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Cost To Oncologist For Enrolling A Patient On Trial About $2,000, ASCO Survey Finds

A series of surveys by the American Society of Clinical Oncology and an NCI-sponsored study at the Mayo Clinic have finally brought to the table a key ingredient severely lacking in discussions about the participation of oncologists in clinical trials and the costs of enrolling patients on trials:

Data.

Among the findings of the three ASCO surveys, presented at the society's annual meeting last month in Atlanta:

—The average cost to oncologists of enrolling a patient on a

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In Brief:

Cowan To Direct Eppley Cancer Center; Nealon Retires From NCI Liaison Office

KENNETH COWAN was named director of the Eppley Institute for Research in Cancer and Allied Diseases and the University of Nebraska Medical Center's Eppley Cancer Center in Omaha, effective Aug. 1. Cowan is chief of the Medical Breast Cancer Section in the NCI Medicine Branch. He has spent his entire 21-year career at NCI since completing his residency at Texas Southwestern Affiliated Hospitals in Dallas. . . . **ELEANOR NEALON** has retired as the first director of the NCI Office of Liaison Activities. Nealon, a 15-year breast cancer survivor, is battling a recurrence of the disease. NCI Director Richard Klausner called Nealon "one of the most treasured members of the NCI" and cited her work to establish the Director's Consumer Liaison Group as an example of her ability to "bridge worlds and cross boundaries." . . . **TWO M.D. ANDERSON** Cancer Center faculty received awards at the International Congress on Anti-Cancer Treatment, held recently in Paris. **Gabriel Hortobagyi**, professor and chairman of the Department of Breast Medical Oncology, received the Vermeille Medal of Paris for his contributions to breast cancer research and development of scientific and educational ties between M.D. Anderson and the Service d'Oncologie Medicale Pitie-Salpetriere in Paris. **Waun Ki Hong**, professor and chairman of the Department of Thoracic/Head and Neck Medical Oncology, received the Claude Jacquillat Award for Achievement in Clinical Oncology for his outstanding contributions to the development of chemoprevention strategies. . . . **CARLO CROCE**, editor-in-chief of Cancer Research, received the Raymond Bourgine Award for Achievements in Cancer Research at the International Congress on Anti-Cancer Treatment. . . .

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Physicians Don't Make Money On Clinical Trials, ASCO Finds

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government or industry trial is $2,000 per patient, with a range of $581 to $5,028 for government trials and $569 to $6,567 for industry trials.

—NCI-sponsored clinical trials reimburse on average only a quarter of the actual costs to oncologists of participation. Current NCI reimbursement is $750 per patient; average industry reimbursement is $2,500 per patient.

—Despite higher reimbursement from industry, oncologists said they prefer to work on NCI-sponsored trials, because the trials are considered well-designed, important, and intellectually challenging.

—The single greatest barrier identified by oncologists to enrolling patients was strict eligibility criteria. Other barriers included administrative burden and inadequate data management staff.

—A majority of oncologists—85 percent—view clinical trials as the essential means of discovering new therapies to improve patient care, and 80 percent report having participated in clinical research within the last three years.

"The encouraging news is that most oncologists view clinical research as fundamental to their jobs, despite significant disincentives to participate," said Allen Lichter, dean of the University of Michigan Medical School and past president of ASCO. "The bad news is that a lack of trained personnel, inadequate funding, increased pressure to do reimbursable work, and a lack of dedicated research time serve as powerful deterrents to conducting such research."

Joseph Bailes, who took office as ASCO's president for 1999-2000, said the society is planning to examine patterns of care over the next year.

The Mayo Clinic study published in the May 19 issue of the Journal of the National Cancer Institute found that the costs for care provided as part of clinical trials are slightly higher than costs for standard treatment. However, based on the study's findings, the authors recommend third-party payment for patients' treatment in NCI-approved clinical trials.

Preliminary results of two other NCI-supported cost studies were presented to the National Cancer Advisory Board earlier this week.

