

THE

# CANCER LETTER

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## NCI To Use Technology Transfer Agreement To Privatize Journal In A Five-Year Deal

The Journal of the National Cancer Institute, at age 55, is leaving government service to seek its fortunes in the private sector.

NCI has proposed to transfer the ownership of JNCI to a private sector collaborator over a five-year period.

The transition will be managed through a Cooperative Research and Development Agreement. The CRADA mechanism, designed to commercialize technology developed by the government, has never been

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### In Brief

#### **Kessler Urges Cardiologists To Fight Teen Smoking; ODAC To Meet Dec. 14**

FDA COMMISSIONER DAVID KESSLER urged cardiologists to join the Clinton Administration in its efforts to regulate tobacco. Addressing the American Heart Association annual meeting last week, Kessler said cardiologists must join in the fight to prevent teen-age smoking. "There is a window period of addiction," Kessler said. "If you can get them past 19 or 20, I don't think they're going to start." . . . ONCOLOGIC DRUGS Advisory Committee is scheduled to meet Dec. 14 at Holiday Inn, Bethesda, to discuss four FDA oncology initiatives, including accelerated approval of cancer therapeutics in situations of incurable disease, expanded access to therapies approved in other countries, ad hoc patient representation on advisory committees, and clarification of IND policy. The committee also will discuss an NDA by Bryan Corp. for sterile aerosol talc and a license application for a product for the staging of small cell lung cancer. . . . ERIC OLSON has been named director of the new Nancy and Jake Hamon Center for Basic Research in Cancer at the Univ. of Texas Southwestern Medical Center at Dallas. Olson is chairman of biochemistry and molecular biology at M.D. Anderson Cancer Center. . . . NICHOLAS MUZYCZKA was appointed to the Edward R. Koger Eminent Scholar Chair in Basic Cancer Research at the Univ. of Florida College of Medicine. The position was funded by a \$600,000 donation from the American Cancer Society Florida Division and matched by \$400,000 in state funds. Muzyczka directs the college's Gene Therapy Center.

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## JNCI To Become First Spin-Off Of NCI Information Systems

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used to transfer a government publication to the private sector, sources said.

Under the CRADA proposal published in the Federal Register Nov. 3, NCI staff would gradually go off the journal's payroll and be replaced by the staff of the private sector collaborator.

After the transition, NCI would continue to name the journal's editor-in-chief, and the Institute's Office of Cancer Communications would continue to produce the journal's news section.

"Government is becoming leaner and leaner, and will continue to do so," Julianne Chappell, JNCI managing editor, said to *The Cancer Letter*. "The journal is important to the National Cancer Program, but it can continue to serve the National Cancer Program under the private sector.

"This is an opportunity, not a punishment," she said.

NCI was under no mandate to spin off the publication, Chappell said.

The journal's 10,000 subscribers contribute about \$1 million to offset the operating budget of \$1.7 million, Chappell said. While it remains under the government control, the journal cannot accept paid advertisements or develop new products. A private sector collaborator would not be bound by these restrictions.

The plan to privatize JNCI was proposed by Institute Director Richard Klausner.

"I had suggested this, but the staff of the *International Cancer Information Center* really picked

it up and put it in motion," Klausner said to *The Cancer Letter*.

The privatization would be the first step in what Klausner described as a series of measures in coming months to spin off the Institute's information dissemination and educational activities.

Both the journal and NCI will benefit from the split, Klausner said. "We think an excellent journal has been built, but in order to thrive, JNCI has to be editorially and economically free from government control," Klausner said. "And, from the viewpoint of streamlining and saving government funds, we think this is a good opportunity.

"The goal is to leverage what we are best able to do by working with other organizations," Klausner said. "Over the next couple of months we will be rolling out more and more things under these partnership initiatives."

"We can't realize the money-making potential of JNCI," Klausner said. "In the private sector, successful journals have no trouble generating income for other activities."

