THE CANCER LETTER

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White House Picks Harold Varmus For NCI; Scientist Brings "Vast Experience" To Job

By Kirsten Boyd Goldberg

In an appointment anticipated since March, President Obama announced May 17 his selection of Harold Varmus as director of the National Cancer Institute.

Varmus, president of Memorial Sloan-Kettering Cancer Center since January 2000, will become the first former NIH director and the first Nobel laureate to lead NCI. The nomination doesn't require Senate confirmation.

"Dr. Harold Varmus brings a vast wealth of expertise to this key leadership position," said Department of Health and Human Services Secretary Kathleen Sebelius. "Among his many professional distinctions, he is a Nobel laureate in cancer genetics; has been president of one of the premier cancer research and

(Continued to page 2)

NIH News:

Stricter Rules On Extramural Research Financial Conflicts Of Interest Proposed

By Kirsten Boyd Goldberg

NIH proposed significant changes in federal regulations covering financial conflicts of interest in biomedical research conducted at universities and research institutions.

A Notice of Proposed Rulemaking published in the May 21 Federal Register, on which NIH is seeking comment for 60 days, would update regulations established in 1995. The proposal cuts from $10,000 to $5,000 the level at which an NIH-funded researcher must report to his or her institution a payment from an company or a nonprofit organization. Any stock ownership in privately held companies would have to be reported.

The proposal would also cover small business research grantees (SBIR and STTR awards).

Also, the reporting requirement would extend to all of the investigator's "institutional responsibilities," including research, consulting, teaching, and membership on university committees. This change is designed to "provide institutions with a better understanding of the totality of an investigator's interests," the notice said.

Institutions would be required to establish a policy on conflicts of interest and publish the policy on the Internet. Institutions would be required to review the reports by researchers to determine whether a "significant financial interest" is related to the federally-funded research, and whether

(Continued to page 4)

Niederhuber Plans To Continue To Work At NCI In Laboratory

(Continued from page 1)

treatment institutions for the past decade; and previously has served the public as NIH director in the 1990s. His contributions in understanding new knowledge about cancer have provided a foundation for treatments that have helped so many. Today, cancer research is poised to move forward at an unprecedented speed and Harold is ideally qualified to lead the revolution to fight this formidable disease."

Varmus will become the 14th NCI director since the institute was established in 1937. He will succeed John Niederhuber, who was appointed to the post by President Bush in 2006.

Since President Obama's election in November 2008, cancer researchers have anticipated a change in leadership for the institute. In recent changes of administrations, it has taken about a year for a new NCI director to be named.

Varmus was among advisors to President Obama's campaign and was named co-chairman of the President's Council of Advisors on Science and Technology. He was part of the selection committee for the NCI director, which was headed by NIH Director Francis Collins. The position was offered to at least three scientists who apparently turned it down, sources said (The Cancer Letter, Feb. 12, 2010).

The Cancer Letter first reported that the appointment of Varmus was imminent two months ago (The Cancer Letter, March 17).

Last January, Memorial Sloan-Kettering announced that Varmus planned to step down as president of the cancer center, having completed the 10 years that he had expected to remain in the job. MSKCC has yet to announce whether an interim president would be named during its search.

Varmus will start at NCI on July 12, and will move his laboratory from MSKCC to the National Human Genome Research Institute, sources said.

"It is exhilarating and gratifying to have my good friend and colleague Harold Varmus back at NIH," Collins said in a press release. "We are extremely fortunate that he accepted the position as NCI director. Harold brings unmatched expertise at all levels—not only in cutting edge scientific research, but also as a leader in the development of strategies for improving patient care, education and training, and in designing novel public-private partnerships. I look forward to working together with him as we move forward on the development of new and powerful approaches to prevent, diagnose, and treat cancer."

Niederhuber plans to stay on at NCI through the transition, and then work in his lab in the institute.

