THE CANCER LETTER

Vol. 23 No. 45
Nov. 21, 1997

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Price $265 Per Year US
$285 Per Year Elsewhere

NCI Selects 15 Cancer Patient Advocates For Director's Consumer Liaison Group

NCI earlier this month named 15 patient advocates to a newly created advisory group designed to give the Institute a method for tapping into the perspectives of the patients.

The NCI Director's Consumer Liaison Group, the new advisory body, will include patients who represent a variety of perspectives, and who would be selected through a rigorous review process, said NCI Director Richard Klausner.

"We needed to establish a process by which the issues specific to patients and advocates were brought to the attention of the Institute,"

(Continued to page 2)

In Brief

City of Hope Wins $5.5M Grant From NIA; Comis To Head Group Chairmen's Committee

CITY OF HOPE NATIONAL MEDICAL CENTER received a $5.5 million grant from the National Institute on Aging to study genetic predispositions to cancer. The five-year study, titled "Mapping Interactive Cancer Susceptibility Loci" will focus on the gene interactions involved in breast, prostate, and colon cancers. City of Hope will collaborate with eight members of the Eastern Cooperative Oncology Group to evaluate gene damage in 1,000 siblings with breast cancer, 1,000 siblings with prostate cancer, and 1,000 siblings with colon cancer. **Theodore Krontiris**, chairman and senior scientist in the City of Hope Beckman Research Institute Division of Molecular Medicine, will serve as senior investigator on the study. ECOG members participating in the study include Dana-Farber Cancer Institute, Northwestern University, Fox Chase Cancer Center, Thomas Jefferson University, Vanderbilt University, H. Lee Moffitt Cancer Center, University of Wisconsin, and University of Pittsburgh. . . . **ROBERT COMIS**, chairman of the Eastern Cooperative Oncology Group, was elected chairman of the NCI Cooperative Group Chairmen's committee at the committee's meeting Nov. 7. Comis succeeds **Sharon Murphy**, chairman of the Pediatric Oncology Group. . . . **ELLEN FIGAL** was named deputy director of the NCI Division of Cancer Treatment and Diagnosis, a position that had been vacant since the NCI reorganization two years ago. Figal has been a senior investigator in the Cancer Therapy Evaluation Program since 1992. . . . **UCLA BRAIN TUMOR CENTER** at Jonsson Comprehensive Cancer Center was honored for medical excellence at the American

(Continued to page 8)

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NCI Appoints Consumer Group To Advise On Patient Programs

(Continued from page 1)

Klausner said to **The Cancer Letter**.

The new group was designed to represent a cross-section of advocacy groups, reflecting varying scopes of interest as well as geographic and demographic variations, Klausner said.

"We felt that this process in essence cuts across organizations," Klausner said. "This way, we will interact with individuals, not choosing one organization versus another organization as representatives of the full range of patients' and advocates' concerns."

Moreover, the process of selection of members for DCLG allowed NCI to tap into a greater pool of patient advocates. "One of the tendencies that any Institute has is that we seem to ask the same people to serve [as advisors] again and again, and we tend to do this both with the scientific and the patient advocacy community," Klausner said.

The new advisory committee will make its recommendations to the Advisory Committee to the NCI Director.

That committee consists of the NCI director, the chairman of the National Cancer Advisory Board, as well as the chairmen and co-chairmen of the NCI Board of Scientific Counselors and Board of Scientific Advisors. DCLG members will serve three-year terms.

DCLG will advise the Institute on programs intended to be used by patients, Klausner said.

NCI officials said the group will serve three functions:

—Provide a forum for discussing issues relevant to the development of NCI programs and research priorities.

—Help develop and establish processes, mechanisms, and criteria for identifying consumer advocates to serve on NCI program and policy committees.

—Establish and maintain collaborations between NCI and the cancer advocacy community.

"We are in the process of redesigning the Physician Data Query [database] and the clinical trials system, and we recognize that these systems need to speak to the needs of the people who are going to use them," Klausner said. "We need their guidance on issues like acquisition of tissues, informed consent, information, education, outreach, clinical trials accessibility, quality of clinical trials."