Since the notice of the CRADA was published in the Federal Register, NCI has received five inquiries, Chappell said.

According to the CRADA notice, the Institute is seeking a collaborator "with an international reputation in the biomedical research and clinical practice communities." The collaborator must have the financial resources to support JNCI's current activities and have a track record of producing high quality information products, particularly biomedical journals.

"We would like to have an association look at us, such as the American Association for the Advancement of Science [the publisher of *Science*], or reputable publishers, or foundations," Chappell said. "We want a collaborator that will not allow the journal to lose in quality."

At its founding in 1940 JNCI was only the second specialty journal in the field of oncology.

At that time, JNCI's only predecessor, the faltering *American Journal of Cancer*, was reorganized and renamed *Cancer Research* by its publisher, the American Association for Cancer Research.

JNCI has been revamped several times, most recently in 1988, when NCI discontinued publication of *Cancer Treatment Reports* and folded treatment and clinical trials publications into the journal.

### THE CANCER LETTER

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Last year, the Institute for Scientific Information listed JNCI as having the highest "impact factor" among primary journals in the field of cancer. The impact factor is the number of times an average paper is cited in scientific literature. JNCI's impact was higher than that of several general medical journals, including the Journal of the American Medical Association, Journal of Clinical Investigation, Blood, and Circulation.

During its 1988 remake, JNCI established the most rapid publication time in the field of oncology, Chappell said. The journal's average turnaround time is six months from submission to publication. Articles considered priority papers are processed within four months.

Now several other journals have special sections that are published faster, but with less rigorous review and revision, Chappell said. "We are thinking about establishing such a section, but at present we can't do it and maintain quality," she said.

Under the CRADA, NCI would have the following obligations:

- Cooperate with the collaborator to jointly produce JNCI and related information products.

- Provide the editor-in-chief for the JNCI and related information products.

- Provide all line staff functions for the publication of JNCI and related information products until the collaborator is able to provide the same to the satisfaction of the editor-in-chief, including assistance with maintenance of the mailing list.

- Evaluate the work product of the collaborator to ensure progress toward meeting the CRADA goals.

- Provide work space and equipment for production of JNCI and related information products until the collaborator is able to provide the same to the satisfaction of the editor-in-chief.

The role of the successful collaborator is to include the following:

- Transition to independently produce JNCI and related information products.

- Provide funding, as necessary, in support of production and dissemination of information products.

- Provide expertise in production and marketing of biomedical information products.

- Provide resources to market biomedical information products.

- Cooperate with the editor-in-chief in all aspects of meeting information needs of the National Cancer

Program.

- Invoice accounts and receive, process, and disburse funds for NCI.

- Maintain mailing list electronically in a database of the NCI's choice.

Interested private entities have 60 days from the date of the Federal Register notice to notify the Institute in writing of its intention to submit a proposal, and then an additional 60 days to file a formal proposal.

Inquiries and proposals regarding the CRADA may be addressed to William Joseph Cotreau, tel: 301/496-0477, fax: 301/402-2117, Office of Technology Development, NCI, Bldg. 31 Room 4A49, 9000 Rockville Pike, Bethesda, MD 20892.

## New Law Allows Texans To Self-Refer To MD Anderson

At a time when cancer centers say their future is threatened by managed care, M.D. Anderson Cancer Center has been given some legislative relief.

The law, called Senate Bill 192, in effect clears the way for Texas residents to refer themselves to M.D. Anderson.

The law, enacted six months ago, allows M.D. Anderson to streamline its purchasing practices, offer early retirement incentives and ease the burden of charity care.

Thanks to self-referral, M.D. Anderson reported an increase in new patients this year, hospital officials said.

New patients registered between April and August 1995 increased 20 percent, to 9,725, the hospital reported. One in four of those new patients were self-referred. Last year, 8,108 new patients registered at M.D. Anderson.

To make patient access easier, M.D. Anderson started a toll-free information line that assists patients who call for information about services and registration procedures. The service is available nationwide (tel.: 800/392-1611).

