THE CANCER LETTER

Vol. 13 No. 40

Oct. 16, 1987

Subscription: $160 year North America, $175 year elsewhere

P.O. Box 2370 Reston, Virginia 22090 Telephone 703-620-4646

NCI Proposes Moving Organ Systems Coordinating Center Activities In House, Dispersing Grants

The Organ Systems Program, which has been a source of controversy between Vincent DeVita and the National Cancer Advisory Board almost from the day DeVita became director of NCI, has surfaced again as a potentially contentious issue,

(Continued to page 2)

In Brief

"The Journal" To Make Its Appearance In Jan., With Wittes As Editor; Manuscripts Solicited

NCI'S "ENTIRELY new" journal will not have an entirely new name. The twice monthly publication which will be out in January, replacing the "Journal of the National Cancer Institute" and "Cancer Treatment Reports," will be known as the "Journal of the National Cancer Institute." Staff members hope it will become known as "The Journal" instead of the long familiar "JNCI," but other journals, science writers, etc., may not let them get away with that. The price: $60 a year in the U.S., $75 elsewhere. **Robert Wittes**, present editor of "Cancer Treatment Reports," will be editor in chief of "The Journal." **Peter Greenwald**, present editor of "JNCI," will be able to devote all his time to his job as director of the Div. of Cancer Prevention & Control. Manuscripts are being solicited, and NCI intends to strive for fast turnaround--maximum of 12 weeks from submission to publication. "JNCI" and "CTR" will be published for the last time in December. Any leftover subscription obligations will be applied to "The Journal." For details on manuscript submission, requirements, etc., contact Editor in Chief, the Journal of NCI, ICIC, Bldg 82 Rm 235, Bethesda, MD 20892 . . . . **THOMAS MASON** has been appointed director of epidemiological research at Fox Chase Cancer Center. Mason has been a senior scientist in the Div. of Cancer Etiology at NCI . . . . **PRESIDENT'S CANCER** Panel meeting Oct. 23 at the Univ. of Pittsburgh's Scaife Hall will include presentation of NSABP's results in its colon and rectal cancer studies by Chairman **Bernard Fisher** and **Norman Wolmark**, associate professor of surgery at UP; **Robert Wittes**, director of NCI's Cancer Therapy Evaluation Program, on optimizing conduct of high priority clinical trials; Panel member **John Montgomery**, on preclinical studies of methyl CCNU and related compounds; and **Charles Myers**, chief of NCI's Clinical Pharmacology Branch, on the biochemical basis for drug resistance in colon cancer.

NCI Suggests Ending OSCC, Adding Cancer Control, Dispersing Grants

(Continued from page 1)
with the time drawing near for a decision on whether to recompete the cooperative agreement for operation of the Organ Systems Coordinating Center.

The cooperative agreement, with Roswell Park Memorial Institute (James Karr is principal investigator), will terminate July 31, 1989. If a decision is made to continue the coordinating center as an entity outside NCI, that decision will have to be made by the NCAB at its meeting next February.

"I want to emphasize that the system, by and large, is working well," DeVita told the NCAB Organ Systems Committee at its recent meeting. "Whether we change it or leave it as it is is totally at the discretion of the Board."

In reality, it is totally at DeVita's discretion--the NCAB is only advisory on that matter, but he has gone along with the Board's decision every time when it involves the Organ Systems Program, although sometimes not without a struggle.

Originally started in the early 1970s with the whole hearted endorsement of the NCAB as the Organ Site Program, it consisted of working groups, funded by NCI grants which paid for operation of working group headquarters and group members which met regularly. The groups each determined what gaps existed in research in their respective disease sites, generated research ideas for work to fill those gaps, encouraged grant proposals which came to them, reviewed them and recommended which were to be funded. NCAB had to concur before funding was made.

"There ought to be some part of NCI's money which is controlled by the scientific community and not in Bethesda and which supports research the community feels should be supported," was how one participant in the program expressed it then. NCI staff did provide oversight, through the Organ Site Branch, first in the Div. of Research Resources & Centers (now Div. of Extramural Activities), and later in the Div. of Cancer Prevention & Control.

There were four working groups, or national projects as they called themselves--for cancers of the prostate, bladder, large bowel and pancreas. Later, the Breast Cancer Task Force, an organ site program managed in house, was moved into the external program when it was reorganized into the Organ Systems Program.

