THE CANCER LETTER

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Clinical Trials Streamlining Moves Forward; NCI Commits To Full Funding For Groups

Advisors to the National Cancer Institute have given the Institute approval to begin pilot projects designed to broaden patient access and increase and speed accrual to the nation's cancer clinical trials system.

The projects would reorganize the peer review and administration of phase *III* trials conducted through the NCI Clinical Trials Cooperative

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In Brief:

NSABP Selects 193 Institutions For STAR; ACR Names Evens, Ramsey As New Officers

NATIONAL SURGICAL Adjuvant Breast and Bowel Project selected 193 institutions to participate in its second major breast cancer prevention trial, the Study of Tamoxifen and Raloxifene, expected to begin early next year. The study will examine whether raloxifene is also effective in preventing invasive breast cancer and whether it offers any benefits over those found with tamoxifen in NSABP P-1. STAR is a randomized, double-blind study designed to include 22,000 postmenopausal women 35 or older who are at increased risk for developing breast cancer. Those who enroll will be assigned randomly to a regimen of 20 mg of tamoxifen or 60 mg of raloxifene daily for five years. They will receive follow-up exams for at least seven years. "Once those [centers] chosen identify other institutions that will affiliate with them, we anticipate having 400 active centers in 48 of the United States, six Canadian provinces, Puerto Rico, and the District of Columbia," said NSABP Chairman **Norman Wolmark**. "We made every effort to select qualified centers in as many geographical areas as possible so that the study is accessible to a large number of women seeking a possible breast cancer prevention option." The study is supported by NCI, Eli Lilly and Co., and Zeneca Pharmaceuticals. Women who wish to receive information about the trial when it becomes available may contact NSABP by mail (NSABP, Box 21, Pittsburgh, PA 15216), by fax (412-330-4660), or through the Internet (http://www.nsabp.pitt.edu). . . . **NEW OFFICERS** of the American College of Radiology were named at the ACR annual meeting last month in Pittsburgh. The new officers are: President, **Ronald Evens**, director of the Mallinckrodt Institute of Radiology, St. Louis; vice president, **Ruth Ramsey**, University of Chicago; council speaker, **John Knote**, Arnett Clinic, Lafayette, IN; chairman, Board of Chancellors, **W. Max Cloud**, Radiology and Imaging

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Among Goals Of Projects: Funding "The Best Science"

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Group Program. The projects would be tested in a limited number of cancers.

The pilot projects were proposed in a report by the Clinical Trials Implementation Committee, which deliberated for nine months about streamlining the cooperative group system (**The Cancer Letter**, June 12, Aug. 7).

In its report, the Implementation Committee said the goals of the pilot projects are to fund "the best science" through open competition among investigators, reduce administrative redundancy, accelerate protocol development and review, broaden access through an "open menu" of clinical trials, and provide adequate compensation to investigators.

In a related development, NCI officials said the Institute plans to double the funding for the Cooperative Group Program over the next three to four years.

The allocation to the groups was $93.9 million in fiscal 1998, a $5.4 million increase from the FY97 allocation of $88.5 million.

Three Pilot Projects

Under the proposal accepted by the NCI Board of Scientific Advisors at a Sept. 23 meeting, the Institute would begin three pilot projects:

—Disease-specific concept review committees would be established for the independent peer review of phase III studies, initially in genitourinary and lung cancers. Committee members would be appointed by the NCI director. One-third of the seats would be held by cooperative group members, one-third by NCI staff, and one-third by community physicians, scientists, patients and patient advocates, and others. The committees would replace the peer review currently done by NCI staff.

—"State-of-the-science" meetings would be held regularly to identify new research opportunities in specific cancers, or gaps in research portfolios. Initially, NCI will organize these meetings in GU and lung cancer, and a committee of the cooperative group chairmen will organize meetings in gastrointestinal cancers and leukemia.

