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ASCO Writes A New Mission Statement Placing Emphasis On Helping Patients

ATLANTA—In a strategic plan completed this year, the American Society of Clinical Oncology said its mission is "to improve cancer care and prevention."

The statement is significant because it makes it clear that the society exists to help cancer patients, ASCO President Allen Lichter said at the 35th annual meeting of the society earlier this week.

"We did not say that we exist to improve ourselves as oncologists, although that surely is one of our main goals," Lichter said. "[The mission statement] did not say that our core purpose was to advocate for our position in legislative and regulatory forums, although we certainly spend a great deal of energy doing just that.

"It didn't say that our core purpose was to help inspire the next generation of clinical researchers and physician-scientists in oncology,

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In Brief:

Bailes Succeeds Lichter As ASCO President; Einhorn Is President-Elect; Durant Honored

ATLANTA—**JOSEPH BAILES** became president of the American Society of Clinical Oncology at the society's annual meeting earlier this week in Atlanta. Bailes, national medical director of Physician Reliance Network Inc., of Dallas, succeeds **Allen Lichter**, dean of the University of Michigan Medical School. . . . **LAWRENCE EINHORN** was elected to the post of ASCO president-elect. He will take office next May. Einhorn is a professor of medicine at Indiana University. . . . **NEW ASCO BOARD** members were elected. They are: **Janice Dutcher**, associate director for clinical affairs, Comprehensive Cancer Center of Our Lady of Mercy Medical Center, New York; **Arlene Forastiere**, professor of oncology and otolaryngology, head and neck surgery, Johns Hopkins University School of Medicine; **Sandra Horning**, professor of medicine, Stanford University Medical Center; **Michael Link**, professor of pediatrics, Stanford University School of Medicine; **Craig Nichols**, professor of medicine, Oregon Health Sciences University; and **Philip Stella**, medical oncologist in private practice in Ann Arbor, MI. . . . **JOHN DURANT** received the ASCO Special Recognition Award for his tenure as the society's first executive vice president. Durant announced his retirement last year, but plans to remain in his current position until a successor is named. Durant was instrumental in the transition of ASCO

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ASCO's New Mission Statement Puts Patients First, Lichter Says

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although we devote considerable resources to doing so.

"We are here to benefit our patients," Lichter said. "If we have a single-minded, unwavering focus on that principle, we will always make good choices."

In remarks May 15 upon the completion of his one-year term leading the society, Lichter, dean of the University of Michigan Medical School, said ASCO would release other results of the strategic planning process over the next several months.

The excerpted text of Lichter's remarks follow:

Members and guests of the society, welcome to Atlanta and the 35th annual meeting of the American Society of Clinical Oncology. It is an honor to address you this afternoon and tell you about some of the exciting initiatives that the society has undertaken this past year, and I would especially like to highlight our strategic plan, along with the goals and objectives outlined for the society in the upcoming years. I would also like to tell you about our involvement in promoting clinical trials research in oncology over the past year.

Before I get to those topics I want to mention a few of the new features we have introduced into the annual meeting this year. For the first time, we have integrated the educational sessions with the scientific sessions over four days to give you more opportunities to enjoy this wonderful meeting. We created this opening session to showcase our award recipients and the Karnofsky lecture. We launched the Virtual Meeting online. We entered the modern era of online abstract submission.

We entered the cyber world with great care. Ted Lawrence, the program chairman, personally visited the finalists for our abstract contract. The contractor was the best in the business. Unfortunately, some of the abstracts were printed without the full affiliation of all the authors. We value the accuracy of the Proceedings of ASCO highly. Accordingly, we are having the entire abstract book reprinted, and you will receive corrected copies in a few weeks. We deeply regret this problem, which was caused by a programming error by our very experienced abstract contractor. We intend to continue electronic abstract submission next year, and believe that this is the future of scientific meetings. So please continue to participate with us.

To serve as ASCO's president has been a great honor and a special experience. But no one can do this job alone. Throughout the year I have enjoyed the support and encouragement of a number of important people, without whose help I could not have hoped to complete the duties of this important office. Throughout this talk I will take the opportunity to thank them.

