THE CANCER LETTER

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Coalition Of Cooperative Groups Lists High Priority Trials In Breast Cancer

By Kirsten Boyd Goldberg

A panel of breast cancer experts convened by the Coalition of Cancer Cooperative Groups has identified 13 breast cancer clinical trials that it said should receive the highest priority for patient enrollment.

The coalition's Scientific Leadership Council in Breast Cancer said the phase III trials it selected from more than 515 ongoing trials have the greatest potential to improve treatment and survival. The group urged physicians to discuss these trials with eligible patients. The coalition also said it hoped that patient advocacy groups and health insurers would help promote the trials and facilitate patient enrollment.

Altogether, the studies require patient enrollment of nearly 43,500. To date, about 17,400 patients have been enrolled, leaving a deficit of more than

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FDA News:

LabCorp Marketing Of Ovarian Cancer Test Unlawful, FDA Says In Warning Letter

By Paul Goldberg

Laboratory Corporation of America has violated the law by failing to obtain regulatory approval before commencing to market a test for identifying women at high risk of developing ovarian cancer, FDA said.

In a warning letter to LabCorp, the agency said that the test, called the OvaSure Yale Ovarian Cancer Test, is a medical device subject to regulatory review.

"Our review indicates that this product is a device under section 201(h) of the Food, Drug, and Cosmetic Act (FDCA or Act), 21 U.S.C. 321(h), because it is intended for use in the diagnosis of disease or other conditions, or in the cure, treatment, prevention, or mitigation of disease," states the letter dated Sept. 29. "The act requires that manufacturers of devices that are not exempt obtain marketing approval or clearance for their products from the FDA before they may offer them for sale."

Generally, FDA refrains from regulating "laboratory-developed test," a regulatory category that covers tests developed by a single clinical laboratory for use only in that laboratory.

However, OvaSure doesn't fit into this caregory, FDA said in the letter to LabCorp. Since the company obtained OvaSure from another entity—Yale University—the test is subject to regulation.

"Based on the information collected, FDA has determined that the

(Continued to page 4)

Coalition Hopes Priortization Leads To Faster Trial Accrual

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26,000 patients. Enrollment of breast cancer patients in publicly funded studies averages about 9,300 annually. The number of breast cancer patients on privately funded studies is not known.

"We have so many competing trials, and trials that accrue slowly, and trials that never meet accrual and so never get answers," said Julie Gralow, co-chairman of the council, associate professor at University of Washington School of Medicine and director of Breast Medical Oncology at UW's Seattle Cancer Care Alliance. "We thought we could get together a group that represented a broad spectrum and that we could define some trials that were worthy of some extra promotion by discussing them with the advocates and having their buy-in, and making extra educational materials to help patients and physicians understand the trials better."

The 21-member panel included physicians, researchers, patient advocates, and government and industry representatives, and met in Dallas Sept. 12-13. Edith Perez, director of the Breast Cancer Program, Division of Hematology/Oncology, and Department of Internal Medicine at the Mayo Clinic in Jacksonville, Fla., serves alongside Gralow as co-chairman of the council.

"We spent some time discussing what are the big, unanswered questions, so we established a baseline on where the gaps are," Gralow said. "We reviewed many hundreds of trials and tried to address which of these trials will help us address some of these high-priority issues."

The resulting document, "Research Priorities in Breast Cancer: Recommendations of the Scientific Leadership Council in Breast Cancer of the Coalition of Cancer Cooperative Groups," is being submitted for publication and is not being made public.

An executive summary of the report and fact sheets on the trials will be posted on the coalition's website in the near future. Meanwhile, the coalition said these materials to anyone who requests them by sending an email to info@cancertrialshelp.org.

The coalition has been prioritizing clinical trials in other disease, too. A list of high priority studies in colorectal cancer was released in 2004, and a list of lung cancer studies was released in 2006.