Cost-Counters Cut Back Participation

The ASCO Public Issues Committee, chaired by Lowell Schnipper, of Beth Israel Hospital, Boston, undertook three surveys:

—Oncologists' perceptions and participation in clinical trials, conducted by the Center for Survey Research at the University of Massachusetts. The survey had 3,550 respondents of 8,000 ASCO members surveyed.

—Pharmaceutical industry participation in cancer trials, conducted by Barnett International. Of the 116 companies surveyed, 32 responded; data from 19 were evaluable.

—Costs associated with clinical cancer research, conducted by the Lewin Group. There were 17 respondents to this in-depth survey of oncologists' office practices.

Oncologists who had calculated the costs of participating in clinical research were more likely to have decreased their participation over the past year, said Ezekiel Emanuel, chief of the Department of Clinical Bioethics at the NIH Clinical Center, who presented the results of the oncologists' perception survey at the ASCO Presidential Symposium on May 16.

Half of the respondents said their participation in industry-sponsored trials had increased in the past three years, while 31 percent said their participation in NCI-supported clinical trials cooperative groups had increased.

Oncologists estimated that 20 percent of their patients were eligible for participation in trials, and

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said they approached 10 percent about participation, but only 5 percent of their patients actually enrolled.

In contrast, pediatric oncologists said 70 percent of their patients were eligible for trials and 68 percent of them enrolled.

Oncologists who enroll fewer patients on trials are those who have no protected research time and who have pressure to generate revenue, the survey found. Reasons given for not enrolling include strict eligibility criteria and lack of informed consent.

Only 20 percent of those who responded said they had protected time for research, and those were more likely to work in academic settings. Protected time consisted of about one day a week.

"The younger you are, the more likely you are to have protected time," Emanuel said. "If you have protected time, you are 73 percent more likely to enroll more than 5 percent of your patients on trials."

Oncologists who reported more reimbursement from managed care firms were more likely to participate that those who reported less managed care reimbursement.

The survey found that 75 percent of oncologists report not having been a principal investigator or co-principal investigator on a trial during a fellowship. This indicates a major lack of training in clinical research, Emanuel said. "This is an extremely sad statement on our training programs," he said. "We expect this to be gleaned by osmosis."

Enrolling patients on trials was not felt to lead to career advancement, oncologists said.

Reimbursement for patient care costs in trials not involving bone marrow transplantation did not seem to be a problem for these oncologists. Oncologists reported submitting claims for reimbursement more than 95 percent of the time, and getting reimbursed in more than 95 percent of the cases. However, for BMT studies, oncologists reported submitting claims in 95 percent of the cases, but getting reimbursed less than 20 percent of the time.

More than half the respondents said cooperative groups run the most effective trials, while 25 percent said industry trials were most effective. Three-fourths of the respondents said they would participate in cooperative group trials if given $1,500 per patient.

The pharmaceutical industry survey found that 9 percent of industry clinical trials are devoted to new anti-cancer agents, compared to 25 percent on cardiology and 17 percent in neurologic diseases, Schnipper said.

The survey found that the top five cancers being investigated in industry trials are: prostate, colon, melanoma, and lung. An estimated 13,000 patients are enrolled in industry sponsored trials.

It is estimated that 116 companies are conducting clinical research in cancer, and that 267 anticancer compounds are being tested in 647 different trials, Schnipper said.

The study of costs associated with clinical research selected 25 sites of varying sizes. Seventeen of the sites completed the survey, including seven academic centers, three HMOs, and 12 group practices.

The study proposed a mock phase III trial and assumed each site would enroll 20 patients for a 13-week treatment period with 12 months of follow-up. Oncologists said they must conduct 15 separate activities to participate in the trial and enroll a patient. The most time-consuming actions include recruiting patients, seeing patients, and completing forms.

Overall, 200 hours of work are required to see one patient through the clinical trial process, or 4,000 hours for the 20 patients. Nurses and data managers spend about 1,800 hours and 1,500 hours per trial, respectively, the study found.

