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Dispute At City of Hope Pits Center Against For-Profit Physician Group

By Paul Goldberg

City of Hope National Medical Center recently attempted to streamline its operations by ending a long-standing arrangement with a for-profit physician group that manages its patient care, research and teaching operations.

Instead of relying exclusively on Monrovia-based California Cancer Specialists Medical Group Inc., a separate, off-campus, medical group that has the revenues of about \$100 million, Duarte-based City of Hope is forming a non-profit medical foundation that would then contract for such services with a newly-formed medical group.

So far, this effort has resulted in a court battle, duels of press releases, and a mass mailing from the medical group to about 10,000 City of Hope

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In the Cancer Centers:

Children's Memorial Hospital Receives \$3 Million Endowment From Prince Trust

CHILDREN'S MEMORIAL HOSPITAL has received a nearly \$3 million endowment gift from the Frederick H. Prince 1932 Trust on behalf of the Wood-Prince family. The gift was directed to the hospital by Meredith and Patrick Wood-Prince to establish the Frederick Henry Prince Memorial Fund to support the highest priorities in the hospital's Division of Hematology, Oncology and Stem Cell Transplant.

"The Wood-Prince family's generosity ensures that our outstanding care for children with cancer and blood disorders will be strengthened and provides significant momentum for our program's enhancement as we move toward the 2012 opening of our new facility, Ann & Robert H. Lurie Children's Hospital of Chicago," said **Patrick Magoon**, president and CEO of Children's Memorial Medical Center. "We are grateful for this support and what it will mean for the children we serve now and those who will come to us for care in the future."

OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute said **Jeff Walker** has been named the first executive director. Walker will oversee all administrative, operational, and fiscal functions for Ohio State's cancer program.

With more than 10 years of previous administrative leadership experience

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COH, Medical Group In Fight Over Physician Contracts

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cancer patients. The letter claimed that the change would transfer “decision-making in the institution from physicians to non-physicians” and place “clinical and research programs at risk.”

The battle is caused by a California law that bars “corporate practice of medicine,” prohibiting hospitals from hiring physicians directly. However, the law—which is intended to protect the doctor-patient relationship—also makes it harder for hospitals to integrate their information systems and coordinate services.

Under its current structure, City of Hope is unable to compensate its physicians directly, even under NIH grants. Last year, \$35 million in teaching, administration, and research funds went from City of Hope to the medical group, which then cut the checks to the doctors.

The group generates another \$70 million from standard practice management work.

“The medical center essentially wants to take over the physician group and run it,” said Lawrence Weiss, a surgical pathologist who serves as president of California Cancer Specialists. “And we feel that in the state of California the physicians ought to be able to run their own group, to practice medicine the way they want. It’s the patient-doctor relationship that they shouldn’t be interfering with.”



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Alexandra Levine, chief medical officer at City of Hope, who also heads the newly formed physician group set up as a replacement for Weiss’s group, said the center has excellent reasons to start this fight.

“This is an academic medical center, and there is really no such thing as an academic medical center with physicians employed by a completely separate entity,” Levine said.

“We want the physicians to have an active role, and if they are employed by a completely different entity, and a for-profit entity on top of it, it makes it difficult for involvement that we need,” she said.

Recruitment has been a problem, too. The medical group prevented City of Hope from offering long-term contracts to prospective recruits. “It was difficult for me as I was trying to recruit academic stars to bring them here for a two-year contract,” Levine said. “I am asking somebody to bring the whole family, take the kids out of school, and start a new life with a two-year contract.”

Convincing the group to hire specialists City of Hope needed was not always easy, especially if these specialists practiced in less profitable areas of medicine. “The kinds of doctors that we needed to recruit were not necessarily what the medical group wanted,” Levine said. “I needed psychiatrists, I needed psychology, I needed palliative care. None of those pay well in terms of billing and collection. Even though all of this was integral to our mission at City of Hope, it is not at all integral to the mission of the for-profit medical group. I can’t employ these people directly. I had to beg, plead to get these individuals in.”

The fourth reason relates to healthcare reform.

“There are tremendous inefficiencies in what we do here, both of time and of money,” Levine said. “We have a human resources department; the independent medical group has a human resources department. We have IT; they have IT. Whatever we have is duplicated. We have a quality committee on the COH side of the street, and the doctors sit on that committee, but I am not allowed to share information with the medical group and the medical group is not allowed to share information with us.”

The new contract with doctors, offered through Levine’s group, would provide more varied incentives, City of Hope officials said.

