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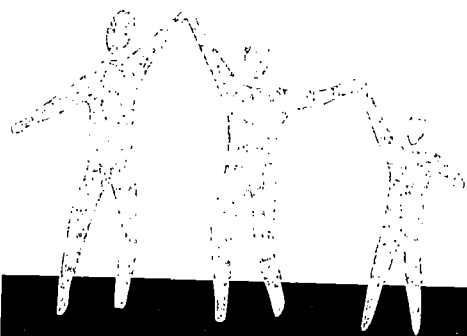
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Friends of
C A N C E R
R E S E A R C H

PROPOSED AGENDA
MEETING ON CANCER RESEARCH FUNDING
October 27th, 12:40 PM

Attending: Sherry Lansing and Jack Valenti (Co-Chairs, Creative Community Task Force on Cancer Research)
Ellen Sigal, PhD (Chair, Friends of Cancer Research, and member, National Cancer Advisory Board)
Donald Coffey, PhD (President-Elect, American Assn for Cancer Research, and Professor of Urology, Oncology & Pharmacology & Molecular Sciences, Johns Hopkins School of Medicine)
Tony Podesta and Jean Prewitt (Podesta Associates)

Topics for Discussion

- I. Who are the Friends of Cancer Research? What is its purpose? How does it relate to the March?
- II. Impact of Cancer and the importance of research funding now.
- III. Hollywood's interest in cancer research and the Task Force's agenda.
- IV. New federal funding initiatives
 - FY99 By-Pass Budget (now in preparation) includes new programs and funding recommendations
 - Additional proposals from the research community.
- V. What the Administration can do to help.

MEMORANDUM

October 24, 1997

TO: Toby Donenfeld, Office of the Vice President
Jerry Mand, Office of the Vice President

FROM: Ellen Sigal, Friends of Cancer Research

RE: Background Materials for Meeting with Vice President Gore, Monday,
October 27, 1997

As you requested, enclosed are an agenda and background materials on the National Cancer Institute's FY 1999 Bypass budget in preparation for the meeting with the Vice President on Monday, October 27, 1997.

If you require additional information, please contact Ilene Penn (202) 879-9382.

BRIEFING BOOK

Meeting with Vice President Gore on Cancer Research

**October 27, 1997
Washington, DC**

Prepared by Podesta Associates, Inc. for Friends of Cancer Research

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The Nation's Investment in Cancer Research: Seize Extraordinary Opportunities in Cancer Research

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9	The March, New York Times, Friday, October 24, 1997 (Back Pocket)
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10	The National Cancer Institute: The Nation's Investment in Cancer Research, A Budget Proposal for Fiscal Year 1999 (Back Pocket)
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**HIGHLIGHTS OF
“THE NATION’S INVESTMENT IN CANCER RESEARCH:
A BUDGET PROPOSAL FOR FISCAL YEAR 1999”
(THE NCI BYPASS BUDGET)**

I. SUSTAIN PROVEN RESEARCH PROGRAMS

The National Cancer Institute currently supports:

- basic, translational, and clinical cancer research;
- investment in new research programs, and
- communicating research results for use by everyone.

II. SEIZE EXTRAORDINARY OPPORTUNITIES IN CANCER RESEARCH

- Use breakthroughs in cancer genetics to identify every major human gene predisposing Americans to cancer to help patients at risk.
- Develop new methods for detecting tumors at their earliest stages to more accurately diagnosis cancer and tailor therapies to distinct cancers.
- Create a national clinical trials program and ensure all people who wish to participate can.
- Fund the top 40 % of all research grants (versus 20% today) and attract new investigators to the field.

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Highlights of Progress 1996-1997

Inside...

