

## NCI Plans \$38 Million For New Research In Tobacco Control Over Next Two Years

NCI plans to set aside about \$38 million over the next two years for new research programs in tobacco control, including funding for research centers in tobacco use and addiction, Institute officials said to an advisory group recently.

The funding plan was developed as a result of the transfer of the American Stop Smoking Intervention Study to the Centers for Disease Control and Prevention last fiscal year. CDC received funding for ASSIST through fiscal year 1999, allowing NCI to reinvest the program's \$25 million in new tobacco research for FY99 and 2000. The Institute also expects to provide \$13 million in new funding for tobacco research over the next two years.

"We are not looking for a revenue-neutral approach to tobacco control research," NCI Director Richard Klausner said to the Institute's  
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### In Brief:

#### **Comprehensive Designation To MN Center; Bernardin Center Wins NCI Planning Grant**

UNIVERSITY OF MINNESOTA Cancer Center, of Minneapolis, has been awarded NCI designation as a comprehensive cancer center, and received an NCI cancer center grant worth more than \$5 million over the next five years. "The additional financial support and prestige will help us achieve our mission of advancing knowledge and enhancing care for the citizens of Minnesota," said **John Kersey**, the center director, in a statement. Also, the University of Minnesota network ranked first nationally, for the sixth consecutive year, among the 34 member institutions in the Children's Cancer Group. **Joseph Neglia** is principal investigator for the network, which includes hospitals in Minnesota, Wisconsin, North and South Dakota, and Canada. . . . **CARDINAL BERNARDIN** Cancer Center of Loyola University Medical Center, in Maywood, IL, was awarded an NCI cancer center planning grant of \$1.35 million over five years. **Richard Fisher** is the cancer center director. "The award represents a milestone in our plan to full development of a comprehensive cancer center at Loyola," Fisher said. . . . **FOX CHASE** Cancer Center, of Philadelphia, received a \$1.5 million gift from **Carol and Kenneth Weg** of Princeton, NJ, to endow a chair in human genetics in their name. Kenneth Weg is president of the Bristol-Myers Squibb Co. Worldwide Medicines Group, and serves on the Fox Chase board of directors. The center also received a \$1.5 million endowment from the  
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## SPORE-Type Centers Planned For Nicotine Addiction Studies

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Board of Scientific Advisors at a Sept. 22 meeting. "The money released from ASSIST all will be committed to tobacco research and our commitment is to grow that."

In FY97, NCI provided \$76 million to 176 tobacco research projects, including the \$25 million for ASSIST, according to the Tobacco Research Implementation Group, an advisory panel that studied the Institute's tobacco research portfolio and developed a comprehensive plan for further studies.

The new research programs would require approval by the BSA. The BSA is scheduled to consider a "concept statement" for the first of these new programs at its next meeting Nov. 12-13. The program would fund research to improve state and community tobacco programs.

Concept statements for five other new programs are scheduled for BSA review next year. These include funding for centers for tobacco research, epidemiological studies, research on the treatment of nicotine addiction, expanded surveillance research, and basic biobehavioral research.

Barbara Rimer, director of the NCI Division of Cancer Control and Population Science, said tobacco researchers have been humbled by the difficulty of getting people to quit smoking. "There is so much

that we don't know about tobacco control," Rimer said to the BSA. "It's a very different position from where NCI was about 10 years ago. It was assumed at that time that we had the answers and all we had to do was apply them."

The TRIG "came to a different perspective," Rimer said. "We recognized there has been a slower pace in the last few years in reducing the burden of smoking.

"We concluded that if we approached the tobacco problem with the same kind of dedication and commitment as the attempt to map the human genome, we could solve this problem," Rimer said. "We could be the generation to make a difference in the tobacco problem."

The proposed research centers in tobacco control would be modeled on NCI's Specialized Programs of Research Excellence, Rimer said.

