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Support For Translational Researchers Urgently Needed, ASCO President Says

LOS ANGELES—Despite tremendous growth in the past decade, the oncology profession faces challenges in the support of translational research and clinical trials, and in communicating results to the public, *the president of the American Society of Clinical Oncology said to the society's 34th annual meeting earlier this week.*

In remarks upon the completion of his one-year term leading the society, Robert Mayer, vice chairman for education in the department of adult oncology at Dana-Farber Cancer Institute, said federal and institutional support is necessary to increase the numbers of cancer

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In Brief:

Lichter, Bailes Lead ASCO; NCI Names Vande Woude Basic Sciences Director

ALLEN LICHTER succeeded **Robert Mayer** as president of the American Society of Clinical Oncology at the society's annual meeting earlier this week in Los Angeles. Lichter is the Isadore Lampe Professor of Radiation Oncology at the University of Michigan. **Joseph Bailes**, director, executive vice president, and national medical director of Physicians Reliance Network Inc., became president-elect. The following new ASCO board members began their terms: **Patricia Legant**, medical oncologist in private practice in Salt Lake City, UT; **Patrick Loehrer**, professor of medicine at Indiana University and chairman of the Hoosier Oncology Group; **Monica Morrow**, professor of surgery and director of the Lynn Sage Comprehensive Breast Program at Northwestern University Medical School; and **Margaret Tempero**, professor of medicicine at University of Nebraska Medical Center and deputy director of the UNMC Eppley Cancer Center. . . . . **ASCO AWARDED** a total of $1.24 million to 20 young cancer researchers chosen from 69 applicants for the society's Career Development Awards and Young Investigator Awards. Four physicians in their first or second year as full-time faculty members received Career Development Awards of $56,700 per year for three years. Sixteen scientists in the final year of oncology training received Young Investigator Awards of $35,000 for one year. . . . **GEORGE VANDE WOUDE** was named director of the NCI Division of Basic Sciences, effective June 6, the Institute said. Vande Woude, an expert in molecular

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ASCO Challenges: Clinical Trials, Translational Research

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specialists trained in translational research.

"Many have observed that the increasing polarization between laboratory-based scientists who are totally supported by highly competitive research grants and high-volume clinicians who are rewarded primarily for their patient volume...has reduced the career appeal of clinical investigation and demoralized many young physicians who had planned for an academic career," Mayer said.

Mayer said he hoped a proposal by NIH of a new clinical oncology study section would help to provide federal support for research grants to clinical investigators.

In his May 18 address, Mayer urged ASCO to:

—Continue to work to improve the access of cancer patients to clinical trials and to encourage third-party payment of the patient care costs for those who take part in trials.

—Strive to inform the public that progress against cancer is being made, but that new treatments must show efficacy in humans before being declared a success.

—Enhance partnerships with patient advocacy groups.

The excerpted text of Mayer's remarks follow:

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This is my 25th consecutive ASCO meeting and during that time, the growth of the society has been enormous. This growth has been particularly evident during the past 10 years and can be measured in such areas as membership, number of full-time staff, and attendance at the annual meeting. The total membership of the society is now in the range of 12,500, increasing at a rate of approximately 1,000 members per year. About 78 percent of the membership are domestic and 22 percent international.

Ten years ago, ASCO had one full-time staff member—the managing editor of the Journal of Clinical Oncology. During the last few years, linked with the move of the society to a permanent office in Alexandria, VA, the number of full-time staff members has grown to approximately 40 and will undoubtedly expand further. This growth and a major component of the overall success of the society's activities are directly related to the inspired leadership of John Durant who was appointed as the society's first executive vice president in 1995....

John's senior staff management team includes Ronald Beller, vice president for administration; Michele Dinkel, science and education programming; Mark Somerfield, health services research; Julie Taylor, interim director of public policy; and Deborah Whippen, managing editor of JCO and director of publications.

During the past year, there have been four major staff additions to the ASCO office:

—Henry Hart, a partner in the Virginia-based law firm of Hazel and Thomas, was appointed corporate attorney and has become integrated into an innumerable number of the society's activities.

—Deborah Kamin, a former oncology nurse who holds a doctorate in health policy, is joining the society as the director of public policy, coming to us from the Office of the Assistant Secretary of Defense where she served as Director of Health Services Finance and Policy.

—Kristin Ludwig joined the society in late 1997 as communications director.

Finally, the society contracted with J. Spargo and Associates to serve as our meetings management contractor.