That reorganization came after DeVita, days after he became acting director of the institute in 1980 (he was appointed director eight months later), expressed the opinion that perhaps some groups had done their jobs so well and stimulated so much research that they were no longer needed.

That started a fight that went on for three years, with constituents of the working groups, and their supporters on the NCAB, battling to save the programs.

The Organ Site Program as it existed then was open to criticism on several issues, most notably that of being a prime example of a program reviewing its own grants. At DeVita's urging, an ad hoc committee of the NCAB was established to review the program. It was headed by Robert Handschumacher.

The Handshcumacher committee in 1981 reaffirmed the value of an organ systems approach and the use of investigator initiated research to implement program plans developed by extramural working groups. However, it recommended that review of grant applications be conducted by the appropriate NIH and NCI study sections rather than the external working group cadres. To maintain the external focus, the committee suggested that the extramural headquarters be consolidated into one which would have responsibility for coordinating working group activites and for recommending organ systems for emphasis or de-emphasis.

After debate extending through NCAB meetings over two years, the Board essentially accepted the Handschumaker report and approved the reorganization. Award of the coordinating center cooperative agreement to Roswell Park was accomplished through a competitive RFA. The working groups have been meeting regularly, maintaining communications, holding workshops, and developing recommendations for new research in the forms of concepts submitted to NCI as either RFAs or program announcements.

The resulting grants have been competitive and have been funded at about the same level as the NIH averages as far as paylines are concerned.

Within the past year, at the recommendation of the NCAB, two new groups were established, for cancers of the central nervous system and upper aerodigestive tumors.

Most of the working group meetings under

the new system have been held at Roswell Park, but that made it difficult for all NCI staff members to attend who have interests in the various group activities. Recently, it was decided that working group meetings would be held in Bethesda. Here's how the system has been working:

The working groups identify research needs and opportunities, and develop program recommendations through their group meetings and workshops. Appropriate NCI program staff from other divisions outside the Organ Systems Program also attend the meetings to be aware of the interests of the working groups and to present information on related activities supported through the other NCI divisions. NCI Organ Systems staff keeps NCI divisional staffs informed of working group meetings and workshops in order that they may attend.

Concepts for RFAs, RFPs and program announcements are brought to the NCI Executive Committee by the director of the Div. of Cancer Prevention & Control for assignment to the appropriate divisional Board of Scientific Counselors. The concept is presented by the working group chairman or designee. The BSC may approve, disapprove or send the concept back for revision. NCI Organ Systems staff converts approved concepts to RFAs, RFPs and PAs, and works with staff of the division in which the concept was approved to prepare the announcement for publication.

Applications submitted in response to an announcement are assigned to the Organ Systems Section, which is headed by Andrew Chiarodo.

Experience has show that to date, the process from concept development including workshops through eventual award takes about two and a half years, the same as for other NCI programs.

Organ Systems concepts generated by the working groups have fared very well at the hands of the BSCs. To date, 20 have been submitted for BSC review; 18 have been approved. Of these, 12 are for RFAs and Six for program announcements. One PA was withdrawn because it duplicated a similar Div. of Cancer Treatment announcement.

Last July, at the director's budget and planning meeting, NCI senior staff considered numerous issues related to deciding whether to reissue the RFA for the coordinating center. In examing the relationships among the working groups, OSCC, the Organ Systems Program and the NCI program divisions, several issues were identified for discussion with the NCAB through its Organ Systems Committee. These were:

1. Should the OSCC continue, as an outside activity, with recompetition of the cooperative agreement, or should the activity be "internalized" (NCI's term) within the institute?

2. Should the Organ Systems grant portfolio be distributed to the disciplinary programs of the NCI divisions for administration and management or should the portfolio remain within the interdisciplinary OSP?

3. Should the working group mission be expanded to further cancer control objectives for each organ system?

4. What should be the criteria for initiating new working groups and for phasing out existing working groups?

Following are brief written statements on those issues prepared by NCI and distributed at the NCAB committee meeting.

Organ Systems Coordinating Center

The OSCC has responsibility for organizing, planning, coordinating, monitoring and evaluating interdisciplinary activities related to cancers of select organ systems. This responsibility is discharged through the working groups. This provides a mechanism for independent outside scientific perspective and recommendations regarding major solid tumor research activities. The OSCC apart from managing logistical support provides information and prepares an annual report. In addition, the OSCC is charged with staffing the working groups with basic and clinical scientists, identifying research needs and opportunities, developing and prioritizing research plans and maintaining liaison and communication with the biomedical scientific community.