In the first month of operation, the line received nearly 1,600 calls, hospital officials said.

Recently, M.D. Anderson extended its outreach to physicians in private practice in the community. The hospital's network also extends to affiliated institutions, the Moncrief Cancer Center in Fort Worth and the M.D. Anderson Cancer Center-Orlando.



At the same time, the hospital is going after the managed care business. The hospital has signed 60 managed care contracts, which have led to a 179 percent increase in the number of managed care patients over the last two years.

In an attempt to save as much as \$2.2 million over three years, the hospital is offering early retirement to 71 of its employees, including 24 faculty members. The vacancies created by retirements would not be filled for at least a year.

Under the new law, M. D. Anderson now may acquire goods and services through the most cost-effective means available with processes used by non-governmental agencies.

For example, M. D. Anderson now may negotiate contracts for standardized items using the most appropriate vendors on the state bid list, thereby reducing lengthy bid times and the price of many goods and services.

The new law has made it possible for the hospitals to save \$1.6 million in direct and administrative costs by streamlining purchasing practices, officials said.

Office supply ordering and delivery now take place between institutional departments and the vendor, without the involvement of purchasing department. Also, the hospital has eliminated many of the bureaucratic procedures involved in purchasing.

Freed from red tape, M.D. Anderson was able to save \$1 million on the purchase of furnishings for the patient care tower now under construction. Altogether, the legislation may allow the hospital to cut its costs by about \$7 million a year, officials said.

M.D. Anderson continues to follow state law pertaining to historically underutilized businesses.

In another provision that is likely to ease the financial pressure on M.D. Anderson, the law permits the cancer center to contract with a other public hospitals to provide care for the indigent.

In Harris County, where the indigent were typically referred to M.D. Anderson, the newly developed referral system requires that all indigent patients receive an initial assessment at one of the county facilities, including neighborhood clinics, Ben Taub Hospital and Lyndon Baines Johnson General Hospital.

Ben Taub's oncology program is staffed by faculty from Baylor College of Medicine. The LBJ Hospital is staffed by faculty from the Univ. of Texas Health Science Center at Houston and M. D. Anderson.

"The Texas Legislature removed several barriers

standing in our way as we began working to reduce costs and enhance revenue to support our vitally important programs in cancer patient care, research, education and prevention," said Charles LeMaistre, president of M.D. Anderson.

"The legislation, however, was only a 'license,'" Le Maistre said. "M.D. Anderson had the responsibility to turn the law into action with a variety of new initiatives."

In February 1994, M.D. Anderson officials set the goal to cut \$90 million from the operating budget over three years. Nearly two years later, the institution is ahead of schedule with an overall budget reduction of \$73 million achieved to date, officials said.

The institution receives less than 16 percent of its operating funds from state appropriated tax dollars, earning the rest from fees for patient care services, competitive research grants and private philanthropy.

## **MSKCC, Phelps Hospital Affiliate Oncology Services**

Memorial Sloan-Kettering Cancer Center and Phelps Memorial Hospital Center announced an affiliation agreement to provide radiation therapy and medical oncology services at the Phelps campus in North Tarrytown, NY.

The agreement for the construction of a 10,000 square foot radiation oncology facility, as well as the delivery of medical oncology services by Memorial Sloan-Kettering staff located at Phelps.

"We believe this affiliation offers individuals living north of New York City improved access to leading-edge cancer therapy that is delivered in a more convenient setting," said Paul Marks, MSK president and CEO said in a statement.

"When the Memorial Sloan-Kettering facility opens at Phelps, it will mark an important step in our efforts to expand our services, while providing the same level of high-quality care in a community setting," Marks said.

Phelps will be the only site in Westchester, Rockland, and Putnam Counties for the delivery of radiation therapy and medical oncology services affiliated with MSK, officials said.

Phelps Memorial Hospital Center is a 215-bed acute care not-for-profit healthcare provider.



