

Paul Marks To Retire As President, CEO Of Memorial Sloan-Kettering Cancer Center

Paul Marks, president and chief executive officer of Memorial Sloan-Kettering Cancer Center since 1980, has announced that he plans to retire sometime in 1999, ending nearly two decades as the leader of one of the most prestigious cancer centers in the U.S.

Marks, 72, made the announcement to the center's Board of Overseers and the Board of Managers on Dec. 1. No specific date for his retirement was announced.

In a letter to the center's faculty and staff, Douglas Warner III, chairman of the center's governing boards, wrote that a search committee
(Continued to page 2)

In Brief:

President Clinton Appoints Six New Members To The National Cancer Advisory Board

PRESIDENT CLINTON appointed six new members of the National Cancer Advisory Board earlier this week. They are: **Elmer Huerta**, of Columbia, MD, a cancer prevention specialist at Washington Cancer Institute at the Washington Hospital Center, and founder and president of Prevencon Inc., a nonprofit company that develops radio and television programs. **Susan Love**, of Pacific Palisades, CA, adjunct professor of surgery, UCLA School of Medicine, and medical director, Santa Barbara Breast Cancer Institute, as well as one of the founders of the National Breast Cancer Coalition. **James McGreevey**, mayor of Woodbridge Township, NJ, who served as member of the New Jersey General Assembly and the New Jersey State Senate, and was the sponsor of state legislation requiring insurance companies to provide coverage for screening mammograms. **Arthur Nienhuis**, of Memphis, TN, director, St. Jude Children's Research Hospital, a former president of the American Society of Hematology who received this year's Henry M. Stratton Medal from the society, and the former chief of the Clinical Hematology Branch and deputy clinical director at the National Heart, Lung, and Blood Institute at NIH. **Larry Norton**, of New York City, head of the Division of Solid Tumor Oncology at Memorial Hospital, professor of medicine, Cornell University medical College, and director of an NCI funded Specialized Program of Research Excellence in breast cancer at MSKCC. **Amelie Ramirez**, of San Antonio, TX, associate professor of medicine and associate director of the Center for Cancer Control Research at Baylor College of Medicine, as well as associate director for community research and co-program leader for the Cancer Prevention and Health Promotion program at San Antonio Cancer Institute.

NCI Programs:
Functional Imaging
Centers Grant Program
Approved By Advisors
... Page 5

Funding Opportunities:
NCI Lists Initiatives,
Web Links For Info,
About Research On
Prostate Cancer
... Page 6

Marks Announces Intention To Retire From MSKCC

(Continued from page 1)

is being formed to select a new president and CEO.

"We have... begun the challenging search for Dr. Marks's successor, whom we intend to have in place during 1999 to ensure a smooth transition," Warner wrote.

Marks is credited with expansion of the center's basic science programs, overseeing a major construction program, and spearheading fundraising campaigns that boosted the center's investments from less than \$100 million in 1980 to \$1.7 billion currently. On an annual basis, philanthropy to the center increased from \$33 million in 1980 to \$90 million in 1997, according to an MSKCC spokesman.

Marks's compensation package is estimated at approximately \$1 million a year, sources said.

Marks has established himself as a forceful administrator who is described as exacting by supporters and dictatorial by detractors.

As a CEO, Marks has outlasted four physicians-in-chief. The fifth and current physician-in-chief, David Golde, is regarded as one of the leading candidates to replace Marks, sources said. Golde declined to comment.

The news of the planned retirement of Marks led to intense speculation about who would become his successor.

Several observers said that in addition to Golde, obvious targets for recruitment would include the NIH Director and Nobel laureate Harold Varmus, NCI Director Richard Klausner, and director of the Sloan-Kettering Institute Richard Rifkind. Beyond these candidates, the field widens to include several cancer center directors, Nobel laureates, and leading clinicians and scientists, sources said.

Klausner said he had no plans to apply to replace Marks at Memorial. "I am not seeking any job," he said. "I have a job." Klausner, who has been the NCI director since 1995, is in the midst of a fundamental restructuring and expansion of the Institute's research programs.

Varmus, the NIH director since 1993, could not be reached for comment.

The search committee will include members of the Executive Committee of the Board of Managers and three members of the faculty, Warner wrote in a letter to the cancer center staff.

