THE CANCER LETTER

Vol. 36 No. 29
July 30, 2010

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

Varmus, Duke Ask IOM To Investigate Potti's Scientific Work, Clinical Trials

By Paul Goldberg

In one of his first actions as NCI director, Harold Varmus has asked the Institute of Medicine National Cancer Policy Forum to lead an investigation of a scandal touched off by Duke University genomics researcher Anil Potti.

According to an internal email obtained by The Cancer Letter, the plan for IOM involvement was made in a three-way conversation between Varmus, Duke University's Chancellor for Health Affairs Victor Dzau and IOM President Harvey Fineberg.

Though no final decision has been made, the email is remarkable, because it shows that at the highest policy levels, the Duke scandal is viewed as a potential threat to the discipline of genomics rather than as an isolated act of a rogue researcher.

Questions about science in the publication by the Duke group have

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The Duke Scandal:

Duke Vice Dean Cuffe Promises Complete, Independent Probe Of Work By Potti, Nevins

The scandal that began with the revelations that Duke genomic researcher Anil Potti has been padding his curriculum vitae is resulting in a series of investigations and will also entail review of the work of Potti's mentor, Joseph Nevins, a senior Duke administrator said.

"He is not under investigation by the institution in a research misconduct investigation, which is a formal, federally guided process," Michael Cuffe, vice dean, medical affairs, Duke University School of Medicine vice president for medical affairs of the Duke University Health System, said in an interview with The Cancer Letter.

"I will say, though, that they are co-authors on much of this work," Cuffe continued. "The outside scientists broadly have expressed concern, both publicly and privately, and, certainly, there is a broad base of science coming out of their labs that needs review by a credible outside party."

The Cancer Letter editor Paul Goldberg conducted a Q&A with Cuffe July 29. *The text of the Q&A follows:*

PG: What's the status of this thing now? What's the investigation? Who is investigating?

MC: Anil Potti is still on administrative leave. As you can imagine, we have very careful procedures around employment, and we are nearing

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Scientist Says Potti Improperly Obtained Data For NEJM Paper

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been raised persistently for the past three years, but reached the level of a scandal following the revelation in The Cancer Letter that Potti had falsely claimed to be a Rhodes scholar in applications for government and private foundation grants.

Last week, a group of 33 prominent biostatisticians sent a letter to Varmus asking NCI to step in and take over the investigation, largely because a controversial, error-riddled technology is being used in clinical trials by Duke (The Cancer Letter, July 23).

"Dr. Fineberg thinks it may be appropriate for IOM to conduct this review under the auspices of the Forum because of the more general questions the statisticians raise about the development and use of genomically-based predictors in clinical trials," said the July 28 email from the IOM forum director Sharyl Nass.

The plan is to focus on the scientific underpinnings of three Duke-sponsored single-institution trials in which Potti's technology is being used to select treatments for patients.

Focusing on the three Duke trials may have been good enough last week, but not now, some observers say. The impact of the Duke scandal appeared to widen as a respected genomic scientist said to The Cancer Letter that Potti had improperly obtained his group's data and conducted a highly suspect analysis of these data. This resulted in the publication of a 2006 paper in the New England Journal of Medicine.

Duke's technology transfer office is offering the technology, called the Lung Metagene Score, for licensure. Also, the Cancer and Leukemia Group B used the test as an add-on in a clinical trial, though not as a method for assigning patients to therapy (The Cancer Letter, Oct. 2, 2009).

In a detailed statement to The Cancer Letter, David Beer, a genomic scientist and professor of surgery and radiation oncology at the University of Michigan and an investigator with the NCI Director's Challenge Consortium, said that he informed the NEJM editors, NCI officials, and Potti's mentor Joseph Nevins about these issues.

Nonetheless, Nevins and NEJM declined to withdraw the paper, Beer said.

The Institution As Investigator

How does genomic medicine—indeed, all of medicine—protect its integrity? Who gets to investigate allegations of fraud and patient harm? What sort of alarms should trigger such investigations?

