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Monica Dylka (Images: Sean_Warren/istockphoto.com; DSCpro/istockphoto.com; photos.com)

Are Financial Worries Prompting Patients to Skip Needed Health Care?

BY LOLA BUTCHER

Even before the economy went into free fall, the reports about missed care were piling up, and that message will now likely be heard even more. But what do the reports mean? What is the effect on patient health? Are cancer patients foregoing lifesaving treatment? Will oncology practices see demand for their services fall? Or will patients show up with more advanced disease because they stayed home when they first suspected a health problem?

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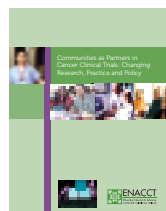
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Update:

Mystery Solved: Melanoma DoD Congressional 'Champion' Unmasked

Also: Additional Sunlight Shed on Lobbying Efforts

BY ERIC T. ROSENTHAL

When *OT* reported in the Oct. 25 issue that melanoma was added to the cancers funded by Department of Defense research dollars, the Congressional “champion” who sponsored the bill was still unknown.

During interviews for that article with Melanoma Research Foundation (MRF) Chairman C. Randy Lomax, and Edward Long, a member of MRF’s Board and its paid lobbyist, both said they had no idea who their champion was in Congress.

They had approached several senators and representatives about sponsorship, they said, but could not identify the person responsible for introducing the legislation that appropriated \$4 million for peer-reviewed research programs for melanoma and other skin cancers through the Congressionally Directed Research Program.

“I don’t know who did this for us, but someone put it in,” Mr. Long said. “I can’t tell you who the champion was, but it was a product of all that effort. It was a case of we threw it up against the wall and somebody grabbed onto it.”

Well, that somebody was Congressman Charlie W. Dent (R-PA), who was not among those mentioned as having been contacted.

Although Rep. Dent was probably not alone in the sponsorship, he is the only member of Congress who has been identified as having advocated for the melanoma funding.

OT learned about Rep. Dent from another melanoma advocate, Catherine M.



Although Congressman CHARLIE W. DENT (R-PA) was probably not alone in the sponsorship of the bill, he is the only member of Congress who has been identified as having advocated for the melanoma funding.



ERIC T. ROSENTHAL is *OT*’s Special Correspondent.

Of these members, only Senators Leahy and Brownback were mentioned by Mr. Lomax and Mr. Long during interviews for the original article.

In a telephone interview Rep. Dent’s Legislative Director, Laura Stevens Kent, told *OT* that Ms. Poole said she was working with someone in Washington, DC who had more expertise in lobbying, and suggested contacting Mr. Long.

“At that point I exchanged two pieces of correspondence with him to clarify the strategy, and I specifically asked who he was presenting this to, and could Congressman Dent lead an effort to try to advocate [for it], and circulate a letter to his colleagues saying

“I hope that as many members as possible will submit this,” said Ms. Kent, who added that this was similar to what had been done for DoD’s breast cancer research program.

“My offer was not taken up...and Ed never specified who he was advocating for...I said Congressman Dent would submit this and it would be one of his priorities in March.”

She said that neither she nor the congressman had any idea who the other sponsors were, and that the difference between sponsoring a “project” versus a “program” was one reason names were not necessarily attached to the DoD funding request.

“Projects are very narrowly defined for a very specific project and in the defense world are generally tied to a specific company that will perform the work or project, and those sponsors are all identified in the bill.

“However, the situation under the DoD’s health program is considered more of a program request, since they are not done by a specific entity but will be used broadly to do research; and these requests do not require a specific identifying [congressional] advocate.

“Congressman Dent saw that this was something that had national significance, and he submitted a request to the Defense Appropriations Subcommittee. And it was

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Poole, President and Founder of the Melanoma International Foundation (MIF), and coauthor with DuPont Guerry IV, MD, of *Melanoma: Prevention, Detection, and Treatment (Yale University Press Health & Wellness)*.

