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Stand Up To Cancer Selects Five Groups For “Dream Team” Grants Totalling \$73.6M

By Paul Goldberg

Stand Up To Cancer has selected five groups of researchers who will receive \$73.6 million to fund five three-year research projects.

Though SU2C has become celebrity central in applying media and Hollywood glitz to cancer research, the amount of money committed so far is relatively modest: less than \$25 million a year.

A smaller SU2C program will commit another \$20.8 million to three-year grants to individual investigators. These grants will be announced in the fall.

However, for the five teams chosen to receive “Dream Team” grants, the amount of money is substantial, and the event’s supporters and organizers
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In the Cancer Centers:

MMRF To Collaborate With Broad Institute To Provide Samples For Sequencing Studies

MULTIPLE MYELOMA RESEARCH FOUNDATION announced a collaboration with the Broad Institute of MIT and Harvard to systematically uncover the molecular changes underlying multiple myeloma by whole genome sequencing of individual patient tumors. MMRF will provide both patient samples for analysis as well as funding for the project. All data from this collaboration will be put in the public domain. “We are delighted to work with the MMRF, which has been a visionary organization in accelerating cancer research for the sake of patients and their families,” said **Eric Lander**, director of the Broad Institute. “Through our work together on this critical pilot project in whole cancer genome sequencing, we hope not only to advance clinical progress for multiple myeloma, but to build knowledge and technical capabilities that can be applied to many other human cancers.”

... **WINTHROP P. ROCKEFELLER** Cancer Institute at the University of Arkansas for Medical Sciences received a \$3.75 million gift from the Willard and Pat Walker Charitable Foundation. The gift will allow the institute to match the \$36 million designated by the Arkansas Legislature for construction of the institute’s new tower. “It was a gift from Mrs. Walker and her late husband, Willard, that made construction of the Cancer Institute’s Walker Tower possible in the 1980s,” said **Peter Emanuel**, institute director. “Now, Mrs. Walker has again made it possible for us to reach an important milestone for UAMS and the people of Arkansas.” In April 2007, **Gov.**

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argue that by funding teams that will rapidly translate science to the clinic, they will be making paradigm-shifting discoveries.

The money being spent on the Dream Teams was raised during a telethon that was broadcast by the networks, but had attracted a small audience and mostly raised funds from major contributors and corporate donors (The Cancer Letter, Sept. 12, 2008). SU2C is a program of the Entertainment Industry Foundation.

According to SU2C, the telethon raised \$104 million, but only \$23 million were donations from the public. The bulk of the money—\$81 million—came from philanthropists and corporate and organizational donors, the group said in response to questions from The Cancer Letter.

Though a lengthy “talking points” document distributed to advocates and obtained by The Cancer Letter states that another event was being planned for the fall of 2009, a spokesman for the group said the next telethon would instead be held in the fall of 2010.

The talking points document suggests that all the funds raised by the group have been committed. “We expect another call for SU2C Dream Team concepts will be circulated after more funds are raised in support of this initiative,” the document states.

The five teams funded through the SU2C effort are:



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Founded Dec. 21, 1973, by Jerry D. Boyd.

—**Bringing Epigenetic Therapy to the Forefront of Cancer Management.** Leader: Stephen Baylin, deputy director, Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins; Co-Leader: Peter Jones, Distinguished Professor of Urology and Biochemistry & Molecular Biology, University of Southern California. **Funding: \$9.12 million.**

—**Targeting the PI3K Pathway in Women’s Cancers.** Leader: Lewis Cantley, chief of the Division of Signal Transduction, Beth Israel Deaconess Medical Center; Co-Leaders: Charles Sawyers, director of the Human Oncology and Pathogenesis Program, Memorial Sloan-Kettering Cancer Center, and Gordon Mills, chair, Department of Systems Biology, M. D. Anderson Cancer Center. **Funding: \$15 million.**

—**An Integrated Approach to Targeting Molecular Breast Cancer Molecular Subtypes and Their Resistance Phenotypes.** Leaders: Joe Gray, Life Sciences division director, Lawrence Berkeley National Laboratory, and Dennis Slamon, director of Clinical/Translational Research, UCLA Jonsson Comprehensive Cancer Center. **Funding: \$16.5 million.**

