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NSABP Accrual To Resume Soon; Group Ponders Elections, Move To Fox Chase

NCI officials said the National Surgical Adjuvant Breast & Bowel Project would not be split up and would be allowed to resume patient accrual and disburse funds to its investigators.

This reprieve, no matter how tentative, will be put to a test when NSABP members gather for an annual meeting and, possibly, an election of permanent leadership in Nashville June 12.

So far, the only candidate for the group's chairmanship, Norman Wolmark, NSABP's deputy director for medical affairs, has vowed to move

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In Brief

Karen Antman And John Glick Lead ASCO; ODAC To Meet June 7 On Tamoxifen Trial

KAREN ANTMAN succeeded **George Canellos** as president of the American Society of Clinical Oncology at the society's annual meeting last week in Dallas, TX. Antman is a professor of medicine at Columbia Univ. and associate director for clinical research at Columbia-Presbyterian Cancer Center. **JOHN GLICK**, director of the Univ. of Pennsylvania Cancer Center, was elected president-elect. **Mark Ratain**, of Univ. of Chicago, was named secretary-treasurer. Other new board members are **Sarah Donaldson**, of Stanford Univ. Medical Center, representing non-medical/hematology oncology specialties; **David Prager**, of Fairgrounds Medical Center, representing community oncology; and **Elizabeth Eisenhauer**, of the National Cancer Institute of Canada Clinical Trials Group, and **Bruce Cheson**, of NCI's Clinical Investigations Branch, representing undesignated specialties. Board members whose terms expired were **Joseph Aisner, Charles Balch, Clara Bloomfield, Bernard Fisher,** and **Samuel Taylor**. Total attendance at the annual meeting was 9,057, ASCO officials said. . . . **ONCOLOGIC DRUGS** Advisory Committee to FDA is scheduled to meet June 7, at 8 a.m., Parklawn Bldg, Rockville, MD. Topics are: investigational new drug application for the Breast Cancer Prevention Trial, by the National Surgical Adjuvant Breast & Bowel Project, and new drug application for Navelbine for injection (Burroughs Wellcome) for metastatic breast cancer. . . . **ERNST WYNDER**, president of the American Health Foundation, received an honorary Doctor of Science degree from his alma mater, Washington Univ. in St. Louis, last week, for his work on the link between lung cancer and smoking.

Former Pitt Surgeon Wolmark Candidate For NSABP Chair

(Continued from page 1)
group from the Univ. of Pittsburgh to Fox Chase Cancer Center in Philadelphia.

To counter his bid, NSABP's interim leadership, stating that it is committed to keeping the group in Pittsburgh, is looking for an alternative candidate, a surgeon who would stand a chance of being elected to replace the ousted chairman Bernard Fisher.

"During the past seven weeks, my primary objective has been to stabilize the NSABP and to preserve its integrity," Ronald Herberman, NSABP's interim chairman, said to **The Cancer Letter**. "I am very concerned that a precipitous move of the headquarters after all of this recent turmoil might jeopardize the continuing survival of the group."

Earlier this month, the NSABP executive committee appeared to be on the verge of nominating Wolmark, a surgeon who has been widely regarded as a likely successor to Fisher.

Wolmark appeared to have been approved by the executive committee in a mail ballot earlier this month. However, when the committee met in Pittsburgh last week, it heeded a plea from the interim leadership to endorse no candidate, sources said.

"I think one would be foolish to predict how this will turn out," Wolmark said to **The Cancer Letter**. Wolmark confirmed that, if elected, he would move NSABP to Fox Chase. "When the time is appropriate, moving the group to Fox Chase would have many advantages, including the expertise that exists there," he said.

Fox Chase officials, too, acknowledged that they would like to provide a base for NSABP.

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"Fox Chase Cancer Center has had discussions with members of the NSABP leadership and NCI regarding the possibility of having the NSABP transfer its operations to Fox Chase," said Eric Rosenthal, a spokesman for the cancer center. "The discussions are preliminary in nature, and it would be inappropriate to comment further."