Ms. Poole had been involved in melanoma advocacy activities for the last few years with the congressman and his wife, Pam Dent, whose father, Bill E. Serfass, died of the disease, and in whose name MIF presents an annual recognition award.

Ms. Poole had approached Rep. Dent in February on behalf of the National Council on Skin Cancer Prevention—an umbrella group of some 45 organizations that include both MIF and MRF—asking him to support funding for melanoma and reach out to his congressional colleagues to do the same.

The first item on the ask list was \$5 million for melanoma research in the Department of Defense’s Fiscal 2009 Appropriation Bill, which was approved at the \$4 million level in late September.

Ms. Poole also included a list of other members of Congress who had previously shown an interest in skin cancer: Sen. Patrick Leahy (D-VT), Sen. Sam Brownback (R-KS), Sen. John Isakson (R-GA), Rep. Carolyn Maloney (D-NY), Rep. Norm Dicks (D-WA), Rep. John Murtha (D-PA), and Rep. Jerry Lewis (R-CA).

AACR Prevention Conference: Research Roundup

BY PEGGY EASTMAN

NATIONAL HARBOR, MD—Long-term use of vitamins C and E in men did not lower the risk of prostate cancer or total cancer among vitamin E users or total cancer among vitamin C users, according to new preliminary data from a large study presented here at the American Association for Cancer Research's Seventh Annual International Conference on Frontiers in Cancer Prevention Research. Neither, though, did the vitamins cause any harm.

The study results were a disappointment, since the rationale for the trial was that basic science and observational studies have supported a role for antioxidants in preventing cancer, especially prostate cancer. The results presented come from the Physicians' Health Study II, a large-scale, randomized clinical trial including 14,641 physicians who were at least 50 years old when they enrolled in the trial.

Participants were followed for up to 10 years. In this trial, participants took either 400 international units (IU) of vitamin E every other day or a placebo, or 500 milligrams of vitamin C a day or a placebo.

Study coauthor Howard D. Sesso, ScD, MPH, Assistant Professor of Medicine at Brigham and Women's Hospital, said the preliminary results of this study should help to clarify public health recommendations on taking vitamins E and C to prevent cancer. But, he noted, the results are not the last word: "The final component of the Physicians' Health Study II, testing daily multi-vitamin supplementation, remains ongoing."

NSAIDs Reduce PSA

On a more hopeful note, taking aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) does appear to reduce levels of prostate-specific antigen (PSA), especially in men with prostate cancer, according to data from a study of 1,277 men over age 40

scheduled for a diagnostic prostate biopsy and enrolled in the Nashville Men's Health Study. The effect of aspirin on PSA was strongest in men who were later found to have prostate cancer.

Interestingly, the men who took aspirin and those who did not had the same prostate volume, so it appears that aspirin works by a different mechanism than volume shrinkage, said lead investigator Jay H. Fowke, PhD, Assistant Professor of Medicine at Vanderbilt University.

Dr. Fowke pointed out that while a reduction in PSA could have a beneficial effect on the development of prostate cancer, it is important to note that use of aspirin and other NSAIDs could lower PSA below the levels that raise clinical suspicion—and thus could be potentially harmful to the patient because such use could delay diagnosis.

"Implications for prostate cancer screening recommendations and for clinical decision-making will require further investigation," he and his coauthors concluded, noting that basing treatment on an artificially suppressed PSA score would be "problematic." At the very least, the study suggests that men over age 40 should report their use of aspirin and other NSAIDs to their physicians, as was done in this study.

DFMO

Difluoromethylornithine (DFMO), a chemopreventive agent that inhibits the polyamine synthesis involved in regulation of cellular growth and differentiation, may help to prevent multi-stage progression in the proliferative disorder Barrett's esophagus, according to a pilot study from lead investigator Frank A. Sinicrope, MD, Professor of Medicine and Oncology at the Mayo Clinic.