First, I would like to thank my colleagues in the Department of Radiation Oncology and my colleagues in the cancer center at the University of Michigan for being so supportive of me this past year, covering clinics, excusing me from patient conferences, watching my patients when I was out of town. I appreciate all the concern that you showed. How much was I away, you might ask? When you become a department chair in the field of radiation oncology, you automatically become a member in good standing of "SOAR," the Society of Airborne Radiotherapists. Despite trying as hard as I could to fulfill the core mission of SOAR to be away as much as possible, I never reached the air mileage enough to earn any special airline award card. But even as president-elect of ASCO, I quickly got my Northwest gold card, as you see here, which is given to those who fly more than 50,000 miles per year. This past year, I flew nearly 75,000 miles, most on behalf of the society, so there were many days of coverage, and I owe many thank-yous to my Michigan colleagues.

I would also like to thank my wonderful family,

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first my brother Paul [chairman, Department of Ophthalmology, Kellogg Eye Center, University of Michigan], and sister-in-law Carolyn, who are in the audience today. Paul was president of his prestigious society, the American Academy of Ophthalmology, three years ago during its centennial year. Paul and Carolyn were wonderful hosts to me and my wife at their national meeting, and I am pleased to be able to reciprocate this year.

Next, my wonderful wife, Evie. She has been so understanding and so supportive of me this past year, that I could not have made it through without her. Evie, I promise you that this is my last society presidency. My mother is back in suburban Detroit, too infirm to attend this meeting, but I know she is here in spirit.

ASCO's Diversity Is A Strength

To be president of this society is a singular honor. But to be president coming from a non-medical oncology discipline as I do is particularly special. It illustrates one of the greatest strengths of our organization, membership diversity. We have plenty of diversity. Many different specialties and subspecialties are represented. They come from 79 different countries. They work in academic settings and in community practice. They are mostly physicians, but include other health professionals and also patient advocates. This diversity is present on the board of directors, and not by accident. It was legislated into our bylaws a number of years ago so that it must be present. On every committee, we have multiple specialties represented and also have patient representatives.

Being so broad-based, we can speak authoritatively on a wide range of issues important to the field of oncology. Many of the important issues we deal with transcend any single oncologic specialty. Issues like access to specialty care, access to clinical trials, training of young investigators, and NCI support for clinical research. An organization like ours can speak with enormous strength, which comes from a unity of purpose that binds this diverse organization together. We speak with one voice on these critical issues. When the oncologic community is united, there is little that we cannot accomplish.

We have come a long way and we have achieved many successes, yet there is much to be done. We must preserve and enhance the diversity of this society. It is one of our great strengths. ASCO is the only organization that carries an umbrella that is big enough for all of us to stand under.

Before I leave the issue of diversity and the benefits it brings to ASCO, let me touch upon a special subset of our diverse membership, our international members. Thirty-five years ago, our founding members could have easily founded SACO—the Society of American Clinical Oncologists. But they didn't. They realized, as we do even more so today, that cancer is a world-wide problem, that progress against cancer will come from a concerted global effort, and that cancer research is a world-wide enterprise. We need to fully utilize our international membership to enhance the goals of our society and to speed their accomplishment.

A step in that direction is to have a member of our board of directors come from the international community. You will be asked to vote on this issue this year at our annual business meeting and I urge you to support this important step in the development of ASCO. [Editor's note: The measure was approved.]

Planning For Growth

I carefully prepared a slide illustrating the changes in key areas of the society, but I will not go over the growth we have experienced. But as they say in the space program, all systems are go. We recognize that this growth must be managed and not allowed to simply proceed wherever chance and happenstance would take it. So the leadership of our society started to ask some penetrating questions. What is the core purpose of ASCO? What are the core values of this growing society? What are the goals that we would have over the next five to 10 years? What new programs and services would enhance the society and serve the membership?