Earlier this year, Vice President Al Gore addressed a conference at NIH on nicotine addiction, at which he announced NCI's plan to support additional tobacco control research. The amount of \$38 million was developed for Gore at that time, Rimer said.

The final amount of funding would be determined by BSA approval and the merit of the research proposals NCI receives from investigators, Marc Manley, chief of the NCI Tobacco Control Research Branch, said to **The Cancer Letter**.

Tobacco industry documents released as a result of recent litigation are providing researchers with new information about nicotine addiction and passive smoking, Manley said to the BSA. "There have been studies we have had no knowledge of," Manley said. "We owe it to science to look at these older studies and bring them to light."

### Implementation Group Recommendations

The full report of the TRIG is scheduled for release at the November BSA meeting. The major recommendations contained in the executive summary follow:

Tobacco-related cancers exact an exorbitant toll on the nation's public health. Tobacco use is responsible for over 170,000 cancer deaths each year, more than 30 percent of all cancer deaths. The magnitude and complexity of the public health problem created by tobacco use and its accompanying diseases serve to heighten the importance of the National Cancer Institute's tobacco-related research.

A constellation of recent public policy, social,

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

legal, and scientific developments has presented the scientific community with an unprecedented opportunity to expand research in order to reduce significantly the burden of death and disease caused by tobacco use. However, seizing that opportunity poses significant challenges for the NCI and the research and public health communities. In a field where every need seems pressing, it is imperative to identify not only where research is most needed but how best to prioritize and achieve research objectives that will have the greatest impact on the problem.

*To accomplish this goal*, the Director of the NCI called on more than two dozen leading scientists and experts both from within NCI and from the extramural research community to assist in implementing NCI's tobacco-related cancer research priorities for the next five to seven years. This Tobacco Research Implementation Group included representatives of major NCI review and advisory committees. The TRIG began by reviewing the extensive recommendations of four earlier advisory groups. Each of these earlier reports produced major recommendations for tobacco control research, but no single report considered the entire spectrum of tobacco control research, from basic biological research to dissemination research. In addition, a number of the recommendations of these earlier review groups had already been partially or completely implemented.

Therefore, the TRIG analyzed in detail NCI's current portfolio of tobacco research in order to understand recent advances and research in progress. Finally, the group sought input from experts from other Federal agencies and private organizations around the Nation.

Through a consensus-building process, the TRIG identified nine unique, overarching opportunities for tobacco-related cancer research. These tobacco research opportunities are presented and discussed in the following report. The TRIG emphasized that NCI must collaborate with partners in the public and private sectors, such as the National Institute on Drug Abuse, the Centers for Disease Control and Prevention, the American Cancer Society, and the Robert Wood Johnson Foundation. It was the unanimous and fundamental conclusion of the Tobacco Research Implementation Group that an unequivocal commitment of the NCI to a comprehensive, but focused program of research on tobacco use can reverse the existing epidemic of tobacco-related cancer.

The nine unique research opportunities highlighted here build on past research accomplishments, are consistent with the recommendations of previous advisory groups, address major gaps in knowledge, and have the potential for great impact on the tobacco cancer burden.... They are summarized below, not in priority order, but in the order of the chapters of the full report.

**1. Basic biobehavioral research** to understand the sociocultural, psychological, physiological, and genetic factors that influence the initiation of tobacco use, progression to nicotine addiction, and smoking cessation among children, adolescents, and adults.

Recent research breakthroughs have made it possible to examine the biological and behavioral bases of tobacco use and nicotine addiction. These include the role of genetic factors and important biological differences in nicotine metabolism among ethnic groups. Research in this area may identify innate vulnerabilities in the context of sociocultural and psychological influences. Ultimately, by increasing understanding of the biobehavioral underpinnings of tobacco use and dependence, this research will lead to improved treatments and intervention programs, which will help clinicians and public health providers better target prevention and treatment strategies.

**2. Research in the treatment of nicotine addiction** to find the best ways to tailor tobacco cessation interventions to specific sociocultural, psychological, physiological, and genetic subgroups.

