THE CANCER LETTER INTERACTIVE

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President Proposes 2.1% Increase For NIH, 2.4% Increase For NCI, In Year 2000 Budget

The budget proposal President Clinton submitted to Congress on Feb. 1 requests $15.9 billion for NIH, an increase of $320 million, or 2.1 percent, over this year's appropriation.

The Administration's budget for the fiscal year 2000 requests $2.973 billion for NCI, about a $70 million increase, or 2.4 percent, over the comparable operating budget for fiscal 1999 of $2.903 billion.

NCI spending for cancer research would total $2.732 billion, an increase of $65 million, or 2.4 percent, over last year's appropriation.

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In Brief:

FDA's Burlington Moves To Wyeth-Ayerst; NAS Award To Beckman; Genetics Online

BRUCE BURLINGTON, director of the FDA Center for Devices and Radiological Health since 1993, plans to leave the agency in March to head regulatory affairs at Wyeth-Ayerst Pharmaceuticals in Philadelphia. Burlington joined FDA in 1981 as a research fellow. From 1988 to 1993, he was deputy director of the Office of Drug Evaluation II in the Center for Drug Evaluation and Research, with responsibility for anti-infective, antiviral, metabolic and endocrine products. From 1989 to 1990, he also served as acting director of the Office of Generic Drugs. From 1986 to 1988, Burlington was in charge of the division of biological investigative new drugs in the Center for Biologics Evaluation and Research. "The agency has been truly fortunate to have Bruce on its team for more than 18 years," FDA Commissioner Jane Henney said. "Under his leadership, the agency's device program has been reinvented to more effectively and efficiently serve our stakeholders. The Center has not only eliminated its product review backlog, but also cut review times in half." . . . **ARNOLD BECKMAN** was selected by the National Academy of Sciences to receive the Academy's Public Welfare Medal. Beckman was chosen for his leadership in developing analytical instrumentation and for his philanthropy for scientific research. Beckman founded Beckman Instruments Inc., of Pasadena, CA. He became chairman emeritus in 1986. . . . **GLOSSARY OF GENETICS** is now available online and in CD-ROM from the National Human Genome Research Institute, at http://www.nhgri.nih.gov/DIR/VIP/Glossary/ According to the Institute, the glossary can help students, teachers, librarians, medical professionals, and (even) journalists understand key genetics terms. Beyond its standard

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"Roller-Coaster" Investment In Science Not Good: Shalala

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NCI spending for AIDS research would total $240 million, a $5 million increase from last year.

The proposed increase for NIH, one of the lowest in recent years, follows a year in which Congress provided the Institutes with a 15 percent increase of $2 billion.

Administration officials said the proposed increase, combined with last year's appropriation, is consistent with the President's plan announced last year to raise the NIH budget by 65 percent by the year 2003. That plan would have provided NIH an 8.5 percent increase last year.

However, HHS Secretary Donna Shalala said she would have preferred a larger NIH budget proposal, and that it is not "a good thing" to have abrupt changes in the growth of the research budget.

"My sense is that this business of going up and down on the NIH budget and on science budgets in general is something that every college president wrings their hands about," Shalala said at a Feb. 1 press conference. "I would prefer that it was larger. That conclusion is well known. But the President does keep his commitments in terms of the goal that he's laid out."

"I don't think the roller-coaster effect of going up and going down is an effective way to invest in this nation's scientific infrastructure," Shalala said. "We did go up very high last year, though, and being able to maintain that and make an investment in the biomedical inflator I think is important. The President had enormous restraints on this budget. He did the best that he thought he could. But I'm not going to pretend that I think that this going up and down is a good thing to do."

Budget Called "Unacceptable"

Research advocates and members of Congress said the Administration's NIH budget is inadequate.

"I am extremely disappointed in the President's budget request for medical research funding," Sen. Connie Mack (R-FL) said in a statement earlier this week. "It is simply unacceptable. The President's proposed budget means a cease-fire in the war against cancer, Parkinson's, Alzheimer's and other diseases plaguing our society."

