THE CANCER LETTER

Vol. 36 No. 25
July 2, 2010

PO Box 9905 Washington DC 20016 Telephone 202-362-1809

Three Cooperative Groups To Combine Statistical Center Back End Operations

By Paul Goldberg

Three NCI-funded cooperative groups last week said they have started integrating "back end" operations of their statistical centers.

The groups will fuse the data management, quality control, standard operating procedures, administrative functions and information technology of Cancer and Leukemia Group B, North Central Cancer Treatment Group and the American College of Surgeons Oncology Group.

Scientific leadership of the biostatistics component of the three groups will remain separate.

This consolidated statistical and data engine room will be overseen by a single administrator, Daniel Sargent, in his capacity as chair of the Section

(Continued to page 2)

NCI News:

Former Group Chair Responds To Niederhuber: Change But Don't Dissolve Cooperative Groups

By Kirsten Boyd Goldberg

Former cooperative group chairman Richard Schilsky used his prerogative as chairman of the NCI Board of Scientific Advisors to respond publicly to NCI Director John Niederhuber's remarks last week calling for a new clinical trials system based at cancer centers instead of cooperative groups (The Cancer Letter, June 25, 2010).

At the June 28 BSA meeting, Schilsky, who stepped down this year as chairman of the Cancer and Leukemia Group B, took issue with some of the comments Niederhuber made in his NCI director's report at the June 22 meeting of the National Cancer Advisory Board.

At the NCAB meeting, Niederhuber advocated moving the oversight of clinical trials from the cooperative groups to the NCI-designated cancer centers. "If you think about where our science is done, it's not in a hotel room in Chicago or San Francisco," Niederhuber said. "It's done in our cancer centers. We have to recognize that our design of what we want to do should be heavily focused on our cancer centers and our academic researchers, and taking the knowledge that comes out of that rich environment, and taking that forward to create something—instead of siloed cooperative groups—a single national program for clinical research."

Niederhuber's remarks to the BSA were far less incendiary, while still calling for "a new national system for the 21st century." He told the BSA that

(Continued to page 3)

New CALGB Chair Didn't Want To Steal NCCTG Statistician

(Continued from page 1)

of Cancer Statistics at the Mayo Clinic, which would end up holding the NCI grants for that component of each groups' work.

"It does make sense to consolidate some data management activities," said Monica Bertagnolli, chief of surgical oncology at Brigham and Women's Hospital in Boston, who took over as chair of CALGB in January. "It does make sense to get some economies of scale of what's becoming increasingly large operations. At the same time, it is also crucial that we preserve our scientific quality of our groups. There is no intention whatsoever to merge NCCTG and CALGB."

NCCTG, which is based at Mayo, has been managing the statistical operations of Duke University-based ACOSOG since 2006. CALGB is based in Chicago, its statistical center, at Duke.

"Previously, CALGB, NCCTG and ACOSOG had three separate statistics and data management systems, three different institutions, three different informatics components," said Jan Buckner, an oncologist at Mayo and chairman of NCCTG. "Whereas we will be using the single informatics system that will most likely be adopted by all cooperative groups and the cancer centers."

The consolidation occurs at the time when NCI is reviewing the recommendations of the Institute of Medicine to improve efficiency of its system of clinical trials cooperative groups. However, Bertagnolli and Buckner said the move to integrate the statistical, data and IT functions of CALGB and NCCTG predate the IOM report.

Discussions began about a year ago, Bertagnolli and Buchner said. "We needed a new group statistician," said Bertagnolli. "I believe the best person in the world for this job is Dan Sargent. But I didn't want to steal him away from another group. It just made sense to do it together.

"I went to Jan Buckner first. I said, 'Jan, my first job as new group chair shouldn't be to steal another group's statistician.' And Jan and I sat down and said, 'Wait a minute, what mutual ways of benefit could we come up with."