"To be chief executive of our great institution—acknowledged as the leading center for cancer treatment, as well as for prevention, research, and education—is to hold one of the most important biomedical posts in the world," Warner wrote in the letter to center staff. "Naming the right person for this position is the Boards' highest priority."

Challenge To Remain In The Lead

Marks's planned retirement was voluntary, MSKCC sources said. His wife, Joan Marks, retired six months ago as director of graduate health programs at Sarah Lawrence College. Marks declined a request for an interview.

The challenges that will be faced by the next MSKCC president and CEO are unusual only in terms of scale.

Basic scientists say the institution needs to channel its resources into world-class basic science. At the same time, clinicians say clinical research is the institution's next logical area of emphasis. As these interests continue to compete for resources, Memorial will have to contend with the pressures of New York's cut-throat cancer care market.

"There are two big challenges," said Samuel Hellman, physician-in-chief at MSKCC from 1983 to 1988. "First, they have to continue to have a survival strategy in this day of managed care and networks. They are a specialty cancer hospital; therefore they cannot offer a program of varied medical care. That makes their strategy particularly

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Founded Dec. 21, 1973 by Jerry D. Boyd

difficult. Memorial is a completely private institution.

"The second challenge is that we need to see the fruits of the biologic revolution translated into clinical care, and that's going to happen first at Memorial and places like it, because of the match of a large number of basic scientists with the clinical care," said Hellman, professor of radiation oncology at University of Chicago.

The market pressures are not new, and they are not going away, said Joseph Simone, physician-in-chief at MSKCC from 1992 to 1996.

"Memorial started addressing the problems of the change in the health care environment in 1992 prior to the Presidential election," said Simone, medical director of the Huntsman Cancer Foundation and Institute, Salt Lake City. "While I was there we worked very hard at it in trying to adapt a specialty hospital to these new realities. This will be a continuing struggle."

If it is to preserve its standing, an institution like Memorial has to be both a premier basic science institution and a premier clinical institution, said John Mendelsohn, president of M.D. Anderson Cancer Center, who served as chairman of Memorial's Department of Medicine from 1985 to 1996.

"The most important challenge is to continue to try to solve the problem of cancer, which will involve continuing the nurturing of the research program and the clinical program—you can't let up," Mendelsohn said. "The challenge of managed care and of a care delivery unit that is in a highly specialized area will continue to require a great deal of attention."

"The good news is, the public is looking for *centers of excellence* when they have a serious disease," Mendelsohn said. "The payers that cover the costs are becoming more flexible, but still are more oriented to targeting large populations of people to specific hospitals and even specific doctors."

Raymond Warrell Jr., a member of the MSKCC and attending physician and professor of medicine, said the center's clinical programs need improvement. "I think I can speak for members of the staff, who are looking for a very strong leader who can continue the path that Dr. Marks has set out for us," he said. "The challenges are that the clinical programs need to be strengthened, while maintaining the basic science program."

"The challenge is to find a person who can cover

the clinical and basic science areas," Warrell said. "The clinical staff feels we are moving in the right direction, but we want to get there quicker."

"It's a historically difficult position to fill," Warrell said. "You want a first-class scientist, a first-class administrator who has an excellent feel for clinical medicine and the care of patients, and someone who can make sure we are a viable center financially and continue to receive reimbursement in a changing health care environment. Also you need someone who can deal with the leadership, the Board of Managers, and continue to build the endowment."

Improvement In Facilities, Resources

Marks made an long-lasting impact on four areas of Memorial's programs, Mendelsohn said.

"First is in the continual improvement in the quality of the science in the research program," said Mendelsohn. "He set very high standards. He recruited outstanding researchers. And he worked very hard to put MSKCC in a strongly competitive position with leading research institutions in New York and around the country."

"The second area he strengthened was the clinical departments. He put in place strong leaders who organized the clinical services at Memorial Hospital into well-integrated care delivery units."

"Third, he oversaw a major expansion of facilities with the wonderful new research laboratories in the Rockefeller Research Laboratory and, most recently, a new clinical facility off-site to handle the increased volume in ambulatory care, and an expansion of facilities to Sloan-Kettering clinical affiliates on Long Island, New Jersey and Westchester County."

"Fourth, he greatly enhanced the value of the institution's endowment, working with an outstanding board of directors."

"Dr. Marks set high standards and continually challenges you to work for him, and you always knew his opinion, but it was always clear to me that he was extremely committed to the betterment of the institution, and that he was able to change his mind and move forward given convincing evidence that other approaches were better," Mendelsohn said.