Mack was joined by Sens. Tom Harkin (D-IA), Arlen Specter (R-PA), and Diane Feinstein (D-CA) in a Feb. 2 letter to Clinton expressing their disappointment with the budget proposal.

"There is no way you can do predictable research funding you need to do with this sort of see-saw effect," said Marguerite Donoghue, executive director of the National Coalition for Cancer Research and vice president of Capitol Associates, a Washington health advocacy firm. "One must assume that the President believes that NIH has such a broad base of support that Congress will take care of NIH if he doesn't."

Under the Clinton proposal, a scientist's chances of obtaining an NIH grant in FY 2000 would be significantly lower than they are during the current year. Also, current grantees would not receive inflationary increases, NIH officials said.

According to an NIH estimate, the budget proposal would support 7,617 new and competing research project grants, 1,554 fewer than during the current fiscal year. New and competing awards received an 11.4 percent average cost increase in FY99, which raised the average cost of a new grant to $285,000. The Institutes would maintain this level of grant support in FY2000 under the Administration proposal.

NCI would fund about 1,100 new grants under the proposed budget, about 100 fewer than during the current year, sources said. Most of the Institute's increase, about $60 million, would be used for funding noncompeting grants.

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Highlights of the budget proposal include:

—**Medicare**: Under an initiative to combat "fraud, waste, and abuse," the Administration proposes to eliminate the physician mark-up for outpatient drugs by limiting Medicare payment to 83 percent of the average wholesale price. Also, the proposal would reduce the Medicare reimbursement rate for Epogen by $1 "to better reflect current market prices."

The budget proposes a demonstration project to encourage Medicare patients to participate in cancer clinical trials.

The Administration proposes to allow uninsured individuals between the ages of 62-65 to buy in to Medicare. Individuals aged 55-62 who have lost their jobs and health insurance would have a similar option.

—**FDA**: $1.35 billion, an 18 percent increase, including $195 million in user fees paid by industry. The increase would be targeted to food safety ($30 million), youth tobacco prevention ($34 million), bioterrorism ($13.4 million), and other FDA core activities ($95.5 million).

FDA would use $15.3 million to improve the reporting of adverse reactions to drugs and devices; $52.2 million for product safety assurance; and $28 million (141 full-time equivalent positions) for premarket application preview.

—**Centers for Disease Control and Prevention**: $3.1 billion, an increase of $201 million, or 7 percent. Major initiatives would be bioterrorism, food safety, emerging infectious diseases, improved surveillance.

The budget proposal includes $101 million for CDC support of state tobacco control efforts. Two antismoking projects, the American Stop Smoking Intervention Study and Initiatives to Mobilize for the Prevention and Control of Tobacco Use, will be combined into the National Tobacco Control Program. Grants to states would increase by 29 percent, from $51 million this year to $66 million in FY2000.

—**Increase** in federal excise tax on cigarettes of 55 cents a pack.

—**AIDS Research**: The proposal would provide $1.8 billion for AIDS research through NIH, an increase of $35 million, or 2 percent, over this year's appropriation.

—**Complementary Medicine**: The new National Center for Complementary and Alternative Medicine would receive $50 million, excluding AIDS activities.

—**Health disparities** initiative would receive $145 million, an $80 million increase from last year, to fund efforts to combat higher risks of illnesses in minorities.

—**Long-term care** initiative would provide a $1,000 tax credit for people with long-term care needs or their family caregiver and expand home and community care programs.

—**Nursing homes** quality initiative of the Health Care Financing Administration would receive $60 million to strengthen federal and state enforcement of nursing home standards.

Members of Congress "Disappointed"

Following is the text of the Feb. 2 letter to Clinton signed by Mack, Harkin, Specter, and Feinstein:

We are writing to you on a matter of significant importance to the health and economic well-being of our nation. We are disappointed with the lack of support provided in your fiscal year 2000 budget for medical research and the search for medical breakthroughs that improve the quality of life for all Americans.