On June 25, the CALGB board, at a meeting in Chicago, appointed Sargent to the position of the group's chief statistician. He will replace Stephen George, a Duke University biostatistician, who will retire from his position at the group.

"We felt that it was the best for science and best for research and patients to build one integrated center that could allow the groups to focus more of their attention on science and less on the so called back end operations, as they were described in the IOM report," Sargent said.

The move triggers a cascade of shifts in the groups.

As part of the change, Sargent resigned from his job as chief statistician at NCCTG.

Sargent said he quit the NCCTG scientific leadership job in order to keep the groups' scientific agendas separate. "I didn't think it was right for either group, and there is just the practical situation of there are only so many hours in the day," he said.

To replace Sargent, NCCTG named Sumithra Mandrekar, associate group statistician, to the position of interim group statistician. A formal search for permanent group statistician will begin shortly, Buckner said.

In the case of CALGB, the biostatistics grant will be transferred to the Mayo Clinic, but the statistics staff will remain at Duke. The ACOSOG and NCCTG statistics staff are already located at Mayo. The group statistician of NCCTG, who is yet to be named, and ACOSOG statistician Karla Ballman will report to Sargent.

The unified statistical offices will integrate the separate informatics systems on the basis of the Medidata Rave software, which was licensed by Mayo to support its operations. Officials at Mayo and the groups

THE CANCER LETTER

® The Cancer Letter is a registered trademark.

Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg

Editorial, Subscriptions and Customer Service:
202-362-1809 Fax: 202-379-1787
PO Box 9905, Washington DC 20016
General Information: www.cancerletter.com

Subscription $375 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc. Founded Dec. 21, 1973, by Jerry D. Boyd.

declined to disclose the value of the deal.

The consolidation fuses roughly $4 million worth of CALGB operations, $2 million in NCCTG operations and $1 million in ACOSOG operations, Sargent said.

It's unclear whether the consolidation would result in monetary savings.

"We are underfunded," said Bertagnolli. "Are we going to save money? No, because we are going to use it to do the work that we are struggling to do now. I don't think we will be saving money, but we are going to be faster, we are going to be more efficient."

Buckner agrees. "Initially, it will cost more, because the process of integration takes time and money," he said. "What will happen is we will be able to use the money that we have more toward the science and less toward overhead."

Sargent said the three groups currently use "two-and-a-half data systems."

NCCTG and ACOSOG, which have operated together since 2006, have partially harmonized their data collection. "We have half-way integrated ACOSOG and NCCTG," Sargent said. "We have to finish that and integrate the CALGB system into those that we have here at Mayo.

"Mayo Clinic has made the primary investment in building the clinical trials management system both for cancer and outside cancer," Sargent said. "There will be some costs to CALGB for this but they will be modest, and that is one of the many advantages that made this proposed integration attractive to the CALGB and Mayo an attractive institution. Most of this bill is being footed by Mayo in support of its research activities."

The Medidata Rave system was awarded an NCI contract to provide a single information system for the entire "NCI Clinical Research Enterprise," the request for proposals stated. However, that award is currently being challenged by three unsuccessful bidders. A ruling by the Government Accountability Office is posted at http://www.gao.gov/decisions/bidpro/400500.htm.

Challenge notwithstanding, NCI appears to be continuing implementation of the Medidata system. An institute-sponsored seminar on the system is scheduled for later this month.

Sargent said he will spend most of his time at Mayo, but will travel to Duke once a month, to oversee the CALGB operations there.

The integration will allow groups to distribute the work more efficiently, and make it possible for statisticians to work more consistently within their specialties, Sargent said.

"We now have statisticians who work both for ACOSOG and NCCTG; we will have statisticians who work for CALGB, ACOSOG and NCCTG," he said.

The consolidation would affect scientific work, Sargent said.

"On a study-by-study basis, that's okay," he said. "For example, we might have a statistician who is an expert in lung cancer, and if they can work for two groups, both groups benefit, because that person is able to gain even greater focus on just doing lung cancer statistics.