“The incentives we would be providing through the foundation would be two-fold,” said Michael Friedman, president and CEO of City of Hope and director of its comprehensive cancer center. “One would be a basket of academic activities. If you publish papers in higher-profile journals, if you do more important

research, if you get a certain grant, you would get incentives for that. If you had better patient outcomes, greater safety, better patient satisfaction, better use of evidence-based medicine, those are incentives we could also provide.”

In a lawsuit filed in the Los Angeles Superior Court, the medical group claims that the foundation would not be sufficiently independent to comply with state law and, therefore, physicians who join the planned foundation may be practicing without proper licenses.

In a countersuit, City of Hope points out that the foundation has not been formed, and thus is not ripe to be declared illegal. Besides, other hospitals in the state similarly rely on foundations, the suit contends.

Documents show that trouble began last September, when City of Hope informed the medical group that its contract would not be renewed when it expires on Jan. 31, 2011.

In its proposals, the hospital sought to buy out the group’s shares and rehire all 187 physicians as well as its administrative staff. Negotiations broke down this spring, and on May 3, the group filed a lawsuit against the hospital.

The group’s resistance to moving to the hospital is rooted in history: it had operated on-campus before. “Back in the ’80s and ’90s, we had a medical group in name only,” said Weiss. “The did everything for us. We had a staff of one. It wasn’t good for the institution, it wasn’t good for the doctors, and it wasn’t good for the hospital. Around 1998 and 1999, physicians said, ‘We are tired of low salaries. We are tired of being in debt to the hospital.’”

The group moved off-campus, asserted its independence, and prospered. “Last year was the best-ever for the hospital and physicians,” said Weiss. “Why would you change it?”

A Letter To Patients

Negotiations were still underway—or at least no suits were filed—when Weiss’s group sent out a letter to about 10,000 patients.

“As your physicians, our most important responsibility is caring for you,” read the letter dated April 27 and signed by Weiss and the group’s Executive Medical Director Isaac Paz. “It is essential that you know when major changes are impending which could affect you as a patient. Nonetheless, please know that we are committed to providing you with the best possible medical care, regardless of where that care is provided.

“Despite our success, City of Hope’s new Medical

Foundation seeks to change the balance of decision-making within the institution from physicians to non-physicians. This change would fundamentally alter what has made City of Hope so successful—an integrated faculty of physicians who are fully responsible for the care of our patients.”

The letter generated hundreds of calls, which are still coming in, Friedman said.

“I think it was unconscionable,” he said. “It serves only to disturb and frighten patients. They did it without even preparing to take the patients’ questions and information.”

After learning about the letter, City of Hope immediately set up a phone bank. “We would call the patients’ doctor and say, ‘Your patient has called us, would you like to answer the question? Would you like us to answer the question? Would you like Dr. Levine? Would you like Dr. Friedman? Each physician had a choice of how to respond to his or her patients.’”

Weiss said the letter was written by physicians and was approved by the medical group’s board.

“We felt we had to inform the patients as to what was going on,” he said. “All hospital-based physicians would be let go. They are telling us we are not going to be able to do clinical and basic research. There is a lawsuit filed. I think our patients deserve to be informed. It’s between the doctors and the patients, and the fact that COH is trying to intervene is emblematic of the situation.”

The filing of the lawsuit was still a week away.

Jensen confirmed that the group is considering moving its operations elsewhere.

“If at the end of the day we are not able to practice at City of Hope because of the termination of the hospital-based departments or because staff privileges are not in place at some of the other departments, we will make sure that we have some place—whether it’s a local hospital, whether it’s another entity—to provide that care,” he said. “We have an obligation to the patients, and we cannot abandon them under any circumstance. We may have no choice but to go somewhere else. We hope it doesn’t come to that.”

Conversations With Doctors

As negotiations between City of Hope and the physician group sputtered, Levine took the additional job as head of a separate medical group, called Oncology Specialists of COH.

The new medical group made a service agreement with the hospital, and according to court filings, it plans to make a professional services agreement with the

foundation after it's formed.

For some doctors, the controversy presents an excruciating dilemma. To stay in their current jobs past next January, they need to negotiate with the cancer center. Yet, most of them can't just join the Levine group because they have separate contracts with the medical group. If they sign on with the Levine medical group, these physicians could find themselves facing breach of contract suits from California Cancer Specialists.

Even sitting down for a discussion could present problem. By doing so, doctors risk making themselves subject to a lawsuit from their own medical group, which has warned that its current contracts includes a non-compete clause.

