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States Join Suit Alleging Amgen Offered Illegal Kickback To Doctors For Aranesp

By Paul Goldberg

State attorneys general have joined a whistleblower suit alleging that Amgen Inc. offered an illegal kickback to doctors by overfilling vials with the drug Aranesp and offering counseling on charging for this surplus.

The suit filed in the U.S. District Court for the District of Massachusetts Oct. 30 is focused on nephrology, but court documents state that the same practice was used in marketing Aranesp (darbepoetin) in oncology.

According to the suit, Aranesp single-dose vials used in oncology and nephrology contained up to 19 percent more drug than was needed, and

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In the Cancer Centers:

M.D. Anderson Wins 84 Grants From NIH Worth $53.8 Million In Stimulus Funds

UNIVERSITY OF TEXAS M. D. Anderson Cancer Center was awarded 84 grants through the American Recovery and Reinvestment Act of 2009, for a total of $53.8 million over two years. M. D. Anderson scientists won seven Grand Opportunity grants and three Challenge grants. Of the 84 ARRA grants, 49 are from the NCI and the other 35 are spread among 13 institutes. Seven grants are from the National Institute of Allergy and Infectious Disease. The GO grant winners were: **Lovell Jones**, Gulf Coast Transdisciplinary Research Recovery Center for Community Health ($4 million); **Jeffrey Myers**, genetic variations in oral cancer ($2.398 million); **Juri Gelovani**, PET imaging of epigenetic regulation in the brain ($3.3 million); **Cheryl Walker**, synthetic estrogen and prostate cancer development ($1.9 million); **Janice Chilton**, Bioethics Initiative for Equity in Health and Research ($1.735 million); **Chen Dong**, epigenetic and transcriptional factors in T helper cell specification ($2.759 million); and **Susan Peterson**, establishing a cyberinformatics platform for large-scale comparative effectiveness research ($3.86 million). The Challenge Grant winners were: **Ya-Chen Tina Shih** and **Lovell Jones**, assessing cost-effectiveness of patient navigation ($722,753); **Robin Fuchs-Young**, MENTORS program connecting students in rural, underserved districts and scientists ($892,724); and **Frank Marini**, origin and composition of tumor stromal elements ($1 million).

NORTHWESTERN UNIVERSITY was awarded a $13.6 million five-year grant from NCI to establish an interdisciplinary research center for the study of genes and their role in cancer. Northwestern's Physical Sciences-

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Suit Alleges Purchasing Firm Shared Patient Information

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company sales representatives assisted practices in getting reimbursement for these "overfill micrograms."

"In an egregious violation of the law, Amgen allegedly bribed medical providers and left taxpayers footing the bill for free drug samples," New York Attorney General Cuomo, whose office led the litigation for the state prosecutors, said in a statement.

The business scheme alleged in the suit is separate from the controversial practice of "bundling" the red blood cell growth factor Aranesp with the white blood cell growth factor Neulasta (pegfilgrastim). The bundling arrangement allowed oncology practices to earn rebates by using the mix of drugs most advantageous to Amgen. Bundling was abandoned last year as a result of safety concerns about Aranesp.

"We believe that the allegations are without merit, and we look forward to the opportunity to examine these matters with the states before the court," said Amgen spokesman Mary Klem. "Amgen has a solid compliance program and code of conduct called 'Do The Right Thing,' and we expect that all of our employees follow it at all times."

The litigation stems from a whistleblower's complaint filed by former Amgen employee Kassie Westmoreland, who was a sales representative, and later, a product manager for Aranesp in nephrology between 2002 and 2005.

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Westmoreland and the state attorneys general claim that the Amgen sales force used the free drug as an inducement for doctors to switch from the competing drug Epogen (epoetin alfa) and even assisted in filing Medicaid claims for the overfill.

Also, court documents allege that Amgen's sales reps worked in conjunction with the sales reps of a group purchasing organization owned by AmerisourceBergen Corp. The suit alleges that the purchasing organization and Amgen operated seamlessly, splitting up sales messages and routinely sharing confidential information on physician practices and clinical information on individual patients.

