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Cancer Telethon Attracts Small Audience, Generates Expectations—And Questions

By Paul Goldberg

Early in the broadcast of a nationally televised program raising money for cancer research the actress and breast cancer survivor Fran Drescher pointed into the distance, toward a balcony at the Kodak Theatre in Los Angeles.

“Please join me in welcoming 75 advocacy organizations—including my own, Cancer-Schmancer—representing all cancer types,” she said. “They are here to prove that together we can change the way cancer is researched in this country.”

Thus, the organizers of the show biz benefit aimed to raise money for cutting-edge translational research acknowledged the folks who have the

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In the Cancer Centers:

Maryland's Greenebaum Cancer Center Becomes Newest NCI-Designated Center

UNIVERSITY OF MARYLAND Marlene and Stewart Greenebaum Cancer Center in Baltimore was awarded NCI designation as a cancer center. The center will receive up to \$3 million for a Cancer Center Support Grant over the next three years. The center cares for patients throughout Maryland and the region but has a unique commitment to minorities and underserved communities, said **Kevin Cullen**, cancer center director and professor of medicine and pharmacology and experimental therapeutics at the University of Maryland School of Medicine.

“African-Americans represent more than 40 percent of our patients, and nearly half of them take part in clinical trials. Nationally, less than 2 percent of African-American cancer patients participate in clinical trials,” he said.

The center also works with the University of Maryland School of Medicine Institute of Human Virology, collaborating on ways to prevent and treat cancers in patients with HIV and AIDS, Cullen said.

Cullen came to Maryland from Georgetown University in 2004 and since then, has recruited more than 40 clinicians and researchers, expanded the center’s research and clinical programs, and overseen the rebuilding of laboratory facilities and modernization of inpatient rooms, with support from the Maryland Cigarette Restitution Fund Program.

Total research funding for the cancer center has nearly doubled since 2002, to \$48.1 million, with \$14.4 million from the NCI. In June 2005,

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Advocates Await Answers To Questions About SU2C

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expertise and moral authority to judge the usefulness of the event broadcast by the networks between 8 and 9 p.m. on Sept. 5.

Stand Up To Cancer, or SU2C, generated a massive wave of media coverage and reportedly raised more than \$100 million. When the event was first announced last May, organizers said informally that they were hoping for \$250 million (The Cancer Letter, May 30).

As the benefit's organizers are tallying the proceeds, leaders of the advocacy groups that sat on the balcony and a panel called the SU2C Advocacy Advisory Council are eager to find out how much money was raised, what were the expenses, and how the money would be spent.

It appears that a large percentage of the money was collected before the phones started to ring. Responding to questions from The Cancer Letter, the event's organizers said that the estimate of the proceeds includes all donations made by the public, corporations, philanthropists and other organizations since the launch May 28.

"A final accounting is not yet available," the organizers said in an email forwarded through a public relations agency. "Phone banks remain open. Website donations continue to come in. And sales of 'Just Stand Up' [a song aired during the broadcast] continue on iTunes."



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

Though expenses appear to be formidable, the organizers said that "many goods and services needed to produce the show were donated or provided at dramatically reduced fees." The telecast was "completely underwritten by corporate donors, so that 100 percent of the money contributed by the public and philanthropic organizations goes to fund research programs," the organizers said in a written response to questions. "Because of the corporate underwriting, expenses will not be deducted from the \$100-plus million; all of it will go to fund research programs."

The largest gift, \$25 million, came from the philanthropist Sidney Kimmel. The second largest, \$10 million, came from Major League Baseball. A list of contributors appears on the SU2C website, www.StandUp2Cancer.org.

Several advocacy groups said they were concerned about SU2C becoming a freestanding organization that would compete for funds with existing groups and, perhaps, take policy positions. According to organizers, 10 percent of the funds would be set aside "to sustain the Stand Up To Cancer Initiative and also to provide a contingency fund for unexpected research opportunities."

"Many of us in the cancer community are anxious to know the aggregate sum that was raised by SU2C as well as how much of it was actually raised during the broadcast, and then what the costs of the program were," said Bill Bro, CEO of the Kidney Cancer Association and a member of the SU2C Advocate Advisory Council. "What did this fundraising event net? Most of us in the cancer community who are involved in fundraising are conscious of the cost of fundraising."