The direct labor minus the patient care costs came out to about $2,000 per patient, Schnipper said. "These estimates are conservative," he said. "If anything, time was underestimated."

"If trials were adequately funded and supported, we could shorten the time it takes to complete patient accrual, and thus the time it takes to complete research," Lichter said. "This would allow us to undertake more trials and learn the results faster. This is critical because in oncology the majority of what we know to be effective has come to us through the clinical trial process."

Costs Of Care In Trials Slightly Higher

NCI has sponsored three studies on patient care costs in clinical trials. The Mayo Clinic study, the first of these to be published, was conducted as a matched-case comparison of the incremental medical costs for participation in cancer treatment trials from the date of trial entry until either death or 60 months following entry into the trial.

Case subjects were residents of Olmsted County, MN, who entered phase II or III cancer treatment trials at Mayo Clinic from 1988 through 1994. Control subjects were patients who did not enter clinical trials, but who were eligible based on their tumor types and other information provided in their medical records.

Each case was followed with its corresponding control case for up to five years following the date of clinical trial entry for case subjects or from an equivalent date for control subjects. Hospital, physician and ancillary service costs were estimated from a population-based cost database developed at Mayo Clinic.

The study found that the costs of treating patients in clinical trials were less than 10 percent higher than for treating patients who were eligible for the trials but opted for standard treatment, according to the study. The average total five-year cost in 1995 inflation-adjusted dollars among trial enrollees was $46,424, compared with $44,133 for those who did not enter clinical trials.

"The widely held view by third-party payers is that clinical trials are much more expensive than standard treatment," said Steve Alberts, Mayo Clinic oncologist and the study's principal investigator. "We now know that costs are not budget breaking. We hope this will encourage reimbursement by third-party payers, which will translate into better access to clinical trials for patients. This access in turn should lead to improved survival and quality of life for patients, and faster advancements in the search for new treatments for all cancers."

Mayo Health Plan, a health maintenance organization affiliated with Mayo Foundation, announced an agreement in 1997 with several national cancer cooperative groups to cover patient care costs of treatment provided as part of NCI-approved trials. This was the first agreement of its kind between the oncology community and private payers and health plans doing business on a region-wide basis.

Based in part on early information from the Mayo Clinic study, UnitedHealthcare, the national health benefits subsidiary of UnitedHealth Group with 7.9 million members, made a similar agreement with the Coalition of National Cancer Cooperative Groups Inc., that became effective last October.

Results of this study also are being considered by a committee at the Institute of Medicine of the National Academy of Sciences that is considering potential Health Care Financing Administration policy changes with respect to Medicare coverage of clinical trial costs. Medicare does not pay for routine patient care delivered in a clinical trial unless that care would be necessary without the trial.

Sen. Connie Mack (R-FL) last month introduced a bill, the Medicare Cancer Clinical Trials Act of 1999, that would cover routine patient costs for Medicare patients taking part in approved cancer clinical trials.

Preliminary Results Of Two Studies

The preliminary results of the two other NCI-supported studies of patient care costs on trials were presented June 8 to the National Cancer Advisory Board's Clinical Trials Subcommittee. Martin Brown, chief of the Health Services and Economics Section in the NCI Division of Cancer Control and Population Sciences, said the data had been reported to NCI last July, and cautioned that there may be revisions in these results when they appear in final publication. Both studies have been submitted for publication.

In a study at the Group Health Cooperative of Puget Sound, cost data was obtained for patients who participated in five different breast cancer trials conducted by the Southwest Oncology Group and five different SWOG colorectal cancer trials from 1990-96. There were 49 cases of breast cancer and 20 cases of colorectal cancer.

After two years, the routine care cost for breast cancer patients enrolled on trials was $23,494, compared to $18,596 for matched controls not enrolled on trials, a difference of $4,899. For the colorectal cancer trials, the difference was $1,498.

