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IOM Panel Considering NCI Approach To Research In Minorities, Underserved

An advisory panel convened by the Institute of Medicine is preparing a report that is likely to shape the NCI approach to studying cancer in minorities and the medically underserved.

In addition to offering guidance, the report could move the debate over the importance of race in cancer incidence and outcomes beyond the argument over whether race is: (a) the genetic factor that determines the risk and natural history of disease, or (b) a social construct that can be correlated with diet, education, access to health care, and other factors that determine the risk and natural history of disease.

(Continued to page 2)

In Brief:

Greenwald Named Director, NCI Prevention; Wells Directs American College Of Surgeons

PETER GREENWALD was named director of the NCI Division of Cancer Prevention, Institute Director **Richard Klausner** announced. Greenwald has been acting director of the division since last year, when the former Division of Cancer Prevention and Control was abolished to create DCP and the Division of Cancer Control and Population Sciences (**The Cancer Letter**, July 25, 1997). Greenwald came to NCI in 1981 from the New York State Health Department as then-director Vincent DeVita's appointment to direct the former Division of Resources, Centers and Community Activities. The division's name was changed to DCPC in 1983. "Dr. Greenwald has long served this Institute, as well as the field of cancer research, by being one of the creators of the scientific discipline of cancer control and cancer prevention," Klausner said in announcing the appointment. "I look forward to an invigorated program, one reconfigured to respond to the new challenges in cancer prevention."

. . . **SAMUEL WELLS** is the new director of the American College of Surgeons, in effect the chief executive officer of the 65,000 member organization headquartered in Chicago. Wells had been for 17 years at Washington Univ. in St. Louis where he was chief of the Dept. of Surgery. He is a member of the NCI Board of Scientific Advisors, and previously served terms on the National Cancer Advisory Board and the Division of Cancer Treatment Board of Scientific Counselors. Wells has helped organize ACoS' new NCI-funded cooperative group, the Surgical Oncology Group. **Monica Morrow**, Northwestern Univ., and **Douglas**

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IOM Panel's Report To Guide NCI Research Agenda On Race

(Continued from page 1)

Since the report is mandated by Congress and is being drafted by a panel that represents a broad range of expertise, it may apply scientific insight to make the concept of race just a little less political.

If comments made by panel chairman M. Alfred Haynes at the committee's public meeting June 12 are an indication, the changes the committee will recommend to NCI will be more than cosmetic.

"I have a feeling that NCI is really not taking advantage of the diversity of the US population, and I would hope that change is occurring within the Institution," said Haynes, recently retired president and dean of the Drew Postgraduate Medical School and founding director of the Drew-Meharry-Morehouse Consortium Cancer Center.

In addition to pointing to a need for major changes in special populations programs, Haynes remarks indicate that his definition of "special populations" goes beyond race and ethnicity. "I am not talking about the minority population," he said. "I am talking about full, greater diversity."

In his remarks, Haynes pointed to one study as emblematic of the type of research he would like to see done.

"We must have more studies [like] the cross-cultural nutrition study," said Haynes, referring to a project that seeks to determine links between diet and cancer among 202,136 African Americans, Japanese Americans, Hispanics, and non-Hispanic whites in Hawaii and on the West Coast.

The study, conducted by Brian Henderson of the University of Southern California Medical School and Laurence Kolonel of the University of Hawaii at Manoa, involves a variety of cultures, a range of cancers, as well as monitoring for several polymorphisms.

Ultimately, the results could allow correlating cancers by site of primary tumor, ethnic group, diet, and genetic polymorphisms.

"We must have more of those kinds of studies," Haynes said to NCI officials. "I must congratulate you on getting this research on the screen."

Needed: A Better Set of Directives

Generally, the IOM imprimatur and rigorous peer review gives reports influence over policy.

This report may be more influential than most because it was mandated in the report of the Senate Appropriations Committee for fiscal 1997. The study was requested by Sen. Arlen Specter (R-PA), chairman of the Labor, HHS & Education Subcommittee as a result of lobbying by the Intercultural Cancer Council, an umbrella group of minority health organizations.

