THE CANCER LETTER INTERACTIVE

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Senate Subcommittee Seeking $2 Billion Increase For NIH, Bumps Up Against Caps

Senate appropriators are seeking to provide a $2 billion budget increase for NIH for the coming fiscal year, Sen. Arlen Specter (R-PA), chairman of the Senate Appropriations Subcommittee on Labor, HHS and Education, said at a hearing last week.

At a subcommittee hearing June 16, Specter said that so far his subcommittee has been frustrated in its attempts to work within the spending caps placed on the budget two years ago. "We are not able to move ahead because of the caps," Specter said at a hearing on prostate cancer research at NIH.

(Continued to page 2)

In Brief:

The Children's Oncology Group Is Name For Pediatric Trials Groups In Merger

CHILDREN'S ONCOLOGY GROUP (COG) is the name of the clinical trials cooperative group being formed in the merger of the Children's Cancer Group, the Pediatric Oncology Group, the National Wilm's Tumor Study Group, and the Intergroup Rhabdomyosarcoma Study Group. The name was finalized earlier this month, POG Chairman **Sharon Murphy** said to a June 18 meeting at NCI of the Cooperative Group Chairs. The four groups announced the decision to merge last year (**The Cancer Letter**, Aug. 7, 1998). "Our progress has been very encouraging and very dramatic," Murphy said. Agreement has been reached on membership criteria and bylaws for the new group. The next step is to integrate informatics systems and to establish the group's Clinical Trial Support Unit. The first meeting of the COG is planned for next spring. "We have an ambitious agenda," Murphy said. "We are funded by NCI through 2002, which means that we have to really function as a new group in 2000," to prepare for the grant renewal process. "Peer review is a major issue," since most U.S. pediatric oncologists would be affiliated with the group, CCG Chairman **Archie Bleyer** said, responding to the concerns expressed by **Joseph Simone**, executive director of the Huntsman Cancer Care Program, University of Utah, in a recent editorial in Oncology Times. "We may have to turn to our European colleagues for peer review," Bleyer said. . . . **NATIONAL CANCER ADVISORY BOARD** voted unanimously at its June 8 meeting to send a letter to HHS Secretary **Donna Shalala** endorsing "with enthusiasm" the recommendations of the report by the Institute of Medicine's National Cancer Policy Board on

(Continued to page 8)

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NIH Plans To Increase Support For Prostate Cancer Research

(Continued from page 1)

"We are struggling now to find the funds, but we have targeted an increase of $2 billion for NIH," he said.

At the hearing, NIH officials described a five-year plan that provides for increasing prostate cancer research funds from $180 million during the current year to $420 million in fiscal 2003. Last year, NIH spent about $114 million on prostate cancer.

The document describing the plan said that the increases reflect the professional judgment of the NIH director and does not take into account any economic constraints. "This level of support must be integrated with other research efforts of NIH," the document states.

The 62-page document, titled "Planning For Prostate Cancer Research," has a colorful history. Last year, Sen. Ted Stevens (R-AK), chairman of the Senate Appropriations Committee, amended the Labor, HHS and Education appropriations bill to include a $175 million earmark for prostate cancer research in NIH.

Though the full Senate signed off on the bill, Stevens was ultimately convinced to drop the earmark in exchange for a promise from NIH that it would ramp up spending on prostate cancer and develop a five-year research plan on the disease. Thus, the House-Senate conference report mandated NIH officials to prepare the report before April, 1999.

Specter's subcommittee planned a hearing April 22 to discuss the report. However, days before the hearing, NIH officials asked for a postponement, stating that the document wasn't ready.

At the hearing last week, Specter noted the postponement. "When we had to cancel an earlier scheduled hearing on prostate cancer because the report, which was originally scheduled to be released on April 22, was not released, we got two letters from prostate cancer community leaders expressing concern to Dr. Varmus about missed deadlines that exemplify the NIH's 'indifference' to prostate cancer sufferers," Specter said.