To help answer those and other important questions, I called upon the board of directors. This year we stretched every board meeting into two full days so that we could engage in strategic planning. Not only did the board extend itself to meet this schedule, but they produced a wonderful plan that will guide ASCO's growth for many years to come. The board was joined by several additional key individuals to consider these question.

The first order of business in any strategic plan is to articulate the core purpose of your organization. This is an unwavering statement of why you exist, something that should last for a hundred years or more. To tackle this task, the planning committee was divided into four groups, so that we could discuss this weighty issue and come up with a statement from

each of different groups. The expectation was that we would have to reconcile four very diverging statements into one. But what happened in our organization was truly amazing. Every group came up with the exact same idea, almost word for word.

ASCO's core mission is to improve cancer care and prevention.

Notice that we did not say that we exist to improve ourselves as oncologists, although that surely is one of our main goals. It did not say that our core purpose was to advocate for our position in legislative and regulatory forums, although we certainly spend a great deal of energy doing just that. It didn't say that our core purpose was to help inspire the next generation of clinical researchers and physician-scientists in oncology, although we devote considerable resources to doing so.

Our core purpose speaks to the reason we do these things. We want to improve our skills, to advocate for sound legislative and regulatory policy, to create the next generation of researchers, on behalf of our patients. We want to get better so that we can help our patients get better. Every time we face an issue, or decide whether to launch a program, or to organize ourselves to take a public stand, we need to get out this compass. We should ask, "Will what we are about to do lead over time to improved care of our patients?" If the answer is yes, we should decisively move ahead. But if the answer is no, we should not be afraid to abandon a position, even if it might lead to a short-term disadvantage for us. We must always be true to this principle. We are here to benefit our patients. If we have a single-minded, unwavering focus on that principle, we will always make good choices. Those with whom we deal with will respect us. They will recognize that our positions are right because we offer those positions for the right reasons.

ASCO's Goals And Objectives

Beyond our core purpose, we produced a series of goals and objectives that we believe will allow us to prioritize among the many opportunities that are available to us. Our goals will tell us where to invest our capital, both human and financial, to further advance the society.

Our first goal concerns knowledge. We will enhance our educational offerings, using a variety of state-of-the-art techniques that will result in far more than the dissemination of information. Our goal is to help synthesize this information, to help place it in context, and in so doing, dispense knowledge. Our image will be such that people will regard us as the authoritative resource for information about cancer. This is a bold statement, since today, the American Cancer Society will clearly fit that description. But the over 200 journalists who are here, ready to report daily about our activities are a sure sign that we are beginning to be heard.

In public policy, we will be a key voice in all health policy discussions involving oncology. This is a key role that ASCO has done very well under the able leadership of our president-elect, Joe Bailes, and it is one that we will devote increasing energy to in the years ahead. We will draw from our diverse membership a renewable group of committed leaders to carry out our mission and goals.

We will remain structurally and fiscally sound, and avoid excessive dependence on any one source of income. This short presentation this afternoon does not allow me time to delve into each of these areas in depth. You will hear much more about the strategic plan and its import to the society in the months ahead. But I do have time to explore one of our goals in greater detail, the final goal, to enhance clinical research in general and clinical trials research in particular.

"What's Your Theme?"

When one becomes ASCO president, the question you get asked most often is, "What's your presidential theme going to be?" "Do you have a theme?" "When will we hear about your theme?" I read many of my predecessors' presidential speeches and I cannot figure out where this idea of a theme came from.

In recent times, John Glick was thematically committed to moving ASCO from its small Chicago offices and establishing the modern, professionally-run society we observe today. He founded AFCOS, the American Federation of Clinical Oncology Societies. He established the genetics education program that is growing in importance each year. Jim Armitage had as his theme, taking a pause from all of Dr. Glick's initiatives, and consolidating our gains. Bob Mayer made end-of-life care his thematic motif in a very busy and successful clinical year.

So the pressure was on as I took office. Would I follow Bob with a consolidation year? And I thought this would be the case, but it did not turn out to be that way.

