

THE

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## Varmus Calls NIH Structure “Cumbersome,” Suggests Streamlining Based On Science

BAR HARBOR, MAINE—The structure of NIH should be streamlined to improve the responsiveness of the Institutes that conduct and fund biomedical research, NIH Director Harold Varmus said at a symposium on the future of genetics.

NIH has evolved into a cumbersome “confederacy” of 25 different entities which frustrate the coordination of research, Varmus said, addressing the symposium which marked the 40th anniversary of the Jackson Laboratory’s Short Course in Medical and Experimental Mammalian Genetics.

“There is a problem: For many Institutes, it is difficult to play in trans-institute initiatives,” Varmus said July 30. “The sheer complexity of  
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### In Brief:

#### Judge Rules FDA Modernization Act Violates First Amendment Over Publications Policy

**FDA MODERNIZATION ACT** violates the First Amendment by prohibiting drug companies from distributing peer-reviewed publications containing information on off-label use of drugs, **Judge Royce Lamberth**, of the U.S. District Court for the District of Columbia, ruled July 28. The ruling updates last year’s permanent injunction that struck down FDA laws and policies on distribution of peer-reviewed materials (**The Cancer Letter**, Aug. 14, 1998). The latest ruling strikes down a key FDAMA requirement that pharmaceutical companies file supplemental NDAs within six months of starting to distribute peer-reviewed materials on off-label uses of drugs. A story about the ruling will appear in next week’s issue of **The Cancer Letter**. . . . **THREE HOUSTON** medical institutions have formed an International Center for Cell and Gene Therapy. The partnership of Baylor College of Medicine, Texas Children’s Hospital, and The Methodist Hospital plans to combine basic science and clinical research with pediatric and adult cell-and-gene-therapy transplant units. **Malcolm Brenner**, on the staff of all three institutions, is the director of the center. . . . **CITY OF HOPE** National Medical Center and Beckman Research Institute celebrated its 86th anniversary recently with three days of festivities. California Gov. **Gray Davis** gave the keynote address at the opening night black-tie gala. “There’s never been a more exciting time to be at the frontlines of better health care,” Davis said. “Recent advancements in medical research and treatment have finally put us in a  
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## Varmus: "We Have To Think Now About The Future Of NIH"

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the institution, with its many separately appropriated budgets makes it difficult to coordinate.

"We all sense the cumbersomeness of the organization in an age in which the science itself has become so complex that we need to bring people together," Varmus said.

Though Varmus stressed that his remarks did not constitute a specific plan or a policy recommendation, the speech appears to reflect the insight accumulated during his six years as the NIH director. Varmus, a Nobel laureate, is widely believed to be the leading candidate for the position of president of Memorial Sloan-Kettering Cancer Center, where he would replace Paul Marks, who last year announced his plans to retire in 2000.

The informal recommendations, which Varmus described as a "modest proposal," were presented at a relaxed gathering in a serene setting. At one point during his remarks, Varmus appeared to be jarred by the realization that reporters were present.

"I'm disturbed to see the number of journalists who are in the audience taking notes," he said. "I should say to all the journalists in the audience, I'm having fun here. I'm not recommending anything specific."

The symposium, "The Genetics Revolution in the

New Millennium: Science, Practice, and Policy," concluded both the two-week course on mammalian genetics, co-sponsored by Johns Hopkins University, and the lab's Press Week, an annual course for science writers.

### Seize This "Moment Of Popularity"

In his remarks, Varmus proposed that a commission be established to study the structure of NIH.

During Varmus' six years as NIH director, the Institutes have enjoyed rising appropriations, fewer Congressional attempts at micro-management of research funding, and wide support on both sides of the aisle. During the current year, the appropriation for NIH stands at \$15.6 billion.

The benign political climate may provide the opportunity to undertake the potentially risky venture of an examination of the NIH structure, Varmus suggested.

"It may be on my 90th birthday and when I'm long gone from the NIH, but we have to think now—perhaps because we are at a moment of popularity—about what the appropriate future might be for the NIH," Varmus said.