Indeed, in a letter to Levine, an attorney for the medical group warned against negotiating with the medical group members.

Each of these doctors' employment contracts "contains a provision prohibiting... from negotiating with a customer or competitor of the medical group regarding employment or potential employment during the continued term of the Employment Agreement," the attorney wrote in a letter dated April 10.

City of Hope officials say they will seek to resolve this issue in court, by arguing that the non-compete clause in the contract violates California law and is unenforceable. "The First Amendment allows you to talk to people about your future," said Friedman.

Even with hardball moves like the letter to patients, hospital officials said they were surprised on May 3, when the medical group filed a lawsuit. Officials said they first learned about the suit from a press release on PR Newswire.

Immediately, Levine—who is named as a defendant in the suit—started to set up informational meetings with City of Hope physicians. Her plan is to meet with all of them, she said.

So far, she has met with 60 physicians, all of whom are told that they would be welcome to join the new medical group. At these meetings, Levine presents the features of the contract offered by the group and hands out copies stamped "DRAFT." There is no sales pitch, no signing on the dotted line.

Levine said the doctors are nervous about the non-compete clause in their existing contracts.

At meetings, Levine treads gingerly around the subject of non-compete provisions in the physicians' existing contracts, encouraging them seek advice from attorneys of their choice.

Despite an earlier warning from the group's attorney, group leadership said they would not seek

legal penalties against doctors who decide to talk with Levine. "We are not stopping them from talking with Dr. Levine, and we hope they would honor their contracts," said Weiss.

Talking is okay, agrees Vincent Jensen, chief operating officer of the medical group. "If you want to learn about the foundation, nobody is going to constrain your discussions with Dr. Levine," he said. "If you want to join the professional corporation after expiration of your contract, we can't prevent you from doing that. But recognize that during the term of your contract, which extends well beyond the February end date, you know that the group intends to honor its commitment to physicians, and we expect the same from the doctors."

Weiss said that Levine has been offering higher salaries, and, for some, better opportunities. "And yet, despite that, I don't think anyone has gone," he said.

Levine said the meetings are purely informational, and no decision is sought. "I've seen 60 people—and there are two exceptions to this—all of the others have said at a certain point, 'Dr. Levine, I love it here at City of Hope. I have no intention of leaving,'" Levine said. "And then they say something in the sense that they don't have much love for the group. And the third thing they says is, 'But I am afraid.'"

Even before informational sessions with doctors, Levine sensed that many of them were upset by the medical group's letter to patients. Individual discussions confirmed this.

"The leaders of the group never told the physicians—i.e. their own employees—they never got approval, they never got a vote to write a letter," Levine said. "The physicians at City of Hope were furious that that letter had been sent," Levine said. "It was a sign of tremendous disrespect to the physicians that the group would stand between the relationship between doctors and patients. It was a very important moment, where many of the physicians began to understand what the leadership of the group was actually doing."

Levine is also interviewing candidates from outside City of Hope.

If principal investigators on NIH grants end up leaving the institution, they would no longer be able to function as PIs. However, this is unlikely to affect many projects, Levine said. "The academic physicians are the ones who are the people who are saying, 'I am not leaving here,'" Levine said.

Also, the hospital has to change the bylaws to allow the hospital-based departments—pathology, radiology, and anesthesiology—to remain open after Jan. 31. These departments have exclusive contracts

with City of Hope, which stipulate that if the agreement with the medical group dissolves, doctors would not automatically have medical staff privileges. "What we are working on right now with the medical executive committee is a bylaw change to allow those hospital-based physicians to maintain their staff privileges here," Levine said.

In another swipe at the City of Hope administration, the medical group recently sent out a press release stating that "doctors have issued a vote of an 'overwhelming loss of confidence in Hospital CEO Dr. Michael Friedman (a non-practicing physician) and his hospital administration at City of Hope.'"

In an interview, Weiss said the vote was taken at a monthly meeting of the group, either in March or April, before the suits were filed. The group did not provide the date of the vote or its context.

Friedman said he is not insulted by the vote. "The vote is one thing; how people stand is something else, and we have many physicians who have indicated that they are firmly committed to the new foundation," he said. "I think the medical group is threatening, and threatening, and threatening."

The court documents are posted at <http://cancerletter.com/special-reports>.

In the Cancer Centers: **Fesik Named To Orrin Ingram Chair At Vanderbilt Center**

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at the University of Pittsburgh Cancer Institute, Walker was recruited and served from 2001 to 2007 as associate director of Ohio State's Comprehensive Cancer Center. Most recently, Walker served as executive vice president for Roswell Park Cancer Research Institute.

