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**Clinical Oncology Study Section In Draft;
ET2 May Be Eliminated, NIH Official Says**

The NIH Center for Scientific Review is expected to propose the formation of a clinical oncology special emphasis panel to review investigator-initiated grant applications, an NIH official said last week.

The proposed panel would review clinically-oriented grant applications that would be transferred from existing NIH study sections, CSR Director Elvera Ehrenfeld said to the National Cancer Advisory Board at its meeting Feb. 3.

"There is a sincere commitment on the part of NIH and CSR to be
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*In Brief:***Satcher Confirmed For U.S. Surgeon General;
Bishop Selected As Chancellor Of UCSF**

DAVID SATCHER was confirmed by the Senate as the U.S. Surgeon General and Assistant Secretary of Health this week. Satcher, director of the Centers for Disease Control and Prevention, was confirmed by a vote of 63-35. . . . **J. MICHAEL BISHOP** was named chancellor of the University of California, San Francisco. Bishop, a Nobel laureate, is acting chairman of the National Cancer Advisory Board, a professor of biochemistry and biophysics, and director of the UCSF George Williams Hooper Research Foundation, and a non-resident fellow at the Salk Institute for Biological Sciences. The appointment marks the first time a laboratory researcher has held the chancellorship at UCSF. Bishop shared the 1989 Nobel Prize with Harold Varmus, a UCSF scientist who has since become director of NIH. "Dr. Bishop enjoys the complete confidence of the faculty, he is a perfect leader at a time when UCSF will have a major expansion of its biomedical research program, and he will be a champion of academic health institutions nationally," said UCSF interim chancellor Haile Debas. "The Regents could not have chosen a more energetic, brilliant, dynamic person to lead UCSF into the next century." Bishop plans to remain on the NCAB, according to news reports. . . . **NCI DIRECTOR RICHARD KLAUSNER** received the Raymond Bourguine Award during the International Congress on Anticancer Treatment, held in Paris last week. The award, of 50,000 francs, memorializing a French journalist and elected official who died of cancer in 1990, recognizes exceptional achievements in cancer research.

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Proposed Panel Would Review Patient-Oriented Research

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able to take full advantage of the opportunities that we have to translate our scientific discoveries into solutions to human health problems," Ehrenfeld said. "There is a determination on my part to ensure that all fields of biomedical research get a rigorous, but fair and high-quality review."

The proposal for the special emphasis panel is expected to be formulated in a matter of weeks, Ehrenfeld said. "We are now working on a close to final draft of a set of proposals for changes in the review of clinical research applications," she said. "Some of them will be conducted as controlled experiments, some as double review to see if there are differences in outcome. Some will probably just be done and we will evaluate them later."

Clinical oncologists have been pressuring NCI and NIH to form a separate clinical oncology study section for many years, arguing that clinical research grant applications have lower success rates than laboratory research grant applications.

"If this proposal materializes, it will be a very important development which will certainly aid patient-oriented research," John Durant, executive vice president of the American Society of Clinical Oncology, said to **The Cancer Letter**. "The Society has been working on this for a long time."

Durant said that if the clinical oncology panel is formed, ASCO would work to inform its membership of the panel's availability. "It is very important that clinicians respond to this initiative by being willing to serve on the study section and to submit serious applications, so that all this effort to make something administrative happen will be utilized to the optimum and effectively," he said.

Study Section Reorganization Planned

Ehrenfeld said CSR also plans to form a special emphasis panel for clinical grant applications in cardiovascular research. Michael Simmons, a pediatrician at the University of North Carolina, Chapel Hill, and a consultant to CSR who serves as a liaison to clinical researchers, is working on plans for both special emphasis panels.

"The issue has been addressed and described many times, over and over," Ehrenfeld said. "It seemed like there had been enough talk, and we felt it was time to do something."

The proposal for the special emphasis panels may involve eliminating one or more existing study sections, Ehrenfeld said.

Debate over the success of clinical oncology grant applications focuses on the Experimental Therapeutics 2 study section. "ET2 may not exist," Ehrenfeld said to the NCAB. "There will be a reorganization of study sections in this area."

CSR would recruit a new scientific review administrator to run the special emphasis panel, Ehrenfeld said. "Usually, it is the job of the SRA to create the study section, with the consultation of the outside community and the institutes," she said.