The appropriations committee report calls for a study of the following issues:

—"The relative share of NIH resources allocated to cancers disproportionally afflicting minorities and the medically underserved;

—"Breast, cervical and other cancers that have a higher mortality among many minority women;

—"Minority scientists' involvement in decision-making on research priorities;

—"Whether NIH has a sufficient overview of cancer among minorities to prioritize a research agenda dealing with multiple, contributing factors such as genetics, environment, behavioral factors, including diet and smoking, socioeconomic factors, and access to health care;

—"How well NIH research findings are being externally communicated and applied to cancer prevention and treatment in communities with the highest cancer incidence;

—"Whether there is an adequate understanding of survivorship issues that uniquely impact minorities and the medically underserved;

—"Whether NIH procedures offer equitable

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Founded Dec. 21, 1973 by Jerry D. Boyd

opportunities for minority scientists and researchers to propose research;

—"The success of minority recruitment and retention in clinical trials...;

—"The creation of an annual reporting mechanism on the status of cancer research among minorities and the medically underserved at the NIH."

Whatever the reports' final recommendations, they will be an improvement over the current guiding statement on special populations research, contained in the 1993 NIH Revitalization Act.

That document combines the issues of enrollment of women and minorities in clinical trials. Besides combining women (who constitute the majority) with minorities, that document requires that *NIH clinical trials* provide data on ethnic and racial "subpopulations."

The document states:

"In the case of any clinical trial in which women or members of minority groups will be included as subjects, the director of NIH shall ensure that the trial is designed and carried out in a manner sufficient to provide for valid analysis of whether the variables being studied in the trial affect women or members of minority groups, as the case may be, differently than other subjects in the trial...

"The term `minority group' includes subpopulations of minority groups," the law states.

This language can be read as a mandate for NIH to generate comparative data on hundreds of small populations, a requirement that could have crippled all clinical trials. Ultimately, NIH received a reprieve as House and Senate Labor and Human Resources committees gave a nod to the agency not to demand statistical significance for data on specific populations.

Instead, the agency implementation guidelines require a "valid analysis," defined as "unbiased assessment" of minority data. "A valid analysis does not need to have a high statistical power for detecting a stated effect," the guidelines state.

Biological Difference v. Social Construct

It is indisputable that disparities in incidence and outcomes vary by race and ethnicity. Should it therefore be presumed that race and ethnicity are the determining factors for these disparities?

Yes, said Lovell Jones, professor of gynecologic oncology at M.D. Anderson Cancer Center and co-chairman of ICC.

"When you talk to oncologists, they will tell you that the rate of growth [of breast cancer in premenopausal African American women] is different," Jones said, addressing the IOM committee meeting Jan. 23. "The commentary has always... [attributed] all of this to economics. And I think this has been the biggest hold up in terms of really addressing the question. Is it biological or not?

"If it is not biological, please present me the data. If it is, then let's do something about it, but don't cast it in an all-encompassing idea that it is all economics."

Jones's statement to the IOM notwithstanding, ICC leadership does not speak unanimously on the issue of biological differences between races. In fact, the ICC petition that led to the formation of the IOM panel was signed by Harold Freeman, chairman of the President's Cancer Panel, a surgeon at Harlem Hospital, and the principal proponent of the hypothesis that race is a social construct.

"There is no biologic basis—as far as we can see—for race and ethnicity," said NCI Director Richard Klausner, addressing the IOM panel last week. "What we are learning about population genetics will put the nail in the coffin of the incorrect and often terribly abused ideas of biologic basis for race."

Based on this knowledge, it would be wrong, wasteful, and unethical to design studies based on assumptions that races and ethnic groups are biologically different, Klausner said.

"If there is an expectation that we are going to set up and design studies with a presumption that there is a biologic meaning to racial and ethnic groups defined culturally, historically, politically, legally and administratively, and expect that we should design our studies with the expectation that it would be unique and valid analysis for all possible groups, it's impossible. And it's not ethical.