A new chairman would have to clear three hurdles: a nomination by the executive committee, election by the membership and, finally, approval by NCI.

Long-Running Dispute

In recent years, Wolmark has been embroiled in a bitter dispute with the administration of the Univ. of Pittsburgh Medical Center.

The dispute began four years ago, when Presbyterian University Hospital took administrative control of Montefiore Hospital, where Wolmark has been chief of surgery. Both hospitals are affiliated with the Univ. of Pittsburgh.

According to press reports, following the merger, Wolmark lost much of his authority at Montefiore. Last fall, he left for Allegheny General Hospital, a move that the university's lawyers contended constituted a resignation from the medical center, the medical school and the Pittsburgh Cancer Institute's breast cancer program, which he also directed.

After rejecting a severance offer from the university administration and appealing to the university senate, Wolmark has retained his tenure, but has taken a leave of absence.

NSABP leadership was not directly involved in the dispute.

In recent weeks, a group that included several members of the NSABP executive committee suggested Wolmark's candidacy for chairman of the cooperative group.

On May 7, sixteen people who described themselves as "Friends of the NSABP" met at the Univ. of Connecticut School of Medicine in Farmington to discuss the future of the cooperative group, **The Cancer Letter** has learned.

Two days later, in a letter to members of the executive committee, Peter Deckers, executive vice president, clinical affairs, at the Univ. of Connecticutt Health System, wrote:

"Recognizing the immediate pressing need to reestablish surgical leadership of NSABP, we unanimously voted that Dr. Norman Wolmark be recommended immediately to the leadership of NCI

and NIH as the new chairman of NSABP."

Deckers's plan, outlined in the letter, called for seeking approval from NCI Director Samuel Broder and Div. of Cancer Treatment Director Bruce Chabner, "to request that Dr. Wolmark assume control of NSABP as its chairman."

The letter asked the 23-member board to vote on Wolmark's candidacy, but did not address the question of moving NSABP from Pittsburgh.

The NSABP interim leadership was not informed about the meeting, Herberman said to **The Cancer Letter**. Herberman said that though he is a member of the executive committee, he did not receive a ballot.

On May 12, Wolmark and Fox Chase President Robert Young met with Chabner to discuss the leadership of NSABP. Deckers, who was unable to attend the meeting, said in a letter to Chabner that 20 of the 22 board members contacted voted in support of Wolmark. The remaining two members could not be contacted, Deckers wrote.

"Accordingly, be assured that there is unanimous support of the standing members of the executive committee of the NSABP for surgical leadership of that organization in the person of Dr. Norman Wolmark," Deckers wrote to Chabner.

On the following day, in a letter to Deckers, Chabner ruled out an immediate takeover by Wolmark and said that the cooperative group's interim leadership should be notified of the action.

"After reading the NSABP cnstitution, the opinion of NCI staff is that the executive committee's action constitutes a nomination of a candidate for chairperson," Chabner wrote. "The next step would be to present that candidate to the group at the June meeting, and to hold a general election at that time. The interim chairperson of the group, Ronald Herberman, should be notified of the executive committee's action and of the executive committee's desire to hold a general election."

On the same day, in a letter to Herberman, Deckers wrote, "I understand that Dr. Chabner has suggested that the executive committee meet again with you to discuss this issue..."

Copies of the letters were obtained by **The Cancer Letter**. Deckers did not return a call by deadline.

At the May 20 meeting, the NSABP interim leadership was able to give some solid good news to the executive committee:

NCI had decided not to move the breast cancer prevention trial to another group, given the nod to the continuation of patient accrual, possibly staring next month, and was about to approve the disbursement of funds to NSABP investigators.

The NSABP interim administration also argued that nomination of candidates for chairmanship at this time would undermine its authority. Ultimately, the executive committee conceded, voting to table the nomination.

