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Eliminating the Suffering and Death Due to Cancer

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BSA Approves Nanotechnology Initiative

On July 12, the National Cancer Institute's (NCI's) Board of Scientific Advisors (BSA) approved by unanimous vote the NCI Alliance for Nanotechnology in Cancer concept, a $145 million, 5-year initiative that will explore the potential for integrating nanotechnology platforms into cancer research. The Alliance, including researchers, clinicians, and public and private organizations, will build on existing scientific knowledge and accomplishments to help find ways to apply nanotechnology to cancer prevention, detection, diagnosis, and treatment.

"This new cancer initiative comes at a critical time, given the scientific advances in genomics, proteomics, and molecular imaging; our increased understanding of the mechanisms of cancer; and the rapidly expanding information technology capabilities for handling vast amounts of data," said NCI Director Dr. Andrew C. von Eschenbach. "The NCI Alliance has the potential to be transformational as we work together across all scientific disciplines to develop new preventive, diagnostic, and therapeutic applications."

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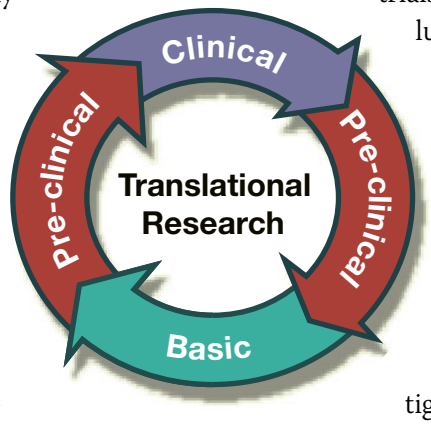
Director's Update

SPOREs: A Force in Translational Research

One of the central components of NCI's efforts to move new interventions to patients more quickly is the Specialized Programs of Research Excellence (SPOREs). The SPOREs program is a true success story. When the program was launched in 1992, there were 8 SPOREs for 3 cancer sites; there are now 61 SPOREs for 14 cancer sites. In 1995, there were 3 SPORE-operated clinical trials; in 2004, there are 120.



The 12th SPOREs Investigators' Workshop closed today in Baltimore; it demonstrated that SPOREs have become models of collaboration. Nearly every SPORE is part of an inter-SPORE network that is jointly conducting research and clinical trials. The six lung cancer SPOREs, working with some industry groups, for example, are conducting trials investigating EFGR inhibitors and novel Hedgehog pathway inhibitors. The 10 breast cancer SPOREs are working with the American College of Radiology Imaging Network and the Cancer

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At its June 24 meeting, the BSA heard about the proposed initiatives for the Alliance. The July 12 follow-up meeting included presentations by researchers, clinicians, and engineers currently engaged in nanotechnology research. Based on feedback from the Board, Dr. Gregory J. Downing, director of NCI's Office of Technology and Industrial Relations, presented a revised concept reflecting BSA input. Specifically, the Board recommended the development of a steering committee, focused training programs for translational research, and emphasized the importance of cancer biology in the development of new technology platforms. The Board also recommended that the Alliance develop ways to involve patient organizations as it goes forward.

"We are grateful to the Board for its critical thinking that has much improved this effort. They have helped us shape our plan and refocus the way in which we are going to achieve our goal of advancing the integration of nanotechnology into cancer research," said Dr. von Eschenbach.

"We are very pleased with the BSA's decision because we are confident that nanotechnology will generate breakthrough advances in the field of cancer research," said Dr. Mauro Ferrari, professor at Ohio State University and special expert in nanotechnology to NCI. "Nanotechnology will not displace other modes of cancer research, but will instead offer new tools to researchers and clinicians."

NCI has been a leader in funding cancer-related nanotechnology research for the past 5 years. Multiple strategies have been adopted to support efforts that will ensure a comprehensive and strategic cancer nanotechnology research portfolio, including NCI-supported cancer nanotechnology symposia, coordinated research efforts between intramural and extramural research, and implementation of NCI's Cancer Nanotechnology Plan (CNPlan).

The CNPlan includes integrated, milestone-driven, and product-oriented projects, including Centers of Cancer Nanotechnology Excellence, multidisciplinary research teams, and nanotechnology platforms for cancer research.