Let me set the background. When Rick Klausner

took over leadership of the NCI, he instituted a wholesale overhaul of every activity the NCI engaged in. To that end, he appointed a series of external advisory committees, and one of those examined clinical research and the clinical trials process. The committee, headed by Jim Armitage, made a series of recommendations about how to improve the clinical trials system in the U.S., and as a follow-on, a committee headed by John Glick, was appointed to implement the Armitage report. Bob Mayer and I were appointed to this 30-person committee and the resulting recommendation from this implementation committee will, all agree, transform the clinical trials process in this country....

As I listened and watched the debate about what was right and what was wrong with oncology clinical trials in the U.S., I recognized, as did many others, that we had a dearth of solid information about this topic. To be sure, there was no lack of opinion. Many had wonderful solutions to perceived problems, but if you asked basic questions—"How many oncologists are affiliated with the clinical trials network in this country?" or "How many oncologists actually enter patients onto clinical trials?" or "Do oncologists participate in NCI-sponsored trials more or less often than in industry trials?" or "How much does it cost a clinical practice to participate in clinical trials research?"—there were no answers because there were no data. I thought it would be important to gather this information and I thought ASCO was the perfect organization to spearhead this data collection process.

It is particularly exciting for us to explore the theme of clinical trials research this year, since this is the 50-year anniversary of large-scale clinical trials in oncology. In 1949, in Manchester, England, a randomized trial comparing post-mastectomy chest wall irradiation versus observation was launched. The trial eventually accrued nearly 1,500 patients and proved that chest wall irradiation reduced the risk of local recurrence, but did not by itself improve overall survival. More than 30 additional trials concerning this question have been completed, and we are still debating this issue 50 years later.

The Manchester trial started us down the path, and now it is safe to say that we are the most clinical trials oriented specialty in all of medicine. We are the only specialty with a standing, permanent infrastructure dedicated solely to the purpose of performing a wide range of clinical trials. Our daily practice is profoundly impacted by clinical trials results, and the new data presented at this meeting will change in some way what each of you do for your patients. So it is fitting that ASCO, whose members are the clinical trialists, and whose meeting and journal are devoted to clinical trials outcome, be the one to try to gather a basic data set about the status of clinical oncology trials in this country.

We carried out three studies. First, a survey of the ASCO membership to learn what you felt about clinical trials research. Second, a survey of industry to try to learn as much as we could about the large, parallel universe of cancer clinical trials that exist side-by-side with cooperative group research. Third, a survey of practice expense costs associated with participating in clinical trials.

What does it cost you to do all the things you are expected to do? The IRB submissions, the annual renewals, the data gathering and submission, explaining trials to patients, auditing your charts, etc. Many practices receive $500 to $1,000 per case to cover these expenses. Is that sufficient? What we learned will be of great interest to you. I'll give you a hint. In one of our findings, you are being substantially under-reimbursed for what it actually costs you to perform clinical trials research. You will have to come to the Presidential Symposium to hear the complete story [Editor's note: A story on the symposium will be contained in an upcoming issue of **The Cancer Letter** .]

It is my hope that the information learned from the three studies will be the basis for continuing reforms in the clinical trials system, now based not on speculation, assumption, conjecture, but based on sound, solid data. A special thanks go to Lowell Schnipper, chair of the Public Issues Committee, who led the research effort, and to Zeke Emanuel, who, as he did last year in the end-of-life survey, labored over the research design and the survey design, and who organized many of the results. A very special thank-you to Deborah Kamin, ASCO's director of public policy. Without Deborah's effort, I would not have a Presidential Symposium to present to you.

Deborah is but one of a group of extraordinary staff we have at ASCO. At present, more than 50 people work for them. They are some of the most talented and dedicated people I have ever worked with. Their willingness to excel on our behalf is inspirational. To travel halfway around the world to sign up new members in the ASCO booth, to toil in the heat of Washington to show ASCO's flag. It is this group that makes presidents of this society look

good, and I am very grateful to them.

The leader of this group as you know is John Durant. How much of John's extraordinary talent and skill stems from the fact that he was born in Ann Arbor, MI, and is a fan of the University of Michigan, I do not know, but I believe it has had a considerable positive influence on him.