"It appears that many members of the executive committee were not aware that the move to Fox Chase was in the picture," one participant of the meeting said to **The Cancer Letter**.

Results Of NSABP Studies Unchanged, Fisher Tells ASCO

The conclusions of 14 published breast and colon cancer studies are "monotonously similar" with or without fraudulent data submitted by a Montreal surgeon, Bernard Fisher said to clinical cancer researchers in Dallas last week.

Women enrolled in studies conducted by the National Surgical Adjuvant Breast & Bowel Project or treated as a result of the cooperative group's published data have received appropriate treatment, said Fisher, the ousted NSABP principal investigator.

Standing ovations punctuated the beginning and the end of Fisher's presentation at the plenary session of the American Society of Clinical Oncology annual meeting.

"Eight weeks ago...my life and that of my associates and that of the entire NSABP precipitously began to unravel," Fisher said. "We and our families are completely devastated as a result of the recent events."

Last March, The Chicago Tribune revealed that an NIH investigation concluded a year ago that Roger Poisson, of St. Luc Hospital in Montreal, had falsified enrollment data for women he entered onto NSABP studies.

Later in the month, an NCI investigation at NSABP headquarters at Univ. of Pittsburgh found the cooperative group had stopped auditing its member institutions in violation of NCI guidelines for cooperative group funding. NCI placed NSABP on probation, halted enrollment to its trials, and ordered the Univ. of Pittsburgh to remove Fisher as NSABP principal investigator.

Fisher, 75, citing ill health, declined to testify last month at a hearing of the House Oversight and

Investigations Subcommittee, chaired by Rep. John Dingell (D-MI).

At the ASCO presentation Fisher looked robust.

Part of the way through the presentation, Fisher introduced Carol Redmond, former director of the NSABP Biostatistical Center, who said it was reasonable for NSABP to leave the St. Luc data in its publications even after learning about the fraud. "There are scientific and ethical justifications for not excluding these real patients who were randomized, treated, and followed up in NSABP studies," Redmond said.

Fisher and Redmond are under investigation by the NIH Office of Research Integrity over inclusion of the data in question in studies submitted for publication.

ASCO officials estimated that approximately 6,500 meeting participants heard the May 16 presentation at the Dallas Convention Center.

Leaving the stage, Fisher raised his fist in a defiant salute. He refused reporters' requests for interviews as a phalanx of ASCO officials and security guards escorted him out of the convention center.

Encore For An ASCO President

Setting a conversational tone for his remarks, Fisher began by referring to his term as 1992-93 ASCO president.

"I guess I'm the only past president who has ever been invited to give an encore," he said.

"Last year I served as your president. That honor came to me after 35 years of total commitment to laboratory and clinical research aimed at understanding the biology of cancer and applying that information to improve the lives of women with breast cancer.

"Consequently, in my presidential address, I stressed the importance of laboratory and clinical research. I emphasized that clinicians could make important contributions to science by participating in large clinical trials, a mechanism to which I dedicated so much of my life. I indicated that such trials offer the best opportunity to obtain more credible, and definitive information that other mechanisms of data collection by individuals or a few physicians.

"Eight weeks ago, when information was beginning to come from recently completed NSABP protocols, and when new protocols that promised to result in major advances were either being conducted or initiated, my life and that of my associates and that of the entire NSABP precipitously began to unravel.

"This devastating circumstance had its origin in 1991. On Feb. 6, 1991, the NSABP headquarters unequivocally concluded that a physician at St. Luc Hospital in Montreal, one of several thousand NSABP investigators over the years, had falsified data. Accrual to that institution was immediately terminated. The NCI project officer was immediately notified. The Office of Scientific Integrity [now Office of Research Integrity] was notified by the NCI. OSI investigation was begun.