Reacting to the announcement of Marks's plans to retire, cancer researchers and clinicians praised his leadership of the center:

—"Paul Marks has been an impressive figure and done remarkable things, building a strong basic science component," NCI Director Klausner said.

"The next person who goes there will find a place with a strong base. It's healthy clinically and he was able to build a strong endowment. It is one of the more important institutions in cancer."

—"Paul came in at a difficult time in the 1980s and he has done a terrific job taking control of the scientific direction of the center," Warrell said. "The whole cancer center program under his leadership is much better off, in every sense. It's going to be an enormous void. There is not a rush to make a quick change. This was a voluntary decision, in part motivated by a willingness to assist in the transition."

—"He set directions," Hellman said. "There was a plan for the place and he went about implementing it. The result has been improvement in the physical plant and in the quality of the researchers. He also developed the institutional resources to an extent no one had done before. He brought in high-quality people."

—"His contribution has been to completely revamp and upgrade the laboratory research programs, and he has been a very effective fundraiser," Simone said.

—"He streamlined the administration and greatly improved the scientific basis of the place," said Frederick Becker, former vice president for research at M.D. Anderson and now a special advisor to the president. "He was very successful in bringing in new money to build new buildings, and he changed the clinical arena to make it more academic, more research oriented, and more efficient. He is a very strong and dominant person, but those who work with him prosper."

In his letter to MSKCC staff, Boards Chairman Warner said Marks was "instrumental in integrating the center's basic scientific research with its clinical research. And on the national and international stages, he has made a major contribution to biomedical research, medical ethics, and health-care delivery, further identifying MSKCC as a leader in pivotal issues in health care at every level.... He will forever have out utmost appreciation and respect for the commitment and expertise he has demonstrated over these past 18 years. We look forward to having his professional input, involvement, and judgment as the Board moves forward with the selection process."

Influence On NIH Policy

Marks's influence has been felt strongly at NIH. Four years ago, a report by a committee he co-chaired

recommended major changes in the peer review and oversight of the NIH intramural research program.

Marks described the administration of the NIH intramural research program as "Balkanized." His quote was used in many news reports and the term is sometimes still heard on the NIH campus to describe the workings of the 13 Institutes, centers, and divisions.

"One of the things that the committee was concerned about is that the NIH has become overly Balkanized," Marks said at a news conference when the committee's report was released. "In that sense, it's lost the ability to have quality as a primary basis for decision-making with regard to appointments, promotions, and program support."

Many of the recommendations of the 1994 report have been put in place, including an NIH-wide tenure committee, greater emphasis on peer review, and greater independence of the external boards of scientific counselors that review the intramural programs of each institute.

Marks served as chairman of the search committee for the NCI director in 1994-95, which recommended Klausner for the position. Marks also served on the search committee for the NCI director in 1988, after he had hired the director, Vincent DeVita, for the job of physician-in-chief at MSKCC.

Marks received an A.B. degree from Columbia College in 1946 and his M.D. degree in 1949 from Columbia University College of Physicians and Surgeons. He received postdoctoral training at NIH and the Pasteur Institute. He served as professor of human genetics and medicine, dean of the Faculty of Medicine, and vice president for health sciences at Columbia University, prior to joining MSKCC.

Marks was a member of the President's Cancer Panel (1976-77), the President's Biomedical Research Panel (1976-77), and the President's Commission on the Accident on Three Mile Island (1979).

He is a member of the National Academy of Sciences, the Institute of Medicine, and a fellow of the American Academy of Arts and Sciences.

Marks is a director emeritus of Pfizer Inc. and a director of a biotechnology company, Tularik Inc., and a genomic company, Genos. He is also a director of Dreyfus Mutual Funds.

Marks is scheduled to participate in a symposium on "The Future of Cancer Research Centers" at the annual meeting of the American Association for Cancer Research in Philadelphia on

April 12, from 2-5 p.m. Marks is one of six cancer center directors taking part in the symposium, which Simone organized. The title of Marks's talk is "The Challenge of 'Health Care Reform' for Comprehensive Cancer Centers."

Other center directors scheduled to participate are Mendelsohn, of M.D. Anderson; Robert Young, of Fox Chase; Max Wicha, of University of Michigan; Robert Day, president emeritus of Fred Hutchinson; and Albert Lo Buglio, of University of Alabama.

