THE CANCER LETTER

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NIH Will Target Genomics, Translational Research, Training, Collins Tells Congress

By Kirsten Boyd Goldberg

NIH Director Francis Collins told the House Subcommittee on Labor, Health, and Human Services that the institutes will use the $32.1 billion budget proposed by President Obama to take advantage of high-throughput technologies, accelerate translational science, put more emphasis on global health, and reinvigorate the biomedical research community.

At the April 28 hearing, Collins said the budget request for fiscal 2011 "would help more researchers take greater advantage of these unprecedented opportunities, all with the aim of helping people live longer, healthier, more rewarding lives."

Genomics research, in particular, will continue to be a major focus of NIH, Collins said to the committee, chaired by Rep. David Obey (D-Wis.).

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Healthcare Reform:

Obama Administration, WellPoint, Face Off Over Allegation Of Coverage Recissions

By Paul Goldberg

An allegation that America's largest insurer scrutinizes all breast cancer diagnoses for fraud in an effort to rescind coverage touched off a verbal altercation between HHS Secretary Kathleen Sebelius and top officials of WellPoint.

The controversy started on April 22, when Reuters reported that WellPoint uses a computer algorithm that automatically targets all policyholders diagnosed with breast cancer. The software triggers fraud investigations that can lead to rescission of coverage.

Insurance coverage can be stopped if insurers can demonstrate that a patient had lied on an insurance application. Usually, this involves failure to disclose pre-existing conditions.

However, it's unlikely that this practice can survive implementation of the new healthcare law in September. The law, signed by President Obama on March 23, makes it illegal for insurers to deny health coverage because of preexisting conditions.

Initially, WellPoint debated the fine points of the Reuters story, but as the controversy continued to gather steam, the company pledged to implement the new law on May 1, well ahead of the September implementation date.

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Collins: NIH-Funded Research Revolutionized Cancer Therapy

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"Consider the challenge posed by cancer," Collins said. "This disease still claims the lives of more than 500,000 Americans annually—about one every minute. But in 2007, for the first time in our nation's history, the absolute number of cancer deaths in the U.S. went down. And, over the past 15 years, cancer death rates have dropped 11.4 percent among women and 19.2 percent among men, which translates into some 650,000 lives saved—more than the population of Washington, D.C. These are very encouraging milestones, but they are not nearly enough.

"NIH-funded research has revolutionized how we think about cancer," Collins said. "A decade or two ago, cancer treatment was mostly reactive, diagnosis was based on the organ involved and treatment depended on broadly aimed therapies that often greatly diminished a patient's quality of life. Today, basic research in cancer biology is moving treatment toward more effective and less toxic therapies tailored to the genetic profile of each patient's cancer."

Collins pointed to the success of the drug trastuzumab (Herceptin) for breast cancer. In an NIH-sponsored clinical trial, breast cancer patients whose tumors were genetically matched to trastuzumab had a lower risk of recurrence if they received trastuzumab along with standard chemotherapy. Also, he said, studies of the drugs gefitinib (Iressa) and erlotinib (Tarceva) found that these drugs work better in the subset of lung cancer patients whose tumors have a certain genetic change.

The Cancer Genome Atlas, a project begun by NCI and the National Human Genome Research Institute, will build comprehensive maps of the key genomic changes in 20 major types and subtypes of cancer, Collins said.

"This information, which is being made rapidly available to the worldwide scientific community, will provide a powerful new tool for all those striving to develop better ways to diagnose, treat, and prevent cancer," Collins said.

"Already, TCGA has produced a comprehensive molecular classification system for ovarian cancer and glioblastoma, the most common form of brain cancer," Collins said. "The survey of glioblastoma recently revealed five new molecular subtypes of the disease. In addition, researchers found that responses to aggressive therapies for glioblastoma varied by subtype. The findings hold promise for matching the most appropriate therapies with brain cancer patients and may also lead to therapies directed at the molecular changes underlying each subtype, as has already happened for some types of breast cancer."

Under questioning from the subcommittee, Collins said the $10 billion in stimulus funding from the American Recovery and Reinvestment Act of 2009 "came at a time when there was a pent-up need" for support at NIH, and was "a wonderful investment in medical research."

