

THE

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## AACR, NCCR Advocate Five-Year Plan To Reach \$10 Billion Annual Cancer Budget

The report of the Research Task Force of The March, last year's attempt by cancer organizations to form a consensus platform, is emerging as the justification for boosting cancer research spending to about \$10 billion within five years.

In recent weeks, in public testimony before the House Labor, HHS and Education Appropriations Subcommittee, two major groups invoked the report, calling for more than tripling of the government's spending on cancer research.

The report was cited in the testimony of the American Association  
(Continued to page 2)

### *In Brief:*

## Baylor Recruits Scardino, Osborne, 13 Others; Likely To Gain Its Second NCI SPORE Grant

PETER SCARDINO will return to Baylor College of Medicine and the Methodist Hospital to establish and direct a cancer center.

Scardino, who left Baylor a year ago to become the chief of the urology service and head of a multidisciplinary program in prostate cancer at Memorial Sloan-Kettering Cancer Center, is scheduled to return before July 1.

The Baylor cancer center is almost certain to become the only institution to hold two Specialized Program of Research Excellence grants from NCI. Baylor already holds a prostate cancer SPORE. Another SPORE, in breast cancer, is expected to be brought over by another recruit, C. KENT OSBORNE, of the University of Texas Health Science Center.

Osborne, who accepted the job of director of the Breast Center at the new cancer center, is bringing along 13 members of the UT San Antonio faculty who are involved in the breast SPORE. Along with files and the coffee pot, the San Antonio contingent will be transporting about 100,000 tumor samples, about 30 freezers-full, sources said.

The transfer of breast cancer SPORE to Baylor will require NCI approval. At this time only one institution—Johns Hopkins University Hospital—holds more than one such grant. Hopkins has three SPOREs, in gastrointestinal, lung, and prostate cancers.

\* \* \*

VANDERBILT UNIVERSITY Medical Center received a pledge of \$56 million from the family of E. Bronson Ingram. The Nashville-based institution is renaming its cancer center after the philanthropist who died of cancer in 1995. Ingram, founder of Ingram Industries Inc., served

(Continued to page 8)

Prostate Cancer:  
NIH "Misjudged"  
Time Needed  
To Write A Plan,  
Varmus Says

... Page 4

NCI Programs:  
Report Urges Expansion  
Of Surveillance Program  
To Better Explain Trends

... Page 4

CGAP Speeding  
Gene Discovery

... Page 5

NCI Plans A Catalog  
Of Research Tools

... Page 5

NIH Programs:  
Varmus Appoints 20  
To Council Of Public  
Representatives

... Page 6

Funding Opportunities:  
PAs Available

... Page 6



## Societies, Advocates Seek Greater Appropriations For NCI

(Continued from page 1)

for Cancer Research and the National Coalition for Cancer Research. At the same time, proponents of the plan circulated the 40-page document on Capitol Hill.

"We strongly recommend the implementation of a 5-year plan to reach an annual investment level of \$10 billion per year for cancer research," AACR president Daniel Von Hoff said in testimony before the House subcommittee April 15.

"We propose that we begin by doubling the current NCI budget in FY 2000 and increase the budget by 20 percent per year for the next four years until we reach the \$10 billion level," Von Hoff said. "Can this money help? You bet it can, because now we have the tools, the genetics, the understanding to make a difference in developing new treatment and prevention strategies.

"We estimate that such an investment would reduce cancer deaths by 150,000 to 200,000 lives each year in the U.S.," Von Hoff said.

Testifying for NCCR, Linda Bachus, executive director of the Cancer Research Foundation of America's Congressional Families Action for Cancer Awareness, similarly urged Congress to accelerate the increases in cancer research funding. "This new funding is absolutely necessary to research and to

apply new knowledge for improved cancer treatment, detection, and prevention," Bachus said in testimony April 15.

The AACR and NCCR proposal to increase NCI funding to \$10 billion by the year 2004 appears all the more ambitious against the backdrop of events that—at least on the surface—seem to threaten continuing substantial funding increases for NIH.

It remains to be seen how many cancer groups will buy into the aggressive strategy adopted by NCCR and AACR. Appropriations testimony of two key groups, the American Society of Clinical Oncology and the American Cancer Society, supports the more modest goal of doubling the NIH budget by 2004.