The answer has always been straightforward: the researcher's home institution has the obligation to monitor his or her ethics. Even now, with Potti's imagined Rhodes scholarship, his claim to a year-long research fellowship in Australia, and CV-stuffers that include lesser awards claimed but not won, not all journals are eager to start investigations and issue expressions of concern.

"If Duke's investigation yields findings relevant to Dr. Potti's 2006 NEJM article, we will take the matter under consideration then," Jennifer Zeis, a spokesman for the journal, said to The Cancer Letter.

The Lancet Oncology last week issued an expression of concern, and two additional journals—the Journal of Clinical Oncology and Nature—said they are looking into the matter.

This position is consistent with the standards spelled out by the International Committee of Medical Journal Editors:

"Ordinarily, it is not the responsibility of the editor to conduct a full investigation or to make a determination—that responsibility lies with the institution where the work was done or with the funding agency…. If this method of investigation does not result in a satisfactory conclusion, the editor may choose to conduct his or her own investigation. As an alternative to retraction, the editor may choose to publish an expression of concern about aspects of the conduct or

THE CANCER LETTER

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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.

integrity of the work."

The standards are posted at http://www.icmje.org/publishing_2corrections.html.

With institutions in charge and journals unwilling to investigate, a scientist who might smell a rat in a study has no standing to trigger a retraction, even when the truth is plainly visible to all. In the Duke scandal, the two detectives-biostatisticians Keith Baggerly and Kevin Coombes, both of MD Anderson, could only arm-wrestle with editors, who would then arm-wrestle with Duke to get incremental corrections. (Sometimes these corrections came in cascades, as in a correction of a correction of the Potti and Nevins 2006 Nature Medicine paper, which still falls short of setting the record straight, Baggerly says.)

Reading Baggerly's and Coombes's correspondence with reluctant journal editors is an excruciating experience. This correspondence is posted at http://bioinformatics.mdanderson.org/Supplements/ReproRsch-All/

Institutions are not disinterested parties in such situations, especially when allegations of wrongdoing threaten academic stars. Consider Potti. The young doctor brought in millions of dollars in grants, published in top-tier journals, looked sufficiently handsome and earnest to appear in commercials for Duke Comprehensive Cancer Center, and produced technologies that had the potential of being licensed by industry.

Earlier this year—before the Rhodes claim was discovered—two panels assembled by Duke found that three clinical trials of his technology were appropriate and could proceed. Sources said Duke administration officials had been informed about irregularities in Potti's lab, but did nothing (The Cancer Letter, July 23).

"There has to be an external review of this," said Sheldon Krimsky, professor of Urban & Environmental Policy & Planning, School of Arts and Sciences at Tufts University and author of the book "Science in the Private Interest." "There are just too many things that are not resolved. It's not transparent."

IOM Policy Forum Email

In an email to the IOM National Cancer Policy Forum members, group director Sharyl Nass said Duke was prepared to surrender all documents for examination.

The text of Nass's email follows:

"I … want to inform you of some important developments since our meeting. I'm sure that many of you are aware of the ongoing concerns about a predictive model based on genomic expression profiles that has been used to assign therapy in several cancer clinical trials at Duke.

"The trials are currently suspended because of questions regarding the data and methodology underlying those predictive models. We are now engaged in ongoing discussions regarding whether the IOM should provide some assistance in resolving these questions. These discussions started as a three-way conversation among Victor Dzau of Duke, Harold Varmus of NCI, and Harvey Fineberg of IOM. Dr. Dzau stressed the need for a thorough, independent assessment of the scientific foundation for the clinical trials in question and affirmed that a review panel would have Duke's full cooperation and unfettered access to specimens, data, analytic methods and any other information needed to complete a thorough review.

"Although NCI is not a funder of the Duke clinical trials, an R01 grant from NCI supported the work that contributed to the genomically based predictive model for response to therapy that is the premise of the trials. Recently, Dr. Varmus received a letter signed by 31 biostatisticians calling for a review of the predictive model. Dr. Fineberg thinks it may be appropriate for IOM to conduct this review under the auspices of the Forum because of the more general questions the statisticians raise about the development and use of genomically-based predictors in clinical trials.