As you know, last year your budget provided an approximately $1 billion increase for medical research at the National Institutes of Health. We worked to build on your proposal and were able to provide an increase of approximately $2 billion in the fiscal year 1999 Omnibus Appropriations Act you signed into law last October—the largest in NIH history. This increase set us on course for meeting our goal of doubling support for medical research in five years.

Your fiscal year 2000 budget represents a substantial retreat from both your proposal last year and our final appropriation. Your proposal for a 2.1 percent increase is far short of the 15 percent jump necessary to keep on track for doubling funding over five years. In addition, your budget would likely result in researchers with existing NIH grants being denied inflationary adjustments.

We hope that you will reconsider your position and work with us to keep on track for doubling NIH funding. Doubling our investment in the search for medical breakthroughs is a bold, but highly achievable goal that would have numerous payoffs

for our nation. It is the kind of initiative that not only would capture the imagination and support of millions of Americans, it would clearly demonstrate our commitment to leading the world in health care quality and advances into the next century. In addition to enhancing the quality of health care by speeding up the discovery of preventive measures and more cost effective treatments, doubling our investment in health research would have a significant impact on holding down health costs in the long run. Finally, such a bold initiative would spur a new generation of our brightest young people into the war against disease and illness.

We clearly understand that there are many difficult decisions that must be made in putting together a budget. There are many worthy competing needs. However, we hope that you will work with us in a bipartisan effort to assure strong support for medical research.

News Analysis:

IOM Report A Case Study In Communications Disaster

The Institute of Medicine report on NIH efforts to study cancer in minorities and the underserved would make a fine case study in disasters in cancer communications.

Starting on the day the report was released, NCI and IOM became embroiled in a battle over what amounts to an accounting method proposed in the 272-page document. So far, this fight has overshadowed something very important, that NCI and IOM are in agreement over the vast majority of the recommendations.

This communications disaster has the following ingredients:

Ingredient 1. Wrong Numbers. Numbers are a crucial component of a communications disaster. In this case, the IOM committee apparently obtained a list of NCI grants and programs that involve minorities and the underserved. The list in question is routinely prepared by NCI and turned over to the NIH Office of Research on Minority Health.

The document, which listed about $124 million worth of programs and projects, was incomplete, said Otis Brawley, director of the NCI Office of Special Populations Research, and the designated NCI contact for the IOM committee.

"I would have been happy to explain it, as would our financial people," Brawley said to **The Cancer Letter**. "I showed up at several of their meetings, and I was never asked any budget questions."

It appears that the committee went through the list, crossing out all grants and projects that were not 100-percent applicable to minorities. As a result, they ended up with a list of about $24 million worth of grants and programs targeted to minorities. The list did not include grants and programs aimed at the elderly and the underserved.

"Coding is a complicated process," Brawley said. "Projects addressing the needs of the minorities and the underserved are an integral part of NCI research. To code correctly, you can't just go through a list of titles of grants and programs. You have to understand the hypothesis driving the research, the scientific question being asked. You need the context—and that's not trivial."

At one point, the committee asked Brawley to provide a list of *grants* targeted to special populations. As requested, Brawley provided a list of 127 research projects that added up to $43.9 million. The list included grants targeted at the underserved and the elderly, but did not include NCI programs.

Though the Brawley number and the IOM number are the proverbial equivalent of apples and oranges, comparing them is not entirely fruitless: Only 20 of the 127 targeted grants listed by Brawley appear on the list of targeted and relevant research that IOM used in its calculations.

So far, the numbers controversy has been played out only partially, at a hearing of the Senate Labor, HHS & Education Subcommittee (See Ingredient 5). It is expected to be replayed in greater detail at the Feb. 10 meeting of the National Cancer Advisory Board.

Ingredient 2. Recommendations Based on Wrong Numbers. Even the most meaningless of numbers are worthless unless they form the groundwork for policy recommendations.

