

### Congress Provides 7% Increase For NIH, 6.6% For NCI, In FY98 Appropriation

The appropriation bill completed by a congressional conference committee last week gives NIH an increase of 7 percent for fiscal 1998.

The bill, which was forwarded to the President, provides \$13.648 billion for NIH, an increase of \$907 million over the fiscal 1997 appropriation of \$12.74 billion.

The bill is a compromise between the Senate appropriations bill,  
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#### In Brief

#### Rosenthal Named ACS President; Brown, Lynch, Mintz Win ACS Medals of Honor

**DAVID ROSENTHAL** was named president of the American Cancer Society at the organization's annual meeting held earlier this week. Rosenthal is director of Harvard University Health Services, professor of medicine at Harvard Medical School, and senior physician, hematologist, and medical oncologist at Brigham & Women's Hospital, Beth Israel Deaconess Hospital, and Dana Farber Cancer Institute. He succeeds **Myles Cunningham**, who becomes the society's immediate past-president. **Charles McDonald** was named vice president and president-elect of ACS. McDonald is professor of medical science and chairman of the Brown University Department of Dermatology, and physician-in-chief of the Department of Dermatology at Rhode Island Hospital. **Jennie Cook** was named chairman of the board of ACS. Cook, an accountant from Larkspur, CA, has been an active member of ACS since 1965, and has served three terms as treasurer. . . . **AMERICAN CANCER SOCIETY** presented its Medal of Honor, Distinguished Service, Humanitarian, and Volunteer Leadership awards at the ACS annual meeting in Los Angeles. **Helene Brown**, director of community applications of research at the Jonsson Comprehensive Cancer Center at UCLA, received the ACS Medal of Honor for public health achievements in cancer prevention and control. Brown received the award in recognition of her leadership in cancer control, and her ingenuity in raising public awareness of cancer prevention and detection. **Henry Lynch** received the Medal of Honor for clinical research in recognition of his contributions to genetic research and the understanding of hereditary cancers. Lynch is professor and chairman of preventive medicine and public health, and professor of medicine at Creighton University School of Medicine.  
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## NCI Gets \$158 Million Raise In Fiscal 1998 Appropriation

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which provided \$13.7 billion for NIH, and the House bill, which called for \$13.1 billion.

Under the conference bill, NCI will receive \$2.547 billion, an increase of \$158 million, or 6.6 percent over last year's appropriation of \$2.39 billion. The Senate bill provided \$2.558 billion for the Institute, and the House bill called for \$2.513 billion.

In the joint committee report, Congress calls for:

- A proposal from NCI to collaborate with the National Bone Marrow Donor Program to provide new opportunities for advances in bone marrow technology.

- NCI participation in the hepatitis C research initiative recommended in last year's conference report.

- \$20 million for the NIH Office of Alternative Medicine. The report requests that \$7 million be provided for peer-reviewed research grants and contracts in complementary and alternative medicine.

- Completion of proposed research on cancer among minority and underserved populations. The committee requested that minority research programs be made higher priorities within NIH, and suggested an increase in support equal to the overall NIH increase.

- A \$5.3 million increase to the Centers for Disease Control Breast and Cervical Cancer Screening Program. The appropriation for the program is \$145 million.

- An increase in funding for CDC tobacco control programs.

- CDC research into the health effects of children whose mothers were exposed to environmental contaminants.

- \$12.495 million for the PHS Office on Women's Health. The appropriation does not provide an increase over last year. The Senate bill provided \$18.5 million for the OWH. The Administration request and the House bill both provided \$12.5 million.

The report had no specific language on the amount of the earmark of NCI funds for the National Action Plan on Breast Cancer.

The excerpted text of the conference report follows.

### National Institutes of Health

**National Cancer Institute**—The conference agreement includes \$2,547,314,000, instead of \$2,513,020,000 as proposed by the House, and \$2,558,377,000, as proposed by the Senate.

The conferees are aware of the extraordinary research opportunities that exist in cancer genetics, preclinical models of cancer, detection technologies, developmental diagnostics and investigator-initiated research.

Millions of Americans are alive today as a result of progress in cancer research. These advances have allowed Congress to address the critical role of early detection for breast and cervical cancer, colorectal cancer and prostate cancer in Medicare.

While working within difficult budget constraints, the conferees have sought to respond to the cancer research challenge. Twenty-five years have passed since the passage of the National Cancer Act, and it is now time to take full advantage of the unparalleled scientific opportunities in cancer prevention, detection, and treatment.