In its annual guide to "America's Best Hospitals," U.S. News and World Report has ranked MSKCC as the No. 1 provider of cancer care in the nation, for five consecutive years.

NCI Programs:

Functional Imaging Centers Grant Program Approved

Advisors to NCI approved a new program that would provide an estimated \$55.2 million over the next five years to support the development of multidisciplinary centers for research in functional imaging.

The goal of the program is to bring basic scientists discovering new cancer genes and intracellular pathways together with imaging scientists who could transform those discoveries into better understanding of cancer.

The NCI Board of Scientific Advisors unanimously approved the concept statement for the new program, which is modeled on the Specialized Programs of Research Excellence.

The excerpted text of the concept statement follows:

Multidisciplinary Functional Imaging Programs.

Concept for a new RFA, six P20 awards (three years), eight P50 awards (five years), first year set-aside \$6.4 million, estimated cost for project period \$55.2 million. Program Director: Anne Menkens, Division of Cancer Treatment and Diagnosis, phone 301-496-9531.

MFIPs will be modeled on the SPORE program, and will provide researchers with critical resources that are currently lacking in the majority of research institutions:

—The MFIPs will provide an organizational structure specifically designed to facilitate intellectual cross-fertilization between seemingly disparate groups of investigators. This structure will provide researchers access to a concentrated pool of expertise in a wide range of disciplines. Personnel will be scientists from a variety of fields such as, but not limited to: imaging sciences,

chemistry, radiopharmaceutical chemistry, cell and molecular biology, pharmacology, computer science and biomedical engineering. Other specialists in fields such as MR physics, immunology or neuroscience, for example, may also be involved. Most importantly, MFIP personnel must demonstrate an eagerness to collaborate outside of their own discipline. The nature of these interactions will be determined by the applicants, and emphasis will be placed on establishing creative, productive interactions. One example would be to establish a regularly scheduled forum at which investigators present a potential research idea to the entire group. Colleagues with a wide range of expertise would provide the investigator with immediate feedback on the scientific content, which would in turn provide a valuable educational experience for the audience. Meritorious ideas could be further refined by "revising and resubmitting" for a later forum. Most importantly, the investigator would have an audience full of potential collaborators who could be involved in a project from its inception.

—The MFIPs will provide core facilities to support research activities. Another barrier to productive scientific interaction is the lack of available facilities for cross-disciplinary experiments. Demands on equipment and reagents in every scientific area are extremely high, and prohibit ready access to "outside" investigators. The establishment of core resources dedicated to MFIP-related research will provide this access. Initially, MFIP core resources may simply be extensions of existing laboratories or facilities. The definition of a core resource would vary considerably depending on the Institution, the defined scientific goals of the MFIP, and budgetary limits. A Magnetic Resonance Imaging Core may consist of funds for imaging time on a scanner and salary support for an imaging scientist to assist with MFIP-related projects. A Molecular Biology Core might be formed by an existing laboratory hiring a full-time technician and ordering sufficient reagents to support experiments specifically for MFIP-related projects. At the other end of the spectrum, a freestanding Core to support radiochemistry efforts may be funded if sufficient justification is provided. Prioritization of the research projects supported through MFIP Core resources would be an essential function of the MFIPs leadership, and the mechanism to be employed for prioritization must be delineated by the applicants. Core facilities may be utilized by active members of the MFIP, and would also be available to investigators supported through the Development Fund.

—MFIPs will provide Developmental Funds for feasibility testing of new projects. A high priority of each MFIP will be the identification and support of pilot projects through a Development Fund. This fund is designed to function as an "incubator" to identify and stimulate inter-disciplinary projects in order to take full advantage of emerging research opportunities. The selection of projects will be through a review process

established by the MFIPs leadership. The portfolio of ongoing projects in any given Program is expected to be extremely dynamic. This fund is not to be used to support traditional, ongoing projects that could readily be supported through R01s. It is not appropriate for projects that utilize single areas of expertise, nor is it to be used to support projects indefinitely. These projects are to be monitored closely by the MFIP leadership. Investigators working on projects supported through the Development Fund must understand that when the projects become sufficiently mature, they will be expected to compete for independent R01 funding. Alternatively, if it becomes obvious that it will not provide the expected results, a plan should be in place for terminating a development project.

