

THE

CANCER LETTER

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NCAB Needs Focus, Strong Membership To Better Advise NCI, Chairman Rimer Says

The National Cancer Advisory Board should become involved in the NCI's strategic planning and budgetary process, board Chairman Barbara Rimer said last week.

To help NCI Director Richard Klausner set priorities for the Institute, the board needs to become more focused than it has been in the past, Rimer said at the NCAB meeting Sept. 13.

"This is such a pivotal year in terms of reinvigorating NCI," Rimer said to the board. "I propose that we start with two overarching goals: First, to forge a much more meaningful role in the budget process, and
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In Brief

Friedman Named FDA Deputy Commissioner; Parkinson To Lead CTEP; Walsh Resigns

MICHAEL FRIEDMAN, associate director, NCI Cancer Therapy Evaluation Program, was named Deputy Commissioner of Operations for the FDA, effective Oct. 1. Friedman succeeds Linda Suydam, who served as acting commissioner following the departure of Jane Henney for the Univ. of New Mexico last year. Friedman, CTEP director since 1988, has been responsible for NCI oversight and involvement in cancer drug development and clinical testing. Prior to leading CTEP, he was chief of the NCI Clinical Investigations Branch. **David Parkinson** was named acting associate director, CTEP. Parkinson was chief of the Investigational Drug Branch. . . . **CHRISTOPHER WALSH**, president of Dana-Farber Cancer Institute, announced he will resign on Oct. 17, the next scheduled meeting of the hospital's Board of Trustees. Walsh said he wants to return to teaching at Harvard Medical School. He has been Dana-Farber president for four years. The board named **David Nathan** as the institute's president. Nathan has been physician-in-chief and chairman of the Dept. of Medicine at Children's Hospital for the past 11 years. Nathan is also the Robert A. Stranahan Professor of Pediatrics at Harvard Medical School. Nathan trained at NCI and the Brigham and Women's Hospital. . . . **1996 GERTRUDE ELION** Cancer Research Award application deadline is Feb. 15. The award, in its fourth year, provides a one-year, \$30,000 grant to a scientist in the US or Canada engaged in meritorious basic, clinical, or translational research in cancer etiology, diagnosis, treatment or prevention at the level of non-tenured assistant professor. Candidates must
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Rimer Calls For Board Action At Time Of Uncertainty

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second, to work with Dr. Klausner in having a meaningful role in planning.”

Rimer's call for deliberate action comes at a time of uncertainty for the board. For one thing, it is unclear how much influence would be wielded by two new advisory groups recently created by Klausner.

The new groups, which will advise Klausner on the intramural and extramural programs, may prove to be more powerful than the Boards of Scientific Counselors they replace.

Compounding the uncertainty is the impending turnover as the terms of six members expire in March.

“We absolutely must have some critical appointments,” Rimer said. “We need some really top flight clinical scientists, basic scientists, and somebody who is a nurse and scientist.” At the conclusion of the meeting, the board asked Rimer to draft a letter to the White House urging that meritorious individuals who are experts in their fields be appointed to the board.

Klausner to NCAB: Define Goals

Klausner said he welcomed the board's advice.

“I want to ensure that we do work together, and part of that is for the board to come to grips with its statutory requirements, and to define for itself what it would like to accomplish,” Klausner said at the Sept. 13 meeting.

“The board is the place to deal with overarching policy issues, such as where NCI should stand on official positions and how we relate to other agencies,” he said.

Klausner said NCAB members would be invited

to serve on the newly formed advisory boards. The Director also invited NCAB members to attend a retreat for NCI leadership in November. The workshop is designed to determine short-term and long-term priorities.

The NCAB, created by the National Cancer Act of 1971, consists of 18 members appointed by the President and 12 non-voting representatives from other government agencies. According to the board's charter, its purpose is to advise the HHS Secretary and the NCI Director on the Institute's activities, and to approve funding for grants.

Rimer: Three Scientific Challenges

Besides playing a larger role in planning, the NCAB should monitor NCI's implementation of the recommendations of two major reports that came from the board's subcommittees, Rimer said.

These were the Bishop-Calabresi report on the intramural program and the “Cancer at a Crossroads” report of the board's Subcommittee to Evaluate the National Cancer Program.