"NCI is indeed fortunate that Dr. Varmus has agreed to assume this responsibility," Niederhuber wrote in an email to the institute staff. "Harold and I have known each other for many years, and he will bring not only his scientific expertise but his years of knowledge as NIH director. I am confident this will provide NCI with strong leadership across campus and beyond, and a greatly respected voice on Capitol Hill, advocating for the much-needed resources to sustain the institute's mission."

Varmus began his research career as a member of the U.S. Public Health Service at NIH during the Vietnam War, and then as a post-doctoral fellow at the University of California, San Francisco. He served on the UCSF faculty for over 20 years, conducting scientific work on cancer genes and retroviruses. In 1985, while U.S. and French researchers were arguing over what to call the AIDS virus, Varmus was asked to negotiate between the factions and come up with a scientifically appropriate, but neutral name.

In 1989, Varmus shared the Nobel Prize in Physiology or Medicine with J. Michael Bishop for their discovery of the cellular origin of retroviral oncogenes in work done a decade earlier. In 1993, President Clinton appointed Varmus as NIH director. During his six-year tenure, he had the use of the unprecedented

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doubling of the NIH budget, guided construction of a new clinical center, and put in place more rigorous peer review of intramural scientists, while trying to improve recruitment to the institutes.

At MSKCC, Varmus is credited with uniting clinical care and laboratory activities, expanding faculty and facilities, developing inter-institutional research programs, leading a $2-billion capital campaign, and starting a new graduate school in cancer biology.

He recently co-chaired an Institute of Medicine report on The U.S. Commitment to Global Health; is a co-founder and chairman of the board of the Public Library of Science, a publisher of open access journals; and chairman the Global Health Advisory Committee at the Bill and Melinda Gates Foundation. He has been a member of the National Academy of Sciences since 1984 and of the Institute of Medicine since 1991, and he has received the National Medal of Science and the Vannevar Bush Award.

Varmus majored in English literature at Amherst College, earned a master's degree in English at Harvard University, received his medical degree from Columbia University's College of Physicians and Surgeons, and was trained in internal medicine at Columbia-Presbyterian Medical Center.

Reactions To Varmus Appointment

Statements on the appointment by cancer-related organizations highlighted various aspects of Varmus' career and policy interests.

• The American Society of Clinical Oncology said the nomination "of such an accomplished scientist is a signal that the administration is committed to superlative science for our nation's cancer research enterprise. Dr. Varmus has a long, distinguished career in science and medicine and a proven track record of taking on big challenges in cancer research."

One of those challenges will be clinical research, ASCO said. "As the incoming NCI director, he will need to address critical issues facing cancer research today, including the need to bolster patient participation in clinical trials and increase desperately needed federal support for clinical cancer research within the NCI and the national cancer cooperative groups."

• The American Association for Cancer Research cheered Varmus's experience in basic research. "Dr. Varmus will bring to the NCI an unrivaled appreciation for how basic science serves as the foundation for understanding healthy function as well as disease conditions," said Elizabeth Blackburn, president of the AACR. "His visionary leadership will allow NCI to continue leading the way in programs aimed at preventing disease, improving health and reducing suffering from cancer."

"This is a great day for cancer research," said Tyler Jacks, past president of the AACR. "It is hard to imagine someone more qualified for this position. Dr. Varmus has a tremendous wealth of experience, an abundance of good ideas and almost unlimited energy."

• The Association of American Cancer Institutes highlighted Varmus's experience in policy: "Dr. Varmus understands and is deeply committed to the unique interplay that must occur between science and government to secure policies, infrastructure and funding necessary to foster discovery and translate those discoveries into live-saving cancer prevention and treatment," said Michael Caligiuri, president of AACI, director of The Ohio State University Comprehensive Cancer Center and CEO of The James Cancer Hospital and Solove Research Institute. "As a former cancer center director and NIH Director, Dr. Varmus brings a unique perspective to the essential relationship between NCI and the nation's cancer centers."