The prioritization is performed by Scientific Leadership Councils. "We established the Scientific Leadership Councils to provide a contextual framework for where the field is, what the research priorities are, and what the key trials are, to lay the groundwork for the future," said Robert Comis, president of the coalition and chairman of the Eastern Cooperative Oncology Group. "We assemble a panel of experts and develop a consensus, which leads to a consensus document and a list of the high-priority studies."

The coalition will publicize the list of trials through advocacy groups as well as websites and other organizations, including WebMD and the American Cancer Society, Comis said.

The Scientific Leadership Council in Breast Cancer meets about twice a year, and intends to review the accrual progress in the trials so that new ones could be added to the list, Gralow said. "We hope we meet accrual and move forward," Gralow said. "We want to get the answers as fast as possible so that we change the standard of care, if appropriate, and help patients."

Publicly-financed clinical trials research is suffering for lack of funding. Out of a $4.8 billion budget, NCI spends only about $180 million on the cooperative group clinical trials program. The lack of funding holds accrual to about 25,000 patients a year. "The major problem isn't prioritizing clinical trials, it's funding them," said Norman Wolmark, chairman of the National Surgical Adjuvant Breast and Bowel Project.

Comis said that while the federal budget for clinical trials research is likely to remain stagnant, "cancer patients need to be served, and in spite of it all, investigators are still interested in clinical trials.

"We need to somehow continue to move the field

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forward," Comis said. "We are working more closely with industry. The future lies in some sort of hybrid model where we can work with industry while still doing our academic research and remaining independent."

In addition to the 13 ongoing studies, the council also recommended that a proposed trial in advanced disease, called Ribbon 3, go forward. The proposed trial of CT plus or minus bevacizumab after progression on a bevacizumab-containing regimen had stalled, Gralow said.

"We were trying to encourage industry that this is the time to answer the question about progression after treatment with bevacizumab," Gralow said. "We don't know whether we should just keep giving patients these expensive drugs. We wanted to make a statement up front that we need to do the studies that tell us how we can use these drugs less often."

Six of the high-priority studies are in the adjuvant setting, three are in the neoadjuvant setting, two are in advanced disease, one focuses on quality of life, and one on effectiveness of partial over whole breast irradiation.

Also, a molecular/genetic profiling study will determine whether some women typically treated with chemotherapy in addition to hormonal therapy based on clinical characteristics may not need chemotherapy.

The council also emphasized the importance of connecting patients to priority trial information. Research conducted by the coalition and Northwestern University shows that only 15 percent of all breast cancer patients are aware of the clinical trial option at time of diagnosis. The coalition's TrialCheck, Internet-based cancer clinical trial navigation and matching system of all federally registered cancer studies, is designed to help close this information gap by electronically linking patients to hospitals and practices near their home offering cancer clinical trials relevant to the patient's individual medical needs.

Breast Cancer High Priority Trials

Following is the council's list of high priority trials in breast cancer, with names of principal investigators and their contact information, and web sites where trial information is posted.

Priority Trials in Adjuvant Systemic Therapy

ALTTO: Adjuvant Lapatinib and/or Trastuzumab Treatment Optimisation Study. A randomised, multicentre, open-label, phase III study of adjuvant lapatinib, trastuzumab, their sequence and their combination in patients with HER2/ErbB2 positive primary breast cancer. Edith Perez, 904-953-7283, Perez.edith@mayo.edu, http://ncctg.mayo.edu, www.ctsu.org.

SWOG S0307: A Phase III Trial of Bisphosphonates as Adjuvant Therapy for Primary Breast Cancer. Julie Gralow, 206-288-7722, pink@u.washington.edu, www.swog.org, www.ctsu.org.

IBCSG 24-02/SOFT: A Phase III Trial Evaluating the Role of Ovarian Function Suppression and the Role of Exemestane as Adjuvant Therapies for Premenopausal Women with Endocrine Responsive Breast Cancer. Gini Fleming, 773-834-3094, gfleming@medicine.bsd.uchicago.edu, www.ibcsg.org, www.ctsu.org.