The letters were written by Jay Hedlund, then president of the National Prostate Cancer Coalition, and Richard Atkins, president of the CaP Cure Government Research Initiatives Group (**The Cancer Letter**, April 23).

Varmus apologized for the delay, saying NIH underestimated the amount of time that would be needed to get the report through the clearance process within HHS and the White House Office of Management and Budget.

Despite the uncertainty of funding, the hearing achieved the basic goals of all parties involved in such events:

—The appearance by celebrity witnesses Bob Dole, New York Yankees manager Joe Torre, and financier Michael Milken brought out the media.

—Prostate cancer advocacy organizations drew attention to the cause of increasing NIH appropriations for prostate cancer research.

—Specter drew attention to the cause of increasing NIH appropriations. "My own view is that when the country is as wealthy as it is, we ought to be funding every last research grant that is meritorious," he said. "There is no higher priority than health."

—NIH officials were able to present their own "professional judgment" plan, rather than having an arbitrary budget for disease-specific research forced upon them.

As an added bonus—something to think about—Milken casually slipped in the idea of creating government-issued low-interest cancer "war" bonds to finance research. He promised to buy $50 million worth.

The war bonds idea, presented moments before appropriators took a 15-minute break to cast votes

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on the Senate floor, seemed to capture Stevens's imagination. When the hearing resumed, Stevens said that on the way to the Capitol to cast their votes, he and Specter met Sen. William Roth Jr. (R-DE). Roth, chairman of the Senate Finance Committee, seemed to like the idea of cancer research bonds, Stevens said.

"I tell you, I don't know where the money [for the prostate cancer research plan] is going to come from," Stevens said. "I would support a cancer bond concept, and I do believe the public wants that. If we could put up cancer bonds, and put the money in for the next three or four years, it is my opinion that by the time the babyboomers have retired, we will have such progress that we could reduce the cost of Medicare and Medicaid."

This optimistic projection prompted Specter to reminisce about the Biomedical Research Trust Fund, a plan to add a surcharge to medical insurance premiums to support research. "It never got too far," Specter said.

Construction vs. Prostate Cancer

As he questioned Varmus and NCI Director Richard Klausner about the prostate cancer plan, Stevens asserted that, "despite the fact that there have been substantial increases in prostate cancer incidence or detection, you have a flat line in prostate cancer research at NIH."

Prostate cancer research appears to be lower on the NIH priority list than construction on the Bethesda campus, Stevens said. In fact, NIH has begun work on two new buildings "during the time we've been trying to increase prostate cancer research," he said.

"As a matter of fact, the last time I went out to the campus, I didn't even recognize it," Stevens said. "I hope you'll do me the honor of not to name a building after me."

Further, Stevens said NIH has ignored cancer incidence in Native Americans. "The highest incidence of cancer in the United States is in the indigenous people," he said. "I don't think we've ever explored that. American Indians and Alaska natives, added together, have the highest cancer incidence, and they have the highest number of deaths. Have you ever explored that?"

Responding to the barrage of questions from the appropriations committee chairman, Klausner said prostate cancer funding has not been "a flat line."

"In the past four years, we have increased prostate cancer research funding out of proportion to our appropriations increases, for example, a 63 percent over the past year for prostate cancer research compared to a 15 percent budget increase," Klausner said.

The Institute has linked increased funding with a process of setting research priorities with the help of external advisors, Klausner said. The professional judgment plan incorporates the recommendations of the Prostate Cancer Progress Review Group report completed by advisors to NCI earlier this year (**The Cancer Letter**, Feb. 26).

Taking the question of brick-and-mortar vs. prostate cancer research, Varmus said the new buildings replace buildings constructed in the 1940s and 1950s. Funding for the construction was provided by Congress separate from research funds, he said.

Moving on to cancer incidence among Native Americans, the issues are anything but clear-cut Klausner said.

"Prostate cancer rates are relatively low in both of those populations, although the survival rates are very poor compared to virtually all other groups," Klausner said.