DCLG is scheduled to hold its first meeting next month, Institute officials said. The group is coordinated and supported by the NCI Office of Liaison Activities, headed by Eleanor Nealon.

The group's 15 members were selected from a pool of 136 candidates who submitted applications after the Institute issued a call for nomination.

The majority of the newly appointed DCLG members are cancer survivors, but family members of cancer patients and health professionals involved in cancer advocacy are represented.

Members of the group were affected by cancers of the prostate, breast, kidney, ovarian, cervical, lung, bladder, and brain, as well as Hodgkin's disease, leukemia, sarcoma, and myeloma, NCI officials said.

The group includes Asian American, Native American, Hispanic, African American, and non-Hispanic white persons, the young and old, men and women, and people from all geographic areas of the country, both rural and urban.

Candidates had to meet two key requirements:

—They had to be cancer survivors; individuals affected by cancer and its and consequences, or be professionals or volunteers who work with survivors or those affected.

—They had to represent a constituency, formally or informally, with which they communicate regularly on cancer issues. Also, each candidate had to be able to serve as a conduit for

THE CANCER LETTER
An Independent Newsletter
Member, Newsletter Publishers Association

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Founded Dec. 21, 1973 by Jerry D. Boyd

information both to and from this constituency.

Candidates were rated based on criteria that included ability to communicate effectively, ability to represent broad issues, ability to contribute to a group process, and leadership ability.

The members are:

—Paula Bowen, a four-year survivor of kidney cancer and a member of the board of directors of the National Kidney Cancer Association. Bowen lives in Brooklyn, NY.

—Susan Lowell Butler, a three-year survivor of ovarian and breast cancers, and a member of the National Breast Cancer Coalition. Butler lives in Alexandria, VA.

—Manuel Castillo, a Dayton, OH, surgeon who volunteers to help patients and their families and serves on the board of directors of the regional American Cancer Society.

—Kerry Dewey, a 12-year breast cancer survivor who was a founding member of the Montana chapter of the National Breast Cancer Coalition and a graduate of the NBCC Project LEAD. Dewey lives in Missoula.

—M. Venus Gines, a five-year breast cancer survivor who serves on the American Cancer Society Atlanta Division board of directors and the ACS Hispanic Cancer Awareness Coordinating Committee. Gines, of Lithonia, GA, is the first Hispanic woman to graduate from the National Breast Cancer Coalition's Project LEAD program.

—Felicia Schanche Hodge, a 20-year survivor of epithelioid sarcoma who is the founder and director of the Center for American Indian Research and Education, and a member of the California chapter of the American Cancer Society. Hodge lives in Berkeley, CA.

—Michael Katz, a seven-year myeloma survivor who serves on the board of the International Myeloma Foundation, and as chair of the Eastern Cooperative Oncology Group Patient Representative Committee. Katz lives in New York.

—Susan Leigh, a Tucson, AZ oncology nurse who is a 25-year survivor of Hodgkin's disease, seven-year survivor of breast cancer, and three-year survivor of bladder cancer. Leigh is involved with the National Coalition for Cancer Survivorship and the Oncology Nursing Society.

—Ruth Chiang Lin, an oncology clinical nurse specialist at Morristown Memorial Hospital in Short Hills, NJ. Lin coordinates the ACS "I Can Cope" program, and works with the ACS Chinese American Affiliate in New Jersey.

—Gena Love, an 18-year survivor of Hodgkin's Disease who is director of support services for People Living Through Cancer, on the advisory board of ENCOREplus/YWCA, and on the American Cancer Society Southwest Division Leadership Council and Breast Cancer Core Team. Love lives in Albuquerque, NM.

—Susan McCarthy, director for planning and program development for the Alliance for Lung Cancer Advocacy, Support, and Education, in Vancouver, WA.

—Daniel Moore, a five-year survivor of prostate cancer who founded the Central Illinois US TOO! Prostate Cancer Support Group at Decatur Memorial Hospital. Moore is a lawyer in Decatur, where he practices elder law.