However, even that goal appears to be in conflict with the Administration's slower growth target for NIH: a 50 percent funding increase by 2003. Far from doubling the NCI budget this year, the White House is seeking to slow down the increases. For the next fiscal year, the Administration proposed a 2.4 percent increase for NCI and 2.1 percent increase for NIH.

"Research opportunities are out-pacing the available funds for research," Bachus said in her appropriations testimony. "The President's [proposal] would most certainly set back cancer research efforts. NCI estimates indicate that the success rate—the percentage of approved cancer research projects that are funded—would drop from 31 percent to 28 percent."

Bachus said increases to the \$10 billion funding level are "absolutely necessary to research and to apply new knowledge for improved cancer treatment, detection, and prevention."

In his testimony, Von Hoff listed five areas of "investment" in cancer research:

—"Increase the level of funding for investigator-initiated research. Currently, less than a third of peer reviewed and approved research grant requests are funded. There are many good research projects which cannot be done because of a serious lack of funding.

—"Increase the number of NCI-designated Comprehensive Cancer Centers. This would improve the geographic distribution of expertise in cancer research and patient care and maximize patient access to the most up-to-date cancer treatment and prevention strategies.

—"Expand our clinical trial programs. Currently only 2 percent of adult patients with cancer participate in clinical trials. It has been shown that



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



patients participating in clinical trials have better survival rates than those who do not.

—“Attract, educate, and train more cancer researchers. We need continued replenishment of leaders to bring findings from the laboratory bench to the bedside. The terrible uncertainties about stable funding of cancer research efforts decrease our abilities to recruit and keep young investigators in the field of cancer research. They will be the ones caring for us and trying to prevent cancer in us in the future.

—“Double our efforts in cancer prevention to help stop the epidemic.”

### **Targets Abound; Funds Don't**

Testifying before the subcommittee May 21, ASCO President-elect Joseph Bailes suggested that the committee use the NCI Bypass Budget, a document that sets a \$3.873 billion funding goal for the fiscal year 2000, as the landmark in setting long-term appropriations targets. The current NCI budget is \$2.927 billion.

“Ideally, the professional judgment budget should be taken by the committee as its guide, but if fiscal circumstances require otherwise, the subcommittee should at least seek to replicate the 15 percent increase of last year in order to keep the NIH budget on a path toward doubling within a five-year period,” Bailes said.

ACS testimony also supported the doubling in five years goal. In addition to setting this target, the society proposed that the government launch a new “War on Cancer” that would emphasize prevention and early detection.

“We are just now beginning to see a downturn in overall cancer mortality and cancer incidence largely due to investments we have made as a nation since the War on Cancer was declared in 1971,” said Gerald Woolam, ACS president-elect. “We urge you and your colleagues to consider making a similar declaration now, so that in 28 years, our nation will have profited—both in terms of improved health care economics and diminished human suffering—from your wise investments and actions today.

“Our nation must chart a new course on cancer—one that focuses on prevention and early detection—not one that focuses solely on struggling for a late-in-the game, beat-the-buzzer cure,” Woolam said. “This can only be done by committing more resources to cancer research, prevention, early detection and treatment.”

Woolam called on Congress to provide funding

for “culturally competent programs which target and outreach to medically underserved populations.”

“Resources should be directed to programs that give priority to improving the health status of minorities, the poor, and other special population groups disproportionately affected by cancer,” he said.

“We must expand and increase the effectiveness of cancer research, prevention, detection, treatment efforts under NIH, CDC, the Health Resources and Services Administration, and the Indian Health Service in order to ensure that we have an adequate national response to the greater burden of cancer among minorities and the increasing diversity of our population.”

### **Goals At DOD**

The National Breast Cancer Coalition asked for \$175 million for the Department of Defense peer-reviewed breast cancer program, and the National Prostate Cancer Coalition asked for \$200 million for the peer reviewed program in prostate cancer.

In fiscal 1999, DOD is spending \$135 million on the peer reviewed research program in breast cancer, and \$50 million on the peer reviewed program in prostate cancer.

“The flexibility of the program has allowed the Army to administer this groundbreaking research effort with unparalleled efficiency and skill,” said NBCC Vice President Christine Brunswick in testimony March 25.

“In addition, an inherent part of this program has been the inclusion of consumer advocates at every level, which has created an unprecedented working partnership between advocates and scientists and ultimately led to uncharted research in breast cancer.”

