

THE

# CANCER LETTER INTERACTIVE

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## Did ACS Flip-Flop On Stem Cell Research? Society Says No, Patient Coalition Says Yes

Last spring, the American Cancer Society lent its name to an effort by about 30 patient groups to prevent a Congressional ban on embryonic stem cell research.

The society's name appeared on the roster of 30 patient groups that formed the Patients' Coalition for Urgent Research, an umbrella organization also known as Patients' CURE.

The society's name appeared in the Patients' CURE press release, as well as in the press coverage, which included a cover story in USA  
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### In Brief:

#### **Leukemia Society, Glaxo Award Fellowship; Penn Leads CLF; Wight Heads Charity**

**GERTRUDE B. ELION FELLOWSHIP** has been established by the Leukemia Society of America and Glaxo Wellcome Inc. to be awarded every three years to women scientists studying the blood cancers. Glaxo gave the society \$500,000 to establish an endowed fund from which the grants will be awarded. The first recipient of the award is **Celeste Jeanne Richardson**, a fellow at Harvard Medical School, Department of Cell Biology. Elion, a Nobel laureate who worked at Glaxo since 1944, died last Feb. 21 at age 81. . . . **ILENE PENN** was appointed executive director of the Cure For Lymphoma Foundation. Penn, who had been associate executive director, succeeds **Barbara Freundlich**, CFL co-founder, who will remain with the foundation as Director of Strategic Development and a member of the Board of Directors. . . . **KAY WIGHT** has been named executive vice president of the G&P Charitable Foundation for Cancer Research, of New York City. Wight was vice president of the Revlon Foundation, where she was responsible for bringing the Revlon Run/Walk for Women to New York City. She has served as vice president of the New York City Division of the American Cancer Society, and since 1992 has been a director of the National Board of Directors of ACS. The G&P Foundation was formed in 1997 by songwriter Denise Rich, her son-in-law Phillip Aoud and her family, in memory of her daughter Gabrielle Rich Aoud, who died in 1996 at age 27 from leukemia. . . . **THE GROUP ROOM**, the nationally syndicated live radio talk show about cancer, has invited children and adolescents with cancer and their families to attend a live remote broadcast from the Los  
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## Did ACS Withdraw "Support"? Depends On Definitions

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Today, and stories in The Washington Post and The Washington Times.

However, in mid-July, the society told Patients' CURE to take its name off the list of supporters, triggering accusations by some advocacy groups that the society flip-flopped on the issue in response to pressure from opponents of stem cell research.

On July 29, The New York Times ran a story stating that the issue "has generated so much controversy that ACS has withdrawn its sponsorship of Patients' CURE."

A month later, Nobel laureate Stanford professor Paul Berg wrote a sharply worded letter to ACS chief executive John Seffrin. "Have politics and ideology taken precedence over science at ACS?" Berg wrote in his letter of Aug. 26.

### Defining The Terms

Has ACS indeed flip-flopped on its support embryonic stem cell research?

The answer appears to depend on the definitions of the words "support" and "membership."

Top ACS officials said the society agreed to lend its name to a May 20 news conference that urged Congress to refrain from banning federal funding of embryonic stem cell research. However, ACS has

never regarded itself a member of the coalition, officials said.

"We took a risk, thinking that we would add value to the message being sent that day," said John Seffrin, chief executive officer of the cancer society. "And I think we did."

"I guess it comes down to the question of what does being a 'member' mean," Seffrin said to **The Cancer Letter**. "We define being a part of the coalition when there is an exchange of letters that you agree [to join], and pay your dues, or sit on the board, like we do with Research America! or National Coalition for Cancer Research."

Patients' CURE was organized rapidly and informally, and is financed through donations rather than dues.

ACS did not interact directly with the coalition. Its contacts with the coalition were carried out through National Health Council, a coalition of major health groups.

"The issue goes back to the definition of 'support,'" said Greg Donaldson, ACS vice president, corporate communications. "We did not believe then, nor do we believe now, that we were signing on to be a member of their coalition."

"We did not intend for our name to be lent more broadly for that or any other coalition, and subsequent statements made were not necessarily those of our society specifically," Donaldson said to **The Cancer Letter**. "We did not perceive ourselves as ongoing members of the coalition. We believed that we agreed to stand up with them on May 20 to speak against a potential action of Congress."