"The ethical issue is one of justice and fairness, that individuals are included—not excluded—and that individuals who bear the burden of disease should be represented in our clinical trials," Klausner said.

The issue of whether minorities are adequately represented should not be confused with "presumptions about science that are wrong and will not allow us to address what is really an important issue," Klausner said.

"We need to separate the issue of justice and availability, access, from presumptions about science

that are not supportable," he said.

In a presentation before the IOM committee last January, Otis Brawley, director of the NCI Office of Special Populations Research, in effect requested that the committee directly address the issue of causation of disparity in cancer incidence and mortality. Brawley asked the committee to address six questions:

—"What are the appropriate scientific questions for us to address?

—"What is the role of race, ethnicity and culture in research?

—"How can we address these questions ethically?

—"How can we convey scientific findings?

—"How can we convey true facts about cancer?

—"How should we code our budget with respect to minority issues?

"These are questions that we at the NIH think about continuously, and having outside counsel would be helpful," Brawley said. "I should also add that these are questions relevant not just for the NIH, but for all of us, including lawmakers and special interest groups."

Questions of Structure

Based on committee discussion last week, it appears that the committee has focused its attention on who is in charge of coordinating special populations research throughout NCI.

Committee chairman Haynes as well as committee members Madison Powers, of Kennedy Institute of Ethics at Georgetown University, as well as Lawrence Miike, director of the Hawaii Department of Health, asked Klausner a series of questions aimed to determine how the Institute establishes priorities for special populations research and how this research is coordinated and monitored.

The line of questioning as well as statements by panel members appear to indicate that the panel is considering the question of whether the Institute's Office of Special Populations Research or some other entity should be given a stronger coordination role.

Haynes said the committee has been considering the complexity of managing the Institute's special populations research portfolio. "In our own discussions that proves to be a very complex situation involving several disciplines, and I would like to understand how you plan to approach that," Haynes said to Klausner.

Klausner said the scientific programs are administered through operating divisions, while the Office of Special Populations Research, located in the Office of the Director, coordinates these programs.

"The Office of Special Populations provides a communication, oversight, integration, banging on people's doors, ambassador program, eyes-and-ears, that sort of thing," Klausner said. "The research programs will not be administered in that office. They will be administered where whey are most appropriately administered in the operating divisions, in clinical trials, or in basic science, or surveillance, or behavioral or cultural research, or communications research."

POWERS: "I am still trying to get at the criteria by which Dr. Brawley would have his eyes and ears open, and then coordinate and communicate with yourself and other members of your staff. What's the principle under which he will operate? Will he focus on the burden of disease, or will he focus on scientific opportunities, or will he do what seems to be your third alternative, getting out of that business of addressing burden of disease stuff entirely and looking for clinical opportunities that are more cross-cutting?"

KLAUSNER: "We will be doing that, but we are not doing that necessarily in Otis's office. Otis's office will convene people across divisions. That's one of the problems of having a complicated institution. When we are doing a prevention study, there are implications about communications, about training, about genetics, epidemiology.

"Many of them sit in different divisions. We need an office and someone overseeing it who is making sure that all of the divisions are talking to each other, that they are not duplicating efforts, who is going around talking to people, who is maintaining information."

This line of questioning appears to be consistent with the charge IOM gave to the committee:

—"Review the status of cancer research relative to minorities at NIH to evaluate the relative share of resources allocated to cancer in minorities, including a review of the NIH's ability to prioritize its cancer research agenda for minorities and the role of minority scientists in decisionmaking on research priorities;

—"Examine how well research results are communicated and applied to cancer prevention and treatment programs for minorities and the adequacy of understanding of survivorship issues that uniquely

impact on minority communities;

—"[Evaluate] the adequacy of NIH procedures for equitable recruitment and retention of minorities in clinical trials.

The committee is expected to complete its report in late September. The document will be made public following peer review, which could take four to six months, sources said.