—Lillouise Rogers, a 14-year breast cancer survivor who is assistant to the director of public education for Y-ME National Breast Cancer Organization in the group's Chicago headquarters.

—Susan Stewart, a nine-year survivor of acute myelogenous leukemia who created the BMT Newsletter, the only newsletter written by and for bone marrow transplant patients and donors. Stewart

No Cancer Letter Next Week Due To Thanksgiving Day

The Cancer Letter will not be published next week in recognition of the Thanksgiving holiday celebrated in the U.S. on Nov. 27.

The next issue of **The Cancer Letter**, Vol. 23 No. 46, will be dated Dec. 5, 1997.

The Cancer Letter is published 48 times a year. The final issue of 1997 is scheduled for publication on Dec. 19.

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lives in Highland Park, IL.

—Brad Zebrack, a 12-year survivor of Hodgkin's disease who completed an 11,000-mile US bicycle tour to promote awareness of cancer survivorship. Zebrack serves on the board of directors of the National Coalition for Cancer Survivorship and leads the local Cancer Survivors Network Group in Ann Arbor, MI.

NCI Programs:

BSA Approves Consortium For Pediatric Brain Tumor Trials

Advisors to NCI last week approved the set-aside of $10 million from the Institute's research project grants budget over the next five years to support a Pediatric Brain Tumor Clinical Trials Consortium.

The NCI Board of Scientific Advisors voted unanimously, with one abstention, to approve in concept the proposal to fund up to 10 cooperative agreement awards for institutions that would become the consortium members.

A consortium is needed to test innovative approaches to treatment of these tumors, NCI program director Malcolm Smith said to the BSA. Single institutions cannot accrue enough patients, and the two pediatric cooperative groups are not funded to conduct these types of pilot studies, he said.

"It is difficult for the groups to establish the concentrated multi-disciplinary effort necessary for pilot studies of newly emerging, technically challenging treatment approaches for brain tumors," Smith said to the BSA at its meeting Nov. 13.

After the consortium pilots early trials, the groups could test the therapies in large-scale studies, Smith said.

NCI currently funds the Adult CNS Consortium, which is pilot testing treatments for adult central nervous system tumors. The group has identified one agent, thalidomide, which has gone on to the Radiation Therapy Oncology Group for testing, according to Richard Kaplan, NCI program director.

BSA member Sharon Murphy, chairman of the Pediatric Oncology Group, abstained from voting out of concerns over conflict of interest, but said she supported the proposal, which had been rewritten after presentation to the board earlier this year. "Pediatric brain tumors are the second most common malignancy in children and in need of the most improvement in treatment," she said. "This will surely move things forward, and it's money for clinical research that wouldn't take place without it. The structure would be complementary and synergistic [with the cooperative groups]."

Edited portions of the concept statements and board discussion follow:

[Concept statements represent proposals by NCI for future Requests for Applications or Requests for Proposals. Actual issuance of grant or contract solicitations, as well as funding levels, are not certain. ***The Cancer Letter*** *publishes NCI RFAs and RFPs as they become available. For further information, contact the program director listed for each concept statement.]*

Pediatric Brain Tumor Clinical Trials Consortium. Concept for an RFA (cooperative agreement), $10 million over five years, 10 awards. Program director: Malcolm Smith, Cancer Therapy Evaluation Program, Div. of Cancer Treatment and Diagnosis, tel: 301-496-2522.

The purpose of this initiative is to establish a Pediatric Brain Tumor Clinical Trials Consortium in order to stimulate collaborative efforts to develop more effective therapies for childhood brain tumors. Establishment of the consortium is necessary to fill a deficiency in the current NIH pediatric brain tumor research portfolio.

Pilot and phase I and phase II clinical trials conducted by the PBTCTC should be innovative in nature and should evaluate new chemotherapy and biological therapy approaches as well as novel neurosurgical procedures and radiotherapy techniques. In general, the trials will require close collaboration between these disciplines as well as intensive interactions with radiologic imaging research programs to evaluate the response of tumors to the novel treatments under evaluation.