The conferees are aware of the unique research resources available within the network of bone marrow transplantation centers that are associated with the National Bone Marrow Donor Registry.

Advances in medical technology provide new opportunities to utilize these resources to clinically evaluate innovative therapies that have the potential to decrease the toxicity and side effects experienced



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**Founded Dec. 21, 1973 by Jerry D. Boyd**

by bone marrow donor recipients. Accordingly the conferees request the Institute to provide a report to the Committee prior to the consideration of next year's request on a proposal to collaborate with the National Bone Marrow Donor Program and its network of transplant centers for this purpose.

The conferees encourage the Institute to participate in the hepatitis C research initiative recommended by the March 1997 consensus conference.

**Office of the NIH Director**—The conference agreement includes \$296.4 million, instead of \$298.3 million, as proposed by the House, and \$292.2 million, as proposed by the Senate.

The conference agreement includes a designation in bill language of \$40.5 million for the operations of the Office of AIDS Research. The Senate bill designated \$40.2 million for the Office; the House bill had no similar provision. The conferees understand that within the total funding for NIH provided in the conference agreement, NIH would intend to spend \$1,595,453,000 on AIDS research. The conferees understand that this total may be modified depending on changing scientific opportunities and the recommendations of various advisory bodies.

The conference agreement includes a designation in bill language of \$20 million for the Office of Alternative Medicine. The Senate bill designated \$13 million for this activity. The House bill contained no similar provision.

The conference agreement also includes language not included in either the House or Senate bill providing that not less than \$7 million of the \$20 million made available for the OAM shall be for peer reviewed complementary and alternative medicine research grants and contracts that respond to program announcements and requests for proposals issued by the Office.

The conferees encourage the Office to use these mechanisms to solicit and support high quality clinical trials that will validate promising alternative and complementary medicine therapies. The conferees understand that the Office has existing authority to issue program announcements and requests for proposals.

The conference agreement includes bill language permitting the National Foundation for Biomedical Research to transfer funds to the National Institutes of Health. The House and Senate bills had no similar provision.

The conferees understand from the NIH that within the total funding provided for the various Institutes, centers and divisions the NIH estimates it will support \$38.5 million in funding for the pediatric research initiative. These funds are made available directly to the Institutes through the NIH Areas of Special Emphasis, which target those areas of research opportunity most likely to yield greater returns on the Federal investment in biomedical research. The conferees expect the Director to provide overall leadership for and coordination of these research activities.

The conferees are concerned by the delays in initiating the study on the status and funding of research on cancer among minorities and the medically underserved.

The conferees expect all components of the NIH to give higher priority and full cooperation to this study as well as timely access to requested data to enable the Institute of Medicine to complete the study in an expeditious fashion. The conferees continue to place high priority on this effort and request that the Director be prepared to report on the study's progress during the hearings on the fiscal year 1999 budget request.

The conferees believe that minority programs at NIH should be supported at a level commensurate with the increases provided for NIH as a whole.

**Institute of Medicine Study of NIH Priority Setting**—The conference agreement includes in modified form language contained in the Senate bill directing the HHS Secretary to contract with the Institute of Medicine to conduct a comprehensive study of the policies and processes used by the NIH to determine funding allocations for biomedical research. The conference agreement drops the \$300,000 earmark for the study contained in the Senate language. The House bill contained no similar provision.

#### **Tobacco Provisions**

The conferees have deleted four provisions included by the Senate relating to a national tobacco settlement.

The conferees concur that these matters should be debated and resolved during consideration of tobacco settlement implementing legislation. The conferees believe, however, that any national tobacco settlement should include a provision requiring public disclosure of all private attorneys' fees paid

by all parties in connection with an action maintained by a State against one or more tobacco companies to recover tobacco-related costs affected by any federal tobacco settlement.

Furthermore, the conferees agree that the authorizing committees with jurisdiction over the implementing legislation should consider whether the legislation should limit the rate and/or total or private attorneys' fees paid on behalf of attorneys or the plaintiffs or defendants in connection with any action maintained by a State against one or more tobacco companies to recover tobacco-related expenses.

Finally, the conferees believe that tobacco growers and tobacco growing communities should be fairly compensated as part of any settlement legislation.

#### **Centers For Disease Control And Prevention**

The conference agreement includes \$2.379 billion instead of \$2.396 billion, as proposed by the House, and \$2.368 billion, as proposed by the Senate.