AmerisourceBergen, which also sells oncology drugs, is named as a defendant in the suit. "We do not believe the case has merit," said Michael Kilpatric, a spokesman for AmerisourceBergen. "We expect to defend ourselves vigorously against the allegations. AmerisourceBergen has had no contact, no requests for information or subpoena from the New York AG's office or any of the other state attorneys generals prior to their intervention in the complaint."

The suit is brought under the *Qui Tam* provision of the Federal False Claims Act and under the False Claims Acts of the states that allow the whistleblower—technically called the "relator"—to collect a portion of the proceeds recovered from fraudulent activities that affect the state.

The federal government has not joined the litigation, though it is investigating. "We did respond to a subpoena from the U.S. Department of Justice related to the issues in the complaint, and that came in last June," said AmerisourceBergen's Kilpatric. "We have been cooperating with DOJ."

The two complaints filed in the federal court last week are posted at http://cancerletter.com/special-reports. If federal prosecutors join the case or if they pursue a claim of their own to recover Medicare funds, the defendants' exposure could increase substantially.

Benign Overfill vs. Kickback

Overfilling drug vials is a standard practice.

This is done largely because some portion of a drug can cling to the sides of the container. It's also legal for physician practices to charge payers for wasted drug, or to combine the overfill from several doses to make a full dose.

Legal problems arise when overfill is intended to influence choices of therapies.

"Beginning in at least 2002 and continuing to the present, Amgen illegally offered kickbacks to medical

providers in the form of free Aranesp product as to induce them to purchase and prescribe Aranesp," the attorneys' general complaint states. "Consequently, Amgen's inducements tainted claims reimbursed by the Medicare and Medicaid programs, thereby rendering them non-payable."

If this argument holds up, physicians who filed thousands of such claims could be held liable for having billed for overfill. The complaint names several practices—all of them in nephrology—that had submitted claims to Medicaid.

In the New York area alone, Amgen's inducements caused oncologists and nephrologists to submit 6,500 "ineligible claims" for Aranesp. "At least $1,797,000 in fraudulent reimbursements paid by the New York Medicaid program… have so far been identified," the complaint states.

In addition to free drug, physicians received "sham consultancy payments, and all-expense paid weekend retreats," the complaint states.

The states pursuing the complaint are: California, Delaware, the District of Columbia, Florida, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Michigan, Nevada, New Hampshire, New York, Tennessee and Virginia.

The use of free drugs in marketing figured in the Department of Justice criminal and civil cases against TAP Pharmaceutical Products Inc.

In that *Qui Tam* case, TAP was accused of providing free samples of the drug Lupron (leuprolide) to urologists, who then charged for administering it to patients. TAP settled that case in 2001, agreeing to pay $875 million, but the government didn't stop there.

It prosecuted several urologists who charged for the free Lupron they received from the TAP sales reps.

19 Percent Overfill to "Assure Success"

The U.S. Pharmacopeia recommends that overfill be limited to no more than 10 percent of a medicine vial.

However, when Aranesp was placed on the market in 2001, the vials contained 19 percent overfill, the complaint states.

State prosecutors cite a PowerPoint presentation titled "Update to Executive Committee," which states that the 19 percent overfill was needed to "assure success for launch" of Aranesp.

"The Amgen national sales force and management used the Aranesp overfill as an economic incentive to induce medical providers to buy, administer and bill for more Aranesp," the complaint states. "Amgen knew that medical providers who billed Medicare, Medicaid and third-party payers for this free overfill product in the Aranesp vials could realize a greater profit than those who did not."

A year later, overfill in the vials was decreased to 16.8 percent. At least theoretically, at this level of overfill, a practice could assemble a full dose of a drug after collecting the overfill from six vials. Taken one step further, every seventh administration of Aranesp could boost the practice's profitability.

Alternatively, the overfill amount didn't have to be collected. In some cases, the overfill was infused to give patients a higher dose—and to give doctors the opportunity to bill, the complaint states.

Sometime in 2008, the Aranesp overfill was reduced to 13 percent, documents state.

Since Amgen also manufactures the competing product, Procrit (epoietin alfa), marketed in oncology by Johnson & Johnson, it was able to control the amount of overfill contained in its vials.