Options: Recompete the cooperative agreement for an external OSCC; or NCI Organ Systems staff assumes OSCC responsibilities.

Organ Systems Portfolio

Historically, the Organ Systems Program has administered and managed the grants portfolio. Prior to the OSP reorganization, applicants had the option of submitting applications to the program via the outside center, or in the case of the breast program, referral guidelines determined program assignment. Because of the multidisciplinary nature of the program, OSP grants often overlap with two or more NCI programs, creating some problems related to grants

portfolio management. Further, only a portion of all NCI organ related grants are OSP grants.

The portfolio issue was raised during the 1983 NCAB Organ Systems Committee discussions. The NCI Executive Committee decided at that time that the OSP would have a grants portfolio consisting of (1) grants that were currently in the program; (2) applications submitted in response to OSP announcements; and (3) applications where the principal investigator requests OSP assignment. Since that time and with the implementation of the new program, the issue has resurfaced owing to overlapping program interests. Specifically, transfer of the grants portfolio to the disciplinary divisions would eliminate overlap, would bring disciplinary expertise to the management of the portfolio, and maintain the grants in the same discipline oriented locus. NCI staff from the disciplinary divisions would prepare RFAs and PAs and manage the grants that are awarded in response to these announcements. OSP staff would track grants NCI wide.

On the other hand, keeping the grants portfolio within the OSP encourages interdisciplinary approaches and provides an external focus of responsibility and advocacy. A program director with portfolio serves as a contact for investigators in diverse fields, and serves as a central channel of information exchange for grantees doing research in particular organ systems, as well as a central point through which grantees can interact. If the OSCC function is internalized, a defined locus would exist in NCI even if the grant portfolio were assigned to the relevant divisions.

Options: (1) NCI divisional staff convert approved concepts to announcements and manage resultant grants as part of division program portfolio; existing OSP grants transferred to divisions. Grants are tracked by OSP staff. (2) OSP staff continue to convert approved concepts to announcements with divisional staff input, and continue to manage grants as OSP portfolio.

Cancer Control and the Working Groups

A major responsibility of the working groups is to address research opportunities in their respective areas. This has included the entire range of epidemiologic, laboratory and clinical approaches in the areas of cause and prevention, detection and diagnosis, and treatment. Cancer control has received little attention. In 1986, NCI published "Cancer Control Objectives for the Nation: 1985-2000." These objectives address the Year 2000 goals. It is proposed that the mission of the working groups be expanded in a significant way to address these cancer control objectives. Specifically, each working group would be asked to address cancer control objectives for the respective organ system. NCI staff in conjunction with the OSCC and working group chairs would develop a process for an orderly implementation of this new charge to the working groups. Updates would be included in the organ systems annual report to the NCAB.

Criteria for Initiation of New and Phase Out Of Existing Working Groups

When the Organ Systems Program was first implemented, no sunset clause provisions were made. Recognizing this, the RFA for establishing an OSCC calls for the development of criteria for initiating new working groups and phasing out existing ones. The cooperative agreement assigns this responsibility to the OSCC in conjunction with NCI staff. The OSCC is in the process of developing these criteria and drafts have been sent to the working group chairs. A final draft is expected in October and will be distributed to the NCAB committee in advance of its subsquent meeting and will be an agenda item for that meeting.

"I've been briefed on what this is all abaout," Bernard Fisher, chairman of the NCAB Organ Systems Committee, said in opening the meeting. "It could be handled if we get down to the heart of things. I was amazed at the nature and number of phone calls I've received."

DeVita said that in the discussions at the NCI staff retreat, it was obvious that "all of us are quite happy with the system"

The two major issues, DeVita said, are:

"One, we would like to continue the Organ Systems Program, but we would like to ask the program to take on the charge of cancer control within their respective sites.

"Also, we don't see the need for an outside headquarters. That is a good point for discussion, but I do not feel strongly about it one way or the other. We do need a decision in February. Given all the debate we've had over the years, I think we can handle this soon, and easily."

Board member Victor Braren said two of the suggestions raised by the staff are opposed to each other. "If we split up grants among extent programs, that destroys it. Then to

challenge them to respond to the Year 2000 goals doesn't make sense."

"It doesn't make sense to have Andrew (Chiarodo) with a little piece of colon cancer grants when a great majority of colon cancer grants are in a division," DeVita said. "Andrew is an amalgam of all other program directors. That is quite a responsibility."