• Friends of Cancer Research praised Varmus's clinical experience. "As world renowned clinical investigator and Nobel Prize winner, Dr. Varmus will bring exceptional experience in clinical research, clinical practice, and patient care to the NCI," said Ellen Sigal, chairman and founder of the organization. "Having lead one of the premier research institutions in the world, Dr. Varmus has proven his exceptional leadership capacity. I am confident that he will continue to make sound, scientifically-based decisions, that will benefit the entire cancer research community and ultimately benefit patients battling cancer."

Niederhuber Email: "NCI's Future"

Following is the full text of Niederhuber's email, titled "D-Brief: NCI's Future," to NCI staff this week:

Over the past five years as NCI director, and in other capacities over many more years, I have greatly enjoyed every opportunity to visit laboratories and offices from Bethesda to Frederick, to meet face-to-face with staff members, and to share my thoughts on important issues about the science and management of this great Institute. It has also been my hope that weekly D-Brief messages have kept you informed about important initiatives, plans, and your wonderful accomplishments. This note carries a particular personal sadness, because it is about impending change.

As you have heard, President Obama has named Dr. Harold Varmus the new director of the National Cancer

Institute. Dr. Varmus is coming to lead an institution second to none, and he will benefit immeasurably from each of you. NCI is indeed fortunate that Dr. Varmus has agreed to assume this responsibility. Harold and I have known each other for many years, and he will bring not only his scientific expertise but his years of knowledge as NIH director. I am confident this will provide NCI with strong leadership across campus and beyond, and a greatly respected voice on Capitol Hill, advocating for the much-needed resources to sustain the Institute's mission.

For me personally, it has been the highest privilege to work alongside all of you and to play a role in so many outstanding NCI accomplishments. By virtue of your expert managerial capabilities, despite a series of below-inflation budgets, we found ways to begin some inspiring new initiatives. Because of your hard work, our NCI Community Cancer Centers are devising new strategies to provide access for all patients to state-of-the-art cancer care in their home communities. You made possible our efforts in nanotechnology and proteomics, along with the Cancer Human Biobank initiative, the Innovative Molecular Analysis Technologies Program, and finally, a project I have been excited to see get started: the Physical Sciences-Oncology centers. Many of these trans-NCI programs are attracting extraordinary scientists from theoretical branches of physics, mathematics, and chemistry to cancer research. Your work has also made possible the groundbreaking science of The Cancer Genome Atlas, construction of our Advanced Technology Research Facility in Frederick, expansion of the cancer Biomedical Informatics Grid, the integration of NCI's wide-ranging drug development platform, and the launch of many new careers in science and medicine.

I am immensely gratified by what we have accomplished together – in laboratories, in clinics, in operating suites, and in offices that expertly support our talented cadre of academic researchers, along with every other facet of this vital national organization that so ably leads cancer research in the United States.

When I arrived at NCI in the summer of 2005, I harbored no notion that I would wind up its director. Yet it has been a singular honor to lead you, from what I firmly believe to be the best job in the federal government. I have tried to be mindful of the promises I made to the person I held most dear in my life—to devote each and every day to doing my best to make a difference for cancer patients. Because of you, we are learning more about cancer's earliest development; about the intricate, dynamic relationship with its host; about the presence and role of cancer cells with stem-cell-like properties; and, as a result, how to confront its growth and its lethal spread. We are treating cancer earlier and more effectively, and each day leads us closer to the development of individualized recipes of novel and highly targeted therapies specific for each patient.

Because of you, the promises I made at one bedside are closer to coming true for all. Please know that I will forever be in your debt, and I will cherish the memory of each day here at NCI.

NIH News:

Integrity Of Research Essential To Maintaining Trust, NIH Says

(Continued from page 1)

this represents a conflict of interest. Under current rules, NIH leaves it up to the investigator to determine whether the financial interest is related to the research.

