

First Lady Recalls 1992 Meeting With NBCC, Credits Group For Progress In Breast Cancer

In October 1992, the National Breast Cancer Coalition board of directors was invited to Williamsburg, VA, to meet with Hillary Rodham Clinton, whose husband, Bill, was preparing for a debate with then-President George Bush.

About 15 miles away from Williamsburg, the bus chartered by the coalition emitted a sputtering noise and drifted to the shoulder of the highway. The leadership of the group that had already transformed cancer politics in Washington by securing nearly \$300 million in research funds

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In Brief:

NBCC Honors D'Amato, Leahy, Mack, Stevens; Center Development Officers Elect Leaders

NATIONAL BREAST CANCER COALITION gave its Congressional Awards this week to four members of Congress recognizing their work on key legislative proposals. The Senators honored were **Alfonse D'Amato** (R-NY), **Patrick Leahy** (D-VT), **Connie Mack** (R-FL) and **Ted Stevens** (R-AK). Following the awards ceremony, NBCC activists held a rally on Capitol Hill and met with Congressional representatives. . . . **DEVELOPMENT OFFICERS:** The National Association of Cancer Center Development Officers elected its 1998-1999 officers at an annual meeting at Fox Chase Cancer Center May 2-5. They are: President, **Denise Bittner**, UNC Lineberger Comprehensive Cancer Center; vice president, **Larry Feder**, Fred Hutchinson Cancer Research Center; treasurer, **Victoria Rogers**, University of Miami/Sylvester Comprehensive Cancer Center. . . . **WISTAR INSTITUTE'S** Albert R. Taxin Brain Tumor Research Center received a \$350,000 grant from the Kresge Foundation, the institute said. The grant is contingent on the institute's ability to raise the \$917,167 balance required to complete funding of the Taxin Center by Jan. 1, 1999. Wistar has raised \$2.667 million so far toward the center's \$3.584 million total cost, the institute said. . . . **CHARLES LEMAISTRE**, president emeritus of the University of Texas M.D. Anderson Cancer Center, has accepted a position on the Board of Directors of International Isotopes Inc., a producer of radioisotopes, pharmaceutical grade radiochemicals and contract manufacturing of radiopharmaceuticals and devices, the company said.

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Hillary Clinton Addresses Breast Cancer Coalition

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for breast cancer within the NCI and Department of Defense faced a profound logistical challenge:

Stranded alongside along the highway, they had a half an hour to get to the meeting with the future *First Lady*, whose age, education, politics, and professional standing were very close to those of the majority of members of the coalition board.

"Now, lesser people might have said, 'Forget it, let's go home, let's reschedule the meeting.' But not this group," Hillary Clinton recalled earlier this week as she addressed about 600 NBCC activists who came to Washington for the coalition's Advocacy Training Conference. "They literally did hitch-hike all the way to Williamsburg, climbing in and out sheriff's cars and trucks to make it, and make it on time."

Though the First Lady is widely known to be a supporter of many items on the NBCC agenda, the May 4 speech constituted a strong public endorsement of the group and offered a glance at the genesis of the group's connections to the White House.

The administration—and the Clintons personally—have treated the coalition as a an important constituency. Soon after the election, NBCC President Fran Visco was named to the

President's Cancer Panel. Around the same time, the Clintons accepted an NBCC petition that called for creating an "action plan" against breast cancer. Occasionally, the Clintons addressed gatherings of select groups of NBCC activists, and two years ago, Hillary Clinton traveled on her birthday to an NBCC gala in New York.

If the First Lady's speech is an indication, the meeting in Williamsburg was a landmark event in her thinking about breast cancer.

With a minute to spare, the NBCC contingent pulled up to the Williamsburg Inn in an assortment of vehicles that included a sheriff's cruiser, a small white pickup truck without seatbelts, and a car driven by a young man returning from a Grateful Dead concert.