"A decision has not yet been made, but in order to launch such a review as soon as possible, we are proposing to devote Forum funding to cover most of the expenses of the study, including staff time….

"If any of you are not in agreement with this approach, please let me know as soon as possible so that we can discuss your concerns."

In a reply broadcast to all members, forum member David Parkinson, president and CEO of Nodality, a South San Francisco-based firm based on proprietary flow cytometry technology, said IOM should weigh in, because the integrity of the field of predictive assays is at stake.

"The Duke affair threatens the perceived integrity of the entire emerging field of development of predictive tests for clinical decision-making," Parkinson wrote. "The biology being measured is complex, the number of parameters being measured are often very large, the requirements for analytical stringency extraordinary, and the strategies to link this data with clinical meaning are complicated.

"The Duke issue, as I understand it, touches on some of these topics and an IOM-based activity. [To] investigate it makes great sense to me. But beyond the

specific issues of the Duke episode are more general issues that were touched on, but not pursued in depth at the Forum's workshop last year. Hopefully, these would be included in the future work of an IOM committee, as I know is in the planning and preparation."

Baggerly and Coombes said an analysis of the Duke scandal could yield important lessons.

"We have sought precisely this sort of review for the chemosensitivity signatures," the two biostatisticians said in a statement. However, in view of Beer's statement to The Cancer Letter, the scope of the IOM investigation should also include Potti's and Nevins's LMS technology and that group's NEJM paper, Baggerly and Coombes said.

"The main problem noted in the letter to Dr Varmus is that the scientific community was not given enough information to independently reproduce the results," Baggerly and Coombes wrote. "To address this problem, the data and code used in the review to confirm or refute the findings should be made public.

"Our intuition about the behavior of high-dimensional signatures is poor. If one gene, say Ras, is high, we may have some well-founded belief about what that means for patient outcome. If some aggregate of 50 genes is high, we have to trust the underlying algorithm, so reproducibility is vital.

"We are working with many others to develop standards for making analyses reported in journals more reproducible. In the interim, we (and others) recommend that major journals should, at a minimum, encourage authors to submit raw data and software scripts with annotation sufficient for independent expert analysts to assess the validity and reproducibility of the results.

"Adherence to this standard should help prevent a recurrence of the current situation."

Scientist Says Potti Manipulated Data

Beer's account of Potti's role in obtaining materials for the NEJM paper and his questionable manipulation of the data follows:

"Prior to the publishing of the NEJM paper by Potti *et al.*, I was approached by a colleague who had Dr. Potti in his office as he was asking to test his Lung Metagene Score method on our unpublished data of primary lung adenocarcinomas, from our NCI-funded consortia.

"I said it would be fine after we published the paper, as we planned to release the data—but not until then.

"When the NEJM paper subsequently appeared, and I saw that they used part of the data via contacts through another collaborator, who had access to the data, Jim Jacobsen of the NCI and I contacted the editor of the NEJM and Dr. Nevins.

"The editor said that he could not retract the paper, and Dr. Nevins said he didn't want to, either. A portion of the data was therefore made publicly available before we were able to publish our paper.

"Although this was not an ideal situation, we continued our study. Also, we examined as best we could the metagene score in our Shedden *et al*., Nature Medicine paper, published in 2008.

"We were not able to repeat the type of astoundingly good discrimination between high- and low-risk individuals that was published in the Potti *et al.*, NEJM paper using this method, in part because of lack of sufficient details provided in their paper.

"There were also numerous errors in the clinical data as listed in their paper, such as many samples listed as from [Cancer and Leukemia Group B], though they were from other sources. I could tell they were from other sources, because I personally isolated the mRNA from these tumors.

"Although we believe that there is merit to the approach they utilized, there is one aspect that appeared unusual in that paper, as many samples were excluded from their analysis for the reason of 'inadequate quality of the messenger RNA.'

"However, we didn't provide—and they did not ask for—the bioanalyzer data that was run on all the mRNA samples showing mRNA quality, and further, we did not perform Affymetrix arrays on poor quality mRNA samples. It therefore seems unusual, and the impact of these sample exclusions on the performance of their classifier that was presented is uncertain. We do not know why some subjects' samples were thrown away after the results were known.