In a study at Kaiser Permanente of Northern California, cost data was obtained for patients on trials by SWOG or the National Surgical Adjuvant Breast and Bowel Project. After one year, the cost of routine patient care for those enrolled on trials was $17,003, compared to $15,515 for patients not enrolled on trials, a difference of $1,487.

Brown said much of the differential on the Kaiser study was attributable to patients enrolled on bone marrow transplant trials.

The three studies had small sample sizes, and the trials, patients, and practice settings may not be representative of the population, Brown said. Also, he said, the technique of matched pair analysis may introduce selection bias and weaken the generalizability of the results.

NIH Campus Construction:

NIH Dedicates Vaccine Center To Dale And Betty Bumpers

NIH this week dedicated a new vaccine research center to to immunization advocates Dale Bumpers, the former senator from Arkansas, and his wife Betty Bumpers.

"The triumph of vaccines over infectious disease is one of the great achievements of a remarkable 20th century," President Bill Clinton said a June 9 ceremony for the laying of the cornerstone of the new building.

"At century's end, the men and women who labor in labs to unlock the mysteries of human biology and disease—especially those here at the National Institutes of Health—have made this one of America's great citadels of hope, not only for our people but for people throughout the world," Clinton said. "I think it is important to note, though, that we are here today because the triumph of immunization over disease is also the triumph not just of scientists, but of countless citizens across America—public health specialists, advocates, volunteers, leaders in government—who work together to support new research, and to bring life-saving vaccines to all people."

Two years ago in his commencement address at Morgan State University, Clinton sought support for developing a vaccine against AIDS within the next 10 years. He also announced plans to construct the new vaccine research center on the NIH campus. The President's budget request for FY2000 contains $200 million for the AIDS vaccine research efffort.

Although the National Institute for Allergy and Infectious Disease is the lead institute operating the vaccine research center, NCI is providing an estimated $8.25 million in operational support funds for the vaccine center in FY 1999.

NCI Programs:

Genetic Variations Discovered, Added To NCI Public Database

NCI scientists have discovered 10,435 possible new variations in human genes and have placed the information on a website for other researchers to validate and use.

The variations, called single nucleotide polymorphisms, or SNPs, may influence how fast an individual's cancer grows and how well it responds to treatment.

Kenneth Buetow, chief of the NCI Laboratory of Population Genetics and a member of the NCI Genetic Annotation Initiative, said the gene variations need to be validated, but each of the candidate SNPs met statistical confidence levels of .99 percent, meaning there is a 1 percent chance or less of error in identifying them as SNPs.

Buetow's group analyzed nearly 22,000 genes and sorted out the sequences using three computer software programs.

The candidate SNPs are available at no charge to researchers on the Cancer Genome Anatomy Project website at http://lpg.nci.nih.gov/GAI.

The site also provides free access to the software package that allows scientists to look for SNPs in sequence generated from their own studies.

"Ken's group has created a tremendous tool for the entire scientific community to identify genetic variations in the human genome, one of the great challenges now facing science," said NCI Director Richard Klausner. "What is nice about this approach is that mining existing data is relatively low cost and extremely high yield."

The Genetic Annotation Initiative, begun last year, aims to compile a comprehensive catalogue of SNPs that occur in genes involved in cancer. The GAI also is exploring the feasibility of applying various technologies and approaches to locating SNPs. Every individual has about 1 million SNPs, which occur once about every 1,000 to 2,000 bases of DNA.

NIH also is participating in a SNP Consortium formed by pharmaceutical companies and academic centers. The two-year, $45 million initiative to create a high-quality map of genetic markers is being funded by the Wellcome Trust and 10 pharmaceutical companies: AstraZeneca PLC, Bayer AG, Bristol-Myers Squibb Co., F. Hoffmann-La Roche, Glaxo Wellcome PLC, Hoechst Marion Roussel AG, Novartis, Pfizer Inc, Searle, and SmithKline Beecham PLC.

