

# THE **CANCER** LETTER

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**SPECIAL ISSUE**

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## *The Cancer Centers: Permanent Reinvention* **The Line Item for Cancer Centers, SPOREs To Remain Flat, Near \$598 Million in FY 2013**

*By Paul Goldberg*

NCI intends to keep a constant level of funding for the cancer center core grants and grants awarded for the Specialized Program of Research Excellence.

After a 5-percent cut in 2010 fiscal year, the aggregate budgetary line item for centers and SPOREs dropped to \$598 million in 2011, and has stayed at the same level during the current year, institute officials said.

In 2013, funding for centers and SPOREs may increase slightly, to \$598.3 million, according to Congressional justifications of the administration's budget proposal.

(Continued to page 2)

### *In Brief*

## **Charles Blanke Named Chair-Elect of SWOG**

**CHARLES BLANKE** is the chair-elect of **SWOG**. He will become group chair May 1, 2013.

He was selected by SWOG's board of governors at the group's semi-annual meeting April 14. He will replace the current chair, **Laurence Baker**, following the end of his term.

(Continued to page 7)

## **Doctor Files Defamation Suit Against Patient, But Legal Action Triggers Adverse Events**

*By Paul Goldberg*

A radiation oncologist who serves on the NCI Board of Scientific Advisors filed a lawsuit against a former patient, claiming that she has disseminated false and defamatory information about him.

The lawsuit, filed by Timothy Kinsella at the U.S. District Court for the District of Rhode Island on April 16, has legal and logistical side effects for Kinsella—it takes allegations that appeared on the internet and rebroadcasts them in a publically available legal document.

Kinsella, now a radiology professor at Brown University, is the former director of the Stony Brook University Cancer Center. Kinsella and the patient crossed paths when he was the chairman of the Department of Radiation Oncology at Case Western Reserve University School of Medicine.

(Continued to page 5)

### Permanent Reinvention Varmus Pledges No More Cuts For Cancer Centers

. . . Page 3

### The Core Grants At a Glance

. . . Page 3

### Appropriations FASEB Analyzes State Impact From Automated Federal Budget Cuts

. . . Page 5

### In Brief

Brian Leyland-Jones  
Named Director of  
Edith Sanford Breast  
Cancer Research

. . . Page 7

## Funding for SPORE Program Not Yet Determined for 2012

(Continued from page 1)

SPOREs received \$121.9 million in 2011, but the level of funding for these programs hasn't been determined for the current year, institute sources said. Funding for these programs isn't mentioned in the Congressional justifications for 2013.

With the NCI budget likely to remain flat in the foreseeable future, it's unclear how the institute will manage to fund the crop of emerging cancer centers while also helping existing centers play a growing role in genomic, translational and clinical research.

For centers, the problem is urgent, because state money has become increasingly scarce and the chase after charitable funds has become more intense.

No one seems to know which direction or directions NCI will choose as it confronts a series of dilemmas that one center director described as "Sophie's choices" in the centers program.

One idea, which was discussed briefly in a public meeting late last year, would be to split up the centers and SPOREs line item, potentially taking from SPOREs to give to the centers and investigator-initiated grants.

The other approach would be to look at the centers program as a whole and trim funding within established centers to free up money for emerging centers.

Centers grew significantly during the doubling of the budget, and very few have been cut. While many centers conduct excellent research, in some cases, a

designation and core grant support has become an entitlement.

In interviews with The Cancer Letter, several center directors noted that the best predictor of how much money a center is going to receive in a core grant from NCI is how much money it received during the current year.

A table listing the cancer centers and the sizes of their core grants appears on page 3.

The core grants account for a small percentage of the budget of a cancer center, but they do pay for the centers' research infrastructure, and the NCI designation typically makes centers better able to withstand competition for patients and charitable funds.

The 2010 budgetary "haircuts" trimmed all NCI programs—including the cancer centers and SPOREs—in order to keep the R01 pool at a higher level. And some money came back to the centers, since over 70 percent of principal investigators receiving R01s are located within cancer centers.

What will NCI choose? Will the doors to the exclusive club of cancer centers be barred to newcomers? Will the rewards of membership be diminished? Will the number of players be trimmed to make room for new ones?

