THE CANCER LETTER

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Task Force Alters Web Site To Clarify Recommendation On Mammography

By Paul Goldberg

Two weeks after an independent task force recommended against providing routine mammography screening for women between ages 40 and 49, the battle between skeptics and believers in this form of screening is showing no signs of subsiding.

The Obama administration quickly distanced itself from the recommendations by the U.S. Preventive Services Task Force as HHS Secretary Kathleen Sebelius urged women to make no changes in their screening strategies (The Cancer Letter, Nov. 20).

Then, in another extraordinary move, the text of the one-page summary of USPSTF recommendations on the task force's website has been altered

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In the Cancer Centers:

St. Jude, University of Florida To Collaborate On Proton Therapy For Pediatric Brain Tumors

ST. JUDE CHILDREN'S RESEARCH HOSPITAL and the University of Florida Proton Therapy Institute have formed a collaboration to provide proton therapy for St. Jude patients. The announcement follows the approval of the first clinical study to evaluate the use of proton therapy for rare brain cancers in children younger than three years old. Under the clinical protocol, St. Jude will refer patients to receive proton therapy at the UF Proton Therapy Institute in Jacksonville, Fla. St. Jude patients accepted for the clinical study will be in Jacksonville for proton therapy treatment for six to eight weeks. It is expected that up to 15 patients will receive treatment during the first year of the study. While in Jacksonville, hospital care for St. Jude patients will be provided by Nemours Children's Clinic Jacksonville and Wolfson Children's Hospital. The Ronald McDonald House in Jacksonville will house St. Jude patients while they are receiving treatment in Florida.

ARTHUR NIENHUIS, of St. Jude Children's Research Hospital, is the recipient of the 2009 Mentor Award from the American Society of Hematology. Nienhuis will receive the honor at the society's annual meeting this week in New Orleans. The Mentor Award recognizes hematologists who have excelled at mentoring trainees and colleagues. Nienhuis served as fourth director and CEO of St. Jude from 1993 to 2004.

ROBERT H. LURIE COMPREHENSIVE CANCER CENTER member **Robert Satcher** became the first orthopedic surgeon to orbit the earth

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Senate Votes To Invalidate Task Force Recommendations

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to clarify the recommendation against routine screening for younger women.

The clarification, set off in a pink box, quotes what appears to be a press interview by USPSTF Vice Chair Diana Petitti:

"So, what does this mean if you are a woman in your 40s? You should talk to your doctor and make an informed decision about whether a mammography [*sic*] is right for you based on your family history, general health, and personal values." The statement is dated Nov. 19, three days after the release of the guideline.

Though the clarification is consistent with the guideline recommendation, resorting to postscripts containing expert opinion is an obvious, embarrassing break with tradition for the task force, whose purpose is to rise above opinion of a single expert by relying on a panel of experts charged to apply pre-specified criteria for systematic, comprehensive review of scientific evidence.

As the controversy continued to develop on Capitol Hill, the Senate Dec. 3 approved an amendment that would give the HHS Secretary authority to cover additional preventive services for women and specifically nullify the breast cancer screening recommendations.

The amendment, introduced by Sens. Barbara Mikulski (D-Md.) and Olympia Snowe (R-Maine), covers a wide range of preventive services and doesn't mention mammography specifically. These services would make these services available without co-payment. The measure was passed 61-39.

The Mikulski-Snowe amendment was further amended by Sen. David Vitter (R-La.) to disregard "the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issued in or around November 2009."

Under the Vitter amendment, these recommendations would not be used in setting coverage requirements. The amendment was passed without a roll-call vote.

In other developments on Capitol Hill:

• Rep. Frank Pallone (D-NJ), held a hearing of the Health Subcommittee of the House Committee on Energy and Commerce to get the task force to explain its recommendations. *(A story about the Dec. 2 hearing appears on page 4).*

• Sen. Tom Harkin (D-Iowa), chairman of the Senate Health, Education, Labor and Pensions Committee, is similarly planning a hearing. The investigation follows up on a letter from 22 members of the Senate, who claimed that the guideline "could prove devastating for women at risk of breast cancer" and urged Harkin to focus the investigation on the task force. "The American people deserve to know more about how this task force came to its controversial findings," the senators wrote.