"I think we should give Andrew more support," Braren said. "I've shot my mouth off enough in the past about this. The Organ Systems Program should be the bulwark of NCI."

"We would like to have Andrew be the Organ Systems coordinator," DeVita said. "He can save us a million dollars a year if we relieve him of grant portfolio management (and turn over operation of the OSCC to him)."

"I agree that the Organ Systems Program in the last two to three years has really got a momentum," Board member Geza Jako said. "It should not be a problem to take up cancer control activities. The Organ Systems Program gives a visibility to NCI. People outside are more aware of the Organ Systems Program than anything else."

"I'm not aware of that," Fisher responded. "How does the community relate to the Organ Systems Program? My concept of the program is this is anaother group of advisors to NCI."

"Dr. Jako is saying that if you put 15 prominent head and neck surgeons together, people know something is going on," DeVita said.

"I think we should decentralize in at least one area. Not everything needs to be centralized in Washington," Jako said.

"They have done a good job," DeVita said. "I don't think it would be horrible to keep it as it is, nor would it be horrible to internalize it. Is it worth saving a million dollars?"

"I'm not sure it would save a million," Braren said. Actually, the OSCC costs NCI about $850,000 a year. One of the arguments for having an outside center presented in the discussions five years ago was that the host institutions for the original working group headquarters invariably contributed resources of their own to the program.

The $850,000 pays for travel to working group meetings and workshops, which will continue whether the headquarters is internal or external. It also covers printing and distribution costs of publications, which also will continue.

NCI would be fortunate to save half the cost of the grant, and that only if the salaries of Chiarodo and staff are not counted.

"One question has been resolved," Fisher said. "Is the program valuable? The answer is yes."

Fisher proposed "a day long hearing on the reasons why the program should or should not be internalized, who is going to manage the portfolio, criteria for new groups."

DeVita said he had not intended to talk so much on the issues because "I don't want to prejudice this. I am not critizing Dr. Karr or the Organ Systems Program. I just think we can do it internally and save a million dollars."

Braren asked for some cost accounting of how much would be saved when the issue is taken up again.

Committee members agreed that a hearing would be held after the NCAB meeting in November (Nov. 16-18 in Bethesda).

Later when the issue was discussed at the meeting of the full NCAB, Enrico Mihich questioned whether "the leadership of ideas" generated by the Organ Systems Program would continue "should it be centralized. I think the diversity and visibility would be diminished."

Talking About Control

As for another of the issues, "The absence of cancer control in the Organ Systems Program does not impress me too much," Mihich continued, "because there is so much cancer control going on elsewhere."

Div. of Cancer Prevention & Control Director Peter Greenwald, whose budget for control activities has been relatively flat for years, groaned at that comment. Board Chairman David Korn interjected, "Well, at least we talk about it a lot."

"To internalize or not is not that big a deal," DeVita said. "The centralizing of ideas is not an issue. We will still have outside advisors with the working groups. I agree we would lose diversity if we did internalize ideas but that is not what we intend to do. As for cancer control, these are expert groups on individual cancer sites. We need their expertise to work on cancer control."

"Well, okay, you sold me on cancer control," Mihich said.

"You gave up too easily, Henry," DeVita cracked. "Do you feel all right?"

National Black Leadership Initiative On Cancer Wins Approval By NCAB

The National Cancer Advisory Board has approved a plan for a National Black Leadership Initiative on Cancer.

The initiative is intended to develop a plan for the national mobilization of the nation's black leadership to support NCI's Year 2000 goals, and to involve the black community in the effort.

Details of the plan were presented by board member Louis Sullivan, president of Atlanta's Morehouse School of Medicine.

A series of four to six regional meetings are planned in cities with major black populations in order to inform leaders of blacks' high risk for a variety of cancers, and measures that individuals and communities can take to prevent and control cancer.

The proposed meetings will take place in Atlanta, Los Angeles, Chicago, New York, Houston, and Washington, D.C.

Approximately 100 people are expected to attend each meeting, including leaders from the business, health/medical, political and entertainment communities from the region. A list of findings, resolutions, and recommendations will be generated from each meeting and submitted to the appropriate agencies, including public and private, local, state and national. Followup activities will be discussed for each region, and recommendations made.

A small local committee will plan and supervise each regional meeting, with the chairperson of each regional committee serving as a member of the National Steering Committee. That committee, to be chaired by Sullivan, will coordinate and integrate the regional reports and recommendations.