Institutions seeking membership in the consortium will be required to describe a clinical trial in their application, and member institutions will be reviewed on their ability to proposed innovative new ideas based on translational research being conducted at the institution. This pool of clinical trials proposals will subsequently be useful to the consortium in establishing its first set of clinical trials.

The consortium also will collect and store tumor specimens and other relevant tissues and will use these specimens for pharmacodynamic and molecular correlative studies.

A focus of the consortium will be the application of state-of-the-art imaging methods to assessing the response of brain tumors to novel treatment approaches. This focus on imaging is necessitated by the need for more than simple tumor volume assessments to understand the effect

of treatment on brain tumors, and by the difficulties in sequential tissue sampling in children with brain tumors. Relevant methodologies that may be applicable to consortium studies during the initial funding period include, but are not limited to: magnetic resonance spectroscopy; positron emission tomography for evaluation of drug distribution and metabolism; and PET imaging for evaluation of treatment-associated changes in tumor metabolism; diffusion magnetic resonance imaging to monitor early response to treatment; and specialized methods for noninvasive imaging of gene therapy and cellular therapies.

The proposed consortium is intended to augment the clinical trials activities of the cooperative groups, with the goal of supporting the most capable institutions in the country (as identified by peer review based on the scientific merit of their research proposals and their institutional capabilities) to work together within an administrative framework that allows rapid decision-making so that innovative ideas can be efficiently evaluated. Overlap with the pediatric cooperative groups should be limited. For example, phase II or developmental clinical trials using conventional cytotoxic chemotherapy regimens alone and phase III clinical trials would not be performed with the consortium, since these are studies that the pediatric cooperative groups are funded and able to conduct. In order to assure appropriate coordination between the activities of the consortium and the pediatric cooperative groups, a representative from both the Pediatric Oncology Group and the Children's Cancer Group Brain Tumor Committees will serve on the Consortium Steering Committee. Should clinical studies conducted by the consortium provide promising leads that warrant evaluation in phase III studies, consortium members will be expected to work with the pediatric cooperative groups to facilitate implementation of phase III studies.

Board discussion centered on how the consortium would differ from the currently funded NCI cooperative groups.

"I see this as a real indictment of the cooperative groups," said BSA member Louise Strong, of M.D. Anderson Cancer Center. "If the ideas are there and we're not doing them, that's terrible."

"It's money," said Murphy. "We are not funded to do this."

NCI's Smith said it was likely that the institutions applying for the consortium will be members of POG and CCG.

Murphy suggested that the consortium get the involvement of parents' organizations, such as the North American Brain Tumor Foundation.

Generation Of A Resource Of Arrayed BAC Clones For FISH Mapping Of Human Genes. Concept for an RFA, $750,000 over two years, one to three awards. Program director: Grace Shen, Cancer Genetics Branch, Div. of Cancer Biology, tel: 301-435-5226.

The objective of this initiative is to generate a resource of mapped human large insert/BAC clones that can be used for FISH mapping studies or in CGH arrays, with resolution of approximately 1 megabase interval, which is equivalent to 3,000-5,000 BAC clones for the whole genome. The availability of the human radiation hybrid (RH) map (resolution of 0.5-1.0 megabasepair) anchored to a cytogenetic map (resolution of 5-10 megabasepair), with a large collection of sequence tag sites (STSs) mapped against the RH/Genethon map makes it possible to constrct a high density BAC map of the human genome rapidly and efficiently.

One approach to generate the arrayed BAC resource is to select BAC clones by hybridization to mapped STSs on the Genethon map, with known cytogenetic band location. They will then be analyzed for size and rearrayed by chromosome map order on microtiter dishes (approximately 10 dishes, with 384 wells/dish). There should also be a mechanism in place to distribute the BAC clones at low cost.

