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Congress Passes Unprecedented 15% Increase For NIH On Last Day Of Session

The gigantic "omnibus" spending bill approved by Congress earlier this week gives NIH a spectacular 15 percent increase.

Under the bill, which the House passed by a 333-95 vote and the Senate by a 65-29 vote, biomedical research funding at NIH will increase by $1.96 billion over last year, to $15.582 billion. President Clinton signed the bill into law on Oct. 21.

The increase—which is described as unprecedented—is $819 million above the President's budget proposal for NIH.

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In Brief:

After Nickles Removes Block, Senate Confirms Oncologist Henney As FDA Commissioner

JANE HENNEY was confirmed by the Senate as commissioner of the Food and Drug Administration Oct. 21.

The Senate's action, in a voice vote on the last day of the legislative session, was taken after **Sen. Don Nickles** (R-OK) removed his objections to Henney after receiving assurances from the White House about abortion policies, according to news reports. Henney was said to have promised that she would not seek a U.S. manufacturer for RU-486, the French abortion pill.

Henney, an oncologist, has been vice president for health sciences at the University of New Mexico since 1994. She replaces **David Kessler**, who left 18 months ago to become dean of the Yale University Medical School. **Michael Friedman** has served as acting commissioner.

In a statement released by HHS, Henney thanked President Clinton, HHS Secretary Donna Shalala, and members of Congress. "I am deeply honored to have been confirmed by the Senate to serve as the next commissioner of the Food and Drug Administration," Henney said. "FDA has a long, proud tradition of promoting and protecting the health and safety of all Americans, and I look forward to assuming its leadership.

"The discussions I have had with many members of the Senate over the past several weeks have reaffirmed my belief that the FDA serves as a non-partisan arbiter of public policy, with decisions that are grounded in science and the law," Henney said. "As I have made clear in prior statements, my priority as commissioner will be to implement the FDA Modernization Act and to strengthen the agency's scientific base to ensure the best science guides the critical decisions that need to be made."H

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Shalala: $2B Increase For NIH Is "Simply Breathtaking"

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No funding breakdown by institute was available at press time. However, the NIH appropriations figure in the omnibus bill appears to have come from the Senate Appropriations Committee bill, which called for a $385 million increase for NCI. This would increase the Institute's funding by 15.1 percent, to $2.927 billion.

An increase of this magnitude would surpass even the windfall of 1984, when NCI funding jumped 12.4 percent, enough to reach that year's Bypass Budget level of $1.075 billion (**The Cancer Letter**, Oct. 21, 1983).

"This is a remarkable budget and a remarkable vote of confidence in the NIH," NCI Director Richard Klausner said to **The Cancer Letter**. "These new dollars for research will be spent well.

"The 15.1 percent NCI increase will allow us to fund a range of initiatives that we are all very excited about," Klausner said. "We are very grateful for this level of support and recognize our responsibility to articulate our funding priorities, and to communicate what this budget will enable us to do."

The 15 percent increase was recommended by the Ad Hoc Group for Medical Research funding, a loose alliance of about 200 organizations (**The Cancer Letter**, Jan. 30).

"The $2 billion increase for NIH is simply breathtaking," said HHS Secretary Donna Shalala in a statement Oct. 21. "It's extraordinary—the single largest dollar increase in NIH history. It will keep our biomedical research at the cutting edge today, and secure a future for the next generation of world-class scientists.

"In the months and years ahead, we will unlock the secrets of our own genetic code, find new ways to battle killing and crippling diseases, and conquer medical frontiers we barely glimpse today," Shalala said.

However dramatic, the fiscal 1999 increase is below the 25 percent boost recommended in the NCI Bypass Budget, the NCI director's summary of research opportunities in cancer.

The recently released plan of the Research Task Force of The March: Coming Together To Conquer Cancer presents an even more aggressive series of increases that would bring the NCI budget to $10 billion in five years (story on page 3).

Research Leitmotif In 105th Congress

Investment in biomedical research was something of a leitmotif for the 105th Congress. In its opening days, in January 1997, Sen. Connie Mack (R-FL) introduced a "Sense of the Senate" resolution to double the NIH budget in five years. Four months later, the non-binding resolution was approved unanimously by the Senate.