William Schwartz, NPCC vice chairman and chairman of its public policy committee, cited the DOD Prostate Cancer Research Program Business Plan as a justification for the coalition’s \$200 million request.

“NPCC concurs, and we fully support the recommended \$200 million research program that targets the DOD four priority areas for development: cancer biology, prevention, therapy and infrastructure,” Schwartz said .

“Science can find a cure for prostate cancer,” Schwartz said. “The DOD program can accelerate the day when that life-saving breakthrough will come.”



### Prostate Cancer:

## Varmus Says NIH "Misjudged" Time Involved To Write Report

NIH Director Harold Varmus said his office and several Institutes had "misjudged" the time that would be required to produce a five-year research plan on prostate cancer.

Though the Congressional appropriations report obligates NIH to prepare such a plan before April, Varmus's office asked for an extension till June, prompting a Senate appropriations subcommittee to cancel the April 22 hearing where the plan was to be announced.

This precipitous cancellation also triggered sharply worded letters to Varmus from Jay Hedlund, president and CEO of the National Prostate Cancer Coalition, and Richard Atkins, president of CaPCURE Government Research Initiatives Group, the Washington unit of the organization founded by Michael Milken (**The Cancer Letter**, April 23).

NPCC also issued a press release accusing NIH of indifference to prostate cancer.

"Your frustration over the delay of the [hearing] is certainly understandable," Varmus wrote in identically worded letters addressed to Hedlund and Atkins. "Clearly, my office and several Institutes and Centers involved in prostate cancer research misjudged the time that would be required to compile a comprehensive, trans-NIH plan and obtain all appropriate reviews and clearances...

"Importantly, the administrative delays in compiling trans-NIH prostate research plan will in no way impede our research efforts," Varmus wrote. "I appreciate how much you want to see us push forward with an aggressive, ambitious prostate cancer research agenda, and I thank you for expressing your views in such a forthright fashion."

While NIH failed to complete its comprehensive plan to commit \$175 million to prostate cancer research next year, NCI was ready with a 40-page document that commits \$141.5 million to research on the disease. However, the NCI plan had not received NIH clearance in time for the hearing.

The deadline for the plan could not have been a surprise for NIH. The compilation of the prostate cancer plan was mandated by Congress, in the report that accompanied the 1999 appropriations bill. According to the appropriations language, the report had to be completed by April.

Hedlund and Atkins said Varmus' admission of

an administrative oversight settles the issue—at least for now.

"It's a forthright response," Hedlund said to **The Cancer Letter**. "He said they messed up and that they are going to address these problems. The real test is what kind of research gets done and what kind of a plan comes forward," Hedlund said.

Atkins, too, said he is eager to examine the NIH plan. "I look forward to hearing how NIH intends to push forward with its 'aggressive, ambitious prostate cancer agenda,' and one that leads to near-term cures or control for this devastating disease," he said.

### NCI Programs:

## Expand Surveillance Program To Explain Trends, Report Says

NCI should expand its Cancer Surveillance Research Program, particularly in activities that will help explain patterns and trends in the cancer burden, according to a report to the Institute by an advisory group.

The report, by the Surveillance Implementation Group, listed five priority areas and 12 "research opportunities" for expansion of the surveillance program, which the report called "the most authoritative source of information on cancer incidence, mortality, and stage-specific survival in the United States."

The opportunities listed in the report include expanding data collection, developing tools for analyzing surveillance data, and forging partnerships with other health databases to develop a "National Cancer Surveillance Plan."

NCI Director Richard Klausner called the report "incredibly important." The Institute plans to expand the Surveillance, Epidemiology and End Results Program, a major component of the CSRP, Klausner said to the NCI Board of Scientific Advisors, which accepted the surveillance report last month.

Klausner said the report will be "one of the highest priorities" for discussion at a meeting he has scheduled in May with Jeffrey Koplan, director of the Centers for Disease Control and Prevention. NCI works with CDC on the annual "report card" of cancer incidence and mortality (**The Cancer Letter**, April 23).

The report did not specify the amount of funding that would be necessary to carry out the recommended research. However, the report described the cost of each opportunity as either "high,"



“moderate,” or “low.” The report said “high” cost opportunities are those estimated to cost more than \$3 million a year, “low” cost opportunities are estimated at less than \$500,000 a year, and “moderate” costs fall somewhere in between.