Senior ACS officials said the society would not take a stand on embryonic stem cell research until it completes a review of the issues involved.

"The issue of stem cell research is more complex than any we have faced, because we, as an organization, have two million volunteers who have very diverse views of research, including the segments of our volunteers who are Catholics, and believe that embryo stem cell research raises very important moral and ethical questions," said Harmon Eyre, ACS executive vice president for research and cancer control.

The society is forming a committee to review the scientific and ethical issues, Eyre said.

"I give you my assurance that at the appropriate time the society would be in a position to provide leadership on this issue, because we would have done our homework, we would have gone through the



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



process,” Seffrin said.

“We don’t circumvent our own process,” he said. “We probably could be criticized for having a careful process for making decisions, but on the other side, we can take pride on not having had to reverse ourselves on a major issue. When we make a decision, most people know that if we say that you ought to eat more fruits and vegetables, and give up tobacco, it’s good information.”

### **Patients’ CURE “Flabbergasted”**

Patients’ CURE, a coalition of patient groups, was created to counter the lobbying by the groups that have been traditionally opposed to abortion and fetal tissue research. These groups were asking Congress to tighten the NIH appropriations language that restricts research on human embryos.

Last January, NIH found a loophole in Congressional appropriations language governing research using human embryos.

According to NIH, the law precludes the government from paying for obtaining or “destroying” human embryos, but does not prohibit research on already obtained stem cells. In February, 72 members of Congress wrote to HHS Secretary Donna Shalala to protest the NIH decision to fund embryonic stem cell research.

Patients’ CURE developed informally, said Daniel Perry, executive director of the Alliance for Aging Research and chairman of the coalition. “All of us know one another, so when someone says, ‘Count us in,’ we don’t need to check their birth certificates.”

The coalition did not deal with ACS directly. All contacts were carried out through National Health Council, a coalition of health groups, Perry said.

“We were assured that they were on board, and it was certainly our understanding that ‘on-board’ meant they were part of Patients CURE for the duration of the debate and Congressional action on human stem cells,” Perry said.

“I can’t imagine joining a coalition that has come together around a fight that is brewing in Congress, and imagining that you are on board for 24 hours, and then you leave. I am flabbergasted to think that any organization would join a coalition that would engage in a political struggle that would last over many months, and to think that they were joining it for 24 hours. That just seems silly to me.”

Perry said no other member of Patients’ CURE has been under the impression of having joined for

the initial press conference only.

“No one has suggested that they were lending their names for a one-time purpose,” Perry said to **The Cancer Letter**. “They all know that they are listed on printed stationery, and it’s a duration kind of thing. That’s what you do when you join a fight.”

If indeed ACS was listed erroneously as a member, the society had many opportunities to correct the misunderstanding, said Joe Cerquone, a spokesman for the coalition and the Alliance for Aging Research.

To begin with, the language of the May 20 press release mentioned ACS prominently as a member of the coalition. News stories, too, mentioned that ACS was a member. On June 22, press kits prepared by the coalition were distributed at the board meeting of National Health Council, a group which Seffrin chairs.

“The original press release had their name in it,” Cerquone said to **The Cancer Letter**. “I assume that ACS has an office that tracks the media, and that it receives stories that are relevant to them, and they would have seen those stories.”

ACS spokesman Donaldson said the society was not focused on tracking the materials related to the coalition. “We didn’t, frankly, have the time to police all the press materials of Patients CURE,” he said.

### **Notified By A Reporter**

Cerquone said Patients’ CURE learned about the ACS position in mid-July from Mary Meehan, a freelance writer who was working on a story for Our Sunday Visitor, a publication distributed at Catholic churches.

After that, Perry spoke with Myrl Weinberg, president of National Health Council.

“Myrl said that ACS was uncomfortable with the high profile that Patients’ CURE was taking on the issue; the stories quoting me in the New York Times and USA Today, and they were uncomfortable that the issue and the group were getting recognized in major media,” Perry said. “They still remained committed to the science going forward, but they did not want to be any longer identified in a high-profile way and they wanted to take a lower profile on the issue. They wanted to distance themselves from the coalition.”

Weinberg could not be reached for comment.

“[Perry] can speak for himself, and I will not judge his motivation as an example of whether this is a way of creating a story that gives more visibility to this issue, which they want to give more visibility to,”



Seffrin said to **The Cancer Letter**.