"We will go back and do sort of a mock referral from several previous [grant review] rounds and look at the grants that we think would be appropriate for such a study section," Ehrenfeld said. "Looking at the kinds of grants and the numbers that we think will be coming in repeatedly, we will convene what we call a roster of expertise—what expertise do we need to review those grants. Then we will go out to the community to find appropriate reviewers."

The proposed special emphasis panels would review exclusively "patient-oriented, translational research and small clinical trials," Ehrenfeld said. Applications would be moved from study sections, with each investigator's consent, to the special emphasis panel.

CSR also is considering establishing a new study section for the review of large, multi-center

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Founded Dec. 21, 1973 by Jerry D. Boyd

clinical trials, outcomes research, and health services research, Ehrenfeld said. "It might be comprised of a corps of clinician-reviewers with experience in conducting clinical trials, biostatistics, and epidemiology," she said. The group would draw upon a pool of ad hoc reviewers who would provide specific expertise needed for a particular group of grant applications under review.

In a recent report, Ehrenfeld and Simmons examined the review of patient-oriented research at NIH. "Patient-oriented research includes everything from development of new technologies, mechanisms of human disease, therapeutic interventions, and clinical trials," Ehrenfeld said.

The report classified a study section as "high-density" if more than 30 percent of the applications it reviewed were clinically-oriented. "Our analysis showed that in 1994, approximately two-thirds of the clinical research applications were reviewed in 23 study sections, which had a significant number and proportion of clinical applications compared to basic science," Ehrenfeld said.

About 50 study sections, termed "low-density," reviewed the remaining one-third of clinical applications.

"Previous reports illustrated that the success rates in those low-density study sections were significantly less than the success rates for clinical research in high-density study sections," Ehrenfeld said. "There has been a great deal of controversy about the validity of the data that led to those conclusions.

"At face value, it should be evident that an adequate volume of the given kind of research application, and an appropriate spectrum of reviewers, are fundamental, basic components of good review," she said. "Without worrying about whether the data are precisely correct, if you just were to set up the system from scratch, I don't think you would set it up with low-density study sections."

Ehrenfeld said the research brought to her attention two scientific areas that appeared most in need of reorganization: cardiovascular and clinical oncology research. "If we pooled those applications—for cardiovascular and clinical oncology, separately—and clustered them for review, we would solve something like half of the low-density study section problem," she said.

If these changes are put into effect, CSR would like to develop some method of evaluation. "Twelve months later, 18 months later, how are we going to

know if what we did was better or worse?" Ehrenfeld said. "We need to stress the importance, at the time we propose changes, of defining explicit objectives and goals."

Ehrenfeld established an Office of Evaluation in CSR to work on this problem for the many organizational changes taking place in CSR. The office will rely initially on external consultants to measure outcomes, she said.

Cancer Informatics: **NCI Begins Redesign Of PDQ By Asking Users For Ideas**

Launching the fundamental redesign of the Physician Data Query database, NCI earlier this week asked a group of patient advocates, academics and government officials to put together a wish list for the new clinical trials information system.

"The goal of this meeting is to produce the characteristics of the new system; not as engineers, but as users representing a very diverse set of communities," NCI Director Richard Klausner said to the 200 people who gathered to reinvent PDQ.

At least at this stage, there is no need to be concerned about the cost of the proposed system, said Deborah Collyar, a patient advocate and chairman of the steering committee for the three-day meeting. "Don't worry about money," Collyar said. "Rick will worry about it later. For today, let's try to open it up and use the most vivid imagination possible."

The redesign of PDQ is a high-priority task for NCI, as well as NIH.

A more accessible information system could help boost cancer clinical trials enrollment beyond the point at which it has been for years: two-to-three percent of all patients enroll in trials.

Moreover, the revamped system would become an important component of the Institute's redesign of the way in which it conducts clinical trials, and would provide a model for an NIH-wide clinical trials information system that was mandated by Congress last year.

The system should reflect the advances in computer technology as well as new approaches to patient education, Klausner said at the meeting. "We need to incorporate new developments in communications technology, as well as conceptual approaches to information, approaches to how we get information, what information is, how we know

how people hear what we say," he said.

Under the FDA reform law enacted last year, the NIH Director is obligated to set up a "one-stop-shopping" data bank and toll-free telephone service to disseminate information on clinical trials for drugs for serious or life-threatening conditions.