Radiologists vs. Public Health Groups

The American College of Radiology asked that the recommendations on mammography be specifically excluded from healthcare reform legislation.

Though the task force does not consider financial costs in its evaluations of screening technologies, ACR refers to the breast cancer guideline as the "cost cutting USPSTF mammography recommendations." Radiologists also questioned the task force's standing to write guidelines.

"Allowing a small number of people with no demonstrated expertise in the subject matter to make recommendations regarding diagnosis of a disease which kills more than 40,000 women each year makes no scientific sense and is a mistake that many women will pay for with their lives," said James Thrall, chairman of the ACR Board of Chancellors. "Lawmakers need to require that the USPSTF include experts from the field on which they are making recommendations, and that its recommendations be submitted for comment and review to outside stakeholders in similar fashion to

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rules enacted by the Centers for Medicare and Medicaid Services."

Before the House hearing, 11 public health groups sent a letter to Rep. Henry Waxman (D-Calif.), chairman of the Committee on Energy and Commerce and Joe Barton (R-Tex.), the ranking Republican.

The letter expressed support for the task force and addressed what it described as inaccurate statements about the recommendations. The letter was signed the American Academy of Family Physicians, American Academy of Nurse Practitioners, American Academy of Physician Assistants, American College of Physicians, American College of Preventive Medicine, American Journal of Preventive Medicine, American Public Health Association, National Association of County and City Health Officials, Partnership for Prevention, Public Health Institute, and Trust for America's Health.

The excerpted text of the letter follows:

Misstatement 1: The Task Force recommends that women aged 40 – 49 not receive mammograms. The Task Force found that, for women in their 40s, weighing the health benefits against the health risks of mammography did not justify a broad recommendation that all women in that age group receive mammograms on a regular or routine basis. However, the Task Force realized that the balance between benefits and harms (physical and psychological) of mammograms will be different for each woman depending on family history, other illnesses, and levels of anxiety about her health… Rather, it simply recommends that those women and their healthcare providers have a full discussion about the potential pros and cons of screening. This allows the patient to incorporate information about her family history, overall health, and personal values and preferences along with the best scientific information into the decision-making process. The result is an empowered patient who is able to make an informed decision about whether or not to be tested. In fact, many women may choose to continue mammography because they value the small chance that they might benefit, but other women may choose to defer beginning mammograms until the balance of benefits and risks is more favorable.

Misstatement 2: The Task Force recommendations were intended to reduce costs by reducing the number of mammograms women will receive. The Task Force never uses cost as a reason to recommend against a service that has been proven to be effective. In its review of the evidence about breast cancer screening, the Task Force had a single objective – to determine how to maximize the health of women. Every medical procedure has benefits and potential risks. Any scientific review of a screening test must therefore carefully weigh the health benefits and harms, especially when applying it to a broad population of healthy people. The Task Force followed this well accepted approach in considering a variety of breast cancer screening strategies. The Task Force uses explicit criteria to formulate its recommendations about the effectiveness of preventive services. These criteria are clearly delineated on the Task Force's web site, which can be viewed at http://www.ahrq.gov/clinic/prevenix.htm. For each preventive service it reviews, the Task Force assesses the quality of the scientific information, estimates the magnitude of benefits and harms, reaches consensus about each service's net benefit, and issues a recommendation.

Misstatement 3: Members of the Task Force are not qualified to make scientific recommendations, or they have other agendas at play. Most members of the Task Force are experienced clinicians (doctors, nurse practitioners, and nurses) as well as experts in prevention research. While this small group of distinguished health care professionals and researchers are largely unknown to the general public, its work is well known to clinicians in preventive and primary care practice. Because of the rigor and objectivity of its research, the Task Force's recommendations have often been endorsed by the major primary care specialty societies in the U.S., giving patients access to a wide range of effective preventive services… The Task Force has no direct role, and has not sought a role, in setting policy such as insurance coverage. The timing of the current recommendation in relation to health care reform is entirely coincidental. All Task Force recommendations must be updated at regular intervals. The decision to update the previous Task Force recommendations was made several years ago before current reform proposals were even conceived. The timing of release was dictated by when the process of careful peer review of the recommendations and supporting scientific paper were completed.

