THE CANCER LETTER INTERACTIVE

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On Capitol Hill:

Cancer Organizations Push Congress For Payment Of Patient Care Costs In Trials

Cancer professional societies and advocacy organizations joined three members of Congress this week to urge the House to include a provision on cancer clinical trials in any managed care legislation.

Reps. Rick Lazio (R-NY), Brian Bilbray (R-CA), and Matt Salmon (R-AZ) wrote a letter to House Speaker Dennis Hastert in support of a provision that would allow health insurers to cover routine patient care costs for individuals involved in a clinical trial approved by an Institutional

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In Brief:

NCCS To Hold Candlelight Vigil Sept. 25; Moffitt Wins Chemistry-Biology Grant

NATIONAL COALITION FOR CANCER SURVIVORSHIP will hold its candlelight vigil "Rays of Hope" on Sept. 25, at the Lincoln Memorial in Washington, DC. The event will be chaired by **Queen Noor** of Jordan. Activities will begin at 4 p.m., and the vigil will begin at 7 p.m. To volunteer, call 877-NCCS YES (622-7937). Further information is available at http://www.cansearch.org. . . . **H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE** at the University of South Florida has been awarded a $4.1-million grant from NCI to create novel anticancer drugs. This grant was established in 1998 as part of NCI's creation of the Chemistry-Biology Centers Program. Moffitt is one of two centers to receive the grant this year and enters into an elite group of only six centers in the Chemistry-Biology Centers Program. **SAID SEBTI**, director of the Drug Discovery Program at MCC, is principal investigator of the grant. The grant includes four projects that relate to signal transduction. . . . **DANIEL DIMAIO**, professor of genetics and director of the Yale Cancer Center Molecular Virology Research Program, has been awarded a five-year, $6.5 million grant from NCI for a research project entitled "Program on the Molecular Basis of Viral and Cellular Transformation." Other project leaders, all members of the Cancer Center are: **Peter Glazer**, departments of therapeutic radiology and genetics; **Nancy Maizels**, molecular biophysics and biochemistry and genetics; **I. George Miller**, pediatrics, molecular biophysics and biochemistry, and epidemiology and public health; **Joann Sweasy**, therapeutic radiology and genetics; and **Joan Steitz**, molecular biology and biochemistry. . . **MEMORIAL SLOAN-KETTERING**

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Managed Care Should Cover Clinical Trials, Groups Say

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Review Board that meets federal requirements. These are costs that would be paid for under health insurance if the care was not provided in a clinical trial.

"Clinical trials are where the research bench meets the bedside by taking the latest treatments and offering them to patients," Lazio, chairman of the House Cancer Awareness Working Group, said at a Sept. 14 press conference. "Access to these trials is an essential part of survival for many cancer patients. It would be nothing less than tragic to deny these patients coverage for their best hope in life. That's why we need to make sure access to clinical trials is included in managed care reform legislation."

The three Congressmen were joined at the press conference by Ellen Stovall, executive director of the National Coalition for Cancer Survivorship; Craig Lustig, a cancer survivor representing the North American Brain Tumor Coalition; Michael Hawkins, associate director of the Washington Cancer Institute, representing the American Society of Clinical Oncology; and more than 20 representatives of cancer awareness groups.

"This is a very simple request being made by me, my colleagues in the House, and cancer patients throughout the country-give cancer patients the option to participate in breakthrough, cutting-edge clinical trials," Bilbray said.

"As managed care increases its reaches a dominant health care delivery system in the United States, participation in clinical trials is on the decline," said Salmon. "Guaranteed coverage of clinical trials will increase clinical research-spurring additional breakthroughs in cancer treatment while improving the quality of life of cancer patients."

"The cancer community has fought for many years to ensure that individuals with cancer can make informed choices regarding their care, based on expert medical advice and not the judgment of the health insurer," Stovall said. "A patients' bill of rights that does not guarantee coverage of clinical trials represents a hollow promise to cancer patients."

The cancer clinical trial provision is supported by the Cancer Leadership Council, which includes 17 organizations.