## Letter to the Editor:

# Weinstein's Former Fellows "Shocked" At Allegations

To the Editor:

As former post-doctoral fellows in the laboratory headed by Dr. John Weinstein, we are grateful to **The Cancer Letter** for providing even-handed coverage of the recent radiation incident at NIH (**The Cancer Letter**, Nov. 3).

We were shocked when we heard the complainants' allegations against Dr. Weinstein, their supervisor. The complainants and their attorneys go to great lengths to depict Dr. Weinstein as a heartless taskmaster, ruthlessly obsessed with advancing his own career.

This depiction runs counter to our experience in Dr. Weinstein's lab.

Dr. Weinstein has always shown tremendous respect for all his postdoctoral fellows, treating us as colleagues rather than subordinates, and never playing favorites. We were given considerable freedom to set our work hours, and Dr. Weinstein had a liberal attitude in allowing us to take time off for vacations, family illnesses, and other personal matters.

Always concerned to create a cordial atmosphere in the laboratory, John frequently held dinner parties and other gatherings at his home. His positive attitude and excitement about curing cancer are refreshing in the "publish or perish" world of academic research.

As a scientific mentor, he did an outstanding job of nurturing our scientific and career development. Moreover, he took a profound personal interest in each of us. In short, we have found him to be an excellent scientist and mentor as well as a valued friend.

While the contamination incident is a puzzle to us, we can testify with certainty that the complainants' portrait of Dr. Weinstein is totally inconsistent with his caring nature and good character.

**Joseph Casciari**

Center for the Improvement of Human Functioning  
International

**John Buolamwini**

Univ. of Mississippi Dept. of Medicinal Chemistry

**Miklos Peterfy**

Amgen Corp.

**Krishnamachari Raghavan**

Biosym Technologies Inc.

**Guru Bethgeri**

Auburn Univ. Dept. of Pharmacologic Sciences

**William van Osdol**

Alza Corp.

**Kenji Fujimori**

Shapporo Medical Univ. Dept. of Radiology

**Janos Szebeni**

Walter Reed Army Institute for Research

## NIGMS To Meet With Societies On Minorities In Science

The Minority Opportunities in Research Division of the National Institute of General Medical Sciences will hold a meeting on a new initiative, Partnerships With Professional Scientific Societies. The purpose of this meeting is to discuss how professional scientific societies representing disciplines pertinent to the biomedical sciences, in partnership with the MORE Division, can stimulate, encourage, and promote interest in biomedical science and research careers among underrepresented minority group students. This meeting will be held in the Natcher Building, Conference Room 5AS.10, 45 Center Drive, Bethesda, Maryland. The Meeting will be on Thursday, December 7, 1995 and will start at 9:00am and will adjourn by 11:00am. This meeting is open to the public and all interested parties are encouraged to attend.

**INQUIRIES:** Clifton Poodry or Adolphus Toliver, Div. of Minority Opportunities in Research, NIGMS, 45 Center Drive, Room 2AS-37, Bethesda, MD 20892-6200, tel: 301/594-3900, fax: 301/480-2753, Email: poodryc@gm1.nigms.nih.gov ; Email: tolovera@gm1.nigms.nih.gov

## NCI AIDS Malignancy Bank Accepting Research Requests

The National Cancer Institute (NCI) announces that the AIDS Malignancy Bank (AMB) is accepting requests for tissues and biological fluids from investigators at-large. This notice provides a description of the AMB, application instructions, and directions to access the database listing the available specimens.

NCI established centers in the US and its territories for the collection and distribution of tissues, blood, and secretions from patients with clinically characterized HIV-related malignancies in 1994. The



AMB makes these tissues available to qualified investigators in the United States for research on HIV-related malignancies. It is hoped that by providing access to these high quality specimens, research in HIV-related malignancies will be encouraged and facilitated.