"The reason we know those numbers is that the NCI has a surveillance system to monitor the rates in Alaska among a variety of Native American populations, and then whenever we see changes in patterns, we link funding to attempts to do special studies, which we are doing in Alaska and elsewhere, to try to understand why patterns are different," he said.

Plans Wins Support Of Advocates

The National Prostate Cancer Coalition and CaP CURE, also known as the Association for the Cure of Cancer of the Prostate, urged Congress to fully fund the NIH plan with an appropriation of at least $260 million in fiscal 2000.

Torre, Dole, Milken, and Christopher Logothetis, chairman, Department of Genitourinary Medical Oncology, M. D. Anderson Cancer Center, said they supported full funding of the NIH plan.

While prostate cancer accounts for about 15 percent of all cancer diagnoses, only 5 percent of federal cancer dollars are directed toward prostate cancer research, the advocates said.

"For the more than one million men diagnosed in the last six years, the cost of prostate cancer has already exceeded $100 billion," said Milken, founder and chairman of CaP CURE. "During that time, the

NIH spent less than 1 percent of that amount on research to find a cure. Is there an example anywhere in private industry of a company that would spend so much more to deal with a problems as it would to solve the problem? It just doesn't make sense."

In questioning the advocates, Stevens addressed the funding problem. "Our basic problem is the caps, and caps limit the expenditures," he said. "There is just no additional money to allocate to this.

"If you look at all cancers combined, there is evidence that black Americans and Alaska natives, put together, then adding white Americans, you find that the total of people on the North American continent, it's about 10 times that of other nations," Stevens said. "There's got to be some environmental research here, beyond this medical research, to locate that. Up my way, when a mining company wants to find a mineral, they start taking people to analyze the water, to see where those trace elements come from. But I don't think we're doing that. We're concentrating on medical research, and I would like to see more money put into environmental research on this continent to find out why this is."

MILKEN: "I think it's just bridging the gap for a couple of years here. It's only a matter of time before Americans realize how little we spend on cancer research…. We spend 1 percent of the federal budget on NIH to try to provide health and a healthy future for people of this country."

STEVENS: "I don't dispute that, but of the 13 subcommittees we've got, only one will have the same funding for 1999 as last year: Defense, and just barely. With the agriculture disaster in some areas, and now Kosovo, Iraq, South Korea—we can't take more money from defense. I really don't know where we can get it. We're going to have to do some other things, for instance, don't forget what we're doing at Walter Reed [Army Medical Center]. We're building a baseline now. Military people get their annual physical, and we'll get information about where they come from, their backgrounds, and we'll get more and more incidence of breast cancer and prostate cancer, and we'll keep that record going for a series of years, and solve some of these problems."

The NIH report, "Planning for Prostate Cancer Research: Expanding the Scientific Framework & Professional Judgement Estimates," is available at http://www.nci.nih.gov/prostateplan.html

Klausner's testimony to the subcommittee is posted on the NCI website at http://www.nci.nih.gov/legis/prostatecancer.html

Testimony from all witnesses at the hearing is available at http://www.senate.gov/~appropriations/labor/test.htm

NCI's prostate cancer initiatives list is posted at http://www.nci.nih.gov/prostate.html

The Prostate Cancer Progress Review Group report is posted at http://wwwosp.nci.nih.gov/planning/prg/default.htm

DOD Bill Gives $75 Million For Prostate Cancer

The Senate Appropriations bill for the Department of Defense, passed by the full Senate in a 93 to 4 vote on June 8, provides $75 million for peer-reviewed research in prostate cancer and $175 million for peer-reviewed research in breast cancer.

The House bill has not cleared the DOD appropriations subcommittee. The Labor, HHS and Education subcommittees in both the House and Senate are yet to act on the bill that funds NIH.

The report that accompanies the Senate DOD appropriations bill (S. 1122) gives the breast cancer program exactly the amount sought by the program's premier constituency, the National Breast Cancer Coalition. The current year's peer reviewed program in breast cancer has the funding of $135 million.

