THE CANCER LETTER INTERACTIVE

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Senate Calls Cancer Research A Priority, Cites Research Task Force Funding Goal

The Senate Appropriations Committee described cancer research as one of the top priorities of the federal government in a report accompanying its fiscal year 2000 appropriations bill for the Departments of Labor, HHS and Education.

The report also made reference to the ambitious cancer research funding targets proposed by the Research Task Force of The March: Coming Together To Conquer Cancer, an event held in September 1998 in Washington by advocacy organizations and professional societies.

"This group of widely respected scientists recommended that cancer research be funded at $10 billion by 2005," the Senate report said. "The committee looks forward to working with the cancer community and the NIH to increase funds for cancer research as recommended by the Research Task Force."

The fiscal year 2000 reports of the House and Senate appropriations

(Continued to page 2)

In Brief:

Indiana Univ. Wins NCI Cancer Center Grant; Stephen Straus To Direct CAM Center At NIH

INDIANA UNIVERSITY Cancer Center was awarded a five-year $6.3 million Cancer Center Support Grant by NCI, and designation as a clinical cancer center. The grant will support five research programs: Adult Oncology, Experimental Therapeutics, Hematopoiesis, Regulation of Cell Growth, and Pediatric Oncology. The center director is **Stephen Williams**. **Leonard Erickson** is associate director for translational research; **Victoria Champion** serves as associate director for cancer prevention and control; and **Michael Darling** is associate director for administration. . . . **STEPHEN STRAUS** was appointed director of the National Center for Complementary and Alternative Medicine at NIH. Straus, widely regarded for his research in chronic fatigue syndrome, has been chief of the Laboratory of Clinical Investigation at the National Institute of Allergy and Infectious Diseases since 1991. . . . **DAVID RALL**, director of the National Institute of Environmental Health Sciences from 1971 to 1990, and founding director of the National Toxicology Program, died Sept. 28 in Bordeaux, France. He was 73. Rall and his wife, Gloria, residents of Washington, DC, were injured in an auto accident while vacationing. She is recovering from her injuries. Rall was former associate scientific director of NCI and held the rank of assistant surgeon general in the Public Health Service. He joined NCI in 1954. Rall is credited with helping to create the field of environmental health.

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Expectations For NCI In FY2000 Laid Out In Committee Reports

(Continued from page 1)

committees contain a relatively small number of mandates and no earmarks.

The Senate bill gives NCI $3.287 billion, a $384.5 million (13.2 percent) increase over last year. This funding level is $313.9 million above the President's budget proposal. The House bill gives NCI $3.164 billion, $261.4 million (9 percent) increase over last year. This amounts to a $190.8 million increase over the President's budget proposal.

For NIH, the Senate bill provides $17.613 billion, $2 billion (12.8 percent) above the FY 1999 appropriation, and $1.7 billion above the President's request. The House bill gives NIH $16.935 billion, a 9.2 percent increase.

The bills have cleared the Labor-HHS appropriations committees, but are yet to be approved on the House and Senate floor.

Highlights of the two reports follow:

—Though the Senate report cited no funding targets for prostate cancer research at NIH, the document in effect listed all the key features of the NIH five-year plan to increase prostate cancer research (**The Cancer Letter**, April 23). Similarly avoiding setting specific targets, the Senate report urged NCI "to continue to expand breast cancer research and to devote the highest possible funding level to finding the causes and cures for this disease."

—The Senate report urges NCI to fund "accelerated development" of advanced imaging systems and processing technologies. The committee said NCI should conduct a large-scale trial comparing digital mammography with standard mammography. The document also urges NCI "to take a leadership role" in ensuring that no "duplicative reviews" of new imaging technologies are required by FDA and the Health Care Financing Administration.

—The Senate report said NCI is expected to increase funding for Specialized Programs of Research Excellence to study head and neck cancer.

—The House language for the Centers for Disease Control and Prevention urges that agency "to expand its prostate cancer awareness and outreach program with special attention to minority and under-served populations and other populations which are at high-risk and bear a disproportionate burden of disease through collaborations with public and non-profit cancer education organizations."