As new pharmacological treatment products become available, research is needed to evaluate and maximize their effectiveness in specific patient populations. Research is also needed to evaluate the relative effectiveness of behavioral modification therapies and pharmacological treatments, therapies that combine the two, and combinations of pharmacologic agents. These new combinations hold particular promise for increasing cessation rates. This research also will determine the effectiveness of these approaches for different subgroups of tobacco users, such as heavy smokers, pregnant women, African-Americans, or adolescents. It will help define optimal treatment for individuals with different psychological, physiological, or genetic profiles. Advances in genetics may offer many new and unexpected opportunities for the rational tailoring of treatments to individuals. Much of the research in this field should be conducted in

partnership with NIDA.

**3. Research to improve community and state tobacco control programs**, and to understand their impact on populations at disproportionate risk.

The need for useful research on the effectiveness of community and state interventions to reduce tobacco use has never been greater. New tobacco control programs are underway in almost every state, and new research questions and opportunities arise with each program. Ultimately, the impact of all research should be assessed at the community and state level. An understanding of ways to change societal-level influences on tobacco use is critical to reducing the tobacco-related cancer burden.

Research in this area will provide a scientific basis for designing and implementing interventions such as counter-advertising campaigns, and for improving a wide range of other programs that prevent the initiation of tobacco use and promote cessation. In developing these community and state tobacco control programs, special emphasis should be given to high-risk populations, especially low-income groups, where tobacco use is increasingly concentrated.

In several U.S. states, comprehensive tobacco control programs have produced significant reductions in tobacco use. The wide-reaching impact of state programs on large populations has been documented, and further research can increase the effectiveness of these programs. Research on these intervention programs may have a greater impact on the widespread reduction of tobacco use rates than any other avenue of investigation.

**4. Research to identify mechanisms for optimal dissemination** of proven prevention and treatment interventions at the community and state levels.

As interventions for prevention and treatment are found to be effective in particular population groups, dissemination and diffusion trials are needed to evaluate the optimal methods for applying these approaches within entire health care systems and at the state and community level. For example, we know that few Americans currently have access to the most effective school-based prevention programs, or physician counseling and self-help cessation programs. There is a great need for a stronger science of dissemination and technology transfer, and for research to evaluate policies and strategies that increase dissemination. Research is also needed to

determine the types of system change needed to institutionalize tobacco control interventions.

**5. Research to understand the impact of tobacco policies**, including taxation and pricing, clean indoor air policies, marketing restrictions, youth access restrictions, and tobacco product and nicotine replacement regulation.

Policy research has the potential to influence the most wide-reaching interventions currently used in tobacco control. Public and private policies, such as those listed above, can reduce tobacco use among populations of entire states and nations. For example, changes in tobacco use have been documented as a result of policies that increase the price of tobacco, restrict its marketing, and restrict where it can be used. But questions remain unanswered about the impact of other policies, such as youth access restrictions. New policy initiatives to regulate tobacco products and nicotine replacement products are being developed. Research is essential to guide and refine these new and often untested policies.

**6. Basic biological research to identify and validate biomarkers** of tobacco exposure and markers of early stages of carcinogenesis.

Recent advances in our understanding of human genetics, combined with the major role tobacco plays in cancer provides the unique opportunity now to expand knowledge of the origins and processes of tobacco-induced cancer, and to develop new ways to detect and diagnose cancer in its earliest stages. Expanding research to identify, validate, and increase the availability of biological markers is essential to determine the amount and type of carcinogens in tobacco products and how these differences affect susceptibility to cancer. Basic research in tobacco carcinogenesis will increase our ability to understand the risk of cancer from exposure to tobacco. It also will enable us to detect increased or decreased cancer risk that results from changes in tobacco products. As we gain a better understanding of human metabolic pathways through which these chemicals effect their cancer-causing changes and identify the critical weak links in those pathways that lead to increased susceptibility to tobacco-related cancer, we will be better able to identify individuals at greatest risk and devise cancer prevention strategies for them.

**7. Research to understand genetic and environmental interactions** in susceptibility to tobacco-related cancers in order to identify subgroups at risk.

Genetic epidemiology studies are needed to

determine if tobacco-related cancer risks differ according to factors such as gender, race, and ethnicity, and if so, to discover the genetic and other biological factors responsible for these differences. Continued study of interactions among multiple genes and between genetic and environmental factors is needed to increase understanding of why some individuals get cancer from smoking, but others are spared, and to develop methods for reducing risk of tobacco-related cancer. A better understanding of the independent and interacting effects of inherited *susceptibilities* and tobacco-exposure variables could elucidate risk profiles and the biological mechanisms involved in the development of cancer. Ultimately, this knowledge could lead to the development of *tailored approaches to prevention and treatment of tobacco-related cancers*. Finally, studies of youth and young adults (and especially cohort studies) may lead to a better understanding of the process of nicotine addiction, as well as genetic and environmental factors that predispose individuals to this disorder.

**8. Research in expanded surveillance systems** to monitor tobacco use behaviors, the implementation and fidelity of tobacco-related interventions, and other factors that influence tobacco use.

Surveillance research is critical to an effective, comprehensive tobacco control research program. It is an integral and necessary component of a complete research portfolio. A tobacco surveillance system should provide researchers, program evaluators, and *policy makers* with information about changes in *smoking behavior and prevalence* as well as information about major factors that influence tobacco use behavior. Surveillance research is needed to understand the best methods to track these changes in behaviors and prevalence and to help in understanding the reasons for change or lack of change. Also, as new, innovative interventions are developed and disseminated, surveillance mechanisms must monitor the implementation and quality of these interventions over time.

**9. Multidisciplinary centers for the study of the initiation of tobacco use**, prevention of tobacco use, addiction to tobacco, and/or treatment of tobacco addiction and tobacco-related cancers.

Increasingly, tobacco control research must rely on multidisciplinary teams of experts in diverse areas, including, but not limited to genetics, epidemiology, primary care, health psychology, policy, and marketing. Specialized, multidisciplinary tobacco research centers would embrace a range of

disciplines and investigations, consolidate expertise, facilitate collaboration, and thus provide the foundation for major scientific advances. Within the broad spectrum of tobacco research, the level of specialization in different aspects of the field would vary from center to center. These centers are of critical importance to tobacco research. The field has reached a level of complexity and flexibility that requires the commitment of major centers. The TRIG made creation of these centers its top priority, envisioning them as the most *effective way* to achieve the Institute's priorities in all areas of tobacco research....

### Conclusion

These critical opportunities should be pursued through a variety of mechanisms. Most NCI funded research must be supported through investigator-initiated research proposals. Every effort should be made to convey to the research community the NCI's interest in this broad range of tobacco control research. In addition, several strategically chosen initiatives may use set-aside funds to catalyze research in selected areas. The multidisciplinary centers may use a program project mechanism, with special provisions for training and infrastructure support. Co-funding by the National Institute for Drug Abuse and the Robert Wood Johnson Foundation is being discussed actively. The proposed community studies may be relatively large and complex and could also benefit from co-funding from other institutions and organizations. It may be useful to consider special mechanisms, such as the use of supplements to augment existing youth cohort studies. Mechanisms for furthering surveillance research should be determined in conjunction with review of the recommendations from the Surveillance Implementation Group. Wherever possible, strategic funding partnerships should be pursued in order to facilitate a coordinated, comprehensive attack on the tobacco problem.

The nine unique opportunities that are outlined above constitute the top priorities for advancing the science of tobacco control. They are made with a thorough understanding of recent advances in this diverse field. A complete approach to tobacco control research must include each of the activities described above. The aggressive pursuit of these nine research opportunities will significantly advance tobacco control research and optimize the potential for reducing tobacco use and tobacco related diseases.

*In Congress:*

## Four Continuing Resolutions Keep Government Running

With mid-term elections approaching, Congress and the Administration are nearing an agreement over a gigantic legislation that would complete the appropriations process for agencies including the departments of Labor, HHS and Education.

Though the appropriations committees of both the House and Senate approved their versions of the Labor, HHS & Education legislation earlier this summer, the bills have not been approved by either chamber.

The new fiscal year began Oct. 1. Yet, eight of the 13 bills needed to fund the federal government remained unfinished. To keep the government running, Congress has passed four continuing resolutions.

The Senate bill gives NCI \$2.927 billion, a \$385 million increase, and \$399 million above the President's budget proposal. NIH would get \$15.622 billion, a \$2 billion increase over last year's budget and \$819.073 above the Administration proposal.

The House bill gives the Institute \$2.788 billion, a \$248 million increase over last year, and \$260 million above the Administration proposal. Under the House bill, NIH would get \$14.862 billion, an \$1.24 billion increase over last year, and \$139 million above the *Administration* proposal.

The progress of all appropriations bills was stymied by debates over impeachment. In the case of the Labor, HHS bills, this was further complicated by disagreements over education and family planning programs.

The Department of Defense appropriations bill passed last month and signed by the President gives \$135 million to the peer reviewed research in breast cancer and \$50 million to the peer reviewed research in prostate cancer.

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**Senate confirmation of oncologist Jane Henney** as FDA commissioner is among business left unfinished by the 105<sup>th</sup> Congress.

Henney's confirmation by the Senate was recently blocked by Majority Whip Don Nickles (R-OK). A Nickles aide told *The Washington Post* that "several Senators have some concerns about Dr. Henney—there is a feeling that she has a tendency to legislate by regulation."

During her most recent stint at FDA, Henney

was not involved in the agency's unsuccessful attempts to regulate tobacco or its consideration of approval for RU-486 "abortion pill."

Among the groups that have endorsed Henney's nomination are the Biotechnology Industry Organization and the American Society of Clinical Oncology.

"Dr. Henney has indicated throughout the confirmation process she will adhere to both the letter and spirit of the recently enacted FDA Modernization Act and continue to streamline and improve FDA operations," said BIO president Carl Feldbaum in an Oct. 14 statement.

"Dr. Henney's lifelong dedication and commitment to protecting and promoting the health of the American people serve as her best qualifications for the office of FDA commissioner," John Durant, executive vice president of ASCO, said in a recent statement. "From her days as a physician, making a difference one cancer patient at a time, to her work with the NCI and FDA where she was able to implement systemic improvements in the nation's healthcare system, she has dedicated herself to improving healthcare in this country. She will make an outstanding commissioner."

Henney has been an ASCO member since 1979, serving on the public issues committee and as the committee's chair.

### *Professional Societies:*

## AACI Seeks To Define Role Of Centers In Washington

BUFFALO—The Association of American Cancer Institutes is struggling with a question of extraordinary complexity: What sort of a role can the cancer centers play in Washington and Bethesda?

"This is important because the general public still doesn't really understand what an NCI-designated cancer center is," Max Wicha, association president and director of the University of Michigan Cancer Center, said at the AACI annual meeting here.

Defining a unique agenda for the cancer centers is nontrivial because the centers represent hubs of virtually all cancer constituencies, from basic scientists, to oncologists, to patient advocates—and all of these voices are already heard in Washington.

Within a month, a recently formed legislative committee is expected to suggest a Washington agenda to the association's board, said Harry Holmes, chairman of the committee and associate vice

president, governmental relations, at M.D. Anderson Cancer Center.

A survey of AACI members showed that the top priority issues for the centers include securing reimbursement for patient care costs in clinical trials, NCI funding, and the patients' access to cancer specialists, Holmes said.

"It's my personal view as chair of the committee that we ought to focus on one issue, and to support other organizations on other issues," Holmes said to **The Cancer Letter**.