The funds were granted to all 50 states and supported several major projects including TCGA, the Framingham Heart Study, HIV/AIDS research, autism genome sequencing efforts, and pandemic flu research.

Asked how well the U.S. was competing with other countries in training new researchers, Collins said the EU, India, and China could surpass the U.S. Young researchers in the U.S. are "concerned about their futures but enormously energized about the scientific potential," Collins said.

The FY2011 budget includes a six percent increase in stipends for post-doctoral trainees, Collins said. It's not a large increase, but "the news of at least a proposed increase was a big morale boost" for young researchers, he said.

The text of Collins' testimony is posted at http://www.nih.gov/about/director/budgetrequest/fy2011testimony.pdf.

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Additional Stem Cell Lines

Thirteen additional human embryonic stem cell lines have been approved for federal funding and added to the NIH Stem Cell Registry, NIH said this week.

This includes four lines from the WiCell Research Institute of Madison, Wis., which had been approved under the George W. Bush administration. Two of those four lines (H7 and H9) have been used widely by researchers over the years. The other stem cell derivers are Stanford University, the University of California, Los Angeles, and Harvard University.

The registry's total number of lines available for federal funding is now at 64. Another 100 lines are pending approval.

The action "should provide welcome reassurance to the many researchers who have been working on lines developed in the early days of stem cell research," Collins said. "Scientists can continue their studies without interruption, and we can all be assured that valuable work will not be lost."

Further information is posted at http://grants.nih.gov/stem_cells/registry/current.htm.

Healthcare Reform:

Obama Administration Officials Criticize Insurer Recissions

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Insurance industry sources said that other companies were expected to follow WellPoint's lead.

The Reuters story focused on the insurance industry practice of rescission, stating that it was directed specifically against breast cancer patients. Though the story described the experiences of several women who lost coverage while getting treatment for breast cancer, it did not state how prevalent the practice was and how many women had lost insurance.

The story is posted at http://www.reuters.com/assets/print?aid=USTRE63M5D420100423

WellPoint responded immediately, denying singling out women with breast cancer. "As part of our normal business practices, WellPoint monitors claims for a variety of things, from indications of potential fraud to potential opportunities to improve quality and better coordinate care," the company said. "If something appears that it may be associated with a material misrepresentation, we may initiate an investigation."

Last year, less than one-tenth of 1 percent of our individual members' policies were rescinded, the company said. Considering that WellPoint insures 33.7 million people, this represents 33,700 people.

Not surprisingly, the controversy did not go away, triggering responses from Speaker of the House Nancy Pelosi and HHS Secretary Sebelius, as well as several others.

"WellPoint's practice of dropping anyone's coverage when they get sick—whether a woman with breast cancer or any other patient—is exactly the kind of insurance company abuse our new health care law prohibits," Pelosi said in a statement. "Soon every American can be secure knowing that their insurance companies cannot cancel their coverage because of an illness. And when Republican leaders call for repeal of the health reform law, they are endorsing a return to these abusive policies that have no place in our medical system."

Sebelius, too, took a good swipe at WellPoint.

"WellPoint should not wait to end the unconscionable practice of deliberately working to deny health insurance coverage to women diagnosed with breast cancer," she wrote to the insurance company CEO Angela Braly. "I urge you to immediately cease these practices and abandon tour efforts to rescind health insurance coverage from patients who need it most."

The letter is posted at http://www.hhs.gov/news/press/2010pres/04/wellpoint04222010.pdf.

WellPoint was now a target for the Administration and top Congressional leadership. The company could cave, or it could fight.

Amazingly, WellPoint asked for another round.

"I was disappointed to read your letter regarding the media report published in Reuters yesterday as well as your assertion that WellPoint 'deliberately works to deny coverage for women diagnosed with breast cancer,'" Braly wrote to Sebelius. "Both your statement and [the Reuters] piece are inaccurate and grossly misrepresent WellPoint's efforts to help prevent, detect, and treat the 1 in 8 of our 34 million members nationwide affected by breast cancer.