- Scientists who discovered the gene for Gorlin syndrome, an inherited disease that predisposes individuals to basal cell carcinoma of the skin (BCC) and to congenital skeletal defects, discovered a surprising fact about that gene. Now, we're well on our way to understanding how that gene works in humans, which could speed the development of new treatments for BCC, the most common cancer in humans. See page 28.
- An ambitious new venture will enable researchers to recognize all major steps of tumor development at the molecular level. See page 66, or visit the Cancer Genome Anatomy Project web site at <http://www.ncbi.nlm.nih.gov/ncicgap>.
- Prostate surgeons find that practice makes perfect as new technology enables them to perform a computer-assisted "dress rehearsal" of a prostatectomy before the actual surgery takes place. See page 60.

Scientific Highlights

Cancer Death Rate Declines. The percentage of the U.S. population that dies from cancer each year fell between 1991 and 1995, the first sustained decline since national record-keeping was instituted in the 1930s. This encouraging trend is attributable in large measure to a decrease in smoking rates, although better early detection methods and advances in treatment have likely played a significant role. See page 12.

Breast Cancer Genetics. In a study of over 5,300 Ashkenazi Jewish individuals (Jews of Eastern European descent) in the Washington, D.C. area, scientists found that three specific alterations in

the breast cancer genes *BRCA1* and *BRCA2* are associated with an increased risk of breast and ovarian cancers, but that the risk for these cancers, while higher than that of the general population, was lower than most previous estimates. On average, women carrying one of the three alterations have a 56 percent chance of getting breast cancer by age 70 (compared with a 13 percent chance for non-carriers) and a 16 percent chance of getting ovarian cancer (compared with 1.6 percent for non-carriers).

Prostate Cancer Genetics. The D.C.-area Ashkenazi study (above) also assessed prostate cancer risk for men carrying *BRCA1* and/or *BRCA2* alterations. Scientists estimated that men with one of the alterations have a 16 percent chance of getting prostate cancer by age 70, compared with 3.8 percent for non-carriers. In a separate study, scientists narrowed down the location for the first prostate cancer gene *HPC1*, to the long arm of chromosome 1. It is estimated that one in 500 men carry an altered version of *HPC1*. The gene itself, once identified, is expected to provide insight into the cause and progression of both the hereditary and sporadic forms of prostate cancer, and suggest strategies for prevention and treatment of this very common malignancy. See p. 30 for more on prostate cancer.

HPV Vaccine. Cervical cancer is the leading cause of genital tract cancer deaths world-wide. Sexually transmitted human papillomaviruses (HPV) are associated with 90 percent of cervical cancers, but there is not currently an effective treatment for HPV infection. However, NCI researchers are preparing to launch a pilot field study to test the effectiveness of a vaccine they created to prevent HPV infection, and Phase I trials are set to begin soon to test the vaccine's safety. See p. 17.

Breast Cancer Prevention Trial. Recruitment for the Breast Cancer Prevention Trial, the first large-scale, randomized study to assess whether a five-year course of the breast cancer treatment drug tamoxifen (Nolvadex®) can prevent breast cancer in women at increased risk, ended in May 1997. The results of this trial are expected in two to three years. The trial will follow 13,000 women at increased risk of breast cancer, as determined by age or personal or family medical history.

Laser Capture Microdissection. A powerful new technique known as Laser Capture Microdissection (LCM), developed by a team of researchers from NCI and the NIH's National Center for Research Resources, allows a doctor to extract cells of interest from a tissue sample with the click of a button. LCM will replace the tedious and inefficient processes needed until now to diagnose cancer or study patterns of gene expression in various cell types. See page 66.

Treatment Advances

Breast Cancer. Chemotherapy prior to surgery for breast cancer can shrink the tumor significantly — so much so that some women who would otherwise require a mastectomy may instead undergo a lumpectomy. In a study by the NCI-supported National Surgical Adjuvant Breast and Bowel Project, investigators found that women with palpable breast cancers who had preoperative chemotherapy were nearly three times more likely than women who had not (22 percent versus eight percent) to be able to avoid mastectomy and undergo less disfiguring lumpectomy. See page 39.