"I am concerned that the people who have spent considerable energy and expense working on development of gene profiles for lung cancer will be hurt by these unfortunate events with people now not believing that there is merit to these types of analyses. I believe there is considerable merit in these types of studies and that many excellent people have made important contributions.

Padded Bio Submitted to DOD

Two more journals said to The Cancer Letter that they are looking into the Duke group's publications.

ASCO said JCO is undertaking a formal investigation, and Nature said it's looking into the matter informally, to determine whether an investigation is needed.

"Because Journal of Clinical Oncology strives to publish the highest quality manuscripts dedicated to clinical oncology and oncology practice, we take concerns about the integrity of manuscripts submitted for publication and of published content very seriously," said Allen Lichter, ASCO's CEO.

"Given the concerns that have been raised about the JCO article: 'Pharmacogenomic Strategies Provide a Rational Approach to the Treatment of Cisplatin-Resistant Patients With Advanced Cancer' by David S. Hsu, Bala S. Balakumaran, Chaitanya R. Acharya, Vanja Vlahovic, Kelli S. Walters, Katherine Garman, Carey Anders, Richard F. Riedel, Johnathan Lancaster, David Harpole, Holly K. Dressman, Joseph R. Nevins, and Anil Potti (JCO 25:4350-4357), JCO is undertaking an investigation of the contents of the article in accord with the Journal's established procedures," Lichter said.

Linda Miller, executive editor of Nature and the Nature journals, said the Potti case is "on our radar screen."

"We are looking into how/if this impacts the published record. If we determine that it does, we will take appropriate action," Miller said.

The scope of problems with Potti's credentials is broader than originally believed.

Documents obtained from the Department of Defense under the Freedom of Information Act show that the Duke researcher claimed to be both a Rhodes Scholar and a research fellow at Queensland Institute of Medical Research.

The Rhodes Trust states that he was never a Rhodes scholar and QIMR has no record of Potti ever having been there. The oncologist whom Potti identifies as his mentor in Australia had indeed spent a short time at QIMR, but didn't know Potti at that time. Also, the bio falsely claims awards from the American Society of Clinical Oncology, the American Society of Hematology, and Lymphoma Research Foundation.

Potti made the same claims in brief bios that resulted in funding from NCI and the American Cancer Society. The DOD bio is posted at http://cancerletter.com/special-reports.

According to information posted on ClinicalTrials.gov, the study in question (NCT00636441) was sponsored by Duke with co-sponsorship by DOD. The study employed genomic expression profiling to assign neo-adjuvant HER2-negative patients to doxorubicin/cyclophosphamide or docetaxel/cyclophosphamide. The study was designed to compare responses in genomically-guided versus random assignment.

"Does anyone care about the patients?" said Fran Visco, president of the National Breast Cancer Coalition, a group whose lobbying created the DOD program of peer-reviewed research in breast cancer.

"Most scientists I have talked to about the Duke situation are concerned about its effect on support for genomic research, only a very few spoke of concerns for people's lives," Visco said. "As advocates we work very hard to get funding to scientists for high quality research that will save lives. We have had to trust that the systems exist to protect the public and that the investigators, institutions and review processes value integrity and scientific rigor over their own advancement. That trust was clearly misplaced.

"Tests are being used in the clinic based on research that has not been replicated and the present adoration of all things technical and genomic is standing in the way of real progress in the clinic and meaningful oversight. We cannot leave the "fix" of this problem to scientists and institutions, they have too much self interest. Educated advocates—and not those educated by the institutions and scientists themselves—must be at the forefront of this effort. We cannot afford to simply believe that the Duke story is an aberration," Visco said.

"The system has to prove that to us and we have to work to make certain it is not now happening elsewhere and that it does not and cannot happen again."

The Duke Scandal:
Duke Has "Broader Level Of Concern" About Data, Trials

(Continued from page 1)

the completion of an HR investigation.