Cancer vs. Pro Wrestling

Despite formidable buildup, the ratings of the program broadcast simultaneously by CBS, ABC and NBC were modest: 10.42 million viewers.

At the same time, 7.8 million people tuned in to watch Fox Broadcasting Company's two-hour segment of "Are You Smarter than a 5th Grader?" Also, according to Nielsen ratings, about 4.6 million people watched "Friday Night SmackDown," a professional wrestling show on the CW cable channel.

Technically, SmackDown ended up in the No. 2 slot that night, beating Stand Up To Cancer on each of the three networks.

By way of comparison, 59 million people watched the telethon to help victims of the Sept. 11, 2001, attacks, and 24 million watched the benefit for victims of Hurricane Katrina.

Also, it appears that the SU2C phone banks were difficult to reach, and during the show, callers were urged to keep trying.

Media advertising industry sources estimate that commercial-free time contributed by the three networks for SU2C was worth about \$14 million. Will the networks agree to do this again? Would corporate contributors be willing to underwrite this event in the future?

If not, the telethon will become a one-time event.

“It would be important to know how much was raised during the actual broadcast, because that would substantially impact how the television networks would view doing another such event,” Bro said.

Responding to questions from *The Cancer Letter*, the event’s organizers said they were “delighted” with both “the tremendous response to the telecast” and its ratings.

Technical difficulties notwithstanding, “anyone who may have been unable to get through to a phone line during the one hour telecast was able to get through at another time or donate through our website www.standup2cancer.org,” the SU2C organizers said in a statement. “Donors can still call to contribute or do so through the website.”

Can the event be repeated in the same manner?

“We are just getting through this year’s event and will be discussing next steps with all of our partners in the coming months,” the organizers said.

Dream Teams

In the context of cancer research, \$100 million is a relatively modest amount, about 2 percent of the NCI budget. In fact, the institute spends more—\$145 million—to administer its grants and contracts.

Nonetheless, the tagline on the SU2C logo states: “This is where the end of cancer begins.”

The event’s organizers promised to try something new: set up interdisciplinary, multi-institutional “dream teams” that would focus on translational research that would produce a “near-term patient benefit.”

“It can take up to 20 years to make a breakthrough in cancer research,” ABC News anchorman Charles Gibson said on the program. “With scientists collaborating, it’s possible to shorten that to three to five years.”

Scientific strategy for the new funds would be mapped by a panel of scientists convened by the American Association for Cancer Research and headed by Nobel laureate Phillip Sharp.

The “dream teams” would receive 70 percent of

the SU2C funds. Another 20 percent would be devoted to “innovative research grants” which would focus on high-risk basic and clinical research that NIH study sections would likely deem too risky and reject. Named after the late scientist Judah Folkman, these grants would pay up to \$250,000 a year for three years.

“We have to see how much new money actually was raised, how much it cost to raise that money, and how it’s going to be spent,” said Fran Visco, president of the National Breast Cancer Coalition, whose group created the Department of Defense breast cancer program, and, over the years, raised \$2 billion to fund it. NBCC is represented on the SU2C Advocate Advisory Council.

“It really is not about more money,” Visco said. “It’s about how that money is spent. What research is being supported? Is it changing paradigms or is it simply adding to the existing establishment and doing the same old thing? Is it being spent on innovation? Is it being spent on high-risk/high-reward? Or is it spent by the establishment? Is it going to make a difference to people, as opposed to institutions and careers?”

Kathy Giusti, the founder and CEO of the Multiple Myeloma Research Foundation said SU2C has the potential to change the culture of research, but this would require more than pinpointing meritorious proposals and writing checks.

“Names on a piece of paper are not a dream team,” said Giusti, a member of the Stand Up To Cancer Advocate Advisory Council. “In order to change the way translational research and drug development are done today, you have to create teams that have both the science and the business understanding.

“It’s one thing to submit a beautifully written scientific plan that’s critically important, but it’s another to also to understand the processes by which you are going to change the system,” she said. “It has to be a sustained system, it has to have unbelievably strong planning processes, it has to have unbelievably strong communication processes, and it has to have a tremendous amount of administrative oversight.”

Altogether, Giusti’s group has raised \$100 million, and is widely credited with changing the culture of research and producing new drugs for the treatment of myeloma.