As biomedical research was becoming identified as a Republican issue, the Administration countered with a series of initiatives called "the 21st Century Research Fund," which included a 65 percent increase in NIH funding by the year 2003.

The proposed increases were to be financed through revenues from the settlement with tobacco companies. However, the Administration pledged that other funds would be found should settlement not materialize. The Administration proposed the increases of 8.5 percent for NIH and 9 percent for NCI (**The Cancer Letter**, Jan. 30, Feb. 6).

Translating pledges into money proved to be particularly challenging this year, as the balanced budget agreement encroached on the allocations made to the appropriations subcommittees. Addressing Nobel laureates at the Labor, HHS and Education Appropriations Subcommittee, Rep. John Porter (R-IL), the subcommittee chairman, said the increases needed to double the NIH budget within

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five years would probably have to begin next year (**The Cancer Letter**, June 5).

Subsequently, the House committee bill became so laden with "killer amendments" attached primarily by conservative Republicans that it bogged down before reaching the floor. Similar problems developed in the Senate, making it impossible for the committee bill to make its way to the floor.

With Congress preparing for the upcoming elections and preoccupied with debates over impeachment proceedings, it became apparent that it would take an enormous omnibus bill to keep the government running in fiscal 1999. Since thick bills offer great opportunities, by late September, friends of NIH on the Hill began to sound cautious notes of optimism.

Addressing a crowd at the March Sept. 26, Porter said an increase of 10 percent or better would be possible for NCI this year.

"Both the House and the Senate were moving toward a substantial increase for biomedical research," said Dave Kohn, a Porter spokesman. "The question was not whether there would be a big increase. The question was how big it would be. The fact that you had someone like Mr. Porter working on the omnibus bill reflects a consensus that funding of basic research is a key priority of the federal budget."

The strength of the economy and the projections of a budgetary surplus did not hurt either, Kohn said.

"If you look at the total budget figure, the amount of spending was greater than a fiscal conservative would have preferred, but in the context of a budgetary surplus, the stars were aligned for NIH to receive a substantial increase," he said.

It is safe to say that there is not one member of Congress who has a working knowledge of the nearly 4,000-page bill that completes the work of eight subcommittees and appropriates $486.7 billion.

Though the bill represents a failure of the legislators to appropriate funds in an orderly manner, advocates of cancer research had reasons for jubilation.

"A $2 billion increase for NIH—the largest increase in NIH history—is a victory for American families, and a critical step toward reaching our goal to double the NIH funding over the next five years," said Mack. "We are now one step closer to finding cures to so many of the diseases that affect our family, friends, and loved ones.

"I am committed to continue this fight in the 106th Congress," Mack said.

In a related development, the bill provides a $222 million increase to the Centers for Disease Control and Prevention, bringing its budget to $2.554 billion. The funding includes a $16 million increase for the CDC breast and cervical cancer screening program, bringing its budget to $159 million.

The omnibus bill does not include a provision to provide care to medically underserved women whose cancers are discovered through the CDC screening program who are unable to pay for their care, but do not qualify for Medicaid (**The Cancer Letter**, July 17).

The bill also includes a provision that promotes the NIH Office of Alternative Medicine to a center, to be called the Center for Complementary and Alternative Medicine.

Originally introduced in the Senate by Sen. Tom Harkin (D-IA) and in the House by Rep. Peter DeFazio (D-OR), the legislation appropriates $50 million to the center. The center will have the ability to make grants, hire and fire its own staff, and appoint its advisory panels. The legislation also provides $1 million to establish a White House Commission on Complementary and Alternative Medicine Policy to study and make recommendations to Congress on policies regarding research, training, insurance coverage, licensing, and other issues in this area.

The March:
$10 Billion Not Too Much For Cancer, Task Force Says

A task force of prominent cancer researchers and advocates last week called on Congress to increase appropriations to NCI to $10 billion in five years, starting by doubling the Institute's budget to $5 billion and providing 20 percent increases in each of the following four years.

The $10 billion would represent less than 10 percent of the economic cost of cancer in the U.S., estimated at $104 billion in 1997, according to the Research Task Force of The March: Coming Together to Conquer Cancer.