During the past year, ASCO's educational activities have prospered, in terms of abstract submissions and presentations to this meeting, the overall education program, the awards program, and the continued success of the summer clinical

investigator training course. A total of 2,391 abstracts were submitted to the 1998 meeting, representing a 54 percent increase since 1992. Of the abstracts submitted this year, 50 percent were domestic in origin while the remainder were sent from investigators from outside the U.S.

The ASCO Awards Program has been a remarkable success story. ASCO offers two forms of fellowship awards, the Young Investigator Award for senior fellows or entry level faculty which was initiated in 1984 and provides $35,000 for one year, and the Career Development Award for junior faculty members which was initiated in 1992 and provides $170,000 over three years. The success of this program has been due in large part to the unrestricted grants in excess of $10 million made by pharmaceutical and biotechnology companies and by foundations and for which the society is extremely grateful.... A total of 170 YIA and 34 CDA fellowships have been awarded with seven individuals having received research support through both mechanisms. A questionnaire was circulated to these 197 individuals and responses were received from 86 percent of the YIA and all of the CDA recipients. Acknowledging that the entire group is still relatively young in their professional careers, 82 percent of the YIA recipients and essentially all of the CDA recipients remain in full-time academic positions. Approximately 20 percent of these awardees have already achieved the rank of associate or full professor and this number will undoubtedly increase in the future.

A great deal of effort on the part of ASCO officers and staff during the last 14 years has been devoted to raising funds for this program; the initial analysis of the outcome from this effort is extremely encouraging and is reinforced by the quality of this year's winners.

A source of some concern is the slight but definite decrease in the number of applicants annually for both the YIA and CDA programs. Similar declines in the number of applications have been reported in other such fellowship competitions. While the quality of both our applicants and the research proposals remain as high as ever, this decrease in applications may reflect disenchantment among trainees with the present environment which may be viewed as being unsupportive for a career in clinical investigation.

To help promote the skills necessary for clinical trials design and to stimulate enthusiasm for careers in clinical investigation, ASCO in collaboration with the American Association for Cancer Research, will sponsor for the third consecutive summer a week-long workshop in the Rockies at which time approximately 100 senior fellows or junior faculty will have an opportunity to work intensively with experts from ASCO and AACR in an NCI-supported program.

The Journal of Clinical Oncology continues to grow. The circulation now stands at almost 18,700, representing a 40 percent increase since 1991. Seventy-eight percent of the subscribers are domestic while 22 percent are international in origin. More than 1,250 new manuscripts were submitted to the Journal in 1997, representing a threefold increase since the Journal was first published in 1983 and a 94 percent increase since 1991. This continued growth led the Publications Committee, chaired by Jamie van Roen, to consider whether the present publications contract was optimal. A decision was made to hold an open competition for a publisher. A contract has been awarded to Williams and Wilkins. This new arrangement will go into effect at the end of this year. One of the most attractive components of the proposal from Williams and Wilkins was their broader international marketing effort along with the potential for publishing the Journal in such other languages as Spanish and Japanese.

ASCO's web page, which has been edited by Mike Glode since its inception two years ago, has grown into adolescence during the past year. Some of the services which were added in 1997 include the availability of abstracts included in the Proceedings Book, a full membership database updated on a regular basis, a series of clinical practice guidelines, a pilot project to allow members to submit abstracts for the annual meeting through cyberspace, and a listing of responsibilities for the various ASCO committees and their chairs. Use of the ASCO web page has also increased greatly from approximately 80,000 "hits" in January, 1997 to 300,000 "hits" in December.

During the past year, ASCO has released position papers on Congress's proposed tobacco settlement, Cancer Care During the Last Phase of Life, Criteria for Facilities and Personnel for the Administration of Antineoplastic Therapy, and Access to Quality Cancer Care--a consensus statement of the American Federation of Clinical Oncologic Societies.

The creation of the AFCOS was proposed by

John Glick in his presidential address two years ago. This organization which includes representation from various physician oncology subspecialties as well as nursing and social work groups, has been meeting on a quarterly basis. The joint nature of the message conveyed in this document, which is also being published in the journals of each of the other member societies, is indicative of the unified belief of all components of the oncology community as to what society should be providing patients with cancer; through its method of development, it is a unique document and hopefully the first of many to follow.