According to the law, the data bank would include federally- and privately-funded clinical trials, and would include eligibility criteria, trial site locations, and enrollment information. Sponsors will be obligated to provide this information within 21 days after protocol approval.

NCI will continue to seek ideas for the system for some time after the recommendations from the meeting are summarized and made public, officials said.

In Congress:

Societies, Advocates Testify For Raise In Research Funds

Recent Congressional testimony by professional societies and patient advocacy groups reflected a range of positions on funding for NCI and NIH:

—**National Coalition for Cancer Research** requested full funding of the \$3.191 billion proposed in the 1999 NCI Bypass Budget, a 25 percent increase in the NCI budget over the current fiscal year. In testimony before the House Appropriations Subcommittee on Labor, HHS, and Education, NCCR said Congress should appropriate at least a 15 percent increase for the entire NIH in the next fiscal year, as a first step toward doubling the NIH budget in five years.

—**The Lymphoma Research Foundation of America** made the same funding request.

—**The American Cancer Society** supports full funding of the NCI Bypass Budget, and a minimum 15 percent increase in cancer research funding at NIH and NCI.

—**Research!America** supports the doubling of the NIH budget over five years, a request supported by the Ad Hoc Group for Medical Research Funding (**The Cancer Letter**, Jan. 30).

—**The National Breast Cancer Coalition** requested \$650 million for peer-reviewed breast cancer research at NIH in fiscal 1999. The coalition also seeks \$175 million for breast cancer research at the Department of Defense. NBCC requests that the government spend \$2.6 billion on peer-reviewed

breast cancer research between 1997 and 2000.

—**The American Urological Association** did not make an overall funding request for NCI or NIH, but requested that Congress direct NCI to bring prostate cancer research funding into line with breast cancer research.

—**The Society of Gynecologic Oncologists** made no funding requests in its testimony. However, the society outlined several programs within NCI and NIH where research dollars are needed, but did not specify amounts.

A summary of testimony follows:

National Coalition for Cancer Research

"To equitably fund science, we must rely upon the expert recommendations of scientists, and the Bypass Budget request of the NCI is just that—an estimate by experts in the field of research of how much is needed to 'sustain current successful efforts and increase a capacity to reduce suffering due to cancer,'" Donald Coffey, president of the American Association of Cancer Research, said to the Subcommittee.

Coffey, testifying on behalf of the National Coalition for Cancer Research, said the coalition also supports the proposal of the Ad Hoc Group for Medical Research Funding to increase the NIH budget by 15 percent over the current fiscal year as a first step toward doubling NIH funding over the next five years.

Adequate funding for cancer research in the next fiscal year will allow NCI to fund more investigator initiated research grants; support the priorities outlined in the Bypass Budget; strengthen efforts in translational research; provide incentives for research collaborations between government, academia, and industry; expand cancer prevention and detection research programs; strengthen efforts in cancer survivorship research; and support programs like the NCI scholars program to increase investment in promising young researchers, he said.

NCCR supports the Administration's proposed demonstration project to provide Medicare coverage for beneficiaries participating in NIH-approved cancer clinical trials, but urged the Subcommittee to fund the project independent of any tobacco settlement.

"NCCR recognizes the political roadblocks to Congressional codification of a tobacco settlement and urges this Subcommittee to meet the public health goals of both the June 20, 1997 global tobacco

proposal and the pending legislation to fund research as soon as is possible by providing a substantial increase to NCI this year," Coffey said.

American Cancer Society

"The American Cancer Society supports the [Administration's] initiatives announced over the past two weeks, as we support and commend the leadership that this committee and other leaders in the House and Senate have shown on cancer research and tobacco control," said Myles Cunningham, immediate past president of ACS. "Our concern is that these programs must be considered and funded on their merits, independent of legislation that mandates tobacco industry funded revenues to offset the costs."

Cunningham said while enactment of comprehensive tobacco control legislation is a high priority for ACS, resources must be available now to support research into the prevention and treatment of smoking-related diseases.

"Strong tobacco legislation may generate revenues to support other critical public health and cancer initiatives—however, we will not sit by and allow weak or ineffective legislation to be put in place, even if this puts into jeopardy other critically important cancer initiatives," he said.

Top priority for the society is to increase funding for tobacco prevention programs to keep children from smoking, Cunningham said.

"We support the increase of funds for the Centers for Disease Control and Prevention to establish a coordinated approach to state level tobacco control," Cunningham said to the Subcommittee.