The recommendation is contained in a report which lists several avenues of research that would be accelerated by increased funding.

"We must immediately address the increasing burden of cancer that will hit America the hardest in the next 10-25 years as the population ages," the report said. "The Research Task Force recommends

that we initiate a national strategy to incrementally increase our investment in all areas of cancer research."

Endorsed NCI Bypass Budget

The task force endorsed the NCI FY2000 Bypass Budget, draft copies of which have been distributed to professional societies and advocacy organizations.

The NCI document, designed to provide the Institute's professional judgment of scientific opportunities, is scheduled for public release early next week.

The additional funding recommended by the task force would provide a "return on investment" of a 30 percent annual reduction in cancer incidence in 20 years, or 369,000 fewer cases of cancer annually, and a reduction in deaths from cancer of 25 to 40 percent, the report said.

Among the major recommendations:

—Establish centers of excellence for translational research.

—Develop a new system for translating discoveries to new products and technologies to prevent and cure cancer, through more effective partnerships between government, academia, and the private sector.

—Increase funding to expand and reform clinical trials research.

—Free NCI of "burdensome policy constraints" and consider it a "national reinvention laboratory" that would allow the Institute to take on the role of coordinator of a national initiative against cancer as envisioned in the National Cancer Act of 1971.

Chairmen of the Research Task Force are Ellen Sigal, chairman of the Friends of Cancer Research, and Anna Barker, president and CEO of Bio-Nova Inc. Members of the task force Board of Directors are John Durant, executive vice president, American Society of Clinical Oncology; Margaret Foti, executive director, American Association for Cancer Research; Phillip Sharp, the Salvador E. Luria Professor and head, Department of Biology Center for Cancer Research, Massachusetts Institute of Technology; and Ellen Stovall, executive director, National Coalition for Cancer Survivorship.

To obtain a copy of the "Report From The March Research Task Force," contact Ellen Sigal, 3299 K Street NW, Washington, DC 20007, phone 202-944-6710.

NCI Programs:

Four Chemistry-Biology Centers Grants Awarded

NCI has awarded $5.5 million to four institutions to develop and refine robotic drug production and screening technology that is expected to accelerate the manufacture and testing of potential anti-cancer drugs.

The Chemistry-Biology Centers grants were awarded to Harvard University, the University of Pittsburgh, Torrey Pines Institute for Molecular Studies in San Diego, and the Scripps Research Institute in La Jolla, CA.

The Harvard Center is co-funded by Merck and Co., of West Point, PA. Another $3 million has been set aside for additional centers to be named in 1999.

The discovery of scores of cancer-causing or promoting genes has generated the need for this high-volume drug screening, NCI said in a recent statement. Every newly found gene, along with the protein it produces, offers a new molecular target for an anti-cancer drug. Finding molecules that are the right size and shape to fit these binding sites has traditionally been a slow, tedious search.

The Chemistry-Biology Centers Program will bring together researchers from the fields of chemistry, biology, genetics, and computer science to develop technology that will allow researchers to quickly produce an array of molecules, then test them for anti-cancer activity.

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CANCER INFORMATICS Infrastructure is NCI's effort to reform its clinical trials program to make cancer information and clinical trials more accessible and accelerate the application of research discoveries to the practice of medicine.

NCI plans to spend $20 million on the program in fiscal 1999, and complete the project by the end of fiscal 2000.

The project expects to upgrade data management techniques in clinical trials and facilitate information exchange among researchers, physicians, and the public.

In a recent statement, NCI said the CII expects to:

—Simplify and accelerate the management and conduct of prevention, diagnosis, and treatment studies by using common terminology and reporting requirements among all NCI-sponsored cancer clinical trials. Common data sets also are intended

to reduce the complexity and variety of forms physicians and patients must complete.

—Replace paper-based systems of collecting data for multicenter studies with electronic communication, linking sites of care (hospitals, doctors' offices and clinics) with the secure, research databases of investigators. This will allow physicians to complete a simplified computer form to enroll patients on clinical trials.