"To be absolutely clear, WellPoint does not single out women with breast cancer for rescission. Period…

"Madame Secretary, a three-story pink ribbon hangs in the lobby of our Indianapolis headquarters for many reasons. It provides meaning, motivation, and purpose for our company, our associates and their families." The letter is posted at www.wellpoint.com.

However, four days later, WellPoint executed a classic Washington maneuver: giving the regulators everything they want while muttering vague protestations while.

On April 27, WellPoint announced that it would become the first insurer to implement the limits on

rescissions contained in the new healthcare law. The standard contained in the new law allows rescission only in cases of fraud or intentional misrepresentation of material fact.

"Our goal is to make reform work for our members and for the country," Braly said in a statement. "There have been a lot of misrepresentations and inaccuracies in recent days that have caused confusion among our members and among the public generally about our policies in this area. We think today's announcement will go a long way toward bringing greater clarity."

FDA News:

Dendreon's Provenge Approved For Prostate Cancer Treatment

By Paul Goldberg

FDA April 29 approved Provenge (sipuleucel-T), an autologous cellular immunotherapy for the treatment of asymptomatic or minimally symptomatic metastatic, castrate-resistant (hormone-refractory) prostate cancer.

The agent is sponsored by Dendreon Corp. of Seattle. One treatment course of Provenge would be priced at $93,000.

Provenge is an autologous cellular immunotherapy. Each dose of Provenge is manufactured by obtaining a patient's immune cells from the blood. To enhance their response against the cancer, the immune cells are then exposed to a protein that is found in most prostate cancers, linked to an immune stimulating substance.

After this process, the cells are returned to the patient to treat the prostate cancer. Provenge is administered intravenously in a three-dose schedule given at about two-week intervals.

"The availability of Provenge provides a new treatment option for men with advanced prostate cancer, who currently have limited effective therapies available," Karen Midthun, acting director of the FDA's Center for Biologics Evaluation and Research, said in a statement.

The agent was studied in 512 patients with metastatic hormone treatment refractory prostate cancer in a randomized, double-blind, placebo-controlled, multicenter trial, which showed an increase in overall survival of 4.1 months. The median survival for patients receiving Provenge treatments was 25.8 months, as compared to 21.7 months for those who did not receive the treatment.

Almost all of the patients who received Provenge had some type of adverse reaction, FDA said. Common adverse reactions reported included chills, fatigue, fever, back pain, nausea, joint ache and headache.

The majority of adverse reactions were mild or moderate in severity. Serious adverse reactions, reported in approximately one quarter of the patients receiving Provenge, included some acute infusion reactions and stroke. Cerebrovascular events, including hemorrhagic and ischemic strokes, were observed in 3.5 percent of patients in the Provenge group compared with 2.6 percent of patients in the control group.

Dendreon said its would make Provenge available through approximately 50 centers, all of which were approved Provenge clinical trial sites, and expects to increase capacity over the next year. The increased capacity will be a result of the anticipated licensure of its expanded New Jersey, Atlanta, Georgia and Orange County, Calif. facilities in mid-2011.

"The approval of Provenge, the first autologous cellular immunotherapy, represents a significant scientific and clinical advancement for the treatment of prostate cancer," Philip Kantoff, director of the Lank Center for Genitourinary Oncology, chief of the Division of Solid Tumor Oncology, and chief clinical research officer at Dana-Farber Cancer Institute, said in a statement. "Cancer immunotherapies that use the patient's own immune system will likely create an entirely new treatment paradigm for patients with cancer."

Dendreon said it will donate money to an independent non-profit organization that will provide financial assistance to patients who cannot afford the co-payments associated with their prostate cancer medicines. In addition, Dendreon's call center case managers will help match patients with foundations that may provide financial assistance.

As part post-marketing requirements required by FDA, Dendreon will put together a registry of approximately 1,500 patients to further evaluate the safety signal of cerebrovascular events. In four randomized clinical trials of Provenge in prostate cancer patients, cerebrovascular events were observed in 3.5% of patients in the PROVENGE arm compared with 2.6% of patients in the control arm.

"The FDA approval of Provenge is a testament to the courage of the patients and researchers who participated in our studies and is the culmination of nearly 15 years of research and development by our dedicated employees," Mitchell Gold, president and CEO of Dendreon said in a statement.