“I think if you generate the kind of public awareness they have, they can change behavior,” Giusti said.

Joint Fundraisers?

For the majority of advocacy groups, money is scarce, and many see great promise in working with the

entertainment industry.

“The money they are capable of raising is so far beyond almost every other cancer group out there,” said Nancy Roach, chairman of the board of C3 Colorectal Cancer Coalition and chairman of the SU2C Advocate Advisory Council.

Roach said she hopes the new group would become an ongoing organization that would focus exclusively on supporting research. “I hope it doesn’t get into policy, because that would duplicate the ongoing efforts of other groups,” she said.

Oncology is so political that any effort to unite players behind a single platform can be as perilous as dancing like Gene Kelly while traversing a minefield. SU2C appears to have tripped one wire immediately at its formation, when its organizers suggested that patient advocacy groups hold “viewing parties” for the Sept. 5 broadcast.

The parties, proposed as joint fundraising events, only served to make groups nervous. “I am sure that with time they will become more aware of realities of fundraising,” said one advocate, rejecting the idea of money floating toward the Hollywood group.

Others said they are starting to view SU2C as competition. “We were nothing but props,” said one advocate who viewed the show from the Kodak Theatre balcony.

“It wasn’t really about a collaborative effort among all of these groups, because there was essentially no premeditated collaboration,” the advocate said. “We weren’t brought in with the idea of figuring out a way for all the groups to come up with a strategy for how we can leverage all of this kind of attention for each of our respective groups, which would have made sense. We were told, ‘This is what we are doing, if you want to be part of it, we will put your logo on the website.’”

Watching the show, the advocate first learned that 10 percent of the funds would end up going toward creation of a new political entity.

“I first became aware of the fact that 10 percent—which looks to be over \$10 million—is going to be used for maintenance of ongoing operations,” the advocate said. “This was our first indication that we were looking at—and potentially supporting—a new competitor. The first time I saw it was looking at that scrolling text at the bottom of the screen.”

The 10 percent reserve was never hidden. It was mentioned in materials contained in the press packet the event’s organizers distributed when they first announced the telecast in May.

“At this time, there are no plans to form a

stand-alone organization,” the SU2C organizers said, responding to questions from The Cancer Letter. “None of these funds will go to pay for political activities.”

Should unexpected research opportunities arise, the scientific advisory committee would make recommendations for the allocation of funds.

“Decisions as to the allocation of these funds will be made by the Stand Up To Cancer Executive Committee, subject to ultimate approval by the Entertainment Industry Foundation board of directors, as EIF is the fiduciary for these funds,” the statement read. “The allocation decisions will be disclosed to the public.”

EIF’s administrative overhead, out-of-pocket and ongoing administrative expenses were completely underwritten by corporate donors and wouldn’t be withheld from the funds raised for research, the event’s organizers said.

However, AACR would withhold administrative fees. “AACR’s expert staff has the time-intensive role of working with the many SU2C beneficiary institutions to administer the dream team and innovative grants on this highly unusual collaborative project,” the organizers said. “Its grant coordination fees will come from the more than \$100 million going to support research programs.”

Some of the show’s content was puzzling.

Several cancer prevention experts were at a loss to explain why comedian Brad Garrett submitted to a digital rectal exam when no organization recommends the procedure.

The U.S. Preventive Services Task Force concludes that the evidence is insufficient to recommend for or against routine screening for prostate cancer using prostate specific antigen testing or digital rectal examination.

“If we don’t know that prostate cancer screening really saves lives and in particular that DRE makes much of a difference, then what good is it for Mr. Garrett to bare himself to the world to raise money for cancer research?” Len Lichtenfeld, deputy chief medical officer of the American Cancer Society wrote on his blog. “I admire his willingness to advance the cause of cancer research. I just wish there was a better way to do it that was more consistent with the medical evidence and recommended practice.”

ACS is represented on the SU2C Advocate Advisory Council.

In another factually problematic instance, retired basketball player and sports commentator Charles Barkley said that African Americans should be screened

for colorectal cancer at age 45, five years earlier than the general population. One professional society—the American Gastroenterological Association—used to recommend an earlier screening for African Americans, but that that recommendation was abandoned in March (The Cancer Letter, March 7).