The report said that “modest investments in appropriate areas could have a profound impact on the ability of the NCI and the extramural research community to explain observed cancer rates and trends.”

Following are the priority areas and research opportunities listed in the report:

**Priority Area 1: Expand the scope of surveillance research through additional data collection and methods development.**

1. Support the collection of data on patterns of care, health status, morbidity, and quality of life as well as cohort studies of newly diagnosed registered cancer patients for the purpose of documenting levels and trends in these parameters. (The cost for this effort is expected to be high; work should be initiated within the next 1-2 years).

2. Support the collection of risk factor and screening data in defined populations, particularly those covered by high-quality cancer registration (Cost: high; initiate within 1-2 years).

3. Develop research methods to measure dimensions of the cancer burden and factors affecting patterns and trends in cancer rates (Cost: moderate; initiate within 1-2 years).

4. Explore the feasibility and utility of employing geographic information systems for geocoding surveillance data and reporting geographic relationships among screening measures, risk factors (including environmental exposures), and improved cancer outcomes. Methods need to be developed for assuring data confidentiality (Cost: moderate; initiate within 1-2 years).

**Priority Area 2: Expand the scope of surveillance to improve the representativeness of cancer burden estimates.**

5. Expand NCI’s surveillance program to improve representation of ethnic minority and underserved populations. (Cost: high; initiate within 1-2 years).

6. Explore methods for developing improved national estimates of the cancer burden. (Cost: low; initiate this year).

7. Work with partners to develop a National Cancer Surveillance Plan. (Cost: low; initiate this year).

**Priority Area 3: Produce and disseminate a national report card on the cancer burden.**

8. Collect, analyze, and disseminate data on important cancer outcomes and trends in risk factor and screening behaviors as well as explanations for these trends in a National Cancer Report Card. (Cost: low; initiate this year).

9. Develop a strategy for improved dissemination of information on the cancer burden via the Report Card and other NCI communications. (Cost: low to moderate; initiate this year).

**Priority Area 4: Support molecular and genetics research for surveillance.**

10. Develop valid tools to assess family history of cancer and collection of data on the population prevalence of familial cancers. (Cost: moderate; initiate this year).

11. Investigate the feasibility of expanding population-based molecular and genetic biomarker studies within the Cancer Surveillance Research Program. (Cost: moderate to high; initiate within 1-2 years).

**Priority Area 5: Develop a training strategy for cancer surveillance research.**

12. Identify specific training needs related to surveillance sciences and develop a plan to incorporate surveillance into mechanisms for training cancer prevention and control scientists. (Cost: moderate; initiate within 1-3 years).

Co-chairmen of the Surveillance Implementation Group were Robert Hiatt, deputy director, NCI Division of Cancer Control and Population Sciences, and Nicole Urban, associate member, Cancer Prevention Research Program, Fred Hutchinson Cancer Research Center. The committee included 40 other scientists from NCI, other federal agencies, academia, and cancer centers.

The complete text of the 60-page Cancer Surveillance Research Implementation Plan is available at <http://dccps.nci.nih.gov/DCCPS/SIG/>.

\* \* \*

**CGAP Speeding Gene Discovery**

NCI’s Cancer Genome Anatomy Project has logged the discovery of 500,000 sequences and 20,000 new genes, Institute Director Richard Klausner said to the NCI Board of Scientific Advisors at its meeting last month.

“The rapid speed with which we are discovering and annotating gives us an incredible plethora of potential markers for diagnosis,” Klausner said.

CGAP, which NCI defines as “an



interdisciplinary program to establish the information and technological tools needed to decipher the molecular anatomy of the cancer cell," began in late 1997.

The program "has developed a huge amount of data," since its beginning, Klausner said. "In 1998, we developed the Phased Innovation Awards to fund the research, and in 1999 we will fund array centers and new programs for molecular diagnostics and early detection."

"It gives a sense of the remarkable speed with which we can move from infrastructure to discovery to applications," Klausner said.

CGAP also has a newly redesigned website, at <http://www.ncbi.nlm.nih.gov/ncicgap/>.

The NCI Executive Committee approved an expansion of the Phased Innovation Awards to fund the next phase of research using CGAP discoveries. The new program would be called the Phased Application Awards. The awards would fund research to validate molecular targets using an increasing number of clinical samples, Klausner said.