"But at the leadership level, I believe it is appropriate to have a separate group statistician for each of the groups, because each group has its own scientific agenda."

NCI News:

Schilsky: Implement All IOM Report's Recommendations

(Continued from page 1)

"in honor" of Schilsky, he purposely "took out some of my provocative slides" from his NCAB discussion of the Institute of Medicine report on the clinical trials program.

"While I appreciate it, there really was no need for you to remove those provocative slides from your presentation," Schilsky said, following Niederhuber's report to the BSA. "I may be the only person in this room who has served on every single one of those committees that you showed on those slides, going back to the implementation committee, the [Clinical Trials Working Group], the [Translational Research Working Group], the [Operational Efficiency Working Group] and the IOM committee.

"Maybe it's easier for me to speak to this now being a retired cooperative group chair, but I couldn't agree more with you about the need for the national clinical trials system to change," said Schilsky, chief of hematology and oncology in the Biological Sciences Division of the University of Chicago Pritzker School of Medicine.

"I think it's very important that we all keep in mind that there are many, many recommendations in the IOM report," Schilsky said. "The committee felt that all of the recommendations in that report need to be implemented for the full impact of that report to be felt, not the least of which are recommendations regarding significant change that needs to take place at the NCI, with respect to the oversight and the management and funding of the national clinical trials system—whatever form that might take.

"I happened to have a chance to read some of your comments that were quoted in The Cancer Letter last Friday, and I can tell you that having just spent the weekend in a hotel room in Chicago designing clinical trials with 700 of my closest colleagues from CALGB, representing 25 comprehensive cancer centers, I can tell you that is where team science is done in clinical research," he said.

"That's one of the few venues where we can actually bring together laboratory scientists, clinical investigators, expert biostatisticians, social scientists, etc., in a venue where they are all dedicated to doing truly multidisciplinary clinical research, with exceptionally well-annotated biospecimens from patients participating in NCI-sponsored clinical trials," he said.

"It's not just within cancer centers where the research is done," Schilsky said. "It actually is being done in hotel rooms in Chicago and Seattle and other places around the country, and I think all to the good of what we do in this country.

"That said, I think there is no question that change is necessary," Schilsky said. "I certainly support that and will work however I can to facilitate those changes being made.

"But I think it's also important to recognize that the IOM committee did not call for the dissolution of the cooperative group program," he said. "It called very clearly for significant change and improved operational efficiency and modernization.

"I think we can all agree with that."

Central IRBs "Putz Along"

BSA member Mary Hendrix, president of the Children's Memorial Research Center at Northwestern University, said the NCI-supported Central Investigational Review Boards have expanded during Niederhuber's tenure as NCI director, and could help streamline the process of activating clinical trials. "I wonder if you could share with us your thoughts about how the NCI is being proactive in trying to get more institutions to embrace the centralized IRBs," she asked.

"That's a difficult situation, because individual institutions have their own justified concerns," Niederhuber said. "Until there is some significant legislation, or similar statutes put in place to protect these institutions, I think the Central IRB is going to putz along. I'm not sure it's going to get the legs it really needs to be as effective as it needs to be, because the home institutions have a significant liability issue to consider."

James Doroshow, director of the NCI Division of Cancer Treatment and Diagnosis, said some recent changes have improved the efficiency of the Central IRB. "We are far along in the process of getting national accreditation, which I think will help," he said. "There will be institutions that will take on the Central IRB once that accreditation process is complete, which it will be in less than a year.

"The second thing is that the Central IRB has embraced principles that came out of our Operational Efficiency Working Group," Doroshow said. "In 2007, the average time it took to get final sign-off on a national protocol was 150 days. In 2008, it was down to 90 days. A very simple change was done with the consent of IRB. They agreed that when a protocol was being reviewed, that after their initial deliberation, they agreed to allow the head statistician and statistician of record for the trial, principal investigator and other investigators to get on a teleconference and address issues that had occurred during review. Doing that has changed the process for the past six months down to about 36 days for approval."