The conference agreement includes \$34.1 million over the administration request for the following chronic and environmental disease prevention program priorities: pfiesteria; the diabetes prevention and control priorities mentioned in the House and Senate reports; cancer registries; birth defects; cardiovascular disease; limb loss; the health effects of radioactive fallout; the health effects of inadequate provision of safe drinking water in remote arctic communities; oral health activities; and prevention of iron overload diseases.

The conferees urge CDC to give consideration to integrating multiple cancer registries within a single State. The conference agreement supports increases above the 1997 level for tobacco control programs.

The conferees encourage the CDC to develop a plan of action to ascertain whether children of mothers exposed to environmental contaminants may be experiencing adverse health effects, including childhood cancers, birth defects, and neurobehavioral disorders.

The conferees encourage the CDC to build upon relevant ongoing studies when formulating this plan of action.

The conferees concur with House report language indicating that CDC administrative costs as defined in the budget justification should not increase by more than one percent from 1997 to 1998.

### Clinical Research

## **Cooperative Group Coalition To Advance Clinical Trials**

Six NCI-sponsored clinical trials cooperative groups have formed a coalition to advance the interests of the groups.

The first goal of the Coalition of National Cancer Cooperative Groups Inc. will be to establish agreements with insurers over payment of the routine medical costs for cancer patients who enter group-sponsored clinical trials, said Robert Comis, chairman of the board of the coalition and chairman of the Eastern Cooperative Oncology Group.

"Payers don't have a clear concept of the value of clinical trials, and they want help in trying to determine what are the emerging therapies," Comis said, announcing the coalition's formation at a Nov. 7 meeting of cooperative group chairmen.

The coalition will continue efforts by several of the groups in the past year to work more closely with insurers to explain the role of cancer clinical trials in the arsenal of treatment options for patients and in advancing knowledge that leads to new therapies.

Last September, the groups announced that three insurers in the Midwest had agreed to pay the cost of patient care for their members who participate in cooperative group trials (**The Cancer Letter**, Sept. 26).

In addition to establishing agreements on reimbursement, the groups would like better relationships with insurers to make entry onto clinical trials less time-consuming for physicians and patients, Comis said.

"There is rampant competition for patients and, at the same time, everyone is clamoring for outcomes research, which is what the groups do," Comis said. "Our group structures have operated the same way for 40 years, and while the structure has served us well, the world has changed."

The cooperative group networks of clinical investigators have been the primary tool for large-scale testing of new cancer treatments. Supported by NCI and the academic institutions which host the headquarters of each group, these large networks have been praised for their scientific rigor and ability to carry out complex trials in many different types of cancer. The groups place about 20,000 new patients onto cancer clinical trials each year, according to NCI.

However, academic institutions are no longer able to provide surplus revenue from patient care to supplement federal support to the groups. NCI funding for the groups was \$89 million in fiscal 1996. Many of the groups receive substantially less funding than the amounts recommended by peer review.

What's more, the groups face competition for patients from drug companies that form their own investigator networks to study new treatments or contract with firms that conduct the trials and deliver the results.

One of the goals of the coalition will be to establish a structure through which industry could contract with the groups to conduct trials, Comis said.

The coalition was formed by the non-profit foundations that help support each of the six cooperative groups. The six groups are the Cancer and Leukemia Group B, the Eastern Cooperative Oncology Group, the National Surgical Adjuvant Breast and Bowel Project, the North Central Cancer Treatment Group, the Pediatric Oncology Group, and the Radiation Therapy Oncology Group.

The chairmen of these groups serve as the board of directors of the coalition.

The coalition will be based in Philadelphia. Its telephone number is 215-893-6440.

## **NIH Breaks Ground For New Clinical Research Center**

NIH last week broke ground on the Mark O. Hatfield Clinical Research Center, a 250-bed hospital with outpatient care capability and research laboratories.

Vice President Al Gore and former Senator Mark Hatfield attended the ceremony. The center is named in honor of Hatfield, who chaired the Senate Appropriations Committee for eight years.

"This facility will provide more people access to better treatments for our most difficult health conditions, including cancer, AIDS and rare diseases," said Vice President Gore. "It also will help the United States stay at the forefront of medical research and science."

The building is scheduled to be completed in 2001.

"This facility will help us continue to move medical research findings from the laboratory into mainstream medical practice," said NIH Director Harold Varmus. "It is a crucial step in assuring that

this nation remains at the forefront of health care as we continually search for new and better ways to treat diseases."