In this case study, the IOM committee recommended that only research and programs "targeted" to minorities should be considered special populations research. Research "relevant" to minorities, does not count, the committee determined. The issue has implications beyond semantics.

Congress is almost certain to direct NIH to make regular reports on the status of its programs addressing minorities and the underserved.

The IOM report recommends that only targeted

projects—those that ask research questions of unique relevance to minorities—should be reported. Research coded "relevant" because it addresses issues related to minorities in a broader context, would become invisible.

Boiling this down to bare essentials, the IOM press release stated:

"NCI should improve its estimates of spending on research in these areas. It reports spending about $124 million in fiscal year 1997 for research and training programs addressing cancer in ethnic minority and medically underserved populations, but the IOM's analysis puts the figure at about $24 million."

A statement by IOM committee chairman Alfred Haynes went a step further, and offered the following assessment:

"We believe that NCI should base its estimate on the research question involved rather than on the percentage of minorities in its studies. When one considers the greater burden of cancer among minorities, and the increasing diversity of the U.S. population, NCI's current allocation is too low."

NCI officials counter that overlooking "relevant" research would obscure most of the special populations work done at the Institute. A literature search Brawley ran last year showed that 80 percent of 850 articles on special populations issues resulted from relevant (as opposed to targeted) research funded by the Institute.

"If they are telling us to stop tracking 'relevant' research—as I think they are—they are in effect telling us to stop tracking the most productive segment of our special populations research," Brawley said. "This would cripple our efforts to coordinate research."

Ingredient 3. Transcendence. If a communications disaster transcends questions of policy and becomes a matter of principle, emotionally charged words must be used and neutral words avoided.

In this debate, NCI officials have said that exclusive reliance on targeted research would amount to "segregation," and as "integrationists," they do not believe in "separate but equal." On the other side of the debate, former HHS Secretary Louis Sullivan described the NIH treatment of minorities as "benign neglect."

Ingredient 4. Additional Fogging. Participants may elect to make public statements that confuse the issue further. At a press conference, IOM committee chairman Haynes, former president and dean of Drew Postgraduate Medical School and former director of Drew-Meharry-Morehouse Consortium Cancer Center, made the following statement:

"The absence of minorities in some [cancer prevention] trials—for example the recently concluded tests of tamoxifen to prevent breast cancer in women at high risk for the disease—raises questions about how applicable the results are to minority populations."

Does this amount to a recommendation that clinical trials should produce statistically significant results in minority populations?

The answers from Haynes and other committee members brought together for an IOM press conference appeared to tilt heavily toward a "Yes."

"If you don't have enough people in the trial to answer a question about a particular group, you can't count it as having contributed toward that group," Haynes said. "In this case, if you want to get an answer, you have to do what's required to get the answer."

Committee member Gilbert Friedell continued: "What we are talking about is that you cannot extrapolate from one population to another. If you have a question regarding a specific population, you have to do research on it!" (**The Cancer Letter**, Jan. 22).

Ambiguity on the issue of setting targets for representation of minorities in clinical trials is likely to cause coronary events in every cancer cooperative group in the US. Clinical researchers who experience substernal, visceral pain should urgently turn to page 156 of the report:

"It is critical to include diverse populations in clinical trials to ensure that findings are generalizable to the entire population… From a social justice perspective, it is important that research supported by taxpayer dollars be inclusive of and applicable to the diverse populations of the U.S." Subsequent discussion essentially accepts the minimum standard set by the existing NIH regulations that require inclusion of minorities, but do not require statistically significant results for each minority.

"I was not present at the press conference. All I know is that the report does not address the pros and cons of single-ethnic group studies," Charles Bennett, one of the contributors to the chapter on clinical trials, said to **The Cancer Letter.**

"Our review of the treatment trials to date showed very good representation with respect to

minorities," said Bennett, senior research associate at Lakeside Veterans Administration Hospital and associate professor of medicine at Northwestern University Medical School. "Data were not clear as to representations of the medically underserved in the treatment trials. In contrast, prevention trials have not had the same success, with the notable exception of the ALPS Cervical Cancer Screening Trial."