BSA Members Complete Terms

The following BSA members completed their terms on the board: **Susan Curry**, dean, College of Public Health, University of Iowa; **William Dalton**, CEO and director, H. Lee Moffitt Cancer Center; **James Heath**, professor of chemistry, California Institute of Technology; **Kathleen Mooney**, nursing research professor, University of Utah; and **Robert Schreiber**, professor of pathology, Washington University School of Medicine.

In last week's list of NCAB members whose terms have ended, **Daniel Von Hoff** was inadvertently omitted. Von Hoff is physician in chief and senior investigator, Translational Genomics Research Institute.

In the Cooperative Groups:

RTOG Elects Walter Curran Jr. To Fourth Term As Group Chair

RADIATION THERAPY ONCOLOGY GROUP principal investigators elected **Walter Curran Jr**. to a fourth term as group chair. Curran, who has held the group chair position since 1997, is the executive director of the Winship Cancer Institute of Emory University. As group chair, Curran is the principal investigator of the six-year $60.5-million RTOG cooperative group grant from NCI and is chair of the group's executive and steering committees.

RTOG, an NCI-funded clinical trials group, is

administered by the American College of Radiology and conducts large clinical trials for patients with brain tumors, tumors of the head and neck region, and prostate cancer. Its clinical trial portfolio also includes protocols for patients with cancers of the lung, gastrointestinal tract, breast, and gynecologic and genitourinary systems.

In another development, RTOG awarded full membership status to **Emory University**, through the Department of Radiation Oncology in Emory University School of Medicine. Emory joins 28 American and seven Canadian institutions on the group's full member roster. Emory is the first institution in the U.S. in more than in three years to earn full membership in RTOG.

"Emory and its affiliated hospitals earned this designation in less than two years, which speaks to the focus and dedication of our research faculty and staff at the Winship Cancer Institute, Grady, Emory Midtown and the VA," said Curran, executive director of Winship and chair of Emory's Department of Radiation Oncology. "Full membership means our clinical trials data management meets and exceeds rigorous standards for the highest quality of care."

Full membership enables Emory and the Winship Cancer Institute to establish affiliate members across the U.S. and Canada.

"The benefit to patients is increased access to new investigational therapies and the absolute highest standard of care, which are established by the NCI and other federal agencies," Curran said. "We will work with the Georgia Cancer Coalition and the Georgia Center for Oncology Research and Education to expand the availability of RTOG trials throughout the state of Georgia and beyond."

CANCER AND LEUKEMIA GROUP B presented the first Richard L. Schilsky CALGB Achievement Award to **John Byrd** of Ohio State University on June 26. The award was established to honor exceptional individuals who make it possible for CALGB to succeed in research that transforms care for cancer patients.

Byrd is director of the hematologic malignancies program at OSU and holds the D.Warren Brown Professorship in Leukemia Research. His research accomplishments over the past 10 years include work completed in the laboratory and clinic with several different therapeutic agents active in chronic lymphocytic leukemia and related leukemia and lymphoma. He continues to be active in the development of therapeutic antibodies and other targeted agents because of his interest in non-toxic therapies for the treatment of leukemia.

Nominations for the 2011 award will be accepted from CALGB members until March 31, 2011. A letter, describing the contributions of the nominee, should be sent to: Sylvia Hrbek, CALGB Foundation, 230 W. Monroe Street, Suite 2050, Chicago, IL 60606.

In the Cancer Centers:

Edwin Mirand Recognized For 60 Years At Roswell Park

ROSWELL PARK CANCER INSTITUTE presented a Lifetime Achievement Award to **Edwin Mirand**, vice president emeritus for educational affairs and senior advisor to RPCI President and CEO Donald Trump—one of the five RPCI presidents with whom Mirand has served.