The development of a high density BAC map and a centralized mapped BAC clone resources is a finite, feasible task with enormous benefit. It will eliminate the need for individual laboratories to map from scratch regions of interest from overlapping BAC clones, thereby reducing duplication of efforts on some chromosome regions. It will also ensure that appropriate probes will be available for the whole genome. Furthermore, once the BAC clones are arrayed by chromosome map order, they may be used to define more precisely boundaries of cytogenetic abnormalities in clinical samples. With the explosion of information now available on chromosome aberrations, it will be necessary to establish a database for that information. The mapped BACs can be used to provide the reference points for the development of a cancer chromosome aberrations database. It is imperative that the results of this project and the arrayed clones should be made available to the research community. Strong emphasis will be placed on developing means of sharing data and biological reagents with investigators who need to identify particular genes or to conduct gene transfer experiments to verify the function of those genes.

BSA member Strong asked whether this initiative could be a collaboration with the NIH Human Genome Project.

NCI Director Richard Klausner said the HGP has to accomplish specific goals with its budget, and this initiative is not within the project's main mission. "This is an example of how Institutes can build onto the HGP" in disease-specific areas, he said.

"Though couched in terms of cancer, this is

clearly useful to the whole genomics community," said BSA member Tyler Jacks, assistant professor of biology, Center for Cancer Research, Massachusetts Institute of Technology. "I'm pleased that NCI is taking the lead."

BSA member Daniel Von Hoff, CEO and director of the Institute for Drug Development, Cancer Therapy & Research Center, San Antonio, asked, "If we approve this concept today, when can I get reagent in my lab?"

NCI's Shen said that at the latest, the award date would be Sept. 30, 1998.

Advanced Technology Radiation Therapy Clinical Trials Support. Concept for an RFA (cooperative agreement), $3.1 million over three years, one to two awards. Program director: Richard Cumberlin, associate director, Radiation Research Program, Div. of Cancer Treatment and Diagnosis, tel: 301-496-6111.

The purpose of this initiative is to establish a quality assurance center for NCI sponsored clinical trials evaluating three dimensional conformal radiation therapy (3D-CRT) and image guided brachytherapy.

The Radiation Research Program currently has one U01 cooperative agreement to do quality assurance for a 3D-CRT clinical trial in prostate cancer. This agreement will end in March 1998. We intend this initiative to be a successor cooperative agreement with an expanded scope to include all current and future clinical trials evaluating 3D-CRT or brachytherapy.

The center would provide credentialing of institutions applying to participate in these clinical trials as well as provide prospective, rapid-turnaround, review of treatment plans with respect to tumor volume definitions, normal tissue definition, target coverage, etc., to assure that these are within protocol specifications. This center would also establish and maintain a database for normal tissue dose-volume relationships and related toxic effects. This will ultimately allow for the establishment of a quantitative measure of normal tissue tolerance based on the fraction of a specific organ receiving a given dose of radiation (partial volume tolerance).

BSA Cuts Second Review For Program Project Grants

The NCI Board of Scientific Advisors voted last week to eliminate the second review in a two-level review process for P01 (program project) grant applications.

The action came as a result of a recommendation by the NCI Division of Extramural Activities, which oversees the P01 reviews. Program project grants involve several related research projects and are three or four times larger than regular NIH R01 grants.

Peer reviews of P01 applications are done by scientists gathered by NCI who visit the institution that submitted the application. The result of the site visit, including a score and reviewers comments, are brought to a "parent" committee that considers several P01s together.

P01s had been reviewed solely through site visits until about 1993. As grant funding became tighter in the late 1980s and early 1990s, NCI found that reviewers were gradually pushing P01 scores up in the hopes of assuring funding for the grants. NCI advisors voted to put in place a second level of review to try to stop the "score creep" by taking a wider view of the importance of each P01.

With increases in paylines over the past two years, score creep is less of a problem, DEA Director Marvin Kalt said to the BSA at its meeting Nov. 13. Review of these large and complex grant applications is improved when senior scientists serve as reviewers, but these scientists are need more lead time to adjust their schedules to serve on review committees, Kalt said.

"By eliminating the parent committee, we would have more lead time and will get a higher return of 'agrees to serve' [responses] from senior people," Kalt said. "P01 funding decisions are made one grant at a time."

The board voted 20-4 in favor of eliminating the parent committee.