Prior to press conferences, IOM officials request that committee members stay within the framework of reports being presented, but has no Consistency Squad empowered to interject that distinguished panelists have gone beyond the report in question and are expressing their own points of view.

This tradition establishes IOM as a friendly venue for making confusing and misleading statements to the press.

"Without getting into the specifics of this case, we always encourage our committee members to speak about the reports, and solely the reports, but that's not always possible in a press conference situation, when people try to be as helpful as they can and offer as thorough an answer as they can," IOM spokesman Dan Quinn said to **The Cancer Letter.**

"The ultimate record of what the full committee decided on is the report itself," Quinn said.

For those members of the press who have the time, interest, perseverance, and sufficient command of detail to recognize code words on page 156 of a dense, 272-page document, that's certainly good enough.

Ingredient 5. Confusion Among Participants. When this ingredient is mixed in, the communications breakdown can be pronounced fully baked.

In our case study, this occurred at a hearing held by Sen. Arlen Specter (R-PA), when committee chairman Haynes presented the IOM battle with NCI as a "partial agreement" (**The Cancer Letter**, Jan. 29).

"There is partial agreement on our analysis of the Institute's allocation of resources to research on minoritries and the medically underserved," said Haynes.

"We disagree with the method of analysis with which the Institute accounts for the second category, based on the percentage of minorities involved in a research study. This method triggers criticism that allocation is inadequate, with which NCI disagrees," Haynes said. "But they do agree with our view that it would be better to account for minorities on the basis of whether or not a study is designed to answer questions pertinent to the problem of cancer in minorities."

"Where is the partial agreement?" asked Specter. "On $24 million? There is disagreement over $100 million? I don't call that partial agreement…"

Visibly confused by the barrage of seemingly irreconcilable numbers, Specter said he would direct his staff to sift through the evidence and get to the bottom of the disagreement.

Ingredient 6. Opportunistic Mis-characterization. Every communications disaster is an opportunity to improve positioning.

Thus, the Intercultural Cancer Council, the Houston-based group that successfully lobbied Specter to mandate the IOM study, issued a press release claiming the following:

"The U.S. Senate Appropriations Subcommittee that sets the research budget for NCI questioned the organization's commitment to cancer research among ethnic minorities and the medically underserved and called upon leading cancer experts to help correct the current imbalances."

Psychologists call this projection. It was ICC co-chairman Armin Weinberg, not Specter, who questioned NCI's "cultural commitment" to minorities research at the hearing Jan. 21.

John Ullyott, a spokesman for Specter, said the Senator is gathering information on the issue.

"This is a part of an ongoing process," Ullyott said to **The Cancer Letter**. "He is trying make sure that the resources that NIH devotes to the health minorities and the underserved are adequate, and that they are being spent appropriately.

"He is trying to make sense of the numbers and the efficacy of these programs," Ulyot said. "This is a positive, affirmative step, and it's not exclusively about the IOM report. He is asking for input, and he will review the input he gets, along with the report."

Ingredient 7. An Intellectual Virus. Propensity to introduce an intellectual virus into the media is the ultimate benchmark for a communications disaster.

Since the story is so complicated, it is unlikely to get back into the news as discussion of the issue moves to greater depths. Thus, to the majority of the interested public, the story was shaped on Day One.

"The federal government's battle against cancer is shortchanging African Americans and other

minorities, who contract some forms of the disease and die from it far more than whites, a panel of experts said Wednesday," Knight-Ridder reported.

That story, as others, boiled down to the following: NCI says it says it spends $124 million on minorities, but its actual spending is $24 million, which is not enough.

Chances are that few readers would ever learn that these figures are based on faulty analysis of incomplete data, that correct numbers for targeted research were never kept secret, and that NCI officials say they would like to report more data than the IOM report deems necessary.