No one has openly discussed cutting the number of centers. However, in redesigning the cooperative groups, NCI instructed clinical researchers to trim the number of adult groups to four.

And now, the institute is redesigning the infrastructure for early-phase research that will likely cut the number of grantees to free up the resources for remaining players (The Cancer Letter, April 6).

Budgetary documents show that last year NCI considered—and ultimately abandoned—a plan to cut the centers and SPOREs item further during fiscal 2012. The congressional justifications read:

"The FY 2012 budget request for the Cancer Centers program is \$544.124 million, a decrease of \$40.063 million, or 7 percent under the FY 2010 level. The 66 NCI-designated Cancer Centers conduct some of the best basic, translational, and population research to improve cancer prevention, diagnosis, and treatment while also stimulating innovative pilot projects in new investigational areas. In FY 2011 and 2012 NCI will seek to identify savings and reductions in the Cancer Centers program in order to award more competing Research Project Grants, many of which will go to investigators at Cancer Centers."

Though the line item has remained untouched, the idea of breaking up the line item for centers and SPOREs



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was brought up briefly at the Dec. 7, 2011, meeting of the National Cancer Advisory Board and hasn't come up in public meetings since.

At that meeting, discussion was prompted by Bruce Chabner, NCAB chair and director of clinical research at Massachusetts General Hospital Cancer Center. The thread hasn't been picked up at any subsequent public meeting.

*A transcript of the exchange follows:*

CHABNER: Can I ask a couple of questions? Has there been any interim funding plan developed for cancer centers and SPOREs? You mentioned the regular R01 grants and R-21s. Is there any kind of an interim funding plan for the cancer centers and SPOREs?

NCI Director Harold Varmus: I don't want to link those two.

I think about the SPOREs as being like P01s. There is no reason they should be on the center [budget] line.

CHABNER: I didn't mean to link them.

VARMUS: But you did. Because they are on the same budget line now, it doesn't mean they are going to be there that way forever.

The centers, my intention is to fully fund them at last year's level. But I can't give you a definite number until I know what the budget is.

But I don't expect to take another haircut from the centers.

The centers are very important. They took a 5-percent reduction last year [FY 2010] with good spirit, understanding that I was under a lot of stress, because I did inherit an extraordinary commitment base. And I can't help but emphasize that.

Because I was allowed—as a result of strong advocacy at the institute directors' meeting—the institutes in general took a 1-percent reduction in their Type 5s.

NCI took a 3-percent reduction, and that was a deviation from a policy that I myself didn't support when I was the NIH Director. I liked all the institutes to do the same thing with their non-competitive renewals.

But if I didn't do that, I knew I would be paying a third fewer grants last year. Everybody played along with that, and part of the deal was to take a 5-percent reduction for cancer centers.

I don't want to do that this year.

## The Core Grants at a Glance

Insiders say that the best predictor of the size of a future core grant is the size of its current core grant. A list of 2011 core grants follows:

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Source: NCI

INSTITUTION	Principal Investigator	Grant #	FY2011 Awarded TC
Dana-Farber Cancer Institute	Edward Benz	006516	11,164,583
Fox Chase Cancer Center	Michael Seiden	006927	4,038,908
Johns Hopkins University	William Nelson	006973	6,995,274
Sloan-Kettering Institute For Cancer Res	Craig Thompson	008748	13,185,550
Wistar Institute	Dario Altieri	010815	2,401,347
Wake Forest University Health Sciences	Frank Torti	012197	1,318,600
University of Alabama at Birmingham	Edward Partridge	013148	5,476,332
Yeshiva University - Albert Einstein	I. David Goldman	013330	3,725,702
Columbia University Health Sciences	Riccardo Dalla-Favera	013696	3,816,425
Massachusetts Institute of Technology	Tyler Jacks	014051	3,854,331
University of Southern California	Peter Jones	014089	6,160,984
Salk Institute for Biological Studies	Tony Hunter	014195	2,935,545
Duke University	H. Kim Lyerly	014236	5,723,821
University of Wisconsin Madison	George Wilding	014520	4,555,705
University of Chicago	Michelle Le Beau	014599	4,150,987
Mayo Clinic Coll of Medicine, Rochester	Robert Diasio	015083	5,470,597
Fred Hutchinson Cancer Research Center	Lee Hartwell	015704	10,429,029
University of California Los Angeles	Judith Gasson	016042	4,575,716