The documents contain no amendments on embryonic stem cell research. An amendment that would allow NIH to pay for deriving stem cells was defeated at the full committee markup in the Senate.

Sources said the Republican leadership has pressured members to avoid compromising the appropriations bills with "killer amendments" that could bring about White House vetoes.

Also absent is language on research on disparities of the cancer burden among minorities and the underserved. Earlier this year, a panel of the Institute of Medicine produced a controversial report on NIH research in disparity in cancer incidence and outcomes (**The Cancer Letter**, Jan 22).

The IOM report was requested by Sen. Arlen Specter (R-PA), who held hearings on its findings. Discussion of the report boiled down to a technical debate over accuracy of the numbers used by the IOM panel and the usefulness of the classification system the panel recommended for tabulation of "minorities research" (**The Cancer Letter**, Jan. 29).

Another outcome of the debate was a proposal by former HHS Secretary Louis Sullivan to elevate the NIH Office of Research on Minority Health to the status of an NIH center (**The Cancer Letter**, March 5). However, the proposal is not included in the funding bills. A bill introduced by Rep. Jesse Jackson (D-IL) to establish an NIH minority health research center appears unlikely to move forward this year, sources said.

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World Wide Web: http://www.cancerletter.com

Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg
Editorial Assistant: Shelley Whitmore Wolfe

Editorial: 202-362-1809 Fax: 202-362-1681
PO Box 9905, Washington DC 20016
E-mail: kirsten@cancerletter.com or paul@cancerletter.com

Customer Service: 800-513-7042
PO Box 40724, Nashville TN 37204-0724

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Legislators will have another chance to insert mandates for NIH in the House-Senate conference, after the two chambers approve their versions of the spending bills.

The text of the Senate and House committee reports on NCI appropriations follows:

Senate Appropriations Committee Report

The committee continues to regard scientific investigation into the cause, cure, prevention, and treatment of cancer as one of the nation's top priorities. Research offers the only hope for putting a stop to a disease that wastes precious human resources and contributes to spiraling health care costs. The committee was pleased to learn of recent studies documenting a reduction in death rates and improved rates of cancer morbidity and mortality as a result of smoking cessation. While a testament to past investments in research, those findings should not be taken as a sign that the problem is solved. In fact, the incidence of many types of cancer continues to rise, and progress has not been seen across all populations, such as African-Americans.

Imaging systems technologies: The committee is encouraged by the recent conference held by NCI on biomedical imaging and urges NCI to take a leadership role with FDA and HCFA to avoid duplicative reviews of new imaging technologies which may prevent their benefits from reaching patients on a timely basis. The committee is aware of the great potential for improved patient care and disease management represented by molecular imaging technologies, especially positron emission tomography (PET) through its ability to image the biology of many kinds of cancer and other diseases. The committee supports NCI's increased emphasis on examining the molecular basis of disease through imaging technologies such as PET and MicroPET. The committee encourages the large scale testing of women for breast cancer and of men for prostate cancer to demonstrate and quantify the increased diagnosis and staging capabilities of PET relative to conventional diagnostic and staging technologies including mammography.

The committee is aware of the striking advances in high-resolution imaging technologies of functional magnetic resonance imaging and spectroscopy, and optical coherence tomography for detecting small abnormalities in tissues and for solving the structure of important cellular molecules. Given the recent data showing a high rate of false-positive diagnoses of breast cancer from current mammographic technologies, the committee believes there is a critical need to bring these important new technologies to full development for the diagnosis of breast cancer at earlier stages than currently exists. Therefore, the committee urges favorable consideration for funding accelerated development and implementation of these advanced imaging systems and processing technologies.

The committee encourages large-scale testing of women to demonstrate and quantify the increased detection capabilities of digital mammography relative to conventional film processes. Because of the rapid advances being made in the technological development of mammography systems, the committee is concerned that the newest generation of digital mammography systems be used to implement this large-scale testing. The committee encourages the National Cancer Institute to be prepared to report to the committee during the fiscal year 2001 hearing, the feasibility of conducting large-scale testing that includes provisions for the use of the most current digital scanning technologies.