VANDERBILT-INGRAM CANCER CENTER said **Stephen Fesik**, professor of biochemistry, pharmacology and chemistry, has been named the inaugural recipient of the Orrin H. Ingram II Chair in Cancer Research. The newly created chair is funded through a gift from Ingram, chairman of the Board of Overseers of the cancer center, a member of the Vanderbilt University Board of Trust and chair of its Medical Center Affairs Committee. The chair was created to support the research efforts of an outstanding cancer investigator in the Vanderbilt-Ingram cancer drug discovery program. Fesik is working to discover cancer drugs using structure-based drug design and other methods he pioneered while at Abbott Laboratories, where he built a

pipeline of drug candidates showing promising anticancer activity in early stage clinical trials.

THOMAS JEFFERSON UNIVERSITY said **Adam Dicker** has been appointed chairman of the department of Radiation Oncology at Jefferson Medical College. Dicker is an international authority in radiation oncology, drug development, and the treatment of prostate cancer and brain tumors. Dicker co-leads the Radiation Research and Translational Biology Program at the Kimmel Cancer Center at Jefferson. Also, he serves as director of the Christine Baxter Research Laboratory for Experimental Cancer Therapies at Jefferson Medical College. He has been a principal investigator of a significant number of "first in human" developmental therapeutic trials involving novel signal transduction agents and radiation therapy.

VIRGINIA COMMONWEALTH UNIVERSITY Massey Cancer Center researcher **Steven Grant**, a professor of medicine and Massey's associate director for translational research, and his research team have received funding from NCI as part of five-year Specialized Program of Research Excellence. One of four projects funded as part of the SPORE, Grant was awarded more than \$1.5 million to support the development of a new approach to the treatment of multiple myeloma, an incurable, malignant disorder of the bone marrow involving plasma cells. Other key investigators on the project include VCU School of Medicine and Massey Cancer Center researchers **Yun Dai**, **Shuang Chen**, and **Paul Dent**.

CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE said **Neal Meropol** has been appointed chief of the Division of Hematology and Oncology in the Department of Medicine at University Hospitals Case Medical Center. Meropol, who is also associate director for clinical research at the Case Comprehensive Cancer Center, is an internationally-known colon cancer clinical researcher whose work spans the spectrum from cancer prevention to treatment.

Meropol joined Case Western Reserve University and UH Case Medical Center as section chief of medical oncology in 2009 from Fox Chase Cancer Center. Meropol holds a variety of national positions that impact cancer care and healthcare policy, including chair-elect of the American Society of Clinical Oncology Cancer Research Committee, and chair of a new ASCO task force on comparative effectiveness research.

UNIVERSITY OF COLORADO CANCER CENTER said **James DeGregori** has been appointed co-leader of the Molecular Oncology Program. DeGregori, who has been a full member of UCCC since 1997, replaces **Jessica Tyler**, who moved to the University of Texas MD Anderson Cancer Center. He will lead UCCC's most basic program with **Joaquin Espinosa**, associate professor of Molecular, Cellular & Developmental Biology at the University of Colorado at Boulder. DeGregori's research focuses on how leukemias and lymphomas are initiated and new treatments for these common blood cancers.

UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER named **Janet Davison Rowley** the second winner of the Margaret Kripke Legend Award. Rowley, the trail-blazing researcher on the role of genetic variation in cancer, mentor of young scientists and role model for the possibilities of work-life balance, is the Blum-Riese Distinguished Service Professor of Medicine, Molecular Genetics and Cell Biology, and Human Genetics at the University of Chicago. "Janet Rowley has transformed the fields of cancer and cytogenetics, and, as a result, the field of molecular oncology," said **Elizabeth Travis**, MD Anderson associate vice president of Women Faculty Programs, which sponsors the Kripke Legend Award. "Her scientific work has proven immensely influential. She has had a major impact on patient treatment."

Professional Societies:

Brown To Lead ONS; New Board Members Installed

ONCOLOGY NURSING SOCIETY announced its 2010–2011 Board of Directors at its 35th Annual Congress in San Diego, Calif.

Carlton Brown assumed the presidency after serving one year as president-elect. He is an assistant professor in the School of Nursing at the University of Delaware in Newark.