Varmus has consistently invited scrutiny of NIH by forming committees of scientists outside of the agency to examine the Institutes' programs in AIDS and cancer research, biomedical computing, gene therapy, clinical research, and mouse genomics, to name a few.

Varmus is not the first director to discuss—or attempt—a strategic rethinking of NIH. His predecessor, Bernadine Healy, devoted much of her three-year tenure to creation of a strategic plan for the Institutes. NIH scientists and administrators labored to write the plan, but met with resistance from scientists and advocates on the outside who felt their opinions were not sought early enough in the project.

Shortly before President Clinton asked Healy to resign, the plan finally emerged as a list of scientific opportunities, without funding recommendations. It contained little comment on NIH structure. Not long before her departure, Healy complained to the National Cancer Advisory Board that NIH is "not proactive" (**The Cancer Letter**, Feb. 12, 1993).

Varmus said his remarks on restructuring assumed the continuation of federal support.

"I'm making the assumption that over the next 40 or 50 years, we will have a similar funding environment for research that we have now, and



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



maybe a corollistic funding mechanism for research in which there is money coming from the pharmaceutical industry and biotech industry on the one hand, and from the states and voluntary organizations like the [American] Heart Association and the [American] Cancer Society, and money coming from the federal government, from multiple agencies, not just the NIH,” Varmus said.

“I believe there will continue to be strong federal support for science, otherwise my predictions would have very little force,” he said.

### **Growth Of The NIH Confederacy**

NIH was begun in 1887 and remained one entity until NCI was established in 1937 and the Institutes were moved to Bethesda, MD. By 1962, NIH had 10 Institutes. Currently, there are 25. These entities, separately authorized by Congress, act like “nation-states” in a larger “confederacy,” Varmus said.

“At the top, there is something called the Office of the Director—small budget, no real authority in many ways, no grants to give out, no intramural program,” Varmus said.

NCI, he said, “is one example of an Institute that would be considered a very successful nation-state.” NCI, with a \$2.9 billion budget, is the first and the largest of the Institutes.

“It’s a reasonable likelihood that 40 years from now, we’ll be dealing with an institution called the NIH, which is a confederacy of not 25 units, but more like 50 or 75, and possibly even more,” Varmus said.

Usually, formation of Institutes is mandated by Congress in response to pressure from advocacy groups:

—In some cases, new Institutes can split off from existing ones. “The National Institute of Diabetes, Digestive and Kidney Diseases has at least four components that could be funded independently, and there are advocacy groups that push for the formation of these independent units: diabetes, urology, digestive, kidney,” Varmus said.

—Institutes can be upgraded gradually. “There is a method of establishing an office, conversion into a center, and then into an Institute,” Varmus said. An example is the Office of Alternative and Complementary Medicine, formed in 1992, and converted to a center in 1998. “I think, in due course, it’s very likely that it will become a full-fledged Institute,” Varmus said.

Other Institutes formed in this manner include the National Human Genome Research Institute and

the National Institute of Nursing Research.

Proposals have been introduced separately in Congress this year to establish a National Institute of Biomedical Imaging and Engineering and a National Center for Research on Domestic Health Disparities. Last month, Rep. Henry Waxman (D-CA) introduced a bill to establish an NIH Office of Autoimmune Diseases.

“I think this is already a bit of a problem,” Varmus said. “Everyone who is a fan of one of these Institutes is very carefully watching its budgetary portion. Indeed, that works quite well for raising the NIH budget. But these percentage increases tend to be pretty uniform.

“Although the Institute directors give a great deal of credence to the significance of these numbers, indeed, the differences are really rather small, and if somebody from outside the system were to come in and say, ‘Where is the best management, where are best opportunities, where are the greatest needs?’ it seems to be unlikely that we would be dividing increments from the inflationary base.

“It’s difficult to provide [budgetary] differences that reflect the real scientific needs and opportunities that reflect the kinds of things that are happening in our science.”

Seniority appears to have an advantage at NIH: the older Institutes tend to have larger budgets, Varmus said. “There are some exceptions, for the most part there is a pretty good correlation between the age of the Institute and the size of the budget,” he said. “This seems to be an irrational method of budgeting.”