ECOG E5103: A Double-Blind Phase III Trial of Doxorubicin and Cyclophosphamide followed by Paclitaxel with Bevacizumab or Placebo in Patients with Lymph Node Positive and High Risk Lymph Node Negative Breast Cancer. Kathy Miller, 317-274-1690, kathmill@iupui.edu, www.acosog.org, www.ctsu.org.

NSABP B-42: A Clinical Trial to Determine the Efficacy of Five Years of Letrozole Compared to Placebo in Patients Completing Five Years of Hormonal Therapy Consisting of an Aromatase Inhibitor or Tamoxifen Followed by an AI in Prolonging Disease-Free Survival in Postmenopausal Women with Hormone Receptor Positive Breast Cancer. Terry Mamounas, 330-363-6281, TMamounas@aultman.com, www.nsabp.pitt.edu, www.ctsu.org.

MA.17-R: A Double Blind Randomization to Letrozole or Placebo for Women Previously Diagnosed with Primary Breast Cancer Completing Five Years of Adjuvant Aromatase Inhibitor Either as Initial Therapy or After Tamoxifen (including those in the MA. 17 Study). Paul Goss, 617-724-3118, pgoss@partners.org, www.ncic.cancer.ca.

Priority Neoadjuvant Trials

NSABP B-41: A Randomized Phase III Trial of Neoadjuvant Therapy for Patients with Palpable and Operable HER2-Positive Breast Cancer comparing the Combination of Trastuzumab plus Lapatinib to Trastuzumab and to Lapatinib Administered with Weekly Paclitaxel Following AC Accompanied by Correlative Science Studies to Identify Predictors of Pathologic Complete Response. Terry Mamounas, 330-363-6281, TMamounas@aultman.com, www.nsabp.pitt.edu.

ACOSOG-Z1031: A Randomized Phase III Trial Comparing 16 to18 Weeks of Neoadjuvant Exemestane (25 mg daily), Letrozole (2.5 mg), or Anastrozole (1 mg) in Postmenopausal Women with Clinical Stage II and

III Estrogen Receptor Positive Breast Cancer. Matthew Ellis, 314-362-8866, MEllis@DOM.wustl.edu, www.acosog.org, www.ctsu.org.

ACOSOG-Z1041: A Randomized Phase III Trial Comparing a Neoadjuvant Regimen of FEC-75 followed by Paclitaxel plus Trastuzumab with a Neoadjuvant Regimen of Paclitaxel plus Trastuzumab followed by FEC-75 plus Trastuzumab in Patients with HER-2 Positive Operable Breast Cancer. Aman Buzdar, 713-792-2817, abuzdar@mdanderson.org, www.acosog.org, www.ctsu.org.

Priority Trials in Advanced Disease

OPTIMIZE-2: A prospective, randomized, double-blind, stratified, multi-center, 2-arm trial of the continued efficacy and safety of Zometa (every 4 weeks vs. every 12 weeks) in patients with documented bone metastases from breast cancer. Gabriel Hortobagyi, 713-792-2817, ghortoba@mdanderson.org, www.novartisclinicaltrials.com.

Ribbon 3: New study concept (to be approved): CT ± bevacizumab after progression on a bevacizumab-containing regimen.

Priority Trial in Quality of Life

E2Z04: Quality of Life in Younger Breast Cancer Survivors. Victoria Champion, 317-274-4187, vchampion@iupui.edu, www.ecog.org.

Priority Trial in Radiation Therapy

NSABP B-39: A Randomized Phase III Study of Conventional Whole Breast Irradiation Versus Partial Breast Irradiation for Women with Stage 0, I, or II Breast Cancer. Frank Vicini, 248-551-1219, fvicini@beaumont.edu, www.nsabp.pitt.edu, www.ctsu.org.