"We were instructed by the OSI that the matter was not to be discussed during the investigation. On April 26, 1993, two years later, we were notified of the OSI's final action, and during the OSI investigation our data were reanalyzed by NSABP statisticians. Their analyses confirmed that women on our studies and those not on our studies but treated as a result of our published reports, had received appropriate therapy.

"Most importantly, this information indicated that no public health problem had occurred. In March of this year, a manuscript was submitted to the New England Journal of Medicine containing reanalyses of three major NSABP protocols previously published in that journal. One the NSABP B06 protocol evaluating the worth of lumpectomy; another, B13 which evaluated the worth of adjuvant chemotherapy in patients with negative nodes and negative estrogen receptors; and B14, the protocol for patients with negative nodes, positives receptors who received tamoxifen.

"Many issues have been raised during the past eight weeks," Fisher said. "In seems most appropriate in this forum, however, that we address the findings obtained following the reanalysis of data from all previously published NSABP clinical trials that contained patients from the Montreal institution."

Redmond Defends Inclusion Of St. Luc Data

Fisher introduced Carol Redmond, chairman of the Dept. of Biostatistics at Univ. of Pittsburgh, to address the issue of reanalysis of the trials.

A comprehensive audit of St. Luc found that the data falsifications "almost exclusively" involved eligibility criterion for patients entering the trials, Redmond said. "There was no indication that the randomized treatment assignments were violated," she said. "There was only one instance in the audit where follow-up information for study outcomes was apparently misrepresented."

The issue arose as to how best to analyze

multicenter trials where all data from one institution had to be excluded, Redmond said.

"Once the nature and extent of the data falsification that had occurred at St. Luc became known, NSABP statisticians considered that it was not appropriate to exclude all data on St. Luc patients," Redmond said.

"The basis for leaving St. Luc patients in the data was the following:

"First, there was an ethical concern that excluding all St. Luc patients from follow-up and analyses after they had been treated would result in a failure to report toxicity for long term adverse effects that had already occurred among patients and might result in failure to report such events that might occur in the future.

"Second, statistical literature supports the inclusion of all patients who have been properly randomized and followed in end result analyses. Inclusion of all patients as randomized, even those deemed ineligible for the protocol protects against the possibility of bias in assessing treatment effects introduced by selection of patients post randomization. Although it is common practice to present data eliminating ineligible patients, statisticians perform such analyses with great caution when a large proportion of ineligible patients are identified due to concern about post randomization biases. In such situations, statistical power and generalizability of the trial can be appreciably weakened with the exclusion of the ineligible patients.

"Thus, there are scientific and ethical justifications for not excluding these real patients who were randomized, treated, and followed up in NSABP studies.

NSABP clinical trials include "a variety of safeguards" against biases, Redmond said. "In that regard, NSABP data has always been gathered in prospective studies, and patients are randomized within as well as across institutions in a manner that helps to ensure balance among treatment groups."

The large sample sizes and conservative monitoring rules in reporting data protect the trials when all patients are eliminated from a single institution, Redmond said.

Fisher presented a trial-by-trial analysis of 14 NSABP protocols, showing endpoint data with and without the St. Luc patients. He said the presentation was meant to simulate what was presented in the original publications.

Poisson enrolled 1,511 patients on 22 NSABP protocols, representing 4.5 percent of the total 34,000 patients entered, Fisher said.

The ORI investigation found that Poisson falsified data on records of 99 patients, or 0.3 percent of those entered onto the protocols. Of those, 98 falsifications related to information prior to randomization, Fisher said.

"None related to factors that could have affected the outcome," Fisher said.

Fisher presented the reanalysis of breast cancer protocols B06, B07, B08, B09, B11, B12, B13, B14, B15, B16, and colon cancer protocols C01, C02, C03, and R01.

Original findings in all of the studies were confirmed, Fisher said.

Fisher To ASCO: Ensure Academic Freedom

In a defiant closing, Fisher expressed support for clinical investigators and the cancer patients who volunteer for clinical trials, called for the resumption of enrollment to NSABP trials, and called on ASCO to remain "vigilant" in ensuring academic and scientific freedom.