The AMB contains formalin-fixed paraffin embedded tissues, fresh frozen tissues, malignant cell suspensions, fine needle aspirates, and cell lines from patients with HIV-related malignancies. The bank also contains serum, plasma, urine, bone marrow, cervical and anal specimens, saliva, semen, and multi-site autopsy tissues from patients with HIV-related malignancies including those who have participated in clinical trials. The bank has an associated database that contains prognostic, staging, outcome, and treatment data on patients from whom tissues were obtained. Researchers who use the specimens pay for shipping of specimens.

A listing of the available specimens can be obtained on the internet at <http://www.wicic.nci.nih.gov/amb/amb.html>.

**Application Procedures:** The AMB Steering Committee solicits Letters of Intent from investigators with a short lead time and with a minimum of paper work that facilitates NIH AIDS grant submission deadlines. The NCI AMB will make public the specimens that are available for study in a request for LOIs. An investigator obtains and completes an LOI and returns it to the NCI AMB by specified dates. Application forms are also available on the internet.

**Review Considerations:** The LOIs are reviewed by an independent Research Evaluation and Decision Panel (REDP) composed of experts in the field of HIV-related malignancy research. The scientific merit of the application, the experience of the investigator and the statistical validity of the study are some of the factors that are used in the review of the LOI. A priority score is attached and forwarded to the AMB Steering Committee to confirm that the specimens are available. Low priority studies will not receive specimens and even high priority studies will not receive specimens if unavailable. Investigators who request samples in excess of that required to accomplish the study, those who have not correctly determined the sample size necessary to complete the study, or have not provided sufficient detail to assess the validity of the sample requests will be denied the samples.

If the specimens requested are available, the LOIs

with the highest priority are provided a letter of approval that commits the AMB to provide the necessary specimens once funding of the study has been approved. This letter of approval may be incorporated into NIH or other grant applications.

After a notification is received by the AMB Steering Committee that funding exists or was obtained, specimens are released to the investigator. Investigators who fail to obtain funding within six months of receiving the letter of approval will have the approval voided and those tissues will become available to other investigators in the next cycle. Since this LOI is not meant to provide an extensive review of the science involved, a detailed analysis of the LOI and the reason for denial will not be provided.

**Inquiries:** Additional information and application forms may be obtained from: *Ellen Feigal, Division of Cancer Treatment, NCI, 6130 Executive Blvd, Room 741 MSC 7436, Bethesda, MD 20892, tel: 301/496-4844, fax: 301/402-0556, Email: feigale@dct.nci.nih.gov*

## RFA Available

RFA HL-96-004

Title: **Angiogenesis And Vascular Remodeling In The Microvasculature**

Letter of Intent Receipt Date: Feb. 1

Application Receipt Date: April 11

The Division of Heart and Vascular Diseases, National Heart, Lung, and Blood Institute, announces a program to support research on the molecular, cellular, and physiological mechanisms involved in determining the structure and arrangement of blood vessels during the processes of angiogenesis and vascular remodeling. This RFA focuses on changes that occur at the microcirculatory level, particularly as they relate to such pathological states as hypertension, coronary insufficiency, cardiac hypertrophy, and wound healing.

Although financial plans for fiscal year 1996 include approximately \$1.2 million for the total cost of the program for the first year, award of grants pursuant to this RFA is contingent upon receipt of funds for this purpose. It is anticipated that no more than four research project grants (R01) will be awarded under this program.

**Inquiries:** The RFA may be obtained through the NIH Grant Line (data line 301-402-2721) and the NIH GOPHER ([gopher.nih.gov](http://gopher.nih.gov)) and by mail and email from Alfred Small or Michael Lin, Division of Heart and Vascular Diseases, NHLBI, 6701 Rockledge Drive, Suite 10193, Bethesda, MD 20892-7956, tel: 301/435-0565, email: [alfred\\_small@nih.gov](mailto:alfred_small@nih.gov) or [michael\\_lin@nih.gov](mailto:michael_lin@nih.gov)