THE CANCER LETTER

Vol. 36 No. 42
Nov. 19, 2010

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

JCO Retracts Key Duke Genomics Paper; Duke Shuts Down Three Phase II Trials

By Paul Goldberg

The Journal of Clinical Oncology Nov. 16 retracted a 2007 paper by a group of genomic scientists at Duke University.

The paper is being pulled because the authors have been unable to reproduce the fundamental experiments, the journal said.

In a related development, the Duke administration last week closed three randomized phase II clinical trials testing the technology developed by the controversial group, which includes oncologist Anil Potti, the senior author on the retracted JCO paper. Potti's resignation was announced Nov. 19 (see story below). He has been on paid leave since July, when this publication found that he had misrepresented his credentials, claiming falsely to have been a Rhodes scholar (The Cancer Letter, July 16).

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In the Cancer Centers:

Anil Potti Resigns From Duke University Amid Controversy Over CV, Genomic Studies

ANIL POTTI, an oncologist at Duke University who has been in the center of controversy over his credentials and reliability of his data, announced Nov. 19 that he will resign from his position.

The text of an email from **Huntington Willard**, director of the Duke Institute for Genome Sciences & Policy, follows:

"As some of you may have heard already, Anil Potti announced today that he will officially resign from his faculty position at Duke. In a letter to me, he accepted full responsibility for a series of anomalies in data handling, analysis and management that have come under scrutiny in the past months. This provides some closure for Anil and now allows all of us to refocus our attention on the ongoing efforts in genome science and its translation, in time, into clinical medicine. While this news represents a turning point of sorts, it is important to note that the various investigations will continue, as will our own efforts in the IGSP to review and evaluate the science in question.

"Let there be no doubt that this turn of events represents a tragedy for Anil and his family, as well as for those who have worked closely with Anil in his lab, throughout the IGSP and in the Department of Medicine. I hope you all join me in wishing Anil well and will offer support to those—especially in his lab and among his collaborators—who have been most impacted by this news.

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Duke Weighing Retractions In Nature Medicine, NEJM

(Continued from page 1)

Viewed together, the decisions to retract the JCO paper and stop the trials that tested the science the paper set forth indicates that additional retractions of Potti's work are likely to follow.

At this point, arrows are pointing at a Potti et al. paper published in Nature Medicine in 2006. Another paper, published in The New England Journal of Medicine in 2006, is in play as well. The Lancet Oncology has issued an expression of concern about another paper, and now this could be upgraded to a retraction. According to PubMed, Potti figures as an author on 105 publications.

"The JCO retraction represented a withdrawal of some of the foundational science for [Duke] trials," said Doug Stokke, a university spokesman. "Since the authors no longer stand by the scientific analyses underpinning the trials, the trials have been closed."

Decisions on additional retractions are expected shortly, Stokke said.

"The data and analyses in those papers are currently under review by Dr. Potti's co-authors to determine whether there are problems with the work that would necessitate retraction; we hope this work is completed in the next couple of weeks," he said in an email.

Keith Baggerly, a biostatistician at M.D. Anderson Cancer Center who originally detected signs of trouble in the work of the Duke team, sees the JCO retraction as a sign of a sea change.

"I believe we have entered the end game," Baggerly said to The Cancer Letter. "In earlier stages, there was some dispute about this being a problem. This is no longer in dispute. Now, the question is, 'What do we do?' and part of the answer is that the stuff that's out there that's wrong needs to be yanked."

The JCO retraction of the paper—"Pharmacogenomic Strategies Provide a Rational Approach to the Treatment of Cisplatin-Resistant Patients With Advanced Cancer," by D. S. Hsu et al.—states:

"The authors wish to retract this article because they have been unable to reproduce the experiments demonstrating a capacity of a cisplatin response signature to validate in either a collection of ovarian cancer cell lines or ovarian tumor samples. Because these results are fundamental to the conclusions of the paper, the authors formally retract the paper. We deeply regret the impact of this action on the work of other investigators."

The retraction is posted at http://jco.ascopubs.org/content/25/28/4350/suppl/DC2.

The journal's policies require that all authors sign off on retractions. Duke spokesman Stokke confirmed that Potti, too, signed the request for a retraction.