Thus, according to court documents, in 2002, the overfill for Procrit was reduced from 16.8 percent to 14.4 percent. In 2004, it was further reduced to 11.1 percent.

"Consequently, for at least four years, the overfill amounts contained in Aranesp single-dose vials were 51 percent greater than the overfill amounts contained in vials of its competing drugs," the state prosecutors' complaint states.

The complaint continues:

"Documents relating to the overfill amounts contained in Aranesp vials were circulated at all levels within the Amgen sales department, including to the vice president of sales, the regional sales directors, district managers and the sales representatives. Often, these communications reflected insincere warnings: 'For Your Information Only. Not for Promotional Use,' or '[D]o not distribute, not for promotional use' or 'FOR YOUR EYES ONLY!'

"The sales force… understood these warnings to be superficial since Amgen management was training [them] how to show medical providers the overfill and other economic incentives without leaving any documentation behind.

"Amgen's sales force took full advantage of the 'built in' free samples in Aranesp vials. The sales force utilized economic analyses including 'overfill credits' or 'overfill discounts' to aid their promotion of the overfill inducements to medical providers nationally.

"These economic analyses—often referred to as

'cost revenue models'—assessed how Aranesp overfill would impact potential profits that a medical provider, clinic or hospital could realize in billing for free Aranesp overfill… Amgen sales representatives and management prepared spreadsheets calculating potential revenues from overfill billings. The sales force showed these spreadsheets to their customers during office visits as a means to increase sales of Aranesp."

While the vials of Aranesp were alleged to contain substantial overfill, the more convenient pre-filled syringes that were also marketed by Amgen, did not. A 1.0 milliliter syringe of Aranesp contained only four percent of overfill, which fell well within the margin recommended by USP, court documents state.

Close Relationship With GPO Alleged

In a filing related to the attorneys' general suit, whistleblower Westmoreland described a no-boundaries relationship between Amgen and the group purchasing organization called International Nephrology Network, a unit of AmerisourceBergen. INN "essentially functioned as a *de facto* marketing arm for Amgen."

Through INN, Amgen was able to get highly confidential information, which included prescribing patterns, practice revenues and the number of "untreated" patients the practices had. These assessments sometimes included audits of patients' charts.

Reps from AmerisourceBergen subsidiaries would "buddy up" with Amgen reps in an effort to convert patients to Aranesp.

The complaint offers a description of this relationship between the companies:

"INN reps would go into doctor's offices and meet with doctors, billing managers, office managers, etc., ostensibly to help them find billing errors or ways to increase reimbursement and revenue, or to offer or promote ancillary services that would improve office efficiency and economics.

"As part of their conspiracy with Amgen, INN would audit target clinics and, under the pretense of acting as an independent GPO, prepare 'Practice Assessment' forms providing management advice. Unbeknownst to the target clinic, INN would share the results with Amgen and the Defendants would then formulate a plan to have the clinic switch to Aranesp."

In another marketing tool, INN used Amgen money to subsidize "retreats" and "seminars" for targeted physicians. These events included presentations on billing for overfill.

The marketing of overfill largely went unnoticed in oncology. "We would have no reason for it to come to our attention," said Lee Newcomer, senior vice president for oncology at UnitedHealthcare, a company that runs Medicaid, Medicare and commercial insurance services. "We expect to be billed. If a drug was given and the bill was submitted, we would take it on faith that the physician actually gave the drug, which he did."

Amgen said that in addition to the Westmoreland case, it is facing nine *Qui Tam* actions that remain under seal.

Eight of these actions have been filed in the U.S. District Court for the Eastern District of New York and one pending in the U.S. District Court for the Western District of Washington.

In a filing made public on May 7, 2009, the U.S. government disclosed that these 10 *Qui Tam* actions allege that Amgen engaged in a wide variety of illegal marketing practices with respect to Amgen products and that these are joint civil and criminal investigations being conducted by federal and state agencies.

In what may be another setback to erythropoiesis-stimulating agents, a study published in the most recent issue of the New England Journal of Medicine concluded that Aranesp elevated the risk of stroke while failing to reduce deaths, cardiovascular, and renal events in patients with diabetes, chronic kidney disease, and moderate anemia who were not receiving dialysis.