—*Help* patients, families, at-risk individuals, and health professionals learn about clinical trials and where they are being conducted through expansion and modernization of the NCI Physicians Data Query database. As part of the initiative, NCI developed a comprehensive clinical trials Web site (http://cancertrials.nci.nih.gov).

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CANCER GENETICS NETWORK: Three more cancer centers have received cooperative agreement grants from NCI as part of the Cancer Genetics Network, an initiative to create a network of centers specializing in the study of inherited predisposition to cancer.

The centers, principal investigators, and first-year awards are: Fred Hutchinson Cancer Center, John Potter ($919,441); University of Pennsylvania, Barbara Webber ($586,846); and University of Texas M.D. Anderson Cancer Center, Louise Strong ($962,289).

These three join the previously announced recipients of network awards: Duke University, Georgetown University, Johns Hopkins University, and University of Utah (**The Cancer Letter**, July 31).

NCI plans to provide $5.8 million in total costs for first-year funding of the five-year awards. The *Informatics and Information Technology Group*—three centers that will assist the network with data management and study design—will receive $1.28 million in total costs for the first year. The IITG recipients were Yale University, Massachusetts General Hospital and University of California, Irvine.

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ACCELERATED P01 Re-review: NCI has put in place a procedure for the accelerated peer re-review of program project applications that are rated as being highly meritorious but still fail to fall within the Institute's P01 payline.

Eligible applicants will be invited to submit an abbreviated response to the original review in lieu of a full amended application and have it considered in the next review cycle. This will reduce the amendment review cycle from eight to four months.

To be eligible for accelerated peer re-review (APR), applications must have achieved a priority score within 15 points of the current P01 payline, and the concerns noted in the summary statement must be addressable in a concise and straightforward manner. Examples would include deletion of a weak project or core, minor changes in specific experiments or methods, addition of key preliminary data or expertise, or recent acquisition of an essential reagent. When considering deletion of major elements, note that the amended program project must still include a minimum of three research projects.

Principal investigators of eligible applications will be notified by NCI staff that they have the opportunity to submit a written response to the summary statement critique that will be considered by the P01 Scientific Review Group at its next meeting. If the previous review was done by a special emphasis panel, the panel would be reconvened by teleconference. The submission should be a brief point-for-point response, where necessary, to significant concerns raised in the critique.

Copies of the latest NCI P01 guidelines may be obtained from the NCI Referral Office, Division of Extramural Activities, NCI, 6130 Executive Blvd. Room 636A MSC 7405, Bethesda, MD 20892-7405, phone 301-496-3428, fax 301-402-0275, email tf12w@nih.gov. The guidelines are available on the NCI DEA website at http://deainfo.nci.nih.gov/awards/p01.htm.

Funding Opportunities:

ASBM Offers Two-Year Grant For New Investigators

The American Society for Blood and Marrow Transplantation has introduced a $25,000 a year award for new investigators, in cooperation with Fujisawa Healthcare.

The two year unrestricted educational grant will encourage clinical and laboratory research by new investigators in the field of blood and marrow transplantation. The first of these awards will be announced at ASBMT's 1999 annual meeting, March 3-6 in Keystone Resort, CO.

Contact ASBMT Executive Office, 85 W. Algonquin Road, Suite 550, Arlington Heights, IL 60005, email mail@asbmt.org, fax 847-427-9656.

ASBMT also announced that two annual awards of $5,000 each have been established for the best clinical science paper and the best basic science paper published by new investigators in Biology of Blood and Marrow Transplantation, the official journal of the society. The awards will be funded by a grant from Stem Cell Technologies Inc.

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ONCOLOGY NURSING Foundation has invited applications for two of its programs: Scholarships, public education projects, and career development, with awards ranging from $2,000 to $3,000; and small grants research, ranging from $4,250 to 10,000.

For further information on the first program, contact the foundation, 501 Holiday Drive, Pittsburgh, PA 15220, phone 412-921-7373-ext. 231; fax 412-921-6565, email foundation @ons.org.

For the small grants program, contact Oncology Nursing Society Research Team, same address and phone, ext. 250, email research@ons.org.

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CANCER TREATMENT Research Foundation, a non-profit, 501(c)(3) organization, is accepting applications for new and pilot/feasibility clinical projects in cancer therapy.