BSA member Nancy Mueller, professor of epidemiology at Harvard School of Public Health, said that having gotten a P01 grant funded recently, she did not see a need for the second level of review. "The [parent committee] review was very pro forma," she said. "The ball is really carried by the [committee member] who presents the project, and it is not really looked at by the others."

In some cases, the parent committee has begun a second review of each application, said BSA member Gilles McKenna, professor and chair of the Department of Radiation Oncology at Hospital of the University of Pennsylvania. "It is grossly unfair," McKenna said. "I'm in favor of this proposal."

NCI will eliminate the parent committee for three grant rounds, beginning with applications submitted after Feb. 1, as an experiment, Kalt said.

In other funding-related news from the Board of Scientific Advisors:

—**Payline Increase:** NCI plans to raise the R01

grant payline to the 24th percentile in fiscal 1998, up from last year's 23rd percentile, Institute Director Richard Klausner said. The P01 grant payline has not been set yet, NCI sources said.

—**Exceptions Process:** NCI plans to widen by one percentage point the R01 grant applications eligible for exceptions funding through the Accelerated Executive Review process, Klausner said to the BSA.

All R01s that miss the payline by up to five percentile points, rather than last year's four percentile points, will be eligible for the AER. As was the case last year, patient-oriented R01s that miss the payline by up to 10 percentile points will be eligible for the AER.

Under the AER, the NCI Executive Committee asks grant applicants to answer the initial peer reviewers' critique. If the committee decides an applicant sufficiently answered the questions, the grant may receive funding.

"We need to get the word out to encourage individuals who fall within that range to use the AER mechanism," Klausner said. "It really is a very good mechanism."

Of the grants that went through the AER process last year, 54 percent were funded.

—**Appropriations Equity**: In the Nov. 14 issue, **The Cancer Letter** reported that NCI received a 6.6 percent increase in appropriations over last year, while NIH received a 7 percent increase. The article should have stated that NCI received a 6.6 percent increase over last year's budget baseline, which included about $8 million more than Congress originally appropriated.

The $8 million represented NCI's winnings from the competition for NIH Director Harold Varmus's transfer funds. Congress gives the director the authority to transfer up to 1 percent of the appropriation among the Institutes. NCI received half of all funds Varmus transferred last year, Klausner said to the BSA.

Thus, the Congressional appropriation of $2.547 billion to NCI last week provided a 6.97 percent increase, or $166 million, over the $2.381 billion Congress appropriated to the Institute at the beginning of the last fiscal year, Klausner said.

Many advocates of funding for NCI become concerned when the Institute receives a smaller percentage increase in appropriations than the NIH as a whole.

—**NIH is considering phasing out the R29** FIRST award for young investigators as a result of a study that found that most investigators who win R29s do worse on competitive renewal than R01 investigators, Klausner said to NCI advisory boards recently.

The low renewal rate may be the result of the dollar cap on R29s of $350,000 over five years, which does not provide sufficient funding to establish an independent research program, Klausner said.

"I worry that we are putting these young investigators at a disadvantage by underfunding them, while luring them with an high initial success rate," Klausner said to the National Cancer Advisory Board at its meeting Sept. 24.

It is not possible to compare the success rates for R29s with first-time R01 applicants because NIH does not distinguish between R01s submitted by first-time applicants and all others, Klausner said.

The study, by NIH Center for Scientific Review Director Elvera Ehrenfeld and Deputy Director Marvin Cassman, also found that more than two-thirds of first-time grant applicants apply for R01s, because the R01 grant is considered more prestigious than an R29.

NCI estimated that phasing out the R29 and providing a 25 percent payline for new R01 investigators would cost the Institute $2.2 million to $5 million per year—"well worth it," in the view of the NCI Executive Committee, Klausner said.

"This is a change that NIH as a whole intends to pursue, but each Institute will have a variety of ways to deal with," Klausner said.

—**The Cancer Genome Anatomy Project** and Tumor Gene Index is getting about 5,000 visitors a day to the website launched last summer, Klausner said to the BSA.

The website lists 116,000 new gene sequences, accounting for 15 to 20 percent of all human sequences that are publicly available, Klausner said.

CGAP was proposed by the Developmental Diagnostics Working Group, one of the think tanks of experts within and outside of NCI formed in relation to the "extraordinary opportunities" for cancer research outlined in the Bypass Budget for FY97-98.

—**A common language for cancer genetics** is the goal of a paper being written by another NCI think tank, the Cancer Genetics Working Group. Scientists trained in different disciplines come to the study of cancer genetics using widely different terminology, Klausner said.

NCI Info Offices Combined Under Deputy Director Wittes

NCI has moved two information branches from the Office of Cancer Communications to the International Cancer Information Center, in effect consolidating units that dealt with the dissemination of cancer information to the general public.

The branches moved from OCC are the Cancer Information Services Branch, which oversees the 19 Cancer Information Service offices around the U.S., and the Patient Education Branch.

Organizational responsibility for the ICIC has changed, as well. ICIC is now part of the Office of the NCI Deputy Director for Extramural Science, rather than the Office of the NCI Director.

A new Office of Cancer Information, Communication, and Education (OCICE) in the DDES office will oversee ICIC, CIS and the Patient Education Branch, said NCI Deputy Director for Extramural Science Robert Wittes.

The changes were made after a study of ICIC and OCC by a group of NCI staff as well as several members of the National Cancer Advisory Board, Wittes said to the NCI Board of Scientific Advisors at its meeting Nov. 13.

"The reason for combining has to do with the essential overlapping unity of the missions of these organizations," Wittes said.

Wittes said the CIS, which operates the 1-800-4-CANCER toll-free number, is the largest single user of the ICIC's clinical databases, primarily the Physician's Data Query database, which contains information statements on treatment, screening, supportive care, and clinical trials.

When CIS was begun in 1975, it was located in the Division of Cancer Prevention and Control.

"It is very difficult to disassociate information that one destines for the professional community, which is the traditional mission of the ICIC, with information destined for the general public," Wittes said. "The general public and the professional community span a spectrum of sophistication, and there are many elements in the lay community that have need for information that is as sophisticated as elements of the professional community.

"As information dissemination and the packaging of it, the tailoring of it to individual needs becomes more sophisticated, one also sees a kind of melting away of these traditional categories of who information is destined for," Wittes said. "We thought that putting all of these together under a unified structure would create a more integrated approach to the entire task."

Susan Hubbard, the director of ICIC, is the acting director of OCICE. Chris Thomsen is head of the CIS Branch. Katherine Crosson is head of the Patient Education Branch.

Also in the works is a physical move for the ICIC, which is located in the Richard Bloch Building near the NIH campus in Bethesda. The Bloch building is scheduled for renovation sometime next year, sources said. ICIC would move to the Executive Plaza area of Rockville, near other NCI offices.

OCC, headed by Paul Van Nevel, remains in the Office of the NCI Director.

"We will focus our efforts more on public affairs activities on behalf of NCI and its programs and cancer research, and focus less on delivery of cancer information as we did in CIS and the Patient Education Branch," Van Nevel said to **The Cancer Letter**. "Those things will continue in the new office."

In Brief:

Foundation Wins Avon Grant

(Continued from page 1)

Medical Association's International Health and Medical Film Competition. The proclamation and $5,000 research grant were presented in recognition of improved surgical methods and continued exploration of new surgical approaches to brain tumor surgery. . . . **AMERICAN-ITALIAN CANCER FOUNDATION** received a $45,000 grant from the Avon Breast Health Access Fund to support the AICF Free Mobile Mammography Program. The grant, administrated by the National Alliance of Breast Cancer Organizations, recognizes the foundation's work in reaching medically underserved women in the New York metropolitan area. . . . **RONEN MARMORSTEIN** was awarded $50,000 from the Gustavus and Louise Pfeiffer Research Foundation for research on the CDK4 protein. Marmorstein is an assistant professor in the Structural Biology Program of the Wistar Institute. . . . **MD ANDERSON CANCER CENTER** Office of Public Affairs received the Association of American Medical Colleges' Premier Performance Award. The award recognizes work by a communications program among US medical schools and teaching hospitals.