One subset of patients—those who had cancer before entering the trial—faced an especially high risk of death. In this group, 14 of the 188 patients assigned to Aranesp died of cancer, compared with one of the 160 assigned to placebo. The finding was statistically significant, with the p-value of 0.002.

Amgen and Johnson & Johnson are negotiating a Risk Evaluation and Mitigation Strategy with FDA. The document was expected to be completed more than a year ago.

CMS News:

Oncologists Facing 6% Cut In Physician Fees Over 4 Years

By Paul Goldberg

The Centers for Medicare and Medicaid Services last week issued the final rule that will impose a 1 percent cut on physician fees paid to oncologists.

In an earlier version, the rule proposed a 6 percent cut to oncologists. The final rule, which was published Oct. 30, also includes the 6 percent cut, but phases it in over four years (The Cancer Letter, July 10.

"We are deeply concerned that these cuts will continue to erode access to cancer care in the United

States," Allen Lichter, CEO of the American Society of Clinical Oncology, said in a statement.

As ASCO challenged the proposed rule, it objected to the agency's reliance on a practice survey that was designed and conducted by the American Medical Association in order to compare expenses across medical specialties.

The society wanted the agency to rely on practice survey carried out by the Gallup Organization under a contract with ASCO.

The agency concurred with ASCO that it was obligated by law—the Medicare Prescription Drug, Improvement, and Modernization Act of 2003—to use the supplemental survey rather than AMA data.

The 2003 Gallup survey data were adjusted for inflation, but in the end, even with this change in calculations, the result was roughly the same—a 6 percent cut.

The society has hired a consultant to study the 1,669-page document and recreate the methodology CMS used to calculate the fee schedule.

"The cumulative effect of previous cuts has already caused oncologists to close practices, consolidate locations, and turn away Medicare patients," Lichter said. "Further reductions will jeopardize access to care for more people with cancer across the country. Oncology cannot sustain additional cuts at a time when the number of people with cancer is increasing, practice expenses continue to rise, and the oncology workforce is dwindling."

On top of the cut in the fee schedule, during the next calendar year, payments to all physicians are scheduled to drop by 21.2 percent. This decrease is part of the federal government's effort to use the "conversion factor" to decrease the physician payment component of Medicare.

Between 2004 and 2009, Congressional action has averted these additional cuts. However, earlier this year, an attempt to thwart the conversion factor cut failed in the Senate, and now, medical lobbies hope to attach the legislation to healthcare reform bills.

Under the CMS final rule, in diagnostic radiology, the fee schedule will change the assumptions used in calculation of utilization of imaging equipment. In the past, the agency assumed that this equipment is used 50 percent of the time. Now, it assumes a 90-percent utilization rate.

"The CMS 90 percent utilization mandate and practice expense reimbursement adjustments produce an average across the board 16 percent cut to imaging providers, but specifically reduce reimbursement to such essential studies as lung CT or MRI of the spine by 40 percent or more," the American College of Radiology said in a statement.

In other highlights:

• Radiation oncology was scheduled to receive a 19 percent cut based on the proposed fee schedule; instead, it received a 5 percent overall cut, largely due to a change in CMS estimates of utilization of imaging equipment. With the four-year phase-in, this means radiation oncology will see a cut of 1 percent next year.

• Consultation codes have been eliminated entirely, in both the inpatient and outpatient office setting.

• Beginning in 2010, CMS will no longer include drug costs in its calculation of the Sustainable Growth Rate. This is a change that ASCO has supported for many years, and CMS projects this change is more likely to result in subsequent annual updates that are positive, instead of the yearly cuts that have been the subject of annual Congressional intervention.

The final rule is posted at www.federalregister.gov/inspection.aspx#special.

Tobacco Control:
NIDA Funds Development Of Anti-Tobacco Vaccine

Nabi Biopharmaceuticals of Rockville, Md., received a $10 million grant from the National Institute on Drug Abuse for the development of a vaccine to treat tobacco addiction.