Research affecting women and girls: The committee believes that health services research involving and affecting women and girls, particularly minorities, has not received adequate attention. The committee urges NCI to identify and examine the critical non-financial barriers to the utilization of vital preventive health services. In addition, the committee encourages the Institute to develop and evaluate behavioral interventions for health promotion and disease prevention among minority women and girls. These include, but are not limited to, changing diet and exercise; smoking cessation; and the impact of psychosocial factors on the primary prevention of cardiovascular disease and breast, cervical and ovarian cancers in African-American women. The Institute is also encouraged to evaluate the significant role played by psychosocial interventions in the treatment and recovery from cardiovascular disease and breast, cervical, and ovarian cancers.

Prostate Cancer: Prostate cancer is the single most common form of cancer in men in the U.S. The committee urges the NCI and other institutes to aggressively increase efforts that will lead to the development of new treatments, new preventives, and new interventions with the potential to improve or extend the lives of men touched by prostate cancer.

Increased use of serum analysis for prostate-specific antigen has led to an increased detection rate

for prostate cancer. However, only 30 percent of early stage disease will progress to clinically relevant disease within the lifetime of the patient. The committee encourages NCI to develop methods to identify those patients at risk of progression who would benefit from aggressive therapy while sparing low-risk patients the morbidity resulting from aggressive treatment of slow-growing disease. The committee also encourages NCI to carry out clinical trials that will determine whether yearly screening for prostate cancer using the PSA blood test will decrease mortality from prostate cancer.

NCI has identified a need to restructure the clinical trials program to make it faster, more flexible, more easily accessible to patients, and more responsive to key therapeutic questions. The committee encourages NCI to test new systems that will identify the best trials, improve trial planning, speed trial activation, and improve availability of trials to patients. The committee encourages NCI to implement programs to assist investigators in academia and in small businesses in getting compounds with promise for treatment and prevention of prostate cancer into clinical testing using NCI's existing development resources. The committee urges NCI to initiate clinical trials that will optimize hormonal and chemotherapeutic approaches for the most common clinical presentations of prostate cancer.

The incidence and severity of prostate cancer varies in different ethnic populations. African American men are more than twice as likely to die of prostate cancer than Caucasian men. In African American men, prostate cancer is also generally more advanced at the time of diagnosis. Chinese men living in China have incidence and mortality rates that are 3-10 times lower than U.S. men. Reasons for the large racial difference in risk are currently unclear. The committee urges NCI to conduct studies to identify risk factors for prostate cancer in several populations, including African Americans and Chinese. The committee also encourages NCI to study the associations of dietary patterns with prostate cancer, and variations in the role of diet in different racial and ethnic groups.

The committee is encouraged by NCI's collaborations with the Department of Defense in fighting this devastating disease, and urges NCI to continue to strengthen and expand its prostate cancer research portfolio. The committee further expects the NCI to accelerate spending on prostate cancer, and consult closely with the research community, clinicians and patient groups to identify promising new avenues of basic and clinical research.

Breast cancer: Breast cancer continues to have a devastating impact on our country. In the U.S., there are approximately 2.6 million Americans living with breast cancer. The committee strongly urges the Institute to continue to expand breast cancer research and to devote the highest possible funding level to finding the causes and cures for this disease.

Lymphoma: Lymphoma currently has one of the highest incidence rates among all cancers in the U.S. It is estimated that approximately 64,000 Americans will be diagnosed with lymphoid cancer in 1999. While progress is being made in the treatment of many kinds of cancer, incidences of non-Hodgkin's lymphoma have nearly doubled since the early 1980's. The committee encourages NCI to increase lymphoma research to promote new innovative research models based upon collaborative methods that maximize the results of ongoing lymphoma research at the NCI. The committee also encourages NCI to collaborate with their counterparts at the NIEHS in exploring environmental factors that may contribute to the development of the disease. The committee also recommends that NCI coordinate its research efforts with the CDC, and encourages NCI to consider exploratory research on incurable lymphomas such as low-grade and aggressive incurable lymphomas.