—MFIPs will provide training opportunities for new and established investigators. Current graduate programs are generally focused on single disciplines and may be inadequate to train the needed cadre of inter-disciplinary imaging scientists. The MFIPs will provide support for a limited number of pre- and post-doctoral trainees in a program to be defined by the applicants. Training through the MFIP will be expected to be highly cross-disciplinary.

The establishment of an MFIP will require a considerable commitment from the investigators and the applicant Institutions. We anticipate that there will be two major categories of investigators who will be both interested and capable of establishing MFIPs. Therefore, we propose to make available two complementary mechanisms to best serve both of those populations.

First, there are many institutions that have most of the separate scientific components necessary for the eventual formation of a MFIP but there is not currently a scientifically interactive group. To establish productive collaborative efforts and to recruit investigators with necessary expertise, a planning phase will be necessary. A three-year, P20 planning grant is the mechanism proposed for this process.

Second, there are a limited number of academic institutions in which there is ongoing, interactive, interdisciplinary research involving imaging and molecular technologies. These institutions will be in a position to formalize their interactions and form an MFIP without the need for a planning phase. These endeavors will be supported through the five-year P50 Mechanism.

Funding Opportunities:

NCI Lists Initiatives Applicable To Prostate Cancer Research

NCI has compiled a list of its active grants programs in prostate cancer research.

The full text of the document is on the Web at <http://www.nci.nih.gov/prostate.html>

The excerpted text of the document follows:

Over the past three years, NCI has implemented a number of initiatives that capitalize on certain extraordinary opportunities presented by contemporary science and technology. We are also moving to strengthen crucial elements of the nation's cancer research infrastructure—its cancer centers, clinical trials groups, training programs, and resources for research reagents and information.

All these initiatives are described in the NCI Bypass Budget (<http://wwwosp.nci.nih.gov/bypass99/index.html>) and in the list of recent initiatives announced in the NIH Guide (<http://www.nih.gov/grants/guide>) as Requests for Applications, Program Announcements, and Notices.

These diverse initiatives stem from NCI's conviction that there is a very powerful generality linking many of the most important themes in contemporary cancer research. The surest route to progress, therefore, is by attacking general problems and exploiting general themes. For this reason most of our initiatives are not disease-specific but address problems and opportunities common to all tumors and emphasize the development of technologies and approaches applicable to many cancers.

At the same time, however, NCI recognizes that our ultimate success will be measured by tangible progress against particular cancers—by whether new knowledge is translated into better lives for people who have cancer or are at risk for getting it. Accordingly we have been reviewing our progress against two of the most common cancers: prostate and breast. An analysis of the recommendations from the Prostate and Breast Progress Review Groups reveals many important similarities in need from these two independent groups. While certain recommendations of these groups are already encompassed by ongoing NCI initiatives, a number of others are not and will need special consideration.

The Prostate Progress Review Group report is available on-line (<http://wwwosp.nci.nih.gov/Planning/PRG/default.htm>).

The general nature of many of our initiatives means that they are suitable for participation by investigators with interest in any particular cancer type. In this announcement we wish to bring them to the attention of prostate-cancer investigators, so that they may effectively utilize them.

We also outline below several targeted initiatives targeted to prostate cancer that NCI has recently announced or expects to announce in the near future.

Funding Grants as Exceptions to the Payline. NCI expects to use a portion of its grant funds to support high-priority applications relevant to prostate cancer. We expect to give special attention to applications that fall within the defined areas of extraordinary opportunity in the Bypass Budget but fail to meet the established payline. We shall also pay particular attention to applications addressing aspects of prostate-cancer research that are

described as high-priority and important gap areas by the Prostate Cancer Progress Review Group (<http://www.osp.nci.nih.gov/Planning/PRG/default.htm>). Applicants submitting such grant proposals should reference the Prostate Cancer PRG Report, whenever appropriate, in the cover letter accompanying their submission. Decisions on funding individual grants as exceptions occurs three times per year, in accordance with NCI's usual procedures regarding the funding of grant exceptions.

Contact your grant Program Director for further information.

The Cancer Genome Anatomy Project. This project's central goal is the discovery of all genes expressed in targeted cancers and associated premalignant conditions. Information gained by the analysis of prostate-specific libraries will have wide applicability to development of more effective ways of diagnosing, detecting, treating, and preventing prostate cancer.

Related projects include:

—**Cancer Chromosomal Aberrations Project**, which seeks to integrate the cytogenetic and physical maps of the human genome, to generate a repository of BAC clones arrayed across the genetic and physical map, and to develop a publicly available database displaying this clone repository and providing a platform for correlation with other databases of chromosomal aberrations, as well as clinical and histopathological information.