"Public trust in what we do is just essential, and we cannot afford to take any chances with the integrity of the research process," NIH Director Francis Collins said in a press briefing May 20. While the proposed changes "add some burden to investigators and to institutions, we believe that it is essential to tighten up the situation to make sure we are obtaining and maintaining the public's confidence."

The rule changes will result in disclosure of "a wider array of interests on a more frequent basis," according to the proposal.

This will help NIH track compliance more rigorously, Sally Rockey, acting deputy director for extramural research at NIH, said. "We have a system of compliance to assure that institutions are following their policies, and the additional information we're going to receive will allow the NIH to determine whether they're doing that," she said.

Sen. Charles Grassley (R-Iowa), who has investigated the financial relationships of researchers with industry, said in a press release that the NIH proposal is "an important step in the right direction."

"Disclosure of financial relationships and the resulting accountability have been sorely lacking in federally sponsored research," Grassley said. "I've worked for greater transparency through legislative reform and administrative changes. I've urged the NIH to flex its muscle and use the power of its grants, which are prestigious and sizeable, to bring about transparency. Enforcement of current requirements has been lax, and the federal agency has failed to send a message to

grantees that accountability in this area matters."

"I'm interested in meaningful transparency and more accountability," Grassley said. "Letting the sun shine in and making information public is basic to building people's confidence in medicine. And with the taxpayer funding that's involved, people have a right to know. Public trust and public dollars are at stake."

The Federal Register notice is available at http://www.federalregister.gov/OFRUpload/OFRData/2010-11885_PI.pdf.

FDA News:

FDA Plans Greater Disclosure Over Wide Range Of Activities

FDA earlier this week released 21 draft proposals on the agency's disclosure policies.

The proposed rules will affect the entire range of agency activities, changing what the agency can and cannot say about specific agents as they go through the approval process.

The change will alter FDA's current policy of not disclosing any information about the existence, status, or contents of an investigational application until the product has been approved, licensed, or cleared. Statutes and FDA regulations generally prohibit the release of information from or about an unapproved application.

The new rules were formulated by the FDA Transparency Task Force under a mandate from the Obama administration and published May 19.

"Our goal is to facilitate transparency that promotes public health and innovation," said Joshua Sharfstein, FDA principal deputy commissioner and chair of the Transparency Task Force. "These proposals reflect a careful balancing of the importance of transparency with the importance of protecting trade secrets and confidentiality."

The proposals reflect the review of more than 1,500 public comments received by the FDA after two public meetings held by the task force and extensive consideration and discussion within the agency, the agency said. Now, FDA is seeking public comments on the proposals in the draft report for 60 days.

During the past 11 months, the Task Force has held two public meetings, launched a blog (http://fdatransparencyblog.fda.gov/) which now displays the 21 proposals.

The report recommends the following changes to the drug approval process:

• FDA should disclose the existence and, when asked, confirm the existence or non-existence of investigational applications. For investigational applications, the disclosure should include the name of the application sponsor, the date the application was received, the proposed indication(s) or intended use(s) of the product, and the proposed proper and/or trade name of the product, if available.

• FDA should disclose: (1) whether an investigational new drug application (IND) has been placed on hold, terminated, or withdrawn, whether an investigational device exemption (IDE) has been terminated or withdrawn, or whether an investigational exemption for a new animal drug has been terminated and (2) if an IND has previously been placed on hold, whether and when the hold is lifted. A statement should be included that such actions may be taken for various reasons, only some of which relate to safety or effectiveness.

• FDA should disclose the fact that an NDA, NADA, ANDA, ANADA, BLA, PMA, or 510(k) application or supplement was submitted (or resubmitted) to the Agency at the time the application is received by FDA. The disclosure should include the name of the application sponsor, the date the application was received, the proposed indications or intended use of the product, and the proposed proper and/or trade name of the product, if available.