Prostate Cancer. NCI-supported researchers found that hormone therapy after radiation therapy can prolong disease-free survival and perhaps overall survival of patients with locally advanced prostate cancer. Although hormone therapy is known to be an effective treatment for metastatic prostate cancer, its use had not been assessed in combination with radiation for initial treatment of locally advanced disease.

Melanoma. The use of interferon alpha-2b (IFN alpha-2b) as adjuvant therapy following surgery for malignant melanoma prolongs both relapse-free and overall survival in patients at high risk of recurrence, making it the first agent to show a significant benefit as an adjunct to surgery. NCI supported researchers found that IFN alpha-2b resulted in a 42 percent increase in the number of people achieving relapse-free survival five years after treatment.

Nasopharyngeal Cancer. Chemotherapy and radiation therapy have both been proven to be useful treatments against nasopharyngeal cancer — and a new study indicates that together, they're even more powerful. NCI Cooperative Group researchers evaluated radiation therapy alone versus combined chemotherapy and radiation therapy for treatment of nasopharyngeal cancer and found that the combined therapies improved two-year survival rates from 55 percent to 80 percent.

NCI Highlights

New Offices. Several new offices have been formed to facilitate communication and partnership with our constituents. These offices include the Office of Special Populations Research, the Office of Liaison Activities, and the Office of Cancer Survivorship. For more information, see page 25.

Program Reviews. NCI has completed in-depth reviews of its Cancer Centers and Prevention programs. See page 27. These reviews have resulted in far-reaching organizational and operational changes. In addition, reviews of the Cancer Control and Clinical Trials programs are ongoing; results are expected in fall 1997.

Reorganization. The 1995 Bishop-Calabresi Report evaluated the NCI's intramural program, identifying strengths and weaknesses and recommending changes where appropriate. A major recommendation was the complete organizational separation of intramural and extramural programs. As a result of these recommendations, a new

position, that of Deputy Director for Extramural Science, was created; the new Deputy Director is responsible for oversight, integration, coordination, and enhanced communication across the Institute's extramural programs.

In addition, two new extramural divisions, the Division of Cancer Prevention (DCP) and the Division of Cancer Control and Population Science (DCCPS), were created. The DCP will bring added visibility, prominence, and strength to the NCI's prevention programs. The DCCPS will

be the new focus for NCI-sponsored research programs aimed at studies in populations, behavior, surveillance, special populations, outcomes, and other aspects of cancer control. It will be created from cancer control programs currently within the NCI's Division of Cancer Prevention and Control, which will be abolished, and the extramural portions of NCI's Division of Cancer Epidemiology and Genetics. The Office of Cancer Survivorship will also be part of the DCCPS.

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3

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1999 BYPASS BUDGET REQUEST

1. Sustaining ongoing research programs:

TOTAL: \$2.58 billion

2. Seizing extraordinary opportunities for further progress brought about by our previous successes:

Cancer Genetics: \$53.7 million

Preclinical Models of Cancer: \$29.3 million

Imaging Technologies: \$39.0 million

Defining the Signatures of Cancer Cells: \$63.5 million

TOTAL: \$185.5 million

3. Creating and sustaining mechanisms that will enable us to rapidly translate our findings from the laboratory into practical applications:

National Clinical Trials Program: \$170.0 million

Investigator-Initiated Research: \$40.4 million

Support for Clinical Investigators: \$66.0 million

Cancer Centers — Restructuring and Expansion: \$70.0 million

Informatics and Information Flow: \$20.0 million

Studying Emerging Trends in Cancer: \$25.0 million

Training and Education: \$34.1 million

TOTAL: \$425.5 million

GRAND TOTAL: \$3.191 billion

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Key Statistics

Although cancer remains among the worst fears of Americans, it is becoming increasingly clear that cancer is not the "death sentence" it once was. About 10 million Americans alive today have a history of cancer. For some cancers, research has already paid off in reduced death rates and increased survivorship. Between 1991 and 1995:

- The **overall cancer death rate** in the United States **declined** 2.6 percent, falling 4.3 percent in men and 1.1 percent in women. From 1971 to 1990, by contrast, the death rate rose 7.8 percent in men and 6.9 percent in women. (All rates are age-adjusted to the 1970 U.S. population.)
- Cancers of the **colon and rectum** are some of the most common cancers in both men and women in the United States, with more than 131,000 new cases expected to be diagnosed in 1997. These cancers kill nearly 55,000 Americans each year, making them the second leading cause of cancer death. The death rate for colon and rectal cancer in men and women has dropped 5.4 percent, reflecting the success of early detection and better treatment.
- **Breast cancer** is the most frequently diagnosed non-skin cancer among women in the United States. It is second only to lung cancer in cancer-related deaths. Approximately 180,000 new cases of breast cancer will be diagnosed in 1997, and about 44,000 women are expected to die from the disease. Five to 10 percent of these cases will be inherited forms of breast cancer. With better surgical techniques, drugs, and hormone therapy, and greater use of mammography screenings, the breast cancer death rate in women has fallen 6.3 percent. The greatest reductions in death rates were among younger women (9.3 percent) and white women (6.6 percent), with more modest reductions among African Americans (1.6 percent) and women aged 65 and older (2.8 percent).
- **Lung cancer** is the largest single cause of cancer deaths in the United States. It is responsible for one of every four cancer deaths in this country. After a difficult battle to reduce the popularity of cigarette smoking, lung cancer rates in men have begun to fall. Their overall lung cancer death rate is down 6.7 percent, and among men under 65- years-old, the rate is down 13.8 percent. Among women, however, the number of new cases is still going up each year. With the rising number of women who smoke, lung cancer surpassed breast cancer in 1987 as the leading cause of cancer deaths among women. In women, the death rate increased 6.4 percent between 1991 and 1995.
- **Prostate cancer** is the most common non-skin cancer in American men. The prostate cancer death rate began to decline after a decades-long increase, falling 6.2 percent, compared with a 21 percent rise from 1971 to 1990. The death rate in men under 65-years-old declined 10 percent. The reasons for this decline are unclear. During 1997, there will be about 334,000 new cases of prostate cancer. Nearly 80 percent of these cases will be in men over the age of 65. There will be about 42,000 deaths.
- Cancer, the leading cause of death by disease in **children** in the United States, will account for about 1,700 deaths in 1997 in children under age 15. More than 8,500 children are diagnosed with cancer

each year B 30 percent with leukemia, 12 percent with Hodgkin's and non-Hodgkin's lymphoma, and the remainder with solid tumors. While the number of children diagnosed with cancer each year has risen from 12 per 100,000 in the early 1970s to 14 per 100,000 today, death rates have dropped and survival rates have risen sharply. Five-year survival for all childhood cancers is now at 71 percent, compared with about 51 percent in 1973. This improvement is one of the major payoffs from the nation's investment in cancer research. Twenty-five years ago, only one child in 10 survived cancer. Today, seven out of ten children who develop cancer are alive five years after diagnosis. One in every 1,000 Americans between the ages of 20 and 40 is a survivor of a childhood cancer.

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5

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*An Organization
Commemorating
the 25th Anniversary
of the National Cancer Act*

OFFICERS

Ellen Sigal, Ph.D., Chair
Duke Comprehensive Cancer Center Board

Joseph R. Bertino, M.D.
Memorial Sloan-Kettering Cancer Center

John Glick, M.D.
University of Pennsylvania Cancer Center

Ellen Stovall
National Coalition for Cancer Survivorship

Sherry Lansing, Chairman
Entertainment Industry
Paramount Pictures

BOARD OF ADVISORS

Helene Brown
Jonsson Comprehensive Cancer Center, UCLA

Patrick Butler
The Washington Post Company

Paul Calabresi, M.D.
Brown University School of Medicine

Deborah Dingell
General Motors Foundation

John R. Durant, M.D.
American Society of Clinical Oncology

Margaret Foti, Ph.D.
American Association for Cancer Research

Barbara Gimbel
Society of Memorial Sloan-Kettering Cancer Center

Amy Langer, MBA
National Alliance of Breast Cancer Organizations

Marlene Malek
Duke Comprehensive Cancer Center Board

Pearl Moore
Oncology Nursing Center

Albert H. Owens Jr., M.D.
National Coalition for Cancer Research

Bernard Rapoport
American Income Life Insurance Company

Ivor Royston, M.D.
Sidney Kimmel Cancer Center

Philip S. Schein, M.D.
U.S. Bioscience, Inc.