In addition to Haynes, Powers and Miike, committee members include:

Baruch Blumberg (co-vice chairman), scientist at Fox Chase Cancer Center and professor of medicine and anthropology at the University of Pennsylvania;

Victor McKusick, (co-vice chairman), university professor of medical genetics, Johns Hopkins University;

Regina Benjamin, a physician from Bayou La Batre, AL;

Charles Bennett, associate professor of medicine, the Lakeside Veterans Administration Hospital and chairman, health policy program, Robert Lurie Cancer Center of Northwestern University;

Moon Chen, chairman of the Division of Health Behavior and Health Promotion, School of Public Health at the Ohio State University's College of Medicine and Public Health;

Gilbert Friedell, director for cancer control at the University of Kentucky Markey Cancer Center;

Anna Giuliano, assistant professor and director of the Minority Cancer Prevention and Control Program at the Arizona Cancer Center, University of Arizona;

James Hampton, medical director, Troy and Dollie Smith Cancer Center at Integris Baptist Medical Center in Oklahoma City;

Sarah Moody-Thomas, associate director, Louisiana State University Medical Center (LSUMC), Stanley S. Scott Cancer Center, and professor in the Department of Psychiatry and Psychology at LSUMC and the University of New Orleans;

Larry Norton, associate professor of oncology at Mount Sinai School of Medicine, head of breast disease management team at Memorial Sloan-Kettering Cancer Center;

Susan Scrimshaw, dean of the School of Public Health, and Professor of Community Health Sciences and Anthropology, University of Illinois-Chicago;

Fernando Trevino, professor and chair of the Department of Public Health and Preventive Medicine, the University of North Texas Health Science Center at Fort Worth.

Food & Drug Administration:
FDA Abandons Merger Plan, Citing Employee Union Request

FDA has abruptly abandoned the controversial plan to combine the Office of Special Health Issues with the Office of Consumer Affairs, a senior official announced to a group of patient advocates earlier this week.

"This is probably what you've been waiting to hear: We have dropped our plans to redesign the two offices and put them together," Sharon Smith Holston, FDA Deputy Commissioner for External Affairs, said to the Cooperative Cancer Coalition, an umbrella group formed primarily to oppose the consolidation.

Though the proposal to combine the two offices generated letters from several cancer and AIDS advocacy groups, the decision to scrap the plan was made after the union that represents FDA headquarters employees requested that the agency cease all organizational meetings related to the merger, Holston said.

Addressing the patient groups at a June 9 meeting in Washington, Holston said the National Treasury Employees Union demanded that FDA cease its series of meetings aimed at combining the offices until the union had the opportunity to study the plan.

"The thing that finally made us decide that this was certainly not the time to do this was the recent request from NTEU that they be fully briefed on the redesign and that they be given an opportunity to come back to us with their ideas, and possibly engage in some negotiations about how we would be going about the redesign," Holston said.

The union recently won an election to represent the employees at FDA headquarters.

Holston said that complying with the union request would have led to a loss of momentum in implementation of the plans. "It's a fair request, but when you are trying to accomplish something as significant as the redesign, momentum is a very important thing," she said.

The request from the union reached FDA June 4, and the following day, Holston and FDA Lead Deputy Commissioner Michael Friedman decided to

drop the plan.

Advocacy groups argued that the office that considers the requests from critically ill patients should not be merged with an office that deals with a wide range of consumer issues.

Originally, the agency said the plan did not require public comment. However, after receiving a letter from Rep. Joe Barton (R-TX), chairman of the Oversight and Investigations Subcommittee of the House Committee on Commerce, the agency said that it would solicit comment from patient groups.

Responding to a letter from Barton last month, Holson wrote that the merger was intended to make the most of the agency's shrinking resources. In the past four years, FDA consumer offices experienced a 25 percent budget decrease and a 10 percent drop in the number of positions, Holston wrote (**The *Cancer Letter***, *May 22 and June 5*).

Though the merger proposal has been abandoned, FDA is busily sorting through priorities mandated for it by Congress. Under the FDA Modernization Act signed last year, FDA has to complete a plan for meeting its statutory obligations.