NCI Programs:

Coleman To Lead NCI's New Radiation Oncology Program

NCI appointed C. Norman Coleman, of Harvard Medical School, as director of a new Radiation Oncology Sciences Program, effective July 1.

In the newly created position, Coleman also will serve as chief of the Radiation Oncology Branch in the NIH Clinical Center and Associate Director of the Radiation Research Program, which administers NCI's extramural grants in radiation research.

"I am very excited about this opportunity to be a member of the NCI team," Coleman said. "We look to build vigorous collaborative clinical and research programs at NCI and NIH. The radiation oncology program will include technology development and assessment, and emphasize new molecular and biochemical approaches to radiation oncology."

"The radiation oncology training program and collaborations with the National Naval Medical Center and Walter Reed Army Medical Center will be further enhanced," Coleman said. "In addition, we will be building partnerships with the regional universities, practices and with patient groups. Such collaborations may extend to other centers throughout the US."

Coleman also will have an appointment as Deputy Director of the NCI Division of Clinical Sciences and Senior Advisor for Radiation Sciences to NCI Director Richard Klausner. This position will involve radiation oncology research within the U.S. as well as establishing new collaborative NCI programs regionally and internationally.

"We are all delighted that Norm Coleman will be joining the NCI family," said Robert Wittes, the Institute's deputy director for extramural science. "We look forward to benefiting from his scientific and clinical insight, his wealth of managerial experience, and his famous sense of humor."

Coleman is the Alvan T. and Viola D. Fuller American Cancer Society Professor and Chairman of the Joint Center for Radiation Therapy at Harvard Medical School. Coleman joined Harvard from Stanford University in 1985. He is board certified in both radiation and medical oncology. Coleman is the author of a recently published book for cancer patients, "Understanding Cancer," (Johns Hopkins University Press).

Funding Opportunities:

RFAs Available: NCI Challenge For Tumor Classification

RFA CA-98-027: Director's Challenge: Toward A Molecular Classification of Tumors

Letter of Intent Receipt Dates: March 23, Oct. 5

Application Receipt Dates: April 26, Nov. 16

The Director of the National Cancer Institute challenges the scientific community to harness the power of comprehensive molecular analysis technologies to make the classification of tumors vastly more informative. This challenge is intended to lay the groundwork for changing the basis of tumor classification from morphological to molecular characteristics. The NCI Director invites investigators to form multi-disciplinary research groups (National Cooperative Tumor Signature Groups) and to submit applications proposing the exploitation of one or a related set of comprehensive molecular analysis technologies for the analysis of tumor specimens. The NCTSGs will be expected to define comprehensive profiles of molecular alterations in tumors that can be used to identify subsets of patients. These molecular profiles will provide the basis for future studies to validate the clinical utility of molecular-based classification schemes. To achieve these goals, applicants may propose to develop comprehensive molecular profiles using DNA, RNA or protein-based technologies. A further goal of this initiative is the development and implementation of a plan for timely release of the extensive data sets expected to result from these projects. Access to these information rich data sets will benefit the entire cancer research community and facilitate rapid progress toward achieving the goals of the NCI.

NCI intends to commit approximately $10 million for the two application receipt dates to fund a total of eight to ten new grants in response to this RFA.

Inquiries: James Jacobson, Ph.D., Division of Cancer Treatment and Diagnosis, NCI, 6130 Executive Boulevard Room 700 MSC 7388, Bethesda, MD 20892-7388, phone 301-402-4185, fax 301-402-7819, email: jj37d@nih.gov

RFA CA-98-025: Breast Cancer Surveillance Consortium Expansion

Letter of Intent Receipt Date: June 15

Application Receipt Date: July 15

The NCI Division of Cancer Control and Population Sciences invites applications from domestic institutions for cooperative agreements to support collaborative research within the Breast Cancer Surveillance Consortium. This is a follow up to RFAs (cooperative agreements) awarded in 1994 and 1995 and coming to an end in 1999 and 2000. This RFA is intended to include recompetitions from existing centers and applications from new centers. This initiative will broaden the current Breast Cancer Surveillance Consortium research effort in several key aspects, while continuing to support the central goals and objectives. In addition to funding sites to collect data relevant to mammography performance, this RFA will also support a Statistical Coordinating Center.