HHS Secretary Donna Shalala, Rep. John Porter (R-IL), Sen. Arlen Specter (R-PA), National Action Plan on Breast Cancer steering committee member Jane Reese-Coulbourne, and Clinical Center patient Charles Tolchin also attended the groundbreaking.

Zimmer Gunsul Frasca Partnership, a Portland, OR based architectural planning and interior design firm, is principal designer of the project.

### *Public Health Service*

## **Blumenthal Declines Clinton's Job Offer As Senior Advisor**

Susan Blumenthal, the controversial former director of the PHS Office on Women's Health, resigned from the White House job she was expected to start Nov. 3.

In a letter dated Nov. 9, Blumenthal declined Clinton's "kind offer" of a job as senior advisor for women's health.

The appointment of Blumenthal to the White House job caused a barrage of letters from women's health groups which said Blumenthal was more interested in pursuing her own agenda than in furthering women's health issues.

"Despite the outpouring of support I have received from all segments of the public health community in the last few days, I have concluded that the timing is not right," Blumenthal wrote, declining the White House job.

The letter was preceded by a week of coverage of the controversy by the national media.

In the letter, Blumenthal said she would remain in the Public Health Service. Beyond that, it is unclear what Blumenthal's job would be. Her former job at PHS OWH is being advertised, and a permanent successor is expected to be hired within a month, officials said.

Blumenthal's current appointment, that of acting chief of staff in the Office of the Surgeon General, was intended to be temporary, officials said (**The Cancer Letter**, Nov. 7). "She will remain Assistant Surgeon General, with duties commensurate with that rank," said Damon Thompson, a spokesman for the HHS Office of Public Health and Science. "Anything beyond this I don't know."

Sources said investigators from the HHS Office of the Inspector General are conducting interviews with Blumenthal's former staff members at OWH.

OIG officials are precluded from confirming or denying the existence of investigations.

In her letter to Clinton, Blumenthal offered her interpretation of her clashes with the breast cancer activists who serve on the National Action Plan on Breast Cancer, a program she administered in her former job:

"I firmly believe that the fight against breast cancer must be waged on many fronts with a comprehensive strategy that includes research, prevention, education, early detection, and outreach to minorities and other underserved populations," Blumenthal wrote.

"Although this fundamental policy is broadly shared by you, the public health community, and many breast cancer activists, some in the community have, unfortunately perceived my support for this approach as a threat to cancer research instead of as a complementary life-saving strategy," she wrote. "The controversy this has engendered is distracting from our shared goals."

Blumenthal's critics on the Action Plan's steering committee were not opposed to a multifaceted approach to fighting breast cancer. Instead, they opposed Blumenthal's plans to broaden the agenda of the Action Plan, a program funded through an earmark of NCI appropriations (**The Cancer Letter**, Oct. 24, Nov. 15, 1996; Aug. 1, Aug. 8, Aug. 15, Oct. 3, 1997).

In a response to Blumenthal's letter, Clinton expressed "regret" over Blumenthal's "declining my offer to serve at the White House."

"Your dedication to the fight against breast cancer is a shining example of the vital and lasting impact a public health officer can have on improving the health and quality of life for all Americans," Clinton wrote. "We must fight the battle against this disease on all fronts if we are to succeed in reducing, and eventually eliminating the threat of breast cancer."

In recent weeks, the controversy over Blumenthal's White House appointment was covered in the widely read "In the Loop" column in *The Washington Post*, the Nov. 7 issue of *The Chronicle of Higher Education*, and in three front page stories in the *Boston Globe* (Nov. 4, 7, and 10).

Blumenthal is married to Rep. Edward Markey (D-MA).

## Funding Opportunities: **AACR Extends Fellowships To Provide Additional Year**

The American Association for Cancer Research has extended the term of several of its research fellowships to two-year grants of \$30,000 per year. The additional year is designed to allow fellows to bring the grants into the first year of a faculty appointment, to provide for non-faculty research expenses.

The extended, two-year grants include the Research Fellowship in Basic Research, sponsored by AACR; the Research Fellowship in Clinical/Translational Research, sponsored by Amgen Inc.; the Research Fellowship in Clinical Research, sponsored by Bristol-Myers Squibb Co.; and the Research Fellowship in Prevention Research, sponsored by the Cancer Research Foundation of America.

Two one-year Research Fellowships in Basic Research, sponsored by the Sidney Kimmel Foundation for Cancer Research and Hoechst Marion Roussel are also available.