—**Genetic Annotation Initiative**, which will explore, develop, and then apply technology for the identification and characterization of genes important in cancer. Based on the gene discovery program in CGAP, the GAI is currently exploring the application of multiple technological approaches to searching the 3'UTR of genes for sequence variation. Once identified and confirmed, these variants will be put into public databases maintained by NCBI's dbSNP and the CGAP Web resources.

—Other initiatives support the development of **technologies for high-throughput molecular analysis of the changes associated with cancer** and the development of full-length cDNA clones of genes expressed in cancers (<http://www-cdp.ims.nci.nih.gov/new.html>). Current plans call for an expansion of the rate of gene discovery in the Tumor Gene Index by supplementing prostate SPOREs and other grantees to collaborate with CGAP investigators.

Supplements to NCI grantees engaged in related research will be considered on a case-by-case basis. Investigators with access to special tissue resources, novel technologies, or innovative ideas for the molecular characterization of prostatic neoplasia and preneoplasia are eligible for supplementation.

WWW References:

For CGAP: <http://www.ncbi.nlm.nih.gov/ncicgap/>
For technology initiatives: <http://www.nih.gov/grants/guide>

Contacts: CGAP: Bob Strausberg (<mailto:rs101o@nih.gov>); technology initiatives: Jim Jacobson (<mailto:jj37d@nih.gov>)

Director's Challenge for Molecular Diagnostics. The NCI Director challenged the research community to revolutionize the classification of human tumors.

WWW References:

http://rex.nci.nih.gov/INTRFCE_GIFS/WHTNEW_INTR_DOC.htm.

<http://www.nih.gov/grants/guide>

Contact: Jim Jacobson (<mailto:jj37d@nih.gov>)

Early Detection Research Network. NCI intends to establish a multi-institutional consortium to develop sensitive and specific tests for the early detection of cancer. NCI intends that prostate cancer should be one focus of activity within the new Network.

WWW References: <http://www.nih.gov/grants/guide>

Contact: Sudhir Srivastava (<mailto:ss1a@nih.gov>)

Cancer Genetics Network. This recently organized multicenter consortium will be a platform for studies of genetic susceptibility.

WWW References: <http://www.nih.gov/news/pr/july98/nci-28.htm>

International Consortium on Prostate Cancer Genetics. This an international consortium of over 25 groups and multiple investigators pursuing collaborative research on the epidemiology of prostate cancer. Contact: Daniela Seminara (<mailto:ds79k@nih.gov>)

1. Diagnostic Imaging. NCI recently funded a national multi-institutional network for cooperative studies in diagnostic imaging. Within the next year NCI expects to announce an initiative supporting the development of image-guided minimally invasive treatment for prostate cancer.

WWW References: <http://www.acrin.org/> Contact: Anne Menkens (<mailto:am187k@nih.gov>)

Clinical Trials Restructuring. NCI and many of the clinical researchers it supports are re-engineering the institute's clinical trials program. The aim is to enrich the scientific input into clinical trials conception and design, streamline operations, and broaden access to trials participation among both patients and physicians across the country. Pilot studies are planned that will test new systems for realizing these goals.

During the next year NCI expects to begin a series of State of the Science meetings to define the key areas for emphasis in prostate clinical research. In a parallel effort, we shall also begin coordinating development of a common methodology for the conduct and analysis of prostate cancer trials, including common endpoints.

Contact: Richard Kaplan (<mailto:rk61m@nih.gov>)

Informatics and Clinical Trials. In collaboration with experts in its clinical trials program, in the cancer centers, and in industry, NCI is developing a national Cancer Informatics Infrastructure to enable the linkage, transfer, and analysis of biomedical information relating

to cancer. NCI is currently collaborating with CapCure in the development of a consensus terminology for prostate cancer and common standards for form design. Contact: John Silva (<mailto:jsilva@darpa.mil>)

Tissue Banks. NCI plans to develop a national prostate cancer tissue resource, possibly modeled after its successful Cooperative Breast Cancer Tissue Resource. We are also considering a pilot project to test the feasibility of prospective collection and storage of frozen specimens. In addition to tumor specimens, this resource will contain clinical outcome information to allow correlation between molecular test results and outcome. Contact: Jules Berman (<mailto:jb426q@nih.gov>)