In fiscal year 2000, NCI plans to make 9-11 awards for primary data collection and research centers and one award for a SCC. Approximately $5 million total cost is expected to be available for the first year of support. It is anticipated that the award for each primary data collection and research center will be between $400,000 to $550,000 total cost for the first year and the award for the SCC will be about $550,000 total cost for the first year.

Inquiries: Rachel Ballard-Barbash, M.D., M.P.H., Division of Cancer Control and Population Sciences, NCI, 6130 Executive Boulevard Room 313 MSC 7344, Bethesda, MD 20892-7344, phone 301- 402-4366, fax 301-435-3710, email: rb59b@nih.gov

RFA CA-98-028: The Early Detection Research Network: Biomarkers Developmental Laboratories

Letter of Intent Receipt Date: March 11

Application Receipt Date: April 26

The NCI Division of Cancer Prevention invites applications for cooperative agreements to establish a national Network that will have responsibility for the development, evaluation, and validation of biomarkers for earlier cancer detection and risk assessment. Biomarkers are defined as cellular, biochemical, molecular, or genetic alterations by which a normal, abnormal, or simply biologic process can be recognized, or monitored. Biomarkers are measurable in biological media, such as in tissues, cells, or fluids. The purpose of the Network is to establish a scientific consortium of investigators, academic as well as industrial, with resources for basic, translational, and clinical research. The consortium will have three main components—Biomarkers Developmental Laboratories, Biomarkers Validation Laboratories and Clinical/Epidemiologic Centers. The Biomarkers Developmental Laboratories will have responsibility for the development and characterizationn of new, or refinement of existing biomarkers; the Biomarkers Validation Laboratories will serve as a Network resource for clinical and laboratory validation of biomarkers, which include technological development and refinement; and the Clinical/Epidemiology Centers will conduct clinical and epidemiological research regarding the wide clinical application of biomarkers. Logistic support and informatics will be provided through an auxiliary Data Management and Coordinating Center.

The purpose of this RFA is to establish the Biomarkers Developmental Laboratories. It is anticipated that $4.6 million will be available to fund 8 to 10 awards for the first year.

Inquiries: Sudhir Srivastava, Ph.D., M.P.H., Division of Cancer Prevention, NCI, Executive Plaza North Room 330F, Bethesda, MD 20892, phone 301-496-3983, fax 301-402-0816, email: ss1a@nih.gov

In Brief:

Online Genetics Glossary; ORI Misconduct Finding

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dictionary-style definitions, the glossary also includes audio clips provided by more than two dozen researchers in genetics, molecular biology, and medicine. Genome Institute Director **Francis Collins** describes what a gene is and what it does. **Michael Blaese**, a leading researcher in gene therapy, describes how this promising treatment works. **Jeffrey Trent**, whose research team identified the location of the first major gene that predisposes men for prostate cancer, explains cancer. A limited number of CD-ROMs will be made available to schools and libraries. To request a CD-ROM, send or fax a letter on institutional letterhead to NHGRI Glossary Project, fax: 301-480-3897. Mail to: Jeff Witherly, Director, Office of Science Education and Outreach, National Human Genome Research Institute, NIH, Bldg. 45 Room 3As.49D, 45 Center Drive, Bethesda, MD 20892. . . . **SAPTARSHI PAUL**, a former research associate in the Molecular Oncology Division, Fox Chase Cancer Center, was found to have committed scientific misconduct in research funded by NCI, according to the HHS Office of Research Integrity. Paul "falsified an experiment on the uptake of all-trans retinoic acid by HL60 cells conducted by several researchers during July 1997," ORI said in a notice published in the Federal Register, Jan. 4. Several publications and portions of two grant applications were retracted. Paul will be excluded from obtaining federal grants or contracts for three years.

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