Officers include newly-elected secretary **Julie Eggert**, associate professor and doctoral program coordinator at Clemson University and Cancer Risk Screening Program at Bon Secours-St. Francis Eastside. **Laura Fennimore**, director of clinical programs for Medicaid, special needs plans, and children's insurance plan at UPMC Health Plan, in Pittsburgh, will continue to serve as the society's treasurer.

Newly-elected ONS directors-at-large are

Margaret Barton-Burke, the Mary Ann Lee Endowed Professor of Oncology Nursing at the University of Missouri in St. Louis; and **Mary Pat Johnston**, oncology clinical nurse specialist at ProHealth Care at the Regional Cancer Center in Waukesha, WI. Joining the Board is **Emma Dann**, senior clinical nurse liaison with Amgen Inc., in Scarborough, Maine.

ONS directors-at-large continuing their terms are **Susan Schneider**, associate professor and director of oncology nursing specialty in the School of Nursing at Duke University; **Virginia Martin**, clinical director of ambulatory care services at Fox Chase Cancer Center; and **Michele Gaguski**, oncology clinical nurse specialist at Ocean Medical Center in Brick, NJ.

RADIATION ONCOLOGY INSTITUTE has hired **Tracy Casteuble** as its inaugural director.

Prior to joining the ROI, she directed research programs at the American Society of Association Executives and the Healthcare Distribution Management Association Foundation developing programs, research agendas, and projects in cooperation with member boards and committees.

"I'm excited to welcome Tracy to the Radiation Oncology Institute," said **Theodore Lawrence**, ROI president. "She brings a wealth of experience to the table that I'm confident will help propel forward the goals and mission of ROI."

At ROI, Casteuble will work in cooperation with the Board of Trustees and Research Committee to develop a national research agenda that will improve the practice of radiation oncology, develop reliable data about fundamental measures of the profession, and create common terminology for researchers and practitioners.

Oncology Practice:

Aetna To Offer Cancer Care Guidelines To Members

A recent study by US Oncology and Aetna found that evidence-based care for patients with non-small cell lung cancer resulted in equivalent health outcomes and a 35 percent cost savings.

Now, Aetna and US Oncology say they hope to achieve similar results in the treatment of 14 of the most commonly diagnosed cancers, including colorectal cancer and breast cancer.

In a collaboration between the two companies, a US Oncology subsidiary called Innovent Oncology will deliver cancer care programs for Aetna members and

participating oncologists in Texas.

The program relies on evidence-based guidelines and expert nurse support.

“By relying on the best medical evidence and working closely with the medical community, Aetna will expand access to programs that improve the quality of cancer care for members and link this higher quality care with appropriate reimbursement for physicians,” Lonny Reisman, Aetna’s chief medical officer, said in a statement.

Aetna is the first national health plan to offer the Innovent Oncology program, which will be available initially in Texas starting June 1, as an option to members of Aetna’s fully insured commercial medical plans. The program is expected to expand into other states throughout 2011, the companies said.

“We intend to improve the way cancer care is delivered by addressing the key drivers in quality cancer care, including the use of proven treatments, managing adverse side events, and involving patients and families early in end-of-life discussions,” Bruce Broussard, chairman and CEO of US Oncology, said in a statement.

This program is centered on Level I Pathways that were developed by US Oncology. These guidelines redirect treatments to more precise, clinically proven options that optimize outcomes and minimize side effects, the company said. Also, physicians get electronic access to these guidelines and other decision-support resources at the point of care.

In collaboration with patients’ oncologists and Aetna’s care management team, Innovent Oncology’s nurses will provide patients with proactive care support from the first scheduled treatment through the course of therapy, the companies said. Members will also have access to end-of-life planning and support.

HHS News:

FDA, NIH Launch Electronic Safety Reporting Portal

FDA and NIH launched a new web site that, when fully developed, will provide a mechanism for the reporting of pre- and post-market safety data to the federal government.

Currently the site can be used to report safety problems related to foods, including animal feed, and animal drugs, as well as adverse events occurring on human gene transfer trials. Consumers can also use the site to report problems with pet foods and pet treats.

The new site, called the Safety Reporting Portal (SRP), provides greater and easier access to online reporting.

“The portal will be a key detection tool in improving the country’s nationwide surveillance system and will strengthen our ability to protect the nation’s health,” said FDA Commissioner Margaret Hamburg. “We will now be able to analyze human and animal safety-related events more quickly and identify those measures needed to protect the public.”

The new web portal includes different features for different types of reporting:

Reportable Food Registry: Industry will have a more user-friendly electronic portal for submitting reportable food reports that are required by law. This electronic portal collects reports from the food industry and public health officials regarding problems with articles of food, including animal feed, that present a reasonable probability of causing serious adverse health consequences or death to humans or animals.