Holston said the agency plans to seek input from its constituencies in an attempt to sort out its mandates. The implementation report has to be published in the Federal Register before Nov. 21.

Funding Opportunities:

RFAs Available

RFA CA-98-014

Title: **Health Communications in Cancer Control**

Letter of Intent Receipt Date: July 9

Application Receipt Date: Aug. 26

NCI invites submission of research grant applications on health communications in cancer control. These may include (1) research on the use of "new media" *(interactive digital media)* in cancer prevention and control message development including, but not limited to, their impact on primary and secondary cancer prevention and on cancer related decisions; and (2) refinement and evaluation of communications systems to deliver cancer control related information.

Research on cognition, message framing and risk communication also is within the scope of this RFA. Applications that include development and evaluation of health communications in diverse populations (cultural, ethnic and economic diversity) are encouraged.

This RFA will use the NIH individual research project grant (R01). Total project period may not exceed four years. Total cost for any application in any one year budget period may not exceed $500,000. Anticipated award date is April 1, 1999. Approximately $2.5 million per year in total costs for four years will be committed to fund applications. It is anticipated that six to eight new individual awards will be made.

Inquiries: Sherry Mills, Div. of Cancer Control & Population Sciences, NCI, 6130 Executive Blvd Rm 232, Bethesda, MD 20892-7332, Rockville, MD 20852, phone 301-496-8520, fax 301-480-6637, email Sherry_Mills @nih.gov.

Program Announcement

PAR-98-066

Title: **Innovative technologies for the molecular analysis of cancer: SBIR/STTR initiative**

Letter of Intent Receipt Dates: July 2, 1998; Nov. 5, 1998; and March 5, 1999.

Application Receipt Dates: Aug. 7; Dec. 10, 1998; and April 9, 1999

NCI invites small business applications for research projects to develop novel technologies that will support the molecular analysis of cancers and their host environment in support of basic, clinical, and epidemiological research.

This program will utilize the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) mechanisms, but will be run in parallel with a program of identical scientific scope that will utilize the newly created Phased Innovation Award mechanism (PAR-98-067). The SBIR and STTR applications received in response to this announcement will undergo expedited review, have the opportunity for expedited transition of successful technology research into an expanded development phase, and will be subject to cost and duration limits comparable to the parallel Phased Innovation Award applications. Technologies to be supported encompass methods and tools that enable research, including, but not limited to, instrumentation, techniques, devices, and analysis tools (e.g., computer software), but which are distinct from resources such as databases and tissue repositories. Applications for support of such resources will not be considered to be responsive to this announcement.

Technologies solicited include those that are suitable for the detection of alterations and instabilities of genomic DNA; monitoring of the expression of genes and gene products; analysis and detection of the cellular localization, post-translational modification, and function of proteins; and monitoring of major signal transduction networks involved in cancer.

This PA is intended to support the development of all required components toward the development of fully integrated systems for analysis including front end preparation of sample materials from cells, bodily fluids, and tumor specimens; novel chemistries or contrast agents; molecular detection systems; data acquisition methods; and data analysis tools. Technologies under consideration

include those that will support molecular analysis either in vitro, in situ, or in vivo (by imaging or other methods) in the discovery process, as well as in clinical application.

NCI has established the Cancer Genome Anatomy Project, which will put in place the tools that will allow deciphering of the molecular anatomy of a cancer cell at the DNA, RNA and protein levels. NCI is targeting two objectives in the CGAP. The first is the establishment of an index (Tumor Gene Index) identifying genes that are expressed in normal, precancerous, and cancerous cells. This project is well under way and further information about the index can be found at http://www.ncbi.nlm.nih.gov/ncicgap/. The second objective is the support for the development and dissemination to basic and clinical researchers of novel technologies that will allow high-throughput analysis of genetic alterations, expression of genome products, and monitoring of signal transduction pathways in cancers. Products of this PA are intended to contribute to this goal.