“I don’t think I have any particular concern about Patients’ CURE having a high profile,” Seffrin said. “I don’t know Dan Perry, and, quite frankly, was unaware of that coalition until the opportunity to stand with them on an issue that we felt was important, and I believe we did the right thing.”

On the opposite side of the embryonic stem cell issue, Richard Doerflinger, associate director for policy development at the Secretariat for Pro-Life Activities of the National Conference of Catholic Bishops, said he was having difficulty with the ACS explanation of its role in Patients’ CURE.

On May 18, two days before the Patients’ CURE press conference, Cardinal William Keeler, archbishop of Baltimore, wrote a letter urging ACS and other groups to refrain from joining the new coalition.

On June 7, Seffrin responded to the Cardinal’s letter. The response was consistent with the ACS position that it was taking part in a news conference, but was not a member of the coalition. The letter referred to the society’s “participation in the Patients Coalition for Urgent Research press conference.”

“They did not say they are members; they didn’t say they aren’t members,” Doerflinger said to **The Cancer Letter**. “[Seffrin] phrased it to say that there was participation in this event. It’s a distinction without a difference, because the purpose of the press conference was to announce the formation of Patients’ CURE, I thought. And I went to the press conference.”

Seffrin’s letter also noted that the society is developing its position on the embryonic stem cell issue.

“I thought it was an odd statement in the letter, saying we don’t have a position, when their name was being used in a press conference as supporting this agenda,” Doerflinger said.

### Enter The New York Times

Meanwhile, the story was just beginning to gather steam.

On July 29, The New York Times ran a story that quoted Weinberg stating that ACS received “tremendous response from within the Catholic community expressing concern.”

The story also quoted Perry stating that he was told that ACS “wanted to take a lower profile” on the stem cell issue. Doerflinger, too, was quoted in the Times story. The official of the National

Conference of Catholic Bishops said he knew of only one small protest where pledges to ACS were canceled in protest over the society’s participation in Patients’ CURE.

In the story, ACS officials reiterated their position that (a) they lent the society’s name to the May 20 press conference, and (b) that the society is developing a formal position on embryonic stem cell research.

In an unpublished letter to the Times, Seffrin reiterated the point that the society had no formal view on stem cell research, and thus was in no position to flip-flop on the issue.

“What the society has done is to join with various interests to publicly urge Congress *not* to preemptively legislate any prohibition on scientific research,” Seffrin wrote. “What the society has *not* done, however, is adopt any sort of formal policy position on the use of embryonic stem cells for research purposes. Therefore, if the American Cancer Society has not yet issued a policy position on the matter..., there is no way our organization could have reversed itself in this regard.”

The Times did not publish the letter.

A month later, on Aug. 26, Nobel laureate Berg wrote a letter accusing the society of failure to join a united front seeking to secure “full support for federally funded investigators to work in this area.”

“The public reports justifying this decision implied that it was taken to mollify a small number of the society’s financial supporters who oppose this line of research on ideological grounds,” Berg wrote on the stationery of the American Society for Cell Biology. “The ACS’s failure to take such a principled stand on this issue represents a betrayal to patients and their families.”

Berg is the chairman of the American Society for Cell Biology Public Policy Committee.

Seffrin said he is enthusiastic about the promise of stem cell research.

“I have been, am now, and will continue to believe that stem cell research is extraordinarily important,” he said. “I use the example of our support for interferon.

“I believe that interferon is to stem cell as one is to ten in terms of its potential: the potential differentiation into virtually any tissue or cell type, or the methodologic implication, the ability to test toxicity in ways that can make understanding many diseases, including cancer.”

“Some of the things that have been said or have





been written are unflattering, and we will just have to take it on the chin," Seffrin said. "The more important thing is to get to a point that you are making the right mission-based decision."

Donaldson said the impact of protests against ACS has been greatly exaggerated. "There have been no protests against ACS because of its role or position in this discussion, and there has been virtually no impact on our fundraising activity," he said.

#### **"Special Interests at the Fringes"**

Donaldson said the controversy over the ACS position on the stem cell issue is being promoted by "special interests at the fringes of this debate."

"It's very clear that there are interests in play that would like to see this issue continue to be discussed publicly," he said. "I would be concerned personally that somehow this continuing discussion of the society's place in the debate might only serve to marginalize our ability to show the kind of research leadership that we have shown in the past."