The clinical trials, we have suspended enrollment. From my perspective, enrollment is going to remain suspended until we have a credible, unimpeachable external review of this body of research. The number and the scope of concerns about this body of research are enough that we now feel that we have to have a major, independent research body thoroughly examine this body of work.

PG: You are talking about IOM?

MC: I am talking about anybody. I don't have one agency at this point. We have been in contact with most of the federal agencies as well as the sponsors of this research, and we have been working fairly actively to get some independent research body to examine this work. But at the present time we don't have that body.

PG: The IOM Cancer Policy Forum is discussing it.

MC: I would suspect that there are a lot of groups

that are discussing it right now. But, certainly, we have reached out to all of the bodies, including the IOM.

PG: And they would have access to all of the data, including provenance of the data? Everything?

MC: We are committed that this review be fully independent of any Duke involvement. I think we are also committed to providing access to all data, all materials, results of previous review, and really everything in a very open and transparent fashion. I think—and university leadership does as well—that in order for us to move forward or to understand the faults in this, we need to examine the data integrity issues that have been raised, the methodologic issues that have been raised, and really comment on the voluminous field of translational medicine into humans.

I think that an external body that is credible is the only way to resolve this issues.

PG: What about Duke internal policy issues? Is that something that's being looked at?

MC: As you may know, there's two angles there. One is the research misconduct pathway that is a regulated pathway that exists at most universities. [The] research misconduct is largely focused on the allegations that we have in hand, that is falsification of credentials on federal grant applications. But that process exists to examine broadly research misconduct. I don't think that this process is well suited to methodologic discussions and methodologic arguments that might be more honest scientific debate, as opposed to misrepresentations. So, that has been triggered internally as well. That is a fairly defined process, as led by the university leadership.

PG: Would the names of people who are doing this be out?

MC: No. As I understand the process, as outlined by the Office of Research Integrity, that is a confidential process until the results are provided. We are in contact with the federal agencies about doing that most appropriately as well.

PG: I happen to know that Duke administration had been alerted to some of the problems in the Potti lab. Is this something you can confirm?

MC: I don't know what you mean. There has been a fairly intense debate that was believed to be methodological for years now. I think there is a difference between a methodologic debate and research misconduct. I think we have substantial concerns based on letters we have received, that at this point the open review process is the way to go to resolve this.

PG: What I am seeing is not so much a methodologic debate—like a Bayesian vs. Frequentist argument, where reasonable people can agree to disagree. What I am seeing is some mixture of fraud and carelessness. I haven't seen philosophical scientific issues. Have you?

MC: I think we see all of this as potential, which is why some outside body's credible review is key. As you know, we did have an internal review. That was last January. I think you've seen a copy of it. We have distributed it a little bit more broadly.

This is probably a good time to talk about it. I think you understand that that was commissioned by the IRB, which is a peer review body, and therefore it was a peer review investigation. It was fairly focused in the questions that it addressed.

It addressed the specific concerns as outlined by Drs. Baggerly and Coombes and it was to comment specifically on the markers in the trials. It was not broad enough to include all of the body of work created by these scientists, and particularly by Dr. Potti, and, in fact, we have all along some confidence in that review.

My job is to take what we have in hand right now—which is a much broader level of concern that reflects questions well beyond the scope of that review, as well as additional concerns, in that I have allegations of misrepresentations by Dr. Potti in his professional life, and I know that Dr. Potti was involved in providing data to our previous outside reviewers.

Those issues—as well as the preponderance of the scientists who have expressed concerns—have given me enough doubt over the last weekend after [July] 16, [the day The Cancer Letter published the story about Potti's credentials] that was plenty for me to think about what was needed. And that was an external body. And [I] stopped enrollment in the trials that Sunday.

I do think that's the path forward, an I hope that will encompass all of these issues.

PG: Is Dr. Nevins under investigation as well?

MC: He is not under investigation by the institution in a research misconduct investigation, which is a formal, federally guided process. I will say, though, that they are co-authors on much of this work. The outside scientists broadly have expressed concern, both publicly and privately, and, certainly, there is a broad base of science coming out of their labs that needs review by a credible outside party.