Closed Trials Presage More Retractions

The closing of the three trials was first reported in The Chronicle, a student newspaper, http://dukechronicle.com/article/suspended-cancer-trials-terminated.

The three terminated trials are:

• "Study Using a Genomic Predictor of Platinum Resistance to Guide Therapy in Stage IIIB/IV Non-Small Cell Lung Cancer (TOP0602)," http://clinicaltrials.gov/ct2/show/NCT00509366.

• "Adjuvant Cisplatin With Either Genomic-Guided Vinorelbine or Pemetrexed for Early Stage Non-Small-Cell Lung Cancer (TOP0703)," http://clinicaltrials.gov/ct2/show/NCT00545948.

• "Trial to Evaluate Genomic Expression Profiles to Direct Preoperative Chemotherapy in Early Stage Breast Cancer," http://clinicaltrials.gov/ct2/show/NCT00636441.

On the clinicaltrials.gov database, none of the three trials list the retracted JCO paper among publications justifying clinical experimentation. However, all three cite the November 2006 Nature Medicine paper, "Genomic Signatures to Guide the Use of Chemotherapeutics."

That paper, by Potti et al., establishes the

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.

methodology used by the Duke group. The JCO paper applies that methodology.

"The fact that they are pulling the JCO paper first amounts to saying that their application of the approach was wrong," said Baggerly. "They are not yet saying the entire approach is invalid."

The administration's decision to stop the lung cancer trials is consistent with its loss of confidence in the technology's ability to predict response to two agents studied in the JCO paper: cisplatin and pemetrexed, Baggerly said. However, by ending the breast cancer study, the administration signals that its concerns aren't limited to these two agents.

"They haven't just stopped the trials focused on cisplatin and pemetrexed," Baggerly said. "They stopped a trial that wasn't based on these drugs. This means to me that they have doubts about the original method."

And that means the Nature Medicine paper.

It's possible that the JCO paper was the first to be pulled because that journal has been more active than others in investigating the Duke affair, sources said. Its editors had contacted people knowledgeable about the team's science. Others have been relying primarily on the institution to conduct an investigation.

In an interview with The Chronicle, Paul Marcom, the principal investigator on the terminated breast cancer trial, said he is negotiating with the Department of Defense over the future of the $7 million grant that supported his work.

"It's certainly not time or resources well spent to answer a question that's not... valid," Marcom said to The Chronicle. "I still wouldn't say it's a waste of time, because science is a very start-and-stop process. We've learned a great deal about how to conduct a trial like this, so that is still a very valuable experience."

Marcom said the patients had not been harmed. "If the science is invalid, then the likelihood of harm to patients is extremely low," he said. "To say that the signatures would have assigned them to the wrong chemotherapy is to say they had some kind of validity."

Others, including Baggerly, say that a faulty biomarker can be more harmful than a drug administered indiscriminately, because a marker can mislead the doctors into withholding therapy to which a patient may be sensitive or administering therapy to which a patient may be resistant. There are two ways to go wrong, and at least statistically, this can be worse than random assignment.

Potti's mentor, Joseph Nevins, in effect acknowledges this in an email informing his co-authors about his decision to retract the paper.

The email, which was obtained by The Cancer Letter, states that in a database that was designed to predict the patients' response to cisplatin, many tumors were improperly identified, leading to "reversal of the clinical annotation of response vs. non-response (The Cancer Letter, Oct 29).

"As a result, predictions with the cisplatin signature cannot show a capacity to distinguish responders and non-responders when the correct clinical information was used, contrary to what was reported in the paper," wrote Nevins, the Barbara Levine Professor of Breast Cancer Genomics and director of the Duke Center for Applied Genomics & Technology. "Given this, I believe that the paper must be retracted."

The scientific underpinnings of another paper, published in the Aug. 10, 2006, issue of NEJM appear to be similarly vulnerable. NCI and Cancer and Leukemia Group B eliminated the use of that biomarker from an ongoing phase III clinical trial (CALGB 30506) after failing to confirm the test's utility (The Cancer Letter, May 14). The test wasn't used to assign patients to treatment.

Another scientist has alleged that Potti had inappropriately obtained materials and manipulated the data that led to the NEJM paper (The Cancer Letter, July 30). NEJM officials said they are relying on Duke to conduct an investigation.

