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Panel Urges Research On DCIS To Identify Women At High Risk For Invasive Cancer

By Kirsten Boyd Goldberg

An independent panel convened by NIH said more research is urgently needed to better understand ductal carcinoma in situ, the most common non-invasive lesion of the breast, and one that is considered a risk factor for invasive breast cancer.

The natural course of untreated DCIS isn't well understood, but most women diagnosed with it are treated, making it difficult to compare different treatment strategies versus simply watching and waiting, the Consensus Development Panel convened to review evidence on DCIS said at the end of a three-day conference held at NIH Sept. 22-24.

Research should be funded to identify biomarkers and other prognostic

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In the Cancer Centers:

Walter Curran Succeeds Brian Leyland-Jones As Director Of Emory's Cancer Center

By Paul Goldberg

Brian Leyland-Jones became the third consecutive director of Emory University's cancer center to step down on an accelerated schedule.

The announcement of his departure was retroactive: On Sept. 15, a memo from the administration informed the faculty and staff that "in late August" Leyland-Jones had "resigned as Director of the [Emory Winship Cancer Institute] to pursue other goals."

Leyland-Jones will retain his position on Emory's faculty and was succeeded as director by Walter Curran, chairman and principal investigator of the Radiation Therapy Oncology Group, Fred Sanfilippo, Emory executive vice president for health affairs, wrote to the staff.

Curran, a Georgia Cancer Coalition Distinguished Scholar at Emory, came to the cancer center in January 2008. Leyland-Jones, who joined Emory in January 2007, declined to comment on his departure.

According to Sanfilippo's email to the faculty and staff, "Brian's immediate plans are to return to the research laboratory and pursue his specialized interests in the areas of personalized translational medicine. He will remain on the Emory medical faculty and will be a professor of hematology and medical oncology in the WCI."

On Leyland-Jones's watch, Emory received the NCI cancer center designation (The Cancer Letter, April 17). However, soon after the center won

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NIH Panel Says A Name Change For DCIS Should Be Considered

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factors in women with DCIS to better predict their risk of developing invasive breast cancer, the panel said.

"Instead of treating all women diagnosed with DCIS, we need to determine which individuals are likely to develop invasive breast cancer and which will not," said Carmen Allegra, panel chairman and chief of hematology and oncology at the University of Florida. "If we could accurately predict this, we might save some women from undergoing unnecessary invasive treatments while achieving the same positive outcomes."

DCIS, defined as abnormal cells in the breast duct that haven't spread to other tissues, is usually found as a consequence of screening for invasive breast cancer. With the advent of screening mammography, there was a 500 percent increase in the diagnosis of DCIS in the U.S. from 1983 to 1998. It is estimated that more than one million U.S. women will be living with a diagnosis of DCIS by 2020.

A Name Change for DCIS?

DCIS is associated with 10-year survival rates close to 100 percent when treated with currently available therapies. During the open public discussion of the panel's draft report, conference participants debated whether DCIS should be renamed to remove the term "carcinoma."

Panelists said they spent a lot of time on this issue, but decided that the conference wasn't intended to deal with the issue of nomenclature. Pathologists should consider convening a conference to develop a new nomenclature that more closely reflects the excellent survival rates for this condition, the panel said.

"If you use a word that invokes fear, which carcinoma does, I would be in favor of changing the nomenclature for this disease," panel member Susan Reed, professor of obstetrics and gynecology at Fred Hutchinson Cancer Research Center, said at a press briefing following the conference.

"Pathologists can easily adapt to a name change," said panel member Arnold Schwartz, professor of pathology at George Washington University Medical Center. "But keep two things in mind: First is that the cells that occupy the duct are histologically and molecularly identical to the very cells in invasive breast cancer, telling us that DCIS can be a precursor to breast cancer. The other is that we have many other cancers and precursor cancers that are called carcinoma in situ—skin, head and neck, esophagus, and bladder."

"Our body was really not constituted as a pathologic group, which is really the correct group of individuals who would have to tackle how to think about what words to use," Allegra said.

Treatment for DCIS includes breast-conserving surgery (local excision, with or without radiation), removal of the breast (mastectomy), and/or tamoxifen. Each treatment option has physical and emotional effects that patients and physicians should consider, the panel said. Little reliable data exist on the comparative effectiveness of both diagnostic and therapeutic options in DCIS, the panel said. The panel recommended better communication between physicians and patients.