The $75-million appropriation proposed for the DOD prostate cancer program represents a 50-percent increase over the current year's funding of $50 million. However, the Senate recommendation falls far short of the $200-million outlay requested by the National Prostate Cancer Coalition (The Cancer Letter, April 30).

Historically, the prostate cancer funding level at DOD is decided at the last possible step in the appropriations process, the House-Senate conference reconciling the two appropriations bills.

This year's appropriations bill expands the DOD peer reviewed research to diseases other than cancer by providing $50 million to unspecified "peer-reviewed medical research grants and activities."

The Senate committee directed the Secretary of Defense to "establish a process to select medical research projects of clear scientific merit and direct relevance to military health." The committee directed DOD to work "in conjunction with the service Surgeons General."

Projects funded through the new program appear to parallel the NIH activities. According to the document, funded projects could include "acute lung injury research; advanced soft tissue modeling; alcohol abuse prevention research; alcoholism

research; brain injury; childhood asthma; cognitive neuroscience; diabetes; digital mammography imaging; disease management demonstration; enzymatic wound disinfectants; neurofibromatosis; osteoporosis and bone disease; ovarian cancer; polynitroxylated hemoglobin; smoking cessation; stem cell research; and tissue regeneration for combat casualty care."

DOD currently has a $10-million program in ovarian cancer.

The Committee directed DOD to provide a report by March 1, 2000, on the status of the new peer reviewed research program.

Science Policy:

IOM Panel Finds No Evidence To Implicate Silicone Implants In Cancer, Other Diseases

Women with silicone breast implants are no more likely than the rest of the population to develop cancer, immunologic diseases, or neurological problems, according to a report from a committee of the Institute of Medicine.

However, implants commonly lead to complications that require surgery or other medical interventions to correct, said the report.

After reviewing all relevant scientific literature on the safety of silicone breast implants, the committee determined that the most serious problems associated with their use arise when the tissue around them contracts, when the implant ruptures, or when infection occurs. As a result, many women experience substantial pain and discomfort, and many undergo surgery to replace or remove the implants.

"Although studies do not show a risk of life-threatening illness from silicone breast implants, it is clear that they can cause serious problems," said committee chairman Stuart Bondurant, professor of medicine, University of North Carolina, Chapel Hill. "It is essential that women fully understand these risks before they decide to undergo this surgery."

The rate of complications varies considerably depending on the type and age of the implant, but the chance that a woman will experience a problem increases with time, the committee said.

Researchers should monitor women for extended periods to track the incidence of health problems with implants over the long term, and health professionals should convey this information to women considering implants, the report says.

Providing women with accurate information about the frequency of localized complications and further surgery is an essential part of the informed consent process, the report said.

Among the report's conclusions:

—There is no evidence to suggest that the silicones used in implants are toxic to humans. When individual studies have pointed to possible toxic, immunological, or neurological effects, more extensive analyses failed to uncover associations with specific diseases or conditions.

—There is no established link between implants and a unique disease syndrome. Syndromes of the type ascribed to implants generally involve symptoms that are nonspecific and common in the general population.

—There is no evidence that conclusively links silicone to harmful effects on the immune system. Early studies addressing the immunology of silicones are limited and have substantial technical problems. Follow-up analyses have failed to uncover associations with specific immunological diseases or other conditions.

Although evidence is lacking for any relationship between breast implants and specific cancers, the presence of implants may make it more difficult to detect cancer through mammography, the committee said. Special procedures must be followed by radiologists to ensure an accurate reading. Despite these challenges in diagnosis, breast cancer mortality has not been shown to be higher in women who have implants. The report recommends that women with implants follow standard recommendations about receiving mammograms.

The committee also concluded that there is no evidence that mothers with implants pass silicone on to infants when breast-feeding.

Between 1.5 million and 1.8 million American women had silicone breast implants in 1997, the report said. Approximately 70 percent received implants for cosmetic reasons; 30 percent received them for breast reconstruction after surgery for cancer, fibrocystic disease, or other conditions.