"NCI Challenge"

Originally, NCI appeared to stand poised to use the task force guideline as an opportunity to get out of the guideline-writing business. NCI has only one screening guideline, which supports mammography for younger women.

However, after Sebelius distanced herself from the task force recommendations, NCI Director John Niederhuber sent an email to the institute staff, stating that he agreed with the HHS secretary.

An excerpt from Niederhuber's email follows:

The other day, a woman asked me what my reaction is to 'all this business.' I said, quite honestly, that it concerns me that our patients will not receive the message that science is continually making progress, and that we are constantly enhancing what we know about breast cancer.

I worry that we are making decisions principally on the basis of knowledge viewed retrospectively, and that we should also be cognizant of how research in the next few years research that moves beyond imaging and into genomic detection is going to make decision-making even more accurate and personalized.

Science is constantly progressing; consequently, our understandings and our recommendations for decreasing risk and early detection will need to keep current with that new knowledge. Perhaps that is the message that is most important: Recommendations will change as our knowledge and technology continue to progress.

NCI's challenge is, and will remain, striking the correct balance, but we must not forget or discount the importance of care and decisions made one patient at a time.

In a statement on Wednesday, Health and Human Services Secretary Kathleen Sebelius said, "Mammograms have always been an important life-saving tool in the fight against breast cancer and they still are today: 'Talk to your doctor about your individual history, ask questions, and make the decision that is right for you."

I couldn't agree more. The fact is that screening mammography has made a very major contribution to the decrease in the mortality of breast cancer.

Task Force Brings *Mea Culpa* To Congressional Hearing

By Paul Goldberg

The leaders of an independent task force whose breast cancer screening guidelines triggered a public uproar two weeks ago acknowledged to a Congressional committee that their message was unclear.

"Our recently published recommendations on breast cancer screening have gotten a remarkable amount of attention," Ned Calonge, chairman of the U.S. Preventive Services Task Force, said at a hearing of the Subcommittee on Health of the House Committee on Energy and Commerce Dec. 2. "We recognize the communication of what the recommendations say was poor. And the timing of the release was unfortunate."

The timing of the guideline's publication—Nov. 16—could not have been worse for Democratic proponents of healthcare reform. The Senate had just received a version of the healthcare reform bill that was passed narrowly by the House.

Republican critics of the bill immediately started to describe the guideline as a harbinger of bad things to come, the first step toward rationing of healthcare services. An hour's worth of opening statements by members of the subcommittee pointed to a determination to push the debate into overtime.

The aftermath of the guideline was a surprise to Diana Petitti, vice-chairman of USPSTF, who testified alongside Calonge at the Dec. 2 hearing.

"As unbelievable as it may seem to those who are so caught up in Washington, I was writing my biostatistics lectures and have been woefully and naively oblivious of what's been going on in the healthcare reform arena," Petitti said at the hearing. "Quite honestly, when I found out that these recommendations were being released the week of the vote on this bill, I was sort of stunned and then also terrified.

"I think my being terrified was actually exactly the right reaction."

The timing of release was out of USPSTF's control, Calonge and Petitti said. The task force did what it usually does—weigh the risks and benefits of medical tests without considering their cost. The task force, which is funded by the Agency for Healthcare Research and Quality, voted on the guideline before the 2008 presidential election. The release of the guideline was determined by the publication schedule of the Annals of Internal Medicine.

All of this transpired before the House bill—H.R.3962—elevated the role of USPSTF. Under the legislation, the task force, which is now strictly advisory, would become part of the bureaucratic mechanism that would determine the minimum coverage under the public option or private plans.

Services that receive grades A or B from the task force—which would be renamed the Task Force on Clinical Preventive Services—would be automatically covered. However, the HHS secretary would also be able to mandate coverage for services that receive grade C, such as mammography for younger women.