Earlier this year, the Senate passed a bill that included coverage of clinical trials for cancer patients who belong to an ERISA plan, which covers roughly 48 million of the 161 million Americans with health insurance, according to ASCO. Sen. Connie Mack (R-FL) was instrumental in the inclusion of a clinical trials provision. The bill was passed July 15.

The bill excludes FDA-sponsored trials and requires a rule-making process to establish standards for determining routine patient costs associated with clinical trial participation. The measure also requires a study to measure the financial impact on group health plans for covering routine patient-care costs of those patients enrolled in an approved cancer clinical trial.

Mack has urged Senate Finance Committee Chairman William Roth (R-DE) to include the "Medicare Cancer Clinical Trials Coverage Act" in a Medicare reform package.

* * *

The Health Care Financing Administration closed the period for public comment on proposed rules establishing a prospective payment system for hospital outpatient services, as of Aug. 30, after extending the comment period for one month.

Many cancer professional and advocacy organizations have said the proposed ambulatory payment classification (APC) system, published in the Federal Register last year, would result in decreased payments to hospitals for oncology-related services.

HCFA estimated that the proposal would cut

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Medicare payments for outpatient services at cancer centers by 32 percent, according to the American Society of Clinical Oncology, which sent an 11-page letter to the agency. ASCO said HCFA has used "clearly defective data" to calculate the proposed payment amounts.

"In particular, the proposal to use only four APCs to pay for chemotherapy drugs of wide ranging costs, and to make no separate payment for expensive supportive care drugs, means that the treatment of many cancer patients would result in significant financial losses for the hospital involved," ASCO wrote. "This situation would inevitably result in formulary changes requiring the use of less desirable drug regimens for such patients, or pressure on oncologists to adopt such an approach.

"Because HCFA's data on oncology services are clearly erroneous, ASCO strongly urges that , at a minimum, HCFA postpone implementation of the APC system with respect to chemotherapy-related services until accurate data are available."

The proposed APC system also was criticized by the Biotechnology Industry Organization. In its comments to the agency, BIO said the proposed rule would disrupt access to quality health care and result in underpayment for a range of biotechnology products. BIO, as well as PhRMA, the pharmaceutical manufacturer's association, and the American Hospital Association, have suggested that several categories of products, including new and orphan drugs, chemotherapy agents and supportive care drugs, be excluded from the proposed system.

Sources said HCFA is likely to take several months to sort the comments received on the proposed system.

Commission Calls For Funding To Derive Human Stem Cells

The National Bioethics Advisory Commission earlier this week recommended that the federal government begin to fund the derivation of embryonic stem (ES) cells and embryonic germ (EG) cells used in research.

The report also calls for creating a national mechanism to review protocols for deriving human ES and EG cells and for monitoring the use these cells nationwide. Though the recommendations of the commission apply to the public sector, the document asks private researchers and professional societies to follow the same set of standards.

Every year since 1996, Congress amended the Labor-HHS appropriations bill to prohibit NIH funding of research "in which a human embryo [is] destroyed, discarded, or knowingly subjected to risk of injury greater than that allowed for research on fetuses in utero."

Earlier this year NIH officials interpreted the amendment as a prohibition against paying for the derivation of embryonic stem cells. The law does not prohibit the use of government money to fund research on the cells once they are derived, NIH decided. As a result, scientists have to use private funds to obtain the material. Congressional opponents of embryonic stem cell research are trying to tighten the language of the ban to cut out embryonic stem cell research althogether.

Ban Conflicts With Goals of Medicine

"In our view, the ban conflicts with several of the ethical goals of medicine and related health disciplines, especially healing, prevention, and research," the commission said in a report, which was released Sept. 13. "These goals are rightly characterized by the principles of beneficence and nonmaleficence, which jointly encourage pursuing social benefits and avoiding or ameliorating potential harm."

The commission said the derivation and use of embryonic stem cells are not "ethically distinct activities," and withholding federal support from derivation of stem cells restricts access to that area of research.

