sector's efforts to educate and advocate for change, and a rigorous tobacco use and policy monitoring system.

"When I announced this initiative, I said that I hoped others would step forward," said Bloomberg. "I'm delighted Bill and Melinda Gates are supporting one of the most important public health efforts of our time."

"Tobacco-caused diseases have emerged as one of the greatest health challenges facing developing countries," said Bill Gates, co-chairman of the Gates Foundation. "The good news is, we know what it takes to save millions of lives, and where efforts exist, they are working. We are pleased to join with Mayor Bloomberg, who has made the fight against tobacco a priority in New

York City and around the world.”

Bloomberg and Gates called on government and business leaders to make the fight against tobacco a higher priority by increasing resources for tobacco control and implementing proven policies to reduce tobacco use.

Currently, 24 states and the District of Columbia now have laws in effect that require 100 percent smoke free restaurants and bars. Uruguay, UK, France, New Zealand, Italy and Ireland are all smoke-free.

Earlier this year, Bloomberg and World Health Organization Director-General Margaret Chan released the U.N.’s evidence-based MPOWER package to help governments adopt the most effective measures to counter tobacco use.

The six components of the MPOWER package are: Monitor tobacco use and the policies to prevent it, Protect people from tobacco smoke, Offer people help to quit tobacco use, Warn about the dangers of tobacco, Enforce bans on tobacco advertising, promotion and sponsorship, Raise taxes on tobacco.

“Bill and I want to highlight the enormity of this problem and catalyze a global movement of governments and civil society to stop the tobacco epidemic,” said Bloomberg. “We challenge governments to show leadership by implementing tobacco control measures, as an increasing number are doing, and to increase funding for these efforts.”

The Bloomberg Initiative supports training programs, public education campaigns, capacity building and global monitoring through a WHO report on country-specific tobacco control policies and a population-based, house-to-house adult survey of tobacco use prevalence. It also provides tobacco control funds to low- and middle-income countries through a competitive grants program; more than 125 grants have been awarded in 36 countries. Further information is available at www.tobaccocontrolgrants.org.

The Bloomberg Initiative is implemented through five partner organizations: the Campaign for Tobacco Free Kids, the Centers for Disease Control and Prevention Foundation, the Johns Hopkins Bloomberg School of Public Health, the World Health Organization and the World Lung Foundation.

For the 10 years before New York City’s program was implemented, there was no decrease in smoking rates. Between 2002 and 2007, adult smoking was reduced by 300,000 smokers, from 21.6% to 16.9%. Teen smoking decreased from 17.6 percent in 2001 to 8.5 percent in 2007, a level nearly two-thirds lower than the latest available national teen smoking rate.

In the Cancer Centers: **OSU Center Wins NCI Grant For Retrovirus Cancer Studies**

OHIO STATE UNIVERSITY Comprehensive Cancer Center and the University College of Veterinary Medicine have received a \$10.9 million, five-year grant from NCI to further studies of retrovirus-associated cancer. **Michael Lairmore**, professor and chairman of the Department of Veterinary Biosciences, associate director for basic research at the OSUCCC, and a member of the Viral Oncogenesis Program, is principal investigator. The new grant follows a five-year, \$8.9 million NCI grant received in 2003 for studies of retrovirus-associated cancer. Also, the cancer center was awarded one of six NCI Knowledge Center contracts, part of the NCI Cancer Biomedical Informatics Grid. Ohio State is the lead developer for caGrid, the underlying caBIG software infrastructure that connects tools and data sources within and across organizations in the caBIG network. The University of Chicago and Argonne National Laboratory developed the Globus Toolkit, a piece of software used in caGrid. . . . **OSUCCC-JAMES CANCER HOSPITAL** and Solove Research Institute appointed **John Byrd**, leukemia specialist and researcher, to the newly created position of associate director of clinical translational research at the cancer center. Byrd also will train scientists and clinical researchers in practices and processes that facilitate translational research. He holds the D. Warren Brown professorship in leukemia research, is a professor of medicine and medicinal chemistry and serves as co-director of the Division of Hematology-Oncology. . . . **WINTHROP P. ROCKEFELLER CANCER INSTITUTE** at the University of Arkansas for Medical Sciences will celebrate the topping out of its 12-story expansion on Sept. 26. The 300,000-square-foot structure is expected to open in 2010, with up to seven floors completed in the first phase. “This expansion will increase our capacity for cancer research in several areas, including our highly regarded breast cancer program and a new leukemia and lymphoma program,” said **Peter Emanuel**, director of the cancer center. . . . **BARIS SUZEK**, research associate in biochemistry and molecular and cellular biology at Georgetown University Medical Center, was awarded the 2008 Outstanding Achievement Award by the Cancer Bioinformatics Grid at the 5th caBIG annual meeting in Washington June 24. Suzek, associate lead for the bioinformatics team for Protein Information Resource at Georgetown, received two additional awards for