"From that very first meeting in Williamsburg I knew that you had what it took: courage, commitment, perseverance," Clinton said in a speech that offered a glimpse of the impact the meeting had on the First Lady. "We sat around at a big table, and I can see in my mind's eye the faces of the women who were there, some of whom are no longer with us, every one of whom told her story with such conviction and passion that there was no doubt whatsoever that we would together make a difference in this fight against breast cancer."

Instead of the scheduled 45 minutes, the meeting went on for an hour and a half. Much of the extra time was taken when Clinton asked every woman in the room to tell her story.

One of the women at the table, Sherry Kohlenberg, a Virginia resident who had received a bone marrow transplant, showed Clinton a picture of herself and her family before she was diagnosed. Soon thereafter, the Clintons invited Kohlenberg to the inaugural as one of the "Faces of Hope," a group of 50 Americans who inspired them during the campaign.

The excerpted text of Hillary Rodham Clinton's speech to the NBCC this week follows:

"I always love walking into a room filled with beautiful, shy and retiring women.

"What an incredible amount of energy you all have. I walked in here, and I already felt like among all of us, we could probably light a small city for years.

"I have gotten to know the coalition, and members of the coalition, and supporters of the coalition's work over the years since that first meeting in Williamsburg in 1992. I have been so



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Founded Dec. 21, 1973 by Jerry D. Boyd

moved, and honored, and impressed by what all of you individually and collectively have accomplished.

"I will never forget that some of you were among the group that came with the coalition from the White House with signatures of 2.6 million Americans who told us that it was time for a National Action Plan on Breast Cancer, and with your leadership and your strong advocacy, this public-private partnership has worked tirelessly to reach one goal: the complete and final eradication of breast cancer once and for all.

"I have learned that you never give up when you are fighting on behalf of yourself and on behalf of a mother, a sister, a daughter, a wife, a dear friend, and that fight is really paying off.

"There were some who doubted it, that the work of the coalition would make that much difference. There were some doubters and agnostics among the advocacy community. And back when we met in 1992, who would have thought that we'd see funding for breast cancer research, treatment, and prevention nearly double, and that the President would propose a 65 percent increase in cancer research, and that we would dramatically expand the DOD breast cancer research program, and have survivors serving on review panels.

"Who would have thought that increases in funding for genetic research would help us discover genes linked to hereditary breast cancer. That tamoxifen would give us such hope, or that genetic fingerprinting would offer the potential of predicting which women would relapse, so that we could aggressively treat them before the disease strikes again.

"Who would have thought that the number of women getting recommended mammograms would increase by 30 percent in just a few years? And I am so pleased that I was able to see by working together that Medicare now pays for annual mammograms for all beneficiaries.

"These advances and victories all have one thing and one thing alone in common: The fingerprints of the National Breast Cancer Coalition. Because you have literally changed the way you think about breast cancer. You've put it on the top of the agenda, and you had a President who was on your side every step of the way. Not only because he believed that this was a problem that needed to be addressed and had been for too long put on the sidelines, but because—as you know—his mother died in 1994 from breast cancer.

"Those of you who may have never met my mother-in-law may remember that Virginia Kelley never wanted anyone to feel sorry for her. As with every other adversity she faced, she looked her cancer square in the eye, put on her lipstick, and went on to celebrate life. Also put on her false eyelashes every morning of her life. She understood how important it was to fight this disease every day in every way we could. She had a sampler by her table that read, 'Lord, help me to remember that nothing is going to happen to me today that you and I can't handle.'

"Clearly, we still face obstacles, and Virginia knew that the Lord helps those who help themselves. And we have seen a lot of self-help because of the work of this coalition. We've seen literally people coming out of the shadows to talk about their disease. We've seen researchers moving it to the top of the research agenda. We've seen so many changes in just a few short years.