\* \* \*

### **If I Had A Reagent...**

NCI has a variety of useful tools available at low or no cost to researchers, but few people know about it, Institute Director Richard Klausner said.

"Resources, reagents, tissue banks—just on and on," Klausner said at a recent meeting of the Director's Consumer Liaison Group. "If you rummage around the attic of this Institute, you'd be amazed at how much is there."

Klausner listed a few of the available items:

—"Programs that have been developed to link occupation with cancer. These are interesting programs and people don't know about them."

—"There are numerous computer programs related to the surveillance system, but how would you know?"

—"You can get 200,000 natural products! Some people know about it, some people don't."

NCI plans to assemble information about these resources and better publicize them, Klausner said.

"We are going to put together over the next year a catalog modeled on the Whole Earth Catalog, for cancer research, which will allow people to look for and then get access to tools," Klausner said. "Because a catalog is exactly what we need—someplace you can go to and find out."

Besides their usefulness for scientists, NCI's research tools come in handy in Washington.

"Especially when I'm preparing for a Congressional hearing, I try to learn about these things, and I'm constantly saying, 'I didn't know we had that.'" Klausner said.

The original Whole Earth Catalog, published in 1968, sold 1.5 million copies.

"It is a handing of the tools of a whole civilization to its citizens," publisher Stewart Brand wrote in the forward to the latest version, the Millennium Whole Earth Catalog (<http://www.wholeearthmag.com>).

### *NIH Programs:*

## **NIH Appoints 20 To Council Of Public Representatives**

NIH Director Harold Varmus has appointed 20 individuals to the NIH Director's Council of Public Representatives.

The council held its first meeting April 21. It will meet twice a year, NIH said in a statement.

The individuals selected have "some interest in the work of the NIH, for example, as a patient or family member of a patient; a health care professional; a member of a patient advocacy group; an individual who works as a volunteer in the health field; a scientist or a student of science; a communicator in health, medicine, or science; an individual in public service, academia, or a professional society touching the medical field," NIH said.

NIH said the council is "a forum for discussing issues affecting the broad development of NIH policy, programs, and research goals, and advises the NIH Director on these matters."

Establishment of the council was among the recommendations of the 1998 Institute of Medicine report, "Scientific Opportunities and Public Needs."

Following is a list of the council members:

Michael D. Anderson, Oklahoma City; Theodore Castele, Cleveland; Robin Chin, Providence; Luz Claudio, New York; M. desVignes-Kendrick, Houston; Melanie C. Dreher, Iowa City; Pam Fernandes, Needham, MA; David Frohnmayer, Eugene, OR; Vicki Kalabokes, San Rafael, CA; Barbara B. Lackritz, St. Louis, MO; Joan Lancaster, Johnson City, TN; Debra Lappin, Englewood, CO; Lydia Lewis, Chicago; Roland McFarland, Beverly Hills, CA; Isaac D. Montoya, Houston; Rosemary B. Quigley, Ann Arbor, MI; Maurice F. Rabb, Schaumburg, IL; Robert J. Roehr, Washington, DC; Thomas Vaalburg, Holland, MI; Douglas Q.L. Yee, Honolulu, HI.



Biographies of the members are available at: <http://www.nih.gov/welcome/publicliaison/get-involved/copr/members.html>

Members have been appointed initially to a one-year term, NIH said.

Applicants not selected have been invited to become "COPR Associates," and to serve as links between the NIH and the public, NIH said. COPR Associates might be asked to comment or advise on COPR agenda items or to serve in the future on COPR or other NIH committees.

### *Funding Opportunities:* **Program Announcements**

NCI said that beginning with the June 1, 1999, receipt date, "Modular Grant Application and Award" procedures will apply to all competing individual research project grant (R01), and exploratory/developmental grant (R21) applications requesting up to \$250,000 direct cost per year, submitted in response to NCI program announcements.

Information on modular grant applications is available at: <http://www.nih.gov/grants/funding/modular/modular.htm>. A list of all NCI program announcements that should include the new procedures can be found at: <http://deainfo.nci.nih.gov/extra/pa/modularPA.htm>

Inquiries: Robert Hammond, Ph.D., NCI, Executive Plaza North Room 609, Bethesda, MD 20892-7410, 301-496-2378, fax 301-496-9700, email: [rh53k@nih.gov](mailto:rh53k@nih.gov)

#### **PA-99-079: Research On Ethical Issues In Human Studies**

NIH and the Centers for Disease Control and Prevention invite research grant applications (R01) for support to conduct research on ethical issues that arise with research involving human participants.