Priority Trial in Genomics

TAILORx: A Program for the Assessment of Clinical Cancer Tests (PACCT-1): Trial Assigning IndividuaLized Options for TReatment: The TAILORx Trial. Joseph Sparano, 718-904-2555, jsparano@montefiore.org, www.ecog.org.

FDA News:

FDA Says OvaSure Test Requires Agency Approval

(Continued from page 1)

OvaSure is a test that was designed, developed, and validated by investigators at Yale University and not LabCorp," states the warning letter signed by Steven Gutman, director of the FDA Office of In Vitro Diagnostic Device Evaluation and Safety at the Center for Devices and Radiological Health.

"Instructions for use and performance characteristics appear to have been developed by Yale investigators. In addition, the materials being used to produce this test including… are manufactured… based on specifications by the workers at Yale. This device is not within the scope of laboratory developed tests over which the agency has traditionally exercised enforcement discretion," Gutman wrote.

LabCorp started marketing OvaSure in June.

At the time, the company said that the test, which is said to measure six biomarkers, "was shown to discriminate between disease-free women and ovarian cancer patients (stage I-IV) with high specificity (99.4%) and sensitivity (95.3%)."

To support this claim, LabCorp's marketing materials cited a paper by Visintin I, Feng Z, Longton G, *et al.* Diagnostic markers for early detection of ovarian cancer. Clin Cancer Res. 2008 Feb 15;14(4):1065-1072.

A company press release dated June 23 quoted Gil Mor, associate professor in the Department of Obstetrics, Gynecology and Reproductive Sciences at Yale: "I am pleased that this test is available to help physicians detect and treat ovarian cancer in its earliest stages," he said. "Our team is proud that our research may help play a role in higher survival rates for women with this disease."

The Society of Gynecologic Oncologists was less pleased. "After reviewing OvaSure's materials, it is our opinion that additional research is needed to validate the test's effectiveness before offering it to women outside of the context of a research study conducted with appropriate informed consent under the auspices of an institutional review board," the society said in a statement issued in response to LabCorp's press release.

The company's press release also appears to have invited scrutiny by FDA. The agency's initial letter LabCorp, dated Aug. 7, indicates that the assay had never been submitted for review, and that regulators first became aware of it after commercialization.

"It appears that you are marketing the OvaSure Test with performance characteristics (specifically, 95.3% sensitivity and 99.4% specificity) that are identical to those reported in a research study published by Visintin, I., *et al.,* " FDA's Gutman wrote. "We note that this research was carried out, and performance derived, on two populations that are strongly clinically

biased for being healthy and normal, and for having already experienced ovarian cancer.

"Based on the available information, we do not believe the scientific community would consider the reported study sufficient to establish performance characteristics of a test in 'high risk women who might have ovarian cancer,' i.e., in a clinical setting, as claimed in your intended use and promotional materials," Gutman wrote. "Based on our review of your promotional materials and the research publication cited above, we believe you are offering a high risk test that has not received adequate clinical validation, and may harm the public health."

A LabCorp spokesman said the company is "in discussions with the FDA over the most appropriate next steps" following issuance of a warning letter.

"While we are disappointed in the letter, we will continue our discussions with the FDA on this matter, said Eric Lindblom, a LabCorp spokesman. "We share FDA's interest avoiding unnecessary regulatory burdens in diagnostic testing and assuring the protection of patients."

FDA is in the process of formulating a guidance document on in-vitro tests. Last year, the agency issued a draft guidance on "in vitro diagnostic multivariate index assays." The document is posted at www.fda.gov/cdrh/oivd/guidance/1610.html. The warning letter to LabCorp is posted at www.fda.gov/foi/warning_letters/s6947c.htm.

Obituary:

Paul Rogers, Former Chairman Of House Health Subcommittee

PAUL ROGERS, a former congressman known for his work on health-care legislation and his strong support for NIH during 24 years as a Democratic representative from West Palm Beach, Fla., died Oct. 13 at Sibley Memorial Hospital in Washington, D.C. He was 87 and had lung cancer.