### **Toward A “Rational” NIH**

“At some point in the next 40 years, we are going to have to grapple with the fact that the NIH organization has to change,” Varmus said. “Whether its now with 25 Institutes, or 30 years from now when we have 60.

“This is going to be a difficult thing to take on intellectually, because it’s going to have political ramifications,” he said. “The complex organization you see is a result of a political process that in general has worked well for the NIH. Indeed, it is responsible for many aspects of our financial success, and we need to think carefully before we say exactly how we are going to proceed in trying to make a more rationally devised organization.

“At some point, I predict, we will need to establish some kind of special commission that has



the blessing of the White House and the Congress and the scientific community, and then proceed with devising something more rational.

“Just for fun—this is for fun, press—I put together one kind of proposal that might emerge from such a commission’s efforts and that would be a much simpler NIH that’s organized into a series of organizations that resemble in size NCI and combine the efforts [of the existing Institutes].

“We wouldn’t try to move Institutes and do a fusion, but instead reorganize the science of the Institutes in a rational way,” Varmus said.

#### “A Modest Proposal”

Varmus presented what he called “A Modest Proposal for A Simpler NIH,” which would include five Institutes and an expanded director’s office:

—NCI.

—National Brain Institute. “One model for this is the Institutes that are doing neurological research have pooled together to generate an intramural center, which is going to be proposed for incorporation into a new building on the NIH campus, a center for brain research,” Varmus said.

—National Institute of General Medical Sciences. “Not the current NIGMS, but instead an Institute that pays attention to the disorders that basically are treated by internists, that is, diseases that are now under study by NIDDK, the National Institute of Arthritis, Musculoskeletal and Skin Diseases, and a variety of others,” Varmus said.

—National Institute of Human Development. “This would include childhood, aging, genomics and genetics,” Varmus said.

—National Institute of Microbial and Environmental Medicine.

—NIH Central, the director’s office, would set overall policy, and house the National Library of Medicine, the Clinical Center, other infrastructure and technologies, and oversee training and peer review. “This would provide to the NIH director a much greater portfolio of things to do and would in a better way allow the special initiatives that can go up and down in funding without addicting us to a commitment base of funding that can’t decline when the project is done,” Varmus said.

“I throw this out as one way of trying to bring greater sense to the organization of the NIH,” Varmus said.

“It’s not something that’s going to happen in my lifetime as director, but on the occasion of this

reflection on 40 years of the course, and 70 years of Jackson Laboratory, and 100 years of genetics, it is appropriate to take a look at the agency that’s funded a lot of the research done here and elsewhere, and think, ‘Is this the best organization for dealing with the next 40 years and into the next century?’”

### NCI Programs: **NCI Seeks Nominations For Consumer Liaison Group**

NCI is seeking nominations for five new members of the NCI Director’s Consumer Liaison Group who will be appointed in July 2000.

The DCLG consists of 15 consumer advocates who are involved in cancer advocacy and who reflect the diversity among those whose lives are affected by cancer. As a federal chartered advisory committee, it helps NCI to identify appropriate advocates to serve on its program and policy advisory committees, and serves as a channel for consumer advocates to voice their views and concerns. NCI brings together these advocates from many communities to advise and make recommendations to the NCI director from the consumer advocate perspective on a wide variety of issues, programs and research priorities.

To be eligible for the DCLG, a nominee must be involved in the cancer experience: a cancer survivor, a person affected by the suffering and consequences of cancer, or a professional/volunteer who works with survivors or those affected. Nominees must represent a constituency, either formally or informally, with whom they communicate regularly on cancer issues and be able to serve as a conduit for information both to and from that constituency. Nominees who meet the eligibility requirements will be further assessed based on the following criteria: cancer advocacy experience, ability to communicate effectively, ability to represent broad issues, ability to contribute to an effective group process, and leadership ability.

In addition to the criteria for individual candidates, the DCLG as a group reflects the breadth and diversity of the consumer advocacy community: multicultural diversity, a broad mix of cancer sites, representation of the medically underserved, a range of organizations (local/regional, national), gender, age, and geographic diversity (rural/urban). All DCLG members must be U.S. citizens.