Leading academic centers, including the Whitehead Institute for Biomedical Research, Washington University School of Medicine in St. Louis, the Wellcome Trust's Sanger Centre, Stanford Human Genome Center, and Cold Spring Harbor Laboratory, will participate in the identification and analysis of SNPs.

Like the NCI's GAI, the consortium's SNP map will be placed in the public domain.

The SNP maps will enable researchers to conduct studies of SNP patterns from patients who have a particular disease or who respond poorly to a particular drug, compared to patterns from unaffected populations. These association studies may identify disease-specific genes and novel therapeutic targets and treatments.

"This will be the most profound change in cancer research in the next century," Klausner said to the

National Cancer Advisory Board at its June 8 meeting. "This will be the basis for future funding and design of molecular projects."

Data-Mining Strategy

The data-mining strategy the NCI scientists developed was based on the theory that much of the sequence information available in public databases is redundant.

To look for possible SNPs, they developed the SNPpipeline using two standard semi-automated software tools for editing sequence: PHRED, which scores the probability that a nucleotide call from a sequencing reaction is correct; and PHRAP, which takes multiple snippets of sequence and aligns them in their correct sequential order.

Once aligned, the sequence can be assessed by a third software program called DEMIGLACE, developed by Michael Edmonson, of Buetow's lab. The program tests for the statistical probability that a base is either an error or a variant, Edmonson said.

The results of a pilot study of the SNPpipeline was published last year in Nature Genetics.

The new study that identified the 10,435 candidate SNPs took a week of computing time, Buetow said. The release, which doubles the number of SNPs, marks the first of many releases as the GAI moves ahead, he said.

"Scientists will be able to access CGAP's Tumor Gene Index, find a gene of interest, then in a matter of seconds look for known variations in the gene's structure," Buetow said.

Professional Societies:

ASCO Forms Foundation To Support Training Programs

The American Society of Clinical Oncology has formed the ASCO Foundation to advance careers in clinical cancer research and to communicate advances in the science and treatment of cancer to oncologists.

"The ASCO Foundation will help to promote the next generation of leaders in the field of clinical oncology," said John Durant, executive vice president of ASCO.

Through the foundation, the society plans to expand its fellowship program, which consists of Young Investigator Awards and Career Development Awards. The foundation initially will support 31 fellows, Durant said at the ASCO annual meeting last month in Atlanta.

An inaugural benefit concert held at the ASCO annual meeting in Atlanta last month featuring opera tenor Jose Carreras raised $188,000 for the foundation, the society said. Ortho Biotech Inc. sponsored the concert and the foundation's charter member.

ASCO, founded 35 years ago, has a budget for the current year of nearly $20 million, double the budget of five years ago, said Durant, who served as president of the society in 1985-86.

From Young Adult to "30-Something"

In his remarks to the society at its meeting in Atlanta, Durant recalled that the title of his presidential address in 1986 was "ASCO as a Young Adult." Attendance at that meeting was about 6,000.

"Today a more appropriate title of the talk would be ASCO as a 30-something. My how things have changed," Durant said. Attendance at the meeting in Atlanta was over 20,000.

"The meeting is now recognized worldwide as the premier venue for the presentation of the latest in clinical cancer research and the vehicle par excellence for an educational experience in modern clinical oncology," Durant said. "The program and proceedings include over 2800 submissions, with almost half received online."

Other ASCO activities have also seen tremendous growth. The Journal of Clinical Oncology now is available in Spanish and Chinese, and Japanese and Portuguese editions are planned for next year.

Also, the society has increased its visibility in Washington by advocating for research funding, reimbursement, and other issues.

"The society has made a priority an increase in its visibility so as to increase our credibility when advocating for various public policy issues of importance," Durant said.

The society now has 60 staff members, requiring a move to a larger office next year. The society plans to occupy 28,500 square feet of space in a new office building in Alexandria, VA. The move is planned for August 2000.

"I believe I have achieved all the goals I had when I accepted this job," Durant said at the annual meeting. "Now I expect to retire shortly.