He said that because of the nature of cellular proliferation in Barrett's esophagus, patients with this condition are ideal candidates for a strategy to help prevent cellular

progression to cancer. Dr. Sinicrope and his collaborators enrolled 10 patients with Barrett's esophagus and low-grade dysplasia; after six months of DFMO treatment, he said, one patient showed regression of dysplasia; eight had stable disease; and one showed progression of dysplasia, as shown on esophageal biopsies.

Of the patients in the stable group, at six months two who started with extensive low-grade abnormal cells had only limited or focal dysplasia, as confirmed on biopsies—benefits which persisted at 12 months.

"Overall, DFMO was well tolerated," noted Dr. Sinicrope. One patient experienced subclinical, unilateral ototoxicity.

In this pilot study, DFMO lowered the level of the polyamine putrescine, a target of the drug and a possible cancer risk marker. DFMO also reduced expression of the Kruppel-like factor 5 (KLF5) gene, a marker of abnormal esophageal cellular proliferation. Encouraged, Dr. Sinicrope said he and his collaborators plan a placebo-controlled chemoprevention trial of DFMO in patients with Barrett's esophagus.

OT Editorial Board member Frank L. Meyskens, Jr., MD, the Daniel Aldrich, Jr. Endowed Chair and Professor of Medicine and Biological Chemistry at the University of California, Irvine, served as the senior member of a team that showed that DFMO reduced prostatic volume as well as PSA levels in men at familial risk of prostate cancer.

Dr. Meyskens, also Director of the Chao Family Comprehensive Cancer Center and Associate Vice Chancellor of Health Sciences, recently published this work in the AACR journal *Cancer Epidemiology, Biomarkers and Prevention*. At the AACR meeting he received an award for excellence in cancer prevention research (see page 31).

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"The higher a woman's serum vitamin D level, the lower her risk of breast cancer. No known compound offers greater ability to prevent and arrest invasive cancers than vitamin D."

→ MELANOMA

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exclusively Catherine's efforts that got the congressman involved."

She said that authorship may have been additionally obscured since the \$4 million for melanoma and other skin cancers was also part of a \$16 million broader cancer research funding package, and that Mr. Dent was not the only member of Congress involved in championing the issue, but was the only one who had been identified.

OT also followed up with MRF head Randy Lomax who said he still didn't know the names of any of the specific sponsors.

He said that a few years ago MRF had invited other melanoma advocates to a meeting to discuss how to work together to move an advocacy concept ahead, which led eventually to the creation of the National Melanoma Alliance (NMA).

"What we had been hearing from politicians was that we needed to present more of a united front. Catherine [Poole]

was at the initial meeting in DC, but did not continue to participate with the NMA.

"But Ed reached out to Catherine as well as everyone else and said, 'Hey, anyone who knows anybody give me their names and I'll pitch this to them.' So he did reach out and she did bring up the name of Charlie Dent, but as far as I know it was Ed doing the legwork, not Catherine."

Congressman Dent told *OT* that his interest in melanoma increased when his father-in-law was diagnosed with the disease.

"Unfortunately, he died the day before I was sworn in for my first term in Congress in January 2005, and I've worked closely with Catherine Poole and others in my district [on melanoma issues] including the late Jessica Coleman, Ed Coleman, and Lee Riley, MD, of St. Luke's Hospital in Bethlehem."

After his father-in-law was diagnosed, his wife called a national melanoma hotline run by the Melanoma International Foundation, coincidentally located a few counties south of Congressman Dent's

district, which is about 60 miles north of Philadelphia.

Mr. Dent's personal involvement with melanoma expanded, he said, after he learned how related research might help benefit the troops exposed to the intense sunlight in the Middle East and elsewhere. ■



CATHERINE M. POOLE, President and Founder of the Melanoma International Foundation, approached Rep. Dent in February on behalf of the National Council on Skin Cancer Prevention—an umbrella group of organizations that include both MIF and the Melanoma Research Foundation—asking him to support funding for melanoma and reach out to his congressional colleagues to do the same.