"Dr. Mirand has been part of the fabric of Roswell Park Cancer Institute for nearly 60 years," said Trump. "He helped to build and to lead the institute at key points in its history, playing a critical role in planning and decision-making that ultimately benefited people far outside our immediate reach. Dr. Mirand has made incalculable contributions worldwide, and his lifelong commitment to Roswell Park, its patients and its mission is exemplary."

Associated with RPCI since 1946, Mirand was appointed director of its Springville Laboratories in 1951. He went on to head RPCI's departments of Biology, Viral Oncology and Biological Resources and its West Seneca Laboratories while establishing and expanding the Institute's education programs. As vice president of educational affairs and dean of the Roswell Park Graduate Division of the University at Buffalo, he developed what would become the world's longest-running summer program in cancer research for gifted and talented high school and college students.

Mirand has served as president of the Association for Gnotobiotics and the International Society of Gnotobiology, secretary-treasurer of the Association of American Cancer Institutes, and secretary-general of the International Union Against Cancer's International Cancer Congress in 1982.

In the early 1970s, he developed the first public cancer education program, the CAN-DIAL information line, under contract to NCI, and played an instrumental role in getting the National Cancer Act of 1971 passed. As a researcher, Mirand made noteworthy contributions to the fields of viral carcinogenesis, erythropoiesis and gnotobiology, and developed the Hauschka-Mirand ICR

germ-free mouse strain, which has been used in studies by the U.S. space program.

A Buffalo native, Mirand is a graduate of the University at Buffalo, where he earned an undergraduate degree in biology and chemistry and a master's degree in biology; and of Syracuse University, from which he received a PhD in Medical Science in 1951.

Among the many awards and honors Mirand has received are the Billings Medal in Science from the American Medical Association, in 1963; the Merit Award from the UICC, in 1982; and the Special Recognition Award from the AACI, in 2004.

Also at RPCI, **Kunle Odunsi** was named chairman of the Department of Gynecologic Oncology. His research focuses on the molecular identification of tumor antigens in ovarian cancer and their application to the development of vaccine therapies for the disease.

Odunsi succeeds **Shashikant Lele**, who has been named clinical chief of gynecologic oncology and executive director of practice development at RPCI.

Odunsi came to RPCI in 1999 for a fellowship in gynecologic oncology. He joined RPCI's faculty in 2001. Odunsi will also assume leadership of the newly created Center for Immunotherapy at RPCI. The center, now in development, will include a good-manufacturing-practice facility for the production of clinical vaccines, antibodies and cellular products, and will support clinical immunotherapy trials. His current work involves phase I and II clinical trials of immunotherapies in patients with ovarian cancer.

CANCER THERAPY & RESEARCH CENTER at the University of Texas Health Science Center at San Antonio named **Peter Ravdin** director of the Breast Health Clinic.

Last March, Ravdin joined the Health Science Center faculty after eight years of working independently on developing "Adjuvant!," a widely used computer tool that estimates benefits and risks of chemotherapy after breast cancer surgery. He received the American Society of Breast Diseases 2010 "Pathfinder" award for his work.

Ravdin previously served on the Health Science Center faculty from 1987 until 2002. He served as an executive officer of the Southwest Oncology Group and was the CTRC's chief of staff.

CTRC Executive Director **Ian Thompson Jr.** also welcomed medical oncologist **Richard Elledge**, and three recently hired surgical oncologists: **Ismail Jatoi**, professor and chief of surgical oncology at the UT Health Science Center; **Alfredo Santillan**, clinical assistant professor of surgery; and **Boyce Oliver Jr.**, clinical assistant professor of surgery.

SANFORD WEILL, chairman of the Board of Overseers of Weill Cornell Medical College, received the 2010 James Ewing Layman's Award from the Society of Surgical Oncology for his major support toward advancing cancer care.

The award was presented by **Fabrizio Michelassi**, the society's president, and chairman of the Department of Surgery at Weill Cornell Medical College.