"Now we have some obstacles that I am worried about that are right on the horizon. But if we stick together and work together, there isn't anything we cannot accomplish or handle together. Together we can ban genetic discrimination. When I was working on health care reform back in 1993 and 1994, I would speak to groups, and I would say that with the pace of genetic research, we are all going to find ourselves uninsurable some day.

"This is not an idle threat. This is a reality. And, certainly, because of the breakthroughs in genetic research, women at risk of breast cancer are more likely to be in the front ranks of those who find themselves uninsurable. So, we have a lot at stake in working on behalf of changes. No woman should be scared to walk into her doctor's office for fear that her genetic secrets will be used to deny her the job she wants or the affordable health insurance she needs. We need your voices, once again, and your advocacy, to stand firmly with the President and all of us to ban genetic discrimination as it affects breast cancer or any other condition. Insurance is supposed to be there when you need it. We don't need insurance when we are healthy.

"Together we can expand coverage for Medicare cancer clinical trials. It will not do us any good if there are discoveries in the labs that don't get to the patients who can help us determine whether these discoveries work.

"Together we can make sure that whether people choose, or whether their employers choose for them, managed care or traditional fee-for-service care, they

will always get quality care. No woman who discovers she has breast cancer should be in any way limited from learning every possible treatment that she should be eligible for in order to fight this disease, and no doctor should be told that he or she cannot tell a patient what treatments might be best because they are not within the scope of health coverage.

“The President has proposed a patient’s bill of rights. We need your voices to make sure that Congress hears that we intend to have the patients’ bill of rights, because we as patients and our physicians should be the ones making the decisions about our health. Let’s put patients before profits in our healthcare system.

“We need to continue to fight against breast cancer, and use every weapon in our disposal. Our first priority must be finding a cure, and we have to do everything in our power to fund the research that will find that cure, research that will help develop treatments to stop the disease in its tracks. We also still need education. I know that may be hard for many of you to believe, who are thick in the fight against breast cancer, but there are still many women and men through our country—many poor women, many minority women, many people whose language is not English—they just haven’t reaped the benefits of our progress on breast cancer. They need to know more about prevention. They need mammography available to them. They need to understand how they, too, can join the fight against breast cancer. If we do like I know we can do together, we can continue not only to fight, but move forward with progress against breast cancer in leaps and bounds.

“We are on the brink of many discoveries. We do have—through technology and the internet—ways of reaching more people than we ever thought possible just six years ago, in 1992. So that by our efforts, and by the leadership of this coalition, we will see victory. And I pray that in the not so distant future we will be able to read the best headline of all, one that says, “Breast Cancer Is History,” and that will be the moment that all of you could say we helped make history by relegating breast cancer to the dust bin of history, and it will no longer stalk our women, our daughters, our children in the future. And when that day comes, all of you, under Fran’s leadership, all of you on the state level, every one of you who has been involved in this fight will be able to say, ‘We did it together.’

“Let’s make that day happen soon.”

Cancer & The Media: **Scientists Dispute Quotes In New York Times Article**

Two scientists whose statements in The New York Times described anti-angiogenesis drugs as a likely cure for cancer said the quotes were inaccurate and appeared to be culled from casual conversations with a reporter.

The disputed quotes were the strongest element of the story, which appeared May 3 in the top left column of the newspaper’s front page.

The story quoted NCI Director Richard Klausner describing two antiangiogenesis drugs as “the single most exciting thing on the horizon” and NCI’s highest priority. Nobel laureate James Watson was quoted saying that Harvard University scientist Judah Folkman, the inventor of drug candidates angiostatin and endostatin, “is going to cure cancer in two years.”

Angiostatin and endostatin, two of 11 angiogenesis inhibitors in development, are in preclinical studies and not available for human trials.

Challenging the story, Klausner said the quotes attributed to him appeared to be based on a telephone conversation with the Times reporter Gina Kolata. Klausner said the conversation, which took place about a month ago, covered a wide range of issues, including NCI priorities. “I would never pick out two drugs and call them NCI’s top priority,” Klausner said to **The Cancer Letter**.