For NCI-related inquiries: Mary S. McCabe, R.N., Office of Clinical Research Promotion, NCI, 31 Center Drive Room 3A44 MSC-2440, Bethesda, MD 20892-2440, phone 301-496-6404, fax 301-496-0826, e-mail: [mm95z@nih.gov](mailto:mm95z@nih.gov)

#### **PA-99-081: Biology, Development, And Progression Of Malignant Prostate Disease**

NCI and other institutes of NIH invite investigator-initiated research grant applications to examine a range of fundamental biological issues critical for progress in defeating prostate cancer. This announcement encourages new projects on biology that underlies the development and progression of malignant prostatic disease.

Inquiries: Suresh Mohla, Ph.D., Division of Cancer Biology, NCI, 6130 Executive Blvd Room 505, Rockville, MD 20852-7385, 301-496-7028, fax 301-402-1037, email [sm82e@nih.gov](mailto:sm82e@nih.gov)

#### **PA-99-082: Development Of Digital Mammography Displays And Workstations**

NCI is interested in a concerted effort to overcome the problems of display for digital mammograms.

Integration of advanced hardware, software, and psychophysics research data is needed to optimize the early diagnosis of breast cancer using digital mammography.

Inquiries: Barbara Croft, Ph.D., Diagnostic Imaging Program, NCI, 6130 Executive Blvd Room 800, Bethesda, MD 20892, 301-496-9531, fax 301-480-5785, email: [bc129b@nih.gov](mailto:bc129b@nih.gov)

#### **PA-99-083: Development Of Digital Mammography Displays And Workstations (SBIR/STTR)**

This program will use the Small Business Innovation Research and Small Business Technology Transfer mechanisms. This PA encourages the small business community to develop displays for digital mammography.

Inquiries: Barbara Croft, Ph.D., Diagnostic Imaging Program, NCI, 6130 Executive Blvd Room 800, Bethesda, MD 20892, 301-496-9531, fax 301-480-5785, email: [bc129b@nih.gov](mailto:bc129b@nih.gov)

#### **PA 99052: Cooperative Agreement for 1999 National Breast and Cervical Cancer Early Detection Program**

The Centers for Disease Control and Prevention announces the availability of fiscal year 1999 funds for a cooperative agreement program for the National Breast and Cervical Cancer Early Detection Program. Assistance will be provided only to health departments of States and Territories or instrumentalities and to Indian Tribal governments. Approximately \$53 million is available in FY 1999 to fund approximately 23 states. The average award will be \$2.1 million, ranging from \$1 million to \$4.5 million. Approximately \$3.5 million is available to fund 12 Tribes/Territories. The average award will be \$300,000, ranging from \$200,000 to \$500,000.

Inquiries: Phone 888-GRANTS4 (1-888-472-6874). Contact Nealean Austin, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, CDC, Room 3000, 2920 Brandywine Road, Atlanta, GA 30341, phone 770-488-2754, email [neal@cdc.gov](mailto:neal@cdc.gov)

### **RFP AVAILABLE**

#### **RFP N01-CN-85093-63: Evaluation Of Chemopreventive Agents By In-Vitro Techniques**

The Chemoprevention Branch of the NCI Division of Cancer Prevention is expanding this Master Agreement Pool. Current MA holders need not respond. RFP is available at: [http://www.peacetech.com/rcab/rfps\\_published.asp](http://www.peacetech.com/rcab/rfps_published.asp)

Inquiries: Tina Huyck, Research Contracts Acquisition Branch, NCI, 6120 Executive Blvd Room 635, Rockville, MD 20852, 301-435-3830, fax 301-402-8579, email: [th38q@nih.gov](mailto:th38q@nih.gov)

### **NCI To Meet RFA Applicants**

NCI has scheduled a pre-application meeting for investigators considering submitting applications in



response to three RFAs for the Early Detection Research Network. RFA texts are available at: <http://www.nih.gov/grants/guide/index.html>

The meeting will be held May 17, 1-5 p.m., at the Natcher Conference Center, Room E1 and E2, at NIH.