Improved molecular analysis tools will not only allow for the more careful examination of the molecular basis and profiles of cancer, but will also provide the ability to identify the molecular characteristics of individuals that influence cancer development and prognosis. These tools will allow for an examination of genetic factors that influence an individual's likelihood to develop cancer or their ability to respond to damaging external agents, such as radiation and carcinogens. Correlating the molecular variations between individuals with therapeutic or toxic responses to treatment and prevention measures should define genetic factors that influence the efficacy and safety of these strategies and agents (pharmacogenomics).

Identification of molecular markers in the individual that characterize the body's response to the onset or clearance of disease will allow for the development of biomarkers to track and even image the efficacy of therapy (therametrics) and prevention, as well as the onset of secondary cancers. The ability to completely screen the genome for variations should enable tracking of the damage to the genome from exogenous agents such as carcinogens and radiation.

In the discovery phase, it will be of great utility to have technologies that can effectively scan variations or functions, in many or all members of the populations of DNA, RNA or protein molecules present in cells through highly multiplexed analysis. Current technologies for the multiplexed analysis of molecular species are at a stage where the greatest utility exists for the analysis of large numbers of relatively homogeneous cell populations that can be assayed in vitro. While many of the existing technologies have relatively sophisticated multiplexing capability in the assay format of the system, none of the existing systems is comprehensive for any particular molecular species (DNA, RNA or protein).

In addition, none of the existing systems for in vitro analysis have well integrated sample preparation components that maintain the cost efficiencies of the assay system and effectively accommodate human tumor specimens. Similarly, data analysis tools for interpreting the information from highly multiplexed molecular analyses have not been sufficiently developed and tested for use in the context of both basic and clinical cancer research questions. Therefore, the opportunity exists for further development to ensure that resulting technologies provide enhanced assay potential, adequate sensitivity and discrimination, robust data analysis tools, and are easily adapted to both the basic and clinical research settings.

Translation of new in vitro technologies for the multiplexed analysis of molecular species in clinical specimens will require a multidisciplinary team approach with broad expertise in a variety of research areas. Such varied expertise including expertise in pathology, specimen acquisition and preparation, informatics, and biostatistics exists in ongoing cancer centers and clinical trials cooperative groups. The coordination and collaboration of investigators from these various disciplines to demonstrate the utility and applicability of new analytical tools in clinical and population based studies is considered to be a high priority.

Existing technologies for molecular analysis are also largely restricted to in vitro analysis. While these systems are suitable for discovery and many basic and clinical research questions, they are limited in their ability to offer information relative to molecular changes in real time and in the appropriate context of the intact cell or body. Therefore, the development of technologies such as imaging that will support the in situ and in vivo monitoring of molecular activity is considered to be essential.

Inquiries: Carol Dahl, Office of Technology and Industrial Relations, NCI, 31 Center Dr. Rm 11A03 MSC 2590, Bethesda, MD 20892-2590, phone 301-496-1550, fax 301-496-7807, email carol_dahl@nih.gov.

PA-98-074

Title: **The Zebrafish As An Animal Model For Development And Disease Research**

The purpose of this PA is to solicit applications as part of an NIH initiative to increase support of the zebrafish as an animal model for research. This PA is intended to continue stimulation of a trans-NIH initiative that was started with RFA DK-98-006, entitled "Genomic Resources for the Zebrafish" in December 1997.

The mechanism of support will be the NIH investigator initiated research project grant (R01) award. Applications for R01s from new investigators are particularly encouraged. Total project period may not exceed five years.

This PA is the result of a trans-NIH initiative, working though the Cross-NIH Zebrafish Coordinating Committee. The principal awards will be made through the institute or center whose mission is most closely

related to the proposed work. Each Institute will share with the other participating institutes research supported as a result of this PA. All investigators funded under this initiative will be expected to work together cooperatively so that the information learned and the models developed will be of maximum usefulness to the community.

The objective is to promote the zebrafish as an animal model for the study of development and disease. The goals are to encourage new and innovative research and approaches using the zebrafish to identify the genes and elucidate the molecular and genetic mechanisms responsible for normal and defective development and disease.