These areas include new, innovative anticancer therapies, biological response modifiers, immunotherapy, gene therapy, quality of life, and nutritional oncology. All interested applicants should send a letter of intent to: Joni Shulman, Grants Administrator, Cancer Treatment Research Foundation, 3455 Salt Creek Lane, Suite 200, Arlington Heights, IL 60005, or phone 847-342-6484.

The initial, first phase application will be in the form of a two or three page concept proposal including background, rationale, study design, budget, and significance of the project in relation to the overall mission of CTRF. The concept proposal will be reviewed by selected members of the Board of Scientific Counselors of CTRF. Investigators whose preliminary proposals are approved by the Board will be invited to submit a formal application. Preliminary applications may be submitted at any time.

NCI RFPs Available

NCI-CM-87030-58

Title: **Cancer Therapy Evaluation Program's Information and Computer Support**

Deadline: Approximately Dec. 6, 1998

NCI is seeking support for the informatics and computer systems of the Cancer Therapy Evaluation Program. This shall include support of the CTEP personal computers, NT Server, Exchanger Server, Oracle Web Server, and customized CTEP data bases. This requires familiarity with statistics equivalent to attainment of a master's degree, good knowledge of SAS, graphics (SAS or other languages), and Fortran.

It is anticipated that the effort required for this contract will be 166 productive FTEs over a period of five years and four months (effort level varies from year to year). The proposed acquisition is a recompetition of a contract awarded to Capital Technology Information Services Inc.

This acquisition has been designated as a 100% small business set aside.

Contract Specialist: Michael Veesart, 301-435-3815, fax 301-402-6699. The RFP may be accessed on the following Internet address: http://amb.nci.nih.gov/rfp.htm.

NO1-CM-87033-74

Title: **Preparation of Radiolabeled Materials**

Deadline: Approximately Dec. 8, 1998

The Developmental Therapeutics Program of NCI's Div. of Cancer treatment and Diagnosis is seeking an organization having capabilities, resources, and facilities for the preparation, storage, and distribution of radiolabeled compounds of high purity in 1 to 50 millicuries quantitities. The successful contractor must possess a valid Nuclear Regulatory Commission license or a license issued by the state that has entered into an agreement with the NRC. The principal investigator should be trained in organic, medicinal, or radiochemistry, preferably at the PhD level from an accredited school, and should have recent experience in radiochemistry.

The government considers the effort to be approximately 3,515 hours annually based on 1,900 hours per FTE. This contract is a recompetition of a contract currently performed by Research Triangle Institute. It is anticipated that a single cost reimbursement, completion type award will be made for a period of five years beginning on or about June 30, 1999.

Contract Specialist: Odessa Henderson, phone 301-496-8620, fax 301-402-6699. This RFP may be accessed through the following Internet address: http://amb.nci.nih.gov/rfp.htm.

RFP N02-SC-91009-21

Title: **Polyp Prevention Trial--Continued Follow-Up Study**

Deadline: Approximately Nov. 16, 1998

The NCI Cancer Prevention Studies Branch, Division of Clinical Sciences, and the Nutrition Epidemiology Branch, Division of Cancer Epidemiology

and Genetics, are funding a proposed contract for the Polyp Prevention Trial Continued Follow-up Study.

Under the proposed acquisition, the Data and Nutrition Coordinating Center shall be responsible for data collection and data management. The DNCC shall develop and maintain systems and procedures needed for biomedical data management, be responsible for obtaining data directly from participants and medical records, tracking data collection and data analysis. The DNCC shall be required to interact with NCI staff on a daily basis. Specific tasks include data collection, data management, data entry, development and maintenance of a data management system, development and maintenance of computer systems for data management and statistical analysis, quality assurance, data storage, reports, provision of biological specimen storage and shipping, delivery service, general support and study closure.

Inquiries: Barbara Shadrick, email: bs92y@nih.gov; Fax: 301-480-0241. URL: http://amb.nci.nih.gov/rfp.htm

Program Announcement

PA-98-100

Title: **National Cooperative Drug Discovery Research on Opportunistic Infections**

The previous announcement of this PA listed the receipt date for applications as Nov. 19, 1998. To provide more time to prepare applications for R01 grants, the receipt date has been extended to Jan. 20, 1999.