"In my career I have been blessed by working for four wonderful institutions—Temple, UAB, Fox Chase, and ASCO—and with great people, for all of whom I feel great affection," Durant said. "I consider it a special privilege to have been your first EVP."

NCI News Roundup:

NCI Clinical Trials Initiatives Explained In Online Lectures

NCI sponsored a "Cyber Café" at this year's American Society of Clinical Oncology meeting to educate oncologists about the Institute's plans to transform the clinical trials system.

Meeting attendees had an opportunity to view electronic presentations by NCI staff on several initiatives aimed at supporting and facilitating participation in clinical trials.

The clinical trials initatives are designed to improve access to trials through expanded evaluation of new trial ideas, increased physician participation, and a streamlined consent process. Also, NCI is putting in place new tools to simplify reporting requirements and help researchers transfer data easily.

At the Cyber Café, visitors could test computer applications for the new tools and data systems that NCI is designing. Audio and written transcripts from the presentations are available at http://www.webtie.org/nciinitiatives.

NCI's Common Toxicity Criteria, version 2.0, for grading treatment toxicities and adverse events, was published last year. Now, the CTC is available as a web application, and is being tested for use in hand-held PCs including Palm Pilots.

CTC information is available at http://ctep.info.nih.gov.

In other developments on the NCI website:

—**Online summaries** of the NCI Third National AIDS Malignancy Conference, held May 26-27, are available at http://hiv.medscape.com/conferences/malignancy3.

—**Complementary and alternative** medicine information summaries are available on NCI's CancerNet website. The first summaries are about hydrazine sulfate and shark cartilage, and may be found at http://cancernet.nci.nih.gov/cam/cam.htm.

Last year, NCI formed an Office of Cancer Complementary and Alternative Medicine to support research in complementary and alternative medicine as it relates to cancer. Jeffrey White is director of the OCCAM (email: ncioccam-r@mail.nih.gov).

—**The NCI Fact Book**, full of org charts, committee rosters, budget information, and cancer statistics, could be just the resource for the elusive statistic or funding fact to drop into a grant application: http://www.nci.nih.gov/public/factbook98/index.html.

"Some might say the Fact Book is something only a federal employee could love," according to a communication from the NCI Information Associates program. "It's long on data and short on poetry."

That's because all the poetry goes into the Institute's Bypass Budget (http://wwwosp.nci.nih.gov/newosp/spa/bypass/bypass2000/), sources said.

Funding Opportunities:

NCI Program Announcement

PAR-99-108: Cancer Prevention, Control, and Population Sciences Career Development Award

The purpose of the Cancer Prevention, Control and Population Sciences Career Development Award (K07) is to support the career development of investigators who have made a commitment to focus their research endeavors on cancer prevention, control and the population sciences. This mechanism provides support for three to five years of specialized didactic study and mentored research for individuals with a health professional or science doctoral degree wanting to make a transition to cancer prevention and control research, and for individuals already trained in cancer prevention and control who are not yet fully independent investigators. The K07 award also provides support for a leave of absence from the sponsoring institution for a period of didactic training and research experience at NCI.

Examples of relevant disciplines for this PA include any aspect of human cancer prevention (modifiable risk factors, new animal models and extrapolation of these models to human cancer, genetic predisposition to cancer and detection of precursor lesions, chemoprevention trials in human populations, and behavioral research and behavioral intervention trials in cancer prevention), epidemiology (biochemical, genetic, molecular), biostatistics, human cancer genetics, clinical oncology, human nutrition, behavioral and social sciences, health promotion, health services and health policy research; and medical decision analysis, survivorship and quality of life as they relate to cancer. For the purpose of this PA, cancer control research is defined as "basic and applied research in the behavioral sciences that independently or in combination with biomedical approaches, reduces cancer risk, incidence, morbidity, and mortality across the lifespan and over the entire process of carcinogenesis from primary behavioral prevention in youth, to screening, treatment, and survivorship."

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TCL Editor Wins Awards For Investigative Reporting

Paul Goldberg, an editor of **The Cancer Letter**, has won three journalism awards for his reporting on cancer research studies conducted by the controversial Houston physician Stanislaw Burzynski.