—Clinical Trials Support Units would be established to consolidate redundant administrative tasks currently done separately by each cooperative group, including credentialing, auditing, quality assurance, and development of forms. The units also would register patients to trials, distribute protocol information, and direct funds to accrual sites. The units initially would cover GU, lung, breast, and gastrointestinal cancers and adult leukemias. The units would be funded as contracts.

The pilot projects represent an evolution of plans that NCI began to discuss with the cooperative group chairmen a year ago and developed further in the Implementation Committee. The CTSU proposal also includes components of a proposal by the cooperative group chairmen.

The three pilot projects together would cost an estimated $8.65 million in the first year, of which nearly $5.3 million would be new funds, NCI officials said.

NCI would increase physician reimbursement for accrual to $1,500 per patient. The pilot projects initially would be limited to current cooperative group members.

The Implementation Committee was formed last fall to implement the broad recommendations of a report by the Clinical Trials Program Review Group, chaired by James Armitage, of the University of Nebraska Medical Center.

The Implementation Committee was co-chaired by Michaele Christian, director of the NCI Cancer Therapy Evaluation Program, and John Glick, director of the University of Pennsylvania Cancer Center.

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NCI Promises To Double Funding To Groups

Responding to recommendations by the Implementation Committee and the Armitage report, NCI officials said they plan to provide the groups, within three to four years, the full amount of funding as approved by peer review.

Currently, NCI awards cooperative groups 50 to 60 percent of the amount recommended by the Cancer Clinical Investigations Review Committee. Never in more than 30 years has NCI awarded a group 100 percent of the recommended level, a group chairman said to **The Cancer Letter**.

"NCI is committed to the concept that funded cooperative groups should be supported at full peer review recommended levels," the Implementation Committee report said. "NCI has begun planning for this with initial emphasis on providing consistent reimbursement for accrual across the cooperative group network.

"Attainment of full peer review recommended levels is expected to occur over a period of three to four years," the report said. "This commitment will require an approximate doubling of the current level of support."

At the BSA meeting, Robert Wittes, NCI deputy director for extramural science, confirmed the report's statement. "The Institute is committed to raising the groups to full funding," Wittes said. "I don't see how we can do it in a one-shot way. It is likely to be a 'three-ish' year proposition."

The Implementation Committee also proposed that the maximum award period for groups and their committees judged as excellent to outstanding be lengthened to six years. Interim peer review at three years would be mandated for disease and modality committees judged less than excellent.

The committee also recommended:

—Streamlining protocol development and NCI review. For phase II trials not involving new agents, review will be limited to regulatory and safety issues, and the avoidance of duplication.

—Providing supplementary funds for group leadership of large phase III trials.

—Reimbursement based on actual accrual for all groups, with up-front payments by group operations offices to accrual sites to promote stability of data management staff.

—Supporting innovative research in the groups through R01 and R21 grants, and a newly established developmental fund in the group chairman's award.

—Simplifying and streamlining the application process for cooperative group awards.

—Including representatives of cancer patients more fully into cooperative group decision-making.

"An Expectation Of Continuous Improvement"

The new pilot projects, "if successful, will result in significant changes to the current clinical trials system," the Implementation Committee report said. "The resulting system should facilitate our ability to rapidly address multi-disciplinary scientific questions, including research in treatment, epidemiology, prevention, control of symptoms, and outcomes research evaluating the penetration of new treatments into community practice."

The new system "is designed to provide flexibility to identify, prioritize, and fund the best ideas and research, whether these be large definitive clinical trials or small developmental clinical trials," the report said. "It enhances the emphasis on and capacity for translational research.

"Finally, by laying out a series of pilot projects, the IC has created the expectation that the productivity of the clinical trials system will be re-evaluated and modified through an ongoing process of continuous improvement and a willingness to consider new, more efficient and effective mechanisms for accomplishing the research required to reduce the burden of cancer."

The BSA accepted the committee's report after a detailed presentation by Christian and Glick involving more than 80 slides.

Board members grew increasingly negative toward the pilot project as the discussion went beyond two hours. "I have a hard time putting my hands around what's on the table," said board member Nancy Mueller, professor of epidemiology, Harvard School of Public Health. "I can't see the goals."

"It's not obvious what to do," said board member Amy Langer, executive director of the National Alliance of Breast Cancer Organizations.

Following lunch and a summary of the pilot project by Wittes, the board voted 20-1 to accept the Implementation Committee's report. Mueller cast the lone dissenting vote.

NCI staff will return to the board in six months to a year to report on the progress of the pilot projects.

"I can't emphasize enough to you that pilot means pilot," Wittes said to the board. "The clinical trials system, for all its impediments and problems, really works. We want to make it beautiful."

Professional Societies:

Organizations Form Alliance To Urge Quality Cancer Care

Concerned that changes in the health care industry have compromised quality care for cancer patients, a new alliance representing more than 50,000 oncology professionals is calling for universal access to quality cancer care.

The American Federation of Clinical Oncologic Societies has formed to support guaranteed access to state-of-the-art care and treatment for the estimated 1.4 million people diagnosed with cancer each year.

AFCOS plans to educate patients and consumers about available treatment options, and advocate on behalf of patients for access to the most appropriate courses of treatment available, according to a Sept. 23 statement.

AFCOS developed a consensus statement in response to concerns raised by leading national patient advocacy organizations represented by the Cancer Leadership Council. The statement affirms the right of patients to have access to a multidisciplinary team of cancer specialists across the entire continuum of care. AFCOS defines this continuum of care to include prevention, early-detection, treatment, rehabilitative, and hospice and palliative care for the terminally ill.

"The formation of AFCOS helps send a signal to our government that the medical community is unified in its commitment to provide quality treatment and care to cancer patients," said Ellen Stovall, executive director of the National Coalition for Cancer Survivorship. "As a group of doctors, nurses, and others dedicated to improving the quality of life for people with cancer, we have decided to join forces to ensure patient access to the essential elements of quality cancer care."

Members of AFCOS recently published the Access to Quality Cancer Care Consensus Statement in their individual medical journals. Over the coming months, the alliance will seek to encourage health plans, benefits managers, corporations, cancer organizations, and policy makers to adopt the principles as part of employee and patient care standards.

The following organizations are members of AFCOS: American Society of Clinical Oncology, American Society of Hematology, American Society of Pediatric Hematology/Oncology, Association of Oncology Social Work, Association of Pediatric Oncology Nurses, Association of Pediatric Oncology Social Workers, Oncology Nursing Society, Society of Gynecologic Oncologist, and Society of Surgical Oncology.

News In Brief:

ACS Abandons Plan To Cut Local Boards Of Directors

The American Cancer Society has abandoned the controversial "one organization" plan that would have given the national office greater control over the divisions (**The Cancer Letter**, May 1).

According to a memorandum from the ACS National Home Office, the plan, which was opposed by several of the society's 17 divisions, was "removed from further consideration" at a meeting late last month.

The memorandum, dated Sept. 23, said the decision was made at a Dallas meeting of division CEOs, division chairmen of the boards, as well as the national office staff and volunteers. The memo was signed by Jennie Cook, ACS chairman of the board, David Rosenthal, the society's president, and John Seffrin, the CEO.

"[The] 'one organization' concept was the most pressing issue to be addressed by this group," the memo states. "A unanimous decision was reached to remove from further consideration the 'one organization' concept. Additionally, it was affirmed that the National Assembly, at its own discretion, should be the body through which any future discussion regarding one organization would be reintroduced."

The 268-member National Assembly has the authority over changes in bylaws. The impetus for the plan came from the society's national office.

The "one organization" plan called for eliminating the boards of directors on the local and unit levels and redefining the division boards as "tactical advisory boards" responsible for cancer control in their regions. The plan also gave the Atlanta-based national office a greater role in the hiring of the division executives.

The plan ran into opposition after the ACS Florida Division sent out a letter directly to the National Assembly members and division leadership. "Revolutionary changes beyond those that have already taken place are not justifiable," said the Florida division letter, dated March 23.

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The American Cancer Society has begun a $5 million national advertising campaign designed to counter tobacco industry advertising opposing tobacco legislation.

The tobacco industry has spent an estimated $50 million on advertising this year, ACS said in a Sept. 21 statement.

The ACS ads began running nationally on CNN Sept. 16, in 11 cities: Abilene, TX; Atlanta, GA; Bakersfield, CA; Cincinnati, OH; Columbus, OH; Denver, CO; Colorado Springs, CO; Greenville, MS; Seattle, WA; Washington, DC, and Sacramento, CA.

The ads seek to remind lawmakers and the public of the tobacco industry's dismal record on telling the truth. "The tobacco companies' line about new middle class taxes is another lie," Don McClure, chief executive officer, ACS Ohio Division, said at a press conference in Columbus announcing the ad campaign. "Any price increase would only affect smokers, not the general public."

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"Healthy People" update: The Department of Health and Human Services is seeking public comment on a draft proposal of national objectives for improving the health of Americans by the year 2010.

The document would update the department's "Healthy People 2000" initiative, which is used to set funding priorities.

The document, titled "A Healthy People 2010 Objectives: Draft for Public Comment" is available at http://web.health.gov/healthypeople or by calling a fax-back system at 301-468-3028. The public comment period ends Dec. 15.

HHS has scheduled five regional meetings for public discussion: Oct. 5-6 in Philadelphia; Oct. 21-22 in New Orleans; Nov. 5-6 in Chicago; Dec. 2-3 in Seattle; and Dec. 9-10 in Sacramento, CA.

* * *

Radon in household water supplies poses few risks to human health, according to a report by a committee of the National Research Council.

"Risk Assessment of Radon In Drinking Water," a study requested by Congress, found that about 20 of the 13,000 stomach cancer deaths each year may result from consuming water that contains radon, and 160 lung cancer deaths per year may result from inhaling radon emitted from household water supplies.

To lessen the health risks posed by radon, mitigation efforts should focus on removing radon from indoor air by using ventilation systems, the committee said.

Copies of the report are available from the National Academy Press, phone 202-334-3313 or 1-800-624-6242.

The White House:
President Declares October Breast Cancer Awareness Month

President Clinton declared October National Breast Cancer Awareness Month in a proclamation dated Oct. 1. The text of the proclamation follows:

For the millions of us who have lost loved ones to breast cancer, this annual observance brings with it both sorrow and hope—sorrow that medical breakthroughs came too late to save a beloved relative or friend, and hope that new efforts in research, prevention, and treatment will protect other families from suffering the impact of this devastating disease. Recent declines in the rate of breast cancer deaths among American women reflect the progress we have made in early detection and improved treatment. But it is urgent that we continue to build on that progress. This year alone, another 180,000 cases of breast cancer will be diagnosed, and some 44,000 women will die from the disease.

We are waging America's crusade against breast cancer on many fronts. Spearheading the effort is the National Action Plan on Breast Cancer (NAPBC)—the product of a conference convened by Secretary of Health and Human Services Donna Shalala that included advocates, women with breast cancer, their families, clinicians, researchers, members of Congress, educators, and the media. The NAPBC is helping to coordinate the national response to breast cancer by fostering communication, cooperation, and collaboration among experts both inside and outside of the Government.

The lead Government agency conducting breast cancer research and control programs is the National Cancer Institute at HHS. By developing an index of genes involved in breast and other cancers, the NCI is improving our understanding of the disease at the molecular level. Research into the relationship between breast cancer and genes such as BRCA1 and BRCA2 is helping us to better comprehend how the disease develops, allowing researchers to understand more precisely the risk of breast cancer caused by

mutations in these genes. The most encouraging advance thus far in prevention research came from the landmark Breast Cancer Prevention Trial. This study, a national clinical trial sponsored by the NCI, found that women at high risk for breast cancer reduced that risk by taking the drug tamoxifen, demonstrating that breast cancer can actually be prevented. The NCI is now developing an educational program to help physicians and patients decide who should consider taking tamoxifen.