To help our members, particularly those in clinical practice, deal with the confusion, frustrations, and perceived inconsistencies inherent in working with managed care organizations, ASCO published and circulated a comprehensive workbook, developed by Christian Downs, Terry Coleman, and Stacey Beckhardt, entitled "Practical Tips for the Practicing Oncologist" which provides definitions of that ever-increasing list of bureaucratic billing terms and, among its other helpful aspects, offers a guide as to the completion of reimbursement forms.

During the last year, ASCO has developed several new initiatives. A Continuing Medical Education Committee, chaired by Mark Ratain, was created with the primary, and subsequently successful, goal of receiving reaccreditation for the Society from the American Council of Graduate Medical Education....

Task forces have been appointed to establish and strengthen the linkage with such other organizations as the American Geriatric Association and the Oncology Nursing Society....

Last Friday marked the unveiling of the Cancer Genetics Syllabus which Funmi Olopade has overseen....

ASCO's 20-member End of Life Task Force, chaired by Lowell Schnipper, developed and published a comprehensive policy statement which appeared in this month's issue of the JCO, surveyed North American ASCO members on attitudes, practices, and obstacles to end-of-life care, the initial results of which were presented on Saturday by Ezekiel Emanuel, and is negotiating with foundations and industry to fund the production of oncology-directed education materials on this subject.

The International Affairs Committee, chaired by Santiago Pavlovsky, has matured during the past year. The committee has developed a mission statement which was approved by the Board of Directors, organized an international symposium entitled "Cancer Around the World" which was presented yesterday, and has petitioned the board to charge it to identify potential foreign-based candidates for election to a newly designated seat on the Board of Directors.

The Challenges Ahead

As you can see, the society is prospering in every venture it has undertaken; it might be said to be "on a roll." However, as we look towards the future, there remain a host of challenges, some specific to the society itself while others applicable to the entire oncology community.

With our continued growth, ASCO must remain sensitive and responsive to the needs of our entire, diverse membership. This includes those of us who work in an academic setting versus those in clinical practice, medical oncologists who comprise the largest proportion of ASCO versus those in other oncologic subspecialties such as gynecologic, pediatric, radiation, and surgical oncology, and increasingly domestic versus international members.

ASCO's growth and, in particular, financial success has been a result in large part of a collegial and mutually productive dialogue with industry. The Awards Program, advertising revenue in the JCO, and support of this meeting are indicative of that relationship. However, we must always be certain that ASCO is in control of these activities, that new projects involving independent vendors always be negotiated directly with the society and require formal approval from ASCO, so that we may retain control of our intellectual property. To this end, John Durant has established a Sponsored Programs Council which met in March and which was attended by senior representatives of 22 pharmaceutical and biotechnology companies. This effort should continue.

It is my hope that ASCO will continue to expand its relationships with other cancer-oriented organizations. This is occurring through AFCOS, our relationship with European groups such as the Federation of European Cancer Societies and the European Society of Medical Oncology, and our recently re-established dialogue with the Oncology Nursing Society. The development of joint practice guidelines with the American Society of Hematology in such areas as the management of chronic myelogenous leukemia is also a positive step. I hope that our interactions with the AACR, which presently

focus on co-sponsorship of the summer training workshop for young clinical investigators, will expand as well.

ASCO needs to maintain efforts at making reimbursement policies rational, fair, and user-friendly. The reorganization of the society's Public Policy Department, under the leadership of Joe Bailes, includes a plan to hire a full-time legislative liaison to better convey the needs and desires of our membership to legislators and their staffs. Since ASCO represents essentially all of the clinical oncologists in the U.S., it is appropriate for the society to be the primary representative of the oncology community to the media....

There are even larger challenges that confront the general oncology community. I am proud to say that one of my greatest achievements has been serving as a trainer for young physicians who are entering medical oncology and I have derived enormous satisfaction from the accomplishments of the more than 180 fellows in whose training I have participated.

Because of changing economic patterns in the medical marketplace, I believe there is an urgent need to provide fiscal support for the training and protection of translational investigators—those precious individuals who divide their time between research and patient care. Many have observed that the increasing polarization between laboratory-based scientists who are totally supported by highly competitive research grants and high-volume clinicians who are rewarded primarily for their patient volume and ability to attract patients has reduced the career appeal of clinical investigation and demoralized many young physicians who had planned for an academic career. We can see this pattern in the decrease of applicants for our own awards program.

I would hope that this threat to our academic future can be countered by the creation by the National Cancer Institute of a long-promised clinical trials/clinical investigation study section which might be supported in part by an infusion of a component of the anticipated increase in the NCI budget into patient-oriented research. The ASCO Board of Directors has written to and met with NCI Director Richard Klausner to discuss this issue and he has been quite receptive.