The research fellowships are open for the first time to NIH fellows who wish to apply. Permanent federal employees are not eligible.

Candidates for the fellowships must have completed an MD, PhD, or other doctoral degree and must have been a postdoctoral or clinical research fellow for at least two years, but no more than five prior to July, 1998. Faculty holding the rank of assistant professor or higher, students, medical residents, and employees of private industry are not eligible. Candidates must be nominated by an AACR member.

Application deadline is Jan. 15, 1998.

AACR also announced availability of the Gertrude B. Elion Cancer Research Award for a US or Canadian scientist engaged in meritorious basic, clinical, or translational research in cancer etiology, diagnosis, treatment, or prevention at the level of assistant professor. The one-year, \$30,000 award is supported by a grant from Glaxo Wellcome Oncology.

Candidates must have completed postdoctoral studies or clinical fellowships no later than July 1, and must be nominated by an AACR member.

Application deadline is Dec. 15.

Inquiries: Jenny Anne Horst-Martz, tel: 215/440-9300, fax: 215/440-9372, email: horst@aacr.org.

## Avon To Award 16 Grants For Breast Cancer Education

Avon's Breast Cancer Awareness Crusade will award 16 grants of \$50,000 each through its Avon Kids Care Essay Contest. The grants will be awarded to programs that provide breast cancer education and screening to underserved women.

Avon Kids Care, administered by the National Alliance of Breast Cancer Organizations, will honor the 16 winners of its essay contest by donating \$50,000 in their name to a private, non-profit, or university-based outreach program.

Programs funded by the Avon Crusade should emphasize a three-part approach to breast cancer detection—regular mammography, clinical breast examinations, and breast self-examinations. The Avon program is designed to support educational materials, outreach activities, salaries for program coordinators, transportation, and supplies. The program does not support the cost of medical services.

Four Avon Kids Care grants will be awarded in each of Avon's four US regions—Northeast, South, North, and West. Program funds may not be used to supplement programs already being funded by Avon or NABCO.

Applications must be submitted before Dec. 1. Application forms are available at [www.nabco.org](http://www.nabco.org). For more information contact Ratna Menon at NABCO, tel: 212/889-0606 ext. 3004.

## RFA Available: Prevention

### RFA OD-98-002

#### Title: Innovative Approaches To Disease Prevention Through Behavior Change

Letter of Intent Receipt Date: April 1

Application Receipt Date: May 21

Several Institutes of NIH and other organizations invite applications for a four year research grant program to test interventions designed to achieve long-term health behavior change. The health behaviors of interest—tobacco use, insufficient exercise, poor diet, and alcohol abuse—are among the top ten causes for morbidity and premature mortality. This RFA solicits intervention studies aimed at either comparing alternative theories related to mechanisms involved in behavior change, or assessing the utility of a particular theoretical model for changing two or more health-related behaviors, rather than simply demonstrating the efficacy of a single behavior change program.

This RFA will use the NIH individual research

project grant (R01) mechanism. It is anticipated that for fiscal year 1999, \$3,700,000 total funds (direct and indirect costs) will be available. Between 5 and 8 awards are anticipated, not to exceed \$700,000 in annual total cost per individual grant.

Applicants should provide a detailed time frame describing what specific activities are to occur throughout the proposed grant period, justifying time estimates. Applicants may request support for up to four years. Awards may begin as early as April 1, 1999.

This RFA, coordinated under the auspices of the NIH Office of Behavioral and Social Sciences Research (OBSSR), is a joint effort of several entities, including the NIH Office of Disease Prevention, Office of Research on Women's Health, Office of Alternative Medicine, Office of Dietary Supplements, NCI, and several other NIH institutes, and the American Heart Association.

This RFA encourages grants for the study of theory-based interventions that target initiation and maintenance of behavioral change. Applications must propose either to compare alternative theories related to mechanisms involved in behavior change (the "multiple theories" option), or to assess the utility of a particular theoretical model for changing two or more health-related behaviors (the "multiple behaviors" option). Behaviors will be restricted to those identified in the literature as among the major causes of mortality: tobacco use, excess alcohol consumption, poor diet, and inactivity. A major goal of this solicitation is to stimulate research that addresses the difficult problems of long-term behavior change, so selected theories must be directed toward both behavior change and maintenance of this change over the long-term. Partnerships between behavior change experts, intervention specialists, and appropriate health professionals are essential.