PG: There have been some allegations that faculty members have not been feeling comfortable about coming forward.

MC: I would take those directly very seriously. If you are aware of any specific cases, we have an HR process that provides protection. I myself have been getting up at faculty meetings and asking people to

come to me, to come to a leader that they feel safe in addressing, but as in any situation like that, with phone calls that they are uncomfortable with, from folks in the media like yourself, to be referred to the news office. But beyond that, I am not directly aware of any cases of intimidation, although it's been raised in several conversations like this.

In the Cancer Centers:

Ohio State, Indiana University Win $8.6 Million NCI Grant

OHIO STATE UNIVERSITY and **INDIANA UNIVERSITY** have received an $8.6 million, five-year grant to continue studying genes and changes in patterns of gene activity in breast, ovarian and prostate cancers. **Timothy Huang**, a cancer geneticist at Ohio State University Comprehensive Cancer Center, is the principal investigator of the Center for Cancer Systems Biology, which began in 2004 with an NCI grant of nearly $8 million. **Kenneth Nephew**, a cancer biologist at the IU School of Medicine, co-administers this NCI grant.

An objective of the center is to identify epigenetic biomarkers for predicting resistance to anti-hormone treatments and chemotherapies in cancer patients. The center also has an education core to train young scientists to conduct cancer systems biology research.

ROSWELL PARK CANCER INSTITUTE leaders **Candace Johnson** and **Donald Trump** received a five-year, $2.18 million NCI grant to study the antitumor effects of vitamin D on bladder cancer. Trump, president and CEO of RPCI, and Johnson, the institute's deputy director, plan to investigate the therapeutic benefits of administering high doses of the most active form of vitamin D with standard chemotherapy.

The RPCI team plans a phase I study to determine the safety of combining oral calcitriol (vitamin D) with the conventional chemotherapy agents cisplatin and gemcitabine. A phase II study will follow to examine the benefits of giving vitamin D plus chemotherapy prior to removal of the bladder in patients with bladder cancer that has penetrated the muscle. For patients like these, effective therapies are limited, and because bladder cancer tumors typically grow on the inside of the bladder, cancer cells are more easily accessible to monitor in the urine for molecular changes without invasive biopsies. The standard treatment for such patients involves chemotherapy with cisplatin/gemcitabine to shrink the tumors prior to surgery, followed by surgery to remove the bladder. In the trial, patients will take calcitriol plus cisplatin/gemcitaibine chemotherapy for three cycles before undergoing bladder removal.

JESSE MARTÍNEZ professor of cell biology and anatomy and radiation oncology at the University of Arizona, has been named chief scientific officer and joins the senior staff of the **Arizona Cancer Center**. He replaces **G. Timothy Bowden**, who is retiring from the position he held since 2005.

Martínez has been on the UA faculty and an Arizona Cancer Center member since 1991. He is an investigator in the center's Cancer Prevention and Control and Gastrointestinal Cancer programs, serves as the cancer center's director of education, and is the director of the Cancer Biology Graduate Interdisciplinary Program. He also is the research principal investigator for the Partnership for Native American Cancer Prevention, a joint program of the Arizona Cancer Center and Northern Arizona University.

Martínez recently received nearly $1 million from NCI to research the chemoprevention of colon cancer. The four-year grant will enable him to study the mechanisms of ursodeoxycholic acid, an acid found in bile that may play a role in preventing colon cancer.

YALE CANCER CENTER Director **Thomas Lynch Jr**., has appointed **Lieping Chen** as director of Cancer Immunology. Chen was a professor of oncology and dermatology, director of research for the Department of Dermatology, and investigator in the Immunobiology Program at Johns Hopkins University School of Medicine.

Chen's laboratory work is focused on the understanding of molecular, biochemical, and structural aspects of cell surface molecule pathways and their functions in the control of innate and adaptive immunity and subsequent development of cancer. Chen has played a leading role in the discovery and characterization of costimulatory molecules in the B7-CD28 and the TNF receptor/ligand superfamilies. His laboratory has made seminal contributions to the development of cancer therapeutic monoclonal antibodies against CD137, PD-1, and B7-H1, which are currently in clinical trials.