Efforts to improve communication would also include further development of formal decision aids, the panel said. These tools would reduce misinformation and improve understanding of a DCIS diagnosis and the risks and benefits of various treatment options.

The panel's list of recommendations for future research follows:

—Basic descriptive epidemiology studies of DCIS, by pathologic subtypes, using consistent criteria over time and across registries are needed. U.S. pathologists should adopt national standardized reporting of DCIS.

—Determine the cost-effectiveness of MRI with regards to the management of DCIS.

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surgical management, following diagnostic biopsy.

—Evaluate and improve breast MRI techniques to enable discrimination between DCIS that requires intervention and DCIS that may be managed with active surveillance.

—Determine the prognostic significance of sentinel lymph node micrometastases in DCIS.

—Efforts also need to be directed toward improving the diagnostic accuracy and reproducibility of DCIS classification and grading schemes.

—Research should focus on the molecular events and pathologic and radiographic features governing the progression of DCIS to enable an understanding of the relationship between tumor biology and clinical outcomes.

—Combinations of new and existing clinical, pathologic, and molecular factors should be investigated and validated to better risk-stratify patients who have DCIS. Ease of utilization, predictive ability, reproducibility, and generalizability are important components of research on prognostic models.

—Studies are needed to evaluate the factors contributing to the marked racial disparities in mortality among black women who have DCIS (compared to white women who have DCIS).

—Develop and validate risk-stratification models to identify subsets of women who have DCIS who are candidates for (1) active surveillance only, (2) local excision only, (3) local excision with radiotherapy, and (4) mastectomy.

—Who is at high risk for recurrence of DCIS or the development of invasive carcinoma?

—What do comparative effectiveness analyses tell us about the role of current therapies in DCIS patients?

—Integrate patient-reported outcomes and data on patient perceptions of risk and preferences regarding treatment within current clinical research and, ultimately, decisionmaking algorithms.

The panel report identified the following major areas as "critical" in the understanding of DCIS:

—Development of standardized reporting, using controlled vocabularies across all disciplines.

—Collection of consistent and detailed data on the clinical, pathological, radiologic, and molecular characteristic of DCIS.

—Creation of voluntary repositories (multisite databases) of DCIS that would include annotated specimen and imaging repositories.

—Investigation and validation of combinations of new and existing clinical, pathologic, and molecular factors to better risk-stratify patients who have DCIS and thus to identify the optimal therapy for each individual. Ease of use, predictive ability, reproducibility, and generalizability are important components of prognostic model development.

—Further development of decision aids, along with their integration within clinical practice. Their impact on the quality of care for women who have DCIS should be investigated.

—Research on patient–provider communication, informed consent (at time of screening), patient preferences, and decisionmaking for the diagnosis and treatment of DCIS. Decision aids ought to be developed, evaluated, and integrated into clinical practice.

—Investigation of the impact a diagnosis and treatment of DCIS has on the quality of life.

—Comparative effectiveness research on the methods of treatment for DCIS.

The panel's draft state-of-the-science statement is available at http://consensus.nih.gov.

The conference was sponsored by the NIH Office of Medical Applications of Research and NCI, and conducted under the NIH Consensus Development Program, which convenes conferences to assess the available scientific evidence and develop objective statements on controversial medical issues.

The 14-member conference panel included experts in the fields of oncology, radiology, surgery (general and reconstructive), pathology, radiation oncology, internal medicine, epidemiology, biostatistics, nursing, obstetrics and gynecology, preventative medicine and population health, and social work. A list of the panel members is included in the draft conference statement.

In addition to the material presented at the conference by speakers and the comments of conference participants presented during discussion periods, the panel considered pertinent research from the published literature and the results of a systematic review of the literature.

The systematic review was prepared through the Agency for Healthcare Research and Quality Evidence-based Practice Centers program, by the Minnesota Evidence-based Practice Center. The EPCs develop evidence reports and technology assessments based on rigorous, comprehensive syntheses and analyses of the scientific literature, emphasizing explicit and detailed documentation of methods, rationale, and assumptions. The evidence report on diagnosis and management of DCIS is available at http://www.ahrq.gov/clinic/tp/dcistp.htm.

FDA News:

Fruit And Candy Flavored Cigarettes Banned In U.S.