Funding, Review of Clinical Research

Let me return briefly to the subject of clinical research in oncology and make a couple of additional points. It has long been ASCO's policy that there is not enough emphasis placed on clinical research by the NCI and others. We advocated unceasingly for a study section to evaluate clinical research proposals in oncology, and I am pleased to report that last fall, a Special Emphasis Panel on Clinical Oncology Research, was finally inaugurated. Chaired by Margaret Tempero, this panel met for the first time the past March to consider 52 proposals.

We are off to a good start, but we cannot let down. This is our one chance to show that we as clinical researchers in oncology, what we can to when given the opportunity. So send in grant proposals for this panel. If this effort fails because of lack of good proposals, it will be years before we can even bring up the subject again. Do not let this opportunity pass by.

It would be considerably easier for us to advocate for additional resources for clinical research if we could all agree upon what clinical research is. Now that may sound simple, but in practice, it has proved nearly impossible. ASCO has stated that this research employs measurements in whole patients or normal human subjects. It involves lab measurements when appropriate, and it spans a variety of fields. ASCO's definition emphasizes that clinical research involves contact with a patient. A good part of this research takes place in exam rooms and often involves the laying on of hands. But not everyone agrees with this proposal, and a half-a-dozen other groups have proffered their own definitions. The Institute of Medicine defines clinical research to include research in organs, tissues, subcellular elements, proteins, and genes derived from humans. It may also include the study of micro-organisms, as well as studies of other members of the animal kingdom. So the study of a DNA repair gene in a yeast is really clinical research. In fact, the trick here is to find some kind of research that's not clinical research.

Of course, fundamental basic science research is critically important. Without it, we would have no long-term future in medicine. But this definition is the wolf donning sheep's clothing. If clinical research is going to get a boost in funding from NCI, let's redefine basic research as clinical research, and get credit for it. The study of chromosomal aberration in lymphocytes, where the only patient contact is a nurse asking, "May I draw your blood?" although vitally important work, is not what ASCO had in mind when we began to push for increases in clinical research funding. I believe we are being heard on this topic by NCI and others, but we must keep repeating our message.

Exciting Days Ahead

Ladies and Gentlemen, the future is bright for clinical oncology and for ASCO. Without doubt, the most exciting days in the history of our field lie ahead. For example, within a few years, we will be using microarrays to profile genes that are active in any particular cancer. Thousands of genes can be screened simultaneously. This technology is rapidly becoming commonplace in research laboratories and will soon have direct clinical applications. From this rapid analysis of a host of genes, we will know the biologic aggressiveness of a neoplasm, its propensity to metastasize and to what sites, and the signaling pathways that are active in that cell and are thus vulnerable to attack by a number of small molecules designed specifically to inhibit those key pathways.

When we assemble for our 50th annual meeting in 2014, analyses of this nature will be routine, and we will remind ourselves of when we tried to determine prognostic factors by light microscopy, by tumor size, and by nodal dissection.

As our field undergoes dramatic change and the way you practice undergoes similar changes, ASCO will be there to partner in this change. We will continue to sponsor the major scientific meeting on clinical oncology in the world, and publish the world's leading clinical oncology journal. But we will also be there sponsoring local and regional meetings, disseminating information on the Internet, keeping you informed about important news in the field of oncology, and offering a wide range of cutting-edge educational materials, books, guidelines, assessments, monographs, tapes, CDs, and media that hasn't even been invented yet. As the landscape of oncology changes, ASCO will be there to change with you.

We are capable of innovating and responding to

your needs because we have a dedicated group of volunteers who work along with the staff with great skill, day after day, for the good of our organization. Our committee chairs are there to actually guide the society. I take some credit for this terrific group of individuals, because I appointed many of them to their posts. I wish that I had time to tell you about the important work that every single dedicated person on this list accomplished this past year. Singling out anyone is tough, but I would especially like to thank Ted Lawrence, who did such an outstanding job as program director, and our immediate past president, Bob Mayer, whose sage advice was extremely valuable to me during this year.