To date, four regional chairmen have been chosen: Walter Leavell, president of the Charles R. Drew Medical Univ. in Los Angeles; Clyde Phillips, City of Chicago Health Department; Harold Freeman, Chief of Surgery at New York's Harlem Hospital; and Aaron Wells, chief medical officer of the Black Shriners. Chairpersons are expected to be selected within the next two weeks for the mid Atlantic/Washington, D.C. and the Southwestern/Houston, Texas, efforts.

Sullivan has held a number of planning meetings with Claudia Baquet, chief of NCI's Special Populations Studies Branch, and with representatives of Technical Resources, Inc. He has also formed an ad hoc group of advisors from Atlanta's black community, including a number of industry executives.

He has also met with NCI Director Vincent DeVita to discuss preliminary plans for the initiative. "Dr. DeVita gave his encouragement and his commitment to participate in this series of regional meetings."

Sullivan noted that none of the advisors were aware of "the appalling data concerning the higher incidence of cancer in blacks, nor the poorer survival of blacks with cancer, as compared to the nation's white population.

"This was impressive because all three are highly educated, successful business executives who are actively involved in a number of civic programs and are leaders in the community."

The advisors have agreed to form a committee and work with NCI's Baquet and Sullivan to organize an effort to include the nation's black leadership to support programs designed to decrease the incidence of cancer in the black population. The ad hoc advisors also suggested that, in order to be successful, NCI efforts should include the broad spectrum of leadership in the black community, including not only the business community, but clergy, educators, civil rights leaders and others.

The advisors also noted the need for clear expertise in community organization in order to reach lower income, less educated blacks. Dorcas Bowles, dean of the School of Social Work at Atlanta Univ. and an expert in black community structure and organization, will join the ad hoc advisory group.

The regional meetings will include a morning plenary session with presentations by Sullivan on the general purpose of the meeting, by DeVita on NCI and the Year 2000 goals, and by Baquet, who will present data on the problem of cancer in blacks.

The afternoon portion will be devoted to working group sessions chaired by members of the local committee to discuss the issues and to solicit comments, recommendations, resolutions and commitments for further active involvement by the participants in their communities, states and in national efforts, both public and private.

"This would include, we hope, advocacy for individual, community and corporate efforts directed toward cancer prevention and control." Organizers hope to have a performance by a well known entertainer at the end of the day, as a reward for participation and a further incentive for attendance.

Sullivan told the board about the influence of tobacco and alcoholic beverage companies on the black community.

"The tobacco companies, beer breweries, the distillers and the soft drink companies over the years have provided and continue to provide significant financial resources to prestigious black organizations and black companies for their conventions, publications, special projects and other activities," he said. "This has been at a time, and continues to be so, when dollars from other resources for their programs have been scarce.

"Thus, efforts to reach and involve the black leadership and the black community need to emphasize the **dangers of smoking**, drinking or other health behaviors rather than be a frontal attack on the tobacco companies.

"We need an intensive educational campaign to educate the black leadership about the realities of cancer in the black community and the preventive efforts that can be and that must be undertaken. The emphasis must be on education that will empower the nation's black leadership and the black community to make their own decisions."

Sullivan also cited a proposal by Washington, D.C. Commissioner of Health Reed Tuckson that "it is incumbent upon all of us to work with black organizations and black businesses who depend upon financial resources from tobacco companies to first help them find concrete, alternative sources of funds as we demand that they discontinue receiving advertisements, donations, hospitality suites at their conventions, and other funds from the tobacco industry.

"In our zeal to remove a health risk which is all too obvious to us, we must first realize that many others do not have the information and the perspective that we have. To win the war on cancer in blacks, therefore, we must first educate the community and provide it with acceptable alternatives for support of its important institutions and organizations."

Nurses Urged To Assume "Proactive Stance" Against Budget Cutting

Nurses in leadership roles can "assume a proactive stance" against the budget cutting contained in most cost containment initiatives, Susan Baird told the American Cancer Society's Fifth National Conference on Cancer Nursing.

Baird delivered the keynote address at the conference, speaking on "The changing economics of cancer care: challenges and opportunities." The former head of cancer nursing at the NIH CLinical Center, she is editor in chief of the Oncology Nursing Forum.

Nurses "can assume a proactive stance by quantifying the justification of staffing on oncology units in terms of patient acuity, frequency of changes of orders, and the need for patient education in terms of self care participation," she said.

"Nursing costs can and are being separated from the jello and the linen charges that are part of the room and board costs," she said. "The cost of providing nursing care can be isolated and analyzed."