FDA announced a ban on cigarettes with flavors characterizing fruit, candy, or clove. The ban, authorized by the new Family Smoking Prevention and Tobacco Control Act, is part of a national effort by FDA to reduce smoking in America.

The FDA is also examining options for regulating both menthol cigarettes and flavored tobacco products other than cigarettes.

"Almost 90 percent of adult smokers start smoking as teenagers. These flavored cigarettes are a gateway for many children and young adults to become regular smokers," said FDA Commissioner Margaret Hamburg. "The FDA will utilize regulatory authority to reduce the burden of illness and death caused by tobacco products to enhance our nation's public health."

Flavors make cigarettes and other tobacco products more appealing to youth. Studies have shown that 17-year-old smokers are three times as likely to use flavored cigarettes as smokers over the age of 25.

The FDA is taking several steps to enforce the ban. A letter recently sent to the tobacco industry provided information about the law, and explained that any company who continues to make, ship or sell such products may be subject to FDA enforcement actions.

"Youth are twice as likely to report seeing advertising for these flavored products as adults are," said Joshua Sharfstein, a pediatrician and the FDA principal deputy commissioner. "Marketing campaigns for products with sweet candy and fruit flavors can mislead young people into thinking that these products are less addictive and less harmful."

For further information or to report sales of flavored cigarettes, see www.fda.gov/flavoredtobacco.

Professional Societies:

ASCO To Hold Annual Meeting In Chicago For Next 10 Years

American Society of Clinical Oncology and the Chicago Convention and Tourism Bureau announced that ASCO will hold its annual meeting at Chicago's McCormick Place for the next 10 years.

The contract will begin when ASCO holds its 46th annual meeting on June 4-8, 2010, and runs through 2019 (with an out clause for 2016 should Chicago be awarded the 2016 summer Olympics.) Chicago hosted ASCO's 2008 meeting. The 2009 meeting, with more than 29,000 attendees, was held in Orlando, Fla.

In a survey of meeting attendees conducted this year by Alan Newman Research, 70 percent of all attendees to the 2008 Annual meeting in Chicago rated their "overall experience" in Chicago as "very good" or "excellent."

ASCO Cancer Foundation, with the support of The Breast Cancer Research Foundation, has created the Comparative Effectiveness Research Professorship in Breast Cancer.

This five-year, $500,000 grant will provide flexible funding to an outstanding researcher who has made and will continue to make significant contributions in breast cancer research.

For more information about the CERP, visit www.ascocancerfoundation.org/cerp.

In comments to the Centers for Medicare and Medicaid Services, ASCO called on CMS to abandon proposed cuts to reimbursement for physicians who provide cancer care to Medicare patients. The cuts would jeopardize access to care for patients nationwide, ASCO said, since more than 80 percent of Americans with cancer receive care from local, community-based oncology practices.

"The proposed cuts would put the American cancer care system into crisis, at a time when the need for access to cancer care is growing fast," said ASCO President Douglas Blayney. "Cancer incidence is projected to rise quickly among Medicare-aged patients in the coming years, and the supply of oncologists is already failing to keep pace with growing demand. ASCO is calling on CMS to abandon these cuts and preserve seniors' access to care."

The proposed cuts, outlined in the CMS 2010 Physician Fee Schedule, would reduce reimbursement for oncology to Medicare patients by 6 percent. This reduction, on top of cuts over the past few years, would mean a nearly 30 percent reduction in Medicare reimbursement for cancer chemotherapy services.

A recent ASCO survey of practicing oncologists found that 87 percent of respondents would have to severely limit the care they provide to Medicare patients if the proposed CMS fee schedule cuts occur. Also, 45 percent of respondents would consult with new Medicare patients, but would have to send the majority of them for treatment elsewhere; 41 percent would restrict the number of Medicare patients they treat; 14 percent would have to stop seeing Medicare patients; and 7 percent would close their practice altogether.

"Unfortunately, it is patients—particularly those who rely on care from practicing oncologists in their local communities—who will be hit the hardest by these cuts," Blayney said. "Previous cuts to Medicare have already caused physicians to close practices, consolidate locations, and turn away Medicare patients. If the new cuts come to pass, even more patients will have to travel long distances for care, or will lose access to care entirely."