“I am supportive of cancer research and raising awareness of cancer, but I am concerned that the SU2C effort may lead some people to believe that all we have to do is raise \$100 million or \$250 million, and we can cure cancer,” said Otis Brawley, ACS medical director, who watched the telethon from the Kodak Theatre balcony. “I am concerned that we ought to be sending a message that we are not doing nearly as much as we should be doing in terms of access to care, and especially access to high quality care.”

2008 Election:

Obama Promises To Double NIH Budget Over Five Years; McCain Statement Pledges “Necessary Funding”

By Kirsten Boyd Goldberg

Presidential candidates Barak Obama and John McCain separately pledged support for NIH in statements released Sept. 5 as part of the “Stand Up To Cancer” telethon.

During the telethon, professional cyclist Lance Armstrong asked the candidates to name “three specific things” they would do “to help accelerate the fight against this disease.”

In a videotaped statement, McCain noted that he had “worked in the past to double NIH funding.” Obama’s video clip drew cheers from the audience when he stated, “First, I will double cancer research funding.”

A longer statement posted on the McCain campaign website said that the senator “as President will make sure that our researchers have necessary funding to defeat cancer once and for all.”

In a four-page document titled the “Obama-Biden Plan To Combat Cancer,” Obama committed to doubling federal funding for cancer research within five years “focusing on NIH and NCI,” as well as increasing funding for FDA.

McCain’s statement is posted at <http://www.johnmccain.com/Issues/HealthCare/FC.htm>.

Obama’s statement is posted at [\[barackobama.com/pdf/issues/healthcare/Fact_Sheet_Cancer_FINAL.pdf\]\(http://barackobama.com/pdf/issues/healthcare/Fact_Sheet_Cancer_FINAL.pdf\).](http://www.</p></div><div data-bbox=)

Responses To Armstrong

The candidates’ responses to Armstrong’s question follow:

McCain: “As president, I will lead the effort for stronger and more coordinated public and private research efforts. I worked in the past to double NIH funding. I will also work for greater focus on healthy living, early detection, and ensuring access to quality and affordable care for all Americans, especially those who are denied coverage because of a devastating disease like cancer. This is a fight we must as will win as a nation.”

Obama: “First, I will double cancer research funding. Second, I will provide affordable health care for all Americans. As someone who watched my mother argue with insurance companies while she lay in bed dying of cancer, I’ll make certain those companies stop discriminating against those who are sick. I’ll push them to cover cancer screenings and provide treatment and preventive care. Third, we will modernize the healthcare system to reduce medical error, lower costs, and improve the quality of patient care. It’s time for a government that wages a war against cancer as aggressive as the war cancer wages against us. As president, I will lead that fight.”

“Advice For the Next President”

Stand Up To Cancer also published its “Advice for the Next President,” written by the controversial author Devra Lee Davis, director of the Center for Environmental Oncology at the University of Pittsburgh. Davis recently created a national controversy by claiming that cell phone use increases the risk of brain cancer. This alleged link isn’t supported by conclusive data (The Cancer Letter, July 25 and Aug. 1).

In her recommendations, Davis called for a larger federal budget to control environmental hazards. “While we have finally made some progress on tobacco, other well-known cancer hazards—like asbestos and benzene—remain poorly controlled,” she wrote.

She called for a national ban on smoking in public places and “a serious public campaign to identify, control or get rid of asbestos,” and follow European Union measures to “control workplace, household, radiation and other carcinogen exposures in order to reduce the mounting demand for cancer treatment.”

The document is posted at <http://su2c.standup2cancer.org/node/2463>.

In the Cancer Centers:

Rochester, Moffitt Win NCI SPORE Grants

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the cancer center also opened a new outpatient area, the Roslyn and Leonard Stoler Pavilion, designed to promote multidisciplinary patient care.

UNIVERSITY OF ROCHESTER School of Medicine and Dentistry received an \$11.5 million NCI Specialized Programs of Research Excellence grant to support the expansion of lymphoma research and clinical trials at the James P. Wilmot Cancer Center. The five-year grant is the first for the Wilmot Cancer Center, said **Richard Fisher**, center director.