Enrollment in the three trials was first suspended last October in response to a Baggerly and Coombes paper (The Cancer Letter, Oct. 9, 2009).

However, at the time, Duke officials, the IRB, and experts hired by the university recommended restarting the three studies (The Cancer Letter, Jan. 29).

The three Duke studies continued through July, but were halted once again after The Cancer Letter reported that Potti had misrepresented his credentials (The Cancer Letter, July 16).

Subsequently, an investigation by Duke University officials found "issues of substantial concern" in Potti's credentials and has suspended him with pay.

A separate investigation by Duke is scrutinizing Potti's scientific work, and the Institure of Medicine is starting an investigation focused in part on the rationale behind the three clinical trials.

Now that the trials have been terminated, the IOM committee will be in a position to look into what went wrong at Duke and address broader questions about conducting genomic studies and reporting their results.

Professional Societies:

Severe Drug Shortages Seen For Many Cancer Therapies

Oncologists are experiencing "severe and worsening shortages of many critical therapies," the American Society of Clinical Oncology said in a communication to physicians earlier this week.

Some of the drugs in short supply include doxorubicin, leucovorin, cisplatin, etoposide, nitrogen mustard, vincristine, propofol and morphine, the society said.

The pharmaceutical supply chain does not typically have much excess inventory in the system, according to FDA. Inventory for most products maintained at the manufacturer, wholesaler, and pharmacy level is less than one month of supply. A sudden halt in manufacturing can quickly become a shortage.

At a Nov. 5 meeting on drug shortages that included pharmaceutical manufacturers, supply chain entities, and the FDA, participants recommended faster communication between the pharmaceutical supply chain and providers, so that providers have more advanced notice and better understand shortages.

The groups convening the meeting were ASCO, the American Society of Anesthesiologists, the American Society of Health-System Pharmacists, and the Institute for Safe Medication Practices.

Other recommendations were to:

• Remove the barriers faced by drug manufacturers and the FDA to minimize the impact of drug shortages, such as establishing processes for potentially extending the expiration date of a drug in short supply if it still meets safety requirements.

• Clarify the definition of "medically necessary," which is the term that prompts notifications to the FDA related to drug shortages, to ensure the FDA is aware of shortages like those the oncology community is experiencing

ASCO asked its members to keep the society informed about how the shortages are affecting practice, and to inform FDA of shortages.

"White Coat Wednesday"

Physicians contacted their members of Congress on Nov. 17 to participate in the American Medical Association's "White Coat Wednesday," a day of advocacy for a solution to the looming problem of a 23 percent cut in Medicare physician payments that could take effect Dec. 1.

In the lame-duck session of Congress that began earlier this week, physicians are hoping legislators will try to address the Sustainable Growth Rate formula for Medicare physician payments. In addition to the Dec. 1 cut, a 1.9 percent cut is slated for Jan. 1.

The American Society of Clinical Oncology is advocating for permanent repeal of the SGR. "Because any long-term action is unlikely in this brief lame duck session, ASCO and other specialty societies are joining the AMA and the Administration in calling for a 13 month patch to the system," the society said. "A 13 month patch will provide some stability for physicians around the country and give the Congress time to pass a permanent repeal."

Pinedo Prize To Baselga

The Society for Translational Oncology awarded the 2010 Bob Pinedo Cancer Care Prize to **José Baselga** of the Massachusetts General Hospital Cancer Center, Harvard University, at its annual meeting in Boston.

Baselga was awarded the prize for his exceptional contribution to improved care for cancer patients. Baselga relocated from Barcelona, Spain, earlier this year to become chief of the Division of Hematology/Oncology and associate director of the Mass General Cancer Center. Baselga was chairman of the Medical Oncology Service and director of the Division of Medical Oncology, Hematology and Radiation Oncology at the Vall d'Hebron Institute of Oncology, Barcelona. He was the founder and director of the Vall d'Hebron Institute of Oncology, and a professor of medicine at the Universidad Autonoma de Barcelona.

A recipient of many distinguished awards, Baselga will, on Nov. 18, receive from Queen Sofia of Spain the Echevarne Foundation National Prize in Oncology, one of Spain's highest honors.