John R. Seffrin, Ph.D.
American Cancer Society

Dianne Shaw
Cancer Centers Public Affairs Network

Fran Trachtenberg
WETA

Sandra Millon Underwood, Ph.D.
University of Wisconsin, Milwaukee

Mary Woolley
Research!America

Robert C. Young, M.D.
Fox Chase Cancer Center

ABOUT FRIENDS OF CANCER RESEARCH

Friends of Cancer Research represents a unique collaboration of the major organizations in the national cancer community – including the American Cancer Society, the American Society of Clinical Oncology, the American Association for Cancer Research, and the National Coalition for Cancer Survivorship.

Friends of Cancer Research was formed to spearhead a public awareness campaign about the importance of cancer research. It has successfully reinforced that message with key policy makers and the media – both directly and through its partnership with the entertainment industry, the Creative Community Task Force on Cancer.

Public events are used to increase public understanding of the disease and the opportunities for new treatments and cures, so that the Nation will increase its investment in cancer research and accelerate the medical application of discoveries being made today. These events also provide an opportunity for the cancer community and other interested parties to identify their most important research priorities for the coming years.

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Creative Community Task Force

Bonnie Bruckheimer	Producer, All Girl Productions
Chase Carey	Chairman and Chief Executive Officer, Fox Television
Peter Chernin	President and Chief Operating Officer, News Corporation
Henry Cisneros	Univision, President, Chief Operating Officer
John F. Cooke	Executive Vice President, Corporate Affairs, The Walt Disney Company
Bob Daly	Chairman and Chief Executive Officer, Warner Bros. Pictures
Jonathan Dolgen	Chairman and Chief Executive Officer, Viacom Entertainment Group
John Feltheimer	President, Columbia Tristar Television Group
Sally Field	Actor
Robert G. Friedman	Vice Chairman, Paramount Pictures Motion Picture Group
Alan F. Horn	Chairman and Chief Executive Officer, Castle Rock Entertainment
Jeffrey Katzenberg	DreamWorks SKG
Diane Keaton	Actor
Jack Klugman	Actor
Sherry Lansing	Chairman, Paramount Pictures Motion Picture Group
Frank Mancuso	Chairman, MGM Pictures
Augustine Martinez	General Manager, KMEX-TV
Kerry McCluggage	Chairman, Paramount Pictures Television Group
Judith A. McGrath	President, MTV: Music Television
William M. Mechanic	Chairman and Chief Executive Officer, Fox Filmed Entertainment
R. Gregory Meidel	Chairman, Universal Television Group
Barry Meyer	Executive, Warner Bros. Pictures
Ron Meyer	President & Chief Operating Officer, Universal Studios
Les Moonves	President, TV Group, CBS Entertainment
Mike Nathanson	President & Chief Executive Officer, MGM Pictures
Paul Newman	Actor
Olivia Newton-John	Actor
Edward Norton	Actor
Joe Roth	Chairman, The Walt Disney Studios
Jeff Sagansky	Co-President, Sony Pictures
Herb Scannell	President, Nickelodeon/Nick at Night
Terry Semel	Chairman and Co-Chief Executive Officer, Warner Bros.
Tom Sherak	Chairman, 20th Century Fox
Casey Silver	Chairman, Universal Pictures
Aaron Spelling	Chairman of the Board and Chief Executive Officer, Spelling Television, Inc.
Steven Spielberg	Dreamworks SKG
Jamie Tarses	President, ABC Entertainment
Steven Weber	Actor
Joanne Woodward	Actor