Written and telephone inquiries may be directed to Barbara Laughon, PhD, Div. of AIDS, National Institute of Allergy and Infectious Diseases, 6003 Executive Boulevard, Room 2C26-MSC 7620, Bethesda, MD 20892-7620, Rockville, MD 20852 (for express/courier service), phone 301-402-2304, fax 301-402-3171, Email BL17u@nih.gov

NCI Contract Awards

Title: Cohort and Nested Case-Control Study Of AIDS-Related Non-Hodgkin's Lymphoma, Kaposi's Sarcoma And Other Malignancies. Contractor: Research Triangle Institute, Research Triangle Park, NC; $5,184,445.

Title: In Vitro Screening and Evaluation of Chemicals and Preclinical Drugs for In Vivo Toxicology Selection. Contractor: BioReliance Corp., Rockville, MD; $1,039,686.

Title: In Vitro Screening of Chemopreventive Agents Which Inhibit the Spontaneous Immortalization of Human Mutant Cells. Contractor: Wayne State University, Detroit, MI; $547,344.

Title: Phase I Single and Multiple-Dose Safety and Pharmacokinetic Clinical Study of Epigallocatechin Gallate and Polyphenon E. Contractor: University of Arizona, College of Medicine, Tucson; $507,296.

Title: Phase I Single and Multiple-Dose Safety and Pharmacokinetic Clinical Study in Men of Lycopene. Contractor: University of Illinois at Chicago; $1,503,775.

Title: Prostate, Lung, Colon-Rectum, and Ovarian Cancer Screening Trial, Prostate-Specific Antigen Assay/ Screening Reagent Kits. Contractor: Beckman Coulter Inc., Brea, CA; $214,200.

Title: Prostate, Lung, Colon-Rectum, and Ovarian Cancer Screening Trial, CA125-II Screening Kits. Contractor: Centocor Inc., Malvern, PA; $0.

In Brief:

Satcher Urges Consumption Of "5-A-Day" Worldwide

(Continued from page 1)

Henney also thanked Friedman, whom she described as a "friend and colleague," for his "able stewardship" of the agency. "I look forward to rejoining the agency and bringing my full energy and enthusiasm to the important challenges that the coming months and years will bring," Henney said.

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SURGEON GENERAL David Satcher urged health officials and produce industry representatives from 25 countries to promote the worldwide consumption of five or more daily servings of fruits and vegetables. "What we're talking about is making a lifestyle change—to change our eating habits by adopting a healthier diet. By doing so, we can enhance the quality of life, prevent the onset of disease, and prolong life for many people," Satcher said during the first annual 5-A-Day International Symposium, held Oct. 15 in Washington, DC. The meeting was sponsored by NCI and the Produce for Better Health Foundation. **Gloria Stables** is director of the NCI 5-A-Day program. . . . **BRUCE BOMAN** has been appointed the Robert L. Capizzi Professor of Medicine and director of the Division of Medical Oncology and Medical Genetics in the Department of Medicine at Jefferson Medical College. He also will hold the position of program leader for gastrointestinal oncology at Kimmel Cancer Center. Boman has served on the staff of M.D. Anderson and Creighton Universtiy cancer centers. . . . **JOSEPH PAGANO** is one of six people recently honored by direct election to senior membership in the Institute of Medicine of the National Academy of Sciences. Pagano is the Lineberger Professor of Cancer Research and professor of medicine, microbiology, and immunology, University of North Carolina School of Medicine, Chapel Hill. IOM elected 55 new members. The list is available on the