• FDA should disclose that an unapproved NDA, ANDA, NADA, ANADA, BLA, or PMA, or uncleared 510(k) has been withdrawn or, if FDA determines that the application was abandoned, abandoned by the sponsor. If the drug, biological product, or device is associated with a significant safety concern, FDA should provide a brief description of the product, the use for which approval was sought or obtained, and the identified safety concern.

• When an application for a designated orphan drug or a designated minor use/minor species animal drug has been withdrawn, terminated, or abandoned, FDA should disclose, if it determines, based on its review, that the application was not withdrawn, terminated, or abandoned for safety reasons and the product, if approved, could represent a significant therapeutic advance for a rare disease or for a minor animal species. A disclaimer that provides that FDA's expressed views about the product do not reflect whether a subsequent application involving the product will be accepted for filing or will be approved by FDA should accompany the disclosure of this information.

• FDA should disclose the fact that the Agency has issued a refuse-to-file or complete response letter in response to an original NDA, BLA, or an efficacy

supplement for an NDA or BLA at the time the refuse-to-file or complete response letter is issued, and should, at the same time, disclose the refuse-to-file or complete response letter, which contains the reasons for issuing the letter.

• FDA should disclose the fact that the Agency has issued a refuse to approve letter in response to a NADA, or a supplemental NADA to add a new species or indication, at the time the refuse to approve letter is issued, and should, at the same time, disclose the refuse to approve letter, which contains the reasons for issuing the letter.

• FDA should disclose the fact that the Agency has issued a "not approvable" letter in response to a PMA for a medical device and the fact that FDA has issued an "additional information (AI)" letter in response to a 510(k) submission, and should, at the same time, disclose the "not approvable" letter or "additional information (AI)" letter, which contains the reasons for issuing the letter.

• FDA should disclose relevant summary safety and effectiveness information from an investigational application, or from a pending marketing application, if the Agency concludes that disclosure is in the interest of the public health, which includes when FDA believes it is necessary to correct misleading information about the product that is the subject of the application.

• FDA should convene a group of internal and external stakeholders to discuss the possible uses of non-summary safety and effectiveness data from product applications, the circumstances under which it would be appropriate for sponsors to disclose non-summary safety and effectiveness data from applications submitted to FDA, and if appropriate, the format and the method by which disclosure should occur.

IOM Report Calls For Rigorous Review Of Food Health Claims

FDA should apply the same rigor to evaluating the science behind claims of foods' and nutritional supplements' health benefits as it devotes to assessing medication and medical technology approvals, an Institute of Medicine report released May 12 concluded.

According to the committee that wrote the report, there are no scientific grounds for using different standards of evidence when evaluating the health benefits of food ingredients and drugs. The report recommended a new framework the agency can use to consistently and transparently judge the appropriateness and validity of the scientific benchmarks used in studies that companies provide to support health and safety claims for their products.

Because it can be time-consuming and difficult to test products against actual clinical outcomes—such as whether they cure or reduce the risk of a disease—companies often conduct studies measuring effects on biomarkers, which are used as biological yardsticks or substitutes for clinical outcomes.

FDA has been hampered in its ability to assess the proliferation of health claims being made by food and supplement manufacturers in part because it lacks a process broadly accepted across the regulatory, food, and medical communities to evaluate biomarkers as valid and appropriate measurements to substitute for clinical outcomes.

The committee proposed a three-part framework to give the agency a way to consistently and rigorously assess the selection and use of biomarkers across the food, device, and drug areas.

The report calls on Congress to boost the agency's authority to require further studies of drugs and devices after they are approved if their approval is based on studies using biomarkers as surrogate clinical outcomes. Also, Congress should give FDA the authority to conduct studies of how well consumers understand food and supplement health claims and require manufacturers to make changes if needed to promote greater clarity, the report said.