"We Are Privileged To Be Trusted By Patients"

Members and guests of the society, we practice in one of the great specialty areas of medicine, oncology. We are privileged to be trusted by our patients at one of life's most vulnerable and frightening times, when a diagnosis comes back as malignant. At that moment, our patients are looking for high-quality care, coupled with reassurance and compassion. We are trained to provide that care, and we respond.

By rising to this challenge, we encounter the full range of emotion. We experience the exhilaration of seeing cancers respond to our treatment, and the simple joy at glancing at a busy follow-up schedule that contains the names of long-term survivors who have now become good friends. We experience the sadness and the despair that comes from seeing wonderful people relapse and die, despite our best efforts. We experience the hope that comes from seeing today's progress and the promise of tomorrow's new advances.

We entered the field of oncology in order to help people with cancer. ASCO exists to assist you in that noble endeavor. This represents the core of our mission, and it is to further that goal that we assemble today in Atlanta. I wish you a most successful and productive meeting. I will always cherish the memory of being president of this great organization.

Thank you.

NCI Program Announcements

All of the following PAs have the same contact for inquiries: Jay George, Ph.D., Office of Technology and Industrial Relations, NCI, Bldg 31 Rm 11A03 MSC 2590, Bethesda, MD 20892-2590, phone 301-496-1550, fax: 301-496-7807, email: jgeorge@mail.nih.gov

PAR-99-100: Innovative Technologies For The Molecular Analysis Of Cancer: Phased Innovation Award (R21/R33)

Letter of Intent Receipt Dates: June 18, Oct. 18, 1999; Feb. 18, June 19, Oct. 19, 2000, and Feb. 20, 2001

Application Receipt Dates: July 21, Nov. 21, 1999; March 21, July 21, Nov. 21, 2000 and March 21, 2001

NCI invites applications for research projects to develop novel technologies that will support the molecular analysis of cancers and their host environment in support of basic, clinical, and epidemiological research. Technology encompasses methods and tools that enable research including, but not limited to, instrumentation, techniques, devices, and analysis tools (e.g., computer software). Technology is distinct from resources such as databases and tissue repositories. Applications for support of such resources will not be considered to be responsive to this PA. Technologies solicited include those that are suitable for the detection of alterations and instabilities of genomic DNA; measurement of the expression of genes and gene products; analysis and detection of gene and or cellular products including post translational modification, and function of proteins; identification and characterization of exogenous infectious agents in cancer; and assaying the function of major signal transduction networks involved in cancer.

This PA is intended to support the development of all required components of fully integrated systems for analysis including front end preparation of sample materials from cells, bodily fluids, and tumor specimens; novel chemistries or contrast agents; molecular detection systems; data acquisition methods; and data analysis tools. Technologies under consideration include those that will support molecular analysis either in vitro, in situ, or in vivo (by imaging or other methods) in the discovery process, as well as in pre-clinical models and clinical research.

PAR-99-101: Innovative Technologies For The Molecular Analysis Of Cancer: SBIR/STTR Initiative

Letter of Intent Receipt Dates: June 18, Oct. 18, 1999; Feb. 18, June 19, Oct. 19, 2000 and Feb. 20, 2001

Application Receipt Dates: July 21, Nov. 21, 1999; March 21, July 21, Nov. 21, 2000 and March 21, 2001

NCI invites Small Business applications for research projects to develop novel technologies that will support the molecular analysis of cancers and their host environment in support of basic, clinical, and epidemiological research. This program will utilize the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) mechanisms, but will be run in parallel with a program of identical scientific scope that will utilize the newly created Phased Innovation Award mechanism (PAR-99-100).

The SBIR and STTR applications received in response to this program announcement will undergo

expedited review, have the opportunity for expedited transition of successful technology research into an expanded development phase, and will be subject to cost and duration limits comparable to the parallel Phased Innovation Award applications.