"Your response must be to support efforts at the federal level, at NCI, CDC, and all appropriate agencies to prevent tobacco use, particularly by youth," he said.

"NCI should continue to fund innovative state and local tobacco control research initiatives with an appropriate evaluation component," he said.

Cunningham urged the subcommittee to provide full funding of the Bypass Budget, or at least a 15 percent increase in cancer research funding for NIH and NCI.

ACS recommends the following funding proposals for FY 1999:

—\$200 million for the CDC Breast and Cervical Cancer Control Program, including an expansion of the Wise Woman program to allow for other health

tests to be incorporated into the BCCCP;

—\$30 million for the National Program of Cancer Registries;

—\$15 million for nutrition and physical activity initiatives at CDC;

—\$12 million for the "5 A Day" program at NCI;

—\$10 million to expand funding for biomonitoring work at the CDC Environmental Health Laboratory;

—\$5 million for the skin cancer prevention education program at CDC;

—\$5 million for CDC colorectal cancer screening programs; and

—Increased funding to research into the cancer impact on minorities and the underserved, and to provide better access to screening and care for those communities.

ACS also supports the Medicare clinical trials demonstration project, and supports a stronger emphasis on clinical research, Cunningham said.

National Breast Cancer Coalition

"We are on the brink of a historical moment for cancer research," said Bettye Green, a member of the Board of Directors of the National Breast Cancer Coalition. "We are closer than ever before to reaching our goal of eradicating breast cancer. Women are now depending on Congress to continue to help make that goal a reality."

"Congress can respond by appropriating \$650 million dollars for peer-reviewed breast cancer research for FY 1999 at NIH and offering significant support for clinical trial programs so that research from the laboratory can be translated into treatment for patients," she said.

Green said NBCC supports increased funding for national clinical trials and legislation proposed by the President that would allow Medicare to reimburse the routine costs of participation in clinical trials.

"The proposed demonstration project, which offers reimbursement for out of pocket expenses to Medicare patients, is the first critically needed step toward providing coverage to all clinical trial participants," Green said. "The unparalleled contribution made by clinical trials to the progression of evidence and science based medicine and health care, clearly illustrates the need to provide insurance coverage for patients enrolled in clinical trials."

Green said the coalition believes cancer

research funding should be increased at NCI and NIH, and that breast cancer research funding should increase proportionately.

“We believe strongly that this year the scientific opportunities are such that an investment of \$650 million for breast cancer research can be well spent,” she said.

American Urological Association

The American Urological Association recommended that Congress direct NCI to bring research funding on prostate cancer into line with breast cancer, and to support prostate cancer research throughout the NCI programs, including centers of excellence, clinical trials, research grants, and training programs.

AUA was represented by John Lynch, chief of staff in the Division of Urology at Georgetown University Medical Center.

The association supports a funding increase of \$20 million for prostate research at the National Institute of Diabetes and Digestive and Kidney Diseases, and recommends a collaborative program between NIDDKD and the Agency for Health Care Policy and Research to study benign prostatic hypertrophy.

Prostate cancer prevention and outreach programs within the African American community should be funded through the CDC, Lynch said.

Lynch said free prostate cancer screening programs are widely available throughout the country, and should not be conducted by CDC.

The association recommends increasing funding for kidney, testis, and bladder cancer at NIH, Lynch said.

Society of Gynecologic Oncologists

Increased funding is needed for research at NCI into the prevention and treatment of cervical, endometrial, and ovarian cancers, said Peter Schwartz, president of the Society of Gynecologic Oncologists.

Funding for cervical cancer research would be used to study the genetic links to cervical cancer, investigate new tests for the human papilloma virus, and improve the Pap test, Schwartz said.

“To improve prevention, diagnosis, treatment, and survival of endometrial cancer patients, more research dollars are needed for projects such as: determining the molecular pathology of endometrial cancer; laparoscopic lymph node sampling; research

regarding tumor markers; and development of new chemotherapy drugs as well as angiogenesis inhibitors,” Schwartz said.

At a recent conference on ovarian cancer research sponsored by the society, the PHS Office on Women’s Health, and NCI, eight priorities were identified to receive increased funding:

1. Educational efforts for physician and patient communities;
2. Funding for RFAs, the creation of a Specialized Program of Research Excellence, and recruitment of young investigators;
3. Tissue procurement and banking;
4. Identification of all genes expressed in ovarian cancer tumors at all stages;
5. Data collection to evaluate tumor markers and diagnostic imaging modalities through a multinational trial;
6. Development of a cohort study of genetically high-risk patients;
7. Support for an evaluation of conventional therapy approaches to ovarian cancer; and
8. Development and evaluation of novel investigational approaches to ovarian cancer.