NCI encourages nomination of candidates reflecting the diversity sought on the DCLG.



Nominations can be made by organizations, including local/regional and national groups, or individuals, including self-nominations.

To receive the nomination package for the DCLG, complete a request form available at <http://cancernet.nci.nih.gov/liaisongroup/liaisonrequest.htm> and return it electronically or by mail to: Office of Liaison Activities, NCI, Building 31, Room 10A06, 31 Center Drive, MSC 2580, Bethesda, MD 20892-2580, fax 301-480-7558.

Nominations must be postmarked by Nov. 1.

### *Health Policy:*

## **Larger Procurement Areas Better For Organ Transplants, IOM Committee Recommends**

Organs donated for transplantation should be made available across geographic areas made up of large numbers of people, to enhance the prospects that the organs will be allocated to patients with the most urgent medical needs, according to a report by the Institute of Medicine.

“The current system of organ procurement and allocation works reasonably well, but significant improvements in both its fairness and its effectiveness could be made,” said committee chairman Edward Penhoet, dean, School of Public Health, University of California, Berkeley. “The committee strongly believes that the federal government should provide oversight and review of the organ procurement and transplantation system with a focus on assuring that the system is equitable, is grounded on sound medical science, and always places the highest priority on the needs of the patients it serves.”

In 1998, the U.S. Department of Health and Human Services published a new regulation, setting the ground rules for organ procurement and allocation. Congress suspended implementation of the regulation, asking the IOM to study its possible ramifications on organ donation rates, equitable access to transplantation, and costs. The committee focused its attention primarily on issues relating to the policies and data concerning liver procurement and allocation, because those were at the center of the debate leading up to the committee’s study.

Organ procurement organizations currently work within a defined area, covering populations ranging from about 1 million to 12 million people.

After a comprehensive assessment of the data for 68,000 patients on waiting lists for livers from

1995 to 1999, the committee found that organ procurement organizations serving larger populations are associated with improved access for patients most in need of a transplant and with lower mortality rates following transplantation. For that reason, livers should be allocated over an area large enough to serve at least 9 million people, the committee said. This area should not be so geographically broad as to pose difficulties in transporting organs, which threatens the viability of the livers themselves. The allocation areas for other organs may differ depending on how long they can remain viable outside the body.

Nearly 21,000 Americans received a transplanted kidney, liver, heart, lung, or other organ in 1998. About 62,000 people are waiting for an organ, and 4,000 Americans died last year before they could get one.

To improve the system, the federal government must play a more active role in the review and oversight of organ transplantation, the report said. Among other steps, HHS should establish better performance measures for determining how effectively the system is working, the report said. Also, HHS should create an independent, multidisciplinary scientific review board to provide guidance on how the organ procurement and transplantation system can best serve the public interest.

“We welcome the findings of the Institute of Medicine panel,” HHS Secretary Donna Shalala said in a statement. “The panel’s findings strongly validate the concerns which HHS has had about the present system, and they support the approach we have put forward for improving it.

“The panel, like HHS, believes that day-to-day transplant decisions must be made by surgeons and other transplant professionals,” Shalala said. “HHS looks to the transplant community to design the specific policies that are needed. It is our intention now, with the IOM findings in hand, to move vigorously in a cooperative effort to put the final regulation into effect and bring about the improvements that IOM has recognized are so clearly needed.”

Copies of “Organ Procurement and Transplantation: Assessing Current Policies and the Potential Impact of the DHHS Final Rule,” are available from the National Academy Press, phone 202- 334-3313 or 800-624-6242. The cost of the report is \$34.95 (prepaid) plus shipping of \$4.50 for the first copy and \$.95 for each additional copy. The report can be found online at <http://www.nap.edu>.



## Report Calls For Research On Hormonally Active Agents

Although there is evidence of harmful health and ecological effects associated with exposure to high doses of chemicals known as hormonally active agents—or endocrine disrupters—little is understood about the harm posed by exposure to the substances at low concentrations, such as those that typically exist in the environment, according to a report from a National Research Council committee.