his accomplishments and contributions to the caBIG program. Suzek was recognized for his achievements in the areas of project management, development, and collaboration, said **Kenneth Buetow**, associate director for Bioinformatics and Information Technology at NCI. . . . **PETER DEMANT**, distinguished member, Department of Molecular and Cellular Biology at Roswell Park Cancer Institute, received a four-year, \$1.2 million grant from NCI to evaluate how genes impact immune response to cancer. Demant and his RPCI colleagues have mapped genes that determine the intensity of the immune response to cancer in each patient. The NCI grant will allow the researchers to expand upon the work. "We wanted to know why the immune cells in some patients migrate into the tumors, and why in others they do not," said Demant. "Our hypothesis was that it is the genes of each individual that determine the intensity of each immune response." . . . **SHAWNA WILLEY**, director of the Betty Lou Ourisman Breast Health Center at Georgetown University, has assumed the presidency of The American Society of Breast Surgeons. Willey, assistant professor in the Department of Surgery at Lombardi Cancer Center, was elected in the spring and will serve for the coming year. During her tenure, Willey said she would educate physicians about advanced breast cancer surgical techniques, promote research and development of surgical approaches, and be involved in public education efforts. . . . **MICHAEL NISSENBLATT**, president of the Central Jersey Oncology Center, will be honored by the Auxiliary of the Robert Wood Johnson University Hospital for his work with families going through cancer. Nissenblatt, who is a member of the RWJ University Hospital Foundation Board, will be honored at an annual fundraising event in October celebrating the 2009 opening of the Robert Wood Johnson Breast Center. . . . **EMORY UNIVERSITY** Woodruff Health Sciences Center named **Joel Saltz** director of its Center for Comprehensive Informatics and chief medical information officer of Emory Healthcare. He is trained both as a computer scientist and as a medical scientist. Saltz, whose appointment begins in September, is professor and chairman of the Department of Biomedical Informatics and professor, Department of Computer Science and Engineering at Ohio State University, Davis Endowed Chair of Cancer at OSU, and a senior fellow of the Ohio Supercomputer Center. . . . **ROBERT H. LURIE** Comprehensive Cancer Center of Northwestern University was honored for accomplishments and contributions of its research team at the cancer Biomedical Informatics Grid annual

meeting. The team, whose members include **Pan Du, Gilbert Feng, Dong Fu, Warren Kibbe, Simon Lin, Eric Odulio, Rhett Sutphin, Renee Webb, and Sean Whitaker**, were presented with the caBIG Delivering Results Award for superior use of caBIG applications and the use of shared data from caGrid to address specific research questions. Also, **Rhett Sutphin** and **Sean Whitaker** received the caBIG Teamwork Award for their work with the caBIG Clinical Trials Suite Team. **Dong Fu, Warren Kibbe** and **Andrew Winter** were also presented with the caBIG Teamwork Award for their work with the Prostate SPORE Informatics Team.

Funding Opportunities:

PA-08-208: Pilot studies in Pancreatic Cancer. R21. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PA-08-208.html>. Inquiries: Mukesh Verma, 301-594-7344; vermam@mail.nih.gov.

PA-08-209: Pilot studies in Pancreatic Cancer. R03. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PA-09-208.html>.

PA-08-210: Diet-Induced Changes in Inflammation as Determinants of Colon Cancer. R01. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PA-08-210.html>. Inquiries: Young Kim, 301-496-0126; yk47s@nih.gov.

PA-08-211: Diet-Induced Changes in Inflammation as Determinants of Colon Cancer. R21. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PA-08-211.html>.

PAR-08-212: Methodology and Measurement in the Behavioral and Social Sciences. R01. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PAR-08-212.html>. Inquiries: Bryce Reeve, 301-594-6574; reeveb@mail.nih.gov.

PAR-08-213: Methodology and Measurement in the Behavioral and Social Sciences. R21. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PAR-08-213.html>.

PAR-08-214: Methodology and Measurement in the Behavioral and Social Sciences. R03. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PAR-08-214.html>. Inquiries: Bryce Reeve, 301-594-6574; reeveb@mail.nih.gov.

RFP PHS-2009-1: Solicitation of the National Institutes of Health and the Centers for Disease Control and Prevention for Small Business Innovation Research Contract Proposals. Full text: <http://www.fbodaily.com/archive/2008/07-July/19-Jul-2008/FBO-01616485.htm>. Inquiries: 301-435-2688; sbir@od.nih.gov.



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Breast Cancer

Monday, September 22, 2008

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

Monday, October 20, 2008

Host: H. Lee Moffitt Cancer Center & Research Institute
Location: Tampa, Florida

Head and Neck Cancers

Friday, October 10, 2008

Host: UNMC Eppley Cancer Center at
The Nebraska Medical Center
Location: Omaha, Nebraska

Non-Small Cell Lung Cancer

Friday, September 12, 2008

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

Monday, November 3, 2008

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

These dates are subject to change.

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