

## House Committee Urges "Heat Shock" Cancer Center, But Can It Be Done?

A little more than a year ago, the chancellor's office at the University of Connecticut Health Center asked Pramod Srivastava to submit a white paper outlining the needs and opportunities for the Center for Immunology of Cancer and Infectious Diseases.

After completing the paper, Srivastava returned to his work as director of the new center and the leading scientist investigating the use of heat shock proteins as immunogens in the treatment of cancer.

While Srivastava was in the lab, university lobbyists and the

(Continued to page 2)

### In Brief:

#### **Durant To Retire From ASCO In A Year; Led Society Through Management Change**

John Durant, who as executive vice president of the American Society of Clinical Oncology led the society through a period of tremendous growth and change as it established a new headquarters and began management of its own operations, plans to retire in August 1999, the society said earlier this week.

Durant said his retirement would coincide with his turning 69 and the college graduations of his wife's son and his daughter. Durant and his wife, Mary Sue, have 10 children from previous marriages, including three adopted children.

"I am very pleased with what's happened in my time associated with ASCO. It is a very good job and a very good organization," Durant said to **The Cancer Letter**. "I do, however, want to live with my wife. All the time in the air, commuting back and forth, got to be an awful lot.

"We will have an empty nest and we plan to enjoy it," Durant said.

Under Durant's leadership for the past three years, the society has become a prominent voice in Washington on cancer care and clinical research issues in health care policy.

Durant became the first person to hold the position of ASCO executive vice president in 1995, after having been selected—twice—by a search committee as the top candidate for the job. Durant turned down the society's offer in the spring of 1994. He reconsidered and accepted the job later that year after the committee selected him as the leading

(Continued to page 7)

### In Congress:

**\$135 Million Expected  
For DOD Breast Cancer  
Research Program**

... Page 5

### HHS Inspector General:

**Busy Signals Greet  
One In Three Callers  
To 800-4-CANCER**

... Page 5

### Funding Opportunities:

**RFA Available**

... Page 7



## House Urges NCI To Fund Center For Immunotherapy

(Continued from page 1)

Congressional machinery apparently went to work on interpreting and implementing his proposals. Earlier this month, the following directive for the NCI Cancer Centers Program was included in the committee report accompanying the House appropriations bill:

"The Committee urges [NCI] to consider including a new competitively selected, peer-reviewed clinical cancer center at an academic health institution specializing in immunotherapy research using heat shock proteins as immunogens."

Sources said the language was inserted by Rep. Rosa DeLauro (D-CT), a cancer survivor who has a track record of supporting funding increases for NCI.

### Committee Attempted To Avoid Direction

Several observers inside NIH as well as outside the government said they found this language puzzling. If the peer review process is indeed expected to be used to award the funds, and if applicants are indeed going to be selected competitively, how can the Committee be certain that something as specific as "immunotherapy research using heat shock proteins as immunogens" would qualify for funding under the NCI Cancer Centers

Program?

Other observers pointed out that the language seems particularly out of place since the previous page of the report states that the committee "attempted to minimize the amount of direction [for NIH]."

"For example, there are no directives to fund particular research mechanisms, such as centers or requests for applications, or specific amounts of funding for particular diseases," the report states.

Government agencies are expected to make at least an appearance of complying with the language of the appropriations committee reports. However, in the case of the shock proteins clinical cancer center, this will not be easy, sources said.

NCI apparently does not have the flexibility to fund a clinical cancer center built around a single treatment modality.

"It sounds to me that the activity being discussed here is more appropriate under the program projects grants, as opposed to the Cancer Centers Program, which is designed to take advantage of the full range of an institution's capabilities in cancer research," said one official who spoke on condition of not being identified by name.

Under the Institute's guidelines, cancer center grants fund the institutions' infrastructures, and do not finance research projects directly. To qualify for an NCI cancer center grant, institutions are expected to engage the full range of their capabilities in cancer research, which means that a university system that has a hospital cannot apply for a basic research cancer center grant.