"This separation—under which [researchers] rely on federal support could participate in some aspects of this research—rests on the mistaken notion that the two areas of research are so distinct that participating in one need not mean participating in the other," the report said.

"We believe that this is a misrepresentation of the new field of human stem cell research, and this misrepresentation could adversely affect scientific progress."

The commission disagreed with the assertion by the opponents of embryonic stem cell research that adult stem cells could be used by researchers in place of embryonic cells. "Because important biological differences exist between embryonic and adult stem cells, this source of stem cells should not be considered an alternative to ES and EG cell research," the report said.

However, the commission said federal agencies

should not fund research involving the derivation or use of human ES cells from embryos made through in vitro fertilization solely for research purposes. Similarly, the commission recommended against federal funding of research involving the derivation or use of human ES cells from embryos made using somatic cell nuclear transfer into oocytes.

The commission decided that there is no immediate need to create embryos solely for research purposes.

"There is no compelling reason at this time to provide federal funds for the creation of embryos for research," the report said. "At the current time, cadaveric fetal tissue and embryos remaining after infertility treatment provide an adequate supply of research resources for federal research projects."

However, the commission acknowledged that specially created research embryos could become useful for some forms of research, including research into the process of human fertilization. Also, as IVF becomes more efficient, the supply of embryos for research from fertility clinics could dwindle, the report said.

The recommendation is at odds with the 1994 findings of the NIH Human Embryo Research Panel, which supported federal funding for the creation of research embryos to form banks of cell lines that would be used in the treatment of individuals with unusual genetic profiles.

Though the commission recommended against funding research involving human ES cells from embryos made using somatic cell nuclear transfer into oocytes, the report said research in the area should be monitored closely.

Somatic cell nuclear transfer of the nucleus of an adult somatic cell into an enucleated human egg may have the potential of creating a human embryo. Creating embryos through this technique could be described as asexual creation of an embryo, and therefore could involve a different set of ethical issues, some observers say.

Roles For A National Review Panel And IRBs

Moving to the problems of oversight, the commission recommended that HHS form a National Stem Cell Oversight and Review Panel. The panel would:

—"Review protocols for the derivation of ES and EG cells and approve those that meet the requirements described in this report,

—"Certify ES and EG cells lines that result from approved protocols,

—"Maintain a public registry of approved protocols and certified ES and EG cell lines,

—"Establish a database-linked to the public registry-consisting of information submitted by federal research sponsors (and, on a voluntary basis, by private sponsors, whose proprietary information shall be appropriately protected) that includes all protocols that derive or use ES or EG cells (including any available data on research outcomes, including published papers),

—"Use the database and other appropriate sources to track the history and ultimate use of certified cell lines as an aid to policy assessment and formulation,

—"Establish requirements for and provide guidance to sponsoring agencies on the social and ethical issues that should be considered in the review of research protocols that derive or use ES or EG cells, and

—"Report at least annually to the DHHS Secretary with an assessment of the current state of the science for both the derivation and use of human ES and EG cells, a review of recent developments in the broad category of stem cell research, a summary of any emerging ethical or social concerns associated with this research, and an analysis of the adequacy and continued appropriateness of the recommendations contained in [the commission's] report."

The commission recommended a secondary role for local Institutional Review Boards in the oversight of research involving the derivation of human ES cells or EG cells.

"IRBs can play an important role by reviewing consent documents and by assuring that collaborative research undertaken by investigators at foreign institutions has satisfied any regulatory requirements for sharing research materials," the report said.

In the context of embryonic stem cell research, any role for the IRBs was by definition controversial, because IRB regulations apply to human subjects. "A decision by the commission to recommend a role for IRBs might be incorrectly interpreted as endorsing the view that human ES or EG cells or human embryos are human subjects," the report said.

The report was requested by the White House last November.

A 13-page executive summary of the document is available on the commission's web site at http://www.bioethics.gov.