IOM website (http://www.nas.edu). . . . **MICHAEL WAITZKIN**, an attorney in the White House Counsel's Office, and **DIANE ROBERTSON**, staff member of the Senate Labor and Human Resources Committee and former FDA scientist and legal advisor, have joined the Washington, DC, law firm of Fox, Bennett & Turner. Waitzkin, who joined the firm as a partner, represented the Vice President in the investigations of the 1996 campaign and assisted Presidential nominees through the confirmation process. Robertson, who has a Ph.D. in chemistry from Boston College and a law degree from Georgetown University, played a key role in drafting the FDA Modernization Act of 1997. . . . **SUSAN G. KOMEN** Breast Cancer Foundation has announced 15 of its 1998 research grant recipients, awarding up to $200,000 to each project in the areas of basic, clinical, and translational research. They are **Michael Andreeff**, M.D. Anderson Cancer Center; **Raghbir Athwal**, Temple Univ.; **Patricia D'Amore**, Children's Hospital, Boston; **Channing Der**, Univ. of North Carolina at Chapel Hill; **Jianlin Gong**, Dana-Farber Cancer Institute; **Laurence Kedes**, Univ. of Southern California; **Lawrence Kerr**, Vanderbilt Univ. School of Medicine; **Adrian Lee**, UT Health Sciences Center, San Antonio; **Elizabeth Repasky**, Health Research Inc., Buffalo; **Stanley Rockson**, Stanford Univ.; **Victoria Seewaldt**, Ohio State Univ.; **Saraswati Sukumar**, Johns Hopkins Univ.; **Careen Tang**, Georgetown Univ. Medical Center; **Yunqi Wu**, Univ. of California at San Diego; and **Yinhua Yu**, M.D. Anderson Cancer Center. . . **AMERICAN SOCIETY** of Clinical Oncology's effort to assess the effectiveness of evidence based practice guidelines was described to the President's Cancer Panel at its recent meeting at Roswell Park Cancer Institute by **Mark Somerfield**, director of ASCO's Health Services Research Department. ASCO intends to formally assess the quality of guidelines, survey its membership to determine the usefulness and practicality of guidelines, and evaluate guideline dissemination and implementation. . . . **ASCO** also is developing recommendations to help women and physicians determine breast cancer risk and whether or not to use the risk reduction drugs tamoxifen and raloxifine. "No one has yet undertaken an independent assessment of the data to determine who would benefit most from these drugs," said **Rowan Chlebowski**, UCLA Harbor Medical Center, co-chairman of the ASCO working group developing the recommendations. The other co-chairman of the 27-member working group is **Deborah Collyar**, president of Patient Advocates in Research. ASCO pointed out that women participating in the NSABP tamoxifen prevention trial were at three to five times higher at risk of breast cancer than the trial's eligibility criteria; however, an FDA advisory committee has recommended that tamoxifen be approved for use at the lower eligibility level. ASCO expects to complete its assessment in early 1999 and will publish the results in the Journal of Clinical Oncology. . . . **FOX CHASE** Cancer Center has introduced a Complementary Medicine Program, to be called Complete Care, aimed at helping cancer patients increase their quality of life by addressing physical, psychological, and emotional needs of patients during and after treatment. It will address oncology rehabilitation, cancer related fatigue, mind/body interactions, exercise and conditioning, nutrition, music therapy, yoga, stress release, massage, cosmetics, and information services. Services will be available to Fox Chase patients and to patients receiving primary cancer treatment elsewhere. **Cynthia Bergman** is acting medical director of the program. **Barbara Fowble**, clinical director of radiation oncology, was instrumental in fostering the concept at Fox Chase. . . . **RESEARCH** of the 1998 winners of the Nobel Prize for Medicine and Physiology, for the discovery that the body uses nitric oxide to regulate blood vessels, could lead to new cancer treatments, according to the American Society for Pharmacology and Experimental Therapeutics. The new Nobel laureates are **Robert Furchgott**, State University of New York at Brooklyn; **Louis Ignarro**, UCLA; and **Ferid Murad**, University of Texas Medical School in Houston. . . **U.S. PHARMACOPEIA** announced the sale of its USPDI database and licensing of the USPDI trademark to the Thomson Corp., a move intended to expand dissemination of USP information. The agreement will be implemented through Micromedex of Denver, a subsidiary of Thomson Healthcare Group. . . . **NATIONAL COALITION** for Cancer Research can now be visited at its web site: www.cancercoalition.org. . . . **"THE ANTINEOPLASTON ANOMALY," The Cancer Letter's** Sept. 25 Special Report on the cancer treatment offered by Houston practitioner Stanislaw Burzynski, is publicly available in the News section of **The Cancer Letter** website at http://www.cancerletter.com.