In addition, Rimer said, the board should address three major areas of scientific challenge:

- Managed care. “The NCAB should be involved in collecting information about the impact of managed care on cancer care, cancer centers, and clinical research,” Rimer said. “The board should act proactively to reduce the negative consequences of managed care.”

- Smoking prevention. “Never have the opportunities been greater to reduce smoking among our Nation's youth. NCI should monitor programs in tobacco research and help to determine research needs, with special emphasis on smoking prevention among youth,” she said.

- Cancer genetics. The NCAB should work with Klausner to build a national cancer genetics program. “Special attention should be paid to the laboratory, ethical, legal and psychosocial issues related to genetic testing for cancer,” Rimer said.

One NCAB Member's Advice: Follow Up

NCAB member Frederick Becker, vice president for research and scientific director of the Tumor Institute at M.D. Anderson Cancer Center, said the board should adopt a more forceful demeanor.

When he was appointed to the board in 1990, Becker said, “I took the trouble of reading the statutes, and realized that from the viewpoint of statutory

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power, this board is powerless. It says yes or no to grants, period, and has no other prerogatives in terms of regulatory management or anything.

"If we have no statutory power, we have the power of resolution to support those programs that we think are good and to resolve those that aren't," Becker said. "And those [resolutions] have some bite to them because they are always made in public session, and they get out.

"I think the board of the future should realize that it can exert power if the members work together, and they can support the director, they can support the NCI, and when opposed to a policy, they can certainly oppose it with great vigor if they work together," Becker said.

Becker, whose term expires next March, offered four suggestions for revamping NCAB:

- The new NCI Board of Scientific Counselors and Board of Scientific Advisors should include at least one member of the NCAB, past or present, "to give the NCAB a sense of participation and oversight, so that these [boards] don't establish themselves as separate cabals that develop other policies while we're trying to develop [policies] in the same area."

- The NCAB should take a more active role in determining the process by which individuals are appointed to the board. "I am dumbfounded at the process by which membership of this body is selected," Becker said. "It is my experience that if a major scientific organization recommends someone for membership on the board, it's their deathknell, it seems to me."

Organizations including the American Society of Clinical Oncology and the American Association for Cancer Research should work with the NCI director to support the director's recommendations, Becker said.

"This is a very important area that we have ignored, groaned, moaned, made quiet calls in the night, and done very little as a group," Becker said. "Somebody should be called and asked, How does this process work? and Here are our recommendations. The future of the board depends on its membership."

- The board should act as "custodians of the Bishop-Calabresi report" and follow up several times over the next few years to see how NCI is addressing the report's recommendations.

- The board should "attack with all vigor, jointly with the director" the question of the future of cancer

centers and clinical research.

"My last suggestion to the board is: Pass no resolution that you don't follow up," Becker said. "I suggested my first resolution in 1990. I found out that we voted on it in 1992, and in 1994, I found out it had been—quote—vetoed by the director.

"You notice the next meeting I was not here. I felt if I came here, I might turn violent. Don't fail to follow up," Becker said.

"Follow up, follow up, follow up. See what's been done, and don't whine about it as I am now," he said.

Political Vs. Scientific Credentials

Klausner said that he, too, was concerned about appointments to NCAB.

"I have been in discussion with the White House about this process and the need for input from the board and the professional societies to make sure that this board can function well and its represented broadly by individuals that are recognized in their expertise," he said.

"We have to address criteria for being on the board vis-à-vis the political process of appointment," Klausner said. "My own sense is that the White House is open to that discussion."

Klausner agreed that the NCAB could have "a very formal liaison" with the BSC and the BSA. "I'd like to have regular presentations from the chairs [of those boards to the NCAB] so they can present what's going on and present proposals on the table for upcoming reviews."

The board should appoint a liaison to a committee of external advisors to NIH studying the future of clinical research, Klausner suggested. The committee is chaired by David Nathan, president of the Dana-Farber Cancer Institute.

"I don't understand the problem," Fran Visco, member of the President's Cancer Panel and president of the National Breast Cancer Coalition, said during the discussion of appointments to the board.

"I guess all of the associations, organizations, the board and [NCI] director can nominate [individuals for the board]," she said. "I do have some concern with how comfortable Rick [Klausner] should be with all of the people who are nominated, because I would hope to see continuing diversity on the board, and that's diversity of opinions. Sometimes it's very comfortable to nominate the people who you know won't give you a hard time. I would not like that to be one of the criteria of selection."