Cancer coordination: The committee encourages NCI to continue its leadership role as coordinator of the National Cancer Program. As the facilitator of the nation's fight against cancer, the committee specifically encourages NCI to continue to work in collaboration with private/voluntary sector organizations, the CDC, and other Federal agencies to address the coordination challenges outlined in the National Cancer Advisory Board's report entitled "Cancer at a Crossroads."

Tobacco: The committee believes that NCI has an important role to play in tobacco-related research and is pleased that NCI is continuing to support research aimed at preventing and controlling tobacco use.

Primary immune deficiency diseases: The committee is pleased to learn that NCI will participate in a symposium before the end of fiscal year 1999 to investigate the relationship between primary immune deficiency diseases and cancer with the goal of identifying areas of scientific research that can be enhanced through appropriate funding mechanisms. This symposium, conducted in conjunction with the

Office of Rare Diseases, NICHD, NIAID and NHGRI, will bring together leading national and international experts in cancer, pediatrics, immunology, and genetics. The committee looks forward to reviewing the report of the symposium prior to next year's hearings. The committee is also supportive of NCI's interest in the creation of a trans-institute intramural clinic for the diagnosis and treatment of immune deficient patients.

Cancer in minority populations: The committee remains concerned over recent statistics citing higher incidences of cancer among the native Hawaiian population. In comparison to other ethnic and racial groups, native Hawaiians have the highest incidence of the most common forms of cancer such as breast, colon, and lung cancer. The committee encourages continued research in the areas of prevention and detection, utilizing nurse practitioners in community-based centers for screening and education for the underserved populations.

Behavioral science research: The committee commends NCI for expanding its infrastructure to fund behavioral and population research in cancer prevention, treatment, and control. NCI is encouraged to expand its investigation of the effective provision of mental health services to improve the course of cancer treatment and to aid in the adjustment to cancer survivorship. NCI is also encouraged to build upon its collaborations with the National Institute on Drug Abuse to more thoroughly investigate issues of youth tobacco use. In particular, the committee is interested in expanding health promotion research focused on children and youth, and interdisciplinary research on tobacco addiction and cessation. The committee also encourages NCI to expand its research on adherence to treatment regimens and to health-promoting behaviors such as physical activity and healthy diet.

Hepatitis C Consensus Development Conference: The committee is aware that several of the significant new research recommendations of the NIH-sponsored Hepatitis C Consensus Development Conference impacts directly on the research portfolio of the NCI. This research includes the NCI recommendation that studies are needed regarding the mechanism of development of hepatocellular carcinoma in patients with HCV. The committee encourages the NCI to increase research in this area.

Neurofibromatosis: Research into neurofibromatosis is a priority for the committee. Significant advances continue to be made in NF research since the discovery of the NF1 and NF2 gene, including the recent discovery that NF is involved with the c-AMP pathway affecting learning disabilities, in addition to its cancer-fighting tumor suppressor functions. NF research also has significant potential for other large patient populations since NF genes have been implicated in the signaling process that determines cell growth and cell differentiation. The committee encourages NCI to intensify and expand its NF research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation and clinical trials. The committee encourages NCI to use all available mechanisms, including requests for applications, program announcements, and the national cooperative drug discovery group program. Progress in developing new technologies and enhancing the understanding of the fundamental process of cancer will also benefit specific disorders such as NF. The committee urges NCI to continue to coordinate its efforts with NINDS and other Institutes and be prepared to report on the status of the NF research grant program at its fiscal year 2001 appropriations hearing.

Sexually transmissible infections and cervical cancer: Several sexually transmissible infections such as the human papillomavirus and herpes are associated with an increased risk of cervical cancer. The committee urges NCI to expedite new and current vaccines aimed at preventing the transmission of sexually transmissible infections and reducing their oncogenic potential. The committee also requests that additional clinical trials be established to advance testing for STI vaccinations for women.