ROBERT FIGLIN joined **Cedars-Sinai Medical Center's** Samuel Oschin Comprehensive Cancer Institute as director of the Division of Hematology/Oncology and as associate director of the institute's Academic Development Program.

Figlin, known for his work on new urologic and lung cancer treatments, will help manage the institute's growing clinical trials program, in which more than 100 studies are being conducted. As leader of the hematology/oncology division, he will oversee breast, prostate, lung, blood and bone cancer programs.

Prior to joining Cedars-Sinai, Figlin was chair of the Department of Medical Oncology & Therapeutic Research at City of Hope. Previously, Figlin was with the Jonsson Comprehensive Cancer Center at the University of California, Los Angeles, for more than 20 years, where he held a number of leadership positions.

MORE THAN 28,000 PATIENTS have accessed their personal medical information, test results, and records on **MD Anderson Cancer Center's** Web-based portal since it began a year ago. Also, 40 percent of authorized referring community physicians who logged into the platform have accessed their patients' Personal Health Record.

Patients and survivors also can approve access for their primary care or referring physicians so they can stay current and involved in their MD Anderson care.

In May 2009, when MD Anderson introduced Personal Health Record, it was the first comprehensive cancer center in the nation to offer protected, Web-based access to medical information. MD Anderson already had the patient information platform known as myMDAnderson, which is a secure patient portal for making appointments, asking questions of their care team, getting approvals for pharmacy refills, retrieving patient education materials and making payments.

The Personal Health Record, also known as ClinicStation Outbound, is supported by MD Anderson's in-house Electronic Medical Records team in conjunction with its strategic development partner, Avanade.

VANDERBILT-INGRAM CANCER CENTER assistant professor of cancer biology **Rebecca Cook** has been awarded a $450,000 breast cancer research grant from Susan G. Komen for the Cure. The grant will help fund Cook's investigation of targeted therapies for breast cancer.

Organizations:

Stevens To Retire From ACS; OCNA Presents Awards

JOHN STEVENS, vice president for extramural grants, will retire from the American Cancer Society on Aug. 2 after nearly three decades of service.

Stevens received his first staff position with the society in 1981 as a scientific program director in the Research department. After being appointed vice president for extramural grants in 1988, Stevens became responsible for managing the society's research and health professional training grants program. He has also overseen the society's peer review system, which reviews 1,700 grant applications each year for potential funding.

During his time with the society, Stevens has also held positions as a scientific program director for psychosocial and behavioral research, and for five years as interim national vice president for research.

Stevens also initiated, developed, and expanded the society's targeted research program in the poor and medically underserved. ACS now awards approximately $10 million in research and training grants each year in this priority area.

OVARIAN CANCER NATIONAL ALLIANCE presented several awards at a recent conference.

Cindy Melancon Spirit of Survivorship Award: **Susan Lowell Butler**, founder, past vice president, newsletter editor and board of directors member of the Ovarian Cancer National Alliance, and founder and past chair of the Ovarian & Gynecologic Cancer Coalition/ Rhonda's Club, an OCNA Partner Member.

Ovarian Cancer National Alliance Leadership Award: **Patricia Modrow,** program manager for the Department of Defense Ovarian Cancer Research Program.

Rosalind Franklin Excellence in Ovarian Cancer Research Award: **George Coukos**, professor in the Division of Gynecologic Oncology and the director of the Ovarian Cancer Research Center at the University of Pennsylvania.

LYMPHOMA RESEARCH FOUNDATION announced the election of **Bruce Cheson** as chairman of its Scientific Advisory Board. Cheson is professor of medicine, head of hematology, and director of hematology research at the Lombardi Comprehensive Cancer Center at Georgetown University Hospital.

AMERICAN SOCIETY FOR RADIATION ONCOLOGY named **N. Reed Dunnick** as its 2010 Honorary Member, the highest honor the society bestows. Dunnick is the Fred Jenner Hodges Professor and chair of the University of Michigan Department of Radiology.