The board is not concerned about the appointments of consumers to the board, Rimer responded.

"Where we are most concerned are the scientific appointments, and from what I've seen of Rick so far, I don't think one of his criteria will be a lack of disagreement," Rimer said. "What we are talking about is how to get nationally recognized, accomplish scientists on this board. Our impact is really diminished if we don't have that."

Becker proposed that Rimer write a letter that would urge the President to "recognize the necessity of having a critical mass of expertise in several areas including basic science, clinical research, and clinical oncology."

List Goes Through Channels

Marvin Kalt, director of NCI's Div. of Extramural Activities, said the Institute prepares a list of nominees and alternates for each board position. The list goes through NIH and HHS on its way to the White House. "Ultimately, it's a Presidential appointment, and the Institute gets a list back of individuals to be appointed," he said to **The Cancer Letter**. "There is usually no indication how the decision was made."

Besides Becker, the board members whose terms expire next spring are Kenneth Chan, of Ohio State Univ.; Marlene Malek, of Vincent Lombardi Cancer Center; Deborah Mayer, an oncology nurse specialist; Sydney Salmon, director of the Arizona Cancer Center; and Richard Boxer, a urologist who was named recently to fill the seat left vacant when Paul Calabresi was named to the President's Cancer Panel.

NCAB Approves \$9M In Grants For Breast Cancer Action Plan

The National Cancer Advisory Board last week approved \$9 million in grants administered through the National Action Plan on Breast Cancer.

The nearly 100 grants approved by NCAB represented 16 percent of the 610 grant applications reviewed. The Action Plan's review process included breast cancer survivors and consumer representatives as well as scientists and physicians.

"The goals of the grant program are to provide support for novel, creative, pilot research and outreach efforts that we hope will yield important new information on breast cancer, and develop and support exploratory projects that will serve as the basis for

more comprehensive well-defined cancer research and outreach projects," Susan Blumenthal, deputy assistant secretary for health, said to the NCAB.

The Action Plan was created in 1994, following a conference held by HHS Secretary Donna Shalala at the insistence of the National Breast Cancer Coalition. Activists and scientists served on several working groups to identify six research areas in need of funding: information dissemination, national biological resources data bank, consumer involvement, breast cancer etiology, clinical trials accessibility, and hereditary susceptibility gene issues.

The Plan released a series of Requests for Applications last spring.

Whose Authority?

At the NCAB meeting, the leaders of the Action Plan challenged the board's authority to act as the final approval mechanism for the breast cancer program.

The board's authority came into question following its decision to deny funding for an application that had been turned down in the Action Plan's peer review, but recommended as an "exception" by the Action Plan steering committee.

"Tensions were created by the fact that \$10 million that was given to the National Action Plan on Breast Cancer were actually allocated within the NCI budget," said Fran Visco, co-chairman of the Action Plan, president of the NBCC and a member of the President's Cancer Panel.

"It was clear to the [Action Plan] steering committee that the Secretary always intended those funds to be used for the public-private partnership of the [Action Plan]," Visco said.

The grant application "went through peer review process, working group process, then a steering committee that was put together by the Secretary," Visco said. "We had been assured initially that whatever recommendations came out of that process would be [put in place]."

Blumenthal agreed that NCAB lacked authority to withhold funding.

"I want to underscore what Fran is saying," she said to the board. The HHS Secretary, Blumenthal said, put "additional moneys into the cancer budget for the specific purposes of this public-private partnership."

Blumenthal suggested that she and Visco meet

with NCI officials to discuss the matter.

NCI officials said that since the \$10 million that funded the Action Plan was earmarked from the NCI FY95 budget, NCAB had the authority to fund the grants.

Marvin Kalt, director of the NCI Div. of Extramural Activities, said that because Congress appropriated the money to NCI, NCAB's concurrence was required for payment of grant funds. "The board did not concur [on the one application], so that's final," he said to **The Cancer Letter**.

Grant applicants can appeal on the basis of appropriateness of review, Kalt said. An applicant also can rewrite the application and submit it again.

Case-Control Study Of Pesticides

The proposed R03 grant would have funded a small case-control study of pesticides and breast cancer risk, sources said to **The Cancer Letter**.

The study was reviewed using the new "triage" process developed at NIH, designed to weed out the bottom 50 percent of applications so that reviewers can spend more time prioritizing the ones most likely to be funded.