The grant, made with economic stimulus funding, will help pay for the first pivotal phase III trial of NicVAX, an injectable vaccine intended to help people quit smoking and prevent them from relapsing. The grant enables Nabi to retain its current staff as well as support 150 jobs at NicVAX research sites around the country.

NicVAX has been given fast-track designation by FDA, and the agency has agreed with Nabi on the study design, protocol, and end points through a Special Protocol Assessment.

Patients in the trial get six monthly shots in the arm. Earlier results show that smokers using the vaccine had higher rates of quitting and longer term cigarette abstinence than those given a placebo.

"Nicotine addiction causes nearly a half million deaths annually in the United States alone. Finding effective treatments that can help people stay off cigarettes has been a real challenge," said NIH Director Francis Collins. "This phase III trial of a nicotine vaccine offers tremendous hope towards solving this immense public health problem."

Like other vaccines, NicVAX works by boosting the immune system. In this case, the goal is to generate antibodies that bind to nicotine. Normally, nicotine is a small molecule that travels quickly through the lungs, then the bloodstream and into the brain. However, when nicotine is trapped by an antibody, it's too large to get into the brain, subverting the rewarding effects of the drug.

"A vaccine that limits the ability of nicotine to enter the brain, and that is effective for six to 12 months following vaccination will give smokers a fighting chance to end the addiction/relapse cycle that plagues the great majority of smokers trying to quit," said NIDA Director Nora Volkow.

Nabi received a NIDA grant in 2001 to support the basic science that led to NicVAX. The effort continued in 2005 with a grant to help support early clinical trials to test the safety and efficacy of the vaccine.

Federal News In Brief:

Senate Confirms Benjamin For U.S. Surgeon General

REGINA BENJAMIN was unanimously confirmed by the Senate for the post of U.S. Surgeon General.

Benjamin is founder and CEO of the Bayou La Batre Rural Health Clinic in Bayou La Batre, Ala. She previously served as associate dean for rural health at the University of South Alabama College of Medicine. In 2002, she became president of the Medical Association of the State of Alabama, making her the first African American woman to be president of a state medical society in the U.S.

Benjamin holds a BS in chemistry from Xavier University, and received her MD degree from the University of Alabama, Birmingham, as well as an MBA from Tulane University. She completed her residency in family medicine at the Medical Center of Central Georgia. Benjamin received the Nelson Mandela Award for Health and Human Rights in 1998, and was elected to the American Medical Association Board of Trustees in 1995, making her the first physician under age 40 and the first African-American woman to be elected.

She is also a recent recipient of the MacArthur Genius Award.

CENTERS FOR DISEASE CONTROL AND PREVENTION has awarded a total of $22 million to 26 states and tribal organizations to provide colorectal cancer screening services for low-income people aged 50-64 years, who are underinsured or uninsured. The awards range from $358,283 to $1.1 million. The awardees are expected to begin screening patients for colorectal cancer within six months.

The states receiving five-year awards are: Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Iowa, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, New Hampshire, New Mexico, New York, Oregon, Pennsylvania, South Dakota, Utah, and Washington. The tribal organizations receiving awards are: Alaska Native Tribal Health Consortium, Arctic Slope Native Association, South Puget Intertribal Planning Agency, and Southcentral Foundation.

The funding will support screening and diagnostic follow-up care, data collection and tracking, public education and outreach, provider education, and an evaluation to measure the clinical outcomes, costs, and effectiveness of the program. The awardees can choose from among any of the recommended screenings for colorectal cancer—colonoscopy, sigmoidoscopy and stool testing.

NIH RESEARCH PORTFOLIO Online Reporting Tool (RePORT) has been improved to offer funding and results information, under a system called the RePORT Expenditures and Results, or RePORTER. RePORTER combines NIH project databases and funding records, PubMed abstracts, full-text articles from PubMed Central, and information from the U.S. Patent and Trademark Office with a robust search engine, allowing users to locate descriptions and funding details on NIH-funded projects along with research results that cite the NIH support.

User-defined searches allow the public to refine, export and analyze results and provide insights into NIH spending, as well as research results across NIH-funded projects, institutions, investigators or scientific concepts.

