

NCI To Expand SPORE Grants Program To Increase Translational Research Funding

In a significant policy change that could boost funding for translational research, NCI officials have announced plans to expand the Specialized Programs of Research Excellence grants program over the next five years.

The expansion would open the funding mechanism to SPORE grant applications for research in all of the common cancers by 2005. The SPORE grants have been limited to breast, prostate, lung, gastrointestinal, and ovarian cancer.

Under the expansion plan, the program will be restructured to provide three receipt dates per year for grant applications, through an annual
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In Brief:

Hopkins Gets \$10 Million For Directorships, To Dedicate New Clinical Cancer Building

JOHNS HOPKINS University School of Medicine will receive a \$10 million endowment for directorships in cancer and medical genetics from **Marion Knott**. The head of the Johns Hopkins Department of Oncology will be known as the Marion I. Knott Director and Professor of Oncology, a position held by **Martin Abeloff**. The McKusick-Nathans Medical Genetics Institute will be led by the Henry J. Knott Director and Professor of Medical Genetics, which honors Knott's husband, the late philanthropist Henry Knott. That directorship has yet to be appointed. In another development, Hopkins will dedicate the \$125 million Harry and Jeanette Weinberg Building on Oct. 25. The building is the largest on the JHM East Baltimore campus and will be devoted to clinical cancer services.

... **ALAN RABSON**, NCI deputy director, will serve as acting director of the Division of Basic Sciences until a successor to **George Vande Woude**, who left NCI earlier this month, is appointed. He will be assisted by the division's three deputy directors, **Doug Lowy**, **Stuart Yuspa**, and **Robert Wiltout**. The search committee is chaired by **William Paul**, chief of the Laboratory of Immunology at the National Institute of Allergy and Infectious Diseases. The search process is "well underway," according to an Oct. 6 memo by NCI Director Richard Klausner to the Institute staff. ... **FOX CHASE CANCER CENTER** has received a \$1.5 million grant from the Kresge Foundation by meeting the challenge of the foundation and raising \$5.4 million in new gifts toward construction of the Prevention Pavilion, scheduled to open early next year. ... **ALBERT EINSTEIN JR.** has been appointed medical director of the Swedish
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NCI To Open SPORE Grants To All Cancers Over 5 Years

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Program Announcement. Previously, the Institute issued Requests for Applications for the SPOREs every three to five years.

NCI Director Richard Klausner proposed the expansion after receiving recommendations from Program Review Groups and other advisory committees on the need to increase translational research in several types of cancer.

Last year, the NCI Board of Scientific Advisors devised criteria for evaluating the SPORE program and supported the program's expansion (**The Cancer Letter**, June 26, 1998). The expansion plan was approved by the NCI Executive Committee and presented to the National Cancer Advisory Board last month.

"The [BSA] came to a positive and enthusiastic conclusion about SPOREs, and that has led us to propose a five-year plan for the expansion of SPOREs, as well as the opening up of the SPORE program from a series of specific RFA set-asides to allowing this to be more of a standing investigator-initiated process," Klausner said to the NCAB at its meeting Sept. 23. "That has lots of fiscal implications and will depend upon the out-year budget."

The Institute currently funds 18 SPORE grants, having added four SPOREs in ovarian cancer on

Sept. 30, the last day of fiscal year 1999. The grants program received funding of \$38 million in FY99. The expansion plan would increase the number of SPOREs to 33 by FY 2005, at a cost of about \$80 million.

SPOREs, among the largest of NCI grants, were established in 1992 to encourage collaboration among groups of scientists to study specific cancer sites. The grants support multiple research projects headed by teams of laboratory and clinical scientists and include funds for infrastructure, career development, pilot projects, and prevention and control research.

Plan To Phase In New Grants

The SPORE grants have been "a very successful program," Klausner said. "The quality of the science is impressive.

"It's not just a set of funded entities," he said. "The Institute has encouraged the SPOREs to work together [to form] consortia and disease groups, to report to us on critical issues related to translational research barriers."

The five-year plan Klausner presented to the NCAB would phase-in new SPOREs by disease site over the next five years to give NCI time to put an expanded review process in place. There will be three application receipt dates per year: Feb. 1, June 1, and Oct. 1.