H. LEE MOFFITT Cancer Center received its first Specialized Programs of Research Excellence grant in lung cancer from NCI. **Gerold Bepler**, program leader for thoracic oncology, will use the five-year, \$10.475 million award for four lung cancer research projects. Research team members include **Scott Antonia, Mark Alexandrow, Jiandong Chen, Jin Cheng, Douglas Cress, Dmitry Gabrilovich, Eric Haura, and Jack Pledger**.

ROBERT DIPAOLO was named director of the Cancer Institute of New Jersey. DiPaola, professor of medicine at the UMDNJ-Robert Wood Johnson Medical School, is a prostate, bladder, and kidney cancer researcher and has been at CINJ since 1994. **Joseph Bertino**, University Professor of medicine and pharmacology, served as interim director for the past 18 months.

UNIVERSITY OF NEBRASKA said its College of Public Health facility will be named for pediatric oncologist and University of Nebraska Medical Center Chancellor **Harold Maurer** and his wife **Beverly Maurer**. The university held a groundbreaking ceremony last month for the building, scheduled to open in April 2010. Omaha philanthropists Ruth and Bill Scott chose to name the building after the Maurers for their commitment to the health of Nebraskans.

UNIVERSITY OF ARKANSAS for Medical Sciences Winthrop P. Rockefeller Cancer Institute received a breast cancer research award from the U.S. Department of Defense. Thomas Kelly, associate professor of pathology at the University of Arkansas

for Medical Sciences, was awarded the Synergistic Idea Award for his project on the role of fibroblast activation protein-alpha in breast cancer metastasis. The award includes a two-year grant of \$361,203 and will operate as a collaborative effort between Kelly's group at the UAMS Winthrop P. Rockefeller Cancer Institute and the research group led by **Patrick McKee**, University of Oklahoma Health Science Center in Oklahoma City.

JULIO GARCIA-AGUILAR was named chairman of the Department of Surgery at City of Hope. Garcia-Aguilar, a colon and rectal cancers scientist, was professor of surgery and chief of the Section of Colon and Rectal Surgery at the University of California, San Francisco. He is known for his laparoscopic surgical techniques and research to improve patient outcomes.

STEPHEN WILLIAMS, director of the Indiana University Melvin and Bren Simon Cancer Center, was awarded the President's Medal for Excellence by **Michael McRobbie**, president of Indiana University. Williams was recognized for three decades of work, his study of testicular and ovarian cancers, and his leadership in achieving NCI clinical cancer center designation, a five-year designation that was renewed in 2004 and 2008. Williams received the award during the dedication ceremony of the new patient care building at the Indiana University Melvin and Bren Simon Cancer Center Aug. 21.

LAWRENCE SHULMAN, chief medical officer and senior vice president of medical affairs of Dana-Farber Cancer Institute, was appointed clinical advisor for oncology by the Bermuda Hospitals Board, as part of a partnership between Partners HealthCare International Program and the Bermuda Hospitals Board to improve medical treatment on the island. Visiting specialists from Dana-Farber, Brigham and Women's Hospital, and Massachusetts General Hospital will collaborate with Bermudian colleagues on a new, multi-disciplinary model of cancer care. Shulman, an associate professor of medicine at Harvard Medical School, also is the director of Network Development for the Dana-Farber/Brigham and Women's Cancer Center, where he has led initiatives to establish satellite oncology centers. Bermuda Hospitals Board is a quasi-autonomous non-governmental organization established under the Bermuda Hospitals Board Act. Partners HealthCare International Program was founded by Massachusetts General Hospital and Brigham and Women's Hospital.

Advocacy & Professional Societies:
**American Airlines To Raise
\$8 Million For Komen Grant**

SUSAN KOMEN for the Cure, American Airlines and The University of Texas M. D. Anderson Cancer Center announced that American Airlines will raise \$8 million over eight years, to fund the American Airlines Susan G. Komen for the Cure Promise Grant, a \$7.5 million grant to study and treat inflammatory breast cancer at the M. D. Anderson Morgan Welch Inflammatory Breast Cancer Research Program and Clinic. The grant will fund a team of patient advocates, breast medical oncologists, breast surgeons, imaging specialists, pathologists, radiation oncologists, physician scientists and basic scientists, with a focus in genomics, proteomics and nanotechnology.