NCI has devoted the past year to soliciting input and feedback on the CNPlan from a large cross-section of the cancer community. "This effort is about creating translational research teams of the future," said NCI deputy director Dr. Anna Barker. "The Plan will only succeed with widespread participation from multiple scientific disciplines and partners."

For more information, visit: http://otir.cancer.gov.

(Director's Update continued from page 1)
and Leukemia Group B on a phase III, multicenter breast cancer therapy trial using advanced technologies like MRI and genomic and proteomic analyses to develop molecular characterizations of breast cancer tumors and measure tumor response to neoadjuvant therapy.

The SPOREs program also recently completed work on another groundbreaking activity. Two SPORE-member workgroups reviewed the research pipeline for two fertile areas of translational research: molecular targets and biomarkers. This review allowed NCI leaders to assess the status of the research in these two areas and will help us identify the best opportunities for advancing the most promising biomarkers and molecular targets.

In another sign of SPOREs' impressive evolution, 70 patient advocates attended this year's workshop as part of an innovative SPOREs initiative, the Patient Advocate/Research Team (PART) program, which has helped build a bridge between SPOREs researchers and patients. In many cases, PART participants go well beyond the traditional patient advocacy role, involving themselves in SPOREs' operational aspects by reviewing small seed grants that SPOREs may wish to fund or facilitating discussions between SPOREs and national organizations or industry on possible collaborations.

"The SPOREs' principal investigators are serious about bringing advocates into the program," says Jim Williams, a 13-year prostate cancer survivor, board member of the Intercultural Cancer Council, and a member of the PART at the Baylor University prostate cancer SPORE. "We can really bring the patient's viewpoint to the trials." Advocates like Jim are to be commended for their commitment to improving cancer care for all patients.

I also came away from the SPOREs workshop with an important reaffirmation of one of my most sincere beliefs: The intellectual capital of the research force we have assembled is unsurpassed in the history of cancer research. There are, of course, still challenges that must be addressed, from intellectual property to regulatory issues. But these are surmountable challenges that we are working to address. In the end, though, with programs like SPOREs, it is clear to me that we are on an ideal trajectory for success, allowing for exponential progress during a time of great promise and hope. ◆

Dr. Andrew C. von Eschenbach
Director, National Cancer Institute

Cancer Research Highlights

SELECT Recruits African Americans

The final enrollment figures for the Selenium and Vitamin E Cancer Prevention Trial (SELECT), the largest-ever prostate cancer prevention trial, boast 35,534 participants—more than 3,000 above the accrual goal. As reported in the April 20 *NCI Cancer Bulletin*, enrollment for SELECT—funded by NCI and coordinated by the Southwest Oncology Group—was closed to accrual about 2 years ahead of schedule.

Approximately 15 percent of SELECT participants are African American. "That is a significant accomplishment," said Dr. Lori Minasian, chief of the Community Oncology and Prevention Trials Research Group in the NCI Division of Cancer Prevention. Because African American men frequently develop prostate cancer at an early age, their eligibility age for the study was dropped from 55 to 50. And in fact, one-third of African American SELECT participants are between 50 and 55. "Opening accrual to younger African American men was a key element in recruiting so many participants from this population," Dr. Minasian said.

Both general and targeted recruitment mechanisms proved effective. For one national event, called "SELECT Sunday," SELECT sites worked with predominantly black churches across the country to educate their parishioners about prostate cancer and how to enroll in SELECT. Trial leaders also took advantage of local and national media. "It was heartening that so many men volunteered to participate in this study," remarked Dr. Minasian.

COX-2 Inhibitor Studied in Pancreatic Cancer

Patients with advanced pancreatic cancer may receive some benefit with minimal toxicity from a combination regimen that includes a COX-2 inhibitor, according to the results of a small pilot study by Italian researchers. In the study, published in the July 1 *Cancer*, 17 patients with progressive advanced pancreatic ductal adenocarcinoma (PDAC), who had received gemcitabine-based chemotherapy, were given continuous treatment with the COX-2 inhibitor celecoxib (Celebrex) and protracted intravenous 5-fluorouracil (5-FU). Of the 16 patients for whom there were results that could be evaluated, 2 had partial responses (23 and 68 weeks, respectively) and 2 had stable disease (10 weeks and 13 weeks, respectively). The overall response rate was 12 percent. Median time to disease progression was 8 weeks and median overall survival was 15 weeks.