The CMS fee schedule is updated every year and sets the payment rates for services provided by physicians across medical specialties. CMS is expected to review all the comments it receives and issue the final rule in early November.

More information about the proposed cuts to Medicare is available online at www.asco.org/policypriorities.

American Society for Radiation Oncology submitted official comments to the Centers for Medicare and Medicaid Services asking it to stop its proposed changes to the Medicare policies and payment rates for physician services, including radiation oncology, that would cut radiation therapy services by nearly 20 percent.

In response to the July 13 Medicare physician fee schedule proposed rule, ASTRO wrote CMS urging it to withdraw its proposal to increase the equipment utilization rate for radiation therapy. ASTRO also asked CMS to delay implementation of new physician practice information survey data pending a review of the information and ASTRO's concerns.

New technology and improved techniques have allowed radiation oncologists to dramatically improve how they target radiation to more effectively eliminate cancer cells while protecting healthy tissue. This has allowed radiation oncologists to improve cure rates while decreasing painful side effects, allowing patients to not only survive, but thrive after their cancer treatments.

While CMS projects the overall impact of the payment reductions to be 19 percent, the rates for certain needed cancer services would be reduced by up to 44 percent. An ASTRO survey conducted in July found that cuts of this scale would have a particularly devastating effect on freestanding and community-based cancer centers, causing many to close, stop accepting Medicare patients and reduce critical services to cancer patients.

The cuts are due in part to CMS increasing the utilization rate for equipment costing more than $1 million from 50 to 90 percent. By increasing the utilization rate, the payment for each service is reduced significantly. CMS did not reference any actual data for radiation therapy equipment in proposing to increase the rate to 90 percent, basing its proposed change on expanding a Medicare Payment Advisory Commission (MedPAC) recommendation focused on diagnostic imaging equipment. In its official comments on Medicare's proposal (available at www.medpac.gov) August 31, MedPAC said it "did not contemplate" applying its recommendation to increase the equipment utilization rate to radiation therapy machines.

ASTRO also told CMS there are problems with the agency's method for calculating practice expenses, issues with the proposed changes in malpractice RVUs, an inappropriate proposal to eliminate consultation codes, and a need for significant adjustments to the physician practice information survey data for radiation oncology. ASTRO provided CMS a detailed analysis showing that PPIS data for radiation oncology was improperly weighted and distorted.

Reps. Lois Capps (D-Calif.), Sue Myrick (R-N.C.), Mike Rogers (R-Mich.) and Parker Griffith (D-Ala.) and 59 other House members sent a letter to Health and Human Services Secretary Kathleen Sebelius asking her to reconsider the proposed cuts. A similar letter is circulating in the Senate, with 10 senators already committed to sign on to a letter led by Sens. Blanche Lincoln (D-Ark.) and Richard Burr (R-N.C.). The House letter and the entire 26-page ASTRO comment letter with attachments can be found at www.astro.org/medicarecuts.

NCI Public Affairs and Marketing Network, a cooperative association of communications professionals working at NCI-designated organizations, elected five members to its steering committee: **Lynn Gorham**, manager, Public Relations and Communications, University of Colorado Cancer Center; **Alicia Jansen**, associate vice president of marketing, M.D. Anderson Cancer Center; **Mary Ann Short**, vice president, Marketing and Communications, Karmanos Cancer Institute. Re-elected to the Steering Committee are: **Pamela Perry**, director,

Public and Media Relations, Indiana University School of Medicine and IU Simon Cancer Center; and **Bill Schaller**, director of Media Relations, Dana-Farber Cancer Institute. **Kevin Koga** serves as chairman of the steering committee and vice president for communications, City of Hope. Other members of the PAN steering and planning committee for 2009-10 are: **Jill Boy**, director of communications, Duke

Comprehensive Cancer Center; **Michelle Foley**, manager, community relations and public affairs, H. Lee Moffitt Cancer Center and Research Institute; **Nancy Jensen**, chair, Division of Public Affairs, Mayo Clinic; **Cynthia Floyd Manley**, associate director of communications, Vanderbilt-Ingram Cancer Center, Nashville, Tenn., and immediate past president of the steering committee; **Dianne Shaw**, deputy director of communications, University of North Carolina Lineberger Comprehensive Cancer Center; **Arlinda Warren**, vice chair of PAN, and director of marketing, public relations and physician services, Siteman Cancer Center at Washington University; **Vanessa Wasta**, associate director, media relations and web projects, Johns Hopkins Kimmel Cancer Center; and **Allison Whitney**, director of communications, Georgetown University.