JUDAH FOLKMAN, 1933-2008, will be posthumously awarded the Prix Galien USA 2008 Pro Bono Humanum Award for inventing implantable polymers. Folkman created an implantable, time-release, contraceptive device that could deliver hormones or other drugs. Working with the Population Council and Sheldon Segal, distinguished scientist at the organization; the Rockefeller Brothers Fund; Dow-Corning and Wyeth, Folkman waived the research patents, helping medically underserved women have access to implantable contraceptives.

IVY GENOMICS-BASED Medicine Project, a collaboration of nine U.S. institutions to improve treatment for brain tumors, is being formed with a grant from the Ben and Catherine Ivy Foundation. The \$3 million Ivy G.B.M Project grant was awarded to the Translational Genomics Research Institute. **Michael Berens**, of TGen, will coordinate and manage the two-stage project spanning four to five years. Stage I will create a consortium of nine academic laboratories. Stage II would include a clinical trial for recurrent GBM. Besides Berens, project leaders and institutions include: **Antonio Chiocca** and **Sean Lawler**, Ohio State University; **Howard Colman**, University of Texas M.D. Anderson Cancer Center; **G.Yancey Gillespie**, University of Alabama at Birmingham; **C. David James**, University of California, San Francisco; **Tom Mikkelsen**, Henry Ford Hospital; **Jann Sarkaria**, Mayo Clinic; **Andrew Sloan**, Case Western Reserve University School of Medicine; and **Craig Webb**, Van Andel Research Institute.

AMERICAN SOCIETY for Therapeutic Radiology and Oncology selected **Audrey Evans**, pediatric oncologist, its 2008 honorary member for her career and the contributions to cancer patients and to oncology, said Louis Harrison, chairman of the ASTRO board and radiation oncologist at Beth Israel Medical Center. Evans, who developed the Evans Staging System for neuroblastoma, is professor of pediatrics at the University of Pennsylvania School of Medicine. She will be recognized Sept. 23, during the ASTRO annual meeting in Boston.

INTERNATIONAL SOCIETY of Gastrointestinal Oncology named **John Marshall**, chief of hematology/oncology at Lombardi Comprehensive Cancer Center, president of the society, a one year term, effective Sept. 1. Marshall specializes in cancers of the GI tract.

ONCOLOGY NURSING Certification Corp. will add the Certified Pediatric Hematology/Oncology Nurse examination to Pediatric Certification Program beginning in 2010. A pediatric oncology nursing practice study conducted in 2008 indicated that hematology is a significant component of pediatric oncology nursing practice nationwide, said **Vicki Norton**, president, board of directors, ONCC. The content of the examination will be published in the form of a test blueprint on the ONCC Web site later this year.

AMERICAN SOCIETY for Therapeutic Radiology and Oncology has begun the Radiation Oncology Institute, or ROI, with an award of \$5 million. The institute would promote radiation oncology in the cancer community by supporting research and education on the benefits of radiation therapy. Theodore Lawrence, of the University of Michigan in Ann Arbor, and Colleen Lawton, of the Medical College of Wisconsin in Milwaukee, will lead the endowment campaign cabinet, whose goal is to raise \$10 million in capital to build the infrastructure of the ROI. Once functional, the ROI would be the chief philanthropic partner to ASTRO, funding and advancing radiation oncology through programming in research and public health education and information dissemination.

AMERICAN CANCER SOCIETY honored three scientists from The Ohio State University Comprehensive Cancer Center for the global impact of their research. Named the 2008 Hero of Hope award winners were **Stephen Qualman**, director of the Division of Pediatric Pathology; **Michael Lairmore**, chairman of

the Department of Veterinary Biosciences and associate director for Basic Sciences; and **Mary Ellen Wewers**, associate dean for Research at the College of Public Health, and co-leader for cancer control program at OSU Comprehensive Cancer Center.

ST. BALDRICK'S FOUNDATION, a non-profit fundraising organization for childhood cancer research, awarded a total of over \$12.6 million in its first round of 2008 research grants, pediatric oncology fellowships, and newly-created career development awards. A second round of grants for 2008 will be issued this fall, said Kathleen Ruddy, executive director. The foundation coordinates worldwide head-shaving events to raise money for research. The largest grant this year of more than \$6 million was awarded to CureSearch Children's Oncology Group for cooperative research on a national scale. Of this, \$5.23 million will be distributed to more than 200 institutions to support participation in COG clinical trials. With a \$250,000 grant, the St. Baldrick's Foundation becomes the first funder of a major research project called Translational Genomics in Neuroblastoma, with grants awarded to three partner institutions: TGEN Foundation, NCI, and Children's Hospital of Philadelphia.