PDAC has proven to be resistant to chemotherapy, lead author Dr. Michele Millela of the Regina Elena National Cancer Institute in Rome, wrote. Whereas bolus administration of 5-FU in patients with metastatic, advanced pancreatic cancer has shown to be relatively inactive, continuous 5-FU combined with COX-2 inhibition appears to be "feasible and demonstrates encouraging preliminary activity even in a population of chemotherapy-pretreated patients with far-advanced PDAC." In the study, they noted, "treatment-related toxicity was minimal and manageable, making this combination very attractive in an essentially palliative setting."

PSA Velocity and Prostate Cancer Treatment Outcome

PSA velocity—the rate at which prostate-specific antigen (PSA) levels rise—has a direct relationship to mortality from the disease, according to a study published in the July 8 *New England Journal of Medicine*. The prospective study by researchers at Harvard Medical School, the University of Connecticut, and Washington University School of Medicine in St. Louis followed 1,095 men for a median of 5.1 years and focused on whether men at risk for death from prostate cancer after radical prostatectomy can be identified using information available during the year before diagnosis.

Measuring PSA blood levels is the current standard for monitoring a man's status/risk of prostate cancer. A cutoff point is used to determine whether further screening is necessary; levels between 0 and 4 are considered normal while levels 20 and higher are considered extremely elevated. "The vast majority of men with prostate cancer present with a nonpalpable tumor and come to medical attention because of an elevated or rising level of PSA," the study authors report.

Men followed in this study who had annual PSA velocities greater than 2.0 nanograms per milliliter (ng/ml) had a higher risk of death from prostate cancer than those with scores of 2.0 ng/ml or less. The scientists also found that initial PSA velocities greater than 2.0 ng/ml remained significantly associated with prostate cancer mortality regardless of pathological reports from prostatectomies. However, they caution that although PSA velocity is linked with prostate cancer death, the initial Gleason score, clinical tumor stage, and PSA level must also still be considered important risk factors.

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(Research Highlights continued from page 3)

Late Cardiac Effects in Childhood Cancer Survivors

Use of the free-radical scavenger dexrazoxane (Zinecard) may protect children with acute lymphoblastic leukemia (ALL) from cardiac damage associated with doxorubicin (Adriamycin), University of Miami researchers reported in the July 8 *New England Journal of Medicine*. Doxorubicin is a component of highly effective treatments for children with ALL, the most common malignancy in children. However, it has also been associated with late cardiac effects, including congestive heart failure, as well an increased risk of death from cardiac causes.

In the study, 206 children newly diagnosed with high-risk ALL were randomized to treatment with only the standard multiagent protocol for ALL, which includes doxorubicin, or to standard treatment plus an infusion of dexrazoxane 30 minutes before receiving doxorubicin. Patients' troponin T blood levels—a sensitive and specific biomarker for cardiac injury—were measured at the time of diagnosis and at various points until the end of therapy. While 50 percent of the children in the chemotherapy-only arm of the study had elevated troponin T levels, only 21 percent of the children who received dexrazoxane showed an increase. Dexrazoxane appeared to have no impact on the chemotherapy's short-term effectiveness.

Long-term follow-up on dexrazoxane's effects is still needed, cautioned Dr. Malcolm Smith, associate branch chief for pediatrics in NCI's Cancer Therapy Evaluation Program and Dr. Noreen Aziz, program director in NCI's Office of Cancer Survivorship. "Additional data are needed to demonstrate that dexrazoxane has no effect on the antileukemia activity of doxorubicin and can be used in the treatment of children with ALL without fear of compromising their overall survival," Dr. Smith said. Long-term follow-up and a recently completed NCI-sponsored trial that evaluated dexrazoxane in more than 500 children with T-cell ALL, he added, should help determine dexrazoxane's optimal role.