Ovarian and cervical cancer: Ovarian cancer remains one of the deadliest cancers for women, in part due to the lack of effective early screening methods. According to 1998 estimates, 25,400 new cases of ovarian cancer and 14,500 deaths from ovarian cancer are expected each year. The committee strongly urges NCI to expedite current research on screening methods to detect, diagnose, and identify staging of ovarian cancer. The committee believes that identification of a cost-effective screening strategy could result in earlier diagnosis for women and higher cure rates. Similarly, 15,000 cases of cervical cancer are diagnosed annually, and 5,000 women die from the disease. NCI is strongly urged to accelerate research in this area.

Multiple myeloma: The committee encourages NCI to review its research portfolio and accelerate

support for promising avenues into the causes of multiple myeloma. The committee also encourages NCI to convene a scientific workshop to determine the state of MM research and to make recommendations to the Institute for further research. The committee further encourages NCI to integrate epidemiological and occupational health research and data gathering activities relevant to MM to learn more about the molecular pathogenesis of the disease and its suspected agents.

Head and neck carcinoma: The committee is aware that head and neck squamous cell carcinoma is the most common head and neck cancer. Moreover, it is understood that because of the immunologic unresponsiveness of this particular type of cancer, there is a need to study mechanisms of tumor-induced immunosuppression. The NCI is expected to increase funding for Specialized Projects of Oncology Research Excellence in order to study head and neck squamous cell carcinoma.

Cancer and aging: The committee is concerned regarding recent projections regarding the incidence of cancer relative to the aging of our population. Based upon current incidence rates, the estimated new cases of cancer are expected to increase 29 percent and cancer deaths will increase 25 percent by 2010. The committee recognizes that the resources provided to the Institute have enabled pursuit of some of the high priority initiatives outlined in the Bypass Budget. The committee looks forward to hearing from the Institute at next year's hearing what steps should be considered in order to address the changing demographics of cancer in this country.

DES: The committee continues to strongly support increased efforts to study and educate the public and health professionals about the impact of exposure to the synthetic hormone diethylstilbestrol [DES]. NCI and other Institutes, along with the Office of Women's Health have developed a plan for expanded research activities in this area. The committee continues to expect NCI to carry out this plan either internally or through a contract with CDC and/or the Office on Women's Health. In addition, educational materials for consumers and health professionals have been developed as a result of a demonstration project funded by the committee in previous years. The committee in concerned with progress made with this and expects NCI to contract with CDC to undertake educational efforts targeting consumers and health professionals on a national basis. The committee expects NCI and these other agencies to continue to consult with organizations representing individuals impacted by DES as they carry out DES research and education efforts.

Complementary and Alternative Cancer Therapies: The committee expects NCI to work collaboratively with the National Center for Complementary and Alternative Medicine to support expanded research on promising complementary and alternative cancer therapies as well as on their integration with traditional therapies. Thousands of Americans are turning to these therapies and consumers will benefit from the rigorous scientific review of these therapies. The committee would like to be briefed on the progress of the Institute's efforts prior to the next appropriations cycle.

Outreach and public education: The committee commends the NCI's dedication to the National 5-A-Day Campaign. This campaign is an important facet of NIH's overall commitment to the prevention of nutrition-related disease. The practical value of research is dependent on the translation of that research into practice by the public. The committee recognizes that a diet including a minimum of five servings of fresh fruits and vegetables is a critical factor in reducing cancer risk. The committee encourages NCI to substantially increase its communications and communications research for the 5-A-Day Program from its previous levels and increase its research in fruit and vegetable nutrition.

Pancreatic cancer: The committee is concerned that pancreatic cancer, the fourth leading cause of cancer deaths for men and women in the U.S., is projected to claim the lives of nearly 30,000 Americans this year alone. The 5-year survival rate for pancreatic cancer, 4 percent, is the lowest of all cancers. The committee is concerned that pancreatic cancer is not diagnosed until advanced stages when treatment options are limited and largely ineffective. The committee expects the NCI to be prepared to report at next year's hearing on the Institute's commitment to support the development of early detection methods, improved surgical techniques, effective chemotherapy, and new drugs for pancreatic cancer and to support public education efforts concerning pancreatic cancer.