Asked to identify these special interests, Donaldson said, "I don't know who the special interests are, and I would not presume to speak for them. ACS will not be manipulated or exploited into prematurely adopting a policy view on this matter until all the evidence is weighted."

Donaldson said these efforts present a danger to ACS.

"We should be concerned that if people continue to try to manipulate the ACS role in this discussion, they may unknowingly—or perhaps knowingly—compromise the society's ability to play a leadership role that the society has played," he said. "Frankly, I should add, only the society can play [this role], given its stature, its history, its profile.

"I would hate for that to be the case," he said.

Congressional sources the House Appropriations Committee markup of the Labor, HHS and Education funding bill would probably be the optimal place for the supporters of a ban on embryonic stem cell research to attempt to tighten the language of the fetal tissue research ban.

However, the Labor, HHS spending bills have not moved through the House or the Senate as appropriators wrangle over the spending caps. Every passing day increases the likelihood that funds for NIH would be appropriated through an omnibus bill.

In such bills, the Republican leadership is expected to block amendments intended to change policy.

## **NCI Programs: TRICARE To Cover Costs In NCI Prevention Trials**

TRICARE, the Department of Defense health benefit program and one of the nation's largest health plans, will provide coverage for its 8.3 million beneficiaries to participate in NCI-supported cancer prevention and early detection trials.

The interagency agreement makes it possible for TRICARE beneficiaries to join the Study of Tamoxifen and Raloxifene for the prevention of breast cancer, the largest NCI-supported trial currently open, as well as the large early detection study called the Prostate, Lung, Colorectal and Ovarian Cancer Trial.

The agreement represents an expansion of the DOD-NCI Cancer Clinical Trials Agreement signed by the agencies in 1996. That agreement covers phase II and III trials.

Further information on trials covered under the demonstration project is available from the Cancer Information Service at 800-4-CANCER and the DOD Demonstration Coordinator at 800-779-3060. Related Web sites are <http://tricare.osd.mil/cancertrials/> and <http://cancertrials.nci.nih.gov>.

## **NIH News: NIH Plans Electronic Resource For Life Sciences Publishing**

NIH plans to establish a repository for electronic distribution of primary research reports in the life sciences, to be called PubMed Central, the Institutes said.

The repository will be integrated with the widely used bibliographic site, PubMed (<http://www.ncbi.nlm.nih.gov/PubMed/>). NIH Director Harold Varmus first proposed the international Web-based system, which he called E-biomed, last May. PubMed Central will begin receiving, storing, and distributing content—including peer-reviewed articles, preprints, and other screened reports from existing journals, new journals, and reputable scientific organizations—in January.

Screening and peer review of manuscripts will be the responsibility of scientific publishers, professional societies, and other groups independent of the NIH.

A summary of the NIH plan for PubMed Central is posted at <http://www.nih.gov/welcome/director/pubmedcentral/pubmedcentral.htm>.



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

### **Planning Grants for NCI Cancer Research Centers (Reissued PA)**

The purpose of this initiative is to expand the scientific, geographic, and demographic diversity of the Cancer Centers Program of the NCI by encouraging research-oriented organizations to apply for Cancer Center Planning Grants (CCPGs), and develop the qualities of a strong cancer research center to become competitive for a Cancer Center Support Grant (CCSG).

The Cancer Center Planning Grant may focus on a specific research theme (e.g. diagnosis, therapy, epidemiology) or integrate a broad spectrum of research to include basic, clinical, prevention and control, and population sciences, in addition to addressing the six essential features (cancer focus, institutional commitment, organizational capabilities, facilities, center director authority, and interdisciplinary coordination and collaboration) of an NCI Cancer Center. Applications may be from a single institution or several institutions (collaborating institutions or consortia) that do not have a CCSG or have not been supported by a CCPG or CCSG in the last three years.

Inquiries: Margaret Holmes, Ph.D., Cancer Centers Branch, Office of Centers, Training, and Resources ODD, NCI, phone 301-496-8531, email: [MH67G@NIH.gov](mailto:MH67G@NIH.gov)

### **HIV-Associated Cancers of Viral Origin: Molecular Epidemiology and Cofactors (Reissued PA)**

This initiative will encourage investigator-initiated applications for epidemiologic studies of the etiology of pre-neoplastic conditions and cancers occurring among persons infected with the human immunodeficiency virus (HIV). It is expected that enhanced understanding of these tumors within the context of HIV-induced host immunodeficiency will yield information important to cancer control and prevention, including development of prophylactic vaccines, chemotherapeutic treatment modalities, and other biomedical preventive interventions.