Also, the group that now has 16 members and doesn't fit under the open meetings requirements of the Federal Advisory Committees Act, would be expanded to 30 members and would become subject to open meetings laws.

Acknowledging a *mea maxima culpa* is a classic

strategy for those testifying before Energy & Commerce, a committee with teeth. For some—like Calonge and Petitti—the options were slim. HHS Secretary Kathleen Sebelius said that the guideline was confusing, urged women to disregard it, and predicted that HHS and private insurers would disregard it as well.

"The task force acknowledges that the language used to describe its C grade recommendation about breast cancer screening for women 40 to 49 did not say what the task force meant to say," said Petitti, professor of biomedical informatics at the Fulton School of Engineering at Arizona State University. "The task force communication was poor. The task force is committed to improving its communication."

"We Need To Fix Our Web Site"

Under questioning, Petitti said that the summary of the recommendations displayed on the USPSTF section of the AHRQ website was misleading and would need to change.

Rep. Phil Gingrey (R-Ga.), an obstetrician-gynecologist, said the language of the guideline in effect discourages younger women from getting mammograms.

"On your web site, on the USPSTF web site, it clearly states that, 'the U.S. Preventive Services Task Force recommends against routine screening mammography in women aged 40-49 years.' Do you think that this statement could be perceived by women younger than 50 that they should not get a mammogram?" Gingrey asked.

PETITTI: "We need to immediately figure out how to get that statement off the web site. I think it could be misconstrued, has been misconstrued, and we need to fix our web site."

GINGREY: "Dr. Petitti, I thank you for that response and I hope that you will do that. It's very important, I agree with you."

This change appeared to have, indeed, occurred.

The task force recommendations were released without a "rollout" press conference. A thick packet of documents was simply thrown to the press and politicians without an opportunity for the task force to explain the nuances of what they meant by "harm" stemming from mammography. This produced a health communications disaster.

By admitting to poor formulation of the guideline, the task force did not rescind it. At the hearing, Petitti took the opportunity to explain the rationale for recommending against routine mammography screening of younger women.

"The benefits of mammography have been easy to communicate," she said. "The harms and potential harms have been difficult to communicate. The easily identifiable and commonly used definition of harm is physical injury. Here, the risk of physical injury is very, very small. But the task force considers not just physical harms but psychological harms. A great deal of controversy has centered in the task force and consideration on anxiety and psychological distress as a harm of false-positive test. In particular, psychological distress has been ridiculed.

"No matter how hard the concept of screening is explained, a positive mammogram screening test means cancer until cancer is proven not to exist. Some women eventually need a biopsy. Anxiety and psychological distress in women who have had positive screening tests is amply documented in the evidence. Other harms of mammography include ones that are less well documented. Some women are diagnosed in their 40s with cancer that could have been treated just as well if diagnosed later. These women may have unnecessarily been exposed to the harms of treatment."

Far from inserting a bureaucratic restriction on mammography in this age group, the task force was recommending that the decision to screen be preceded by a conversation between the woman and her doctor.

"Mammography starting at 40 should not be automatic," Petitti said. "The task force recommends that women in their 40s decide on the age to being screening that is based on a conversation with their doctor and is individual. The C recommendation does mean a small net benefit. And we map that C recommendation to advice that women make the decision with their doctors about whether or not to undergo screening."

Calonge, chief medical officer of the Colorado Department of Public Health and Environment, said USPSTF has been trying to increase transparency of its work.

"As our profile has been increased during the discussion of healthcare reform, we believe it is incumbent upon us to increase our transparency in such a way that people understand how we get to the decisions that we get to," he said.

The group is considering allowing public comment and an open public hearing at meetings.

"We understand this criticism," Calonge said. "We actually started to working on enhancing transparency about a year and a half ago. Our slow working has to do with understanding the resource impact of becoming more transparent. We absolutely believe we need to do it."

In their statements, House members followed party lines, with Democrats arguing that their health care reform bill established a floor for coverage of preventive services by mandating payment for services that receive grades A and B. Republicans countered that the bill would insert a bureaucrat in the doctor-patient relationship.