"At its heart, clinical research must rely on the inherent integrity of its investigators," Fisher said. "Clinical research can go forward only if investigators maintain the highest clinical and ethical standards. We continue to believe, as we have in the past, with only a few exceptions, investigators are honest and ethical.

"We reiterate the safeguards built into large multicenter trials protect the findings from becoming invalidated by events such as occurred in this situation," he said. "Thus, it is not surprising that the results of our reanalyses confirmed our original findings and conclusions in every trial.

"While we and our families are completely devastated as a result of the recent events, we are even more concerned about the effect of those events on all women, those with and those without breast cancer," Fisher said. "They must not become the victims of this scenario. Specifically, they must be assured that they have received appropriate therapies and that their participation in NSABP trials over the years has made a major contribution in advancing the treatment of breast cancer.

"To put NSABP clinical trials on hold at this time by suspending accrual to ongoing and planned studies could influence the lives of countless women by prolonging the time for obtaining answers to important questions about their treatment.

"We are grateful to have played a small part in advancing medical knowledge and we hope we have played a role in bringing to women comfort by enhancing the quality and longevity of their lives. We are also grateful to have had the opportunity to have played a seminal role in the implementation and conduct of many important breast and colorectal cancer studies, including the Breast Cancer Prevention Trial, which has already accrued two-thirds of the necessary participants.

"I will always maintain my allegiance to ASCO as long as it remains a strong force in shaping the science and practice of oncology in this country and it remains vigilant in protecting the best interests of patients with cancer by ensuring that intellectual, academic and scientific freedom and integrity are maintained."

ASCO To NCI: Review Auditing Policies, Re-Establish Trust

The board of directors of the American Society for Clinical Oncology unanimously passed a resolution calling on NCI to involve researchers in the drafting of guidelines for auditing data.

"ASCO is concerned that the recent reactive NCI actions will have serious implications for the future of clinical cancer research and should be suspended," the resolution said. "We recommend that a broad base of clinical trials leadership meet promptly with the NCI leadership to review the established policies and to re-establish trust through an open, ongoing dialog."

While Bernard Fisher drew a standing ovation at the ASCO annual meeting in Dallas last week, the NCI perspective on the aftermath of the scientific fraud and mismanagement at the Nationa Surgical Adjuvant Breast & Bowel Project was not prominently presented.

Venting Frustration

The Institute's director, Samuel Broder, did not attend the meeting, and the NCI position on tightening the auditing guidelines for clinical trials was discussed at a small invitation-only meeting conducted by Bruce Chabner, director of the NCI Div. of Cancer Treatment.

At that meeting, cancer center directors and chairmen of the cooperative groups vented frustration for what some described as an overreaction to the problems at NSABP.

Excerpts from the comments made at the meeting follow:

"I'll tell you why we are doing these things: So it doesn't happen again.

"There is a need to standardize how we conduct audits. Should we establish a common system? This may not be what you want to do. If you want to take control of the issue, then give us some advice.

"We want to make sure that a system is in place that has a reasonable chance of detecting problems. We had a system and we didn't follow it.

"If we are going to have large clinical trials with detailed endpoints, we are stuck with auditing.

"Too often, we have been making decisions without your input. We will try to establish a format, and any decisions will involve the groups. This has been a very difficult experience for everybody. We have learned a lot from this experience, and we now have a model of how not to deal with fraud."

--Bruce Chabner, director,
NCI Div. of Cancer Treatment

"There is a practical issue: How much more can you layer on before you stifle research? We have got to be leaders in this. We cannot sell out our real mission, which is to do clinical research. There will be fraud again some day, with an incredible auditing system in place... We will never satisfy those people who are always distrustful. We are going to have to have some guts."