In a letter to the Times, Watson, president of Cold Spring Harbor Laboratory, said his quote was apparently based on a conversation at a dinner party six weeks ago. “What I told Ms. Kolata... was that endostatin and angiostatin should be in NCI clinical trials by the end of this year, and that we would know about one year after that whether they were effective,” Watson wrote in a letter that appeared May 7.

Kolata could not be reached for comment. A spokesman for The New York Times, Lisa Carparelli, said the paper stood by the story. “We are very comfortable with the coverage and the placement of the story,” she said to **The Cancer Letter**. “Our reporting has been uncovering a remarkably new level of optimism among researchers in the field. We are confident of the story we ran and the accuracy of the story we ran.”

The Los Angeles Times May 6 reported that the day after the angiostatin story ran, Kolata’s

literary agent began to circulate a proposal for a book on Folkman to several publishing houses, and that the proposal was abruptly withdrawn. Carparelli confirmed that the book proposal was withdrawn. "It was Gina's decision," she said.

Carparelli said the Times does not have specific policies about reporters writing book proposals. "However, the editors are opposed to reporters working on books about subjects they are currently covering," Carparelli said. "We would want a reporter to defer any book deal until he or she was no longer covering the developments or they stopped evolving."

"Not A Balanced Approach"

Klausner said he was surprised to see his quote in Kolata's story. "It is very tough being misquoted," Klausner said to **The Cancer Letter**. "It is very difficult to correct it. There is always the question, Are you changing your mind, are you switching stories?"

The suggestion that Folkman's drugs are the top priority for NCI runs counter to his views. "This clearly is not a balanced approach of priorities that many people have heard me talk about," Klausner said.

"I clearly remember that what I said to her was that our top priority is to take new discoveries from the lab to the clinic, and there are a number of those, and among those are angiogenesis therapies, and among many of those are angiostatin and endostatin—among a number of different things in a variety of different areas," Klausner said. "Somehow this got compressed into: NCI's top priority is getting these two drugs to the clinic."

Klausner said Kolata had misquoted him in the past.

On Jan. 24, 1997, in a front page story about the NIH Consensus Development Conference on breast cancer screening for younger women, Kolata quoted Klausner stating that he was "shocked" by the consensus panel's conclusion not to recommend mammography screening for women in their 40s.

Klausner said he told Kolata that he was "shocked" by the anger and personal accusations that the audience leveled at the panel during the final session of the conference (**The Cancer Letter**, Jan. 31, 1997).

"That was another example of being misquoted," Klausner said. "The impact of that was extraordinary." Many other news media used the

Times version of the quote without checking its accuracy.

Klausner said he is concerned about the impact the May 3 article has had on cancer patients, their families, and the public.

"My concern about this is raising false hopes and false expectations, which I think this hyped article did," he said. "Nothing new happened. NCI did not make any announcement. The article in The New York Times made people feel like it was a new announcement, and an announcement coming from NCI.

"This is an example of the news media creating the story," he said. "It's really quite extraordinary."

Klausner said that immediately after the story appeared on Sunday, calls from other reporters followed. Several television crews taped interviews with him in front of his Bethesda, MD, home. "I tried to put the genie back in the bottle, but it's very difficult," he said.

Wendy Goldstein, a spokesman for Cold Spring Harbor Laboratory, said Watson wrote the letter to the Times in order to "set the record straight." "If more than one person said this is out-of-line reporting, it's important for readers to know," Goldstein said.

Research Received Prior Coverage

The impact of Kolata's story can be attributed to the Klausner and Watson quotes and the story's placement in the premier spot in the paper. The story was based on research that was published last November on the efficacy of the drugs against the Lewis lung cancer tumor, a mouse tumor, and covered by many news organizations, including the Times.

Last November, Folkman presented an overview of his research as part of an NIH lecture series. In December, he presented his work to the National Cancer Advisory Board as part of a discussion of a new program NCI was considering to help academic researchers move potential therapies into clinical development faster (**The Clinical Cancer Letter**, December 1997).