The oncology community needs to exert its considerable influence to guarantee access for all cancer patients to quality oncologic care throughout the entire course of their disease, from diagnosis through active treatment through end-of-life care. The AFCOS Consensus Statement states this position but the message must be distributed to as widespread an audience as possible. Additionally, we must provide access for the increasing number of long-term cancer survivors for specialized follow-up care, often involving assessments of treatment-induced toxicities and for family and vocational counseling. We should be vigilant that this subset of the population, who represent our treatment successes, is afforded every opportunity to enjoy their lives, free of any discrimination. Additionally, we should learn as much as possible from them so as to better guide our long-term patients in the future.

We need to continue our efforts to guarantee payor coverage for patient care costs related to participation in all clinical trials which have undergone appropriate peer review, making access to such clinical trials a consumer right. Despite our efforts through direct testimony and correspondence, the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry did not agree to such access as a right, primarily because of concerns over the perceived costs associated with this guarantee. We need to rectify this shortsighted decision since participation in a clinical trial often if not always represents optimal patient care.

Particularly in view of these governmental perceptions and also the writings of some opinion makers who question the value of the entire national cancer effort, we need to make the public aware that progress is being made and that, at long last, the number of new cancer cases and deaths from cancer is declining. Data published earlier this year demonstrate that the increase in cancer incidence and mortality that was observed between 1973 and 1990—the first 17 years of significant funding following the passage of the National Cancer Act—has not only leveled off during the first five years of this decade but has begun to decline.

This extremely gratifying trend undoubtedly has a multi-factorial explanation ranging from a decline in tobacco consumption to better techniques and compliance for screening tests to more effective means of therapeutic intervention, particularly in the adjuvant setting. The widespread application of chemoprevention strategies, such as are being presented at this meeting, as well as the development of such new forms of anti-cancer treatment as

antiangiogenesis agents, signal transduction inhibitors, and tumor vaccines, to name a few, will hopefully improve these results even more.

It goes without saying that anti-tumor activity must be demonstrated in humans, not only in animal models, before any such new treatment can be accepted as being effective.

Most importantly, in my opinion, we should strive hard to enhance every conceivable partnership with patient advocacy groups. The care of patients with cancer is the stimulus which lead most of us to enter the field of oncology; our patients represent our primary responsibility and also are our greatest allies. Their needs and concerns are our needs and concerns.

Cancer survivors, representing the advocacy community, are now members of many of ASCO's standing committees. ASCO has been active in organizing and will be a major participant in "The March: Coming Together to Conquer Cancer" which will be held in September in Washington, DC, and throughout the United States under the direction of Ellen Stovall, executive director of the National Coalition for Cancer Survivorship and an active member of our Society.

These challenges for the Society and for the oncology community at large really represent opportunities for progress. I believe that ASCO's next President, Allen Lichter, is uniquely qualified to address these issues. Allen's skills encompass the gamut of ASCO activities, from science and education to public policy, to administration. We will all benefit from his leadership.

Food & Drug Administration News:

Agency Plan To Merge Offices Draws Congressional Interest

In a letter to FDA, Rep. Joe Barton (R-TX) said he was concerned about the agency's plans to combine the office created to respond to the needs of cancer and AIDS patients with a larger office that deals with consumer issues including food safety and over-the-counter drugs.

The plan to merge the FDA Office of Special Health Issues with the Office of Consumer Affairs has triggered opposition from cancer and AIDS patient groups.

Barton's letter, dated May 7, requested all materials related to the proposed effort to consolidate the consumer offices and challenged the agency's decision to treat the merger as an internal matter that does not require discussions with patient groups and on Capitol Hill.

"I understand [the Office of Special Health Issues] was created in 1993 in response to demands from the patient community, some of whom felt the Office of Consumer Affairs was not dealing successfully with the health issues of patients with life-threatening illnesses," Barton wrote in the letter to FDA Lead Deputy Commissioner Michael Friedman.

Barton is chairman of the Subcommittee on Oversight and Investigations of the House Committee on Commerce.

"I appreciate FDA's interest in consolidating resources, but I am concerned about how such a merger will impact FDA's responsiveness to patients and why the FDA is reportedly treating this decision as an internal matter, with no apparent plans to solicit comments from the patient groups whose members use the services provided by the Office of Special Health Issues," Barton wrote.

Along with requesting FDA documents related to the consolidation plan, Barton requested "a written explanation of why this is being treated as an internal matter without input from patient groups."