To gain more insight into the effects that these chemicals have on reproduction and development, the nervous system, the immune system, the incidence of cancer, and other aspects of the biology of humans and wildlife, new studies should be conducted that follow groups of at-risk subjects from conception through adulthood, the report said.

“Determining the risk to humans from contact with these chemicals in the environment is difficult because ordinary exposure to these agents has not been routinely monitored,” said committee chairman Ernst Knobil, the Ashbel Smith Professor and H. Wayne Hightower Professor in the Medical Sciences, Medical School, University of Texas, Houston. “Determining what these exposures actually are is therefore of primary importance.”

Hormonally active agents (HAAs) include a wide variety of chemicals that mimic the actions of sex hormones and have been associated with adverse reproductive and developmental effects in wildlife.

Some researchers have concluded that these compounds may produce adverse health effects in humans and believe that exposure may increase the incidence of breast cancer. There are also concerns that the compounds may play a role in the reported declines in sperm counts, increased rates of testicular and prostate cancer, and other male reproductive disorders.

The specific mechanisms of action are not well-understood for most reported associations between HAAs and various biologic effects, the committee said. Furthermore, the majority of the evidence is based on studies done on wildlife and laboratory animals; very little is known about how the compounds affect humans.

Although some HAAs have been associated with tumors of the thyroid, pituitary, and adrenal glands in lab animal experiments, an evaluation of the available data does not support an association between breast cancer and adult exposure to HAAs, the committee

said. Although a recent study reported an association between the pesticide dieldrin and breast cancer, additional epidemiological and laboratory studies are needed to help confirm or refute this possible relationship, the report said.

The current literature does not support associations between HAAs in the environment and other hormonally sensitive cancers such as testicular, prostate, and endometrial cancer, the report said. However, few studies have measured the levels of HAAs in adult humans in relation to cancer risk, and no studies have been conducted to examine associations between the risk of cancer and exposure to HAAs during fetal development.

Appropriately designed, long-term studies are needed to document the presence or absence of links between HAAs and various cancers in humans, the committee said.

These studies should address the latency period between exposure and disease, and the role of genetics and other factors that could affect a person's risk of developing cancer, the report said. Also, chemical concentrations of HAAs in the blood should be measured to distinguish between groups experiencing different exposures.

Research on suitable animal models also is needed to examine the role that prenatal exposure to suspected chemicals plays in inducing cancer later in life or in subsequent generations, the committee said.

Copies of “Hormonally Active Agents in the Environment” are available from the National Academy Press, phone 202-334-3313 or 800-624-6242. The cost of the report is \$64.95 (prepaid) plus shipping charges of \$4.50 for the first copy and \$.95 for each additional copy.

### *Funding Opportunities:* **DOD Ovarian Cancer Research Program Announcement**

The fiscal year 1999 Defense Appropriations Act provides \$10 million to continue the DOD Ovarian Cancer Research Program administered by the U.S. Army Medical Research and Materiel Command through the Office of the Congressionally Directed Medical Research Programs.

The goal of the OCRP is to support peer-reviewed, innovative research on the etiology, prevention, and diagnosis of ovarian cancer to enhance the quality of life for persons with the disease. The USAMRMC is challenging the scientific community



to design innovative research that will foster new directions for, address neglected issues in, and bring new investigators into the field of ovarian cancer research.

The programmatic strategy for the FY99 OCRP is to fund proposals in two research award categories, Idea Awards and New Investigator Awards. These awards are for individual investigators. Preliminary data are required for New Investigator Awards but are not required for Idea Awards. The intent of Idea Awards is to stimulate and reward creative research efforts that may be viewed as speculative but have the potential for high payoff. The goal of the New Investigator Awards is to prepare new scientists for careers in ovarian cancer research and present an opportunity to move more senior investigators into ovarian cancer research.

Proposal receipt deadline is Oct. 20.

Inquiries: The OCRP Announcement can be downloaded from <http://cdmrp.army.mil>. The announcement can also be requested by fax at 301-682-5521, or by phone, at 301-682-5517, ext. 101.