Cancer Policy:

Cancer Panel Reviews Genesis Of National Cancer Program

The President's Cancer Panel released the following statement, titled "Genesis and Evolution of the National Cancer Program":

The genesis and evolution of the National Cancer Program was the focus of the President's Cancer Panel on July 19. This meeting, hosted by the Massachusetts General Hospital, represented the first of four meetings to be held this year exploring the current state of the Program and future directions. Speakers representing academia, industry, and government provided historical perspectives on the Program's evolution, and raised issues about future goals for research and medicine, communication and education, and a public health agenda that must also address concerns about access to care, in the context of a national cancer program.

The need for a coordinated cancer research effort was recognized by legislators as early as 1937, with the establishment of NCI within the Public Health Service and direction to the Surgeon General to promote coordination of research conducted by the NCI and other agencies, organizations, and individuals.

In 1971, the National Cancer Act was signed into law to expand and intensify a "coordinated cancer research program encompassing the programs of the NCI, related programs of other research institutes, and other Federal and non-Federal programs." Proponents of the Act advocated increased emphasis on the application of research results to improve methods of cancer detection, treatment, prevention, and control for the general public. Like the rapid success demonstrated by the marshalling of Federal resources for the Manhattan Project (the atomic bomb) or the Apollo Project (the manned moon landing), it was anticipated this Federal "war on cancer" would find quick success. The NCI Director was charged with its overall coordination responsibility of what has come to be called the National Cancer Program. The President's Cancer Panel was created to monitor its implementation and report any delays or barriers to its progress directly to the President.

It is clear now, 28 years after the National Cancer Act, that no magic bullet existed or exists for halting cancer. Unlike most other diseases, cancer comprises perhaps 100 different disorders. In 1971, very little was known about its complex mechanisms—how a normal cell becomes a tumor cell or how a tumor cell multiplies and spreads. It was believed that cancer could be conquered through information dissemination and cancer control programs designed to bring the benefits of knowledge to all Americans, but in 1971, knowledge about cancer and treatment options was far too limited to achieve the goal.

The National Cancer Program has since evolved to place the greatest emphasis on the conduct of basic research, with far less emphasis on the application of findings to reduce the burden of disease in the general public. However, neither in 1971 nor today has the issue of access to all phases of cancer care for all Americans been addressed adequately.

In 1993, the NCI, through a subcommittee of the National Cancer Advisory Board chaired by current Panel member Paul Calabresi, began an evaluation of the National Cancer Program, in part to respond to a Congressional request to assess its achievements, reinvigorate the Program, and put forth a new plan to carry the Program into the next century. In requesting the evaluation, Congress praised breakthroughs in molecular biology and other basic cancer research areas, but expressed concern over the continuing rise in cancer rates and the fact that not all populations were benefiting from advances. A final report, Cancer at a Crossroads, presented to Congress in 1994, prioritized 37 recommendations for proceeding into the 21st century. Although this report generated considerable interest and much progress has been made in addressing its recommendations, it is now time to reassess both the meaning and status of the National Cancer Program. As noted by Panel Chairman Harold Freeman, Cancer at a Crossroads provides an excellent starting point for continuing discussions on the evolution and future of the Program.

The issue of coordination of a national cancer effort continues to be daunting, and is made more difficult by the unclear definition of the entity referred to as the "National Cancer Program." With little legislative history on the meaning of the term, an open question remains of how broadly to define the National Cancer Program and realistically coordinate its implementation. As one speaker suggested, "The National Cancer Act should be rewritten to clearly define the full scope of cancer activities addressed by the National Cancer Program—from basic research to application and public's health—as well as clarify the scope of government and non-government participants involved."

Collaboration was repeatedly hailed as the essence of any successful, coordinated effort. Limitations exist, however, on what can be legislated in terms of non-governmental action. A clear message to the Panel was the need for more translation and application of research. If the 20th century is remembered for its breakthroughs in basic cancer research and improvements in treatment through specialized academic health and cancer centers, then the 21st century should be remembered for its progress in translating discoveries and applying them to all populations, in both community and specialized settings, with increased emphasis on prevention, cancer control, and the public's health. In looking toward the future, societal trends will affect application of discoveries. The aging and diversification of the population, for example, has clear public health and cancer control implications. Advances in information technology and mapping the human genome will have significant effects on how cancer care is delivered in the next century. Creativity is needed in applying new knowledge to the benefit of all Americans.