### UConn: "An Effort To Attract Funds"

"It's an effort by the university to attract funds for some of the best work we are doing," acknowledged Jim Walter, a spokesman for the University of Connecticut Health Center. "I believe there are six or seven centers nationwide that can compete for this. So while it is narrow in focus, it's not exclusive to the UConn Health Center."

While several scientists complained of the wafting scent of pork and a transparent attempt to avoid peer review, Srivastava said he is anything but a political manipulator.

"I submitted a report discussing the needs of my center, and I returned to my work," he said to a reporter who informed him about the appropriations language. Srivastava said he did no lobbying, and did not recognize DeLauro's name.

THE **CANCER**  
LETTER

Member, Newsletter  
Publishers Association

World Wide Web: [http://  
www.cancerletter.com](http://www.cancerletter.com)

**Editor & Publisher:** Kirsten Boyd Goldberg  
**Editor:** Paul Goldberg

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

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

Subscription \$275 per year US, \$295 elsewhere. ISSN 0096-3917.  
Published 48 times a year by The Cancer Letter Inc. Other than "fair use" as specified by U.S. copyright law, none of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form (electronic, mechanical, photocopying, facsimile, or otherwise) without prior written permission of the publisher. Violators risk criminal penalties and \$100,000 damages.

**Founded Dec. 21, 1973 by Jerry D. Boyd**



Attempts to subvert peer review run counter to his principles, Srivastava said.

"All of my work is peer reviewed, and I serve on the NCI Experimental Immunology Initial Review Study Section, so I participate in the system of peer review," he said to **The Cancer Letter**.

Currently about 20 laboratories in Europe and the US study the role of heat shock proteins in cancer therapy, and phase I/II trials of the approach are conducted at Memorial Sloan-Kettering Cancer Center and MD Anderson Cancer Center, Srivastava said.

An international conference on heat shock proteins will be held at UConn Oct 12-15.

UConn officials declined to release Srivastava's white paper.

The "shock protein" language is not the only example of Congressional priority-setting found in the committee report.

The document also calls for conversion of a particle accelerator for use as a proton beam therapy center.

After noting that proton beam therapy is available only on the West Coast, at Loma Linda University Medical Center, and in the Northeast, at Massachusetts General Hospital, the committee said it "encourages NCI to assist in efforts to convert an existing online accelerator into a proton beam therapy center to serve populations which do not have access to this therapy," the report states.

This appears to be a reference to a proposed \$20 million project to convert an accelerator at the University of Indiana in Bloomington, sources said. NCI has been asked to pick up half of the cost of converting the facility, sources said.

### **House Appropriations Report Language**

The language of the House Appropriations Committee report follows:

The Committee provides \$2,787,830,000 for the National Cancer Institute, which is \$245,271,000 above the fiscal year 1998 comparable level and \$19,616,000 above the Administration request.

The Committee was pleased to learn that the first sustained significant decrease in cancer mortality rates since such statistics were first collected in the 1930s continues to be the case.

However, the Committee also understands that for many cancers, incidence continues to rise and that the decline in mortality rates does not translate to all populations such as African-Americans.

In light of this and the fact that the "baby boomer" population is approaching the age where 65 percent of cancer occurs, the Committee does not believe that this positive news is cause for complacency. Cancer continues to pose a major health threat to the American public and the costs, both human and economic, are catastrophic.

Therefore, the Committee continues to support cancer research as a national priority.

**Cancer coordination**—The Committee encourages NCI to continue its leadership role as coordinator of the National Cancer Program. As the facilitator of the nation's fight against cancer, the Committee encourages NCI to continue to work in collaboration with private and voluntary sector organizations, the Centers for Disease Control and Prevention, and other federal agencies to address the coordination challenges outlined in the National Cancer Advisory Board's report entitled "Cancer at a Crossroads."