While in Congress, Rogers served as chairman the Subcommittee on Health and the Environment. He was a key proponent of the National Cancer Act of 1971 and the National Health Promotion and Disease Prevention Act of 1978.

Since leaving Congress in 1979, Rogers was a partner in the health care practice of the Washington law firm Hogan & Hartson. He served as chairman of Research!America, a nonprofit advocacy alliance for health research, from 1996-2005.

In 2006 Research!America established the Paul G. Rogers Society for Global Health Research, with founding support from the Bill & Melinda Gates Foundation. The society's mission is to increase awareness of and make the case for greater U.S. investment in research to fight diseases that disproportionately affect the world's poorest nations.

"It's impossible to convey the enormity of the loss of Paul Rogers," said John Porter, former congressman, current Research!America chairman, and Hogan & Hartson partner. "He was aptly known as 'Mr. Health' for his 50-year legacy as one of our nation's most accomplished, passionate advocates for health research. He was held in highest esteem by his colleagues, his peers in Congress, by multiple administrations, and leaders in all areas of health and science."

An act of Congress in 2000 designated the main plaza at NIH as the Paul G. Rogers Plaza, which was dedicated on his birthday in June 2001. The federal courthouse building in West Palm Beach also bears his name.

"Paul Rogers often said that, without research, there is no hope," said Mary Woolley, president and CEO of Research!America. "For the hope that research has brought to lives of Americans and people everywhere, the world owes a great debt of thanks to Paul Rogers. His achievements benefited the lives of Americans young and old, from every corner of the nation. As just one example, thanks to his work on behalf of the National Cancer Act, children's death rates from cancer dropped by more than 60 percent."

NCI Director John Niederhuber said Rogers was still at work on cancer research issues just days before his death. On the wall of his office, Rogers had a picture of President Nixon signing the National Cancer Act of 1971.

"That legislation, which brought sweeping changes and unprecedented new authorities to the National Cancer Institute, came to pass, in large part, because of Rep. Rogers' perseverance, legislative skill, and vision," Niederhuber said. "Paul Rogers' legacy is measured, at least in part, by the 12 million Americans who today count themselves as cancer survivors. All of us in the cancer world will miss our colleague and friend."

Rogers also was instrumental in passage of the Medical Device Amendments of 1976, the Health Maintenance Organization Act, the Health Manpower Training Act, the Research on Aging Act, the Comprehensive Drug Abuse Prevention and Control Act of 1970, the Emergency Medical Service Act, the Medicare-Medicaid Anti-Fraud and Abuse Amendments of 1977, the Clean Air Act, the Safe Drinking Water Act

and the Radiation Control for Health & Safety Act.

Rogers, born in Ocilia, Ga., moved to Fort Lauderdale, Fla., as a child. He graduated from the University of Florida in 1942 and served in the Army during World War II, receiving the Bronze Star Medal. After graduating from the University of Florida law school in 1948, he practiced law in Palm Beach until 1955, when he won a special election to fill the congressional seat held by his father, Dwight Rogers, who had died.

Rogers was reelected 11 times to represent Florida's 9th Congressional District, often without opposition, and in his last campaign he won 91 percent of the vote.

Rogers received many awards after leaving Congress, including the National Academy of Science Public Welfare Medal in 1982 and the Albert Lasker Award for Public Service in 1993.

Rogers is survived by his wife, Rebecca Rogers; his daughter, Rebecca Laing Sisto; four grandchildren; and his brother, Doyle Rogers.

American Cancer Society:

Vogel To Succeed Yates As VP For Research At ACS

The American Cancer Society named Victor Vogel as national vice president for research, succeeding Jerome Yates to oversee the society's research operations.