Applications are sought for innovative interdisciplinary studies to better understand the molecular epidemiology and role of cofactors in the etiology of pre-neoplastic conditions and cancers occurring among persons infected with the human immunodeficiency virus, specifically those cancers associated with human papilloma virus, Epstein-Barr virus, and human herpesvirus-8/Kaposi's-sarcoma-associated-herpesvirus. Cofactors of keen interest include host genetic susceptibility and phenotype; age at first acquisition of the oncogenic virus; temporal association of acquisition of the oncogenic virus relative to time of HIV acquisition; effect of circulating viral load of the oncogenic virus; measurements of immune response; and role of behavioral factors such as tobacco use and diet.

Inquiries: Sandra L. Melnick, Dr.P.H. and Vaurice Starks, Epidemiology and Genetics Research Program, Division of Cancer Control and Population Sciences, phone 301-402-9375, email: [vs38j@nih.gov](mailto:vs38j@nih.gov)

### **Specialized Programs of Research Excellence (SPOREs)**

The objective of this initiative is to establish a Specialized Programs of Research Excellence (SPORE) in Breast, Lung, and Prostate-Genitourinary Cancers. A SPORE conducts translational research that requires interdependence between basic and clinical investigators in both the planning and implementation of research and emphasizes the application of basic research findings to patients and populations. There will be a separate receipt date for each of the three cancer sites, with the Breast SPORE received first.

A SPORE is awarded to an institution that will make a strong institutional commitment to the organization and conduct of the program. The SPORE must demonstrate a balanced approach to research on prevention, etiology, screening, diagnosis and treatment of human cancer that translates basic research findings into more applied, innovative research settings involving patients and populations. A SPORE must provide career development opportunities for new, independent investigators who wish to pursue active research careers in translational cancer research; develop human cancer tissue resources that will benefit translational research; develop extended collaborations in critical areas of research need with laboratory scientists and physician scientists within the institution and in other institutions; and participate with other SPORES on an annual basis to share information, assess scientific progress in the field and identify new research opportunities that may have an impact in reducing cancer incidence and mortality. It is expected that each SPORE will support a mix of interactive basic and applied research that "translates" into areas of early detection, diagnosis, therapy, and prevention and control. The SPORE mechanism is not intended to support basic research to the exclusion of clinical or applied research.

Inquiries: Jorge Gomez, M.D., Ph.D., Organ Systems Branch, Office of Centers, Training and Resources, ODD, NCI, phone 301-496-8528, fax 301-402-5319, email: [jg1w@nih.gov](mailto:jg1w@nih.gov)

### **PA-99-163: Exploratory Grants for Behavioral Research in Cancer Control**

The NCI Division of Cancer Control and Population Sciences and the Division of Cancer Prevention invite research grant applications from interested investigators to conduct timely, innovative, developmental, or methodological behavioral research in cancer prevention and control through a program of exploratory investigator-initiated R21 grants.

The exploratory/developmental (R21) grant



mechanism is used for pilot projects or feasibility studies to support creative, novel, high risk/high payoff research that may produce innovative advance in science. The objective of this PA is to encourage applications from individuals who are interested in testing novel or conceptually creative ideas that may produce innovative advances in the behavioral sciences.

Support of this program will be through the NIH exploratory/developmental grant (R21) mechanism. Applicants may request up to \$100,000 per year in direct costs. The total project period PA may not exceed two years.

For this PA, funds must be requested in \$25,000 direct cost modules. A feature of the modular grant is that no escalation is provided for future years, and all anticipated expenses for all years of the project must be included within the number of modules being requested. Only limited budget information is required and any budget adjustments made by the Initial Review Group will be in modules of \$25,000.