Pets: Pet owners and veterinarians will be able to use the portal to report product problems with pet foods and pet treats.

Animal drugs: Animal drug manufacturers can report adverse drug events associated with animal drugs.

Clinical Trials: Biomedical researchers involved in human gene transfer clinical trials can report an adverse event, indicating whether it might be an unanticipated consequence of the product being tested. Trial sponsors can use the portal to prepare a report, print it and send it to the agency to satisfy reporting requirements for investigational new drugs.

In the future, the system will encompass other types of clinical trials and, eventually, safety problems arising from products regulated by a broad array of federal agencies, the agency said.

The web site: <http://www.safetyreporting.hhs.gov/>.

Advocacy:

Online Survivorship Plan, Medical History Available

JOURNEY FORWARD has released a new computer-based tool that enables anyone diagnosed with any type of cancer to have their medical history, cancer treatment summary, and a post-treatment survivorship care plan captured in one place.

Journey Forward, a collaboration among the

National Coalition for Cancer Survivorship, the UCLA Cancer Survivorship Center, WellPoint Inc., and Genentech, provides a computer-based tool that allows survivors and their cancer team to develop a customized Survivorship Care Plan. These plans improve coordination of care for cancer survivors throughout their lives, and they help survivors and their loved ones understand their cancer treatment and follow-up needs. Survivorship Care Plans also put survivors in a better position to advocate for themselves, monitor their health, and participate in decisions about their future care.

The Journey Forward program was created in response to recommendations by the Institute of Medicine, which concluded in a November 2005 report on adult cancer survivorship that there is currently no system of coordinated follow-up care for cancer survivors in the U.S. The report says many cancer survivors are “lost in transition” from active treatment to survivorship, with few clues about how to manage their follow-up care and the physical and mental health problems that may result from their treatment.

“There is a critical need for cancer patients to be informed and empowered about their care before, during and after cancer treatment,” said Thomas Sellers, president and CEO of the National Coalition for Cancer Survivorship and a 10-year cancer survivor. “Journey Forward helps all parties involved by encouraging an open dialogue between doctors and patients and by providing a customized way to coordinate care.”

“As a member of the IOM committee that prepared the report on cancer survivors, I never realized how challenging it would be to implement survivorship care plans in clinical practice,” said Patricia Ganz, director of the UCLA Cancer Survivorship Center. “The Journey Forward Survivorship Care Plan Builder and its patient materials have made an important contribution to getting this into the hands of health care professionals and survivors to make delivery of survivorship care plans a reality.”

“Journey Forward is a powerful example of how collaboration amongst health benefit plans, academic institutions, pharmaceutical companies, national patient care coalitions and physicians can address one of the most important areas of medicine—cancer care with a focus on the Journey Forward for individuals with cancer,” said Sam Nussbaum, executive vice president and chief medical officer of WellPoint. “This online resource can help ensure that each patient receives highly coordinated state-of-the-art cancer care and is informed of and shares in the vital decisions that

they and their physicians will make in their Journey Forward.”

Further information: www.JourneyForward.org.

Funding Opportunities: **Commerce Dept., NIH, NSF** **Open \$12 Million Competition**

The U.S. Department of Commerce’s Office of Innovation and Entrepreneurship and Economic Development Administration announced a new \$12 million innovation competition, in partnership with NIH and the National Science Foundation.

EDA will award up to \$1 million to each of six teams around the country with the most innovative ideas to drive technology commercialization and entrepreneurship. NIH and NSF will award a total of up to \$6 million in additional funding to NIH or NSF Small Business Innovation Research grantees associated with winning teams.

“This initiative promotes the priorities of the Obama Administration by driving innovation and entrepreneurship, and cultivating strong public-private partnerships,” U.S. Commerce Secretary Gary Locke said. “The i6 Challenge is an exciting opportunity to highlight some of the nation’s best minds that are helping to move ideas from the lab into the marketplace.”

Entrepreneurs, investors, universities, foundations, and non-profits are encouraged to participate in the i6 Challenge. The deadline for applications is July 15.

“The i6 Challenge will help new biomedical technologies succeed and foster their entry into the marketplace,” NIH Director Francis Collins said. “NIH supports small business through both its Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs. We welcome the opportunity to increase and accelerate technology commercialization across the United States through this partnership with the Department of Commerce.”

Further information: www.eda.gov/i6.

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