**Cancer Centers Program**—The Committee commends NCI for the high quality work conducted through the Cancer Centers Program and encourages NCI to expand the program as outlined in the fiscal year 1999 budget justification. The Committee urges the Institute to consider including a new competitively selected, peer-reviewed clinical cancer center at an academic health institution specializing in immunotherapy research using heat shock proteins as immunogens.

**Childhood cancer**—The next decade promises to unlock several of the key genetic causes of childhood cancer and a greater research effort will be needed in order to translate these advances from the laboratory into the clinic. In addition, while the treatment outcome of childhood cancer has improved, the treatments themselves are often toxic and can harbor serious consequences in later life. Research into more specific and less toxic anticancer treatment is needed.

The Committee continues to support research into childhood cancers.

**Hepatitis C virus**—The NIH sponsored Consensus Development Conference recommended that studies are needed regarding the mechanisms of development of hepatocellular carcinoma in patients with hepatitis C virus. The Committee urges NCI to support research into this area.

**Human papillomavirus and cervical cancer**—The NCI has made significant progress in understanding the link between the sexually



transmitted human papillomavirus and cervical cancer. It is estimated that more than 90 percent of cervical cancer cases result from HPV infection. The Committee urges NCI to continue its support for research into the development of a vaccine against HPV infection.

The Committee also encourages NCI to continue its collaboration with the NIAID in sponsoring basic and clinical research HPV diagnosis and prevention as a risk for cervical cancer, and as applicable, develop screening techniques.

**Lymphoma**—Lymphoma is one of the fastest growing cancers, striking upwards of 85,000 Americans each year with a 50 percent mortality rate. Approximately 600,000 Americans today are living with lymphoid malignancies. The Committee encourages NCI to: 1) enhance lymphoma research through the use of all available mechanisms, as appropriate, including program announcements and requests for applications; 2) convene a scientific workshop to examine the current state of lymphoma research and identify opportunities for further study; and 3) expand its current research into potential environmental factors responsible for lymphoma.

**Minority populations**—The Committee continues to be concerned about the high rates of incidence and mortality related to breast and prostate cancer, particularly among African-Americans. The Committee is encouraged by NCI's collaboration with the Department of Defense in fighting these devastating cancer diseases and urges the Institute to continue to strengthen and expand its breast and prostate cancer research portfolio.

**Neurofibromatosis**—Enormous advances continue to be made in research on neurofibromatosis since the discovery of the NF1 and NF2 gene, including the recent discovery that NF is involved with the c-AMP pathway affecting learning disabilities in addition to its cancer-fighting tumor suppressor functions. The Committee encourages NCI to strengthen its NF research portfolio in such areas as further development of animal models, natural history studies, and therapeutic experimentation and clinical trials. The Committee encourages NCI to use all available mechanisms, as appropriate, including requests for applications, program announcements, and the National Cooperative Drug Discovery Group program, and small business innovation research grants. Progress in development new technologies and enhancing the understanding of the fundamental process of cancer

will also benefit specific diseases such as NF. The Committee urges NCI to continue to coordinate its efforts with NINDS and be prepared to report on the status of the NF research grant program at its fiscal year 2000 appropriation hearing.

**Ovarian cancer**—Ovarian cancer ranks fifth as a cause of cancer deaths among women and causes more deaths than any other cancer of the female reproductive tract. Because there is no simple diagnostic test to detect ovarian cancer, more than 70 percent of women are not diagnosed until the later stages of the disease. The five-year survival rate for these women is only fifteen to twenty percent. The Committee urges NCI to fund clinical trials to evaluate the utility of current tumor markers and diagnostic imaging modalities in an effort to find an early detection tool for ovarian cancer. In addition, the Committee encourages NCI support for the identification of all genes expressed in ovarian cancer tumors at all stages of the disease in order to facilitate the identification of tools for early diagnosis.

**Primary immune deficiency diseases**—These genetic disorders which affect as many as one million people, mostly children, are characterized by unusually high incidences of several forms of cancer. The relationship between the genetics of the immune system and the genetics of cancer is an area ripe for scientific endeavor. For this reason, the Committee urges NCI to establish a trans-institute initiative with NIAID, NICHD, and NHGRI in sponsoring a symposium of leading experts in cancer, immunodeficiencies, pediatrics, and genetics to explore the most promising areas of research and develop a comprehensive agenda for future research initiatives.

**Proton beam therapy**—The Committee heard testimony on the use of proton beam therapy as a treatment for inoperative and inaccessible brain tumors as well as cancers and certain vascular diseases. There are currently two proton beam therapy centers, one in the Northeast and one on the West coast. The Committee encourages NCI to assist in efforts to convert an existing online accelerator into a proton beam therapy center to serve populations which do not have access to this therapy.

**Translational research**—There has been an extraordinary explosion of scientific advances in cancer biology, immunology, molecular biology, and genetics that have occurred in the past few years as a result of previous investments in basic research. These advances provide unprecedented opportunities



to develop new therapies, early detection technologies, and strategies to prevent cancer. The Committee is concerned that the translation of these promising discoveries into cancer patients is not keeping pace with the opportunities that exist due to changes in the healthcare marketplace and lack of current capabilities and infrastructure for translational research. The Committee urges NCI to evaluate the barriers and impediments that inhibit early-stage clinical testing of new technologies such as vaccines, gene therapies, and monoclonal antibodies including the steps needed to remove these barriers.

**Urological cancers**—Urological cancers like kidney, bladder, and prostate afflict thousands each year, with prostate cancer the second leading cause of cancer deaths among American men. The Committee urges NCI to significantly expand its research programs for these urological cancers. The Committee requests the Director of NIH together with the Director of NCI to submit a report, by Jan. 1, 1999, outlining the activities the NIH is undertaking to enhance prostate cancer research.

## **Bills Provide \$135M For DOD Breast Cancer Research**

The Department of Defense is almost certain to receive at least \$135 million for its peer reviewed research program in breast cancer in fiscal 1999, both the House and Senate bills indicate.

The funding level for the prostate cancer program is less clear. The Senate bill provides \$40 million for peer reviewed research in prostate cancer. The House bill provides \$10 million for research in diseases of the prostate, including cancer.

Both bills have been reported from the appropriations committees, and the House bill was passed in a 358-61 vote June 24. The Senate bill is yet to go to the floor.

Altogether, the House bill includes \$160 million for breast cancer research. Of these funds, \$25 million is slated to continue the Defense Health Program's breast cancer treatment program to improve care for military personnel and their families.

The House bill also proposes \$10 million for continuation of the DOD ovarian cancer research program. The report that accompanies the appropriations bill urges the department to give priority to projects at institutions designated as the

NCI Comprehensive Cancer Centers.

"Eligible institutions should demonstrate an outreach relationship with regional hospitals or academic health centers, and with ovarian cancer advocacy groups," the document states.

The Senate report does not specify the funding level for ovarian cancer. The measure states only that \$250 million would be spent on medical research, with \$175 million going to peer reviewed programs in breast and prostate cancer. The remaining funds would be divided by a large number of programs, including ovarian cancer research.

The Senate bill also urges DOD to continue development of its controversial digital mobile mammography program.

In the current year, the DOD peer reviewed cancer research programs had the budget of \$185 million. Of these funds, \$135 was budgeted for the breast cancer program, \$40 for prostate cancer program, and \$10 for ovarian cancer program.

The uncertain state of DOD funding for prostate cancer research in the House bill is not unusual. Supporters of the program usually wait until the House-Senate conference to stake out their claim.

The National Breast Cancer Coalition, the advocacy group that convinced Congress to create the peer reviewed breast cancer research program, sought \$175 million for the program this year.

## ***HHS Inspector General:* Busy Signals Greet 1 In 3 Callers To CIS, Report Says**

The NCI toll-free Cancer Information Service (800-4-CANCER) is "an invaluable resource for information" about cancer, but it suffers from high busy signal rates, according to a report by the HHS Office of the Inspector General.

Almost one of three callers to CIS in 1997 failed to get through to an information specialist during operating hours, the report said. Busy signal rates ranged from 10 to 52 percent depending on the contractor. There are 19 regional CIS contracts.

Nationwide, almost 29 percent of attempted calls resulted in a busy signal, the report said.

In other findings, the report said:

—CIS requirements for gathering data from callers adversely affects call efficiency.

—Information specialists who help callers could be more efficient if their resources, primarily the Physicians Data Query system, were more readily



accessible and up-to-date.

—The regional structure of the 19 CIS contracts “does not contribute to a consistent and efficient phone service.”

—NCI has not set minimum standards for busy signal rates and wait times for CIS contractors.

NCI funding to CIS contractors was \$15.745 million in fiscal 1997, a decrease of 9.4 percent from the FY96 funding amount of \$16.786 million, the report said. The phone service has been in operation since 1976.

In a response, NCI Director Richard Klausner wrote that the report provides “confirmation of previous NCI findings as well as further insight into the issues affecting access to this valuable resource for the American public.”

### **NCI Response To Report Recommendations**

Following are the OIG's specific recommendations and NCI's response:

—OIG: Complete and implement plans to upgrade CIS telephone technology to enhance contractors' ability to respond to calls and provide information to all callers.

NCI: The Institute agrees. Plans to upgrade the CIS telephone technology have been in progress since 1996, and the NCI-commissioned report of an independent engineering assessment of the system, routing, and equipment has been completed. On the basis of this information, implementation of upgrades to telephone equipment is under way and will be completed in FY 1998.

—OIG: Establish minimum technical requirements and performance standards for contractors.

NCI: The Institute agrees that standards are necessary. With the completion of the NCI-commissioned engineering assessment of the CIS telephone service, the program has baseline measurements that allow for implementing technical, operational, and performance standards. This implementation is under way.

—OIG: Modernize and correct deficiencies in the PDQ database.

NCI: The Institute is undertaking a major redesign of its entire clinical trial information system, including PDQ. The new clinical trial information system will increase functionality, integrate all NCI-produced information products, tailor information to meet the needs of diverse users, and make information available in a variety of mechanisms and

formats, including the World Wide Web.

—OIG: Improve the efficiency of information specialists by reducing data-gathering requirements and computerizing more reference material.

NCI: The Institute agrees that efficiency can be improved. The Institute is working with the CIS Evaluation Task Force, statisticians, and Institute staff to analyze the data gathering requirements, sampling plan, and the requirement for a narrative that documents the call in addition to coding. However, the Institute believes that data collection is critical if the program is to 1) continue to respond to information requested by the public, Congress, the press, or individuals and organizations interested in what the public wants to know about cancer; 2) allow the CIS to participate in cancer control research projects; and 3) conduct quality assurance.

The CIS is preparing to install a new document management system to facilitate the development, updating, and access of CIS reference materials. When implemented, the system will allow the assembly to all resources into a searchable, computerized collection accessible by subject and keyword.

—OIG: Discontinue collecting and disseminating information on community services; instead, partner with national cancer organizations who would provide this information.

NCI: The Institute agrees that a more efficient and effective community services referral program is needed, but we continue to think that this type of information is helpful to many people. Redesign of a centralized listing of national organizations providing community resources and referrals is under way. The Institute is actively seeking partnerships with other national organizations to share and reciprocate in this task.

—OIG: Re-evaluate the regional structure.

NCI: The CIS program includes not only the telephone service but also an outreach program and a research component that are strengthened by a regional structure.

The CIS outreach program develops partnerships with nonprofit, private, and government agencies at the national, regional, and state levels. The regional CIS offices reach partners that have an established presence in the region, are trusted within their communities, and are dedicated to serving minority and underserved populations. Through collaborations with cancer centers and universities, regional CIS offices participate in investigator-



initiated cancer control and health communications research. All three program components must be considered when evaluating the regional structure of the program. All options for structuring the program will be considered when preparing for the renewal of CIS contracts.

—OIG: Encourage contractors to further enhance CIS staff training.

NCI: The Institute agrees that staff development is important. The CIS program began a management initiative in March 1998 to emphasize the importance of professional development and skills building in regional CIS offices. Additional training programs to enhance career development for CIS staff are appropriate for contractors and indicate institutional commitment to the CIS program.

Copies of the reports are available from the OIG San Francisco Regional Office, tel: 415-437-7900. Reports also are available on the OIG website at <http://www.dhhs.gov/progorg/oei>.

## RFA Available

### RFA DK-98-018

Title: **Urology Research Centers**

Letter of Intent Receipt Date: Oct. 20

Application Receipt Date: Nov. 20

This RFA invites investigators to submit research grant applications for the George M. O'Brien Research Centers Program. The emphases for this program are to (1) attract new scientific expertise into the study of the basic mechanisms of urological diseases and disorders; (2) encourage multidisciplinary research focused on the causes of these diseases and disorders; and (3) extend the development of innovative clinical and epidemiologic studies of the causes, therapy and possible prevention of urological diseases and disorders.

*In approaching the study of these disease processes, it is anticipated that extensive collaboration will be required between individuals in the clinical and basic sciences, including for example investigators with training and expertise in cell biology, molecular biology, immunology, genetics, epidemiology, biochemistry, physiology, and pathology.*

An intent of this RFA is to attract new investigators not currently active in this field and to explore new basic areas that may have clinical research applications. Individual institutions with both basic and clinical research capabilities are eligible to apply. Interinstitutional collaborative research arrangements are also appropriate and encouraged. Coordination for such arrangements must be evident and clearly meaningful and appropriate for the research proposed.

NCI plans to provide support for this initiative in the area of prostate cancer. Studies to be supported may include the full range from laboratory to clinical investigations encompassing biology, etiology, detection, diagnosis, treatment, prevention and control.

Of particular interest is multidisciplinary research that links basic research to applied settings involving patients and populations.

Support of this program will be through the NIH specialized center (P50) award. Responsibility for the planning, direction, and execution of the proposed project will be solely that of the applicant.

NIDDK and NCI expect to award one center grant for research into urologic disorders in fiscal year 1999. The anticipated award is for five years and is contingent upon the availability of appropriated funds.

The total amount of available funds to support this program is anticipated to be no more than \$725,000 per year. No applicant may request more than \$750,000 in total costs including both direct and indirect costs in the initial budget period. A standard escalation factor may be used for subsequent budget periods.

Letters of intent and requests for copies of the complete RFA may be sent to Dr. Ann Hagan, Div. of Extramural Activities, National Institute of Diabetes and Digestive and Kidney Diseases, 45 Center Drive, Room 6AS-37F - MSC 6600, Bethesda, MD 20892-6600, phone (301) 594-8885, fax (301) 480-3505.

Inquiries regarding cancer related programmatic issues may be directed to Jorge Gomez, MD PhD, Office of Centers, Training and Resources, ODDES, National Cancer Institute, Executive Plaza North, Suite 512, Bethesda, MD 20892, phone (301) 496-8528, Email [jglw@nih.gov](mailto:jglw@nih.gov).

### In Brief:

## Durant, ASCO's First EVP, To Retire In August 1999

(Continued from page 1)

candidate among four finalists (*The Cancer Letter*, Dec. 2, 1994).

For several years, ASCO members had studied and debated whether to take over the management of its operations and establish a headquarters in the Washington area. The society's operations had been managed for 31 years by a contract firm based in Chicago.

The hiring of an executive vice president put the society's plans in motion. Over the past three years, ASCO established a headquarters in Alexandria, VA, increased the headquarters staff from three to 43, and doubled the budget. The society



has more than 12,000 members.