Contact by May 10: Ava Bradshaw, Cancer Biomarkers Research Group, DCP, NCI, 6130 Executive Blvd Room 330 MSC 7346, Bethesda, MD 20892-7388, 301-435-8397, fax 301-402-0816, email: [ab242d@nih.gov](mailto:ab242d@nih.gov)

### In Brief:

## City Of Hope Receives \$36M; MSK Plans Integrative Services

(Continued from page 1)

as president of the University Board of Trust from 1991 until his death. Last winter, the Ingrams pledged the largest gift in Vanderbilt's history, valued at more than \$300 million. The cancer center gift is the first announced allocation, and will launch a \$100 million fund-raising campaign, led by Ingram's son **Orrin Ingram**, Ingram Industries co-president and Ingram Barge Co. chairman. . . . **IRWIN HELFORD** donated \$36 million to begin construction of a 144-bed cancer care facility at the Los Angeles-based City of Hope National Medical Center and Beckman Research Institute. The gift is the largest in the institution's 86-year history. Helford is chairman of Viking Office Products and vice chairman of Office Depot. The hospital, which is expected to open in 2004, will be named the Betty & Irwin Helford Clinical Research Hospital. . . . **BARRIE CASSILETH** was named the first chief of the Integrative Medicine Service in the Department of Medicine at Memorial Sloan-Kettering Cancer Center. Cassileth will be responsible for developing a comprehensive program of patient care services, research, and professional training, as well as expanding access to existing programs, the center said. "Memorial Sloan-Kettering pioneered the field of psycho-oncology by recognizing the unique emotional and psychological needs of cancer patients," said **Paul Marks**, MSKCC president. "Our Integrative Medicine program is an extension of that tradition." Cassileth said educating patients about the potential risks of dietary supplements and other approaches will be a significant component of the program. "We want to bring the best of complementary therapies into Memorial Sloan-Kettering to study them and to discard those that are ineffective while enhancing those that show demonstrable benefit," she said. Services to be offered include massage, art and music

therapy, meditation and other relaxation techniques, acupuncture and hypnosis, and guidance about herbal remedies and supplements. Cassileth, author of "The Alternative Medicine Handbook," is a member of the national board of the American Cancer Society. She has been an adjunct faculty member at Duke University Medical Center and a visiting lecturer at Harvard University. . . . **THE SUPREME COURT** said it would review whether FDA has the authority to regulate tobacco. A federal appeals court in Richmond, VA, ruled last year that FDA does not have such authority. The case involves FDA's 1996 regulations asserting its jurisdiction to regulate the sale and distribution of cigarettes and smokeless tobacco to children and adolescents. . . . **NCI DIRECTOR RICHARD KLAUSNER** received the second annual ASCI Award from the American Society of Clinical Investigation at the society's annual meeting last week in Chicago. He received a prize of \$20,000. The two other finalists for the award were **Michael Welsh**, of University of Iowa, and **David Clapham**, of Children's Hospital of Boston. ASCI is comprised of 2,600 physician-scientists from all medical specialties. . . . **FOX CHASE Cancer Center** honored **G. Willing Pepper** with a faculty chair in his name. Pepper is vice chairman emeritus of the center's board of directors and founding chairman of the Fox Chase Board of Advocates. He joined the board in 1973. . . . **SOLDANO FERRONE** was appointed chairman of the Department of Immunology at Roswell Park Cancer Institute. Ferrone was professor and chairman of the Department of Microbiology and Immunology at New York Medical College. . . . **DOROTHY HATSUKAMI**, professor of psychiatry and member of the University of Minnesota Cancer Center, was awarded the Governor's Award for a Better Minnesota by **Gov. Jesse Ventura** for her research in the addictiveness of nicotine. Hatsukami is president of the Society for Research on Nicotine and Tobacco. . . . **NATIONAL LIBRARY OF MEDICINE** has a new Web catalog called LOCATORplus (<http://www.nlm.nih.gov/locatorplus/>) that allows anyone with Internet access to search the library. . . . **IF YOU LIKE TO WATCH** construction projects, visit the NIH Division of Engineering Services Web page at <http://des.od.nih.gov/projects.htm>. NIH construction cameras (<http://des.od.nih.gov/descam.htm>) capture daily panoramic pictures of the major construction and renovation projects at the Institutes, including "Clinical Center Penthouse Views."





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