Action Plan reviewers did not rate the study in the top 50 percent, and the study was given the designation "not recommended for further consideration," sources said.

However, the Plan's steering committee recommended that the case-control study as well as another study be funded as an exception, because the two studies fit the plan's goals, sources said.

The NCAB approved the second grant, which will fund a small cancer registry.

Notices Of Award Expected

Grant applicants are expected to receive notices of award around Sept. 31, the end of the fiscal year, the HHS Office of Women's Health said.

Median priority scores for the grants recommended for funding by the six Action Plan working groups ranged from 149 for the working group on consumer involvement, to 219 for the information dissemination working group.

The Action Plan used about \$3.6 million to fund small grants, \$4 million for supplements to existing federal grants and for intramural research, and \$1.6 million for grants that had good priority scores but had not been funded NIH.

Administrative costs were about \$1 million.

Harkin, Hatfield Propose Tax On Cigarettes To Fund NIH

In their quest for a new source of funding for biomedical research, Sens. Mark Hatfield (R-OR) and Tom Harkin (D-IA) have come up with a new proposal: a 25 cents per pack tax on cigarettes.

Last year, the two senators proposed to use surcharges on health insurance premiums to finance a trust fund for biomedical research. Though ultimately unsuccessful, variations of the Hatfield-Harkin proposal were tacked on to nearly all the major health reform bills.

Now, Hatfield and Harkin project that the tobacco tax would put \$4.2 billion in their proposed National Fund for Health Research. The fund would then turn the money over to NIH.

The result could boost the NIH budget by 35%, advocates of the measure say.

"I do not underestimate the difficulty of winning any tax increase in the current political climate, but I believe that my colleagues will listen to the American people, who have said that they are willing to spend more for medical research," said Hatfield, chairman of the Senate Appropriations Committee.

"Health care reform has been taken off the front burner, but the need to increase our nation's commitment to health research has not diminished," said Harkin, ranking minority member of the Labor, HHS & Education Appropriations Subcommittee.

The new measure is supported by a coalition of 200 national groups, including the National Coalition for Cancer Research.

\$301 Million Increase For NIH Approved By Senate Panel

A bill that would give NIH an increase of nearly \$301 million from last year passed the Senate Appropriations Committee last week.

The Senate Appropriations Committee's recommended funding of \$11.598 billion for NIH fell \$166.5 million below the Administration request and \$341.5 million below the House allowance.

For NCI, the committee recommended an appropriation of \$2.195 billion, \$59.1 million above the appropriation for fiscal 1995, but \$24.3 million below the Administration request and \$55.6 million below the House allowance.

The Senate bill differs profoundly from the House

version by providing \$1.39 billion to the NIH Office of AIDS Research. The House did not provide a separate appropriation for OAR, incorporating all AIDS funds in the total of each institute. The Senate committee recommendation for OAR is \$19.1 million above the Administration's request and \$52.9 above this year's appropriation.

The full Senate is expected to consider the bill next week. It is unlikely that the House and Senate will reconcile their versions of the bill before the start of the new fiscal year Oct. 1. Moreover, observers on Capitol Hill are nearly unanimous in prediction that cuts in a number of social programs are almost certain to bring about a Presidential veto.

Highlights Of Senate Committee Bill

The cancer-related highlights of the Senate bill include:

- In its report that accompanied the appropriations bill, the Senate committee said it supports a balanced research program for NCI. "Within this balanced approach, the committee recommends the maximum flexibility be given to the NCI in its support of research priorities identified by scientific opportunities and research needs," the report said.

- The Senate committee joined the House in recommending a \$25 million increase for the Breast and Cervical Cancer Mortality Program administered by the Centers for Disease Control and Prevention. With the proposed increase, the program, which promotes the availability of screening services among the underserved populations, will have the budget of \$125 million.

The Administration's budget has slated the program for consolidation into a chronic disease partnership grant.

- The bill proposes a \$2.8 billion increase for the HHS Office of Women's Health, directing the office to develop a national clearinghouse on women's health.

- The bill reduces the NIH funds for administrative expenses by \$41.7 million. The Institutes are encouraged to consolidate personnel, legislation, planning and evaluation, contracting, grant administration and public affairs functions.

- Unlike the House committee report, the Senate document contains no criticism of NCI for overstepping the bounds of its portfolio by financing a study of the voting records of state legislators who had accepted funds from tobacco companies.