In addition to Folkman, James Allison, of University of California, Berkeley, presented his research to the NCAB on an immunologic therapy, the blockade of CTLA-4 to improve the ability of T cells to fight cancers.

Earlier this year, NCI finalized the new program, called Rapid Access to Intervention

Development, designed to use the Institute's drug development resources to move difficult-to-develop therapies discovered by academic investigators more quickly into clinical research (**The Cancer Letter**, Jan. 23 and April 24).

"This was an example of the way the RAID program could enable investigators like Dr. Folkman to more readily move things from the lab to the clinic," Klausner said. "Nothing happened at that [NCAB] meeting that said this [angiostatin and endostatin] was NCI's No. 1 top priority. The two presentations were back-to-back, and it was clear that this is part of a much larger palate."

The New York Times published a profile of Folkman and his research last January in its science section.

Last month, EntreMed Inc., of Rockville, MD, the company that licensed angiostatin and endostatin, presented research on the drugs at the American Association for Cancer Research annual meeting. Kolata's story did not reflect the new research with an experimental melanoma metastasis model in mice.

EntreMed has collaborative agreements with Bristol-Myers Squibb Co., NCI, and Folkman.

Two days after Kolata's story appeared in the Times, NCI issued a statement intended to temper the frenzy about the drugs. The text of the statement follows:

"NCI is encouraged by results from animal (mouse) studies that suggest that compounds isolated by researchers in the laboratory of Judah Folkman, of Children's Hospital and Harvard Medical School in Boston, may be potent anti-cancer agents. NCI has made it a high priority to move research forward on these compounds, endostatin and angiostatin, so that clinical trials in humans can begin. It is important to note that such human studies will not begin for *many months*, most likely not until 1999. Once testing has begun, the compounds, which are anti-angiogenesis agents, must be tested separately for safety and efficacy in humans before they can be tested together.

"Production of these compounds is one part of the process that must take place over the next several months. At this time, it is not possible to produce the large quantities of endostatin or angiostatin necessary for human trials. NCI is working with Entremed Inc. on production issues for endostatin and with Bristol-Myers Squibb Co. on production issues for angiostatin. It is very important to emphasize that while the possibilities raised by these

studies in mice are encouraging, it is not known whether endostatin or angiostatin will be effective in people with cancer."

Klausner said the Institute is developing a longer "Q and A" document with common questions and the Institute's answers about angiogenesis therapies.

Countdown To The March: **AACR, AACI Compile List Of Activities For The March**

The American Association for Cancer Research and the Association of American Cancer Institutes are compiling information on activities planned by the cancer centers in conjunction with The March...Coming Together to Conquer Cancer, an event planned for Sept. 26.

In a recent letter to cancer center directors, the presidents of AACR and AACI asked that the centers take the following actions:

—"Establish a planning committee at your cancer center on The March (including cancer survivors) and/or enlist any groups that are already set up to support The March in your center or community.

—"Commit to a minimum level of activity by your center in connection with The March to ensure the success of the Washington and local events."

The letter, dated April 24, included a survey that requested information on events planned by the centers as well as a list of ideas for March activities.

"The March presents a unique opportunity for the scientific community to come together with patients and advocates to demonstrate our united resolve to eradicate cancer," said the letter, signed by Webster Cavenee, president of AACR, and Max Wicha, president of AACI.

The results of the survey will be posted on the AACI web site (<http://www.aacr.org>). Another compendium of events is being completed for posting on The March site (<http://www.themarch.org>).

Contacts for the AACR-AACI steering committee are Jenny Anne Horst-Martz (215/440-9300; e-mail horst@aacr.org); and Suzanne Mahler (734/764-8492; e-mail gustavma@umich.edu).

Schmooze about the news: Visit **The Cancer Letter** editors at exhibit booth No. 828 at the American Society of Clinical Oncology annual meeting May 16-19 in Los Angeles.