Each of the participating Institutes and Centers has interests in using the zebrafish as a model system to better understand particular processes, organs, or diseases. In addition, some may be interested in supporting development of methods, either general techniques or techniques that may particularly apply to their areas of interest.

Inquiries may be directed to any of the participating institutes, Bethesda, MD 20892. Those institutes are NCI, Child Health & Human Development, Diabetes & Digestive & Kidney Diseases, Center for Research Resources, Eye Institute, Heart, Lung, & Blood Institute, Human Genome Research Institute, Aging, Alcohol Abuse & Alcoholism, Allergy & Infectious Disease, Arthritis & Musculoskeletal & Skin Diseases, Deafness & Other Communication Disorders, Dental Research, Drug Abuse, Environmental Health Sciences, General Medical Sciences, Mental Health, Neurological Disorders & Stroke.

In Brief:

FDA Scientist Nordan Dead; Kuebler Is Columbus CCOP PI

(Continued from page 1)

Fraker, Univ. of Pennsylvania, are cochairs of the group. **Brent Blumenstein** is chief biostatistician. . . . **RICHARD NORDAN**, scientist with FDA's Div. of Monoclonal Antibodies, died of a cerebral aneurysm June 7 at Suburban Hospital in Bethesda. He was 49. Nordan spent 10 years at NCI as a scientist in the Clinical Pharmacology Branch before moving to FDA. . . . **JOHN KUEBLER** has been elected principal investigator for the Columbus, Ohio, Community Clinical Oncology Program. He is director of cancer services for the Riverside campus at Grant/Riverside Methodist Hospitals and is clinical assistant professor in medical oncology at Ohio State Univ. . . . **FRED HUTCHINSON** Cancer Research Center scientists Leland Hartwell and Donnall Thomas have been elected to the American Academy of Arts & Sciences. Hartwell is president and director of the center; Thomas is Nobel laureate in medicine for his pioneer work in bone marrow transplantation. . . . **UNIV. OF PITTSBURGH** has received a $7.7 million, five year award from NCI to study how dendritic cells participate in generating immunity against cancer cells. Michael Lotze is principal investigator; Olivera Finn is co-principal investigator. . . . **NATHALIE ZEITOUNI** has been appointed Head Mohs' Micrographic Surgeon in the Dept. of Dermatology at Roswell Park Cancer Institute. She will be the dermatologist responsible for the multispecialty Pigmented Lesion & Melanoma Clinic and for developing new programs in laser and cosmetic surgery. . . . **JAMES FIORICA**, program leader of gynecologic oncology at H. Lee Moffit Cancer Center and Research Institute, has been appointed to the Florida Cancer Control and Research Advisory Council by Gov. Lawton Chiles. . . . **ONCOLOGY NURSING** Certification Corp. announced its 1998-1999 board of directors: Marcelle Kaplan, president; Margaret Joyce, vice president; Catherine Glennon, secretary/treasurer; and directors at large Irene Card, Jeanne Clancy, Carma Herring, Cindy Jo Horrell, Joan Such Lockhart, Cathy Mazzone, and Mary Morris. ONCC has established an employer recognition award to honor an organization that has provided support and recognition of oncology nursing certification. . . . **NATIONAL ALLIANCE** of Breast Cancer Organizations announced the relaunch of its website at http://www.nabco.org. The site offers two new services sponsored by Spiegel Catalog: on-line breast health postcards from the NABCO Post Office, and the monthly interactive Ask NABCO column. These join the NABCO E-Mail, Reminder, a service that sends each woman who registers an online prompt to schedule her next breast exam. . . . **CORRECTIONS:** In the June 12 issue of **The Cancer Letter**, the article on cooperative groups incorrectly listed the cancers in which the NCI proposed Cancer Trials Support Unit will be piloted. The cancers are lung and genito-urinary. In the May 15 issue of **The Cancer Letter**, the article on clinical trials stated incorrectly that an August 1996 story by the Associated Press on the comparative study of Hytrin and Proscar for BPH failed to discuss the trial's findings in relation to prostate size. While the original AP story included that information, many newspapers that used the report edited out information on prostate size.