"Many people naturally assume that the claims made for foods and nutritional supplements have the same degree of scientific grounding as those for medications, and this committee thinks that should in fact be the case," said committee chairman John Ball, executive vice president, American Society for Clinical Pathology. "Without changes in the way biomarkers are used and assessed, however, health care providers, regulators, and consumers will not be able to reliably collect or judge information to support claims."

The proposed framework entails validating that a biomarker can be accurately measured, ensuring that it is associated with the clinical outcome of concern, and confirming that it is appropriate for the proposed use.

Committee members demonstrated the kinds of information and lessons the framework can provide by doing several case studies, looking at tumor size as a biomarker for cancer, blood level of beta-carotene as a surrogate for cancer, and cardiovascular disease risk, and cholesterol level as an indicator of heart disease, among others.

The Evaluation Framework

1. The biomarker evaluation process should consist of the following three steps:

1a. Analytical validation: analyses of available evidence on the analytical performance of an assay;

1b. Qualification: assessment of available evidence on associations between the biomarker and disease states, including data showing effects of interventions on both the biomarker and clinical outcomes; and

1c. Utilization: contextual analysis based on the specific use proposed and the applicability of available evidence to this use. This includes a determination of whether the validation and qualification conducted provide sufficient support for the use proposed.

2a. For biomarkers with regulatory impact, the Food and Drug Administration (FDA) should convene expert panels to evaluate biomarkers and biomarker tests.

2b. Initial evaluation of analytical validation and qualification should be conducted separately from a particular context of use.

2c. The expert panels should reevaluate analytical validation, qualification, and utilization on a continual and a case-by-case basis.

Scientific Process Harmonization

3. The FDA should use the same degree of scientific rigor for evaluation of biomarkers across regulatory areas, whether they are proposed for use in the arenas of drugs, medical devices, biologics, or foods and dietary supplements. Congress may need to strengthen FDA authority to accomplish this goal.

4. The FDA should take into account a nutrient's or food's source as well as any modifying effects of the food or supplement that serves as the delivery vehicle and the dietary patterns associated with consumption of the nutrient or food when reviewing health-related label claims and the safety of food and supplements. Congress may need to strengthen FDA authority to accomplish this goal.

The report calls for Congress to enhance FDA's abilities to study how health-related information can be communicated more effectively to consumers to help them better understand the science behind claims they see on packaging.

FDA also needs the resources and authority to act on claims when they are found to cause confusion or to exceed regulatory limits. A report issued by the office of Rep. Henry Waxman (D-Calif.) noted that FDA enforcement of food and supplement health claims declined by more than 50 percent from 2000 to 2005. However, recent actions by the FDA indicate it is engaging in heightened enforcement of food labeling, including health claims.

The report was sponsored by FDA. Copies of "Evaluation of Biomarkers and Surrogate Endpoints in Chronic Disease" are available at http://www.nap.edu.

Capitol Hill:
House Committee To Examine Personal Genetic Test Kits

The House Committee on Energy and Commerce has launched an investigation of personal genetic testing kits now available on the Internet.

Earlier these month, one of the products under investigation—a saliva-based kit marketed by Pathway Genomics Corp. of San Diego—was about to go on sale at Walgreens drug stores.

The kit's introduction was thwarted by FDA, as the agency stepped in to point out that the product was, in fact, a medical device that required marketing approval.

The test was purported to detect disposition to more than 70 health conditions, including cancer, as well as pharmacogenetics propensity for complex disease, and carrier status for congenital diseases.

Now, Energy and Commerce, through its Subcommittee on Oversight and Investigations, is asking Pathway Genomics and two other test-makers—*23andMe Inc., Navigenics*—to produce information on accuracy of their products.

The committee sent out letters to the test sponsors, requesting information on several aspects of the tests:

How the companies analyze test results to determine consumers' risk for any conditions, diseases, drug responses, and adverse reactions; the ability of the companies' genetic testing products to accurately identify any genetic risks; and the companies' policies for the collection, storage, and processing of individual genetic samples collected from consumers.