Researchers are also making advances in breast cancer treatment and have found ways to combine chemotherapy drugs to make treatment more effective for patients whose cancer has spread. Drugs have also been developed to alleviate some of the side effects of chemotherapy.

But these breakthroughs in cancer research and treatment can only help if women are informed about them. During this month, I invite all Americans to take part in our national effort to save lives. Let us join together to make sure that women and their families hear the message about the importance of screening and early detection, receive recommended screening mammograms, and have access to appropriate treatment.

We have won important battles in our war on breast cancer, and we have cause to celebrate; nevertheless, we must remain focused on gaining the ultimate victory—an America free from breast cancer.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim October 1998 as National Breast Cancer Awareness Month. I call upon government officials, businesses, communities, health care professionals, educators, volunteers, and all the people of the United States to publicly reaffirm our Nation's strong and continuing commitment to controlling and curing breast cancer.

NCI Programs:

NCI Awards 15 New Grants In Survivorship Research

The NCI Office of Cancer Survivorship has awarded 15 new grants for research on the physical and emotional well-being of cancer survivors who are alive five or more years after diagnosis.

The 15 grantees will receive a total of $15 million over five years. This funding is in addition to $20 million previously set aside by the Institute for survivorship-related studies. Two of the new grants are funded by the National Institute on Aging. The 15 successful research proposals were chosen from 80 applications.

The successful principal investigators and their institutions follow:

Joan Bloom, University of California, Berkeley; Bruce Campbell, Medical College of Wisconsin, Milwaukee; Charles Carver, University of Miami; Gary Deimling, Case Western Reserve University, Cleveland; Carolyn Gotay, Cancer Research Center of Hawaii, Honolulu.

Beth Leedham, University of California, Los Angeles; Steven Lipschultz, University of Rochester School of Medicine, Rochester, NY; Marvin Meistrich, University of Texas M.D. Anderson Cancer Center, Houston; Henry Nicholson, Oregon Health Sciences University, Portland; Electra Paskett, Wake Forest University School of Medicine, Winston-Salem, NC.

Patrick Remington, University of Wisconsin Comprehensive Cancer Center, Madison; Charles Scott, American College of Radiology, Philadelphia; Charles Sklar, Sloan-Kettering Institute for Cancer Research, New York; Karen Syrjala, Fred Hutchinson Cancer Research Center, Seattle; Lari Wenzel, AMC Cancer Research Center, Denver.

Funding Opportunities:

RFA Available: CAM Centers

RFA OD-98-008

Title: **Centers for Complementary and Alternative Medicine Research**

Letter of Intent Receipt Date: Dec. 11, 1998

Application Receipt Date: Jan. 22, 1999

To promote high quality research of complementary and alternative medicine (CAM), the NIH Office of Alternative Medicine and six NIH institutes including NCI invite applications for centers for CAM research using the specialized center (P50) grant mechanism. Such centers will provide the resources necessary for the rigorous scientific investigation of CAM. It is expected that research conducted at these centers will examine the potential efficacy, safety and validity of CAM practices, as well as the physiological or psychological mechanisms underlying these practices.

NIH anticipates making six to eight awards with an estimated commitment from the OAM of $10.5 million total costs for the initial year's funding. In addition, the individual institutes may provide support to meritorious

applications that fit their program objectives.

The OAM currently supports three NIH P50 centers for CAM Research. This RFA seeks to expand the current NIH Centers for CAM Research program with the addition of up to eight new P50 Centers.

Inquiries: Dr. Jeffrey White, Div. of Clinical Sciences, National Cancer Institute, Building 10, Room 3B38, Bethesda, MD 20892, phone 301-402-2912, fax 301-402-1001, Email jdwhite@helix.nih.gov.

NCI Program Announcement

PA-98-103

Title: **Mentored Career Development Award**

The NCI Comprehensive Minority Biomedical Program invites applications from underrepresented minority research scientists who have received an NIH Research Supplement for Underrepresented Minority *Individuals in Postdoctoral Training* or a Minority Investigator Supplement award, funded by NCI and need an extended period of sponsored research as a way to gain scientific expertise while bridging the transition from a mentored research environment to an independent research/academic career. This award offers opportunities for a mentored peer review experience in cancer research, which will enhance the candidate's knowledge and understanding of the peer review process with the intended purpose of developing skills with the expectation that the candidate will submit a grant application for non-targeted mechanisms (R01, R03, R21). This award is aimed at fostering the cancer research careers of outstanding, junior minority scientists who have received an NIH Research Supplement(s) for Underrepresented Minorities award, funded by the NCI; and are committed to developing and sustaining academic research programs.

This award is designed to provide underrepresented minority investigators with an intensive, supervised research experience, as well as opportunities for a mentored peer review experience in cancer research. For the purpose of this award, underrepresented minorities are defined as individuals belonging to a particular ethnic or racial group that has been determined by the applicant institution to be underrepresented in biomedical and behavioral research. All applicants must submit three letters of recommendation from established investigators.

The award provides up to five consecutive 12 month appointments and will occur in two phases. In Phase I, the candidate will participate in research activities at the mentored institution. Along with focusing on writing and submitting manuscripts for publication and presenting at scientific meetings, the candidate will begin peer review activities coordinated by CMBP, NCI staff and NIH. In Phase II, the candidate will secure a junior faculty position (e.g., tenure-track or equivalent). Other activities will include preparing, writing and submitting grant applications for traditional research support (R01, R03, R21).

This award will provide salary up to $75, 000 plus related fringe benefits.

Inquiries: Sanya A. Springfield, Ph.D., Comprehensive Minority Biomedical Program, NCI, 6130 Executive Blvd, Suite 620, Bethesda, MD 20892-7405 Rockville, MD 20852 (express/courier service) Phone: 301- 496-7344, Fax: 301- 402-4551 Email: ss165i@nih.gov

NCI Seeks Candidates For Fellowship Programs

The National Cancer Institute's Division of Cancer Epidemiology and Genetics seeks candidates for its fellowship programs in cancer epidemiology, genetics, and biostatistics.

Train up to five years under senior investigators with opportunities to design, carry out, and analyze research related to the etiology of cancer in human populations. Areas of special interest include environmental and occupational exposures, diet and nutrition, ionizing radiation, medications, and biologic agents, as well as genetic susceptibility and gene-environment interactions. Fellows may also pursue relevant research related to biostatistics and methods development. Applicant must have an M.D., a doctoral or other equivalent relevant degree, or be pursuing such a degree in biostatistics, epidemiology, or related fields, and be U.S. citizen or resident alien eligible for citizenship within four years. Fellows work in DCEG's offices located in a suburb of Washington, D.C.

Applications are accepted on a continuous basis. Submit curriculum vitae, bibliography, three letters of recommendation, and a letter describing research area of interest.

Contact: Joanne Colt, Fellowship Coordinator, DCEG, 6130 Executive Blvd., Rm. 418, MS 7364, Bethesda, MD 20892-7394 (301-435-4704; fax, 301-402-1819; e-mail: coltj@exchange.nih.gov).

Cancer Genetics and Epidemiology: This 3-year postdoctoral fellowship program offered by NCI's Division of Cancer Epidemiology and Genetics emphasizes training in clinical, molecular and quantitative genetics, and genetic epidemiology. The program provides opportunities to conduct interdisciplinary research to identify genetic determinants of cancer and elucidate the role of gene-environment interactions in conferring cancer risk within individuals, families, and populations. Applicant must have an M.D., or Ph.D., or equivalent relevant degree, in human genetics, molecular

genetics, biostatistics, epidemiology, or a related field, be a U.S. citizen or resident alien eligible for citizenship with four years, and able to relocate to work at NCI.

The yearly deadline for applications is Nov. 15, for a negotiable spring start date. Applications must included curriculum vitae, bibliography, three letters of recommendation, and a letter describing basis for interest.

Contact: Dr. Dilys Parry, DCEG, 6130 Executive Blvd., EPN, Rm. 400, MSC 7360, Bethesda, MD 20892-7360 (303-496-4948; fax, 301-496-1854; e-mail: parryd@exchange.nih.gov).

In Brief:

South Carolina Cancer Center *Formed, Woods Is Director*

(Continued from page 1)

Inc., Springfield, MA; vice-chairman, **Harvey Neiman**, Western Hospital, Pittsburgh. Continuing as officers are secretary-treasurer **Abner Landry Jr.**, Memorial Medical Center, New Orleans; and council vice-speaker, **Barry Pressman**, Cedars-Sinai Medical Center, Los Angeles. . . . **SOUTH CAROLINA CANCER CENTER** has been formed through a research partnership between The Center for Cancer Treatment and Research at Palmetto Richland Memorial Hospital and the University of South Carolina. **William Woods**, previously at the University of Minnesota, was named director of the center. **Mike Wargovich**, formerly of M.D. Anderson Cancer Center, was named director of basic research. **Roberd Maner Bostick**, previously of Wake Forest University, was appointed director of the center's population studies. . . . **ELIAS ZERHOUNI** was appointed to the NCI Board of Scientific Advisors for a four-year term. Zerhouni is professor and chairman of the Department of Radiology and executive vice dean of the Johns Hopkins University School of Medicine. . . . **JAMES COX** received the annual Clinical Research Award from the Association of Community Cancer Centers last month for his leadership in promoting multidisciplinary clinical research as well as for his research on radiation therapy and non-small cell lung cancer. Cox is professor and head of the Division of Radiation Oncology, University of Texas M.D. Anderson Cancer Center. . . . **JAMES BONNER**, of the University of Alabama at Birmingham Comprehensive Cancer Center, has been named the first UAB faculty member to hold the Merle M. Salter Chair in Radiation Oncology. Bonner succeeded Salter as chairman of the Department of Radiation Oncology last February. The endowment was made possible by contributions from the radiation oncology faculty and staff. . . . **GERALD KEUSCH** was appointed to serve as NIH associate director for international research and director of the Fogarty International Center. Keusch succeeds **Philip Schambra**, who is retiring from NIH after more than 30 years of government service, the last 10 years as FIC director. Keusch has been professor of medicine and chief of the Division of Geographic Medicine and Infectious Diseases at Tufts University School of Medicine and New England Medical Center. He also served as scientific director of the Health Group at the Harvard Institute for International Development. He joined NIH on Oct. 1. . . . **PETER RAVDIN** has been named executive officer of the Southwest Oncology Group. Ravdin has been the interim executive officer since **Mace Rothenberg** moved to Vanderbilt University earlier this year. . . . **NCI JOB ANNOUNCEMENT**: NCI is accepting applications for the position of director of the Office of Cancer Information, Communication and Education, a Senior Executive Service appointment that pays between $106,412 to $125,900, according to the announcement. **Susan Hubbard** is the current acting director of the office. Chairman of the search committee is **Brian Kimes**, director of the Office of Centers, Training, and Resources. The OCICE director oversees a staff of about 75, and manages a budget of about $38 million. The director works with NCI leadership to develop a cohesive cancer communication, information, and education plan for the nation. The office is comprised of the International Cancer Information Center, the International Cancer Research Databank Branch, the Scientific Publications Branch, the Computer Communications Branch, the Cancer Information Services Branch, and the Patient Education Branch. Closing date for applications is Dec. 31. Applications must be sent to: Toni McKeown (CA-98-1949), NCI, Human Resources Management and Consulting Branch, 6120 Executive Blvd, EPS/Room 550, Rockville, Maryland 20852-7211, phone 301-402-2812. . . . **CORRECTION:** NCI RFP NCI-CM-97016-30, published Sept. 18, had an incorrect title due to information submitted to **The Cancer Letter**. The title of the RFP is "Development and Manufacture of Oral Dosage Forms."