<b>INSTITUTION</b>	<b>Principal Investigator</b>	<b>Grant #</b>	<b>FY2011 Awarded TC</b>
Roswell Park Cancer Institute	Donald Trump	016056	3,960,459
Ohio State University	Michael Caligiuri	016058	4,582,303
Virginia Commonwealth University	Gordon Ginder	016059	878,310
University of North Carolina Chapel Hill	H. Shelton Earp	016086	6,839,993
New York University School of Medicine	William Carroll	016087	2,512,026
Yale University	Thomas Lynch	016359	1,795,225
University of Pennsylvania	Caryn Lerman	016520	7,696,742
University of Texas MD Anderson Can Ctr	John Mendelsohn	016672	10,015,161
St. Jude Children's Research Hospital	Michael Kastan	021765	5,674,815
Wayne State University	Gerold Bepler	022453	2,553,798
University of Arizona	David Alberts	023074	3,953,813
University of California San Diego	Dennis Carson	023100	3,805,377
Dartmouth College	Mark Israel	023108	3,125,750
Purdue University	Timothy Ratliffe	023168	1,195,345
Burnham Institute	Kristiina Vuori	030199	3,886,604
City of Hope/Beckman Research Institute	Michael Friedman	033572	2,225,352
Jackson Laboratory	Richard Woychik	034196	2,143,525
University of Nebraska Medical Center	Kenneth Cowan	036727	1,504,111
University of Utah	Mary Beckerle	042014	1,409,422
Case Western Reserve University	Stanton Gerson	043703	4,849,180
University of Virginia Charlottesville	Michael Weber	044579	2,290,048
Cold Spring Harbor Laboratory	Bruce Stillman	045508	4,306,037
University of Michigan	Max Wicha	046592	5,694,947
University of Colorado Denver	Dan Theodorescu	046934	3,995,527
University of Pittsburgh	Nancy Davidson	047904	5,139,549
Georgetown University	Louis Weiner	051008	1,550,495
University of Texas Hlth Sci Ctr San Ant	Ian Thompson	054174	1,300,530
Thomas Jefferson University	Richard Pestell	056036	2,947,311
Northwestern University	Steven Rosen	060553	4,829,858
University of California Irvine	Frank Meyskens	062203	1,249,323
Vanderbilt University	Jennifer Pientenpol	068485	5,898,751
Oregon Health And Science University	Brian Druker	069533	1,135,337
University of Hawaii at Manoa	Michele Carbone	071789	720,185
Univ of Med/Dent Nj-R W Johnson Med Sch	Robert DiPaola	072720	3,001,679
H. Lee Moffitt Cancer Ctr & Res Inst	William Dalton	076292	2,657,144
University of Minnesota Twin Cities	Douglas Yee	077598	3,430,367
University of California San Francisco	Frank McCormick	082103	7,206,672
Indiana Univ-Purdue Univ at Indianapolis	Patrick Loehrer	082709	1,145,097
University of Iowa	George Weiner	086862	2,363,638
Washington University	Timothy Eberlein	091842	4,380,520
University of California Davis	Ralph deVere White	093373	3,138,579
University of New Mexico	Cheryl Willman	118100	1,934,104
Stanford University	Beverly Mitchell	124435	3,091,618
Baylor College of Medicine	C. Kent Osborne	125123	2,934,758
University of Maryland Baltimore	Kevin Cullen	134274	1,565,163
Emory University	Walter Curran	138292	1,356,978
Medical University of South Carolina	Andrew Kraft	138313	1,401,250
University of Texas-Southwestern	James Willson	142543	1,425,001

## Kinsella Suit Lists Allegations He Deems False, Defamatory

(Continued from page 1)

The patient had filed formal complaints against Kinsella, ultimately taking her grievances to the internet, where allegations against him appear on the website [www.acancerdoctor.com](http://www.acancerdoctor.com). Google searches for “Timothy Kinsella” almost always list the website at the top of the results.