The study was funded by the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

Copies of the report, "Safety Of Silicone Breast Implants," are available from the National Academy Press, phone 202-334-3313 or 800-624-6242. The cost of the report is $49.95 plus shipping charges of $4.50 for the first copy and $.95 for each additional copy.

Evidence Is Weak That EMFs Cause Cancer, Report Says

The evidence for a risk of cancer and other human disease from the electric and magnetic fields around power lines is "weak," the National Institute of Environmental Health Sciences concluded in a report to Congress released June 15.

While sections of the report say EMF exposure "cannot be recognized as entirely safe," the report concludes: "The NIEHS believes that the probability that EMF exposure is truly a health hazard is currently small. The weak epidemiological associations and lack of any laboratory support for these associations provide only marginal scientific support that exposure to this agent is causing any degree of harm."

Research continues on some "lingering concerns," the report says, and efforts to reduce exposures should continue.

NIEHS said that the "strongest evidence" for health effects comes from statistical associations observed in human populations with childhood leukemia and chronic lymphocytic leukemia in occupationally exposed adults such as electric utility workers, machinists and welders. "While the support from individual studies is weak, these epidemiological studies demonstrate, for some methods of measuring exposure, a fairly consistent pattern of a small, increased risk with increasing exposure that is somewhat weaker for chronic lymphocytic leukemia than for childhood leukemia," the report said.

However, laboratory studies and investigations of basic biological function do not support these epidemiological associations, according to the report.

NIEHS Director Kenneth Olden said, "The lack of consistent, positive findings in animal or mechanistic studies weakens the belief that this association is actually due to EMF, but it cannot completely discount the epidemiological findings. For that reason, and because virtually everyone in the United States uses electricity and therefore is routinely exposed to EMF, efforts to encourage reductions in exposure should continue. For example, industry should continue efforts to alter large transmission lines to reduce their fields and localities should enforce electrical codes to avoid wiring errors that can produce higher fields."

An interagency committee established by the President will make a subsequent report to Congress about the findings of this report and whether any remedial actions are needed to minimize exposures.

Olden said NIEHS would continue to support some research on EMF, though not at the high levels Congress provided in special legislation and appropriations.

The NIEHS report follows a six-year research program and a two-year review by the Institute and by outside scientists. For the effort, Congress appropriated $23 million that the electrical industry matched. NIEHS also added $14 million to support additional research. The total expenditure was about $60 million.

Christopher Portier, associate director of the Environmental Toxicology Program at NIEHS who coordinated the evaluation effort, said, "This risk assessment gains strength and reliability from the conduct of extensive new research focused to support the evaluation and through obtaining the opinion of hundreds of scientists who participated in the evaluation. The novel methods used in this risk assessment can serve as a blueprint for resolving other difficult issues."

The report may be found at http://www.niehs.nih.gov/emfrapid/. Printed copies can be ordered by calling 919-541-7534, or e-mailing emf-rapid@niehs.nih.gov.

HHS News:

Shalala Appoints Committee On Genetic Testing Policy

HHS Secretary Donna Shalala has appointed the members of the Secretary's Advisory Committee on Genetic Testing. The 13-member committee was chartered last year to help the department formulate policies on the development, validation and regulation of genetic tests, particularly DNA-based diagnostics.

Members of the SACGT were selected from nearly 200 nominees, HHS said.

The SACGT, which will hold its first meeting June 30 in Bethesda, MD, will advise HHS on all aspects of the development and use of genetic tests, including the complex medical, ethical, legal, and social issues raised by genetic testing. Recommendations made by the committee will be submitted to Shalala through the Assistant Secretary for Health.

Chairman of the committee is Edward McCabe, professor and executive chair, Department of Pediatrics, University of California, Los Angeles, and physician-in-chief of the Mattel Children's Hospital at UCLA.