The American Society for Radiation Oncology selected **Elizabeth Brunton**, of Scripps Clinic, as the recipient of the 2010 ASTRO Nurse Excellence Award. This award is presented annually to a registered nurse who goes above and beyond the normal standards of nursing practice. She is the lead nurse and primary nurse in the radiation oncology department at Scripps Clinic and Scripps Green Hospital where she has worked since 1986.

The American Association for Cancer Research announces the launch of its newest journal, Cancer Discovery, which will publish high-impact, peer-reviewed articles describing major advances in basic and clinical research. The journal will be led by founding

Editors-in-Chief **Lewis Cantley** and **José Baselga**. **Mark Landis** has been appointed executive editor.

The Association of Community Cancer Centers named **Kim LeMaitre** as director of educational services. She was senior project manager at Fox Chase Cancer Center, where she managed multiple grant funded projects, including the Pennsylvania Cancer Education Network. In this role, she managed programs taking place in more than half of the counties in Pennsylvania. She was also training manager for the Atlantic region's NCI Cancer Information Service, at Fox Chase.

In the Cancer Centers:

Kansas Center Receives $9.7M From State Science Agency

(Continued from page 1)

"As dismaying as this series of events is, it provides an opportunity for reflection about what we do and how we do it, and it offers important, if painful, lessons for us all. I will have more to say about those in the days and weeks ahead. In the meantime, let us remember, especially at this time of year, all that Anil has done to positively influence the lives of many of his colleagues, trainees, friends and patients. The loss of any member of our family is difficult, and I ask you to keep that in your thoughts today."

UNIVERSITY OF KANSAS Cancer Center said the Kansas Bioscience Authority committed $9.17 million in new funding for the center, bringing its total investment to more than $50 million. The new funding helps support the work of:

• **Kapil Bhalla**, the center's new deputy director and professor of internal medicine. Bhalla came from the Medical College of Georgia and is an expert in novel targeted therapeutics of breast cancer, lymphoma, and leukemia.

• **Shrikant Anant**, the center's new associate director for prevention and professor of molecular and integrative physiology. Anant, formerly with the University of Oklahoma, focuses on gastrointestinal cancer research.

• Two unnamed eminent scholars and a rising star scholar to serve as associate directors of translational research; basic science; and phase I trials.

Also at University of Kansas Cancer Center, **Andrew Godwin** was named the center's associate director of translational research. Goodwin was director of the Clinical Molecular Genetics Laboratory at Fox Chase Cancer Center, where he was also co-leader of the Women's Cancer Program, and the initiator and director of one of the top biospecimen repositories in the country. Godwin will also be a professor of pathology and laboratory medicine and director of molecular oncology at the University of Kansas Medical Center, and holds the Chancellors Distinguished Chair in Biomedical Sciences endowed professorship.

FRED HUTCHINSON Cancer Research Center and the Chinese Center for Disease Control and Prevention signed a collaboration agreement, marking the first such agreement between the China CDC and a U.S. cancer research center.

The memorandum of understanding provides a framework for scientific research and training projects that support and contribute to the prevention, early detection, diagnosis and treatment of cancer, infectious diseases and other related health concerns in China and the U.S. The collaboration was made official during a signing ceremony this morning at the Hutchinson Center involving China CDC Director General **Yu Wang**, and incoming Hutchinson Center President and Director **Larry Corey**.

GEORGETOWN LOMBARDI Comprehensive Cancer Center, part of Georgetown University Medical Center, announces the launch of the Georgetown Database of Cancer, or G-DOC. Under development for two years, G-DOC is a repository for biological information that is normally only available in scattered information libraries and tissue banks, if at all. G-DOC also contains relevant tools to analyze the data.

Researchers at Georgetown will be able to incorporate the G-DOC analytical capabilities immediately into their clinical and laboratory research, as their funding allows. The developers hope to open the database for use outside of Georgetown in 2011.

G-DOC is a "one-stop shop" designed to make the vision of personalized medicine a reality, said its creator, **Louis Weiner**, director of Lombardi, which largely funded G-DOC's development. By giving cancer researchers all the information and analytical tools they need, "you can develop a much more complete picture of what causes individual cancers to develop and to grow, and what new agents are needed to treat them."