NIH News:

NIH Accepting Requests For Stem Cell Line Approvals

NIH is accepting requests for human embryonic stem cell (hESC) lines to be approved for use in NIH-funded research.

Information may be submitted through NIH Form 2890, which is available at http://stemcells.nih.gov/.

Also, NIH Director Francis Collins appointed the members of a new working group of the Advisory Committee to the Director: the Working Group for Human Embryonic Stem Cell Eligibility Review.

Jeffrey Botkin, the working group's chairman, is a professor of pediatrics, and adjunct professor of medicine, Department of Internal Medicine-Division of Medical Ethics, at University of Utah's School of Medicine. He is also the associate vice president for research integrity at the University of Utah. Botkin has recently served on the Secretary's Advisory Committee on Human Research Protection.

The other members of the Working Group are: **Dena Davis**, professor of law, Cleveland State University; **Pamela Davis**, dean of the School of Medicine, Case Western Reserve University; **David Grainger**, director, Center for Reproductive Medicine, University of Kansas School of Medicine-Wichita; **Richard Lifton**, chair, Department of Genetics, Yale School of Medicine; **Bernard Lo**, professor of medicine, University of California, San Francisco; **Terry Magnuson**, professor and chair of the Department of Genetics of the School of Medicine, University of North Carolina at Chapel Hill; **Jeffrey Murray**, professor of neonatology and genetics, University of Iowa Children's Hospital; and **Carlos Pavão**, Education Development Center Inc., Atlanta, Ga.; member, NIH Director's Council of Public Representatives.

The NIH Guidelines for Human Stem Cell Research were published on July 7, 2009, and are available at http://stemcells.nih.gov/policy/2009guidelines.htm.

In the Cancer Centers:

Lasker Awards Announced; Friedman Directs City of Hope

(Continued from page 1)

the designation, a routine audit by a cooperative group uncovered deficiencies in its clinical trials management and data gathering procedures, and all clinical trials enrollment was halted. The problem emerged because changes made at the time Leyland-Jones ran the center had decentralized data management procedures and other aspects of managing clinical trials at the cancer center (The Cancer Letter, June 26). Accrual to clinical trials has since restarted.

Leyland-Jones replaced Jonathan Simons, who announced his resignation in January 2006 and took a faculty position (The Cancer Letter, Feb. 3, 2006). Simons is currently the president and CEO of the Prostate Cancer Foundation. His predecessor at Emory, Howard Ozer, was also forced out of his job, in part because of disagreements with the administration.

"Those of us who have worked with Dr. Curran over the past two years know that he brings both professional rigor and sincere passion to his work in support of WCI's lifesaving mission," Sanfilippo wrote.

LASKER AWARDS for outstanding accomplishments in basic medical and clinical medical research, and public service, were announced by the Albert and Mary Lasker Foundation. **John Gurdon** of Cambridge University and **Shinya Yamanaka** of Kyoto University will receive the 2009 Albert Lasker Basic Medical Research Award for breakthrough discoveries into the process that instructs specialized adult cells to form stem cells. **Brian Druker** of Oregon Health & Science University, **Nicholas Lydon**, formerly of Novartis, and **Charles Sawyers** of Memorial Sloan-Kettering Cancer Center, will receive the 2009 Lasker-DeBakey Clinical Medical Research Award for groundbreaking work on the treatment of chronic myeloid leukemia. New York City Mayor **Michael Bloomberg** will receive the 2009 Mary Woodard Lasker