The members of the committee are: Patricia

Barr, partner, Barr, Sternberg, Moss, Lawrence & Silver, P.C., Bennington, VT; Kate Beardsley, partner, Buc & Beardsley, Washington, DC; Ann Happ Boldt, certified genetic counselor, Maternal Fetal Medicine and Genetics Center, St. Vincent Hospital, Indianapolis, IN; Joann Boughman, vice president for academic affairs and dean of the Graduate School, University of Maryland, Baltimore; Wylie Burke, associate professor of medicine, University of Washington School of Medicine, Seattle; Patricia Charache, program director, Quality Assurance and Outcomes Assessment, Department of Pathology, Johns Hopkins University Hospital,Baltimore; Mary Davidson, executive director, Alliance of Genetic Support Groups, Washington, DC; Elliott Hillback Jr., senior vice president, corporate affairs, Genzyme Corp., Cambridge, MA; Barbara Koenig, executive director, Center for Biomedical Ethics and co-director, Program in Genomics, Ethics and Society, Stanford University; Judith Lewis, associate professor, Department of Maternal Child Nursing and director of information technology, School of Nursing, Virginia Commonwealth University, Richmond, VA; Victor Penchaszadeh, professor of pediatrics, Albert Einstein College of Medicine, Yeshiva University, and chief, Division of Medical Genetics, Beth Israel Medical Center, New York; Reed Tuckson, senior vice president, professional standards, American Medical Association, Chicago, IL.

Information about the SACGT is available at: http://www.nih.gov/od/orda/sacgtdocs.htm

Year 2000 Health Objectives On Track, HHS Says In Report

"Healthy People 2000 Review, 1998-99," a report from the Department of Health and Human Services, documents that the U.S. is on track to reach, or has already reached, the targets for more than half its health objectives.

The Healthy People initiative, begun in 1979 and reformulated each decade, provides an annual review of the progress of the health of Americans. Healthy People 2000 defines the nation's health agenda for the current decade through more than 300 objectives in disease prevention and health promotion.

Overall, 15 percent of the objectives have met their targets, including many in nutrition, maternal and child health, heart disease, and mental health. Targets to reduce outbreaks of waterborne diseases and food borne infections, and oral and breast cancer deaths were also met. An additional 44 percent of the objectives are progressing on schedule towards the target, including child immunizations, breast feeding, regular dental visits, mammography screening, and consumption of five fruits and vegetables a day.

However, the report also shows that a fifth of the Healthy People objectives are moving away from their targets. Some key objectives, such as reducing the number of overweight individuals and increasing physical activity, have either moved in the wrong direction or improved little.

National Center for Health Statistics, Centers for Disease Control and Prevention, prepared the report, available at http://www.cdc.gov/nchswww.

NCI News:

Institute Forms Working Group On Special Populations

NCI's Office of Special Populations Research has established the Special Populations Working Group to advise the office.

The purpose of the working group is "to help the Institute learn to be more open and accessible to the communities it serves," NCI Director Richard Klausner said to the National Cancer Advisory Board at its June 8 meeting.

Sandra Million-Underwood, nursing professor at University of Wisconsin-Milwaukee School of Nursing, and a member of the National Cancer Advisory Board, is chairman of the working group.

Other members are:

Moon Chen, professor and chair, Division of Health Behavior and Health Promotion, Ohio State University School of Public Health, Columbus, OH; Clyde Foster, Prep-Tech Inc., Huntsville, AL; Harold Freeman, chairman, President's Cancer Panel, and director of surgery, Harlem Hospital, New York, NY; James Hampton, medical director and clinical professor of medicine, Smith Cancer Center, University of Oklahoma, Oklahoma City, OK; Judith Kaur, assistant professor of oncology, Mayo Medical School, Rochester, MN; Ngina Lythcott, breast cancer liaison, National Black Women's health Project, Provincetown, MA; Amelie Ramirez, Baylor College of Medicine, San Antonio, TX; Susan Shinagawa, Intercultural Cancer Center, Spring Valley, CA; Lucile Adams-Campbell, director, Howard University Cancer Center, Washington, DC; Donald Coffey, professor of urology, Johns Hopkins Hospital, Baltimore, MD; Elmer Huerta, cancer prevention

specialist, Washington Cancer Institute, Washington, DC.