As part of a $1 million gift from the Robert M. Fisher Memorial Foundation, information from 200 breast cancer patients treated by Georgetown oncologists has been entered into the G-DOC. The data includes all the "omics" information—molecular analysis of

genomics, proteomics, metabolomics, methylomics, transcriptomics from tumors, as well as detailed clinical treatment and outcome information and patient questionnaires about their history, lifestyle, and potential risk factors. The Fisher gift also will be used to conduct a prospective trial of the G-DOC approach in women with early-stage breast cancer.

The goal is to understand the biological conditions that lead to a return of cancer in breast cancer patients who had used tamoxifen, so predictive markers can predict women who may need alternative treatment. Results are already being analyzed. G-DOC contains detailed information on a total of 2,953 breast cancer patients who have consented to participate in research.

Another pilot project at GUMC collects the same kind of detailed information on patients who are newly diagnosed with stage II colorectal cancer to determine the biological characteristics of the 20 percent of patients who are not cured by surgery and so who could benefit from more extensive treatment sooner.

The hope is that every cancer patient treated by Lombardi oncologists will agree to have information on their cancer and their treatment history placed in G-DOC, with strict privacy protections, said **Subha Madhavan**, director of clinical research informatics, who led the development of G-DOC.

JEFFREY WEITZEL, director of the Division of Clinical Cancer Genetics at City of Hope, received a five-year, $1.9 million grant from the American Cancer Society to evaluate whether culturally sensitive outreach and education can improve participation in genetic counseling for cancer risk among Latinas. Weitzel leads the study in collaboration with Los Angeles County, USC Medical Center, and Olive View-UCLA Medical Center.

JOHN GROOPMAN, associate director of cancer prevention and control at the Johns Hopkins Kimmel Cancer Center and the Anna M. Baetjer Professor and Chair of the Department of Environmental Health Sciences at Johns Hopkins Bloomberg School of Public Health, is the recipient of the Award for Excellence in Cancer Prevention Research from the American Association for Cancer Research and the Prevent Cancer Foundation.

For more than 25 years, Groopman has studied the development and application of molecular biomarkers of exposure, dose, and effect from environmental carcinogens. A focus of Groopman's research is the study of hepatocellular carcinoma, a major cause of morbidity and mortality in Asia and Africa. Groopman's initial biomarkers were rapidly translated into a multinational investigation of the etiology of HCC that for the first time characterized the relationship between exposure to the mold-derived food contaminant, aflatoxin, and infection with hepatitis B virus.

YEONG "CHRISTOPHER" CHOI, has joined Roswell Park Cancer Institute as director of the newly created Therapeutic Cell Production Facility, a component of RPCI's Center for Immunotherapy. Choi will be responsible for developing and implementing standard operating procedures and a quality control plan for the facility, compliant with all FDA regulations. He was an associate project scientist and GMP Facilities Laboratory Manager in the Department of Microbiology, Immunology and Molecular Genetics, University of California, Los Angeles.

UNIVERSITY OF NORTH CAROLINA at Chapel Hill's Carolina Center of Cancer Nanotechnology Excellence (C-CCNE) based at the UNC Lineberger Comprehensive Cancer Center, received a five-year, $13.6 million grant from NCI. The grant will support the continued work of the center launched in 2005 as part of NCI's Alliance for Nanotechnology in Cancer.

Joseph DeSimone and **Joel Tepper** will co-lead the C-CCNE. DeSimone is Chancellor's Eminent Professor of Chemistry in UNC's College of Arts and Sciences. Tepper is the Hector MacLean Distinguished Professor of Cancer Research and former chair of radiation oncology.

The funding will help support a team of 52 faculty, postdoctoral trainees, students and staff. DeSimone is founder of the nano-biotechnology firm Liquidia Technologies, a collaborator in this grant effort.

Tepper is a member of the NCI Clinical and Translational Research Advisory Committee and the NCI Process to Accelerate Translational Science, and is Director of the UNC Specialized Program of Research Excellence in gastrointestinal cancers.