The committee is concerned that given the aging of the American population, the U.S will face an explosion of cancer cases and deaths by 2010. According to the Research Task Force of the September [1998] Cancer March, by 2010, there could be a 29 percent increase in cancer incidence and a

25 percent increase in cancer deaths, at a cost of over $200,000,000,000 per year. This group of widely respected scientists recommended that cancer research be funded at $10,000,000,000 by 2005. The committee looks forward to working with the cancer community and the NIH to increase funds for cancer research as recommended by the Research Task Force.

House Appropriations Committee Report

Cancer Coordination: The committee encourages NCI to continue its leadership role as coordinator of the National Cancer Program. As the facilitator of the nation's fight against cancer, the committee encourages NCI to continue to work in collaboration with private and voluntary sector organizations, the Center for Disease Control and Prevention, and other Federal agencies to address the coordination challenges outlined in the National Cancer Advisory Board's report entitled "Cancer at a Crossroads."

Cervical Cancer and Human Papillomavirus: The committee is encouraged by research progress achieved in the development of a vaccine for the human papillomavirus and in treatment for advanced stage cervical cancer. The need to coordinate this research both nationally and internationally should be recognized. The committee urges NCI to initiate a strategic planning process to review, coordinate, and expand all aspects of cervical cancer research and enhance efforts to expand access to the Pap test for all women. The committee also encourages NCI to continue its collaboration with the NIAID in sponsoring basic and clinical research on HPV diagnosis and prevention as a risk for cervical cancer.

Complementary and Alternative Medicine: Estimates are that more than 50 percent of cancer patients include some form of complementary and alternative medicine in their treatment regime over the course of their disease. The committee encourages NCI to coordinate its research efforts with the National Center for Complementary and Alternative Medicine.

Endometrial Cancer: While the number of new cases of endometrial cancer remained constant over the last decade, the number of deaths per year from endometrial cancer has more than doubled. Given this two-fold increase, the committee urges NCI to use all available mechanisms, as appropriate, including holding a workshop to examine research opportunities to identify molecular determinants and markers for this type of cancer.

Gastrointestinal Cancers: Gastrointestinal cancers include colorectal cancer, lower esophageal and upper stomach cancers, pancreatic cancer, liver/intrahepatic bile duct cancer, and gallbladder and other biliary cancers. The committee urges NCI to enhance its efforts in these areas with particular focus on the genetic aspects of gastrointestinal cancer, diagnostic tests for genetic abnormalities and prevention, and environmental factors relating to the development of this disease. The committee also urges NCI to enhance its efforts in the development and treatment of Barrett's syndrome, a precursor to lower esophageal and upper stomach cancer, in patients with gastroesophageal reflux disease.

Hepatitis C: The committee commends NCI for participating in the trans-Institute request for applications for Hepatitis C research and urges enhanced research in this area consistent with the recommendations made by the Hepatitis C Consensus Development Conference.

Lymphoma: Despite strides made in other forms of cancer, the rate of incidence of lymphoma is increasing. Lymphoma is the second fastest growing cancer by rate of incidence. The committee encourages NCI to enhance lymphoma research, promote new innovative research models based on collaborative methods to maximize current lymphoma research conducted at NCI, collaborative research efforts with NIEHS to explore environmental factors as causes of lymphoma, and collaborate research efforts with CDC. The committee also encourages NCI to consider exploring research in currently incurable lymphomas such as low-grade and aggressive incurable lymphomas.

Marine Mammals Research: The committee notes the unusual low incidence of cancer in sharks, skates, and rays and encourages basic research through the study of the immune system of these marine animals and the examination of bioactive molecules from shark, skate and ray cells and tissues that have the potential to inhibit disease processes in humans.