Inquiries: Sabra Woolley, Ph.D., Division of Cancer Control and Population Sciences, NCI, Executive Plaza North Room 232 MSC 7330, Bethesda, MD 20892-7330, phone: 301-435-1505, fax 301-480-6637, email: [sw215x@nih.gov](mailto:sw215x@nih.gov)

Claudette Varricchio, D.S.N., Division of Cancer Prevention, NCI, Executive Plaza North Room 300 MSC 7340, Bethesda, MD 20892-7340, phone 301-496-8641, email: [cv9h@nih.gov](mailto:cv9h@nih.gov)

## RFAs Available

### **RFA CA-99-013: Cancer Intervention And Surveillance Modeling Network (CISNET)**

Letter of Intent Receipt Date: Oct. 21

Application Receipt Date: Nov. 18

The NCI Division of Cancer Control and Population Sciences invites applications from domestic and foreign applicants to support collaborative research using simulation and other modeling techniques to describe the impact of interventions (i.e., primary prevention, screening, and treatment) in population-based settings in the US or in non-US settings that will shed light on US population-based trends. It is well known that great progress can be made in the war against cancer by the complete use and adequate delivery of existing modalities of cancer control. The goal of this research is to help: (1) answer the "why" questions in the analysis of cancer incidence and mortality trends, (2) determine if recommended interventions are having their expected population impact, and (3) predict the potential of new interventions on national trends. It is not the purpose of this RFA to support analysis of hypothetical or trial-based cohorts, but rather to support analysis based on realistic scenarios of population impact. The first round of funding will be limited to prostate, breast and colorectal cancers. To keep applications focused, each will be limited to a single cancer site. The cooperative

agreement mechanism will allow the development of site-specific working groups that will: (1) facilitate comparative analyses, (2) allow modeling groups access to a broader array of data resources and multidisciplinary expertise and (3) provide a forum for discussions of validation and other methodologic issues. The diversity and originality of modeling approaches which can be compared using uniform criteria is an inherent strength of this cooperative agreement.

Inquiries: Dr. Eric Feuer, Division of Cancer Control and Population Sciences, NCI, 6130 Executive Boulevard Room 313 MSC 7344, Bethesda, MD 20892-7344, phone 301-496-5029, fax 301-435-3710, email: [rf41u@nih.gov](mailto:rf41u@nih.gov)

### **RFA CA-99-015: Diagnostic Imaging And Guided Therapy In Prostate Cancer (Phased Innovation Award)**

Letter of Intent Receipt Date: Oct. 20

Application Receipt Date: Nov. 17

NCI and the National Institute on Aging invite applications on the development, risk assessment, and application of improved imaging methods for the localization, biopsy and image guided biopsy or therapy of prostate cancer. Relevant investigations could include technology development, in vitro laboratory work, pre-clinical animal studies, or early feasibility testing in humans depending on the maturity of the methods proposed, or evaluation of the effects of age-associated changes and co-morbid conditions as they affect imaging diagnosis and treatment techniques. The development of several methodologies and their optimization for this particular organ system is required.

The specific goals include the development and application of one or more of the following inter-related components: (a) means for measuring local extent of disease using anatomic, metabolic or alternative novel imaging methods, (b) means for improved image guided biopsy, staging or identification of aggressive cancers by metabolic or alternative novel imaging methods, and (c) means for navigation, control of image guided therapy or measurement of early biological effects of therapy. Research is also encouraged on how age-associated differences in tumor characteristics and age-related changes in the prostate and adjacent tissues may affect the sensitivity, specificity, prognostic value, or the efficacy of imaging techniques in guiding therapy. The development of methods to increase sensitivity, specificity, prognostic value, and therapeutic applicability of these techniques across the full range of ages in which prostate cancer most frequently occurs, and in the presence of age-related co-morbid conditions in the prostate, other organs, and systems, is of particular interest.

Inquiries: Barbara Croft, Ph.D., Diagnostic Imaging Program, NCI, 6130 Executive Plaza Suite 800, Bethesda, MD 20892-2590, Rockville, MD 20852, (for express/courier service), phone 301-496-9531, fax 301-480-5785, email: [bc129b@nih.gov](mailto:bc129b@nih.gov)