Kinsella was never found guilty of professional misconduct, and his attorney says that the allegations against him are unfounded. Claiming defamation, infliction of emotional distress and interference with business relations, Kinsella is seeking injunctions against the former patient and other unnamed parties who he said are aligned with her.

The lawsuit reveals the former patient’s name, the city where she resides, and the address of the website where the allegations of professional misconduct appear.

The lawsuit claims:

“The false and defamatory statements published, re-published or disseminated, or caused to be published, re-published or disseminated, by Defendants include, but are not limited to, statements that Plaintiff

(a) sexually assaulted [Amelia] Weber [the former patient and defendant in Kinsella’s lawsuit];

(b) inappropriately touched Weber;

(c) committed inappropriate billing concerning Weber;

(d) made lewd comments to Weber;

(e) solicited Weber for sex;

(f) violated the Health Insurance Portability and Accountability Act of 1996 with respect to Weber;

(g) used confidential patient information in a willful and malicious way to harm Weber;

(h) fabricated credentials on his curriculum vitae;

(i) silenced witnesses to his alleged conduct with respect to Weber;

(j) lacks veracity in patient care;

(k) issued false observations to accommodate his explanation for conduct alleged by Weber;

(l) is an unethical physician;

(m) is a sexual predator;

(n) is a pathological liar;

(o) ordered patients to undergo unnecessary CT scans for his own personal financial benefit;

(p) unethically tried to prevent research showing a medication is ineffective; and

(q) violated state and federal laws in disclosing patient information.”

## Kinsella Sought to Seal Portions of Suit

Kinsella’s suit against Weber was filed in January in a redacted form, but on April 16, U.S. District Court Judge William Smith ruled that the action couldn’t go forward in redacted form.

According to press reports, the judge said that the “embarrassment and notoriety” to which Kinsella would be subjected as a result of restating the allegations of misconduct doesn’t justify denying the public access to court documents. Also, the judge said that the allegations Kinsella’s attorneys sought to redact appear on a website.

“For several years, as shown by the complaint, Dr. Kinsella has been the victim of a consistent, on-going effort by the defendant to damage his reputation through the publication of serious, and false, accusations,” said Kinsella’s attorney Joe Cavanagh, of the Providence firm Blish and Cavanagh. “We intend to pursue every possible legal avenue in our efforts to stop these unfair and unfounded attacks, and to protect Dr. Kinsella’s reputation.”

Weber’s attorney said that she stands by her statements and actions, and that some of the statements and actions alleged in the suit were apparently the work of other individuals.

“Ms. Weber believes and maintains that statements she made about Dr. Kinsella are truthful and accurate,” said David Rich, an attorney with the Boston firm Todd & Weld. “The website about which Dr. Kinsella complains has been available online for approximately five years, without complaint from Dr. Kinsella and well beyond any applicable statute of limitations. The other statements over which Dr. Kinsella has brought suit against Ms. Weber concern statements apparently made by third parties with no connection to Ms. Weber. Ms. Weber is confident that she will be completely vindicated in the case.”

According to Rich, Weber is a master sailor and never-smoker, who, while in her mid-forties, was diagnosed with a stage I squamous cell carcinoma on the right lower lip. Kinsella treated her at Case Western in 2006, the complaint states.

Kinsella’s suit states that following treatment, Weber filed a claim alleging misconduct. The State Medical Board of Ohio didn’t sanction the doctor. There was also an investigation by the Cuyahoga County prosecutor which didn’t result in charges.

Kinsella’s lawsuit states:

“In or about 2007, Defendants initiated a vindictive campaign to destroy Plaintiff’s personal and professional reputation. Defendants have repeatedly made, published

and re-published knowingly false and defamatory statements of and concerning Plaintiff including, but not limited to, false accusations of sexual assault and dishonesty.

“Defendants’ conduct has principally involved the creation and dissemination of tens, if not hundreds, of communications of the aforesaid false and defamatory statements to strategically selected businesses, institutions and individuals in Rhode Island, Massachusetts, New York, Ohio and beyond. The recipients of such communications typically share some professional affiliation with Plaintiff and, as such, appear to have been purposely selected by Defendants to cause maximum injury to Plaintiff’s professional reputation...