—**Bioengineering and Clinical Applications of Circulating Tumor Cells Chip.** Leader: Daniel Haber, director, Massachusetts General Hospital MGH Cancer Center; Co-Leader: Mehmet Toner, professor of biomedical engineering, Harvard Medical School. **Funding: \$15 million.**

—**Cutting off the Fuel Supply: A New Approach to the Treatment of Pancreatic Cancer.** Leaders: Craig Thompson, Director, the University of Pennsylvania Abramson Cancer Center and Daniel Von Hoff, Senior Investigator and Physician in Chief, Translational Research Genomics Institute. **Funding \$18 million.**

The winning projects were selected from the pool of 237 proposals. Last year, that pool was narrowed down to eight finalists, and two of the five winning groups—those focused on breast cancer and pancreatic cancer—were combined based on the suggestion of the review committee.

“In reviewing the proposals for SU2C, the committee translated the statement into innovation in important cancer research, engagement in clinical studies as soon as possible—certainly within three years—and the collaboration of Dream Team leaders who have different disciplines and are leaders in their own field,” said Phillip Sharp, Institute Professor Koch Institute for Integrative Cancer Research at the Massachusetts Institute of Technology and chairman of the SU2C scientific advisory committee. “And I am confident that we have achieved these goals with the

five teams that have been selected for funding.”

Sharp spoke at a SU2C news conference May 27. At the same event, Dennis Slamon, the UCLA breast cancer researcher funded through the program, said the SU2C collaboration is better suited than the industry to foster innovation.

“There is little question that industry is going to be collaborating on a number of these trials, and we will be working with industry scientists,” Slamon said. “But with the two significant success stories that have come out in the last 20 year or so—the Gleevec story in CML that was led by Dr. Druker, and some of Herceptin work that we were lucky enough to be involved in—had it been left to industry, I am pretty certain that there is good evidence that those things would have been lying on the shelf for another five or 10 years before they moved anywhere. I think it was the impetus that came from that kind of academic research that Brian was able to provide and that we were able to work on with colleagues that really pushed it forward.”

Druker, director of the Oregon Health & Science University Cancer Institute, was one of the members of the advisory committee that selected the winning projects.

None of the teams was funded at the \$20 million level, as originally envisioned by the show’s organizers.

The talking points document offers the following discussion of the decision to narrow down the field and cut the number of projects:

“We estimated the funding per SU2C Dream Team would be approximately M\$20. At the point where we were evaluating 8 SU2C Dream Teams, we adjusted the budget to approximately M\$15 per team. The budgets were developed by the SU2C Dream Teams themselves and underwent a rigorous review process with the Scientific Advisory Committee to come to the final amounts.

“As with any study, costs will vary depending on the nature and scope of the project. All of the SU2C Dream Team proposals have very specific plans for achieving clinical benefit within the three year funding period. The budgets to support these research plans were developed by the SU2C Dream Teams themselves and underwent a rigorous review process with the Scientific Advisory Committee to come to the final amounts. In addition, some SU2C Dream Teams ultimately were combined—such as breast and pancreatic teams—and through combining those teams, budgets were realigned. In all, none of the initial budgets presented by the SU2C Dream Teams was M\$20.”

Other highlights of the talking points document include:

—**An acknowledgement of the fact that the American Association for Cancer Research, an organization receiving funds for peer review of SU2C projects, may publish the findings of the Dream Teams.**

“The traditional route is through presentations and publications, and AACR has venues through which the SU2C Dream Teams can share their findings with the scientific community, survivor and patient advocates, and the public. In addition we will look toward electronic media—including the AACR and SU2C websites and through more traditional media. The communications experience of many in the SU2C organization should enable broader outreach opportunities, particularly to the public.”

—**A claim that SU2C is not competing for funds with other cancer organizations.**

“Competition around fundraising has been a long-standing issue in the cancer community. We consider our work as complementary to the great work being done by other cancer organizations. SU2C is filling a gap that currently exists in the cancer community by harnessing the tremendous resources of the entertainment industry to reach new audiences, further the cancer movement and generate fresh support for the cause. No one organization can do it alone; but we have confidence that our unique funding model will expedite the delivery of new therapies to patients and save lives. In the end, that’s what it’s all about; and we believe that our colleagues in the cancer community share our goal of ending cancer forever.”