"To have a task force make the recommendation that has been made, and to have in this bill the authority that's given to various unelected bureaucrats to make health-care decisions, including coverage frequency, in my opinion, is wrong; it's wrong," said Rep. Joe Barton (R-Tex.) ranking member of Energy and Commerce.

"We don't want rationing of health care in America. We don't want to intervene between the doctor-patient relationship. We don't want young women, or for that matter, more mature women over the age of 74, developing breast cancer because they're not allowed a mammogram."

Rep. Frank Pallone (D-N.J.), chairman of the health subcommittee, said he was amused by the task force's lack of political savvy.

"I think it's kind of refreshing to find out that you really were very independent and not at all aware of what we were doing," Pallone said. "We give ourselves too much importance. We think we are so important that everybody is paying so much attention to everything we do.

"It's sort of refreshing to know that you were not."

NIH News:

First Stem Cell Lines Approved Under New NIH Guidelines

NIH has approved the first 13 human embryonic stem cell lines for use in NIH-funded research under the NIH Guidelines for Human Stem Cell Research adopted in July 2009, the institutes said Dec. 2.

"I am happy to say that we now have human embryonic stem cell lines eligible for use by our research community under our new stem cell policy," NIH Director Francis Collins said. "In accordance with the guidelines, these stem cell lines were derived from embryos that were donated under ethically sound informed consent processes. More lines are under review now, and we anticipate continuing to expand this list of responsibly derived lines eligible for NIH funding."

Children's Hospital Boston developed 11 of the approved lines and Rockefeller University in New York City developed two of the approved lines.

Another 96 lines have been submitted to NIH for either internal administrative review or consideration by the external Working Group for Human Embryonic Stem Cell Eligibility Review and the NIH Advisory Committee to the Director, including more than 20 that will be considered by the ACD on Dec. 4.

The NIH Guidelines for Human Stem Cell Research were published on July 7.

More than 30 NIH grants funded in the 2009 fiscal year totaling more than $20 million proposed to use hESCs; these grants have been restricted until approved lines became available on the NIH registry.

With the Dec. 2 announcement and following NIH approval, these principal investigators may obtain registry-listed hESCs from the owners of the lines and proceed with their research. Also, a number of Challenge Grant applications, which could be funded through the American Recovery and Reinvestment Act in fiscal 2010, proposed to use hESCs. Researchers examining other topics that could benefit from the use of hESCs are encouraged to apply for funding.

The NIH Human Embryonic Stem Cell Registry of approved hESCs is available at http://grants.nih.gov/stem_cells/registry/current.htm.

In the Cancer Centers:

Lurie Center Member Is First Orthopedic Surgeon In Space

(Continued from page 1)

when he blasted off on the Space Shuttle Atlantis for his 5-million mile journey to the International Space Station Nov. 16. Satcher took part in space walks to help repair two robotic arms on the exterior of the space station. Satcher, 44, a specialist in child and adult bone cancer, is an assistant professor of orthopedic surgery at the Northwestern University Feinberg School of Medicine and a surgeon at Northwestern Memorial Hospital and Children's Memorial Hospital.

FOX CHASE CANCER CENTER named **Eric Horwitz** chairman of the department of radiation oncology. Recognized for his expertise in treating patients with prostate cancer, Horwitz will also hold the Gerald E. Hanks Endowed Chair in Radiation Oncology. Since joining the staff in 1997, Horwitz has developed advanced programs using intensity-modulated radiation therapy, image-guided radiation therapy and brachytherapy. These include high-dose-rate brachytherapy for prostate cancer. Horwitz integrated the use of an MRI treatment simulator into prostate

cancer treatment planning for permanent, low-dose rate prostate implants and IMRT. Fox Chase was the first in the world to use MRI in radiation treatment planning. He is currently president of the American Brachytherapy Society.