HPV May Play Role in Head and Neck Cancer

Head and neck squamous cell carcinomas (HNSCCs) that harbor human papillomaviruses (HPV) have a different pattern of genetic changes than tumors without HPV. These patterns suggest that HPV may play a role in the development of HNSCC, according to Dr. Boudewijn Braakhuis and colleagues at the VU University Medical Center in Amsterdam in the July 7 *Journal of the National Cancer Institute*.

Previous studies have suggested that HPV may play a role in the development of HNSCCs, and HPV DNA has been detected in the tumors of 10–20 percent of HNSCC patients. To find a possible mechanism by which HPV might cause HNSCC, researchers looked at HPV DNA and RNA and genetic alterations in the tumors of 143 HNSCC patients. HNSCCs with transcriptionally active and inactive HPV DNA had different genetic patterns that support the idea that HNSCCs can be subdivided into two distinct categories and that HPV infection is involved in the early development of some HNSCCs. "Our results are consistent with the hypothesis that HNSCCs develop by two different etiologies: one driven by exposure to environmental carcinogens (e.g., tobacco and alcohol) without HPV involvement and the other involving infection with transcriptionally active [HPV]," the authors wrote.

In an editorial, researchers from the University of Texas M. D. Anderson Cancer Center noted that "understanding how the [HPV] viral proteins interact with cellular proteins and/or DNA in host cells may allow us to design strategies to block malignant transformation."

Carcinogenic Food Ingredient Studied

Researchers have discovered a possible mechanism by which acrylamide—a chemical by-product of processing common foods, such as breakfast cereals and french fries—causes cancer in mice. They also found a similar mutagenic mechanism at work in human bronchial tissue exposed to the chemical and its metabolite, glycidamide.

In a study in the July 7 *Journal of the National Cancer Institute*, Dr. Ahmad Besaratinia and his colleagues at the City of Hope National Medical Center in Duarte, Calif., reported on the effects of acrylamide and glycidamide on specific genes in mouse cells and in human bronchial epithelial cells. They found that acrylamide and glycidamide, in particular, bind to the DNA, forming adducts at similar specific locations in each of the genes studied. These DNA adducts, which were more common when the cells were treated with glycidamide, coincided with the locations of specific gene mutations in both the mouse and human cell models.

The authors report, "…glycidamide is largely responsible for the mutagenicity of acrylamide." The doses used in the study "might seem too high to be achieved by human dietary exposure alone," they acknowledged. "However, the ever-presence of human exposure to acrylamide on a daily basis makes these estimates somehow more tangible if not achievable. From a public health standpoint, these findings reiterate the need for reconsidering the presence of acrylamide in the human diet and the environment." ◆

Special Report

Central Review Board Will Speed Implementation of Pediatric Clinical Trials

The core activity for making new cancer treatments available—the clinical trial—is gaining new momentum. This month, with the goal of making it more efficient for pediatric oncologists to enroll young people in such trials, NCI established the Pediatric Central Institutional Review Board (PedCIRB).

The PedCIRB is an expansion of the NCI Central IRB (CIRB) Initiative, begun in 2001, for simplifying the review of Institute-sponsored Cooperative Group treatment studies. The CIRB provides an innovative approach to human subject protection for adults through a "facilitated review" process, which aims to streamline local IRB reviews of national multicenter cancer treatment trials.

"The PedCIRB will ease the administrative burden on institutions that participate in clinical studies involving children and adolescents," said Dr. Barry Anderson of NCI's Cancer Therapy Evaluation Program (CTEP). The PedCIRB will act as the clearing IRB for pilot, phase 2, and phase 3 clinical trials conducted by the Children's Oncology Group (COG). COG currently enrolls approximately 4,000 children and adolescents in treatment studies annually and has 70-80 studies open to patient accrual each year. "Local IRBs at the 238 institutions that comprise COG will decide individually about affiliating with the PedCIRB. Those institutions that join can decide on a case-by-case basis whether to approve the study using the PedCIRB review or to conduct their own assessment of the protocol," said Dr. Vita J. Land, executive director of the PedCIRB.