Baird also suggested ways to involve nurses in cost conscious practice at the unit level in order to minimize inefficiency and waste. For example, nurses "need to have some say" in equipment purchases so that such choices take into account the efficiency of use in terms of nursing time expenditures.

Baird also warned that resource positions, such as the clinical nurse specialist and clinical educator, "will survive only to the extent that they can be demonstrated as necessary and not just nice."

Hospital nurses must also develop effective communication links with community based nurses in order to offset the tremendous pressure on hospital nurses as a result of shorter hospital stays.

"The importance of having professional nurses in the office setting to assume more responsibility for the care and teaching traditionally done by hospital nurses is unparalleled," she said. In addition, the need for highly skilled professional nurses in discharge planing positions "must finally be recognized and acted upon."

Baird also cited the need to promote expanded home care services to care for patients who are discharged "quicker and sicker," and the need to assure quality in the provision of extended service. Third party payers must also recognize the need for redefining reimbursement parameters.

The current nursing shortage "serves as a complicating factor in today's need to cut costs while still delivering safe care." The shortage, however, offers both problems and opportunities, Baird said.

While acknowledging that the opportunities associated with the shortage may be less obvious than the problems, she cited the

example of an expanded market of opportunities for both the competent cancer clinician seeking avenues for professional growth, and the new graduate seeking suitable placements to refine beginning skills.

New graduates will, however, "have to investigate carefully how a prospective setting envisions assuring a smooth transition into professional practice within their staffing confines.

"A tremendous challenge exists for those in cancer leadership positions," she said. "These leaders will either seize the opportunity to demonstrate innovative and efficient models for practice or be prepared to acquiesce to someone else's idea of how nursing should be practiced in today's economy."

Newer nursing practice models being developed include models promoting contracts, group practice, and non traditional staffing.

Baird warned that "staffing ratios need to be monitored to prevent losing skilled oncology staff to other units or settings with more attractive or fixed ratios."

Citing a recent survey of hospital administrators that found their two major concerns are the institution's financial viability and access/availability of capital, Baird said, "to overworked nurses trying hard to provide quality care, this probably confirms the feeling that their administrators seem to be further removed from the priority of patient care than ever before."

Baird believes "administrators have not lost their concern for patient care but are probably depending on others within their organization to safeguard care.

"In many organizations, nursing administration has sought and accepted this challenge. The motivation and determination of nurses in cancer care is strong enough to assure that quality care will continue despite the current challenges of changing economics. Nurses are problem solvers, and cancer nurses everywhere are indeed making valuable contributions by addressing the problems I've outlined."

Cancer "may bear a significant share of cost cutting burdens" because of its chronicity, the experimental approach to treatment or at least the lack of standard time tested approaches, the monitoring that accompanies treatment even when treatment is going well, and its hospital intensive nature.

Federal and state reimbursement programs discriminate against chronic disease, she said. One problem occurs as a result of frequent changes in treatment approaches and the resultant lack of standard approaches. Such rapid changes result in less cost efficient, and frequently less effective care.

Although some cancer treatments, such as cisplatin protocols, have been moved out of the hospital into ambulatory settings, cancer continues to be a hospital intensive disease. Hospital care expenditures account for roughly 60 to 75 percent of the total direct costs of cancer compared with about 40 to 50 percent spent on hospital care when considering all diseases.

Baird cited recent studies confirming that cancer is generally not a money making area.

"It is important to recognize the potential impact of these studies on policy," she said. For example, data collected by the Association of Community Cancer Centers on the leukemia DRG led to the reclassification of the category by the Prospective Payment Assessment Commission.

James Watkins To Chair AIDS Panel Following Mayberry's Resignation

Retired admiral James Watkins will replace Mayo Clinic CEO Eugene Mayberry as chairman of the Presidential AIDS Commission. Mayberry and vice chairman Woodrow Myers resigned from the panel last week.

Mayberry and Myers, health commissioner of Indiana and the panel's only black member, reportedly quit the commission because of infighting and ideological differences on the panel. Mayberry is also reported to have asked the White House to replace commission members William Walsh and Cory Servaas. The panel could lose a third member, Frank Lilly, who is said to be considering resigning from the commission as well. The panel has not yet replaced its former executive director Linda Scheaffer, who was fired last month. The majority of permanent staff members have not yet been hired, either.

The Cancer Letter _Editor Jerry D. Boyd Associate Editor Patricia Williams

Published forty-eight times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter.