THE CANCER LETTER

Vol. 24 No. 5
Feb. 6, 1998

Price $275 Per Year US
$295 Per Year Elsewhere

PO Box 9905 Washington DC 20016 Telephone 202-362-1809

Administration Pledges To Fund Increase For NIH Regardless Of Tobacco Legislation

Clinton Administration officials earlier this week pledged that the proposed increases for research at NIH and NCI would be funded regardless of whether Congress approves a settlement with the tobacco industry or an increase in tobacco taxes.

"We intend to pass tobacco legislation," HHS Secretary Donna Shalala said at a Feb. 2 press conference. "But if for any reason that any

(Continued to page 2)

In Brief:

Foundation Gives Georgetown $2.9 Million For Pediatric Lab, To Be Headed By Cairo

GEORGETOWN UNIVERSITY MEDICAL CENTER received a $2.9 million grant from the Pediatric Cancer Research Foundation to fund a pediatric oncology research laboratory at the Lombardi Cancer Center. **Mitchell Cairo**, former supervisor of the PCRF laboratory at Children's Hospital of Orange County, will oversee the Georgetown facility. Cairo was named professor of pediatrics, medicine, and pathology; director of pediatric stem cell transplantation, cellular and gene therapy; and director of children's cancer and transplantation programs at Georgetown. . . . **VICE PRESIDENT GORE** last week proposed a one year extension of the Research and Experimentation tax credit that would provide a tax cut of $2.2 billion for the technology industry. Gore announced the Administration's proposal during a visit to Genentech Inc., a California-based biotechnology company. The tax credit, originally introduced as part of the Economic Recovery Tax Act of *1981*, provides a *20* percent tax credit based on investments in research and development. The credit is due to expire June 30. . . . **SEN. ARLEN SPECTER** (R-PA) has introduced a Sense of the Senate Resolution calling for a $2 billion increase for NIH in FY99. The Biomedical Revitalization Resolution of 1998 is co-sponsored by Sens. Tom Harkin (D-IA), Bill Frist (R-TN), and Olympia Snowe (R-ME). . . . **SUNDAR JAGANNATH** was named chief of the Multiple Myeloma Center at Saint Vincent's Comprehensive Cancer Center. Jagannath is chairman of the myeloma subcommittee of the Autologous Bone Marrow Transplant Registry, and former chief of bone marrow transplantation at the University of Arkansas for Medical Sciences. . . . **ROY SESSIONS** was named chairman of the new department of otolaryngology, associate

(Continued to page 8)

Medicare:
Clinton Budget Revives Proposal To End Physician Drug Markup
. . . Page 6

Funding Opportunities:
Aging Institute Offers Program Announcement
. . . Page 7

New Phone Number For Customer Service For The Cancer Letter
. . . Page 8

President's Research Fund Puts Pressure On Congress

(Continued from page 1)

part of our savings doesn't come to pass, we believe that we will have to identify other savings to keep the President's priorities."

President Clinton's priorities include the formation of the 21st Century Research Fund that would increase the NIH and NCI budgets, provide Medicare payment for patient care on cancer clinical trials, and expand tobacco prevention and control programs, Shalala said.

The Research Fund proposed in the President's budget for fiscal 1999 would provide an increase of $1.15 billion, or 8.5 percent, for NIH. Included in the NIH funding is an increase of $291 million, or 10 percent, for cancer research. NCI would receive 90 percent of the increase, Administration officials said. Other institutes within NIH would receive the remainder of the cancer increase. Under the budget proposal, the Research Fund would be supported by the proceeds from the tobacco industry.

The proposed increases would raise the NIH budget from $13.6 billion this year to $14.8 billion next year. With funding for AIDS research included, the NCI budget would increase by 9 percent, from $2.547 billion this year to $2.776 billion next year.

[While scientists and patient advocates applauded the Administration's goals for 1999 as well as its long term goal to increase the NIH cancer research budget by 65 percent by 2003, several cancer groups were alarmed by the administration's proposal to eliminate the markup on drugs administered in the physician's office setting. See story on page 6.]

The 65 percent increase for NIH cancer research in five years is still short of the goal of several key cancer groups to fund NCI at the Bypass Budget level, more than a 25 percent increase in 1999. Several other groups seek the doubling of NIH funding within five years (**The Cancer Letter**, Jan. 30).

In recent years, the Administration has proposed far smaller increases for NIH. This paved the way for Republicans in Congress to receive credit for supporting biomedical research. The proposed Research Fund could allow the Administration to gain control of what has become a politically popular issue.

"We've won a great many battles, but we know we can't stop until we win the war," Vice President Albert Gore said at a Jan. 29 White House briefing on the Research Fund. "That is why, even as we are balancing the budget and making tough cuts across the board, we must invest more in the war against cancer."

Gore said the proposed increases were the result of vigorous advocacy by patients and scientists. "None of this would be happening if you had not been out there in the trenches, working hard, making the case, spreading the word," he said to an audience of advocates for cancer research funding, NCI and NIH officials, and several members of Congress.

"Partly because cancer has seemed such a fearsome foe and there is such a feeling of dread, the country has been a little halting over the decades in trying to figure out how we can fight back," Gore said. "But now, with all the new advances coming up, it's clear that we're right on the verge of a whole new phase in this war."

Republicans this week criticized the Administration for tying the increase to tobacco revenues. Using tobacco revenues to fund increases in cancer research as well as popular education programs puts pressure on Congress to enact anti-tobacco measures. Linking new programs to projected windfalls from tobacco also allows the Administration to submit a budget that is projected to produce a surplus of $9.5 billion next year.

THE CANCER LETTER

Member, Newsletter Publishers Association

World Wide Web: http://www.cancerletter.com

Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg
Staff Writer: Catherine Fiore

Editorial: 202-362-1809 Fax: 202-362-1681
PO Box 9905, Washington DC 20016
E-mail: kirsten@cancerletter.com or paul@cancerletter.com

Customer Service: 800-513-7042
PO Box 40724, Nashville TN 37204-0724

Subscription $275 per year US, $295 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc.

Founded Dec. 21, 1973 by Jerry D. Boyd

Medicare To Reimburse NIH-Sponsored Trials

The Research Fund includes a proposal for the Health Care Financing Administration to pay for routine patient care costs for Medicare beneficiaries enrolled in NIH-sponsored cancer clinical trials. The project would cost an estimated $200 million next year. The program would be authorized for three years, for a total of $750 million.

The Medicare "demonstration project" would be reviewed by the HHS Secretary in consultation with the National Cancer Policy Board of the Institute of Medicine.

"Today the pace of medical discovery is limited not by science or imagination or intellect, but mostly by resources," HHS Secretary Donna Shalala said. "With the 21st Century Research Fund, we will not *just continue, but strengthen our fight against today's* most defiant diseases, like cancer, and we will have new tools to fight with, like increased funding and cancer clinical trials."

The Research Fund also would provide $100 million in FY99 for smoking prevention programs in the Centers for Disease Control and Prevention.

The President's budget does not propose specific tobacco legislation. "The Administration will work with Congress to enact comprehensive national tobacco legislation to reduce smoking, especially by youth," the budget document said.

The President would support legislation that includes "a comprehensive plan to reduce youth smoking," full authority for FDA to regulate tobacco products, prohibition of tobacco marketing to children, promotion of smoking cessation programs, and protection for tobacco farmers.

"The Administration proposed that the legislation provide for annual lump sum payments by tobacco manufacturers, with the amounts paid by *each determined by a formula," the budget document* said. "The budget assumes net federal receipts from this legislation will total at least $10 billion in 1999, rising each subsequent year for a total of $65 billion between 1999 and 2003.

"These amounts are consistent with the President's call for an increase in per-pack cigarette prices of up to $1.50 (in constant dollars) over 10 years as necessary to meet the targets set to reduce youth smoking," the budget said.

In addition to the Research Fund, other proposals slated to receive tobacco money include: $1.2 billion next year for state child care programs; $1.1 billion next year for school districts to hire new teachers; $900 million to enroll more children in Medicaid over five years; and $1.2 billion over five years for Food and Drug Administration enforcement activities.

In addition, $3.4 billion in tobacco money would go to the states next year for unrestricted uses, anti-smoking programs, and farmer assistance.

The proposed Research Fund would provide $31 billion for non-defense research programs in FY99, increasing to $38 billion in 2003. The fund includes:

—An increase of $1.15 billion for NIH in FY99. The NIH budget would increase *from $14.8 billion* next year to *$20.1 billion* in 2003.

—An increase of $25 million for the Agency for Health Care Policy and Research.

—An increase of $25 million for the Centers for Disease Control and Prevention for population-based research grants targeted to early disease detection and promotion of disease-reducing lifestyles.

—An increase of $344 million, or 10 percent, for the National Science Foundation, raising the foundation's budget to $3.8 billion.

—An increase of $200 million, or 9 percent, for Department of Energy research programs.

—A 9 percent increase in funding for the National Aeronautics and Space Administration over the next five years.

—A 2 percent increase for Department of Agriculture research programs.

—A 6 percent increase for the U.S. Geological Survey.

—A 7 percent *increase over five* years for the Environmental Protection Agency.

—An increase of $28 million, or 10 percent, for medical research in the Department of Veterans Affairs.

NIH And Other Institutes

The proposed increase for NIH would enable the institutes to fund an estimated 8,267 new and competing research project grants next year, an increase of more than 8 percent over the current year, HHS officials said.

"This is a striking change from the case just seven years ago, when the numbers were down in the 5,500 to 6,000 range," NIH Director Harold Varmus said at a press conference.

The funding success rate will be about 33 percent, an increase from the current 28 percent for NIH overall, Varmus said.

In addition, the size of new awards will increase by 10 percent, rather than the inflationary measure usually used, Varmus said. "We recognize that we are not paying the full cost of research, and we have recently decided to terminate the FIRST award for new investigators that in my view placed a severe limitation on the success of new investigators by limiting their resources to $70,000 a year.

"We have pledged to have at least as many new awards for first-time investigators as we have had in the past, but now those awards will be of a size that allows them a greater chance of success," Varmus said. "We expect this to benefit clinical investigators who are particularly penalized by the FIRST award, which makes it impossible to set up productive research programs."

The regular R01 grants provide, on average, $260,000 in direct and indirect costs per year, he said.

The budget proposal would again provide the NIH director with the authority to transfer up to 1 percent of any institute's account to pay for other activities. The budget also proposes to give NIH the authority to collect third-party payments for the cost of clinical services provided in NIH facilities. The funds collected would remain available in the NIH Management Fund for one fiscal year.

The budget provides the NIH director $20 million to fund the Office of Alternative Medicine. The proposal specifies that "not less than $7 million" of the OAM budget is to fund peer reviewed grants and contracts.

The budget proposal includes the following amounts for other institutes in NIH. The figures for each of the institutes do not include funding for AIDS research.

National Heart, Lung and Blood Institute: $1.646 billion.

National Institute of Dental Research: $214 million.

National Institute of Diabetes and Digestive and Kidney Diseases: $927 million.

National Institute of Neurological Disorders and Stroke: $815 million.

National Institute of Allergy and Infectious Diseases: $702 million.

National Institute of General Medical Sciences: $1.114 billion.

National Institute of Child Health and Human Development: $654 million.

National Eye Institute: $374 million.

National Institute of Environmental Health Sciences: $348 million.

National Institute on Aging: $556 million.

National Institute of Arthritis and Musculoskeletal and Skin Diseases: $291 million.

National Institute on Deafness and Other Communication Disorders: $213 million.

National Institute of Nursing Research: $62 million.

National Institute on Alcohol Abuse and Alcoholism: $230 million.

National Institute on Drug Abuse: $395 million.

National Institute of Mental Health: $701 million.

National Human Genome Research Institute: $236.9 million.

National Center for Research Resources: $422.9 million.

Fogarty International Center: $19 million.

National Library of Medicine: $171 million.

Office of the Director: $212.9 million.

Office of AIDS Research: $1.73 billion.

Buildings and Facilities: $128.8 million, of which $90 million would provide for the new Clinical Center and $16.9 million for the vaccine facility.

Other Agencies

The President's budget proposal provides the following funding for other health-related agencies:

—Centers for Disease Control: $2.4 billion, an increase of $100 million. About $46 million of the new funding would provide for tobacco programs.

—Food & Drug Administration: $1.13 billion, an increase of $37 million. The Administration proposes collecting $280.9 million in user fees, of which $127.7 million are new user fees. The new user fees were authorized in the FDA Modernization Act of 1998 for the review of human drug applications.

—Department of Defense: The President's budget did not include funding for the Department of Defense Breast Cancer Research Program or prostate cancer research programs. Congress appropriated $135 million for the breast cancer program and $45 million for the prostate program for FY98.

Reaction from Congress, Advocates

Reaction to the President's budget proposal varied among members of Congress and cancer research advocates:

—Sen. Connie Mack (R-FL), speaking at a

White House briefing Jan. 29 on the Research Fund: "I am hopeful that today marks the beginning of a bipartisan effort between Congress and the Administration to significantly increase our commitment to biomedical research at NIH, and cancer research in particular.

"Last year, I introduced legislation with Sen. Rockefeller to provide Medicare coverage for routine costs for clinical trial patients. There are differences between our legislation and the Administration's proposal, but I am hopeful that we can reach agreement on the details. What is important is that we begin the dialogue now.

"At a time when scientists are making such tremendous progress in cancer research, it is essential that this knowledge be translated into new therapies through well-designed clinical trials."

—**Sen. Jay Rockefeller** (D-WV), at the White House briefing: "The Vice President has led an incredible fight. When you are putting together a budget that's going to be balanced for the first time in 30 years, the pressure is incredible.

"There are probably 5 or 6 million Medicare patients who have cancer. They ought to have the right to the benefit of what comes out of clinical trials and ought to be reimbursed for the expense. Although we start out with NIH clinical trials, the National Cancer Policy Board will then look at this and decide can we take this to other areas.

"To me, this comes down to how many people are willing to fight for this with everything we've got."

—**Sen. Arlen Specter** (R-PA): "I like the President's proposal to increase funding for education and the National Institutes of Health, but I do not know how we would pay for any of his funding increases.

"The $65 billion income from a tobacco settlement is pie-in-the-sky, since we are nowhere near an agreement on the tobacco issue. But, overall, I am prepared to give the President's budget serious study."

—**Dave Kohn**, spokesman for Rep. John Porter (R-IL), chairman of the House Appropriations Subcommittee on Labor, HHS, and Education: "Congressman Porter welcomes the emphasis the budget places on biomedical research. He has described the President's proposal for NIH as a floor he will work on in the subcommittee. The budget assumes revenues of $9.8 billion from tobacco legislation, presumably a tobacco tax increase, and $3.6 billion of that is allocated to the Research Fund for America. The Congressman is skeptical about funding medical research predicated on some tobacco settlement and tobacco tax. He does not believe our commitment to research should be predicated on that."

—**Susan Lowell Butler**, of Alexandria, VA, a founder of the Ovarian Cancer National Alliance, a survivor of breast and ovarian cancer who was treated at the NIH Clinical Center: "I am entirely well today because of the power of cutting-edge cancer research. I was fortunate enough to receive treatment at NCI, where a remarkable clinical trial for ovarian cancer was being tested.

"That treatment vanquished the ovarian cancer and ran off 99 percent of the breast cancer. Subsequent surgery and radiation finished the job. This clinical trial saved my life. But not everyone is as lucky as I was to take part in this cutting-edge clinical trial.

"Those folks in the white lab coats in our nation's research institutions like NCI and all across the country are extraordinary human beings. Their lives are dedicated to saving ours, and their hearts break like yours and mine when cancer takes lives. That's why I'm so grateful that cancer research has the enthusiastic support and commitment of President Clinton and Vice President Gore."

—**Donald Coffey**, president of the American Association for Cancer Research: "Make no mistake about it, the commitment of President Clinton and Vice President Gore to cancer research will save thousands of lives, and we are deeply grateful to them for their leadership and vision. We look forward to working with the President, Vice President, and Congress to ensure that these funds are realized in the FY 1999 budget.

"The U.S. spends over $100 billion each year to deal with the effects of cancer, but we have spend only a little more than $2 billion annually to figure out how to prevent and cure this horrible disease. This new initiative is an important first step toward providing the gravely needed resources to mount a real war on cancer that will result in victory over this terrible disease."

—**Ellen Sigal**, chairman of the Friends of Cancer Research: "Too many of us have watched those we love suffer and lose their lives prematurely to cancer. Right now, the main obstacle to new discoveries to end that suffering is money. There are promising new therapies that aren't being tested

because we simply don't have the resources. Four out of five approved research proposals go unfunded—proposals that may contain the breakthroughs we need to make a difference. We salute the President and Vice President for making increased cancer research funding a top priority and look forward to working with them to make the proposal a reality."

—**John Durant**, executive vice president, American Society of Clinical Oncology: "Medicare beneficiaries suffer more than half of all cancer cases. The Administration's support for Medicare coverage for patient care costs is an important step toward expanding access to state-of-the-art cancer care, while simultaneously advancing cancer research.

"Clinical trials allow cutting-edge laboratory research to be translated into important new treatment options for cancer patients. By expanding access to clinical trials, we'll be offering new hope for every cancer patient."

—**Ellen Stovall**, executive director of the National Coalition for Cancer Survivorship: "The clinical trials proposal boosts any clinical trials legislation. We feel this is a really important first step and could help begin the discussion of what are quality clinical trials."

—**David Nathan**, president of Dana-Farber Cancer Institute: "This unprecedented new investment in cancer research will enable us to build on previous work that has, for the first time, reduced mortality rates for a variety of common cancers. The additional resources will accelerate research to the point where we may soon be able to offer cures for cases that not long ago would have been considered hopeless."

—**LaMar McGinnis**, past president of the American Cancer Society: "Increased funding for research and access to quality treatment, along with prevention and early detection programs, will help us mount a new attack on cancer through a revitalized National Cancer Program."

—**David Rosenthal**, president of the American Cancer Society: "We are pleased to have the Clinton Administration's support in our efforts. However, while the Society is fighting to enact bipartisan comprehensive national tobacco control legislation that will protect children and the public health, we firmly believe that the proposals [for increased funding for cancer research] should be funded independent of any national tobacco control legislation."

Medicare:
Clinton Revives Proposal To End Physician Drug Markup

The budget the President has submitted to Congress revives last year's controversial proposal to eliminate markup on drugs administered by office-based physicians.

The original proposal was significantly softened as a result of a lobbying campaign by oncologists and patient advocacy groups.

Under the compromise reached last August, office-based physicians limited their drug markup to Average Wholesale Price minus 5 percent, and HHS was directed to study the impact of the reimbursement deal (**The Cancer Letter**, Aug. 8, 1997).

Opponents of the President's plan argued that elimination of markup on drugs would drive chemotherapy from the outpatient office setting to hospital setting, thereby diminishing patient convenience and increasing costs.

However, seven months after the issue was seemingly settled and before the HHS Secretary completed the study requested by Congress, the Administration has returned to Capitol Hill with a drug reimbursement proposal that is expected to be identical to last year's.

The major difference this year appears to be the level of attention the issue has received so far. While last year's Medicare reform provision was relatively obscure, this year's plan has been rolled out with great fanfare by the President and HHS Secretary Donna Shalala.

The President has referred to Medicare "overpayment" to physicians twice in less than two months, in Saturday radio addresses of Dec. 13, 1997, and Jan. 28.

"Sometimes the waste and abuses aren't even illegal; they're just embedded in the practices of the system," Clinton said in the December address. "Last week, the Department of Health and Human Services confirmed that our program has been systematically overpaying doctors and clinics for prescription drugs—overpayments that cost taxpayers hundreds of millions of dollars.

"Such waste is simply unacceptable," Clinton continued. "Now, these overpayments occur because Medicare reimburses doctors according to the published average wholesale price—the so-called sticker price—for drugs. Few doctors, however,

actually pay the full sticker price. In fact, some pay just one tenth of the published price.

"That's why I'm sending to Congress again the same legislation I sent last year—legislation that will ensure that doctors are reimbursed no more, and no less, than the price they themselves pay for the medicines they give Medicare patients.

"While a more modest version of this bill passed last summer, the savings to taxpayers is not nearly enough. My bill will save $700 million over the next five years, and I urge Congress to pass it," Clinton said.

Presenting the budget to the press earlier this week, Shalala said the Medicare proposal would be a part of a broader effort to confront "fraud and abuse" in the government funded health care program.

Proposed measures include assessment of "user fees," including fees for certification of providers, fees for certification of providers, as well as fees for audits. "The program we put forward was to ensure that Medicare payments be reduced to the actual amounts that drugs cost," Shalala said at a press conference Feb. 2.

Opponents of the plan launched a counter-attack late last month.

The American Society of Clinical Oncology has begun lobbying against the Administration Medicare reform proposal. "ASCO vigorously opposes the Administration proposal, and we have begun educational efforts in Congress aimed at defeating it," said Joseph Bailes, chairman of the society's clinical practice committee and a candidate for ASCO presidency.

"We have to start over," said Catherine Harvey, vice president, patient relations, at OnCare Inc., a physician practice management firm that hired lobbyists to fight last year's proposal. "Some members of Congress have heard us, but it's obvious from the Administration proposal that there are still lots of people we have to educate."

ASCO is joined by patient advocacy groups that comprise the Cancer Leadership Council.

In a letter dated Jan. 21, the council urged House Ways and Means Committee Chairman Bill Archer (R-TX) to reject the proposal.

"When this reduction was proposed in the last session of Congress, patient advocacy groups opposed it because of concern that cancer care in the physician office setting would be jeopardized," the council wrote. "We urge Congress to reject any proposal in the President's budget to make further reductions in Medicare payment for physician-administered drugs until it has assessed the impact of its actions in the last Congressional session."

Opponents of the Administration measure argue that chemotherapy administration services are inadequately reimbursed by Medicare, which makes it imperative for the government to address the entire problem of appropriate reimbursement rather than the separate issue of markup on drugs.

Archer and Rep. William Thomas (R-CA), chairman of the Subcommittee on Health of the Ways and Means Committee, spearheaded the defeat of the Administration's proposal last year. Preparing for Round Two, the two House members countered the Administration proposal by sending out a "Dear Colleague" letter. The letter was dated Jan. 27.

The excerpted text of the letter follows:

"Last year, Congress considered and rejected President Clinton's proposal to reimburse physicians at the actual acquisition cost for drugs and biologicals provided in physicians' offices. Instead, Congress adopted a new payment formula under the Balanced Budget Act of 1997.

"Despite the bipartisan BBA changes, the President has recently renewed his call for reimbursement based on an `actual acquisition cost' formula. For several reasons, we believe that this is not an appropriate time to consider this type of change to Medicare drug reimbursement policy.

"First, the BBA reimbursement changes just became effective this month, and doctors and patients alike need time to adjust to these modifications. The BBA directs the Secretary of Health and Human Services to study the impact of this new drug reimbursement policy and report back to Congress by July 1999. It is premature to act to change the BBA payment policy without even waiting for the results of that study.

"In addition, reimbursement based on actual acquisition costs would require the adoption of a cumbersome and complicated new formula that would impose significant regulatory burdens on providers of care. In contrast, the payment formula adopted in the BBA is much simpler to comply with and to administer.

"Finally, the BBA gave the Secretary of HHS expanded authority to seek more competitive prices for several items and services provided to Medicare beneficiaries and to adjust prices more quickly when they are not `inherently reasonable.' The Secretary

should utilize these authorities before resorting to the overly cumbersome and bureaucratic reimbursement formulas such as basing drug reimbursement on actual acquisition cost."

Program Announcement

PAR-98-021

Title: **National Institute On Aging: Pilot Research Grant Program**

Deadlines: March 17, July 17, Nov. 17

The National Institute on Aging is seeking small grant applications to facilitate entry of new investigators into aging research, or encourage established investigators to enter new targeted, high priority areas. The program provides support for pilot research likely to lead to a research project grant or a significant advancement of aging research. Applicants may request up to $50,000 (direct costs) for one year. Investigators may apply for a small grant in one of the following areas.

1. HIV/AIDS and aging.
2. Racial and ethnic differences.
3. Cartilage aging/Osteoarthritis.
4. Cardiovascular and cerebrovascular aging.
5. Alternatives to estrogen therapy.
6. Reproductive aging.
7. Nutrient modulation.
8. DNA polymorphisms.
9. Gene expression vectors.
10. Enhancing self care and management.
11. Social and structural factors in health care.
12. Death and dying.
13. Social psychology of aging.
14. Personality in adulthood and old age.
15. Behavior genetics and aging.
16. Sensory and motor processing.
17. Attention and frontal lobe function.
18. Neuronal tissue RNA metabolism.
19. Sleep and circadian processes.
20. Blood-brain barrier.
21. Amyloid precursor protein.
22. Pathogenic organisms.
23. Non-neuronal cells in the nervous system.
24. Genetic epidemiology.
25. Vaccines and immune response.
26. Cancer and aging: Studies on the current and future magnitude of the cancer problem for persons 80 years and older regarding incidence, survival, and clinical impact. Topics include: Approaches to overcoming practical problems of acquiring data on this age segment of cancer patients; tumor-related tissue studies, autopsy investigations, characterization of cancer as it interfaces with other chronic diseases in the elderly. Development of clinical assessment tools (i.e., prognostic indicators for patient evaluation and work-up) that can be used by physicians to determine the patient's health status may be included in this solicitation.

Contact David Finkelstein, NIA, 7201 Wisconsin Ave. Suite 2C231, MSC 9205, Bethesda, MD 20892-9205, tel: 301/496-6402, fax: 301/402-0010, email: BAPquery@extramur.nia.nih.gov

Toll-Free Number Available For Cancer Letter Information

The Cancer Letter has established a toll-free phone number for customer service, beginning Feb. 6. The number is 800-513-7042.

Subscribers are welcome to call this number about any matters involving subscription renewals, payment information, or changes of address.

The toll-free number is staffed by M. Lee Smith Publishers, of Brentwood, TN, which successfully bid to provide customer service for **The Cancer Letter** and **The Clinical Cancer Letter**, as well as for printing and mailing the newsletters.

The new address for renewal payment or billing inquiries is: PO Box 40724, Nashville, TN 37204-0724. Any subscription mail sent to the **The Cancer Letter** editorial office in Washington, DC, will be forwarded to the Nashville address.

In Brief:

Sessions Leaves Georgetown For Beth Israel Medical Center

(Continued from page 1)

director of the Cancer Center, and co-director of the head and neck cancer program at Beth Israel Medical Center. Sessions is the former otolaryngologist-in-chief at Georgetown University Medical Center and chairman of the department of otolaryngology-head and neck surgery at Georgetown University School of Medicine. . . . **KATHRYN GIUSTI**, founder and president of the Multiple Myeloma Research Foundation, was named Woman of the Year by the Healthcare Businesswomen's Association. Giusti is the former executive director of Midwest operations at G.D. Searle. . . .**CORRECTION**: An article in the Jan. 23 issue of **The Cancer Letter** incorrectly listed the amount of the ACS Research Professorship awards. The awards will provide up to $60,000 annually for five years. Eligible candidates should have attained the rank of associate professor, full professor, or equivalent, but may not have held the rank of full professor for more than 15 years.