Public Service Award for his bold policy initiatives that set a world standard for using public health concerns to propel government action, and for advancing the public's health through enlightened philanthropy. The awards, which carry an honorarium of $250,000 for each category, will be presented Oct. 2 at the Pierre Hotel in New York City. . . . **MICHAEL FRIEDMAN**, president and chief executive officer of City of Hope, has been appointed as the director of the institution's Comprehensive Cancer Center. As part of this appointment Friedman will also be the first holder of the Irell & Manella Cancer Center Director's Distinguished Chair, which will support cancer center programs including cancer biology, developmental cancer therapeutics and cancer control and population sciences. The chair was endowed by a $3 million gift from the law firm Irell & Manella LLP, a longtime supporter of City of Hope. A former acting commissioner of FDA and associate director of NCI, Friedman will oversee the growth of the cancer center's clinical, research and education programs, including recruitment and expanded research opportunities. "Michael Friedman is a distinguished clinical researcher and health care policy leader whose commitment to collaborative research will advance our efforts to speed the process of translating scientific discovery into new and improved treatments for patients with cancer," said **Terry Peets**, chairman, City of Hope Board of Directors. The leadership structure with Friedman in the dual role of president and cancer center director is the common model for the major comprehensive cancer centers. Prior to joining City of Hope in 2003, Friedman was senior vice president of research and development, medical and public policy, for Pharmacia Corp. . . . **RICHARD SCHILSKY** has accepted the position of chief, Section of Hematology/Oncology, in the Department of Medicine at University of Chicago School of Medicine, effective Oct. 1. Schilsky currently serves as professor of medicine, having previously served in many leadership positions during his 25 years on the faculty. He is past director of the University of Chicago Cancer Research Center (1991-99) and the former associate dean for clinical research (1999-2007) in the Biological Sciences Division. He currently serves as co-leader of the Clinical Trials Cluster, Institute for Translational Medicine. Since 1995, he has served as chairman of the Cancer and Leukemia Group B, an NCI-funded national cancer clinical trials network. He will complete his 15-year term of service as CALGB chairman next spring. He served as chairman of the FDA Oncologic Drugs Advisory Committee, and currently serves as chairman of the NCI Board of Scientific Advisors and a member of the NCI Clinical and Translational Research Advisory Committee. He served as president of the American Society of Clinical Oncology (2008-09) and continues as a member of the ASCO Board of Directors. In his career, he has brought more than $150 million in NIH funding to the University of Chicago. . . . **MAYO CLINIC CANCER CENTER** scientists received a Specialized Program of Research Excellence grant in ovarian cancer. NCI awarded $11.5 million over five years to the group led by **Lynn Hartmann**, MCCC Women's Cancer Program co-leader and professor of oncology. The SPORE Co-PI is **Scott Kaufmann**, MCCC Developmental Therapeutics co-leader and professor of molecular pharmacology and medicine. The Mayo Ovarian Cancer SPORE consists of four projects. A project led by **Scott Kaufmann** and **Harry Long** will exploit the "BRCAness" of ovarian cancer and combine a new PARP inhibitor, ABT-888, with topotecan for patients with recurrent disease; both BRCA carriers and women with sporadic disease will be eligible. Project 2 seeks to determine how inherited variations in immune regulatory genes correlate with outcome in women with ovarian cancer and will be led by **Keith Knutson** and **Ellen Goode**. Hartmann is a co-investigator on this project. Project 3 will expand upon the work of **Eva Galanis** and **Kah-Whye Peng** to develop viral-based therapeutics that make use of the ability of the measles virus to invade cells, but trigger other cancer cell mechanisms leading to the destruction of the tumor. The use of the small molecule flavopiridol to enhance platinum-based therapies in ovarian cancer is the focus of the fourth project. **Keith Bible** and **Viji Shridhar** will define the mechanisms by which flavopiridol impacts cisplatin action in tumor cells, and will attempt to identify biomarkers that may predict response to the combination. Mayo Clinic researchers are principal investigators on five NCI SPORE grants (brain, breast, pancreas, prostate and ovarian cancers), and share two additional SPOREs (lymphoma with University of Iowa and myeloma with Dana Farber Cancer Center). . . .**UNIVERSITY OF NEW MEXICO CANCER CENTER** opened the first phase of its $90 million, 206,000-square-foot Cancer Treatment and Clinical Research Facility. The facility provides fully integrated cancer diagnosis and treatment services, including cancer diagnosis and imaging facilities, a Siemens-PETNET cyclotron and radioisotope production facility, three ambulatory surgery suites, a diagnostic clinical laboratory, four vaults for radiation oncology and radiosurgery programs, and more than 40 exam