The study, conducted by Stanton Glantz, professor

of medicine at the Univ. of California at San Francisco, was criticized as inappropriate by Rep. John Porter (R-IL), chairman of the House Labor, HHS & Education Appropriations Subcommittee (*The Cancer Letter*, Aug. 11).

The following is the edited text of the Senate committee's report on NCI:

Breast cancer.

Recent encouraging statistics show a 5% decrease in [breast cancer] deaths between 1989 and 92, however, which appears to result from adjuvant therapy, breast cancer awareness, and screening.

The committee recognizes that breast cancer continues to require a significant devotion of NCI resources. The committee concurs with the decision of the NCI to place breast cancer research as a high priority, as reflected in its 1996 bypass budget, and urges the Institute to continue to strengthen its budgetary commitment to breast cancer research.

Sufficient funds have been included to expand support for the implementation of the national action plan on breast cancer. Leadership for the implementation of this multiagency initiative has been carried out by the Office of Women's Health in coordination with the participating agencies.

Cancer prevention.

Because as many as 70% of all cancers are related to such factors as diet or smoking, the committee encourages the NCI to aggressively pursue cancer prevention and control research which focuses on affecting these lifestyle choices. The committee commends the NCI for its support of the 5 A Day for Better Health Program which encourages the consumption of more fruits and vegetables, and of smoking prevention and cessation programs, such as ASSIST (American stop smoking intervention study).

Clinical research.

Clinical research is the vital link in translating progress in basic research to lifesaving treatments and approaches to cancer prevention. Clinical research in cancer is critically important in advancing our capacity to identify new agents for cancer treatment, define complex treatment strategies, effectively pursue the tremendous opportunities that exist in molecular medicine, and address public health challenges posed by cancer.

The committee believes that the clinical trial initiatives, supported by the Div. of Cancer Treatment, Diagnosis, and Centers, remains a key

component of our national capacity to develop effective treatment strategies for cancer and looks forward to learning about the progress in this area at next year's hearings.

Information dissemination/translation of research results.

The committee remains strongly supportive of NCI's program of information dissemination which focuses on making information about cancer and cancer treatment easily available to the general public, to cancer patients, and to health care providers. Currently, research results and treatment advances are communicated through professional meetings and workshops, and through the cancer information service (800/4CANCER), PDQ, CancerFAX, and the *Journal of the National Cancer Institute*.

Progress in the fight against cancer starts with an understanding of how normal cells become cancerous.

However, this research is only useful to the extent that we move it from the bench to the bedside. Translational research moves basic research into applications that can be used in the clinic.

As the National Cancer Advisory Board reported in a 1994 report entitled "Cancer at a Crossroads: A Report to Congress for the Nation," "an unparalleled opportunity now exists to apply rapidly to clinical practice the knowledge gained from basic research."

The report noted, however, barriers to translational research, including difficulty in competing for grant support; training requirements for the translational scientist; and reductions in clinical care resources, including that from industry and providers.

The committee urges the Institute to provide increased emphasis on the translation of basic biomedical research to the clinical level, which will help establish new treatments for cancer patients and new methods of prevention.

NCI intramural review.

The committee is very pleased that the NCI Advisory Board ad hoc working group on the Intramural Research Program has conducted an in-depth, thoughtful review of the Intramural Research Program of the NCI. As the largest intramural program within the largest Institute at NIH, it is critical that this research set an example for scientific quality, training of young scientists, intellectual excellence, and effective scientific planning.

The committee looks forward to a report from

the new NCI Director at next year's hearing regarding the implementation of the ad hoc groups' recommendation and their impact on NCI's intramural efforts.

Neurofibromatosis.

Research on neurofibromatosis [NF] already has produced major breakthroughs in the areas of genetics and the links between NF, various cancers, and other diseases.

The committee remains committed to an aggressive program of research on neurofibromatosis throughout the NIH and expects that funding levels are commensurate with this commitment.

The committee encourages the NCI and other relevant NIH institutes to develop, in consultation with the extramural community, a comprehensive plan for a coordinated research and therapy agenda on NF. Finally, the NCI is urged to give consideration to issuing a joint request for applications in cooperation with the other NIH institutes involved in NF research.

Bionutrition.