Carl Dixon, president and executive director of the National Kidney Cancer Association, said the cultures of the two offices may be incompatible.

"Issues like handling IND special use requests from patients with life-threatening illnesses requires a different set of skills than dealing with questions of alleged hazards in grapes and strawberries," Dixon said to **The Cancer Letter.**

At a meeting next week, the Cancer Leadership Council plans to consider the issue of consolidation of the two FDA offices, sources said. CLC is a patient-led forum that meets monthly in Washington to define issues of quality cancer care.

Henney Is Tentative Choice For FDA, White House Says

President Clinton has tentatively chosen Jane Henney, vice president of the University of New Mexico Health Sciences Center, to become the first female commissioner of the Food and Drug Administration, the White House said earlier this week.

Henney is undergoing routine background

checks and officials said Clinton would announce her nomination within weeks. The nomination requires Senate confirmation.

Henney, 51, was deputy commissioner for operations under former FDA Commissioner David Kessler from 1992 to 1994. Kessler stepped down in February 1997 after six years. For the past 14 months, Michael Friedman, who replaced Henney as deputy commissioner for operations, has been running the agency.

At the University of New Mexico, Henney supervises a medical school, college of pharmacy, and several teaching hospitals. Henney also is president of the United States Pharmacopeia.

Henney was vice chancellor of the University of Kansas before moving to FDA. She served as NCI deputy director from 1980 to 1985 under former director Vincent DeVita.

Letter to the Editors:

Burzynski Responds To FDA Release Of Annual Report Data

To the Editors:

I feel compelled to respond to the many distortions contained in the Congressional testimony of FDA Lead Deputy Commissioner Michael Friedman, reported in the April 24 issue of **The Cancer Letter**.

Friedman has been part of a longstanding campaign to discredit my antineoplaston treatment for many cancers, documented in the new book, The Burzynski Breakthrough, by journalist Thomas D. Elias. Almost all the numbers Friedman reported as coming from our annual reports to the FDA are wrong or misused. Here is a brief refutation of his testimony:

—Friedman testified that we produced responses in just 36 of 828 patients treated for a broad range of tumors. In fact, there were 57 responders with either complete remissions or more than 50 percent reduction of tumor among patients in our 72 FDA-authorized clinical trial protocols. But we in fact had only 538 protocol patients, out of whom 196 could not be evaluated, leaving just 342 evaluable cases. The remaining patients counted by Friedman either were not in our clinical trials or were non-evaluable either because they stayed on antineoplastons only a few days or weeks or because they had just begun treatment or because they did not obtain follow-up scans. In short, the FDA-defined response to our medication was 16.6 percent of all evaluable patients, not the 4.3 percent Friedman claimed. But even this number ignores the category of stable disease. We had 153 patients in this category, which includes those whose tumors did not progress or were reduced by less than 50 percent. Altogether, antineoplastons produced some positive activity in 210 of our clinical trial patients, or 61.4 percent.

—Friedman also said our brain tumor responses were 28 of 207 patients. Once again, his figures are wrong. His figure of 207 includes both our protocol patients and all other patients. In fact, among 178 protocol patients, we had 43 complete and partial responses, and 72 with stable disease. Thus our FDA-defined response rate among brain tumor patients was 24.1percent, far better than any other known medication has produced. If you include the 72 patients in the stable disease category, we had positive results in 115 of 178 patients, for an overall rate of 64.6 percent.

—Friedman said more than half the patients suffered from significant elevations of serum sodium as a side effect. But this condition of hypernatremia is common in the general populace. We reported every case, even when the elevation was less than 1 percent. In most cases, the condition was resolved within less than two days by simply hydrating the patients. Friedman did not mention this. Your readers also should know some brain tumor patients suffer hypernatremia because tumors affect release of the anti-diuretic hormone that prevents hypernatremia. We have done many tests to determine whether antineoplastons cause hypernatremia and they do not. Only 4 percent of all patients have died while receiving antineoplastons, and no deaths have been ascribed to hypernatremia.

—Friedman stated that we had no responses among cancers of the lung, prostate and breast. In fact, we had only recently begun those trials when we filed our annual reports, on which Friedman said his statements relied. We had three cases of stable disease among 11 evaluable patients in three trials in lung cancer, 13 stable disease among our 20 breast cancer protocol patients and 10 out of 20 in our prostate trial. So even at a very preliminary stage, we have positive results in approximately half our prostate, breast and lung cancer patients.