The letters are dated May 19 and signed by the leadership of the full committee and the subcommittee.

The text of the letters follows:

The Committee on Energy and Commerce and its Subcommittee on Oversight and Investigations are examining personal genetic tests sold to consumers over the Internet. Recent press reports suggest that your company is now seeking to sell these tests in retail locations, despite concern from the scientific community

regarding the accuracy of test results.

In order to assist the Committee with its examination of this issue, we ask that you provide the Committee with the following information and documents for the period from Jan. 1, 2007, to the present:

1. A chart listing the conditions, diseases, consumer drug responses, and adverse reactions for which you test;

2. All policy documents, training materials, or written guidance materials regarding genetic counseling and physician consultations, including documents regarding what conditions, diseases, drug responses, or adverse reactions trigger the need for genetic counseling or physician consultation, and documents governing communications with consumers regarding individual genetic testing results;

3. All documents relating to the ability of your genetic testing products to accurately identify consumer risk, including:

a. internal and external communications regarding the accuracy of your testing;

b. documents describing how your analysis of individual test results controls for scientific factors such as age, race, gender, and geographic location;

c. third party communications validating t~e association between the scientific data your company uses for analyzing test results and the consumer's risk for each condition, disease, drug response, or adverse reaction as identified by the results of an individual test; and

d. documents relating to proficiency testing conducted by your clinical laboratories.

4. All documents regarding your policies for processing and use of individual DNA samples collected from consumers, including:

a. policy documents and protocols regarding collection, storage, and processing of individual DNA samples;

b. policy documents and protocols relating to protection of consumer privacy; and

c. documents regarding collected DNA sample uses other than to provide individual genetic counseling to a consumer, including documents relating to third-party use of collected DNA samples.

5. All documents regarding compliance with the Federal Food, Drug, and Cosmetic Act and U.S. Food and Drug Administration (FDA) regulations.

Please produce the requested information by June 4, 2010. Please include the requested information for all units, divisions, affiliates, or subsidiaries controlled or owned in whole or in part by your company.

Philanthropy:

Stand Up To Cancer Plans Second Telethon For Sept. 10

By Paul Goldberg

After skipping a year, the showbiz fundraising event Stand Up To Cancer, abbreviated as SU2C, will return to television on Sept. 10.

ABC, CBS, and NBC said they would donate an hour of simultaneous commercial-free time, as they did during the 2008 telecast (The Cancer Letter, Sept 12, 2008).

Again the program will be led by news anchors Katie Couric, Diane Sawyer, and Brian Williams, and will include a long roster of Hollywood and science celebrities. HBO, Discovery Health, E!, MLB Network, and The Style Network will carry the show as well.

The event's organizers say their goal is to raise funds for translational research by fostering collaboration between scientists from different disciplines and institutions.

The ratings of the 2008 program were low for a telethon: about 10.4 million saw the program, compared to 24 million who watched the telethon on Hurricane Katrina and 59 million who watched a similar program aimed to help the victims of the Sept. 11, 2001, attacks.

The SU2C telethon raised over $100 million, which is being paid out in three-year grants.

The 2008 telecast and subsequent fundraising efforts have promised that "this is where the end of cancer begins," and grand promises haven't ceased.

"The scientists and our nation are poised to break through the final barriers to truly make this the beginning of the end of cancer," Laura Ziskin, the program's executive producer said in a statement announcing the 2010 telecast.

News anchor Katie Couric similarly promised the cure. "People of all ages are getting involved," she said. "Not only people who have cancer or who are dealing with it, but young people who want a cancer-free world in their future—we really think that's finally attainable."

Brian Williams spoke of the moon. "We won the Second World War, came back from that, and decided to go to the moon," he said, simplifying a tad. "We didn't really break a sweat. And when you think about it, think of all that energy and power we can unleash when we want to… As we said when we first embarked on this, if enough people stand up and say, 'No, we're not going to do this anymore,' we can do this."