In excess of 40 million people remain uninsured and without meaningful access to care. Even among the insured, application of advances in cancer care and the quality of care delivered vary dramatically. Public health models that distribute benefits to a larger number of people need to be explored in the context of cancer. Great opportunity exists in expanding prevention strategies within public health models.

Howard Koh, Massachusetts Commissioner of Public Health, cited tobacco and lung cancer as one of the greatest public health disasters of our time, and expressed hope that we will also remember the 20th century as the end of the "tobacco and cancer" century.

In addition, the National Cancer Program of the future must incorporate new communication and education strategies to reduce the cancer burden. Science can provide information about cancer risks and probability of outcomes. It cannot make individual value judgments regarding behavioral or health care decisions based on that information. In moving forward, all of these issues are important.

The Panel will build on this meeting's discussions in public meetings scheduled for Sept. 22 (Bethesda), Nov. 19 (Salt Lake City), and Dec. 6 (Bethesda).

Further information on Panel meetings is available at http://deainfo.nci.nih.gov/advisory/pcp/pcp.htm.

NCI Programs:

NCI To Gather National Data On Colorectal Cancer Screening

NCI has begun a study to understand how screening for colorectal cancer is being conducted in the U.S. and to help identify barriers to screening for the disease.

Investigators from NCI, the Centers for Disease Control and Prevention, and the Health Care Financing Administration are collaborating to gather for the first time national data on colorectal screening practices.

The study is designed to obtain nationally representative data on the physician and health system factors that may affect use of screening and diagnostic follow-up related to early detection of colorectal cancer in community practice. It will assess physicians' knowledge, attitudes, and practice patterns, as well as health plan guidelines for providing or promoting colorectal screening. Data collection will be carried out by Abt Associates Inc., an independent research organization based in Chicago.

"These data are crucial to learning how we may improve standard practice with regard to screening and diagnosis for colorectal cancer," said Carrie Klabunde, an NCI health services researcher.

Study participants will be primary care physicians who are likely to administer colorectal cancer screening tests to adult patients or refer patients to specialists for such tests; specialty physicians who are likely to conduct colorectal screening as well as diagnostic follow-up and surveillance procedures for suspected colorectal cancer; and health plan medical directors.

NCI will request data via a questionnaire, to which participants can respond by mail, telephone, fax or Internet. A nationally representative sample of 1,389 primary care physicians, 1,042 physician specialists, and 323 health plan medical directors will participate.

Colorectal cancer is the second leading cause of death from cancer in the U.S. Evidence shows that a reduction in mortality can be achieved through screening for and treatment of the cancer in its earliest stages. However, screening rates for colorectal cancer remain low, Institute officials said.

"Early detection through more consistent screening practices and effective treatment can help decrease mortality from this disease," said Brenda

Edwards, associate director of the NCI Cancer Surveillance Research Program.

A number of organizations, including the U.S. Preventive Services Task Force, American Cancer Society, American College of Gastroenterology, and Oncology Nursing Society recommend screening for the early detection of colorectal cancer in men and women over age 49. Early detection can be accomplished by fecal occult blood testing, flexible sigmoidoscopy, colonoscopy, or double contrast barium enema. Congress has mandated that screening tests be covered benefits under the Medicare program.

Further information about the survey is available on the NCI Applied Research Branch Web site at http://www-dccps.ims.nci.nih.gov/ARB/.