Correlative Studies Using Specimens from Treatment Trials. NCI is soliciting research grant applications to promote collaborations and interactions between basic researchers and clinical investigators to advance research on clinical correlations that can improve therapeutic approaches. WWW References:

<http://www.nih.gov/grants/guide/pa-files/PA-98-099.html>

<http://www.nih.gov/grants/guide/pa-files/PA-98-042.html>

<http://www.specimens.ims.nci.nih.gov/>

Contact: Diane Bronzert (db85g@nih.gov)

Animal Models. NCI is currently soliciting applications for the establishment of a consortium that will develop and validate mouse models for human cancer. Additional supplements for model systems other than the mouse can be considered on an individual basis.

WWW References: <http://www.nih.gov/grants/guide>

Contacts: For the mouse models initiative, Cheryl Marks (<mailto:cm74v@nih.gov>).

For the possibility of grant supplementation for model development, your own grant Program Director.

Clinical Trials in Prevention and Early Detection. NCI expects to fund a number of clinical trials in the area of prostate cancer prevention. It is likely that these trials will test the efficacy of dietary constituents, singly and in various combinations. These multicenter studies will be performed by groups with expertise in clinical trials and access to large numbers of subjects at risk for prostate cancer. NCI will also fund other trials assessing biomarkers of risk for prevention and early detection. Contact: Peter Greenwald (<mailto:pg37g@nih.gov>)

Rapid Access to Intervention Development. This is a competitive program that places NCI's drug development resources in the service of academic discovery laboratories. Investigators having molecules that hold promise for cancer treatment but without access to the development resources required to initiate clinical studies are invited to submit applications twice a year. Those selected for support are granted assistance with any necessary development steps to enable IND filing and the initiation of proof-of-principle clinical trials.

WWW References: <http://epnws1.ncicrf.gov:2345/>

dis3d/raidfin.html

Contact: James Drake (<mailto:jd155n@nih.gov>)

Rapid Access to Prevention Intervention Development. A program analogous to RAID now also exists for discoveries that might be useful for cancer prevention. The aim is to enable the clinical testing of chemoprevention approaches through phase II studies. Contact: James Crowell (<mailto:jc94h@nih.gov>)

Health Services & Economics Research in Prostate Cancer. NCI supports studies within its Cancer Surveillance Research Program on patterns of care and outcomes of prostate-cancer screening and treatment, including assessments of the quality of life.

Contact: Martin Brown (<mailto:mb53o@nih.gov>); Brenda Edwards (<mailto:be2w@nih.gov>)

Genetic Epidemiology Studies. NCI recently issued Requests for Applications and Program Announcements in several areas that support prostate cancer research.

—*Molecular Epidemiology of Prostate Carcinogenesis* (PA).

—*Interdisciplinary Studies in the Genetic Epidemiology of Cancer* (RFA).

—*Diet, Lifestyle, and Cancer in U.S. Special Populations* (PA).

WWW References: <http://www.nih.gov/grants/guide>

Contact: Iris Orams (<mailto:go4i@nih.gov>)

Diet, Nutrition, and Prostate Cancer. Several associations of dietary patterns with prostate cancer have been reported, but the evidence needs much more interdisciplinary research and analysis. Diets high in vegetables have been reported to decrease risk, and high fat, saturated fat, and animal fat to increase risk. Several micronutrients may affect prostate cancer occurrence, and the effect of food constituents on molecular events in the prostate is unknown.

Contact: Carolyn Clifford (<mailto:cc77v@nih.gov>)

Surveillance. NCI plans a number of enhancements to its Cancer Surveillance Research Program. The enhancements will largely take the form of targeted special studies permitting the development of hypotheses concerning the origins of observed trends in incidence and mortality within the population. Prostate cancer is a particularly important area for emphasis, since the mortality from prostate cancer differs greatly according to ethnic group and we have little understanding of the basis for this variation. Similarly, the impact of screening on incidence, stage at diagnosis, survival, and mortality is an area of great current interest.

WWW Reference: <http://www.seer.ims.nci.nih.gov/>

Contact: Brenda Edwards (<mailto:be2w@nih.gov>)

Leadership Initiatives. This outreach initiative is directed to special populations. It is intended to establish and maintain a structure for dissemination of cancer awareness and educational activities in minority and underserved communities.

Contact: Otis Brawley (<mailto:ob6g@nih.gov>)