“Upon information and belief, Defendants have created or caused to be created a website known as ‘acancerdoctor.org’ wherein they have widely disseminated false and defamatory accusations of and concerning Plaintiff, including, but not limited to, the false and tortious accusations,” the suit states.

The text of the complaint and Weber’s response to the unsuccessful earlier motion to seal is posted at <http://www.cancerletter.com/categories/documents>.

In 2008, Kinsella was appointed director of the Stony Brook University Cancer Center.

According to a press release issued at the time, his ultimate goal was to secure the NCI Comprehensive Cancer Center Designation. “Under his leadership the Stony Brook University Cancer Center, will focus on four major research areas: DNA damage and repair, the role of cancer stem cells, cancer genetics, and developing new cancer treatments,” the press release said.

However, Kinsella departed after about a year. Officials at Stony Brook didn’t respond to a request for comment from The Cancer Letter.

Officials at Brown declined to comment on the case.

“Most clinical faculty in the Warren Alpert Medical School of Brown University are employed by local hospitals or practice groups and have faculty appointments at Brown,” said Mark Nickel, a spokesman for Brown.

“Dr. Timothy Kinsella is employed by a radiation oncology group and practices at hospitals in Providence and Boston. He has a faculty appointment as professor of radiation oncology at the Alpert Medical School. He joined the Brown faculty in March 2010.

“Neither the Alpert Medical School nor Brown University is a party to the events at issue, and neither will comment on the case.”

The court hearing last week was covered by

regional press, generating headlines that included [RI doctor accused of misconduct amends libel suit](#), and [Accusations against professor open to public](#).

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## Appropriations **Sequestration Would Cut 11.1% From NIH Extramural Budget**

*By Conor Hale*

The Federation of American Societies for Experimental Biology analyzed the impact that automatic funding cuts, brought on by federal budget sequestration, would have on biomedical research.

The report predicts an 11.1 percent reduction of in the NIH extramural budget, or about \$2.8 billion. This would lead to funding reductions in each state—with eight states taking cuts of over \$100 million: California, Maryland, Massachusetts, New York, North Carolina, Pennsylvania, Texas and Washington.

The automatic cuts would begin in January 2013, if Congress fails to agree on new budget levels. It was set in motion by the Budget Control Act of 2011.

“The budgetary loss to NIH would have a devastating effect on medical research,” said FASEB President Joseph LaManna. “More than 80 percent of the NIH funding is distributed to researchers in nearly every congressional district in the United States.

“Cutting back on this investment will delay discoveries that can lead to new treatments and improved health. It will also discourage younger people who are interested in pursuing careers in science and negatively impact many local economies. It is imperative that Congress prevent such automatic, across-the-board cuts.”

The Congressional Budget Office previously estimated that non-security discretionary programs, including NIH, would take a 7.8 percent cut.

However, certain discretionary programs would be exempt from automatic cuts, increasing the per-program percentage to 9.1 percent. An excerpt from the FASEB report, explaining its findings, follows:

“We have calculated the cuts to NIH if it is funded in FY2013 in a Continuing Resolution at its FY 2012 level and the sequestration process is triggered. The FY 2012 NIH budget is \$30.8 billion, and a reduction of 9.1 percent would be \$2.8 billion. Cutting this amount from the NIH budget would be difficult and highly disruptive to ongoing efforts.

“Moreover, not every activity can be reduced by 9.1 percent. For example, salary costs for federal employees cannot be reduced with the speed mandated by BCA. Some NIH activities—e.g., the intramural program (\$3.4 billion), research management and support (\$1.5 billion), and the Office of the Director (\$0.6 billion)—consist largely of salary expenses.

“If these activities (totaling \$5.5 billion) are not subject to immediate reduction, then NIH would have to take \$2.8 billion from the remaining extramural budget (\$25.3 billion), which will require a reduction of 11.1 percent of these programs.”

A FASEB analysis on the impact on research, state-by-state, can be found here: <http://bit.ly/10hMXV>.

### *In Brief*

## **Blanke Named SWOG Chair-Elect; Brian Leyland-Jones Will Direct Edith Sanford Breast Research**

(Continued from page 1)

Blanke is vice president of systemic therapy for the British Columbia Cancer Agency in Vancouver, and is professor and chief of medical oncology at the University of British Columbia.