The top priority issue is likely to involve access to clinical trials, Holmes said. AACI is also likely to go back to polling its members to refine the results of the survey and determine whether it would be more *appropriate to advocate for access to all clinical trials or to emphasize phase I and II trials that are typically conducted at cancer centers.*

"There are many ways to approach this issue," Holmes said. "Our goal is to determine which definition best represents the members' views."

The cancer centers may be the ideal institutions to compare the costs of cancer care in clinical trials with the cost of standard care, Holmes said. Since several cancer centers have been collecting outcomes and cost data, it may be possible to answer this question without launching costly "demonstration projects," he said.

Though several professional associations and advocacy groups lobby for mandating that the government and insurers reimburse patient care costs in clinical trials, none has made the issue its principal legislative goal, Holmes said.

"To my knowledge, no other group has said, 'This is our principal issue. Everything else is secondary,'" Holmes said. "I think this is a significant opportunity."

AACI is not a newcomer in Washington. The association is a member of the National Coalition for Cancer Research, and it has routinely testified at appropriations hearings. However, a little more than a year ago, AACI ended its relationship with its Washington consultant and decided to redefine its public policy agenda.

Since the association was determined to develop a unique agenda, it declined an offer from the American Association for Cancer Research to assist with its activities in Washington.

To allow for continuity in leadership, AACI extended the term of its presidency to two years, hired an executive director, and formed committees

to pinpoint legislative issues, explore opportunities for collaboration with patient advocacy groups, and develop public relations strategies. The association is also considering hiring a Washington consultant.

Though the vast majority of Americans could well be unaware of the cancer centers program, there are also hundreds of thousands—if not millions—of people who have at least some notion of what NCI-designated cancer centers do and where one can be found.

This became evident last month, at *The March: Coming Together To Conquer Cancer*, an event for which the cancer centers provided nationwide outreach, said Suzanne Mahler, AACI's first professional executive director. Mahler joined the association's staff as Edwin Mirand, its de facto chief executive, began to ease toward retirement. Mirand stepped down as dean of the Roswell Park Graduate Division of the State University of New York at Buffalo and vice president for educational affairs. He is senior advisor to the president of Roswell Park and director of alumni relations. Mirand remains in the position of AACI secretary treasurer for another year. Mirand also serves on the association's board.

Mahler said 75 cancer centers organized 170 events that appear to have generated significant exposure for the cancer centers. Also, the centers were the focus of the coast-to-coast bicycle tour by cancer survivor Dani Grady, who stopped at cancer centers along her route from San Diego to Washington. Both the attendance and the extent of coverage are being tabulated.

Some of the people counted as participants in the March activities saw messages at football game half-time shows. Others traveled specifically to attend the March events. The Washington events brought an estimated 150,000 people to the Mall on Sept. 26.

"The centers took the lead in their communities to bring together all of the community hospitals and associations to help candlelight vigils, town hall meetings, marches on their state capitols," said Mahler, a cancer survivor who joined AACI staff last January.

In organizing the March events, AACI worked with AACR and the NCI-Designated Cancer Centers Public Affairs Network. PAN is preparing a compendium of photographs and descriptions of the March events, said network chairman Laurie Young, director of communication and outreach at the Arizona Cancer Center.

## Meetings Posted On Website

The list of cancer meetings published several times a year in **The Cancer Letter** now is posted on **The Cancer Letter** website.

As the number of meetings held worldwide in oncology has grown, it has become more difficult to fit the list into **The Cancer Letter** on a regular basis. On the website, the list will be updated more frequently and readers can access it as often as necessary. The list contains *linked email addresses* readers can use to reach meeting organizers.

There is no charge to list a meeting. Information may be sent by email to [kirsten@cancerletter.com](mailto:kirsten@cancerletter.com). Please include title of the meeting, date, location, contact name or office, phone and fax numbers, and an email or website address.

To access the meetings list, go to **The Cancer Letter** homepage at <http://www.cancerletter.com>, click on "News," then click on "Meetings."