RePORT is available at RePORT.nih.gov. The project search tool, RePORTER, is available through the RePORT site or by going directly to ProjectRePORTER.nih.gov.

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NCI News:

Report Urges Smaller Initial Trials For Pancreatic Cancer

An expert panel convened by NCI recommends that future clinical trials in pancreatic cancer be limited to small pilot studies before progressing to larger and costlier studies.

Also, scientists need a better understanding of the complex signaling pathways in pancreatic tumors, and new animal models, the panel said in a report to the institute.

Patients diagnosed with pancreatic cancer live no longer today than patients diagnosed two decades ago, despite more than a dozen large clinical trials.

The report discusses issues of developing and testing treatments in this disease and charts a course for the next five years.

"This report is a call to action," said lead author Philip Philip of the Barbara Ann Karmanos Cancer Institute. "We need to do better clinical trials that are based on solid science, and patients need to be encouraged to participate in these studies."

A central recommendation is to design pilot studies that test potential treatments in smaller groups before proceeding to the kinds of large trials that have yielded disappointing results in the past. Decisions about which molecular targets and potential drugs to pursue should be based on scientific evidence that will include preclinical and animal studies that better represent pancreatic cancer in humans.

"We have to be more thoughtful and innovative in bringing forward new targeted therapies and treatment combinations," Philip said. The hope is that the new strategy will ensure that resources and patient time are spent on the most promising treatments.

Most patients die within a year of diagnosis, and conventional chemotherapy has been notoriously unable to improve survival. With the exception of erlotinib (Tarceva), which has only a marginal benefit, the targeted drugs tested to date have not performed well.

The challenge for the field is to develop treatments when knowledge of pancreatic cancer biology is still limited. A better understanding of the complex signaling pathways in pancreatic tumors and the role of the local tumor environment are needed, the report said.

More sophisticated modeling systems and repositories of high-quality biological samples that can be shared among preclinical researchers are also essential, said Jack Welch, who oversees NCI's portfolio of gastrointestinal clinical trials in the Division of Cancer Treatment and Diagnosis. "This is a difficult disease, and the scale of the challenge requires a broad-based and cooperative effort," Welch said. "To develop the kinds of combination treatments envisioned in the report, the pharmaceutical industry, researchers, and regulatory agencies will need to cooperate at an early stage and show flexibility."

The report stems from a 2007 meeting organized by the NCI Gastrointestinal Cancer Steering Committee.

The "Consensus Report of the National Cancer Institute Clinical Trials Planning Meeting on Pancreas Cancer Treatment" appeared online Oct. 26 in the Journal of Clinical Oncology: http://www.ncbi.nlm.nih.gov/pubmed/19858397.

According to an accompanying editorial, many groups involved in clinical trials for pancreatic cancer have learned the lessons of limited success in large trials and have begun to adopt new strategies.

Societies & Foundations:

ASCO Forms Volunteer Corps To Share Medical Expertise

AMERICAN SOCIETY OF CLINICAL ONCOLOGY in partnership with Health Volunteers Overseas began a humanitarian program, the International Cancer Corps, to enable member oncologists to volunteer their time to teach in medical facilities in developing countries.

ASCO member oncologists will have an opportunity to spend one to four weeks at medical care centers in developing countries, sharing their medical expertise and building long-term, supportive relationships with the doctors who provide cancer care in these countries.

"There is a severe shortage of clinicians trained in oncology in developing countries, where cancer incidence is increasing," said ASCO President Douglas Blayney. "Through the International Cancer Corps, ASCO members will be able to contribute their professional skills in an important and meaningful way to help people with cancer around the world. In addition, the long-term relationships that ASCO and ASCO volunteers develop with their overseas counterparts will foster mutual learning and growth for years to come."

The first International Cancer Corps training program will open in Tegucigalpa, the capital of Honduras. ASCO volunteers will provide teaching and training to staff, residents, and students in pathology; cancer control; medical, surgical and radiation oncology seminars and workshops; curriculum development; and student and resident education.

ASCO CANCER FOUNDATION appointed **Nancy Riese Daly** as executive director. Daly served as director of grants for the foundation. From 2004-2008, she was director of cancer research at ASCO.