Food and Drug Administration: **FDA Accepting Nominations For Patient Representatives**

The FDA Cancer Liaison Program is accepting nominations for cancer patient representatives to serve on FDA advisory committees that review cancer therapies, the program said.

The nomination process was announced last year in a notice in the Federal Register and finalized recently. Patient representatives will have full voting *privileges*.

An FDA panel will select one patient to represent each of the following cancers: breast, prostate, lung and colon/rectal, according to a document describing the nomination and selection process. Each representative will be selected to serve a two-year term on advisory committees reviewing cancer therapies specific to their cancer experience, the document said.

The nomination deadline is June 1. Nominations may be submitted by individuals (including self-nominations), patient advocacy organizations, or other organizations, FDA said.

According to the Cancer Liaison Program document, "Nomination Guide for the Selection of Patient Representatives for Advisory Committees Reviewing Cancer Drugs, Biologics, or Devices," criteria for selection includes the following:

—Personal experience with cancer, as a cancer patient or as a supporter of a cancer patient (for example, spouse, partner, parent, sibling, grandparent, or care giver).

—Experience in cancer advocacy.

—Ability to represent the interest of cancer patients.

—Ability to communicate the perspective of cancer patients.

—Ability to identify issues that are important to cancer patients.

—Sufficient knowledge about cancer research studies, and/or personal experience as a participant in cancer research studies, to enable the nominee to participate effectively in advisory committee discussions of cancer research studies.

—Ability to disseminate information about their experience as an advisory committee member to the cancer community.

FDA staff in the Cancer Liaison Program will review the nominations and select eligible representatives to be entered into a database. Each

year, the agency will solicit nominations for new patient representatives. The database is to be updated every two years and patient representatives may remain in the database for a total of four years.

A review and selection panel consisting of one representative from the FDA Office of Special Health Issues, one representative from each FDA review division for oncology drugs, biologics, or devices, and one representative from the FDA Advisors and Consultants staff, will select persons from the database in each of the four cancers.

If an advisory committee reviews a therapy for a cancer other than the four listed, the panel will select a representative with experience in the specific cancer, FDA said.

For information and a copy of the "Nomination Guide," contact JoAnn Minor or Beth Robins in the Cancer Liaison Program, tel: 301-827-4460.

Funding Opportunities: **CDC Program Announcement**

Title: Initiatives by Organizations To Strengthen National Tobacco Control Activities in the United States

The Centers for Disease Control and Prevention announces the availability of funds for FY 1998 for cooperative agreements with national organizations that serve one or more of the following special targeted populations: African-Americans, Hispanics/ Latinos, Asians/Pacific Islanders, and youth, especially males (ages 12-24). The purpose of the *awards* is to improve or initiate tobacco control programs that are culturally appropriate to reduce nicotine addiction and other health related problems associated with the consumption of tobacco, with the ultimate goal of tobacco use reduction.

Eligible applicants are public and private non-profit, national organizations with at least three or more years of tobacco control experience that have the ability to reach those special populations. States or their bona fide agents or instrumentalities are not eligible for funding under this program announcement.

Approximately \$500,000, is available in FY98 to fund approximately four awards. It is expected that the average award will be \$125,000, ranging from \$50,000 to \$125,000. It is expected that the awards will begin on or about July 30, 1998, and will be made for a 12-month budget period within a project period of up to two years.

Inquiries: To receive additional written information and request an application kit, call 1-888-GRANTS4 (1-888-472-6874). Refer to Announcement 98037. The information also is available at <http://www.cdc.gov> or <http://www.access.gpo.gov>.

Grants management specialist: Nealean Austin, CDC, 255 East Paces Ferry Rd NE, Rm 314 Mail Stop E-18, Atlanta, GA 30305, tel: 404-842-6508, email: neal@cdc.gov.

RFA Available

RFA CA-98-015

Title: **Basic Biobehavioral Research On Cancer-Related Behaviors**

Letter of Intent Receipt Date: July 14

Application Receipt Date: Aug. 11

The NCI Division of Cancer Control and Populations Sciences invites research grant applications on the biobehavioral basis of cancer-related behaviors, especially those that increase cancer risk. The exploratory/developmental (R21) grant mechanism is used for pilot projects or feasibility studies to support creative, novel, high risk/high payoff research that may produce innovative advances in science.

Total project period may not exceed two years. Anticipated award date is April 1, 1999. Estimated funds (total costs) available for the first year of support for this program is \$2 million. Budgets are expected to average direct costs of about \$100,000 per year and should not exceed \$200,000 total (direct and indirect) costs. It is anticipated that 10 to 12 new awards will be supported through this RFA.

Inquiries: Susan Nayfield, DCCPS, NCI, Executive Plaza South Rm 214, Bethesda, MD 20892, tel: 301-594-7344, fax: 301-435-5477, email: sn15c@nih.gov

Varmus Appoints Group On Intellectual Property Issues

NIH Director Harold Varmus has appointed a special working group of the Advisory Committee to the Director to study intellectual property issues as they relate to research tools.

The group is headed by Rebecca Eisenberg of the University of Michigan.

NIH has established a website to invite scientists and others with an interest in this issue to participate in the group's discussion, which is expected to result in a report to the ACD in June.

Comments can either be posted for all to review or they can be sent directly to the Working Group and will not be posted in the public discussion.

The Web Site is located at <http://www.nih.gov/welcome/forum/>.

"NIH wants to ensure that the momentum of scientific research and discoveries in the biomedical fields remains strong and unencumbered so that innovations and advances may be developed to benefit the public," the Institutes said in a statement.

In Brief:

Cancer Registries Association Publishes U.S., Canadian Data

(Continued from page 1)

LeMaistre fills the board position of James Eichelberger, founder and director, who resigned to assume additional duties in the company and serve on the board of planned subsidiaries, the company said. . . . **CANCER STATISTICS:** The North American Association of Central Cancer Registries

has published a monograph titled *Cancer In North America, 1990-1994*, edited by Vivien Chen, director of the Louisiana Tumor Registry at Louisiana State University Medical Center in New Orleans. The two-volume monograph includes incidence and mortality data for the U.S. and Canada. The incidence figures include combined cancer rates for more than one-third of the U.S. population, including children, the largest population represented in published reports of cancer incidence, the association said. Highlights from the monograph are available at the association's website at <http://www.naaccr.org>. . . . **NEW NCI BROCHURE** titled "Taking Part in Clinical Trials, What Cancer Patients Need to Know," has been published as part of the Institute's effort to increase enrollment to clinical trials, according to an NCI statement. Novartis Pharmaceuticals provided partial funding for the brochure. To request a copy, call the Cancer Information Service at 800-4-CANCER (800-422-6237) or visit the new NCI clinical trials website at <http://cancertrials.nci.nih.gov>. . . . **ROBERT EISENMAN**, of the Fred Hutchinson Cancer Research Center, Basic Sciences Division, has been elected to membership in the National Academy of Sciences. Eisenman has been a member of the center's faculty since 1976. His work is in the area of oncogenes. . . . **ALEX KOUFOS**, a pediatric oncologist at Children's Hospital Medical Center in Akron, OH, since 1988, died April 26 of cancer of the bile duct at the University of Pittsburgh Medical Center. He was 45 and had been active in the NCI-funded Children's Cancer Group. Koufos was born in Canton, OH. He received a bachelor's degree from Ohio State University in 1974 and medical degree from the university in 1978. He completed pediatric residency at Children's Hospital, Columbus, and fellowship training in pediatric hematology-oncology at Children's Hospital Medical Center, Cincinnati. He then spent two years at the Ludwig Institute for Cancer Research in Montreal.