The committee recognizes the exceptional effort of the Institute over the past few years in supporting nutrition research. Diet ranks second only to smoking with regard to its association with cancer. The committee encourages the NCI to continue its work in the field of nutrition, including support of the clinical nutrition research units, and to continue placing priority on research involved with women's health.

Nursing.

The Committee urges the NCI to continue to work collaboratively with the National Institute of Nursing Research to address research issues involving nursing practice in the field of cancer, particularly prevention and symptom management.

Cancer in minorities.

The committee continues to be concerned about the disproportionately high prevalence of cancer among disadvantaged and minority populations. Despite an overall drop in breast cancer rates, breast cancer rates for minority groups increased last year. Also, African-American males experience the highest rate of prostate cancer of any population group. The committee encourages continued research emphasis in these and other high priority areas.

Cancer coordination.

The 1994 report of the NCAB "Cancer at a Crossroads" outlined that the National Cancer Program suffered from an absence of a national

coordination of cancer fighting efforts in the public, private, and voluntary sectors.

The committee concurs with this view and recommends that the NCI take the lead and work in coordination with the CDC and other Federal agencies to reestablish coordination of the National Cancer Program.

The committee expects that other agencies will work with the NCI to facilitate this recommendation. Before hearings on the fiscal year 1997 budget, the committee would like a brief report outlining the progress made to accomplish this recommendation.

Ataxia telangiectasia [A-T].

The committee is extremely pleased to learn that scientists have isolated the gene and identified mutations which cause this rare hereditary childhood disorder.

The committee expresses high praise for the cooperative effort of the NCHGR, NCI, NINDS, and private entities in this important scientific breakthrough.

The committee believes it is extremely important to continue to pursue research which will benefit current and future A-T patients. Furthermore, the committee strongly encourages continued research to determine the cancer risk of A-T carriers.

Prostate cancer.

The committee is pleased by the increased funding which has been devoted to many areas of prostate cancer research. However, the incidence of prostate cancer continues to rise, and the committee urges that further effort be placed on research related to early detection, diagnosis, and treatment. The committee directs NCI to collaborate with the Interagency Coordinating Committee for Urological Diseases' initiative to develop a long-range plan for focusing research on prostate disease among minority Americans.

Brain tumor research.

Brain tumors are a much more common cancer than is generally realized. Malignant primary tumors in adults occur at the rate of about 15,000 per year and usually are lethal within 12 months.

The committee is concerned about the pace of progress in determining the cause for the change of normal cells to malignant cells and in improving diagnosis and treatment of brain tumors.

The committee believes that utilization of the centers mechanism could accelerate the pace of progress and encourages the NCI, in cooperation with

the NINDS, to support up to five centers of excellence in brain tumor research.

These centers could better target limited resources to support basic, translational, and clinical research to determine the cause, mechanisms of development, and better methods of treatment and prevention of primary and secondary brain tumors.

DES.

The committee continues to strongly support increased efforts to study and educate the public about the impact of exposure to the synthetic hormone diethylstilbestrol [DES]. NCI and other Institutes, along with the Office of Women's Health have developed a plan for expanded activities in this area. The committee is pleased with the Institute's efforts in this area and expects NCI to continue its strong support for carrying out the recommendations of this plan.

In Brief

Breast Cancer Survivors Subject Of Photo Essay

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have completed postdoctoral studies or clinical fellowships not later than July 1 of the award year, and ordinarily not more than five years earlier. Candidates must be nominated by a member of AACR. Tenured faculty, government employees, and employees of private industry are not eligible. Contact AACR, Public Ledger Bldg. Suite 816, 150 South Independence Mall West, Philadelphia, PA 19106-3483, tel: 215/440-9300, fax: 215/440-9313, e-mail: aacr@aol.com, attn: Jenny Anne Horst-Martz..

PHOTO ESSAY of Alabama breast cancer survivors, commissioned by the Univ. of Alabama at Birmingham Comprehensive Cancer Center, opens to the public Oct. 22 at the Kirklin Clinic in Birmingham. After Nov. 22, the exhibit will be available to those who request it for public display around the US. The center commissioned photographer Melissa Springer to explore breast cancer survivorship through interviews and black and white photographs of 30 women. The purpose of the photo essay is to promote awareness of breast cancer as a treatable disease, the center said. For information, contact: Madeline Harris, UAB Comprehensive Cancer Center, tel: 205/934-0282.