Funding Opportunities:

RFA Available

RFA OD-99-008: Building Interdisciplinary Research Careers in Women's Health

Letter of Intent Receipt Date: Oct. 11 Application Receipt Date: Dec. 10

The Office of Research on Women's Health and cosponsors invite institutional career development award applications for Building Interdisciplinary Research Careers in Women's Health Career Development Programs. These programs will support research career development of junior faculty members, to be known as Interdisciplinary Women's Health Research (IWHR) Scholars, who have recently completed clinical training or postdoctoral fellowships, and who are commencing basic, translational, clinical and/or health services research relevant to women's health.

The goal of this initiative is to promote the performance of research and transfer of findings that will benefit the health of women. The Programs will accomplish this by bridging advanced training with research independence, as well as bridging scientific disciplines or areas of interest. This will increase the number and skills of investigators at awardee institutions through a mentored research experience leading to an independent scientific career addressing women's health concerns.

This RFA will use the NIH Mentored Research Scientist Development Program Award (K12) mechanism. The K12 awards will be for a period of five years. The anticipated award date is July 1, 2000. It is anticipated that up to eight awards will be made. K12 awards will be for up to $500,000 total costs (direct plus Facilities and Administrative) per year, and will support a minimum of four IWHR Scholars.

Inquiries: Donna Vogel, M.D., Ph.D., Center for Population Research, National Institute of Child Health and Human Development, 6100 Executive Blvd Room 8B01, MSC 7510, Bethesda, MD 20892-7510, phone 301-496-6515, fax 301-496-0962, email: dv1h@nih.gov.

RFP Available

PHS 2000-1: The Small Business Innovation Research Program Of The U.S. Public Health Service

NIH and Centers for Disease Control and Prevention are soliciting proposals from small business concerns that possess the research and development expertise to conduct innovative research that will contribute toward meeting the program objectives of the agencies. This RFP may be downloaded from the NIH Web site, which will be available at: http://www.nih.gov/grants/funding/sbir.htm. The due date for proposal submission is Nov. 5.

Inquiries: Office of Extramural Programs, NIH, PHS SBIR/STTR Solicitation Office, 13687 Baltimore Ave., Laurel, MD 20707-5096, phone 301-206-9385, fax 301-206-9722, email: a2y@cu.nih.gov

NCI Contract Award

NCI intends to negotiate a six-month extension with CCS Associates Inc., Contract No. N02-CN-55056, to provide critical chemoprevention resource support functions as required by the Division of Cancer Prevention.

The services that CCS Associates has provided for the past five years is comprised of tasks which provide comprehensive multidisciplinary research support for Chemopreventive Agent Support, Chemoprevention Investigational Studies, Strategy Development by Workshops on Chemoprevention and Regulatory Technical support Services.

Due to the reorganization of the division, the six month extension will allow NCI time to reassess the needs of the division in chemoprevention support before recompeting this contract. The additional time is necessary to provide continuation of ongoing research support without interruption to ongoing services while preparing the recompetition. A synopsis for the recompetition will be issued in December. The approximate date of issuance of the Request for Proposal for the recompetition is early January 2000.

Interested persons may identify their interest and capability to respond to the requirement or submit proposals. This notice of intent is not a request for competitive proposals. However, all proposals received within 45 days (30 days if award is issued under an existing basic ordering agreement) after date of publication of this synopsis will be considered by the government.

Contact: Dorothy Coleman, Contracting Officer, PCPSS, RCAB, NCI, Executive Plaza South, Room 635, 6120 Executive Bouelvard, Bethesda, MD 20892-7226; phone 301-435-3829; fax 301-402-8579; email: dc93a@nih.gov

In Brief:

Oncology Social Workers Honor MSKCC's Jimmie Holland

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CANCER CENTER announced the following appointments and awards: **Neil Halpern** has been named chief of Critical Care Medicine Service in the Department of Anesthesiology and Critical Care Medicine; **Jimmie Holland**, chairman of the Department of Psychiatry and Behavior Sciences, has received the Lifetime Achievement Award given by the Association of Oncology Social Workers; **Joan Massague**, chairman of the Cell Biology Program, has been elected a Fellow of the American Academy of Arts and Sciences. . . **SAMUEL AND ALTHEA STROUM FOUNDATION** made a $500,000 endowment to the Fred Hutchinson Cancer Research Center for research activities. Part of the endowment will support the center's science education program for high school students. . . . **BRISTOL-MYERS SQUIBB FOUNDATION** donated 24,000 Jester and Pharley dolls to more than 200 pediatric oncology centers nationwide for National Childhood Cancer Awareness Month. The doll is used to help children through procedures such as spinal taps or bone marrow aspirations. The doll is based on the title character of a children's book, *The Jester Has Lost His Jingle*. . . **CAROLYN ALDIGE**, president and founder of the Cancer Research Foundation of America, received the Pioneer Award in Cancer Prevention at the national meeting on "Strategies for New Clinical Trials for Prostate Cancer Chemoprevention," sponsored by NCI. . . **LYMPHOMA RESEARCH FOUNDATION OF AMERICA** is accepting applications for fellowship research grants for the funding year beginning July 1, 2000. Awards of up to $45,000 per year for salary are available for researchers working on lymphoma-specific studies. For grant applications and policies e-mail: LRFA@aol.com or call 310-204-7040. . . **DEBORAH AXELROD**, chief of the Comprehensive Breast Center at Beth Israel for 17 years is leaving to become chief of St. Vincents Comprehensive Breast Center . . . **NATIONAL CHILDHOOD CANCER FOUNDATION** announced five two-year research fellowship winners at pediatric cancer research and treatment centers. The recipients are: **Angela Jane Alessandri,** Laura and Gregg Norman Fellow at B C Columbia Childrens Hospital, University of British Columbia; **Victor Anthony Lewis**, Scott Hammond Fellow at University of Minnesota; **Charles Keller**, Scott Carter Fellow at University of Utah; Pine Tree Apple Fellows **Christine Jacobs Williamsen**, at Childrens Hospital, University of Colorado and **Zhihui Lang**, at Childrens National Medical Center, George Washington School of Medicine . . . **SMOKELESS STATES** National tobacco Prevention and Control Program is awarding Special Opportunities Tobacco Settlement Grants to nine new states. The grants—ranging in size from $40,000- $60,000—help states secure funding for comprehensive tobacco control programs. The states are: Alabama, Arkansas, Idaho, Indiana, Nevada, South Carolina, South Dakota, Tennessee and Wyoming. The goal of the SmokeLess States Program is to reduce tobacco use, particularly among youth. To meet this goal, SmokeLess States funds multi-member coalitions in partnership with local communities to promote public awareness education and to enhance local prevention and treatment programs. SmokeLess States is a collaborative effort administered by the American Medical Association and AMA Foundation and funded by Robert Wood Johnson Foundation. . . **BLOOMINGDALES** and the Entertainment Industry Foundation announced a partnership in support of the National Colorectal Cancer Research Alliance to raise funds for colorectal cancer. The Alliance was founded in 1999 by **Katie Couric** and **Lilly Tartikoff** and EIF. A portion of every purchase at Bloomindales nationwide from Sept. 9 to Oct. 2 with a Bloomindales charge card will be donated to NCCRA. . . **UNIVERSITY OF ARKANSAS** for Medical Sciences will receive a 5-year, $13 million P01 grant from NCI for the study of multiple myeloma. The funding supports six research projects using both clinical trials of new therapies and basic scientific research. The program leader is **Bart Barlogie**, director of the Arkansas Cancer Research Center. Project leaders include: **Nikhil Munshi**, **John Shaughnessy**, **Joshua Epstein**, **Ralph Sanderson**, all of UAMS; and **Malcolm Moore**, of Sloan Kettering. Barlogie received the Jan Waldenstrom Award for his work in multiple myeloma at a ceremony in Stockholm. . . **MARIO SZNOL** was appointed vice president of clinical affairs for Vion Pharmaceuticals in New Haven, CT. Sznol headed the Biologics Evaluation Section of the NCI Investigational Drug Branch, Cancer Therapy Evaluation Program, and served as acting chief of the NCI Investigational Drug Branch.

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