### *In Brief:*

## Kidney Cancer Association Drops "National" In Its Name

(Continued from page 1)

W.W. Smith Charitable Trust, of Newtown Square, PA, for the William Wikoff Smith Chair in Cancer Research. Both gifts are part of the center's \$38 million campaign to fund the Research Institute for Cancer Prevention, including \$9 million for six endowed faculty chairs. . . . **KIDNEY CANCER ASSOCIATION** is the new name of the former National Kidney Cancer Association, based in Evanston, IL. Reasons for the change include making the association easier to find in phone directories and sensitivity to an increasing number of international members, association president **Carl Dixon** said in a recent issue of *Kidney Cancer News*. KCA earlier this year presented its Enlightened Public Service Award to **Rep. Rick Lazio** (R-NY), chairman of the House Cancer Coalition. KCA awarded its Eugene P. Schonfeld Young Investigator's Research Grant to **Lisa Salvucci Kierstead**, of University of Pittsburgh Medical Center. KCA plans to honor NCI Director **Richard Klausner** at the association's fourth annual Salute! dinner in Washington, DC, on Oct. 26. The KCA 1999 annual convention is scheduled for July 15-18, in Washington, DC. KCA contact information: phone 800-850-9132 or 847-332-1051, website: <http://www.nkca.org>. . . . **SHASHIKANT LELE** was named chairman of the Department of Gynecologic Oncology, Division of

Surgery, at Roswell Park Cancer Institute, of Buffalo, NY. Since 1989, Lele has been a clinical professor in the Department of Gynecology and Obstetrics at the State University of New York at Buffalo School of Medicine. . . . **SIDNEY KIMMEL** Cancer Center, of San Diego, presented three cancer leadership awards at a fundraising event Oct. 10: **Ellen Sigal**, vice chairman of The March; **Sydney Salmon**, director of the Arizona Cancer Center; and **Larry Lucchino**, president and CEO of the San Diego Padres Baseball Club and chairman of Athletes for Cancer Research. . . . **AWARDS** in cancer communications were presented by the Cancer Research Foundation of America, of Alexandria, VA, to **Cathy Hainer**, reporter for USA Today; **Eleanor Nealon**, director of the NCI Office of Liaison Activities; **Cokie Roberts**, co-host of ABC's "This Week with Sam Donaldson and Cokie Roberts;" and **Betty Rollin**, correspondent for NBC News. Hainer, Nealon, and Rollin are breast cancer survivors. Roberts's sister died of breast cancer. . . . **CARLO SIRTORI**, director of the National Tumor Institute, in Milan, Italy, and a leader in bringing medical information to the public, died Oct. 12 at his home in Milan. He was 86. Sirtori, a specialist in classifying and naming tumors, also served as cancer adviser to the World Health Organization. Sirtori appeared on television and wrote weekly columns for Italian magazines, including the mass-circulation *Gente* and *Gioia*. He died of cerebral vascular disease, his family said. . . . **"REMEMBERING ROSWELL PARK, MD,"** a historical exhibit about the life of the founder of Roswell Park Cancer Institute, has opened at the Buffalo and Erie County Historical Society, in Buffalo, NY. The exhibit, sponsored by the Historical Society and RPCI in celebration of the cancer center's 100<sup>th</sup> anniversary, will be open through Jan. 24. The exhibit includes Park's circa-1901 medical equipment and surgical instruments and other mementos. . . . **LYMPHOMA RESEARCH** Foundation of America and the International Cancer Alliance have scheduled a Lymphoma Think Tank, Nov. 6-8, in Del Mar, CA. Lead by **Lee Nadler**, chairman of the Bone Marrow Transplant Department at Dana-Farber Cancer Institute, and **Andrew Zelenetz**, chairman of the Lymphoma Service at Memorial Sloan-Kettering Cancer Center, the goal of the meeting is to formulate a national lymphoma research agenda. Meeting sponsors include Genetech BioOncology, Berlex Laboratories, and Bristol-Myers Squibb Oncology.