In FY 2000, NCI will accept SPORE grant applications for breast, lung, prostate, and genitourinary (GU) cancers. NCI released a Program Announcement earlier this month inviting these grant applications on a staggered schedule: breast, Feb. 1; lung, June 1; and prostate/GU, Oct. 1.

However, last week NCI announced that prostate cancer applications would be accepted Feb. 1 and June 1, in addition to Oct. 1.

"By adding additional receipt dates, we are trying to fit the expansion of the SPORE program into the five-year prostate cancer plan Dr. Klausner presented to Congress last spring," said Jorge Gomez, chief of the Organ Systems Branch, which oversees the SPOREs.

Gomez noted that under the current plan, prostate cancer researchers will have at least seven receipt dates over the next three years to submit SPORE grant applications. "I'm very active right now in marketing the prostate SPORE program," he said. "The Program Review Group report in prostate cancer strongly recommended increasing the number of SPOREs.

"In our professional judgment, if we receive the



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



appropriate funding, we feel we can fund about six more SPOREs in prostate cancer,” Gomez said. “Right now there are three.”

After next year, NCI plans to use the following schedule for accepting SPORE applications:

—FY 2001: skin, ovarian, gastrointestinal (GI), prostate, and brain and head and neck lymphomas.

—FY 2002: breast, lung, prostate, GU cancers and leukemias.

—FY 2003: skin, ovarian, OB/GYN, myeloma, GI, and brain and head and neck lymphomas.

—FY 2004: breast, ovarian, OB/GYN, lung, GI, prostate, GU, and leukemias.

—FY 2005, breast, ovarian, OB/GYN, lung, GI, prostate, GU, leukemias, and brain and head and neck lymphoma.

Four Ovarian SPOREs Awarded

The funding for the new SPOREs announced late last month represent the first time the Institute has committed funds for SPOREs in ovarian cancer, and the first new disease site for the program in seven years.

First-year funding to the four grantees totals \$5.85 million. The grantees are:

—University of Texas M.D. Anderson Cancer Center, Robert Bast, principal investigator. The grant will fund a program on chemoprevention, anti-angiogenesis, and novel treatments for ovarian cancer. Collaborative efforts will be established with other institutions, including University of Texas Health Science Center, San Antonio; University of California, San Francisco; Northwestern University; Baylor College of Medicine; and University of Pittsburgh. First-year funding is \$1.9 million.

—Fred Hutchinson Cancer Research Center, Nicole Urban, PI. The center will form the Pacific Ovarian Cancer Research Consortium to work with scientists from the University of Washington, Swedish Medical Center, Pacific Northwest Research Institute, the Marsha Rivkin Center for Ovarian Cancer Research (all in Seattle), and Cedars Sinai Medical Center in Los Angeles on several ovarian cancer projects. These will include studies of genes for resistance to chemotherapy, studies to develop a nucleic acid vaccine for prevention, tools to estimate risk factors, statistical methods for selecting markers for individualized screening, and improved group counseling services for patients. First-year funding is \$2.3 million.

—Fox Chase Cancer Center, Robert Ozols, PI.

The center plans to develop an interdisciplinary ovarian cancer program on carcinogenesis, prevention, and treatment of ovarian cancer. This SPORE project will develop an Ovarian Cancer Clinical Network linking Fox Chase with the University of Pennsylvania, Hershey Medical Center, the Cancer Institute of New Jersey, and others. The project will also include tissue procurement, genetics testing for BRCA1 mutations, clinical testing of new treatments, as well as research on molecular pathways and biomarkers for ovarian cancer. First-year funding is \$828,000.

—University of Alabama at Birmingham, Edward Partridge, PI. This SPORE will focus on the development of new genetically engineered monoclonal antibody therapy, targeted immunotherapy, and research to find markers of disease progression that can be used as targets for chemoprevention. First-year funding is \$828,000.

“One-Shot” Funding Brings SPOREs Together

Also during FY99, NCI used about \$23 million for “one-shot funding” provided to SPORE grantees. The one-time grants were NCI’s way of dealing with a 15 percent budget increase without committing to grants that would require funding during the following years, without any certainty of getting another large budget increase.

The funds were used to “try to bring the SPOREs together to do things that the critical mass of multiple institutions and investigators can do, as well as ask them to be test sites for the development of multi-institutional translational consortia,” Klausner said.