Weill joined the board in 1982, becoming chairman in 1996. He is a trustee of NewYork-Presbyterian Hospital and an overseer of Memorial Sloan-Kettering Cancer Center. Weill and his wife, Joan, have donated more than $800 million to organizations, including Weill Cornell Medical College; Memorial Sloan-Kettering Cancer Center; Sidra, a teaching hospital to be completed at the Medical College's Qatar campus in 2012; and Weill Bugando Medical Centre in Tanzania, one of Africa's top physician training programs.

UNC LINEBERGER COMPREHENSIVE CANCER CENTER has appointed two new associate directors to lead and develop strategic priorities as the center expands clinical programs in the new N.C. Cancer Hospital and research initiatives among its 300 faculty members.

Lisa Carey was named associate director for clinical science, and **Ned Sharpless** was named associate director for translational research. Carey is associate professor of medicine, medical director of the UNC Breast Center, and co-leader of UNC Lineberger's breast cancer program. Sharpless is associate professor of medicine, and co-leader of UNC Lineberger's molecular therapeutics program.

UNIVERSITY OF COLORADO CANCER CENTER and the Charles C. Gates Center for Regenerative Medicine and Stem Cell Biology, both located at the University of Colorado School of Medicine, have begun a collaboration, the Cancer Stem Cell-Directed Clinical Trials Program. The program will identify and test drugs that target and destroy cells thought to be at the root of cancer—cancer stem cells.

"Through the CCTP, we believe we can change the way most cancers are treated by targeting tumor-initiating cells as opposed to conventional therapies that address the bulk of the tumor," said **Antonio Jimeno**, program director and head and neck cancer specialist. "We hope that by targeting the cancer stem cells, we

can bring solid tumor cure rates in line with those for some blood cancers—upwards of 75 percent, although our ultimate goal is 100 percent."

Jimeno will direct the new program with senior co-directors **Dennis Roop**, Gates Stem Cell Center director and professor of dermatology at the medical school, and **S. Gail Eckhardt**, UCCC deputy director, head of medical oncology at the medical school and leader of UCCC's early-phase cancer clinical trials program.

New treatments the program identifies will likely be complex because they will combine conventional therapies and CSC-targeted drugs. That complexity will require new tools for assessing tumors and blood samples, as well as scaled-down genetic tests that are analyzed by modern bioinformatics tools—none of which are available for clinical trials at most centers.

"I hope that in the near future, we can take a tiny sample of a patient's tumor, do a quick test to see which stem cell targets are active, and quickly come up with a cocktail of drugs that will kill the root of the tumor with fewer side effects to the patient," Jimeno said. "We think this process will truly address the complexities of cancer."

The CCTP, which includes experts in basic cancer research, imaging and bioinformatics, will also design these tests and tools.

Medicare:

CMS To Review Coverage Of $93,000 Provenge Therapy

By Paul Goldberg

Centers for Medicare and Medicaid Services initiated a National Coverage Analysis on Provenge (sipuleucel-T), an autologous cellular immunotherapy recently approved by FDA for asymptomatic or minimally symptomatic metastatic, hormone-refractory prostate cancer.

A Provenge treatment costs $93,000.

If the CMS analysis results in a negative determination, the program would in effect cease paying for the therapy. Considering that 80 percent of the men who may be eligible for Provenge are eligible for Medicare, the agency's action could kill the therapy.

The request for the analysis was "internally generated," which means it was requested by agency staff, the announcement states. A public comment period ends July 30, and the analysis is to be completed Maych 30, 2011.

A document announcing the analysis is posted at http://www.cms.gov/mcd/viewtrackingsheet.asp?id=247

"I think the fact that they opened the coverage decision and the fact that the treatment costs nearly $100,000 are related at some political level," said Peter Bach, director of the newly created Center for Health Policy and Outcomes at Memorial Sloan-Kettering Cancer Center and former senior advisor to the CMS administrator.