Vogel is professor of medicine and epidemiology at the University of Pittsburgh School of Medicine, where he is also co-director of the Magee-Womens Hospital/University of Pittsburgh Cancer Institute Biochemoprevention Program. He will join ACS in January.

He served as the national protocol chairman of the NCI-funded Study of Tamoxifen and Raloxifene.

"Victor's commitment to, and strong background in, cancer prevention and treatment research will help us to advance our life saving mission," said Otis Brawley, ACS chief medical officer. "I look forward to working with Victor as he transitions into his new role over the coming months."

Vogel earned his medical degree from Temple University Medical School. He served an internship and residency in internal medicine at the Baltimore City Hospitals and a fellowship in medical oncology at Johns Hopkins Oncology Center. Vogel earned a Master of Health Science at Johns Hopkins University School of Hygiene and Public Health, where he was an Andrew W. Mellon Fellow in Clinical Epidemiology.

"Basic science and epidemiological research have revolutionized the outlook for patients with cancer during the last three decades, and the American Cancer Society has been at the forefront in supporting discoveries that have made the outlook for patients with cancer more optimistic than ever," Vogel said. "Yet, there remains much to be done. With the increasing pressures on the federal budget, and with widening demands on the resources of the National Cancer Institute, the society will continue to play a vital role in assuring that new discoveries continue to occur."

In the Cancer Centers:

Murphy Leaves UT For IOM; Mitchell Wins SCOR Grant

SHARON MURPHY stepped down from her position as the inaugural director of the Greehey Children's Cancer Research Institute at the University of Texas Health Science Center in San Antonio and is now a scholar-in-residence at the Institute of Medicine in Washington, D.C., working on cancer policy and health services. **Gail Tomlinson** assumed the role of interim institute Director in San Antonio. . . . **BEVERLY MITCHELL**, the George E. Becker Professor of Medicine at Stanford University, received a Marshall A. Lichtman Specialized Center of Research award from the Leukemia & Lymphoma Society. The grant is $1.25 million a year for five years, for a total of $6.25 million. . . . **OHIO STATE UNIVERSITY** Comprehensive Cancer Center-James Cancer Hospital and Solove Research Institute named **Theodoros Teknos** director of the Division of Head and Neck Oncologic Surgery. Teknos also was named to The David E. Schuller, M.D., and Carole Schuller Chair in Otolaryngology. He was division chief of head and neck oncology, Department of Otolaryngology at the University of Michigan Health System in Ann Arbor. Teknos is joined at Ohio State by Michigan researchers **Quintin Pan**, **Pawan Kumar**, and **Mozaffar Islam**. Teknos is a member of the NCI Head and Neck Steering Committee and co-chairman of the task force on recurrent and metastatic disease. . . . **FOX CHASE CANCER CENTER** announced several appointments. **Robert Uzzo**, urologic oncologist at Fox Chase, was named chairman of the Department of Surgery. Uzzo also is co-leader of the Keystone Program in Personalized Kidney Cancer Therapy, a new research initiative. **Robert Burger**, gynecologic oncologist, was named to the Surgical Oncology Department. He also is co-director of the Ovarian Cancer Research Program. Burger was associate professor at Irvine Medical Center,