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Friends of Cancer Research Officers and Board of Advisors

Officers

Ellen Sigal, Ph.D., Chair
Joseph R. Bertino, M.D.
John Glick, M.D.
Ellen Stovall, Director
Sherry Lansing, Chairman

Duke Comprehensive Cancer Center Board
Memorial Sloan-Kettering Cancer Center
University of Pennsylvania Cancer Center
National Coalition for Cancer Survivorship
Paramount Pictures

Board of Advisors

Carolyn "Bo" Aldige
Jean Ard
Helene C. Brown
Patrick Butler
Paul Calabresi, M.D.
Deborah Dingell
John R. Durant, M.D.
Margaret Foti, Ph.D.
Barbara Gimbel
G. Dennon Hammond, M.D.
Amy S. Langer
Marlene Malek
Pearl Moore
Ivor Royston, M.D.
Philip S. Schein, M.D.
John R. Seffrin, Ph.D.
Dianne Shaw
Sandra Millon Underwood, Ph.D.
Mary Woolley

National Coalition for Cancer Research
Leukemia Society of America
UCLA Jonsson Comprehensive Cancer Center
The Washington Post Company
Brown University School of Medicine
General Motors Foundation
American Society of Clinical Oncology
American Association for Cancer Research
Society of Memorial Sloan-Kettering Cancer Center
National Childhood Cancer Foundation
National Alliance of Breast Cancer Organizations
Duke Comprehensive Cancer Center Board
Oncology Nursing Society
Sidney Kimmel Cancer Center
U.S. Bioscience, Inc.
American Cancer Society
Cancer Centers Public Affairs Network
University of Wisconsin, Milwaukee
Research!America

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SHERRY LANSING

Sherry Lansing is currently Chairman and CEO of the Motion Picture Group of Paramount Pictures Corporation. Since Lansing was appointed Chairman, Paramount has released such hits as *The Firm*, *Forrest Gump*, *Clueless*, and *Star Trek: First Contact*. Previously, she had her own independent production company at Paramount Pictures. She produced *Indecent Proposal* with Demi Moore and Michael Douglas and *School Ties*.

In 1988, Lansing partnered with Stanley Jaffe and the two produced five films for Paramount, including *Fatal Attraction*, *Black Rain*, and *The Accused*. In addition to the features, Jaffe/Lansing produced two television movies, *Mistress*, starring Victoria Principal; and *When the Time Comes*, starring Brad Davis and Bonnie Bedelia.

In January 1980, Lansing was named President of Production at 20th Century Fox. As such, she was the first woman to hold that position in the industry. She was responsible for the selection of all theatrical motion pictures to be financed by the studio. All creative decisions, as well as financial negotiations regarding movies, were her responsibility. During her three-year tenure, some of the films produced were *Nine to Five*, *Taps*, *Kiss Me Goodbye*, *Chariots of Fire* and *The Verdict*.

Some of her most distinguished accomplishments include receiving Award of Hope, City of Hope; the Artistic Achievement Award, American Jewish Congress; the Outstanding Woman in Business, Women's Equity Action League; the Distinguished Community Service Award, Brandeis University; the Alfred P. Sloan, Jr. Memorial Award. Lansing on the Revlon/UCLA Women's Health Research Program Advisory Board and Chair and Board Officer of the Stop Cancer Advisory Board.

Lansing is also the recipient of a star on the Hollywood Walk of Fame as well as a Motion Picture Pioneer of the Year Award.

ELLEN V. SIGAL, Ph.D.

Dr. Ellen Sigal is a presidential appointee to the National Cancer Advisory Board. She also serves as chair of the budget and planning committee of the board. The budget and planning committee has oversight of the budget, which is in excess of two billion dollars. The committee advises on strategic issues and on the presidential bypass budget. As a member of the NCAB, Dr. Sigal, along with other members, approves all grant requests in excess of \$50,000. She is currently on special assignment for the NCAB, working on a public education campaign in conjunction with the 25th anniversary of the National Cancer Act.