"Dendreon welcomes the opportunity to continue our discussions with CMS about how Provenge will be provided to Medicare beneficiaries, particularly given the survival benefit and safety profile of Provnge," the company said in a statement. "We plan on continuing to work closely with CMS during this process to ensure patients with advanced prostate cancer have broad access to Provenge."

CMS is prohibited from considering the cost of a drug when it makes a decision on coverage. And, generally, the agency pays for therapies in their FDA-approved indications.

However, in 2007, the agency restricted payments for erythropoiesis-stimulating agents beyond what was then the FDA label (The Cancer Letter, Aug. 3, 2007). The agency has since tightened the label's restrictions for ESAs.

Another possible precedent occurred in 2003, when the agency initiated an NCA of what was then a new generation of expensive colon cancer drugs drugs—Captosar (irinotecan), Eloxatin (oxaliplatin), Erbitux (cetuximab), and Avastin (bevacizumab) (The Cancer Letter, March 21, 2003).

In that determination, CMS refrained from modifying the existing requirement for coverage of the four colorectal cancer drugs, relying on the FDA-approved indications as well as uses listed in recognized compendia. The agency also agreed to pay for these drugs in several NCI-sponsored trials (The Cancer Letter, Feb. 4, 2005).

The decision memorandum is posted at www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=90.

Dendreon stock price was at $55 per share immediately after the therapy was approved May 3, but has been sliding since. On July 1, shares traded at about $30.

The therapy is difficult to manufacture, and the company predicts that supply would remain constrained for the next six months.

In a registration study, Provenge produced a 4.1 month improvement in median survival (25.8 months versus 21.7 months).

In Brief:

Two Former BMS Officials To Pay $400,000 To Feds

Two former officials of Bristol-Myers Squibb last week agreed to a deferred prosecution agreements, which required them to pay $400,000 and stay out of legal trouble.

Under the agreements, Frederick Schiff, former Chief Financial Officer, and Richard Lane, former president of the Worldwide Medicines unit, agreed to pay $225,000 and $175,000 respectively to the Department of Justice. The two were accused of overstating the company's earnings. The former executives also agreed not to serve as fiduciaries of publicly traded companies for two years.

The documents are on file at the U.S. District Court for the District of New Jersey. In 2005, BMS similarly entered a two-year deferred prosecution agreement.

Funding Opportunities:

ACS Offers Training Grants In Health Disparities Research

American Cancer Society is committed to reducing cancer health disparities and has set as a Nationwide Objective the goal of eliminating disparities in cancer burdens by 2015. Towards this goal, the Cancer Control and Prevention Research Program of the Extramural Research and Training Grants Department has set the reduction of health disparities as a priority area of focus, with a call for applications in psychosocial and behavioral research and in health policy and health services research that address health disparities.

Of particular interest are studies that focus on reducing disparities in the following population groups: African Americans, Hispanic/Latinos, Asians/Pacific Islanders, Native Americans/Alaskan Natives; Low Income/Rural Poor. Other population groups may also be considered.

Priority Funding: Within the Cancer Control and Prevention Research Program of EG, meritorious applications focusing on disparity reduction will be funded prior to meritorious applications focusing on other areas in cancer control and prevention research. The priority on disparity-focused research does *not* apply to research focusing on palliative care and symptom management or to research in basic, preclinical and clinical research.

Application deadlines: April 1 and Oct. 15. Application information: www.cancer.org.

National Lung Cancer Partnership annual research grant competition will provide multiple two-year $100,000 awards to clinical and basic science fellows and junior faculty to advance their research in lung cancer etiology, prevention, early detection, treatment, and symptom management.

At the time of application, an applicant must hold a doctoral degree or equivalent, and be a post-doctoral fellow or within the first five years of a faculty appointment at a not-for-profit institution in the U.S. or Canada. Applications addressing sex differences in lung cancer are particularly encouraged. Applicants will be judged on the merits of their research proposal, career development plan, and research environment.

Application deadline is Sept. 10. Application instructions are available at www.NationalLungCancerPartnership.org.