The lung cancer SPOREs formed a biomarkers and chemoprevention consortia. The group will establish an Internet database that will develop common data elements for premalignant lesions. “It includes the development of standardized forms for registering chemoprevention trial participants, as well as standardized genetic epidemiology questionnaires, and tissue banking for premalignant lesions,” Klausner said.

One-shot funding for the breast SPOREs will provide high-throughput technology at three core facilities, Klausner said.

Also with the one-shot funds, the prostate SPOREs have formed a clinical trials group to identify priorities and speed accrual of patients to phase I and II clinical trials, Klausner said.

The SPORE Program Announcement is



available at <http://grants.nih.gov/grants/guide/pa-files/PAR-99-167.html>. NCI guidelines that address programmatic, review and award concerns must be used when preparing a SPORE application. SPORE guidelines are available at <http://deainfo.nci.nih.gov/awards/spore.htm>. For further information about the SPORE grant program, contact Jorge Gomez, chief of the Organ Systems Branch, phone 301-496-8528, email: jglw@nih.gov.

In Congress:

DOD Cancer Research Funded; Senate Passes NIH Funding Bill

The Department of Defense peer-reviewed programs in breast and prostate cancer received substantial increases in the appropriations bill passed by Congress and submitted to the President.

The breast cancer peer-reviewed research program is slated to receive \$175 million, a \$40 million increase from the current year. The prostate cancer research program is to receive \$75 million, a \$25-million boost.

The bill is awaiting the President's signature.

* * *

The Labor, HHS and Education bill has passed the Senate, but has not been considered by the House. Sources said House Republicans are expected to accept the Senate's proposal to increase the NIH budget by 12.8 percent, to \$17.6 billion.

The House version of the bill, approved by the appropriations committee, calls for a 9.2 percent increase. The Administration asked for a 2.1 percent increase.

* * *

Rep. John Porter (R-IL), chairman of the Labor, HHS and Education Subcommittee of the House Appropriations Committee, last week announced that he would not run for reelection.

During his 20 years in Congress, Porter has been an advocate of increasing appropriations for biomedical research and allowing scientists to work with the minimal interference from politicians.

He was one of the few members of Congress to understand and value the NCI Bypass Budget as an expression of opportunities for cancer research. A moderate, Porter frequently battled his party's right wing as well as Democrats as he sought to defend NIH from earmarks, pork-barrel projects and "killer amendments."

Porter's term will expire in January 2001.

NCI Programs:

NCI Funds 18 Laboratories For Early Detection Network

NCI awarded nearly \$8 million in grants toward the creation of a network to discover and develop new biological tests for the early detection of cancer and of biomarkers for increased cancer risk.

These awards create 18 Biomarker Developmental Laboratories to identify, characterize, and refine techniques for finding molecular, genetic, and biologic early warning signals of cancer.

The laboratories are part of the Early Detection Research Network, a research collaboration to evaluate biomarkers for common cancers, such as prostate, breast, lung, colorectal, and ovarian cancers.

"With the creation of the Early Detection Research Network, we are entering a new era of translational research, where the journey from the laboratory to the clinic is a coordinated, collaborative effort," said NCI Director Richard Klausner. "Ultimately, the Network will benefit patients by the rapid creation of better tests to find cancer and the discovery of points in time at which to intervene to prevent the disease."

The Biomarker Developmental Laboratories will be using a range of study designs and technologies in pursuit of developing molecular, genetic, and biologic markers. Nine of the 18 grantees will be collaborating with industry.

The Biomarker Developmental Laboratories funded by these grants are one of three scientific components of the Network's Consortium for Biomarkers in Early Detection Research. NCI also plans Biomarker Validation Laboratories, which will develop the tests so that they can be reliably performed by multiple laboratories and Clinical and Epidemiologic Centers to study the tests in patient populations. The Network has a Steering Committee, made up of members of the network, an advisory committee of outside experts, and a Data Management and Coordinating Center. These awards have not yet been announced.

The principal investigators, laboratories, and first-year award amount follow:

Wilbur Franklin, University of Colorado Health Science Center, \$399,741.

Jose Costa, Yale University, \$396,255.

Marc Lippman, Lombardi Cancer Center, \$245,578.