DANA LOOMIS has been named associate director, Cancer Prevention and Control, at the Eppley Cancer Center at the University of Nebraska Medical Center. Loomis also serves as chairman of the epidemiology department in UNMC's College of Public Health. His research focus is on the link between exposure to asbestos and the development of cancer, particularly materials in industry and consumer products.

Obituaries:

Hayden Braine, Hopkins Expert In Blood Cell Transfusion, 67

Hayden G. "Bud" Braine, a pioneer in the field of blood cell transfusion, died at age 67 from complications of dementia, diagnosed after his retirement from Johns Hopkins in 2006. He was emeritus professor of oncology at the Johns Hopkins Kimmel Cancer Center.

Early in his 30-year career at Johns Hopkins, Braine developed Hopkins' first Hemapheresis Program, which provided critical platelet and other specialized blood product support to cancer patients to help manage the toxicities of cancer therapies.

The program also provided support to the Kimmel Cancer Center's bone marrow transplant program, assisting with the management of the unrelated bone marrow donor pool and storing and processing bone marrow and blood stem cells for transplant.

"Bud built a system that continues today in our hospital-wide blood banks and pathology laboratories to process red blood cells and platelets for transfusion into patients with cancer and other conditions," said Richard Jones, professor and director of Bone Marrow Transplant at the Johns Hopkins Kimmel Cancer Center. "His knowledge and dedication to providing this service undoubtedly helped extend lives and cure many patients."

"Bud was an unsung hero of the Cancer Center. Everything he did was for the betterment of patients, the center, and his colleagues," said Judith Karp, professor of oncology and medicine at Johns Hopkins. "Because of his contributions, we can now do the types of intensive therapy needed for leukemia and bone marrow transplants, and he spent the latter part of his career trying to make clinical research better."

Braine led the Cancer Center's clinical trials research office and was known as a stickler for details, particularly on informed consent. Some in the cancer center referred to him as the "Bud Braine barrier," a play on the phrase used to describe the protective "blood-brain barrier" that prevents certain drugs from getting to the central nervous system, and a homage to his rigorous attention to scrutinizing and reviewing details of clinical trials.

"Bud was an exceptional teacher, compassionate physician, and unselfish person. He left a great legacy at Johns Hopkins, and we will miss him," said William Nelson, professor and director of the Johns Hopkins Kimmel Cancer Center.

Braine was born in New Britain, Conn., and spent his early childhood in Windsor, Conn., where he graduated from the Loomis School. He graduated from Harvard College in 1965 where he received his undergraduate degree, cum laude, in biology. He completed his medical degree, internship, residency and fellowship all at Johns Hopkins.

Braine was a major in the U.S. Army Medical Corps from 1973-1975 and joined the Baltimore City Hospital, now known as Johns Hopkins Bayview Medical Center in 1975. He held the position of associate professor at the Johns Hopkins Kimmel Cancer Center, and upon retirement, achieved emeritus professor status.

Braine is survived by his wife Beverly, their two daughters Anni and Laiza, of Monkton, Md., and his sister Joan Carter Dunn, of Lowell, Mass.

A memorial service is scheduled for Nov. 21, at 7 pm at Trinity Church, 120 Allegheny Ave., Towson, Md.

American Cancer Society:

Partridge Elected President, Swanson Elected Board Chair

The American Cancer Society elected 11 new officers to its volunteer 2010-2011 National Board of Directors during its annual meeting in Atlanta.

Leading the Assembly will be the newly elected President Edward Partridge, of Birmingham, Ala., and presiding over the Board will be Chair Stephen Swanson, of Allison Park, Penn.

Other officers elected were W. Phil Evans III, of Dallas, Tex., president-elect; Cynthia LeBlanc, of Richmond, Cal., chair-elect; Gary Reedy, of Dresher, Penn., vice chair; Daniel Heist, of State College, Penn., treasurer; Lila Johnson, of Honolulu, secretary; Vincent DeVita Jr., of New Haven, Conn., first vice president; Tim Byers, of Aurora, Colo., second vice president; Alan Thorson, of Omaha, Neb., immediate past president; and George Atkins of Atlanta, Ga., immediate past chair.

Partridge is the director of the University of Alabama at Birmingham Comprehensive Cancer Center and principal investigator of the NCI-funded Deep South Network for Cancer Control and the Morehouse School of Medicine/Tuskegee University/University of Alabama at Birmingham Comprehensive Cancer Center Partnership.