Every cancer study and its patient consent form must be approved by an IRB that includes physicians, ethicists, patient advocates, and others who help to ensure that any trial that cancer patients enter is ethical, informs them of potential risks, and maintains their confidentiality. A local IRB's consideration of a study can take weeks and involves a large investment of professional and volunteer time. Since most studies sponsored by NCI are conducted at multiple institutions, the same protocol is reviewed by each of the multiple local IRBs.

Jacquelyn Goldberg, who directs the overall initiative for NCI, commented, "The PedCIRB, similar to the adult Board, should reduce the necessity for duplicate reviews." Local IRBs must still ensure, through an abbreviated approval procedure, that the investigators and other staff at the local institution are appropriately qualified. Local IRBs will still monitor protocol compliance. The composition of the central IRBs is similar to that required for local IRBs, except that it has the unique advantage of being able to draw on pediatric oncology expertise from across the whole country.

The 17-person PedCIRB includes 10 physicians with pediatric subspecialty expertise, 2 nurses, 1 bioethicist, 4 patient advocates, 1 pharmacist, and 1 statistician. This diverse membership will ensure that the PedCIRB provides broad clinical and ethical expertise for the review of COG treatment protocols. In view of the special considerations required for the evaluation of research involving children, the board members' extensive experience reviewing pediatric clinical trials is a valuable asset to the PedCIRB.

Easing the difficulties local IRBs face in meeting administrative and regulatory demands should facilitate swifter and more efficient trial start-up and completion. Enhancing the development and delivery of improved therapeutics for pediatric cancer patients will prove crucial to meeting the challenge goal of eliminating the suffering and death due to cancer by 2015. The PedCIRB plans to review its first COG protocols in November. ◆

CCR Grand Rounds

July 20: Dr. Steven A. Rosenberg of NCI's Center for Cancer Research will present "The Development of Cell Transfer Immunotherapy for Patients with Cancer."

July 27: NIH Director Dr. Elias A. Zerhouni will present "The Future of Medical Imaging."

CCR Grand Rounds are held 8:30 to 9:30 a.m. at the NIH campus in Bethesda, Md. in the Clinical Center's Lipsett Amphitheater. There will be no lectures in August. ◆

Featured Clinical Trial

Combination Biological and Chemotherapy for Advanced Pancreatic Cancer

Name of the Trial

Phase III Randomized Study of Gemcitabine With Versus Without Cetuximab as First-Line Therapy in Patients With Locally Advanced Unresectable or Metastatic Adenocarcinoma of the Pancreas (SWOG-S0205). See the protocol summary at http://cancer.gov/clinicaltrials/SWOG-S0205.

Principal Investigator

Dr. Philip Philip of the Southwest Oncology Group.

Dr. Philip Philip
Principal Investigator

Why Is This Trial Important?

Pancreatic cancer is associated with the poorest survival among all major cancer types. In the United States, it accounts for 5 percent of all cancer deaths, or about 30,000 deaths per year. Furthermore, the numbers of new cases of pancreatic cancer (incidence) and deaths (mortality) have changed little over the past three decades.

The chemotherapy drug gemcitabine (Gemzar) is a commonly used treatment for advanced pancreatic cancer, but its benefits are minimal. Researchers hope that adding cetuximab (Erbitux), a monoclonal antibody, to gemcitabine will result in an improved response.

Early clinical work with cetuximab has shown that it does have some effectiveness against pancreatic cancer. Cetuximab binds to cancer cells and blocks a protein called epidermal growth factor receptor (EGFR). EGFR is found in abnormally high amounts on the surface of many types of cancer cells, causing the cells to divide excessively in the presence of epidermal growth factor proteins.

"Currently there is no satisfactory treatment for pancreatic cancer," said Dr. Philip. "This trial employs a novel targeted therapy that blocks EGFR, hopefully resulting in cancer cells that are less likely to proliferate, more sensitive to chemotherapy, and more prone to apoptosis, or cell death."

Who Can Join This Trial?

Researchers seek to enroll 704 patients with locally advanced unresectable or metastatic adenocarcinoma of the pancreas. See the full list of eligibility criteria for this trial at http://cancer.gov/clinicaltrials/SWOG-S0205.

Where Is This Trial Taking Place?

Multiple study sites in the United States are recruiting patients for this trial. See the list of study sites at http://cancer.gov/clinicaltrials/SWOG-S0205.