Lymphoma Research Foundation of America

The Lymphoma Research Foundation of America recommends increased appropriations for NIH, including a doubling of the budget over the next five years.

“However, we realize the difficulty—if not impossibility—of achieving this goal entirely with the current spending caps for discretionary spending,” said Ellen Cohen, president and founder of LRFA.

“Accordingly, we believe that the Administration and Congress should identify additional resources to reach these goals, such as adjustments to spending caps, increasing tobacco revenues, and investing part of the potential budget surplus,” she said.

The foundation recommends a 15 percent increase for NIH in FY 1999 and full funding of the Bypass Budget.

The foundation requests that the FY 1999 Appropriations bill include language to provide increased appropriations for lymphoma research at NCI, use of all NCI mechanisms including scientific workshops and RFAs, and research into potential environmental factors and other factors associated with lymphoma, Cohen said.

Research!America

"Research!America is convinced that because we have in place an army of gifted researchers, and because the opportunity in science is at an extraordinary level, now is the time for a concerted effort to double the budget of the NIH," said Mary Woolley, president of Research!America.

Woolley said a survey conducted last year by the organization showed that 61 percent of Americans favor doubling funding for medical research.

"With the commitment of this subcommittee, accompanied, if necessary, by innovative additional funding mechanisms, doubling the NIH budget over five years can become a reality," she said.

Some of the possible mechanisms that showed favorable results in national polls include allowing taxpayers to designate a portion of their refunds to fund medical research, increasing cigarette taxes, and using the budget surplus to double NIH funding, Woolley said.

"Research!America polls show that citizens value prevention research," Woolley said. "It is not surprising that there is such strong interest in prevention research, since everyone would agree that the ultimate goal is to eradicate, not just ameliorate, dreaded diseases like cancer. What is surprising is that funding support does not match up to the public's mandate."

"This public mandate translates to achieving stronger support for CDC and AHCPR, in tandem with increased support for NIH," she said.

NCI Budget:

Half Of New Funding Proposed Would Go To Research Grants

Under President Clinton's budget request for fiscal 1999, NCI would increase spending on research project grants by \$112 million, using nearly half of the proposed new funding for the Institute, an NCI official said last week.

NCI would spend \$1.335 billion on research project grants, representing 48.1 percent of the Institute's funding, under the President's budget proposal submitted to Congress Feb. 2, NCI Deputy Director Alan Rabson said to the National Cancer Advisory Board last week.

"This is clearly a positive sign for biomedical research," Rabson said. Rabson was standing in for NCI Director Richard Klausner, who missed the

NCAB meeting to receive a scientific award in France (see In Brief, page 1).

Under the President's budget, NCI would receive an increase of \$229 million, or 9 percent, raising the Institute's budget from the current \$2.547 billion to \$2.776 billion.

Of the increase, \$216 million would be targeted for cancer research, while \$13 million would be used for AIDS research.

Funding for noncompeting research project grants would increase by \$36 million, or 4.1 percent, for a total of \$932 million.

Funding for competing (new or renewal) grants would increase by \$68.5 million, or 24.7 percent, for a total of \$345.9 million.

Small Business Innovation Research grants would increase by \$6 million, or 11.8 percent, for a total of \$56.9 million. Congress mandates that federal research agencies set aside 2.4 percent of the extramural research funding for grants and contracts to small businesses. The SBIR program has come under criticism recently because priority scores for the grants have been significantly worse overall than the average individual investigator-initiated grants funded by NIH.

"This is a lot of money, and we as a research community need to evaluate how best to utilize these funds," Rabson said. "The paylines are considerably lower than those supported by [research project grants]."

In addition to the research project grants funding, Rabson listed the Institute's plans for the President's proposed NCI budget for FY99:

—Cancer Centers and Specialized Programs of Research Excellence: \$184.5 million, a \$15.5 million increase over FY98.

—National Research Service Awards: \$54.6 million, an \$8 million increase, primarily to raise stipends for training awards.

—Research and Development Contracts: \$200.2 million, a \$12.2 million increase.