JOHN COX was named editor of the Journal of Oncology Practice, a journal of the American Society of Clinical Oncology. Cox, a hematologist and medical oncologist, is on the staffs of the Methodist Hospitals of Dallas and Parkland Memorial Hospital in Dallas. Cox replaces **Douglas Blayney**, who has been editor of the JOP since its inception in 2005 and also is president-elect of ASCO.

Funding Opportunities:

RFA-HL-08-013: Translating Basic Behavioral and Social Science Discoveries into Interventions to Reduce Obesity: Centers for Behavioral Intervention Development. U01. Letters of Intent Receipt Date: Dec. 16. Application Receipt Date: Jan. 13, 2009. Full text: <http://www.grants.nih.gov/grants/guide/rfa-files/RFA-HL-08-013.html>. Inquiries: Frank Perma, 301-451-9477; pernafm@mail.nih.gov.

RFA-RM-08-029: Roadmap Transformative R01 Program. R01. Letters of Intent Receipt Date: Dec. 29. Application Due Date: Jan. 29, 2009. Full text: <http://www.grants.nih.gov/grants/guide/rfa-files/RFA-RM-08-029.html>. Inquiries: Kristin Abraham, 301-594-8190; T_R01@mail.nih.gov.

RFP S08-221: Chemical Biology Consortium. Full text: <http://www.fbodaily.com/archive/2008/09-September/12-Sep-2008/FBO-01665991.htm>. Inquiries: Melissa Borucki or Amy Gray, both at cbcsubs@mail.nih.gov.



MEN2 Thyroid Cancer Professorship:

A Request for Applications

The American Cancer Society announces this **Request for Applications** for the **American Cancer Society MEN2 Thyroid Cancer Consortium**. Up to seven (7) Research Scholar and/or Mentored Research Scholar grants and up to five (5) Postdoctoral Fellow grants will be awarded. The Consortium will be led by a single **renowned senior scientist** who will be awarded the American Cancer Society MEN2 Thyroid Cancer Professorship and act as leader for the overall program (details at links below). Appropriate areas of investigation include, but are not limited to: understanding consequences of *RET* mutations, molecular events underlying the development of MEN2-related tumors, improved animal models of MEN2, new screening and monitoring tools, new imaging approaches, and new pharmacologic and other strategies to blunt the effects of *RET* mutations.

The **Professorship** award is intended for an outstanding mid-career investigator who has made a seminal contribution and who continues to provide leadership in this general research area. Applications are requested from distinguished investigators in an area that includes multiple endocrine neoplasia type 2 research, including research in the areas of genetics, pathogenesis, diagnosis or treatment of medullary thyroid cancer.

The amount of the award is \$80,000 per year for five years. Only one award will be made and a letter of intent must be submitted. The awardee must be willing to be a spokesperson on selected occasions for the American Cancer Society and for the Consortium. Candidates must be American citizens or permanent residents with at least 10 years of experience beyond receipt of their terminal degree and not have held the rank of full professor for more than 15 years. Department chairs or individuals with equivalent administrative positions, and individuals working for government agencies or for-profit organizations are not eligible.

Deadlines: Interested individuals must submit their curriculum vitae with a complete bibliography and a letter of intent that briefly describes their seminal contributions to thyroid cancer research. This information must be submitted via <https://proposalcentral.altum.com> no later than December 15, 2008 by applying for the *American Cancer Society – MEN2 Thyroid Cancer Professorship*. Qualified candidates will be invited no later than January 15, 2009 to submit full applications by April 1, 2009. Funding will begin January 1, 2010. For additional information and policies, see our website at www.cancer.org/research; select *Funding Opportunities* followed by Index of Grants, scroll down to *Special Initiatives* and select RFA for MEN2 Thyroid Cancer Consortium. For inquiries, contact Charles Saxe, PhD at (404) 929-6919 (Charles.Saxe@cancer.org).

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