In a related development, the OSPR plans to co-sponsor a meeting with the Intercultural Cancer Council on July 23 to begin the process of developing "workable definitions of the underserved," Klausner said.

* * *

NCI plans to release a solicitation this fall to provide funding for expansion of the Surveillance, Epidemiology, and End Results Program. The Institute intends to provide supplemental funding to four existing SEER sites and up to 10 new sites, Klausner said to the NCAB.

The expansion will take place with the involvement of the Centers for Disease Control and Prevention. "We will consider this our highest priority," Klausner said.

Also, NCI is working with Native American organizations to expand data on cancer incidence and mortality in those populations, he said.

* * *

New call for nominations for membership on the NCI Director's Consumer Liaison Group is expected to be issued later this summer, Klausner said.

Funding Opportunities:

CFL Offers Two-Year Lymphoma Fellowship Grant

The Cure For Lymphoma Foundation seeks candidates for its two-year fellowship grant program.

The intent of the CFL Fellowship is to encourage careers in lymphoma translational and clinical research. Research may be laboratory or clinic based, but the results and conclusions must be relevant to the treatment of lymphoma.

The two-year grants provide salary support of $45,000 the first year and $50,000 the second year (including fringe benefits but excluding indirect costs) and $5,000 each year for the research project. Candidates must be fellows or junior faculty at or below the level of assistant professor and hold an M.D. or Ph.D. or equivalent degree. Only one candidate may be proposed by a sponsor who will supervise the candidate's research. The CFL Fellow may not hold another fellowship title during the period of the CFL grant.

The grant application deadline is Nov. 15, 1999. The CFL Scientific Advisory Board, chaired by Joseph Bertino, reviews applications.

Contact: Cure For Lymphoma Foundation (http://www.cfl.org), 215 Lexington Ave., New York, NY 10016, phone 212-213-9595; fax 212-213-1987.

NCI Program Announcement

Cancer Communication and Interactive Media Technology

This initiative encourages investigators to develop novel interactive health applications using media technologies, television, or radio to translate cancer research into population specific applications needed by health care professionals or by the public to reduce cancer risks, provide treatment options, or address the needs of cancer survivors.

This initiative is designed to support collaborative research projects that address 1) communication with individuals over great distances and in non-invasive ways about healthy practices known to reduce cancer risks; 2) communication training for health professionals; and 3) development of organizational infrastructures needed to facilitate rapid advances in knowledge about cancer communications, testing of intervention strategies, tailoring models and tools, and dissemination of results.

Contact: Connie Dresser, Multimedia Technology and Health Communication SBIR/STTR Grant Program, phone 301-496-8520, email cd34b@nih.gov

In Brief:

NCAB Supports IOM Report On Quality Of Cancer Care

(Continued from page 1)

Quality Care in Cancer. The letter should "call special attention to the need to define, assess, and require adherence to benchmarks that measure and monitor quality of care in the Medicare and Medicaid programs," the board said. . . . **LEON LEACH** has been named executive vice president and chief financial officer of the M.D. Anderson Cancer Center. He joined the center in 1997 as CFO. . . . **GARY GIOVINO** has joined the faculty of Roswell Park Cancer Institute in the Department of Cancer Prevention, Epidemiology, and Statistics. He will be responsible for a project funded by the Robert Wood Johnson Foundation on a surveillance system for tracking tobacco control activities in the U.S. to identify policies that are effective in reducing adolescent tobacco use. . . . **APN-IMPATH** Research Co., of Fort Lee, NJ, a joint venture between Affiliated Physicians Network Inc. and Impath Inc., has reached an agreement to participate in a pilot project with NCI to expand patient access to cooperative group trials in breast, colorectal, lung and prostate cancers. The trials will be made available to the APN network of cancer specialists via an internet-based data collection system developed for NCI by the Emmes Corp., of Potomac, MD.

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