Blanke has been a member of SWOG since 1999 and has served as chair of the group’s Gastrointestinal Committee since 2003. He also chairs the Gastrointestinal Stromal Tumor Task Force for the NCI’s Gastrointestinal Steering Committee.

He is a fellow of the American College of Physicians and the Royal College of Physicians and Surgeons of Canada. He also received a 2010 Statesman Award from the American Society of Clinical Oncology.

Baker has led the group since 2005 and is the Collegiate Professor in Cancer Developmental Therapeutics at the University of Michigan.

The board also confirmed **Michael LeBlanc** as the new group statistician, replacing **John Crowley**, who is stepping aside after 28 years in that role. LeBlanc, of the University of Washington, is a long-time statistician with SWOG’s lymphoma committee. Crowley is founder and president of Cancer Research and Biostatistics in Seattle.

In fall of 2012, SWOG will submit a proposal to NCI renew its largest grant. Blanke said his top priority while chair-elect will be to work with the current chair to help ensure the proposal is successful.

**BRIAN LEYLAND-JONES** was named the new director of **Edith Sanford Breast Cancer Research** and as a senior scientist with **Sanford Research** in Sioux

Falls, S.D.

He recently served as associate vice president and director of the Emory Winship Cancer Institute. Before that, he was the Minda de Gunzberg Chair in Oncology and professor of medicine at McGill University in Montreal.

Leyland-Jones has authored more than 150 peer-reviewed articles and book contributions, 200 abstracts, and 34 patents.

**THE AMERICAN CANCER SOCIETY** awarded 12 research grants, totaling over \$8.5 million, to support research aimed at eliminating cancer disparities.

The research will focus on reducing barriers to care, educating Latina breast cancer survivors about post-treatment screening, reducing disparities in liver cancer treatment, and supporting interventions to help low-income smokers quit. April 15-23 is National Minority Cancer Awareness Week.

The society’s extramural grants program recently began a program of priority funding for psychosocial, behavioral, health policy, and health services research that will result in reductions in cancer health disparities. The grants are among 135 research and training grants, totaling about \$52 million in the first two grant cycles of this year. The grants go into effect July 1.

“In order to achieve health equity in the U.S., it is important that we explore ways to better understand how cancer affects different populations,” said Otis Brawley, the society’s chief medical officer. “We realize the critical need to support research geared towards closing the disparities gap, and good research can help us discover ways to do so effectively.”

Highlights from some of the newly-awarded grants follow:

**Karen Freund**, of Tufts University School of Medicine, received a Clinical Research Professor award. Freund’s research program has three goals: to understand the impact of the health care system on disparities in cancer outcomes for vulnerable populations; to determine how patient navigator programs help reduce barriers to care in vulnerable populations; and to understand the role of health insurance reform in reducing health disparities.

**Hayley Thompson**, of Wayne State University, received a grant to address the issue that Latina breast cancer survivors are less likely to receive recommended post-treatment screening for recurrences or new breast cancers. She will test whether a DVD that provides key information about breast cancer surveillance and recurrence, including the perspective of a Latina breast

cancer survivor, can increase the likelihood that Latina survivors will get screened for breast cancer.

**Curtis Wray**, of University of Texas Medical School at Houston, proposed a model to reduce disparities in liver cancer treatment and outcomes for poor and medically underserved patients. This project will produce guidelines to assist patients and providers in making informed decisions about appropriate liver cancer treatments, including palliative care, particularly when the disease is in an advanced stage.

**Michael Businelle**, of MD Anderson Cancer Center, will study the factors that make it less likely that Spanish-speaking Mexican-American smokers of low socioeconomic status will successfully quit. His study will use smartphones to identify real time situations that may promote relapse in Spanish-speaking Mexican Americans, in comparison to Caucasians, African Americans, and other Latinos. Businelle's eventual goal is to develop smartphone interventions tailored to assist low-income smokers with their specific tobacco cessation challenges.

**THE BARBARA ANN KARMANOS Cancer Center** dedicated its new **Joseph Dresner Family Clinic for Hematologic Malignancies and Stem Cell Transplantation**. It was made possible by a \$2.5 million contribution from Joseph Dresner, who passed away earlier this year.