University of California. **Adam Cohen** and **Elizabeth Plimack** have been appointed attending physicians on the medical oncology staff. Cohen comes to Fox Chase from Memorial Sloan-Kettering Cancer Center, where he completed a fellowship in 2005. Plimack was chief resident in oncology at University of Texas M D Anderson Cancer Center. **Stephen Heller**, gastroenterologist and therapeutic endoscopist, joined the Department of Medicine as attending physician in the Gastroenterology Section. He was at the Lahey Clinic, Boston. **Karen Mechanic** was named director of psychiatry in the Department of Medicine. She was assistant professor of psychiatry at University of Pennsylvania. . . . **DUKE COMPREHENSIVE CANCER CENTER** named **Amy Abernethy** acting director of the Cancer Prevention, Detection and Control Research Program. She was also named associate director of information technology for the cancer center and medical director for Oncology Quality, Outcomes, and Patient-Centered Care. She will continue as director of the Duke Cancer Care Research Program. . . . **CITY OF HOPE** named Judy Chatigny vice president of patient access services. She was executive director at the Loma Linda University Medical Center Cancer Institute. . . . **ROSWELL PARK** Cancer Institute made three appointments. **Katerina Gurova** was appointed to the faculty of the Department of Cell Stress Biology. She was director of anti-cancer drug discovery at Cleveland BioLabs. **Levi Ross** was appointed to the Department of Health Disparities. Ross was at the Institute of Public Health, College of Pharmacy and Pharmaceutical Sciences at Florida A & M University, Tallahassee. **Nefertiti du Pont** joined the Department of Gynecologic Oncology. Her clinical practice and research interest include robotic surgery and the diagnosis, treatment and management of cervical cancer. She came to RPCI from the University of North Carolina at Chapel Hill, School of Public Health, where she completed a Master of Public Health degree. . . . **CHUKWUMERE NWOGU**, Department of Surgery at Roswell Park Cancer Institute and member of the RPCI Lung Cancer Team, received $1.2 million in grants from NCI and the Thoracic Surgery Foundation to investigate an intra-operative gamma probe in staging of lung cancer. . . . **CARL JUNE**, director of translational research at the Abramson Cancer Center, University of Pennsylvania, was awarded $1 million for cancer gene therapy research from the Alliance for Cancer Gene Therapy Inc. The Joan Miller and Linda Bernstein Gene Therapy Ovarian Cancer Award grant will be administered over a three year period and will be used for a phase I trial testing developed genetically engineered T cells to augment traditional treatments. . . . **WINSHIP CANCER INSTITUTE** and Grady Memorial Hospital received a $950,000 one-year grant from the Avon Foundation. The grant will support community outreach, patient navigation and breast cancer research at the Avon Foundation Comprehensive Breast Center at Grady. Among the programs supported by the grant is training for community educational volunteers and patient healthcare navigators. The grant also will support a phase II trial on triple negative breast cancer, found more frequently in young African American women. Other funded research projects include healthcare education for minority and underserved women and the continuation of a breast tumor bank. . . . **UNIVERSITY OF ARKANSAS** for Medical Sciences announced it has reached the high point for construction of a 12-floor, 300,000-square-foot expansion of the Winthrop P. Rockefeller Cancer Institute. The building is located adjacent to the Pat and Willard Walker Tower and is scheduled for completion in 2010. The expansion is made possible by a bill signed by the governor allowing the state to provide up to $46 million in matching funds through June 2009. To date, $31 million has been raised toward the match, said **Peter Emanuel**, institute director. . . . **CENTER of ECONOMIC EXELLENCE** in Prostate Cancer Health Disparities Research, a three-way collaboration among the Medical University of South Carolina, the University of South Carolina and South Carolina State University, received $3.6 million from the state of South Carolina. The new center will increase prostate cancer screenings and access to clinical trials for African-American men, said **Marvella Ford**, co-director for the Prostate Cancer Health Disparities initiative. The center, which also has three CoEE endowed chair positions that it will fill, will work with partners around the state on clinical trials, particularly with ethnically diverse populations and in rural areas. The center is part of the state's Centers of Economic Excellence Program and uses S.C. Education Lottery funds to create university-based research centers in areas that have commercial applications. . . . **HONG SUN**, of the Nevada Cancer Institute, received a $675,000 grant from the Department of Defense for breast cancer research based on her work on the IGF-I receptor protein. . . . **JERRY WARE**, professor in the Department of Physiology and Biophysics at University of Arkansas for Medical Sciences, received a $425,960 Idea Award from the Department of Defense Breast Cancer Research Program. The three-year grant will continue his research into the role of blood platelets in the growth and spread of tumors.

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