## NCI Request For Applications

### RFA CA-99-014: Basic Biobehavioral Research On Cancer-Related Behaviors

Letter of Intent Receipt Date: Oct. 21

Application Receipt Date: Nov. 18

The NCI Division of Cancer Control and Population Sciences invites research grant applications on the biobehavioral basis of behaviors which increase the risk of cancer, cancer-related morbidity, or progression of cancer.

Because this RFA is designed to support innovative ideas, preliminary data as evidence of feasibility are not required. However, the proposed work must be novel, hypothesis driven, and utilize pre-intervention research designs in human populations. Pre-intervention designs include basic laboratory research and epidemiologic approaches which provide a scientific basis for interventional studies. Although this mechanism is not designed to solicit phase III intervention research, the potential significance of the proposed research for future interventions will be a major consideration in the evaluation. This request welcomes applications from a wide range of activities related to cancer control, and encourages researchers from conceptually related domains outside of the cancer control field to apply for funding through this mechanism.

This RFA will use the NIH exploratory/developmental (R21) grant mechanism. Total project period may not exceed two years. For this RFA, funds must be requested in \$25,000 direct cost modules. The estimated funds (total

costs) available for the first year of support for this program is \$2 million. Budgets are expected to average direct costs of about \$100,000 per year and should not exceed \$200,000 total (direct and indirect) costs per year. It is anticipated that 10 to 12 new awards will be supported through this RFA.

The National Institute of Mental Health is interested in funding research on the basic mechanisms by which behavior and cognition influence disease processes. NIMH is interested in applications if the co-morbid condition of interest is a mental disorder (e.g., depression or anxiety) or related disability, or the research is aimed at the prevention or treatment of these disorders or related disabilities. Contact Peter Muehrer, Ph.D., Health and Behavioral Sciences Research Branch, NIMH, at 301/443-4708, email: [pmuehrer@nih.gov](mailto:pmuehrer@nih.gov)

Inquiries: Michael Stefanek, Ph.D., Division of Cancer Control and Population Sciences, NCI, Executive Plaza North Room 211, Bethesda, MD 20892, phone 301-496-8776, fax 301-435-7547, email: [ms496r@nih.gov](mailto:ms496r@nih.gov)

## NCI Contract Awards

Title: Interdisciplinary Studies of Genetic and Environmental Causes of Cancer. Contractor: Westat Inc., Rockville, MD; \$10,120,618.

Title: Preparation of Radiolabeled Materials. Contractor: Research Triangle Institute, Research Triangle Park, NC; \$937,311.

Title: Clinical Data Management. Contractor: Orkand Corp., Falls Church, VA; \$8,438,281.

### *In Brief:*

## City Of Hope Celebrates 86th; Gaspar Moves To Colorado

(Continued from page 1)

position to turn the corner on cancer, AIDS, diabetes and no institution has played a more prominent role in getting us to this precipice than City of Hope." He issued a proclamation declaring "City of Hope Day." Entertainers at the events included **Norm Crosby, Shirley Jones, Anne Jeffreys, Florence Henderson, Marcia Wallace, Monty Hall, Esther Williams, Nick Stabile, Tracy Bingham, Jose Solano, Rib Hillis, Patrika Darbo, Dennis Haskins, Jack McGee, Peter Marshall, and Leah Lail**. During the event, organizations pledged more than \$76 million in contributions to the center. . . . **LAURIE GASP**AR was named chairman of radiation oncology at University of Colorado Cancer Center. Gaspar was associate professor of radiation oncology at Wayne State University and clinical chief of radiation oncology at Harper Hospital. . . . **GARY**