Partridge succeeds Alan Thorson, who remains an officer as immediate past president. Thorson is a clinical professor of surgery at both Creighton University and the University of Nebraska.

Swanson, the new chair of the National Board of Directors, is president of his own independent management consulting firm. Swanson replaces Atkins, who will remain on the board as immediate past chair. After a 33-year career in the banking industry, Atkins retired from Wachovia Bank, where his last position was as an executive vice president in the trust department.

Evans, president-elect, is a professor of Radiology at the University of Texas Southwestern Center.

LeBlanc, chair-elect, has more than 30 years of experience in academic administration in several school districts in California.

Reedy, vice-chair, is worldwide vice president government affairs and policy with Johnson & Johnson.

Heist, treasurer, is the director of Internal Audit at Pennsylvania State University.

Johnson, secretary, is the community coordinator for the Hawaii Department of Health Tobacco Prevention and Education Program.

DeVita, first vice-president, is professor of Medicine, and professor of Epidemiology and Public Health at Yale University School of Medicine, and a former NCI director.

Byers, second vice-president, is the associate director at the University of Colorado Cancer Center, the associate dean for the Public Health Practice at the Colorado School for Public Health.

Awards to Fraumeni, Ganz, Pollard

At its annual meeting, ACS presented its highest honor, the Medal of Honor, to three cancer specialists:

Joseph Fraumeni Jr., one of the world's premier epidemiologists specializing in cancer, and one of the founders of molecular epidemiology, received the Medal of Honor for Cancer Control. Since 1995, he has served as the director of the Division of Cancer Epidemiology and Genetics at NCI. His work in genetics includes the discovery, with his colleague Frederick Li, of a familial multiple-cancer syndrome associated with inherited mutations in the p53 tumor suppressor gene. The condition, which affects children and young adults, is now known as Li-Fraumeni syndrome.

Patricia Ganz, professor of health services in the University of California, Los Angeles School of Public Health, and professor of medicine in the David Geffen School of Medicine, was awarded the Society's Medal of Honor for Clinical Research. She has made seminal contributions in the area of cancer survivorship, conducting groundbreaking research that has altered the way cancer survivorship is viewed today. Ganz is also the director of the UCLA Division of Cancer Prevention and Control Research at the UCLA's Jonsson Comprehensive Cancer Center, and leads a center for cancer survivors, the UCLA-LIVESTRONGTM Survivorship Center of Excellence. She is a founding member of the National Coalition for Cancer Survivorship, established in 1986 as the first national organization for survivors.

Jeffrey Pollard, deputy director of the Albert Einstein Cancer Center in New York, director of the Center for the Study of Reproductive Biology and Women's Health and Louis Goldstein Swan Chair in Women's Cancer Research, was awarded the Society's Medal of Honor for Basic Research. Pollard's genetic studies were the first to show that macrophages recruited to the tumor microenvironment promote tumor progression and metastasis. These studies were fundamental in triggering the now-burgeoning research area of the role of the tumor microenvironment in modulating malignancy that have opened up new therapeutic options.

NIH News:

NIH Gives $1 Billion In Credits To 2,923 Biotech Companies

HHS and NIH announced the recipients of the $1 billion in new therapeutic discovery project credits and grants created by the Affordable Care Act. This program will help nearly 3,000 small biotechnology companies in nearly every state produce new and cost-saving therapies, support jobs and increase U.S. competitiveness.

A total of 2,923 companies specializing in biotechnology and medical research in 47 states and the District of Columbia received awards under the therapeutic discovery project program. In all, 4,606 applications from these nearly 3,000 companies were awarded funding.

The therapeutic discovery project program is targeted to projects that show significant potential to produce new therapies, address unmet medical needs, reduce the long-term growth of health care costs, or advance the goal of curing cancer within the next 30 years. The credit covers up to 50 percent of the cost of qualifying biomedical research and is only available to firms with fewer than 250 employees. To provide an immediate boost to U.S. biomedical research and the small businesses that conduct it, the credit is effective for investments made in 2009 and 2010. Firms could opt to receive a grant instead of a tax credit, so start-ups that are not yet profitable can benefit as well.