Multiple Myeloma: Multiple myeloma affects approximately 50,000 Americans annually, and the five-year survival rate has only increased from 24 percent to 28 percent from 1974 to 1983 respectively. The committee urges NCI to use all available mechanisms, as appropriate, to: review its MM research portfolio and both enhance its support of promising research and encourage new investigators

into the field; convene an NIH-sponsored Consensus Conference to determine the state of MM research, promising opportunities, and make recommendations to NCI for further research; and integrate epidemiological and occupational health research and data gathering activities relevant to MM to learn more about the molecular pathogenesis of the disease and its suspected agents. The committee also encourages the Institute to enhance research on the skeletal complications of malignancy.

Neurofibromatosis: Enormous advances continue to be made in the research on neurofibromatosis since the discovery of the NF1 and NF2 gene, including recent discoveries that NF's suppression of Ras is involved with learning disabilities and heart disease in addition to cancer. The committee encourages NCI to strengthen its NF research portfolio through all available mechanisms, as appropriate, including the further development of animal models, natural history studies, and therapeutic experimentation and clinical trials. The committee urges NCI to continue to coordinate its efforts with other Institutes engaged in NF research and be prepared to report on the status of the NF research program at its fiscal year 2001 appropriations hearing.

Nutrition Science: Continuing research to determine the precise role of nutrients in the development or prevention of particular forms of cancer is important. The committee encourages NCI to use all available mechanisms, as appropriate, including small scale clinical trials emphasizing collaboration between clinical research and molecular genetics, to determine the effects of specific dietary behavior on cancer for patients at risk and establishing biomarkers for these conditions.

Ovarian Cancer: While early detection improves the chances that ovarian cancer can be treated successfully, this type of cancer rarely produces symptoms that would alert women, but rather produces symptoms that are mistaken for other ailments or illnesses. As a result, almost 70 percent of women with ovarian cancer are not diagnosed until the disease is in the advanced stage. The five-year survival rate for these women is 28 percent. The committee is pleased by the progress that has been made in defining a strategic plan for ovarian cancer, particularly with the creation of a SPORE and encourages NCI to move forward with its implementation. The committee requests that the Director of the Institute be prepared to give a progress report at the fiscal year 2001 appropriations hearing.

Pancreatic Cancer: Pancreatic cancer is the fourth leading cause of cancer deaths for men and women in the U.S. Typically not diagnosed until it has reached advanced stages when treatment options are limited and largely ineffective, the five-year survival rate for people with pancreatic cancer is only four percent. The committee requests NCI to submit a report, by January 31, 2000, which details the Institute's plan to enhance its support for pancreatic cancer research and education efforts.

Primary Immune Deficiency Diseases: The committee is pleased to learn that NCI will participate in a symposium, in conjunction with the Office of Rare Diseases, NICHHD, NIAID, and NHGRI, to investigate the relationship between primary immune deficiency diseases and cancer with the goal of identifying areas of scientific research that can be enhanced through appropriate funding mechanisms. The symposium will bring together leading national and international experts in cancer, pediatrics, immunology, and genetics. The committee looks forward to reviewing the report of the symposium prior to the fiscal year 2000 appropriations hearing. The committee also supports NCI's interest in the creation of a trans-Institute intramural clinic for the diagnosis of immune deficient patients.

Prostate Cancer: Cancer of the prostate is the most commonly diagnosed non-skin cancer in America. If detected early, it can be treated successfully with no negative impact on the cancer survivor's quality of life. However, existing forms of detection are insufficient, and available treatments frequently result in erectile dysfunction, urinary problems, or other disorders and disruptions that do negatively impact the patients quality of life. The committee urges NCI to place an increased priority on research through all available mechanisms, as appropriate, including clinical trials, that will result in earlier, more reliable detection methods and more effective and less disfiguring treatment regimes.

Tobacco: Tobacco remains one of the leading risk factors in developing cancer. The committee is pleased that NCI is continuing to support research aimed at preventing and controlling tobacco use and urges the Institute to continue these efforts.

Urological Cancer: The committee commends the new initiatives proposed for prostate cancer and urges the Institute to develop a plan to expand its research for other urological cancers, such as kidney and bladder cancer, to take advantage of new knowledge about cancer diagnosis and treatment.

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