--Martin Abeloff, director,
Johns Hopkins Oncology Center

"I look at the people in this room and consider their accomplishments in our field. The kind of system you are talking about would have squelched most of those things when they started out.... What is being put on our field is a terrible wet blanket that is going to stifle innovation. You need to have some trust. Hire and train individuals with integrity. Put out the fire and don't destroy everybody's excitement. This is happening not just in research, but in training, in reimbursement. Somewhere, someone will have to jump up and say, 'Enough!' I am very sad and very angry. You are destroying a great system we had."

--Saul Rosenberg, Div. of Medical Oncology,
Stanford Medical Center

"I am concerned about the perception of the need

for speed. I am concerned about another baklava layer of expense. I am very interested in accountability, but I raise a voice for caution and for these changes occurring in very public forums."

--Marc Lippman, director, Lombardi Cancer Center, Georgetown Univ.

"There are different types of cooperative groups. They are complex structures. If you change one part, you may change another part without realizing it. This should move slower. Also, we should look at the whole structure of the cooperative group system. What amount of power shifts from the groups to NCI? If we have a system that completely reassures the American public, we may be unable to do studies.... In the past few weeks there have been a lot of demands on the groups, things that make us wonder. There was a request for our roster. You have our roster, but you have it in a different form than the one which you requested. It makes us wonder: Do you want to send out notices to our members? Or do you just want our roster?"

--Ross McIntyre, chairman, Cancer & Leukemia Group B

"Auditors showed up at our door with 24 hours notice wanting 100 patient charts. Are you planning any more of those?"

--Karen Antman, ASCO president

"The advocacy groups are trying to seize the political agenda. No one thinks NCI has guts. NCI has to say, 'We respect the fact that you are calling attention to these diseases, but this is how we are going to do the job.' Otherwise, the end product is going to be third-rate science controlled by pressure groups, and it will be a waste of money."

--George Canellos, ASCO immediate past president

"The whole problem began because the system set up by NCI was not applied evenly across the groups. That is why we are in this situation. We find auditing is a useful educational tool to spiff up programs across the group. There needs to be a more systematic approach."

--Charles Coltman, chairman, Southwest Oncology Group

"It is important for cancer centers to conduct auditing. Problems often are related to individual investigators. It is useful to get these things straightened out before it gets too far. We audit 20 percent of the data in all our studies. We don't think it is necessary to get outside auditors."

--Jerome Yates, medical director, Roswell Park Cancer Institute

"A small part of the system was broken.... You could have received a lot of advice and help from us, but there was an appearance of distrust of everyone."

--Emil (Tom) Frei, Dana-Farber Cancer Institute

"People have to be willing to resign. You can't just keep responding to outside forces. You have to do your job."

--Sydney Salmon, director, Arizona Cancer Center

Capitol Notes

Clinton Seeks $189 Million Cut From NIH Proposed Increase

President Clinton has asked the House and Senate appropriations committees to scale back the NIH funding and investment priorities for FY 1995.

According to Capitol Hill sources, verbal directives from the White House to the appropriations committees request a cut of $189 million from the proposed increase of $517 million for NIH (**The Cancer Letter**, Feb. 11).

Further, the President has asked for a 66 percent reduction in programs designated as "investment priorities" in his budget proposal, sources said. The cut is likely to affect the breast cancer programs at NCI.

The House version of the bill is scheduled for markup June 14.

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At a time when virtually every cancer-related interest group has a gripe against NCI, Washington journalist Jeff Kamen has adopted the least conventional strategy for his assault on the Institute.

Kamen, a long-time advocate of a controversial drug, hydrazine sulfate, has been urging the listeners of his mid-day talk show on WRC Radio to light up the switchboards at the office of Rep. Edolphus Towns (D-NY), chairman of the subcommittee on

human resources and intergovernmental relations of the House Committee on Government Operations.