The agent's history at FDA has been politically charged.

Three years ago, the Cellular, Tissue and Gene Therapies Advisory Committee voted 13 to 4 in favor of approving the drug (The Cancer Letter, April 13, April 27, May 4, 2007).

The agency didn't follow the committee's recommendation, presumably after concurring with skeptics who stated that the drug trials presented at that time were fundamentally flawed. The findings were based on a post hoc analysis, skeptics said. Moreover, the company was in the midst of conducting a trial powered to determine survival and an approval could have undermined that trial.

After the agency issued an "approvable letter" seeking additional information, a group of patients and investors launched a pro-Provenge campaign that included threats against skeptics and picketing of the agency. The coalition also sued FDA in federal courts in Ohio.The case was ultimately tossed out on appeal.

Last year, Dendreon announced that it met the endpoint for approval specified in the Special Protocol Assessment by FDA (The Cancer Letter, April 17, 2009)

The approval means that the agency accepted the peculiarity of the design of the phase III randomized, double-blind, placebo-controlled trial. The trial's name, IMPACT, stands for IMmunotherapy for Prostate AdenoCarcinoma Treatment.

IMPACT's crossover design allows patients on the control arm to receive the immunotherapy after progression. This is unusual, because the therapy to which patients cross over is not identical to Provenge.

In the Cancer Centers:

Bastian Named Chairman Of Pathology At MSKCC

MEMORIAL SLOAN-KETTERING CANCER CENTER said **Boris Bastian** was named chair of the Department of Pathology. Bastian is also the incumbent of the James Ewing Alumni Chair of Pathology, and he will hold a joint appointment in the center's Human Oncology and Pathogenesis Program.

Bastian's research focuses on the molecular genetics of cutaneous neoplasms, with a particular emphasis on the discovery of genetic alterations useful for diagnosis, classification, and therapy. Prior to his appointment at MSK, Bastian served as leader of the Cutaneous Oncology Program and investigator at the Helen Diller Family Comprehensive Cancer Center at the University of California, San Francisco.

C3: Colorectal Cancer Coalition has awarded **Rona Yaeger**, a fellow at Memorial Sloan-Kettering Cancer Center, the 2010 American Association for Cancer Research-Colorectal Cancer Coalition Fellows Grant. Yaeger's research will focus on inhibiting the AKT pathway in colorectal cancer cells. Yaeger will also be conducting a phase II clinical trial with an AKT inhibitor for patients with metastatic colorectal who have normal KRAS.

ROBERT H. LURIE COMPREHENSIVE CANCER CENTER of Northwestern University opened the Maggie Daley Center for Women's Cancer Care on April 19, at a ceremony that marked the debut of the center for treating breast and gynecologic cancers honoring the First Lady of Chicago. The Center for Women's Cancer Care is located within Northwestern Memorial Prentice Women's Hospital.

Daley, who receives treatment for breast cancer at the Lurie Cancer Center, attended the ceremony accompanied by Mayor Richard Daley. The two-floor center provides an integrative, holistic approach that addresses and centralizes all of a woman's needs during treatment. Steve Rosen, director of the Lurie Cancer Center and of Cancer Programs at Northwestern Memorial, noted Maggie Daley's "heroic strength" in fostering vital programs that benefit the public while contending with the challenge of breast cancer.

MOUNT SINAI MEDICAL CENTER named breast surgeon **Elisa Port** as chief of breast surgery and co-director of The Dubin Breast Center. Port is a leading expert in sentinel-node biopsy and the use of breast MRI in high-risk patients. Through a grant from Susan G. Komen for the Cure, Port researched positron emission tomography and its use in pre-operative assessment of breast cancer. She is also conducting, through funding from NCI, a phase I study on the inhibition of the enzymes COX-2 and aromatase in breast cancer.

Professional Societies:

AACR Says Volcanic Ash Affected 5% Of Attendees

American Association for Cancer Research said attendance at its annual meeting in Washington, D.C., earlier this month was affected by the volcanic ash over Europe that prevented flying.

About five percent of attendees were affected, said AACR spokesman Michele Leiberman.

The association offered full refunds on registration fees for those affected.

"Of the approximately 6,100 abstract presenters, about six percent of them could not attend due to travel issues caused by the volcanic ash," Leiberman said. "However, a number of their talks were kindly given by colleagues. Seven percent of invited speakers were unable to attend. Fortunately, through the use of the web and teleconferences, the majority of them were able to present."

The total number of registrations for the meeting was 18,000.

In another development, AACR issued a call for immediate action to stem the global tide of tobacco-related death and suffering and to improve public health in a policy statement on tobacco and cancer published in Cancer Research.

AACR submitted written testimony to the House Energy and Commerce Subcommittee on Health for a hearing last week on smokeless tobacco.

"Tobacco use is the leading preventable cause of premature death and is responsible for nearly a third of all cancer deaths," said Roy Herbst, of University of Texas M. D. Anderson Cancer Center and chair of the AACR Task Force on Tobacco and Cancer. "The AACR statement on tobacco provides a roadmap for eliminating the burden of tobacco use and attendant disease by implementing evidence-based policies, advancing science and communicating scientific breakthroughs to the public, funders and regulators."

American Lung Association released a report on research examining lung cancer among African Americans, "Too Many Cases, Too Many Deaths: Lung Cancer in African Americans".

Key findings:

• Despite lower smoking rates, African Americans are more likely to develop and die of lung cancer than whites.

• African American men are 37 percent more likely to develop lung cancer than white men, even though their overall exposure to cigarette smoke, the primary risk factor for lung cancer, is lower.

• African Americans are more likely to be diagnosed later, when cancer is more advanced.

• African Americans are more likely to wait longer after diagnosis to receive treatment, to refuse treatment, and to die in the hospital after surgery.

While the reasons for this unequal burden are not entirely clear, the report presents a compilation of research that examines smoking behavior, workplace exposures, genetics, access to healthcare, discrimination and social stress, as well as other possible contributors as to why African Americans are disproportionally affected by lung cancer.

"The American Lung Association's report provides overwhelming evidence to support the case for a racial difference in the burden of lung cancer," said William Hicks, editor of the report and professor of clinical medicine at Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. "The movement to make lung cancer, a disease which was rarely encountered before the 20th century, another example of man's ability to overcome a public health threat is foretold in this effort."

The association is calling for increased research funding on lung cancer and other health disparities. Enactment and implementation of proven policies to reduce tobacco including curbing cigarette advertising targeting youth, comprehensive smokefree air laws and coverage of tobacco cessation services, are needed. Radon exposure in federal housing must be addressed. Changes to the healthcare system to improve access to care, improve delivery of healthcare to reduce communication barriers between patients and providers, and recruiting more minorities to the healthcare field.

Last month, the FDA Tobacco Products Scientific Advisory Committee met to review the science relating to the issue of menthol in cigarettes and its impact on public health. The committee's report and recommendations are due in March 2011. FDA is also required to develop an action plan with stakeholders to enforce restrictions on the promotion and advertising of menthol and other cigarettes to youth.

Oncology Nursing Society, Association of Oncology Social Work, and the National Association of Social Workers developed a joint position statement on the role of oncology nursing and oncology social work in patient navigation.

The position is a result of a think tank convened in June 2009, in which the organizations discussed the role of patient navigation and identified needs of the healthcare professional in this emerging new role for oncology nurses and social workers as they care for patients from pre-diagnosis through all phases of cancer.

Pamela "PJ" Haylock, representing ONS, and Pam Murph, representing AOSW, were co-chairs of the joint Patient Navigation Think Tank. The statement is available at http://www.ons.org/Publications/Positions/Navigation.

The ASCO Cancer Foundation will present more than $7.1 million in grants and awards to 289 researchers at the American Society of Clinical Oncology's annual meeting June 4-8 in Chicago.

Following are the major awards:

• Comparative Effectiveness Research Professorship in Breast Cancer**,** $500,000 over five years, **Patricia Ganz,** University of California, Los Angeles.

• Advanced Clinical Research Awards, a three-year award totaling $450,000: **David Kirsch,** Duke University Medical Center; **Isabelle Bedrosian,** University of Texas M. D. Anderson Cancer Center; **Sanjay Goel,** Montefiore Medical Center.

• Career Development Awards**,** a three-year grant totaling $200,000: **Arash Ash Alizadeh,** Stanford University; **Philippe Armand,** Dana-Farber Cancer Institute; **Nilofer Azad,** Johns Hopkins University; **Rupal Satish Bhatt,** Beth Israel Deaconess Medical Center; **Richard Carvajal,** Memorial Sloan-Kettering Cancer Center; **Michael Arwyn Davies,** University of Texas M. D. Anderson Cancer Center; **Daniel Allan Hamstra,** University of Michigan; **Nimish Mohile,** University of Rochester; **Kimmie Ng,** Dana-Farber Cancer Institute; **Shannon Puhalla,** University of Pittsburgh; **Guilherme Rabinowits,** University of Louisville Research Foundation; **Carlos Almeida Ramos,** Baylor College of Medicine; **Neil Howard Segal,** Memorial Sloan-Kettering Cancer Center; **Zsofia K. Stadler,** Memorial Sloan-Kettering Cancer Center.

• Long-term International Fellowship, **Cesar Sanchez,** Hospital Clínico Pontificia, Universidad Católica de Chile and Washington University.

• Merit Awards. This year the foundation will award two Special Merit Awards and 100 Merit Awards to oncology fellows who submitted high-quality abstracts for presentation. The Bradley Stuart Beller Special Merit Award will be presented to **Kristin Higgins**, Duke University. Her abstract received the highest scientific score overall. The Brigid Leventhal Merit Award will be presented to **Laura Hogan**, of NYU Langone Medical Center, for her outstanding work in pediatric oncology research. Full list of recipients, click here.

• Young Investigator Awards. Each of this year's 46 awardees will receive a one-year grant of $50,000 to fund his or her investigative studies as they begin their careers in clinical oncology research. A list is available here.

• International Development and Education Awards, click here for a full list of this year's recipients.

Susan G. Komen for the Cure is partnering with the City of Jerusalem, Hadassah, the Women's Zionist Organization of America, health advocates, and scientists for a week of events in Israel to examine major scientific issues in breast cancer while advancing the international breast cancer movement.

The week of events Oct. 25-29 launches the Israel Breast Cancer Collaborative, a partnership between Komen and non-governmental organizations in Israel to enhance advocacy, awareness, screening and treatment of breast cancer in that country.

"Susan G. Komen for the Cure's very first international research grant went to Israel 16 years ago, and we have enjoyed longstanding friendships and productive collaborations in Israel ever since," said Nancy Brinker, founder and CEO of Susan G. Komen for the Cure. "The new Israel Breast Cancer Collaborative takes our relationships to the next level—in partnership with the city of Jerusalem, Hadassah, government leaders, advocates and our global partners—as we work to address the critical issues in breast cancer for the women of Israel and the world."

Delegates to the mission trip will investigate breast cancer issues and solutions in sessions with local officials and non-governmental organizations. The centerpiece of the delegation week is the first Susan G. Komen Israel Race for the Cure around the walls of Old Jerusalem on Oct. 28.

In Israel, breast cancer remains the most common form of women's cancers and is growing, accounting for nearly 30 percent of all new cancer cases in the country. About 4,000 people are diagnosed with breast cancer in Israel each year. Since 1982, Susan G. Komen for the Cure has granted nearly $2 million to organizations in Israel including the Weizmann Institute of Science, Hebrew University-Hadassah Hospital in Jerusalem, Beit Natan and Life's Door.

Planning for the Israel events began more than a year ago with the support of Jerusalem Mayor Nir Barkat, who will help lead the Susan G. Komen Israel Race for the Cure. "As a runner myself, I know the power of these events to unite people toward a common purpose," Barkat said. "We have many different religions and nationalities in Israel. This race brings them together in fellowship with all people who face the impacts of this terrible disease. I am honored to open the gates of our unique city to any and all people who want to see a cure for breast cancer in our lifetime."

Further information is available at www.komen.org/israel.

NCI News:

NCAB Ad Hoc Working Group Appointed To Review NCI

The NCAB Subcommittee on Activities and Agenda will convene an Ad hoc Working Group to look back over how the NCI has evolved over the last 40 years since the passage of the National Cancer Act of 1971 as well as, even more importantly, project what the NCI needs to do during the next decade.

The working group is charged to review the NCI current operating structure and strategic vision—to assess the effectiveness of the scientific programs and business management structure of the NCI, in order to determine the gaps and opportunities for delivering scientific progress in understanding, diagnosing, treating, and preventing cancer. The working group will advise the NCAB Subcommittee on Activities and Agenda and the National Cancer Advisory Board.

Co-Chairs: Bruce Chabner, Massachusetts General Hospital Cancer Center; William Goodwin Jr., CCA Industries Inc.; Robert Ingram, Hatteras Venture Partners; Phillip Sharp, Massachusetts Institute of Technology.

Members: H. Kim Bottomly, Wellesley College; Joan Brugge, Harvard Medical School; Michael Caliguiuri, Ohio State University Comprehensive Cancer Center; Donald Coffey, Johns Hopkins University; Susan Desmond-Hellmann, University of California, San Francisco; Victor Dzau, Duke University Health System; Kathryn Giusti, Multiple Myeloma Research Foundation; James Goodnight, SAS Institute Inc.; Leland Hartwell, Fred Hutchinson Cancer Research Center; Tyler Jacks, Massachusetts Institute of Technology; Thomas Kelly, Sloan-Kettering Institute for Cancer Research; David Korn, Harvard Medical School; Margaret Kripke, University of Texas M.D. Anderson Cancer Center; Arnold Levine, Princeton University; Rep. Connie Mack IV; Mark McClellan, The Brookings Institution; Harold Moses, Vanderbilt-Ingram Cancer Center; Martin Murphy Jr., CEO Roundtable on Cancer; Cecil Pickett, Biogen Idec; Barbara Rimer, University of North Carolina, Chapel Hill; Charles Sanders, physician; Charles Sawyers, Memorial Sloan-Kettering Cancer Center; Richard Schilsky, University of Chicago; P. Roy Vagelos, Merck & Co.; Ann Vickery, Hogan & Hartson; William Weldon, Johnson & Johnson; Samuel Wells Jr., NCI; Ronald Williams, Aetna Inc.; and Keith Yamamoto, University of California, San Francisco.

A new analysis of childhood cancer statistics show that an estimated 38,000 childhood cancer deaths have been averted in the U.S. between 1975 and 2006, owing to improved drugs, treatment strategies and past investments in clinical trials. Researchers caution that while substantial gains have been made against most forms of childhood cancer, progress against many cancers has slowed, and newer, targeted agents are urgently needed.

The report appeared in the Journal of Clinical Oncology April 19.

"While childhood cancer has been one of the success stories of modern medicine, with nearly 80 percent long-term survival, approximately 2,000 children still die from cancer every year," said lead author Malcolm Smith, associate branch chief, pediatrics, NCI Cancer Therapy Evaluation Program. "We continue to look for new ways to reduce that number."

The researchers examined cancer incidence and survival data from NCI's Surveillance, Epidemiology, and End Results program registries, and death rates gleaned from reports by states to the Centers for Disease Control and Prevention. The study found that childhood cancer death rates declined by more than 50 percent from 1975 to 2006.

At the same time, however, childhood cancer incidence increased significantly during that same period, with one form of leukemia, acute lymphoblastic leukemia, rising most quickly. The incidence of childhood brain cancers has been stable, while all other childhood cancers have slowly increased in incidence.

The review revealed that much of the progress against childhood cancer occurred in the two decades after 1975. The decline in death rates in leukemia, the most common type of childhood cancer, was among the highest over the 32 years, though the rate of decline in deaths slowed in the last decade of the study period to roughly 2 percent a year.

The death rates for all other childhood cancers decreased significantly between 1975 and 1996, then leveled off from 1996 to 2006. The researchers called this a critical period for childhood cancer research, citing little decline in death rates for solid tumors and brain cancers in children in the last decade of the study, and the slowed decrease in leukemia deaths.

But there is little evidence that current chemotherapy drugs can improve survival numbers, and the authors said that new, innovative treatment strategies are needed.

The authors emphasized that newer, targeted agents based on the molecular biology of tumors should be emphasized in future research.