Friedman said he was revealing his version of our report because the existence of our ongoing investigational new drug permits is known to the public. But it is unethical and inaccurate to release

statistics when a trial has barely begun or is only partially complete. Many of our patients require weeks or months before achieving FDA-defined responses to antineoplastons. Listing these patients as non-responders at an early juncture is simply an unfair distortion.

Virtually everything Friedman said, as reported in your newsletter, was false or misleading. Because of his longstanding background in denigrating our work and his frustrated supervision of the FDA's attempt to jail me for as much as 300 years, Friedman's unethical and grossly inaccurate statements at this time are no surprise.

Stanislaw Burzynski
Houston

In Brief:

Sieber, Zahm Promoted At NCI; Amoruso, Cairoli Retire

(Continued from page 1)

oncology, has served as scientific advisor for basic sciences to NCI Director **Richard Klausner** since 1995, in the effort to reorganize the intramural research program. DBS, the largest of NCI's three intramural divisions, contains 32 laboratories and more than 180 principal investigators. Vande Woude will serve as division director until November 1999, when he will become director of the Van Andel Research Institute, in Grand Rapids, MI. The new institute was formed by the Jay and Betty Van Andel Foundation. Since 1983, Vande Woude has been director of the Basic Research Program operated by NCI contractor Advanced Biosciences Laboratory at the Frederick Cancer Research and Development Center in Frederick, MD. NCI Deputy Director **Alan Rabson** served as the acting DBS director since last September (**The Cancer Letter**, Sept. 19, 1997). . . **SUSAN SIEBER** was named associate director for special projects in the Office of the NCI Director. Sieber was deputy director of the Division of Cancer Epidemiology and Genetics. **Shelia Zahm** was appointed the new deputy director, DCEG Director **Joseph Fraumeni** announced. Zahm was deputy chief of the Occupational Epidemiology Branch. . . . **PHILIP AMORUSO**, director of the NCI Office of Extramural Management, has retired after working 31 years at the Institute. NCI plans to merge the office with the Office of Intramural Management, headed by **Mary Ann Guerra**. . . . **VINCENT CAIROLI**, chief of the NCI Cancer Training Branch, has retired after serving 19 years at the Institute. He came to NIH in 1976 as an executive secretary in the former Division of Research Grants, and moved to NCI in 1979 as program director in former Organ Site Program. . . . **LINDA KREBS** became president of the Oncology Nursing Society at the society's annual meeting earlier this month in San Francisco. Krebs is an assistant professor of nursing at University of Colorado School of Nursing. She succeeds **P.J. Haylock**. **Roberta Strohl**, clinical nurse specialist in radiation oncology at University of Maryland, is president-elect of the society. Secretary is **Marcia Satryan**, of Bon Secours Holy Family Hospital in Altoona, PA; treasurer is **Judy Kostka**, of Beth Israel Deaconess Medical Center, Boston. Newly elected directors are **Mary Magee Gullatte**, of Emory University Hospital, Atlanta; and **Karen Stanley**, of Kaiser Permanente, Fontana, CA. . . . **WILLIAM DEWYS**, an NCI staff member from 1978 to 1985, died May 16 at Manor Care Nursing home in Bethesda. He was 58 and had diabetes. During his years at NCI, DeWys worked in the Division of Cancer Treatment, and later became associate director for the Cancer Prevention Program in the Divsion of Cancer Prevention and Control. After leaving NCI, DeWys joined the Capital Permanente Medical Group in Falls Church, VA, until retiring in 1995. . . **K. MICHAEL CUMMINGS** was named director of the department of cancer control and epidemiology at Roswell Park Cancer Institute. He has worked at RPCI since 1981. . . . **TWO BYPASS LITES, TO GO:** NCI has prepared a brochure version of the Bypass Budget, "The Nation's Investment in Cancer Research," a document that two years ago was reduced to 80 pages from earlier 500-page editions. The new 12-page blue-and-khaki brochure contains NCI's list of "extraordinary opportunities" to further progress in cancer research. Estimates of dollars needed to seize the opportunities are not included; however, the back page lists phone, fax, and email for requesting the 80-page version. A matching, fold-out brochure, titled "Planning the 2001 Bypass Budget," describes the criteria and process for selecting the opportunities and provides information for contacting NCI to suggest new opportunities (send ideas by email to the Office of Science Policy at NCI2001@osp.nci.nih.gov. Label the email as "Extraordinary Opportunities for 2001.") Copies of the brochures are available by calling 800-4-CANCER.