PAR-99-102: Applications Of Innovative Technologies For The Molecular Analysis Of Cancer: Phased Technology Application Award (R21/33)

Letter of Intent Receipt Dates: June 18, Oct. 18, 1999; Feb. 18, June 19, Oct. 19, 2000 and Feb. 20, 2001

Application Receipt Dates: July 21, Nov. 21, 1999; March 21, July 21, Nov. 21, 2000 and March 21, 2001

NCI invites applications for research projects to evaluate the utility and pilot the application of molecular analysis technologies in studies relevant to cancer research. Molecular analysis technologies of interest include those that are entirely novel, or emerging but not currently in broad scale use, or technologies currently in use for one application or set of applications, that are being evaluated for utility for alternative applications. The PA provides support for a first phase for technology evaluation and a second phase for pilot application of the technology in a study of biological interest to cancer research.

PAR-99-103: Applications Of Innovative Technologies For The Molecular Analysis Of Cancer: (SBIR/STTR) Initiative

(Receipt dates same as PAR-99-102)

This program will use the Small Business Innovation Research and Small Business Technology Transfer mechanisms, but will be run in parallel with a program of identical scientific scope that will utilize the newly created Phased Technology Application Award (PAR-99-102).

In Brief:

ASCO Honors Bonadonna And Fisher; More Than 20,000 Attend Annual Meeting

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to a self-managed society. "I am very proud of what we have accomplished as a society during the past four years and I see a strong future ahead," Durant said. "ASCO has the forward momentum to continue as the leading clinical cancer organization both nationally and internationally." The search for a successor has been reopened, sources said. . . . **ASCO DISTINGUISHED SERVICE** Awards were given to **GIANNI BONADONNA**, of Istituto Nazionale Tumori, Milan, and **BERNARD FISHER**, Allegheny University, Pittsburgh, for their "extraordinary efforts in the development of adjuvant therapy for women with breast cancer." . . . **ASCO AWARDED** $1.44 million to 22 young researchers. Career Development Awards were presented to five researchers: **Daphne Haas-Kogan**, University of California, San Francisco; **Roy Herbst**, University of Texas M.D. Anderson Cancer Center; **Michael Hogarty**, Children's Hospital of Philadelphia; **Kornelia Polyak**, Dana-Farber Cancer Institute; and **Todd Waldman**, Georgetown University Medical Center. Seventeen researchers received Young Investigator Awards. . . . **MEETING ATTENDANCE** exceeded 20,000 for the first time, ASCO officials said. . . . **CHARLES PUTMAN,** senior vice president for research administration and policy at Duke University, died May 17 of a apparent heart attack. He was 57. He died at Duke Hospital, where he had attended to patients earlier in the day. Putman had served as dean of medicine and chairman of radiology, and was the James B. Duke Professor of Radiology. He served on the NCI Division of Cancer Treatment Board of Scientific Counselors from 1986 to 1989. He also was a member of the Institute of Medicine of the National Academy of Sciences. He received many grants and was a principal investigator for the Howard Hughes Medical Institute. He was the author or co-author of 199 published research reports and was the editor or co-editor of nine textbooks. . . . **DAVID FEIGAL JR.** has been appointed director of the FDA Center For Devices And Radiological Health. The center is responsible for ensuring the safety and effectiveness of all medical devices. Feigal joined FDA in 1992 to head the Division of Anti-viral Drug Products, in the Center for Drug Evaluation and Research, where he managed the review of many currently approved therapies for AIDS. In 1997, Feigal became medical deputy director of FDA's Center for Biologics Evaluation and Research, where he focused on the blood and tissue products, including medical devices involving blood and tissues. Feigal replaces **Bruce Burlington**, who left FDA last March. . . . **NIH DIRECTOR HAROLD VARMUS** has posted on the NIH website a proposal he calls E-biomed, for electronic publications in the biomedical sciences. The proposal includes discussion of prospective benefits, methods to guarantee equity, and plans to launch E-biomed. The URL is: http://www.nih.gov/welcome/director/ebiomed/ebiomed.htm. Varmus invites e-mail comments about E-biomed, and NIH will post the responses for others to read, the Institutes said.

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