rooms per floor. . . . **EMORY WINSHIP CANCER INSTITUTE** and the Avon Comprehensive Breast Center at Grady Memorial Hospital received $750,000 from the Avon Foundation to continue community outreach, education, clinical access and four research studies that directly affect care for the underserved populations in Atlanta. . . . **CITY OF HOPE** named **Patricia Kassab** as vice president of quality and patient safety. Kassab previously worked at St. Joseph Health System in Orange County, Calif., where she served as assistant vice president of clinical quality and patient safety. . . . **N.C. CANCER HOSPITAL**, clinical home of UNC Lineberger Comprehensive Cancer Center, was dedicated in a ceremony attended by North Carolina **Gov. Bev Perdue**, UNC President **Erskine Bowles**, and other dignitaries. The $180 million, 315,000 square foot building more than triples the previous cancer clinic space at UNC Health Care's Chapel Hill campus. "We are enormously grateful to the people and state of North Carolina, whose investment in this hospital allows us to deliver the excellent care for which UNC is known in an environment that reflects the caring and pride we have in how we treat cancer patients and their families," said **William Roper**, CEO of the UNC Health Care System and dean of the School of Medicine. . . . **ROSWELL PARK CANCER INSTITUTE** has been awarded an $11.5M grant from NCI for a five-year study to examine how tobacco control policies differ in effectiveness across countries with varying income levels and cultures. Lead investigator for the P01 grant is **K. Michael Cummings**, chairman of the Department of Health Behavior. The project's ultimate goal is to inform governments about the need to tailor policy interventions to achieve maximum effectiveness. This is the only scientific study to date which will systemically evaluate the impact of the FCTC treaty. The treaty established specific tobacco control policies that countries who signed the treaty must implement, including more prominent warning labels, bans or restrictions on advertising/promotion, higher taxation and protection from exposure to tobacco smoke pollution. Countries participating in the study include Australia, Bangladesh, Canada, China, Egypt, France, Germany, India, Ireland, Scotland, Malaysia, Mexico, Netherlands, New Zealand, South Korea, Thailand, Turkey, United Kingdom, United States and Uruguay. Other study investigators are **Geoffrey Fong**, **David Hammond**, and **Mary Thompson**, from University of Waterloo, Canada; and **Richard O'Connor**, of RPCI. . . . **HAROLD (Hal) MOSES**, professor of cancer biology, medicine, and pathology and director emeritus of Vanderbilt-Ingram Comprehensive Cancer Center, has earned the Earl Sutherland Prize for Achievement in Research at Vanderbilt University. The prize is awarded annually to a member of the Vanderbilt University faculties whose achievements in research, scholarship or creative expression have earned significant critical reception and are recognized nationally or internationally. The prize consists of $5,000 and an engraved pewter julep cup. . . . **FOX CHASE CANCER CENTER** created its Keystone Program in Head and Neck Cancer, part of a series of initiatives in team-based science. The new program, led by **Barbara Burtness**, **Drew Ridge**, and **Erica Golemis**, will focus the collective expertise of 26 oncologists, biologists, surgeons, engineers and other health care professionals spread throughout various disciplines to develop more effective and better-tolerated treatments for head and neck cancer. The program is focused on reducing the overall incidence of head and neck cancers and devising treatment strategies based on specific molecular targets such as the Epidermal Growth Factor Receptor and the tumor suppressor protein p53. . . **PAUL MARKS PRIZE** will be awarded to three young cancer researchers on Dec. 3 at Memorial Sloan-Kettering Cancer Center. The prize is awarded biennially to scientists under the age of 46. This year's winners are **Arul Chinnaiyan** at the University of Michigan, who discovered chromosome rearrangements that lead to prostate cancer; **Matthew Meyerson** at the Dana Farber Cancer Institute, who discovered mutations in lung cancer cells; and **David Sabatini** at the Whitehead Institute, who discovered a pathway that helps regulate the growth of cancer cells. The winners were selected by a committee made up of prominent members of the cancer research community and chaired by **Titia de Lange**, a professor at The Rockefeller University and a former Marks Prize winner. The winners will each receive an award of $50,000.

Funding Opportunities:

RFAs Available

Exceptional, Unconventional Research Enabling Knowledge Acceleration (EUREKA) (R01) (RFA-GM-10-009) Application Receipt Date: Nov. 24. http://grants.nih.gov/grants/guide/rfa-files/RFA-GM-10-009.html

Recovery Act Limited Competition: Building Sustainable Community-Linked Infrastructure to Enable Health Science Research (RC4) (RFA-OD-09-010) Application Receipt Date: Dec. 11. http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-09-010.html

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