**JOHNSON** was named associate director for basic science at University of Colorado Cancer Center. He has been a faculty member in the University of Colorado Health Sciences Center pharmacology department for 10 years. He succeeds **David Patterson**. . . **MICHAEL KUETTEL** was appointed chairman of radiation medicine at Roswell Park Cancer Institute effective Sept. 1. Kuettel was associate professor of radiation medicine and anatomy and cell biology at Georgetown University. . . **SUSAN LOVE** plans to open a web site for breast cancer patients in October, called SusanLoveMD.com. On the site, Love plans to provide information on rapid advances and controversies in the treatment of breast cancer, as well as resources, personal email conferences, breakthroughs in research, and treatment guidelines. Formerly director of the Revlon/UCLA Breast Center and co-founder of the National Breast Cancer Coalition, Love is currently adjunct professor of surgery at University of California, Los Angeles, and director of the Santa Barbara Breast Cancer Institute. Earlier this year she was appointed by President Clinton to the National Cancer Advisory Board. "I have always believed that information is power," Love said. "The Internet is an increasingly important tool for the dissemination of information, and my hope is that this new site will empower women around the world to make informed choices and ultimately to receive better breast cancer care." . . . **VANDERBILT-INGRAM** Cancer Center was awarded a \$5 million, four-year program project grant by NCI to learn more precisely how aspirin and similar drugs may play a role in preventing colon cancer. Principal investigator is **Raymond DuBois**, the Mina Cobb Wallace Professor of Gastroenterology and Cancer Prevention and director of the division of gastroenterology. The grant will fund four research projects on the role of non-steroidal anti-inflammatory drugs and the COX2 enzyme in preventing colon cancer. DuBois and his team have found that COX2 is elevated in colon cancer and have demonstrated in animals that colon tumors will shrink dramatically if treated with drugs that inhibit COX2 activity. Other scientists involved in the project include **R. Daniel Beauchamp**, the John L. Sawyers Professor of Surgery, professor of Cell Biology and director of the division of surgical oncology; **Jason Morrow**, associate professor of medicine and pharmacology; **Robert Coffey Jr.**, the Ingram Professor of Cancer Research and professor of medicine and cell biology;

**John Oates**, the Harvey Branscomb Distinguished Professor; **Lawrence Marnett**, the Mary Geddes Stahlman Professor of Cancer Research and associate director of research programs. The NCI grant also supports a core facility to provide chemical analysis of prostaglandins, which will be directed by Morrow, and a tissue collection and analysis core facility, directed by **Mary Kay Washington**, assistant professor of pathology. . . **JOYCE HERSCHL**, coordinator of oncology social work services at University of Pittsburgh Cancer Institute, was elected president-elect of the Association of Oncology Social Workers. . . **WOMEN'S NATIONAL** Basketball Association, in the midst of its third season, is participating with the National Alliance of Breast Cancer Organizations in promoting early detection of breast cancer. Each WNBA team has planned local activities and promotions. Upcoming breast health seminars and their team hosts: Aug. 7, the Charlotte Sting and the Utah Starzz; Aug. 12, the Orlando Miracle; Aug. 13, the Sacramento Monarchs; and Aug. 17, the New York Liberty. Contact NABCO at 888-80-NABCO or <http://www.nabco.org> for further information. . . **MINIMALIST APPROACH** for data collection on most phase III clinical trials not involving an investigational agent was recommended by five ad hoc committees formed by the Cancer Clinical Trials Cooperative Group Chairs. The recommendations of the committees on current data submission practices in the cooperative group trials in breast, GI, prostate, lung, and gynecological cancers are available at: <http://intranet.nsabp.pitt.edu/CooperativeGroupFormsRecommendations/>. . . **SOUTHWEST JOURNAL** of Medicine, a new medical journal, has issued a call for papers in patient care and clinical research challenges posed by the region's growing number of Mexican, Central American, and Pacific Rim immigrants, as well as the "active retired" and Native Americans. "These diverse populations, which often differ genetically and culturally, pose significant new issues and needs in health care," said editor-in-chief **Jerome Block**, an oncologist at Harbor/UCLA Hospital and professor of medicine at UCLA. Areas of particular interest include epidemiology, genetics, medical ethics, geriatrics and cultural aspects of health care delivery. Paper submissions may be addressed to Gail McBride, Southwest Journal of Medicine, PO Box 1930, Sutter Creek, CA 95685. For further information, call the journal office after Aug. 1 at 209-267-5940.





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