Dresner was diagnosed with myelodysplastic syndrome in 2002 and was treated by Charles Schiffer, leader of the Malignant Hematology Multidisciplinary Team at Karmanos. To show his gratitude, Dresner made his donation in May 2010.

Dresner's daughter, Lori, recalled her father touring the clinic during its construction: "Being a builder, dad could envision what the clinic would look like long before there were defined spaces. He was so weak at the time but touring this clinic gave him a spark. He couldn't stop talking about it. He was so excited to see this take shape, knowing his gift would impact patients for years to come."

The clinic opened to patients in March. It combined the center's bone marrow transplant and hematology services. The clinic has 16 examination rooms and 13 infusion rooms for hematologic malignancy and bone marrow/stem cell transplant patients; patient and physician consultation rooms; and a patient and family waiting area with a beverage station.

The clinic will see patients for bone marrow and stem cell transplants, MDS, leukemia, lymphoma,

multiple myeloma and other hematologic malignancies.

**LAWRENCE EINHORN** was honored by the **American Association for Cancer Research** with the **Joseph H. Burchenal Memorial Award** for Outstanding Achievement in Clinical Cancer Research.

Einhorn, an Indiana University distinguished professor and Lance Armstrong Foundation Professor of Oncology at the IU School of Medicine, was presented the award during the association's annual meeting in Chicago.

Einhorn is also a physician-researcher at the Indiana University Melvin and Bren Simon Cancer Center, and focused his clinical research in solid tumor oncology, specifically within the fields of genitourinary and lung cancers.

His research drastically improved the survival rate when he first studied platinum combination chemotherapy in patients with metastatic testicular cancer. Today, the survival rate for metastatic testicular cancer patients is 80 percent.

He treated Lance Armstrong, cancer advocate and seven-time winner of the Tour de France. Armstrong survived stage III testicular cancer that initially presented with abdominal, brain and lung metastases.

**WALTER CURRAN Jr.** will receive the **Brain Tumor Foundation for Children's 2012 Visionary Award**.

Curran, executive director of the Winship Cancer Institute of Emory University, was honored for his work in brain tumor research and his role in bringing a proton beam therapy treatment center to Atlanta, which is scheduled to open in 2015.

The group will present the award April 28 at a special event at the home of nationally-syndicated consumer expert Clark Howard, who is hosting a fundraiser for the brain tumor group.

Curran studied how to best identify better treatment options for brain tumor patients and how to reduce the side-effects of radiation. Proton beam radiation therapy is the most precise radiation therapy available and is likely to minimize damage to nearby, non-cancerous tissue. This is especially important when treating children.

Currently, the closest proton beam therapy treatment center is in Jacksonville, Fla.; only 11 are in operation in the United States.

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## A note from Paul Goldberg, editor and publisher of The Cancer Letter

Dear Reader,

In a series of articles, **The Cancer Letter** focuses on cancer centers as they chart their future through 2012 and beyond.

This issue of **The Cancer Letter** features the latest in our series of articles, The Cancer Centers: Permanent Reinvention. As a subscriber, you can access our previous stories, which explored changes at the National Comprehensive Cancer Network, chronicled disputes over intellectual property, and dissected the death of a cancer center.

Funding for cancer centers touches everyone in oncology. Therefore, I made the decision to make this Special Issue of **The Cancer Letter** available to everyone.

Over the past 38 years, **The Cancer Letter** has broken many a been a story on cancer research and drug development. We have won many an award for investigative journalism.

**We give you information you need, coverage you can't get anyplace else. And we promise a page-turner. Week after week. Because the truth is a good read.**

Here are some of the other big stories we are tracking:

- **The Cancer Centers: Permanent Reinvention.** The Cancer Letter is running a series of stories that focuses on the cancer centers.
- **The NCI Budgetary Disaster.** Congress is determined to cut spending, and biomedical research will not be spared. The cuts may affect you. We will warn you.
- **The Duke Scandal.** We broke it, and now we lead the way in examining the pitfalls and abuses in genomics and personalized medicine. We reported on a falsely claimed Rhodes Scholarship, ultimately causing a cascade of retractions in the world's premier medical journals, most recently in The New England Journal of Medicine.

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Yours,



- Paul Goldberg