Goldberg won the awards for "The Antineoplaston Anomaly: How A Drug Was Used for Decades in Thousands of Patients, With No Safety, Efficacy Data" and related articles published in **The Cancer Letter**, Vol. 24 No. 36, Sept. 25, 1998. The articles examined Burzynski's methods of conducting human studies of "antineoplaston" as a treatment for cancer.

The Washington DC Professional Chapter of the Society for Professional Journalists presented Goldberg the third annual Robert D.G. Lewis Award for reporting that "best exemplifies the characteristics of journalism aimed at protecting the public from abuses by those who would betray the public trust."

It is the first time a newsletter journalist has received the $500 award, named for a former Newhouse Newspapers executive and past president of SPJ. Reporters from The Washington Post and The Washington Times won the award in previous years.

The award judges called Goldberg's story "thoughtful investigative reporting." They noted that, "**The Cancer Letter** is a small operation without the resources of large broadcast outlets or newspapers, yet it broke a major national story that affects the lives of thousands of people."

Goldberg also received the SPJ Washington Dateline Award for Newsletter Reporting. The award is given for reporting from the nation's capital "that contributes to better understanding of the federal government."

The antineoplaston story also was recognized by the Newsletter Publishers Foundation, of Arlington, VA. The foundation awarded Goldberg third place for investigative reporting in the foundation's annual Newsletter Journalism Awards competition. The first place award was presented to Defense Week for articles on waste in the Navy's Seawolf submarine program, and second place was won by Energy Daily.

The package of stories included expert reviews of Burzynski's 1997 annual report to FDA. The assessments were provided by Marin County, CA, oncologist Peter Eisenberg, Duke University brain tumor expert Henry Friedman, and Hahnemann University Cancer Center Director Howard Ozer.

Goldberg has been a full-time editor of **The Cancer Letter** since 1992, but has been associated with the newsletter since 1986, when, as a freelance writer, he established **The Cancer Letter's** monthly business section, **Cancer Economics**. The section was renamed **Business & Regulatory Report** last January.

Goldberg is the author of two nonfiction books on the human rights movement in the former USSR, "The Final Act," a history of the Moscow Helsinki Watch Group (William Morrow, 1988), and "The Thaw Generation: Coming of Age in the Post-Stalin Era," co-authored with Ludmilla Alexeyeva (Little, Brown, 1990; available in paperback from University of Pittsburgh Press). Goldberg also translated "To Live Like Everyone," the memoirs of the late Soviet dissident Anatoly Marchenko (Henry Holt, 1989).

Goldberg was a reporter at the daily Wichita Eagle-Beacon, in Wichita, KS, from 1983 to 1985. From 1982 to 1983, he was a reporter at the weekly Reston Connection, in Reston, VA. He graduated from Duke University with a B.A. in economics in 1981.

In Brief:

NCI Seeks Candidates For Head Of Division Of Basic Sciences

(Continued from page 1)

NCI IS SEEKING "an outstanding world-class senior-level scientist" to fill the position of director of the Division of Basic Sciences, according to job announcements placed in scientific journals recently. Last year, DBS Director George Vande Woude announced his intention to leave NCI by November, when he will become director of the Van Andel Research Institute, in Grand Rapids, MI (**The Cancer Letter**, May 22, 1998). DBS is the largest of three NCI divisions which comprise the intramural program, with 36 laboratories, branches, and programs with about 850 employees, 750 fellowship positions, and 130 contract positions. The division's annual budget is about $150 million. Salary range for the director's position is $150,000 to $200,000. To apply for the position, send letter, statement of research interests, career synopsis and brief biography, c.v. and bibliography, and names and addresses of five references to Brenda Pennix (CA-99-0306), NCI, Human Resources Management and Consulting Branch, 6120 Executive Blvd., Room 550 EPS, Rockville, MD 20852, fax 301-402-9333.

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