MASSIMO CRISTOFANILLI was been appointed chairman of the department of medical oncology at Fox Chase Cancer Center and will hold the G. Morris Dorrance Jr. Endowed Chair in medical oncology. He will arrive at Fox Chase in January from The University of Texas M. D. Anderson Cancer Center, where he founded and served as executive director of the Morgan Welch Inflammatory Breast Cancer Program and Clinic. Also, Cristofanilli will play a leadership role in Fox Chase's new Women's Cancer Center, overseeing all breast cancer care, and will co-direct the Women's Cancer Program, one of Fox Chase's six core research programs within the cancer center. He will also serve as associate director of clinical research for Fox Chase's NCI Cancer Center Support Grant.

DANA-FARBER CANCER INSTITUTE president emeritus **David Nathan** is this year's recipient of the New York Academy of Medicine's John Stearns Medal for Lifetime Achievement in Medicine. The honor is awarded for extraordinary contributions during a professional lifetime. Nathan's large body of research has focused primarily on thalassemia, an inherited blood disorder in which the body makes an abnormal form of hemoglobin, the protein in red blood cells that carry oxygen. Nathan has been awarded many professional honors, including the National Medal of Science in 1990.

UNIVERSITY OF COLORADO CANCER CENTER received a two-year, $1.4 million American Recovery and Reinvestment Act grant for research in acute myeloid leukemia. **Christopher Porter**, assistant professor of Pediatrics at the University of Colorado Denver School of Medicine and pediatric oncologist at The Children's Hospital, received the faculty recruitment grant. He will use the funds to employ high-tech screening tools to look for genes in AML that, when they are turned off, make it easier for conventional therapies to kill the cells. Porter will hire a research associate, a bioinformatics expert and a molecular biology or genetics expert to work on the project.

ABRAMSON CANCER CENTER of University of Pennsylvania had three faculty named to endowed chairs at the School of Medicine. **Craig Thompson** was named inaugural holder of the John Glick Abramson Cancer Center Director's Professorship. He also serves as associate vice president of cancer services at the University of Pennsylvania Health System and is professor of medicine and cancer biology. The chair was created in honor of Glick, the former Abramson director and current vice president of UPHS and associate dean for resources development at the medical school. **Lewis Chodosh** was named to the J. Samuel Staub Professorship. Chodosh is associate director for basic science and director of the Breast Cancer Research Program at the cancer center. **Daniel Haller** received the Deenie Greitzer Gastrointestinal Medical Oncology Professorship. Haller is professor of medicine in the division of hematology/oncology and is editor-in-chief of the Journal of Clinical Oncology.

UNIVERSITY OF TEXAS M. D. ANDERSON CANCER CENTER'S top nursing executive has been recognized with nursing's highest honor. **Barbara Summers**, vice president and chief nursing officer at M. D. Anderson, was inducted into the American Academy of Nursing as a fellow.

ELIZABETH TRAVIS, associate vice president for Women Faculty Programs at M.D. Anderson and professor in the Departments of Experimental Raditation Oncology and Pulmonary Medicine, received the 2009 Association of American Medical Colleges Women in Medicine Leadership Development Award.

CHRISTIANA CARE HEALTH SYSTEM'S Helen F. Graham Cancer Center became the first community hospital in the nation to submit specimens to the Biospecimen Core Resource of The Cancer Genome Atlas Project, an NCI initiative. "TCGA project will help in establishing personalized medicine whereby patients' diagnosis and treatment of cancer will be based on their own genetic profile," said **Nicholas Petrelli**, the Bank of America endowed medical director, Helen F. Graham Cancer Center. "The research also will help to identify patients who are most likely to respond to specific treatments in clinical trials, leading to better outcomes." The center, a member of the NCI Community Clinical Oncology Program, established a tissue bank in 2003 and received The Cancer Genome Atlas award in September 2008. Specimen collection began last March.

INDIANA UNIVERSITY Melvin and Bren Simon Cancer Center will receive $10 million for breast cancer research from the Vera Bradley Foundation for Breast Cancer. The foundation gave the center $1.2 million in 1998, $2 million in 2003, and $6.8 million in 2006. Indiana University's breast cancer program has grown to 34 members from six in 1999, and annual research grant funding for the team exceeds $10 million. Vera Bradley funding was directly used to recruit 10 of these faculty

members. In recognition of the foundation's past gifts, IU recently established the Vera Bradley Foundation for Breast Cancer Research Laboratories, located in Joseph E. Walther Hall, the school of medicine's newest and largest research building.

EMORY WINSHIP CANCER INSTITUTE professor of hematology and medical oncology Omer Kucuk received the Mark Bieber Academic Award from the American College of Nutrition. The award is presented annually in recognition of academic excellence and outstanding professional dedication to the fields of nutrition and health. Nutrition and cancer therapy are among Kucuk's primary areas of research, and he has published extensively on various nutrients in combination with chemotherapy and radiation. Kucuk and his colleagues are currently exploring how soy isoflavones make chemotherapy and radiation more effective.

OSU COMPREHENSIVE CANCER CENTER– Arthur G. James Cancer Hospital and Richard J. Solove Research Institute gave its inaugural James Hope Award to **Rep. Pat Tiberi** (R-OH), a member of the Ways and Means Committee, and **Alan Brass**, chairman of Ohio State University Board of Trustee's Medical Affairs Committee. The James Hope Award will be presented annually to individuals or organizations committed to the advancement of the highest quality of cancer care, education, and research, or improving healthcare access for cancer patients in Ohio and beyond.

BARBARA ANN KARMANOS CANCER INSTITUTE began a company to build and market a breast cancer screening device invented at Karmanos. The technology developed as C.U.R.E. (Computerized Ultrasound Risk Evaluation), now referred to as SoftVue, will be marketed under the new spin-off company called Delphinus Medical Technologies, LLC. More than 300 women were involved in initial clinical studies, which confirmed that SoftVue accurately and safely identifies breast cancer, the cancer center said. SoftVue uses multi-parametric ultrasound and sophisticated computer algorithms rather than X-rays. The SoftVue exam takes about one minute, does not involve radiation or compression as the current mammography, and is a fraction of the cost of MRI. It's believed that it will help reduce the number of false positives that can occur with mammography and thereby reduce unnecessary biopsies.

NEVADA CANCER INSTITUTE announced the creation of the Murren Family Distinguished Director's Chair during its "Rock for the Cure" gala Nov. 12. The academic honor was presented by Chairman of the Board **Stephen Cloobeck** on behalf of NVCI's Board of Directors. The first person to hold the Murren Family Distinguished Director's Chair will be **John Ruckdeschel**, the institute's director and CEO, and every director thereafter in perpetuity.

In Brief:

ACS Awards Medals Of Honor; JCO Publishes 500th Issue

AMERICAN CANCER SOCIETY presented its highest honor, the Medal of Honor award, to four individuals who have made outstanding contributions to the fight against cancer. This year's recipients are:

Lance Armstrong, Medal of Honor for Cancer Control, for his efforts to make cancer a global health priority; for creating LIVESTRONG to support fellow survivors; and for raising millions of dollars for the fight against cancer.

Arnold Levine, Medal of Honor for Basic Research, for his contributions to the understanding of the roles played by the protein p53, and for revolutionizing thinking about the pathogenesis of cancer.

Edward Harlow, Medal of Honor for Basic Research, for his extraordinary work to blaze fundamental trails that many other scientists follow in their studies of the cell cycle.

Marvin Zelen, Medal of Honor for Clinical Research, for his successful efforts to introduce statistics as a pre-eminent component of the national program in cancer clinical trials.

THE JOURNAL OF CLINICAL ONCOLOGY celebrated the publication of its 500th issue with its Nov. 10 edition. The peer-reviewed journal of the American Society of Clinical Oncology began publication in January 1983. Today, the journal publishes more than 500 pages of peer-reviewed studies, editorials, commentaries and guidelines each month, reaching a subscribership of nearly 25,000. The JCO also publishes 15 international editions. JCO's impact factor, the measure of how frequently a journal's articles are cited, has risen to 17.157, with annual citations at an all-time high of 97,639.

"This quincentenary edition of JCO is indicative of the quality and longevity the journal has shown in the worldwide dissemination of significant clinical oncology research," said **Daniel Haller**, editor-in-chief. "We look forward to continue to improve our efforts in being a credible, authoritative resource to the oncology community."

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