Inquiries: Susan Solomon, Office of Behavioral and Social Sciences Research, NIH, 7550 Wisconsin Ave. Rm 8C16 MSC-9172, Bethesda, MD 20892, tel: 301/496-0979, fax: 301/480-8905, email: [ssolomon@nih.gov](mailto:ssolomon@nih.gov).

### *In Brief:*

## Greenwald, Laszlo, Rogers Honored By ACS For Service

(Continued from page 1)

**Beatrice Mintz** received the Medal of Honor for basic research for lifetime achievement in the field of developmental biology and cancer research. Mintz currently conducts research at the Institute for Cancer Research at Fox Chase Cancer Center, where she has been a senior member since 1965. **Peter Greenwald**, acting director of the NCI Division of Cancer Prevention; **John Laszlo**, ACS national vice

president for research; and former Congressman **Paul Rogers** received the ACS Distinguished Service Awards in recognition of major achievements in the field of cancer. The ACS Humanitarian Award was presented to **Dame Cicely Saunders**, for dedication to improvement of cancer control. Saunders has been the administrator of St. Christopher's Hospice, London, for over 50 years, and is credited with establishing the hospice care movement worldwide. **Bonnie Carlson** and **Thomas Burish** received the ACS Volunteer Leadership award in recognition of exemplary service to the society. . . . **ROBERT DIASIO** was named associate director for basic science at the University of Alabama at Birmingham Comprehensive Cancer Center. Diasio is chairman of the UAB Department of Pharmacology and professor of medicine and pharmacology. . . . **ADAM MAMELAK** was named assistant professor and head of neurosurgery at City of Hope National Medical Center Division of Surgery. Mamelak is a former postdoctoral scholar in biology and a neuroscience research fellow at the California Institute of Technology and Huntington Memorial Research Institutes.

*Letter to the Editors:*

**Articles On Blumenthal  
"Disheartening, Destructive"**

To The Editors:

Your recent articles publicizing criticisms of Dr. Susan Blumenthal's work in breast cancer were disheartening and destructive to a fine public servant. Contrary to the image portrayed by disgruntled persons quoted in these articles, Dr. Blumenthal is an outstanding public health service officer as well as a leader and spokesperson for women's health research, education and disease prevention. Having supervised her for three years as Assistant Secretary for Health in the US Department of Health and Human Services, I know Dr. Blumenthal to be a dedicated, innovative and hard-working individual who has pursued a broad national agenda that gives a place at the table to advocates of research, education, and prevention and detection alike.

I also know, because I was there, that the \$14 million for the National Action Plan on Breast Cancer (NAPBC) and other cross-cutting activities were not "diverted" to anyone's "personal agenda." In fact, the funds were allocated according to the intent of Congress and the direction of the Secretary

of Health and Human Services, following a broader, more inclusive strategy than was supported by the NAPBC's steering committee. It is outrageous that anyone should disparage Dr. Blumenthal for working to include the perspective of minorities and to advocate for increased and improved early detection and for the development of prevention strategies. These strategies hold promise for eradicating this disease that threatens the lives of many American women.

An example of Dr. Blumenthal's creative leadership is the program she initiated to transfer defense, intelligence and space imaging technologies to improve the accuracy of early detection of breast cancer. This initiative is commonly known as the Missiles to Mammogram Program—a collaborative effort of the DoD, CIA, NASA, and DHHS.

Another important example of Dr. Blumenthal's innovative leadership is the program to create National Centers of Excellence on Women's Health. Six of these multidisciplinary centers received awards in September 1996 and six additional centers received awards in September 1997. The centers focus on research, curriculum development, career development for women faculty, and one-stop shopping for comprehensive health care services. Controversy has arisen regarding a contract requirement that calls for the preparation of papers from the Centers that will be synthesized by the PHS Office on Women's Health in collaboration with the Centers for publication. The papers do not include any scientific data from studies conducted by any of the individual Centers. Rather they are overview articles that will provide information about how to replicate these models. Thus, they will inform and benefit many others across the country. To my knowledge, no articles have yet been prepared by the Office on Women's Health or the Centers.

I am very pleased President Clinton has announced that Dr. Blumenthal will serve as Senior Advisor to the President on Women's Health. She has significantly advanced women's health in the United States and has the vision and breadth of experience that will serve this country well in our battle against breast cancer and other debilitating diseases that affect our nation's women.

**Philip R. Lee, MD**

Professor Emeritus

University of California, San Francisco

Former Assistant Secretary for Health

US Department of Health and Human Services