Kamen's listeners demanded an investigation by the General Accounting Office of the NCI-sponsored phase III clinical trials of the drug. Sources confirmed to **The Cancer Letter** that the approach has worked: Towns requested the subcommittee staff to review materials submitted by Kamen, and, ultimately, ordered an investigation.

"The trials were scientifically rigorous and well conducted, and we stand by the results," Mary McCabe, clinical trials specialist at the NCI Investigational Drug Branch, said to **The Cancer Letter**.

The results of the three randomized studies, conducted by Mayo Clinic and the Scripps Clinic are expected to be published in the June issue of the Journal of Clinical Oncology.

The studies show no benefit from the drug, but Kamen says the trial design had ignored the animal and clinical data that indicate that sleeping pills, tranquilizers and alcohol render the drug ineffective. Subjects in the NCI-sponsored trials were not prevented from taking these substances, he says.

The GAO preliminary investigation is expected to conclude in July.

Kamen, who says his late mother benefited from hydrazine sulfate, is the author of an article about the drug in Penthouse magazine last year. In July, the magazine will run another story by Kamen, an account of the use of hydrazine sulfate in Russia, where it is an approved drug.

NIH Alternative Medicine Office Soon To Have Advisory Council

After a year-and-a-half-long delay, HHS officials have finalized a list of members of an advisory council to the NIH Office of Alternative Medicine.

Members of the committee were being checked for potential conflict of interest, but a copy of the list was obtained by **The Cancer Letter**.

The committee includes alternative medicine advocate Berkley Bedell, a former Iowa congressman; Ralph Moss, editor of The Cancer Chronicles, a New-York-based newsletter devoted to sympathetic coverage of alternative medicine; Frank Wiewal, president of People Against Cancer of Otho, IA, an alternative medicine advocacy group, and Gar Hildenbrand, president and executive director of the Gerson Research Organization in San Diego.

The list also includes Barrie Cassileth, a psychosocial oncologist at Duke Univ. and the Univ. of North Carolina.

Cassileth's nomination was opposed by several alternative medicine advocates, who argued that her membership on the American Cancer Society's Subcommittee on Questionable Methods of Cancer Management was incompatible with an advisory role at OAM (**The Cancer Letter**, July 23, 1993).

Board members also include James Gordon, a psychiatrist who directs the Center for Mind-Body Medicine in Washington, DC; David Eisenberg, a physician at Beth Israel Hospital in Boston, and Brian Berman, director of the Pain Therapy Unit at the Univ. of Maryland.

Other advisors are: Patricia Locke of the Coalition for the American Indian Religious Freedom Act Amendment of Mobridge, SD; Sharon Scandrett-Hibdon, associate professor of nursing at the Univ. of Tennessee in Memphis; John Upledger, medical director of the Upledger Institute of Palm Beach Gardens, FL; Charlotte Kerr practitioner at the Center for Traditional Acupuncture in Columbia, MD; William Tham, a Baltimore physician; Carola Burroughs of the Brooklyn AIDS Task Force; Ellen Silverstone, a board member of SHARE; M. Linden Griffeth, director of the Washington Seniors Wellness Center of Washington, DC; Jennifer Jacobs, a physician in Edmonds, WA, and Carolene Marks, a community volunteer in San Francisco.

James Shannon, NIH Director In Growth Years, Dead At 89

James Shannon, director of NIH from 1955 to 1968, died May 20 of a ruptured aortic aneurysm at his home in Baltimore. He was 89.

Shannon presided over NIH during a tremendous expansion in the scope and funding of the Institutes. Annual growth rate of the NIH budget was 20 percent, and several new institutes were established.

Shannon established and expanded programs for the construction of research facilities at universities and the training of scientists.

Shannon joined NIH in 1949 as associate director for research in the National Heart Institute, and served as NIH research director from 1952 to 1955. In 1975, he received the National Medal of Science.

Upon retirement as NIH director, Shannon served as an advisor to the president of the National Academy of Sciences and taught at Rockefeller Univ. He retired from those positions in 1975.