—**An acknowledgement that one donor wanted the contribution used to pay for pancreatic cancer research:**

The spokesmen first were instructed to say that there was no interference from funders: “Neither the fundraising team nor the donors interfered with or influenced the selection process.”

However, if queried further, the spokesmen could add: “We were in fact pleased that one major donor expressed a preference that their gift be used for research on pancreatic cancer because this truly devastating cancer typifies what the SU2C initiative is all about—raising funds for ground-breaking research aimed at high-priority areas with a critical need for rapid progress beyond current medical care. Pancreatic cancer is diagnosed in more than 37,000 Americans each year and of those people, 75% will likely die within one year of diagnosis. Sadly, the past 30 years have seen no

substantial improvements in survival rates and we're hoping the research we're funding will impact that.

"There were actually two related but separate submissions for pancreatic cancer teams in the group of eight finalists, and the SAC suggested that the teams combine their proposals to create the strongest potential for producing optimal research results. Similarly, two separate submissions for breast cancer were combined into one proposal."

—The group acknowledges that it is getting involved in policy issues:

"The only 'plan' we've ever had in the policy arena is to utilize the assets of the Entertainment Industry Foundation, who are the well-known people from the entertainment community, to volunteer their time for activities designed in some way to help accelerate the pace of ground-breaking research.

"The one change since our launch is that we have a significant number of people who have asked to be kept apprised of our activities and interesting news via email. When there are major developments on the policy front where the outcome could affect our basic goal, we may make our supporters aware of them, and encouraging action that would help achieve that goal, as we did in connection with the stimulus package."

The 26-page document is posted at <http://www.cancerletter.com/publications/special-reports>.

Responding to questions from The Cancer Letter, SU2C said that the group's total administrative costs were less than 10% of gross revenues. "The costs for the telethon were approximately \$2.9 million," the group said in an email. "There were no fees paid to EIF; EIF recouped its direct expenses, which were approximately \$1.8 million."

This apparently doesn't include the value of time donated by the networks. According to advertising industry sources, commercial-free time contributed by the three networks was worth about \$14 million.

Though SU2C raised \$104 million in 2008, "not all terms were finalized by the year's end," and additional \$20 million committed at the time would be recorded in 2009, SU2C officials said in an email. This amount is consistent with the donation by Sydney Kimmel. At the time, sources said that the terms of that donation were under discussion after the telethon.

SU2C said the Entertainment Industry Foundation last year made a \$435,895 grant to AACR.

"AACR's expert staff has time-intensive responsibilities for all aspects of grants administration for Stand Up To Cancer Dream Team Grants and Innovative Research Grants, including processing all

grants, working with expert committees to carry out the scientific review process, distributing the funds to numerous beneficiary institutions, developing methods of reporting, and providing scientific oversight through program management and evaluation of progress during the funding period," SU2C officials said. "The monies for this grant came from the 10% reserve, which is to sustain SU2C and provide a contingency fund for unexpected research opportunities. In addition, AACR has provided significant in-kind contributions of expertise and other administrative support for which it has not been compensated."

Asked directly whether another televised event was being planned, SU2C officials said any announcements would be premature:

"Stand Up To Cancer is an on-going initiative, with ongoing fundraising efforts throughout the year, being implemented every where from sporting events to film festivals. We have not yet announced a major fundraising effort for 2009.

"We are exploring a number of different opportunities to creatively use the entertainment industry's assets to raise additional funds for cutting-edge translational research.

"The television networks continue to be enthusiastic and supportive of SU2C. We will continue to draw on that support and to draw on additional opportunities that are available to us within television and the entertainment industry.

"It is premature to make any announcements at this time. It is an exciting time for Stand Up To Cancer and our efforts to keep the public engaged and donating to help the scientists work to end cancer are ongoing. We anticipate an announcement soon about our fall fundraising efforts."

Capitol Hill:

Groups Warn Of Harm From Breast Self-Exam Promotion

By Paul Goldberg

Several patient advocacy groups expressed concern about a controversial bill that seeks to establish educational campaigns promoting breast self-exams to secondary school students.

The bill, introduced by Rep. Debbie Wasserman Schultz (D-FL), has sufficient support to pass on the House floor, but is yet to be introduced in the Senate (The Cancer Letter, April 10).

Two groups—the National Breast Cancer Coalition and the Marti Nelson Cancer Foundation—wrote to

Senate members, warning about potential harm that can come from such early detection campaigns.

Also, the National Coalition for Cancer Survivorship has asked to meet with Wasserman Schultz's office to discuss similar concerns, sources said. Also, according to Capitol Hill sources, the American Cancer Society is asking to discuss the bill with Wasserman Schultz. The society has taken no formal position on the measure.

Wasserman Schultz, a chief deputy whip, introduced the bill, called Education and Awareness Requires Learning Young Act and abbreviated as EARLY, while also announcing that she had been treated for breast cancer. Several groups, including Komen for the Cure, the Young Survival Coalition, Living Beyond Breast Cancer and Tigerlilly Foundation, support the bill.

The measure—H.R. 1740—has 304 cosponsors in the House. The Senate version is expected to be introduced by Sen. Amy Klobuchar (D-MN). Senate supporters of the bill have been making attempts to attach it to the 21st Century Cancer Access to Life-Saving Early Detection, Research and Treatment Act, introduced by Sen. Edward Kennedy (D-Mass.) and Sen. Kay Bailey Hutchison (R-Tex.), Capitol Hill sources said.

While the bill is virtually assured passage in the House, critics are hopeful that the Senate would look beyond the motherhood and apple pie appeal and consider potential harm and absence of evidence to support screening young women. The letters expressing concern about the bill were sent to all Senate members.

The text of the NBCC letter, signed by the group's president Fran Visco, follows:

On behalf of the National Breast Cancer Coalition (NBCC) I want to express my gratitude for your continued interest in and support of breast cancer and women's health. As you are aware, NBCC has engaged tens of thousands of Americans to work toward increased federal funding for meaningful breast cancer research, to train and educate women with the disease and other advocates and to improve access to high-quality health care for all women. I know that you understand the critical importance of tackling the serious and complex problem of breast cancer with the best evidence-based approaches that will benefit women.

Today, I write to ensure that as you grapple with the complex issues surrounding breast cancer in young women, you have the benefit of NBCC's views and those of experts in the field. Recently, the EARLY Act was introduced in the House and the Senate. Among other things, the bill contemplates a public health campaign

addressed to young women focused on messages about risk reduction, prevention and other health interventions which we and experts believe would be unwise and would result in harm to women. While health education may be among the best prevention as a general rule, unfortunately, we do not have science based messages to send young women that would reduce their risk of breast cancer. Indeed, these issues are extremely complex as our analysis points out. I attach a copy of that analysis.

We believe strongly that any time we give messages to the public about health they must be based on very high levels of evidence. Those messages must be backed by rigorous research: are we telling the public to do the right thing? What are the benefits if they listen? What are the harms? We need to be absolutely certain of the benefit and that the benefit outweighs any harm. Public health messages and public policy must be based on strong, methodological, population based research because that is the audience. We believe that the EARLY Act, as introduced, does not meet the threshold.

In addition to our analysis of the bill, I have attached two letters for you to consider. One from Dr. Leslie Bernstein, a renowned scientist who has devoted her career to issues of risk reduction in breast cancer, often with a focus on young women. The other is from Dr. Susan Love, surgeon, researcher and author. Both these leaders in breast cancer raise serious issues about the potential harm to women the EARLY Act presents in, among other things, sending public health messages that are not evidence-based.

This country appropriately spends billions of dollars on research to make certain that the health care individuals get is effective and safe. That concept applies to public health messages and to Congressional action also: science and research must be the underpinnings of our health actions. As you consider the EARLY Act I hope that you will look at these complex issues and work with us to promote the right solutions.

The text of the letter from the Marti Nelson Cancer Foundation, signed by president Robert Erwin, follows:

On behalf of the Marti Nelson Cancer Foundation I would like to offer you our observations on the Breast Cancer Education and Awareness Requires Learning Young Act of 2009 (the EARLY bill).

Breast cancer clearly poses a threat to all women, but it is rare in young women. Better insights into the causes, prevention, detection and treatment of breast cancer in young women would be of great value to individual women and to public health in general. If we

had sufficient scientific data, understanding, and medical evidence, then educating young women about breast cancer, and raising awareness of the benefits of effective preventative practices and detection methods would be beneficial. Unfortunately, truly effective practices and methods do not exist, and available treatment options are frequently ineffective. Current medical knowledge is grossly inadequate for a public health education campaign of the type proposed by the EARLY bill to be useful.

Current knowledge of breast cancer in general, and its development in young women in particular, is not as advanced as the authors of the EARLY bill imply. To mount an education and awareness campaign targeting all healthy young women about a disease that cannot be prevented with current knowledge and technology—as proposed by this bill—would be a disservice to women and could harm more people than it helps. Were an awareness campaign targeting young women to be undertaken today, it would be on the basis of current information that is highly flawed and incomplete.

A premature public awareness effort based on inadequate knowledge would deflect resources that might be better devoted to focused research to improve our future ability to prevent and treat the disease. Such a well-meaning, but misguided campaign might also dampen the important sense of urgency among members of the public that is necessary to sustain the commitment of resources required to ultimately solve the devastating problems caused by breast cancer.

Although young women are a small minority of women with breast cancer, we take their needs very seriously, and recognize the devastating impact that breast cancer and its treatment has on their lives. Our organization was named in honor of a physician who died of breast cancer as a young woman. We respect the compassion and concern that underlies this draft bill, but we also know—from long, frustrating work—that progress against breast cancer can only be made on the basis of sound evidence and hard facts. We applaud the good intentions of the proposed legislation, but we suggest the current version of the EARLY bill requires substantial, serious re-writing if it is going to contribute to the public good.

Professional Societies:

ASCO Updates Guideline On Breast Cancer Risk Reduction

A newly updated guideline from the American Society of Clinical Oncology states that post-menopausal

women who are at increased risk for breast cancer could benefit from taking either tamoxifen or raloxifene to reduce their risk of developing the disease. The previous version of the guideline only recommended tamoxifen for this purpose.

The guideline also incorporates long-term follow-up information on the risks and benefits of using tamoxifen for breast cancer risk reduction in pre- and post-menopausal women. Further, certain side effects, including blood clots and vasomotor symptoms like hot flashes, sweats, and menstrual irregularities, did not continue after treatment. The guideline also includes recommendations about the use of aromatase inhibitors and retinoids to lower breast cancer risk.

The key recommendations of the guideline:

—Pre- and post-menopausal women who have an increased risk of breast cancer may take tamoxifen for five years to reduce their risk of ER-positive invasive breast cancer for up to 10 years. It is not known if there is a benefit to taking tamoxifen for more than five years.

—Post-menopausal women at an increased risk for breast cancer may also consider raloxifene for five years to reduce their risk of developing ER-positive invasive breast cancer. Raloxifene may be used for longer than five years in post-menopausal women with osteoporosis in whom breast cancer risk reduction is a secondary benefit.

—The use of aromatase inhibitors or retinoids to reduce the risk of breast cancer is not currently recommended outside of a clinical trial.

“It is important that women at increased risk of breast cancer be given the option of considering treatments that may reduce their risk,” said Kala Visvanathan, lead author of the guideline and assistant professor in epidemiology and Oocology at the Johns Hopkins Bloomberg School of Public Health and the School of Medicine.

The guideline also clarified which women should not take these drug therapies. Raloxifene and tamoxifen are not recommended for women with a history of blood clots or stroke, and raloxifene is not recommended for pre-menopausal women.

Also, the guideline states that breast cancer risk should be calculated periodically, because a woman’s risk of breast cancer increases throughout her lifetime.

The guideline uses the NCI Breast Cancer Risk Assessment Tool to define which women have a higher risk of developing breast cancer.

The updated practice guideline, decision aid tool, and other tools are available at www.asco.org/guidelines/bcrr.

CDC News:
**Amgen To Give \$1.5 Million
For CDC Educational Program**

By Kirsten Boyd Goldberg

The Centers for Disease Control and Prevention, the CDC Foundation, and Amgen said it would begin a three-year campaign to reduce infections among cancer patients.

The campaign will provide resources and educational tools to help patients and healthcare providers prevent and manage treatment-related infections, the entities said.

“Cancer patients undergoing chemotherapy are at a higher risk for infections, which can impact their treatment success, lead to hospitalization and cause life-threatening complications,” said Charles Stokes, president and CEO of the CDC Foundation. “This partnership brings together experts and resources from government and the private sector to address a critical health issue for cancer patients.”

Amgen will provide \$1.5 million over three years to the CDC Foundation, said Kate Ruddon, a spokesman for the foundation, a non-profit that forges partnerships between CDC, industry, and other organizations.

CDC scientists will develop curricula and online tools to be used in the educational campaign. No specific products can be mentioned in materials, under rules established by the foundation and CDC, Ruddon said. “It’s strictly a partnership around an issue important to both parties,” she said.

Last year, NCI and the NIH Foundation proposed using \$5 million from Amgen and Johnson & Johnson to fund R01 grants on erythropoiesis-stimulating agents (The Cancer Letter, June 27, 2008). The NCI Board of Scientific Advisors criticized the concept for its potential for conflicts of interest, and the proposal was withdrawn.

In Brief:
**WHO Names Komen Founder
As Goodwill Ambassador**

WORLD HEALTH ORGANIZATION Director-General **Margaret Chan** has appointed **Nancy Goodman Brinker**, founder of Susan G. Komen for the Cure, as WHO Goodwill Ambassador for Cancer Control.

As Goodwill Ambassador, Brinker is expected to raise awareness about cancer as a global public health problem. She will also advocate for strengthening global action for cancer prevention and control in the

context of the Global Strategy for the Prevention and Control of Noncommunicable Diseases endorsed by the World Health Assembly in May 2008. Her messages will emphasize the need for low- and middle income countries to strengthen comprehensive and evidence-based cancer control policies and programs.

“I am very pleased to appoint Ambassador Nancy Brinker as a Goodwill Ambassador for WHO,” said Chan. “I look forward to Ambassador Brinker’s help in raising global awareness of the need for comprehensive cancer control policies. The disease burden has shifted from wealthier to less affluent countries, and her advocacy will help in building awareness in low- and middle-income countries.”

Brinker served as U.S. ambassador to Hungary from 2001 to 2003 and as U.S. Chief of Protocol from 2007 to 2009. She was appointed by President Reagan to serve on the National Cancer Advisory Board.

“I would like to thank the WHO for this great honor and opportunity,” Brinker said. “If we raise awareness about the global burden of cancer, its socioeconomic and psychological consequences on cancer patients and their families and the necessary actions for its control, we will be able to advance the global agenda in the fight against cancer. I will work diligently to effectively disseminate these messages to the world.”

ISABEL MORTARA, executive director of the International Union Against Cancer, announced that she will step down from her position in September to pursue other endeavors.

“It has been a great privilege and an honour for me to serve the UICC,” Mortara said. “I have met many wonderful and committed people, and I fully intend to maintain these friendships and professional collaborations. I wish the UICC every success in achieving its mission.”

The UICC Board of Directors appointed a search committee to hire a new executive director. If this process is still underway in September, **Juerg Boller**, UICC head of finance and administration, will act as interim executive director.

UICC President **David Hill** said Mortara “has been a driving force behind the organization and its flagship projects over a decisive period in UICC’s history. Under her leadership, UICC has grown to be a leading international NGO with a sphere of influence that includes all aspects of cancer prevention and control, and patient support. We regret losing Isabel’s expertise, energy and diplomatic skills, but we do understand her decision to move on.”

REGINA VIDAVER, executive director of the National Lung Cancer Partnership, was named chairman of the Integration Panel for the Lung Cancer Research Program at the Department of Defense. Approved by Congress last fall, the \$20 million program will aim to speed improvements in the detection, diagnosis and treatment of lung cancer.

“A lack of adequate funding has left lung cancer research stunted and survival rates unmoved for over 20 years,” said Vidaver. “This program has the potential to break the research progress stalemate and hopefully bring the decrease in lung cancer deaths that is desperately needed.”

The Integration Panel is composed of physicians, scientists, researchers and consumer advocates, including lung cancer survivors.

In the Cancer Centers: **RPCI's Donald Trump Elected To Hopkins Society Of Scholars**

(Continued from page 1)

Mike Beebe signed a bill allowing the state to provide matching funds to build a 12-story expansion to the institute, Arkansas' only academic cancer research and treatment facility. The institute's 12-story expansion is scheduled to open its first phase in the summer of 2010. The 300,000-square-foot building ultimately will double the institute's capacity for research and treatment. . .

DONALD TRUMP, president & CEO of Roswell Park Cancer Institute, has been elected to membership in the Johns Hopkins Society of Scholars. Trump was recognized for his distinguished academic career, including leadership roles at several cancer centers. He is acknowledged as an authority in the treatment of prostate cancer and other genitourinary cancers, and for his contributions to new anticancer drug development.

A 1970 graduate of the Johns Hopkins School of Medicine, Trump completed an internship and residency training in medicine and a fellowship in oncology at the Johns Hopkins Hospital from 1970 to 1974, served as chief resident in internal medicine from 1974 to 1975 and was a member of the cancer center faculty from 1977 to 1981. . . .

UNIVERSITY OF ARIZONA has appointed colorectal cancer surgeon **Alfred Cohen** clinical professor of surgery in the Department of Surgery. He also joins the Arizona Cancer Center and University Physicians Healthcare. Cohen comes to UA from the Lucille P. Markey Cancer Center at the University of Kentucky where he served as director and chief executive officer. Previously, he directed the

colorectal cancer program at Memorial Sloan-Kettering Cancer Center. . . . **TRANSLATIONAL GENOMICS** Research Institute named **Konstantinos “Kostas” Petritis** is the first head of TGen's new Center for Proteomics. The new center will play a significant role in the Partnership for Personalized Medicine, an alliance among TGen, Arizona State University's Biodesign Institute, and Seattle's Fred Hutchinson Cancer Research Center. “The selection of Dr. Petritis adds a completely new capability to the already extraordinary capacities of TGen to do complex studies across the spectrum of disease-related biological molecules,” said **Lee Hartwell**, president and director of the Hutchinson Center. Petritis was a senior research scientist at the Pacific Northwest National Laboratory in the Biological Separations and Mass Spectrometry/Proteomics group at PNNL's Environmental Molecular Sciences Laboratory, a branch of the Office of Science of the U.S. Department of Energy. The Center for Proteomics initially will focus on the discovery and validation of biomarkers in support of Luxembourg Project Lung Cancer, one of three programs TGen has initiated with the nation of Luxembourg to help turn that country into Europe's premier biomedical center. The other two projects are: the Integrated BioBank of Luxembourg, which will create a repository for tissue samples; and the Center for Systems Biology Luxembourg, which will track the genetic basis of disease and develop health tests based on proteins. TGen will provide support, core expertise and training to enable Luxembourg to establish its genomics and proteomics capabilities. The center, located in Phoenix, also will provide a core resource to support collaborative proteomics studies within the TGen community. TGen also has facilities in Scottsdale and Flagstaff, and is pursuing a major alliance with the Van Andel Research Institute in Grand Rapids, Mich. The center's construction is nearly complete.

Funding Opportunities:

Technology Development for the Detection and Evaluation of Chemical and Biological Carcinogens (SBIR) [R43/R44] (PA-09-187) <http://grants.nih.gov/grants/guide/pa-files/PA-09-187.html>

Technologies and Software to Support Integrative Cancer Biology Research (SBIR) [R43/R44] (PA-09-188) <http://grants.nih.gov/grants/guide/pa-files/PA-09-188.html>

Technology for the Detection and Characterization of Low Abundance Proteins, Peptides, or micro RNAs (SBIR) [R43/R44] (PA-09-189) <http://grants.nih.gov/grants/guide/pa-files/PA-09-189.html>

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