LYMPHOMA RESEARCH FOUNDATION announces that **Diane Blum** will become its Chief Executive Officer effective Jan. 25. She will succeed **Suzanne Bliss**, who led the organization for more than eight years. Blum has served as executive director of CancerCare since 1990.

CURESEARCH National Childhood Cancer Foundation said that **John Lehr** has been named CEO and president of the organization.

Lehr was with the Cystic Fibrosis Foundation where he led a national campaign to raise $175 million in drug discovery and development. He also worked in fundraising positions at the Children's Hospital of Philadelphia, and the Children's Seashore House, the nation's first pediatric rehabilitation hospital.

In the Cancer Centers:

Northwestern Wins Grant For Physical Sciences Center

(Continued from page 1)

Oncology Center, one of 12 established by NCI, brings together physical scientists and cancer biologists to use non-traditional, physical-sciences based approaches to understand and control cancer. Principal investigator is **Jonathan Widom**, the William Deering Professor in Biological Sciences. The Northwestern center is the result of a joint effort between the Chemistry of Life Processes Institute and the Robert H. Lurie Comprehensive Cancer Center. **Jonathan Licht**, the Johanna Dobe Professor in Hematology/Oncology in the Feinberg School of Medicine, and associate director of clinical sciences at the Lurie Cancer Center, is senior co-investigator of the Northwestern PS-OC.

VANDERBILT UNIVERSITY researchers received a two-year, $4.7 million Grand Opportunities stimulus grant from NIH to launch a cancer drug discovery program. The Vanderbilt Molecular Target Discovery and Development Center, a joint effort of the Vanderbilt Institute of Chemical Biology and the Vanderbilt-Ingram Cancer Center, initially will investigate triple-negative breast cancer, looking for genes that drive the different subtypes. VICB director **Lawrence Marnett** is the grant's principal investigator. Other scientists involved include VICC Director **Jennifer Pietenpol**, **Carlos Arteaga**, **David Cortez**, **Stephen Fesik**, and **David Weaver**.

NYU LANGONE MEDICAL CENTER said **Owen O'Connor** was appointed deputy director of clinical research and cancer treatment at The Cancer Institute and chief of the new Division of Hematologic Malignancies and Medical Oncology in the department of Medicine. He will also serve as professor of medicine and pharmacology at NYU School of Medicine. His clinical practice and research program will focus on the discovery of new therapies and treatment for non-Hodgkin's and Hodgkin's lymphoma. Recently, pralatrexate (Folotyn), a drug he helped develop, became the first FDA-approved therapy for patients with relapsed or refractory peripheral T-cell lymphoma. O'Connor was the director of the Lymphoid Development and Malignancy Program in the Herbert Irving Comprehensive Cancer Center at Columbia University, and chief of the Lymphoma Service in the College of Physicians and Surgeons at The New York Presbyterian Hospital at Columbia University Medical Center.

NEVADA CANCER INSTITUTE opened the Ralph and Betty Engelstad Cancer Research Building, the single largest dedicated research facility in the state, said **John Ruckdeschel**, NVCI director and CEO. The new facility contains more than 184,000 square feet, housing up to 40 laboratories on three floors for investigators and their teams, as well as shared resources to support clinical research and expanded basic and translational research.

DANA-FARBER CANCER INSTITUTE has a new mammography van. The 38-foot-long van will replace a 10-year-old van that used an analog (film) system to produce mammography images. The new van is equipped with GE Healthcare's Senographe Essential digital mammography system. About 4,000 women are screened annually in the mammography van.

OHIO STATE UNIVERSITY Comprehensive Cancer Center-Arthur G. James Cancer Hospital and Richard J. Solove Research Institute said **Matthew Ringel**, a physician and researcher who specializes in thyroid and endocrine tumors, was awarded the American Thyroid Association's 2009 Van Meter Award, presented to an investigator age 45 or under who has made outstanding contributions to thyroid disease research.

UNIVERSITY OF MINNESOTA Masonic Cancer Center received a renewal of its American Cancer Society Institutional Research Grant for $360,000 over three years. Principal investigator is **Wei Chen**, member of the center's Transplant Biology and Therapy Research Program.

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