*In Brief:*

## The Group Room To Highlight Childhood Cancers Sept. 19

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Angeles Museum of Television & Radio on Sept. 19, in recognition of National Childhood Cancer Awareness Month. Guests on the show will include **Stuart Siegel**, director of the Children's Center for Cancer and Blood Diseases at Children's Hospital Los Angeles and **Ralph Richardson**, a psychologist from the center. The Group Room, produced by Vital Options Telesupport Cancer Network, airs live every Sunday from 4-6 p.m. Eastern time in cities throughout the U.S. and is simulcast over the Internet at <http://www.vitaloptions.org>. Callers can listen to the broadcast and enter discussions by calling 1-800-GRP-ROOM (1-800-477-7666). Calls are screened by a licensed oncology social worker. . . . **CAROLINE PRYCE WALKER**, the 9-year-old daughter of **Rep. Deborah Pryce** (R-Ohio) and **Randy Walker**, a real estate agent, died Sept. 4 of neuroblastoma. Members of Congress traveled to Columbus to attend services for Caroline on Sept. 8. Caroline received treatment at Children's Hospital in Columbus, the NIH Clinical Center, and Memorial Sloan-Kettering Cancer Center. Contributions in Caroline's name may be sent to Hope Street Kids, care of Cancer Research Foundation of America, 1600 Duke St., Alexandria, VA 22314. Pryce and Walker established Hope Street Kids in Caroline's memory to support research in children's cancers, particularly the solid tumors, said **Carolyn Aldige**, president of CRFA. The CRFA is serving as administrator of the fund. . . . **BRUCE ROTH** joined the Vanderbilt-Ingram Cancer Center as the Dr. Paul V. Hamilton and Virginia E. Howd Chair of Urologic Oncology. Along with **Joseph Smith Jr.**, Roth will serve as co-director of the Genitourinary Cancer Program. Roth also is section chief of solid tumor oncology. Roth was director of genitourinary oncology at Indiana University. He is chairman of the prostate committee of the Eastern Cooperative Oncology Group. . . . **EVOLUTION IS LIFE (SCIENCE):** In a letter to **Kansas Gov. Bill Graves**, two scientists representing the American Society for Cell Biology said the recent decision by the Kansas State Board of Education to remove the requirement in the public school curriculum to teach evolution is "a major setback for K-12 education that will have serious consequences for students educated in the State of

Kansas.... It is our view that any state or locality that chooses to discourage the teaching of the theory of evolution is making a grave error that will harm their children's future. The concept of evolution is inextricable from the language of all life sciences and is a cornerstone for learning by all those who seek an education in basic science, medicine, and ecology." The letter was written by Nobel laureate **Paul Berg**, Cahill Professor Emeritus of Cancer Research and Biochemistry and director of the Beckman Center for Molecular and Genetic Medicine at Stanford University, and chairman of the ASCB Public Policy Committee, and **Robert Palazzo**, associate professor and chairman of physiology and cell biology, at University of Kansas. The full text of the letter is posted at <http://www.jscpp.org/jscpp/Kansas.htm>. . . . **NEW NCI POLICY** on data and safety monitoring of clinical trials requires that all trials supported or performed by NCI be monitored in some form commensurate with the degree of risk involved in participation and complexity of the clinical trial. All phase III randomized clinical trials supported or performed by NCI require monitoring by a data and safety monitoring board. The policy statement is posted at <http://deainfo.nci.nih.gov/grantspolicies/datasafety.htm>. . . . **THREE PHYSICIANS** from Tel Aviv, Israel, visited Fox Chase Cancer Center in Philadelphia last month to consult the center's staff in planning the new King Hussein Middle East Cancer Center. The center, named after the late king of Jordan, is scheduled to open next year. The visiting physicians from Tel Aviv Sourasky Medical Center were **Gabriel Barbash**, director general, **Moses Inbar**, director of oncology, and **Joseph Klausner**, chief of surgery (no relation to NCI Director **Richard Klausner**, the latter Klausner said). . . . **FIVE MEN** were honored as "Men for the Cure" by GQ magazine and General Motors' Concept:Cure at a breast cancer fundraiser Sept. 9 in Westwood, CA. The five were **Dennis Slamon**, of University of California, Los Angeles, whose research led to the development of the new drug Herceptin; **Joseph Fiennes**, star of the movie "Shakespeare in Love;" **Joseph Abboud**, fashion designer; **Don Shula**, former coach of the Miami Dolphins; and **Chris Spielman**, linebacker for the Cleveland Browns. . . . **CORRECTION:** The In Brief column of Aug. 13 misidentified the agency that conducted a study of the NCI Cancer Information Service. The study, which produced two reports on CIS, was conducted by the Office of the Inspector General.





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