"Any organization that wants to get things done should have a full-time staff," Durant said. He credited the society's increased visibility to the work of the society's public policy and communications departments, as well as the estimated 50,000 hours a year of volunteer time the society gets from its members.

The ASCO annual meeting last May in Los Angeles was the first in which the society did not use any contractors under the previous management arrangement. "We have changed virtually every contractor we had," Durant said. "We looked for people we thought we interacted with best."

An oncologist, former university administrator, and cancer center director, Durant has been a national leader in oncology for three decades. He has served as president of several organizations, including ASCO, the Association of American Cancer Institutes, the American Radium Society, and the Alabama Division of the American Cancer Society.

As director of the cancer center at the University of Alabama at Birmingham from 1970 to 1982, he led the center in its successful application for an NCI cancer center support grant and status as a comprehensive cancer center. Later, as a member of the National Cancer Advisory Board, Durant served as chairman of a committee that rewrote the guidelines for cancer center grants and comprehensive status.

Durant left UAB in 1982 to take the position as president of Fox Chase Cancer Center in Philadelphia. He returned to UAB in 1988 to serve as vice president for health affairs and director of the medical center. Durant plans to retire to Birmingham.

ASCO has retained the national firm of Korn Ferry to conduct the search for a new executive vice president.

The society would like to have identified a candidate for the job by February, at the latest, Durant said.

. . .

**FREDERICK LI**, professor of clinical cancer epidemiology at Harvard, has been named the Harry and Elsa Jiler-American Cancer Society Clinical Research Professor. This is the society's highest award, given to outstanding physician-scientists. Li will receive \$300,000 over five years. . . . **M.D. ANDERSON** Cancer Center has signed an agreement with the government of Spain to establish

a new cancer center in Madrid. To be named M.D. Anderson International-Espana, the center will be located in the remodeled wing of the Policlinica Naval Nuestra Senor del Carmen. It will offer both inpatient and outpatient services. . . . **UNIVERSITY OF CHICAGO** Cancer Research Center announced the following appointments: **Harvey Golomb**, professor of medicine and formerly chief of the section of hematology/oncology has been appointed chairman of the Department of Medicine. **Everett Vokes**, professor of medicine, succeeds Golomb as chief of hematology/oncology. **Nicholas Vogelzang**, professor of medicine, has been appointed associate director for clinical research, and **Gini Fleming**, assistant professor of medicine, was named director of the Protocol and Data Management Office. . . . **JOHN COLE**, director of operations at Neocrin Co. where he was involved in developing an implantable bioartificial pancreas, was named chief operating officer of the Cancer Therapy & Research Center in San Antonio. . . . **PETER SCARDINO** was named chief of the Urology Service at Memorial Sloan-Kettering Cancer Center and head of its prostate cancer program. He has been chairman of urology at Baylor College of Medicine, and developed surgical techniques that preserve normal bladder and sexual function in the treatment of prostate cancer. . . . **THREE YEAR**, \$753,905 grant has been awarded by the John A. Hartford Foundation to **John Bennett**, professor of oncology, and **William Hall**, vice chairman of the Dept. of Medicine at the Univ. of Rochester Cancer Center. The award will be used to establish a combined oncology-geriatric fellowship training program at 12 university centers in the U.S.—Rochester, Arkansas, Bowman Gray, Chicago, Columbia, Duke, Harvard, Johns Hopkins, Michigan, South Florida, UCLA, and Washington. . . . **ROSWELL PARK** Cancer Institute has made three administrative appointments: **Leo Garrison**, vice president of facilities management; **Michael Sexton**, general counsel; and **Anthony Woods**, director of classification and compensation. . . . **SHLOMO MELMED** has been named senior vice president for academic affairs at Cedars-Sinai Medical Center. He was formerly director of the Burns & Allen Research Institute and of the Div. of Endocrinology and Metabolism there. . . . **ERIC ROSENTHAL**, former public affairs director at Fox Chase Cancer Center, has been named director of public affairs at Vital Options, the nonprofit cancer support and communications organization based in Los Angeles.