—Intramural Research: \$442.9 million, a \$21 million increase. The program's percentage of the NCI budget would fall from the current 16.6 percent to 16 percent, Rabson said.

—Research Management and Support: \$104.7 million, a \$3 million increase. The small increase is not enough to keep pace with NCI's growth, Rabson said. "This is one of the big problems that will affect the extramural community directly," he said. "Congress over the past few years has shown interest

in holding down administrative costs. Our budget is going up 9 percent, but management is held to a 1 percent increase. We will continue to seek innovative ways to conduct our business, but it is becoming harder to do our tasks.”

—Cancer Prevention and Control: \$277.7 million, a \$23 million increase. Congress mandates that 10 percent of the NCI budget must be directed to prevention and control.

—Construction: \$3 million, the same amount as the current year, for repairs at the Frederick Cancer Research and Development Center.

—Research Careers: \$27.2 million, a \$5.5 million increase.

—Cancer Education: \$13.6 million, a \$1 million increase.

—Cooperative Clinical Research: \$110.9 million, a \$21 million increase.

—Minority Biomedical Support: \$3 million, a \$300,000 increase.

—Other Research-Related funds: \$18.4 million, a \$6.7 million increase.

Leukemia Society Offers Award In Clinical Research

The Leukemia Society of America has developed a Scholar Award in Clinical Research as an addition to the society's Scholar Program. The award will be presented to individuals who have demonstrated, over a period of three or more years, the ability to design and conduct original clinical research on leukemia, lymphoma and myeloma.

Applicants must hold the position of assistant or early associate professor or its equivalent, and have additional research support from a national agency. Applicants must have primary involvement in the development of innovative clinical research involving lymphohematopoietic malignancies. Applicants should be authors and principal investigators of early-stage clinical studies that test new hypotheses regarding the management of these malignancies.

Proposed studies should translate new concepts and basic science discoveries into clinical practice.

The award will provide \$70,000 annually, renewable for five years.

Contact Director of Research Administration, Leukemia Society of America, 600 Third Ave., New York, NY 10016, tel: 212/450-8843, fax: 212/856-9686, email: lermadb@leukemia.org.

In Brief:

Klausner Wins Prizes; PHS Promotes Fraumeni To Admiral

(Continued from page 1)

Klausner also received the Gold Medal of Paris, one of the city's highest honors, from the mayor of Paris.

... **MEANWHILE, IN BETHESDA**, NCI Deputy Director **Alan Rabson** presented the President's budget proposal for fiscal 1999 to the National Cancer Advisory Board. "This is a moment of historical significance," Rabson announced. "Never before in the annals of the NCI has a deputy director been permitted to report any good news." ... **NEXT WEEK**, in Pittsburgh, Klausner will receive the University of Pittsburgh 1997-1998 Dickson Prize in Medicine in honor of pioneering research and significant contributions to medical science.

Klausner will present "Cancer Genetics: A Case Study" on Feb. 16, and "Regulating the Fate of RNA" on Feb. 17. ... **JOSEPH FRAUMENI**, director of the NCI Division of Cancer Epidemiology and Genetics, was promoted in the Public Health Service Commission Corps to the rank of Admiral. ...

LOUIS STRIPLING was named president and chief operating officer at OnCare Inc. of San Bruno, CA. Stripling is the former CEO of ICCA, an Atlanta-based company that became a unit of OnCare last year. ...

JAMES BATTEY was named director of the National Institute on Deafness and Other Communication Disorders. Battey has been acting director of NIDCD for the past year. He will continue to direct the NIDCD Division of Intramural Research until a new director is appointed. ...

ROSWELL PARK CANCER INSTITUTE will host the first meeting of the Regional Cancer Center Consortium for Biological Therapy of Cancer, Feb. 19-21 in Buffalo, NY. The meeting will also celebrate the institute's centennial. Other members of the consortium include the Cleveland Clinic Foundation, Ohio State University Comprehensive Cancer Center, Hershey-Geisinger Medical Center, University of Pittsburgh Cancer Institute, and University of Rochester Cancer Center. The conference will feature workshops on clinical trial developments and translational research, and will include minisymposia on cytokines, chemokines, dendritic cells, antigens, gene therapy, whole body hyperthermia, photodynamic therapy, immunological monitoring, and clinical trials. Contact Roswell Park Dept. of Educational Affairs, tel: 716/ 845-3095.