Who to Contact

See the list of study contacts at http://cancer.gov/clinicaltrials/SWOG-S0205 or call the NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237). The call is toll free and completely confidential. ◆

An archive of "Featured Clinical Trial" columns is available at http://cancer.gov/clinicaltrials/ft-all-featured-trials.

Funding Opportunities

Understanding Mechanisms of Health Risk Behavior Change in Children and Adolescents

PA-04-121
Application Receipt Dates: Nov. 1, 2004; March 1, July 1, Nov. 1, 2005; March 1, July 1, Nov. 1, 2006; March 1, 2007

NCI invites research grant applications that will enhance our understanding of the factors and mechanisms that determine changes in health risk behaviors during childhood and adolescence. The concept of health risk behavior change is used in this PA to encompass the evolution of specific health-impairing behaviors. Of particular interest are factors and processes that influence the initiation, continuation, and/or cessation of one or more of the following health risk behaviors: 1) Substance abuse, 2) inadequate exercise and poor dietary practices as they relate to being overweight or obese, and 3) intentional and unintentional injuries.

The PA will use the R01 and R21 award mechanisms.

For more information see http://cri.nci.nih.gov/4abst.cfm?initiativeparfa_id=2160. Inquiries: Dr. Louise C. Mâsse, massel@mail.nih.gov

Studies of Energy Balance and Cancer in Humans

PA-04-124
Application Receipt Dates: Sep. 1, 2004; Jan. 2, May 1, Sep. 1, 2005; Jan. 2, May 1, Sep. 1, 2006

NCI invites investigator-initiated research applications on the relationships between energy balance, cancer risk, and prognosis energy balance in humans. These studies will focus on research to define factors affecting energy balance and to define mechanisms influencing cancer risk, prognosis, and quality of life. These

studies may range from new analyses of existing datasets to additional collection of data and biological specimens in ongoing investigations. Applicants must have previously collected measures from human subjects on two or more of the following exposures: diet, physical activity, body composition, and/or related biomarkers (such as blood, urine, exfoliated cells, and/or tissue samples).

This PA will use the NIH Investigator-Initiated Research Project Grants (R01), NIH Exploratory/Developmental Grants (R21), and Competitive Supplements to existing NCI-funded grants.

For more information see http://cri.nci.nih.gov/4abst.cfm?initiativeparfa_id=2163. Inquiries: Dr. Virginia W. Hartmuller, hartmulv@mail.nih.gov; Dr. Noreen M. Aziz, na45f@nih.gov; Dr. Jackie Whitted, whittedj@mail.nih.gov

Novel Approaches to Enhance Animal Stem Cell Research

PA-04-125
Application Receipt Dates: Nov. 1, 2004; March 1, July 1, Nov. 1, 2005; March 1, July 1, Nov. 1 2006; March 1, July 1, Nov. 1, 2007

The purpose of this PA is to encourage the submission of applications for research to enhance animal stem cells as model biological systems. Innovative approaches to isolate, characterize, and identify totipotent and multipotent stem cells from nonhuman biomedical research animal models, as well as to generate reagents and techniques to characterize and separate those stem cells from other cell types, is encouraged. Studies involving human subjects are not allowed under this PA. This PA supersedes PA-02-147 issued earlier by the National Center for Research Resources.

The PA will use the NIH R01 and R21 award mechanisms.

For more information see http://cri.nci.nih.gov/4abst.cfm?initiativeparfa_id=2162. Inquiries: Dr. Donald Blair, blaird@mail.nih.gov ◆

Notes

International Team to Evaluate Traditional Chinese Medicine for Cancer

NCI's Office of Cancer Complementary and Alternative Medicine (OCCAM) is supporting the development of an international center that partners the University of Texas M.D. Anderson Cancer Center in Houston with the Cancer Hospital, Fudan University in Shanghai, China. The grant is the first step in developing a center to study the use of traditional Chinese medicine for cancer treatment and symptom management. The research teams will investigate herbal and natural product treatments that target the disease and disease-related symptoms and outcomes, the effectiveness of acupuncture on specific symptoms in cancer patients, and the biobehavioral effects of qigong and other mind/body-based therapies in cancer patients. This is the first NCI grant to support such an international partnership to study an alternative medical system. For more information about OCCAM, go to: http://cancer.gov/occam.