As part of her work with the NCAB, Dr. Sigal serves as chairperson for Friends of Cancer Research. The national cancer committee has joined together to create this non-profit organization to spearhead a public awareness campaign on the importance of cancer research. The organization is dedicated to increasing public understanding of the disease, the gains that have been made, and the value of cancer research so that progress toward the prevention and cure of cancer can be accelerated.

In keeping with her goals toward cancer research, Dr. Ellen Sigal served as chairperson of the Board of Overseers at the Duke Comprehensive Cancer Center, vice-chair of the George Washington University Cancer Center, and member of the board of directors for the Karmanos Cancer Center. She is currently on the board of U.S. Bioscience.

In her professional career, Dr. Sigal is president of Sigal Environmental, Inc. She has established a full-service environmental consulting firm which provides specialized services in Energy Consulting, indoor Air Quality and Environmental Development Programs for the building industry. In addition to her work with the environmental company, she has over 18 years of experience in real estate development. Dr. Sigal has developed and financed over 3,000,000 square feet of commercial office buildings and currently owns and manages over 3,000 residential units. She was the recipient of the DCBIA's Building Industry Award and was the first woman to do so since the Award's inception. Dr. Sigal formerly served as Chairperson for the Mayor's Commission on Downtown Housing and has recently been asked and has agreed to serve on the Mayor's Interactive Downtown D.C. Task Force. She also serves on the board of the Greater Washington Board of Trade.

DONALD S. COFFEY

Donald S. Coffey, Ph.D. is a Professor of Urology, Oncology, and Pharmacology and Molecular Sciences at The Johns Hopkins University School of Medicine. He is Director of the Research Laboratories of the Department of Urology.

A prominent urological scientist, Dr. Coffey was appointed as The Catherine Iola and J. Smith Michael Distinguished Professor of Urology at The Johns Hopkins University School of Medicine. Dr. Coffey is also a member of the Principal Professional Staff at The Johns Hopkins University Applied Physics Laboratory.

He is President-Elect of the American Association for Cancer Research for 1996-1997. He is a Past-President of The Society for Basic Urologic Research and has served on several major editorial boards. For 19 years, Dr. Coffey served as a member of the National Prostatic Cancer Program of the National Cancer Institute and as National Chairman from 1984-88. He has published over 200 research papers.

Dr. Coffey has received the Robert Edwards Award from the Tenovus Institute, the Fuller Award from the American Urological Association, and the First Society of International Urology - Yamanouchi Research Award. He is also the recipient of two Merit Awards from the National Institutes of Health.

Dr. Coffey received his Ph.D. in Biochemistry from The Johns Hopkins University School of Medicine in 1964.

THE MARCH



TODAY MARKS THE BEGINNING OF THE END.

ANNOUNCING THE MARCH. COMING TOGETHER TO CONQUER CANCER.

A new movement to end cancer has begun.

We will no longer remain silent while half a million Americans die each year in the deadliest plague the world has ever known. We will no longer be apathetic as one out of every two men, and one out of every three women, are diagnosed with cancer during their lifetimes.

Patience has simply run out. We want a cure today. Americans everywhere are raising their voices and joining THE MARCH.

THE MARCH is a national grassroots campaign to educate the public about quality cancer care and to encourage our government

to increase the woefully inadequate funding for research. THE MARCH will encompass hundreds of events around the country, culminating in a historic march on Washington, D.C. in September, 1998.

Make your voice heard and help bring about a cure. You'll be part of the biggest human event in history.

Today marks the beginning of the end. The end of apathy. The end of indifference. And the end of despair.

To join us and make your contribution, call this number immediately. 888.937.6227.

SIDNEY KIMMEL FOUNDATION *for* CANCER RESEARCH



Pharmacia
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