Winn Leads NCI's Genetic Epidemiology Research Branch

Dr. Deborah Winn has been appointed chief of the NCI Epidemiology and Genetics Research Program's (EGRP) Clinical and Genetic Epidemiology Research Branch (CGERB). Dr. Winn had been CGERB's acting chief and was senior epidemiologist for tobacco and cancer control in EGRP. She also served at one time as acting associate director of EGRP. Dr. Winn has been instrumental in guiding the EGRP-funded Cancer Genetics Network and has been very involved in helping CGERB develop initiatives in gene-gene and gene-environment interactions. She is known nationally and internationally for her work and writings on smokeless tobacco and the etiology of oral cancer. She is NCI program coordinator for the Long Island Breast Cancer Study Project, and has been a key member of the Health Disparities Research Coordinating Committee in the Division of Cancer Control and Population Sciences, of which EGRP is a part.

Dr. Sheue-yann Cheng Receives Mentor Award

Dr. Sheue-yann Cheng in the Laboratory of Molecular Biology in NCI's Center for Cancer Research is this year's recipient of the Abbott Thyroid Research Clinical Fellowship Mentor Award from the Endocrine Society. Abstracts on the molecular genetics of thyroid carcinoma by two of her fellows, Drs. Caroline Kim and Yasuhito Kato, were selected from hundreds of submissions to compete at the oral presentation for the mentor award. Dr. Kim won the competition. The mentor award was presented to Dr. Cheng at the June 18 plenary session of the annual meeting of the Endocrine Society. The award provides $30,000 for unrestricted use for Dr. Cheng's research. ◆

Featured Meetings

This is a list of selected scientific meetings sponsored by NCI and other organizations. For locations and times and a more complete list of scientific meetings, including NCI's weekly seminars and presentations open to the public, see the NCI Calendar of Scientific Meetings at http://calendar.cancer.gov.

NCI Advisory Committee Upcoming Meetings

Date	Advisory Committee
July 27	Advisory Committee to the Director, NCI

Selected Upcoming Meetings of Interest

Date	Meeting	NCI Speakers
July 14-16	Mouse Models of Human Cancers Consortium (MMHCC) Steering Committee Meeting	Dr. Andrew C. von Eschenbach, Director; Dr. Dinah S. Singer, Director, Division of Cancer Biology; Dr. Cheryl Marks, Associate Director, Division of Cancer Biology; Dr. Ken Buetow, Director, NCI Center for Bioinformatics
July 15-16	AICR/WCRF International Research Conference on Food, Nutrition and Cancer	Dr. Peter Greenwald, Director, Division of Cancer Prevention; Steve Hursting, Office of Preventive Oncology, Division of Cancer Prevention
July 18-20	Cancer Health Disparities Summit 2004—Special Populations Networks for Cancer Awareness Research & Training	Dr. Mark Clanton, Deputy Director, Cancer Care Delivery Systems; Dr. Harold P. Freeman, Director, Center to Reduce Cancer Health Disparities
July 21-23	Minority Investigator Career Development Workshop	Dr. Mark Clanton, Deputy Director, Cancer Care Delivery Systems
July 23-25	Genetic Alliance Conference 2004—Joining our Journeys: One Step at a Time	Dr. Harold P. Freeman, Director, Center to Reduce Cancer Health Disparities

NCI Exhibits

NCI Exhibits are presented at various professional and society meetings. Further information about the NCI Exhibits program can be found at http://exhibits.cancer.gov.

This *NCI Cancer Bulletin* is produced by the National Cancer Institute (NCI). NCI, which was established in 1937, leads a national effort to eliminate the suffering and death due to cancer. Through basic and clinical biomedical research and training, NCI conducts and supports research that will lead to a future in which we can prevent cancer before it starts, identify cancers that do develop at the earliest stage, eliminate cancers through innovative treatment interventions, and biologically control those cancers that we cannot eliminate so they become manageable, chronic diseases.

For more information on cancer, call 1-800-4-CANCER or visit http://cancer.gov.

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