Melvin Tockman, University of South Florida,



\$385,069.

David Fishman, Robert H. Lurie Comprehensive Cancer Center, \$809,862.

David Sidransky, Johns Hopkins University, \$599,110.

Stephen Meltzer, University of Maryland, School of Medicine, \$384,646.

Edward Highsmith, University of Maryland, School of Medicine, \$382,050.

Samir Hanash, University of Michigan, \$463,272.

David Beach, Cold Spring Harbor, NY, \$446,741.

Yingming Zhao, Mount Sinai School of Medicine, \$216,104.

Jeffery Marks, Duke Medical Center, \$400,000.

Timothy Block, Thomas Jefferson University, \$327,931.

William Bigbee, University of Pittsburgh, \$559,290.

Bogdan Czerniak, University of Texas M. D. Anderson Cancer Center, \$651,147.

Adi Gazdar, University of Texas-Southwestern, \$430,454.

George Wright Jr., Eastern Virginia Medical School, \$345,773.

Nancy Kiviat, University of Washington, \$408,070.

Unconventional Innovations Program Funds First Contracts

NCI has awarded the first five contracts of a new program to develop novel, “one-stop” technologies capable of both detecting and destroying tumor cells.

If successful, the research would lay the technological framework to eventually use non-invasive tests to sense the chemical features unique to developing tumors and eliminate them.

The five contracts, totaling nearly \$11.3 million over three years, were awarded to:

University of Michigan at Ann Arbor, James Baker, principle investigator, \$4,427,711, to develop nano-scale devices for detecting and treating cancer.

University of Pennsylvania at Philadelphia, Britton Chance, \$2,005,552, to study a novel optical technique using Near Infrared to identify precancerous and cancerous tumors.

University of Alabama at Birmingham, David Curiel, \$1,780,510, to study a novel system to define

tumor cell signatures.

University of California, Davis, N.C. Luhmann Jr., \$1,611,670, to investigate a prototype compact device to produce high-contrast X-rays.

NASA Ames Research Center at Moffett Field, CA, Meyya Meyyapan, \$1,468,957, to study a novel carbon nanotube-based biosensor and a prototype biosensor catheter.

NCI said it expects that these contracts will be the first in a series of contracts to be awarded over the next three years as a part of the Unconventional Innovations Program. The new program supports peer-reviewed, high-risk, high-impact ideas that have the potential to revolutionize cancer care.

The UIP hopes to support multidisciplinary teams with expertise in diverse scientific fields that traditionally have not worked together in studying cancer. These teams include investigators with backgrounds in engineering, physics, chemistry, and the computational sciences, said Carol Dahl, heads of the UIP.

“For cancer research to capitalize on the emerging opportunities in technology and translate them into improved patient care, there needs to be cross-talk among researchers throughout the sciences, and in industry and academia,” said Dahl. “The UIP aims to stimulate this dialogue and capture the fruits of these collaborations.”

The UIP builds on progress in defining cancer based on the unique molecular and physical characteristics of individual tumors, NCI officials said. The NCI Tumor Gene Index program reported last summer that it has catalogued over 66,400 genes that are active, directly or indirectly, in cancer.

“With the infrastructure now in place to begin defining cancers according to the very molecules that are fueling their growth, it is crucial to begin envisioning and creating the technology platforms that can be used to access this molecular information and revolutionize cancer detection, diagnosis, and treatment,” said NCI Director Richard Klausner.

Further information on the UIP is available at <http://amb.nci.nih.gov/RFP/97065/toc.htm>.

Tobacco Use Research Centers Funded BY NCI, NIDA, RWJF

NCI and the National Institute on Drug Abuse have awarded \$14.5 million to fund first-year awards for Transdisciplinary Tobacco Use Research Centers to study tobacco use and new ways to combat it.



The Robert Wood Johnson Foundation has committed an additional \$14 million over five years to improve the policy understanding and communications practices of the tobacco research teams.

Together, NCI and NIDA will spend about \$70 million for the effort over five years.

With each center organized around a special theme, researchers plan a wide range of studies that include culture, genetics, animal models of behavior, and innovative treatments, NCI said. Investigators plan to study the prevention of tobacco use, initiation of tobacco use, and addiction. Tobacco-related disease causes more than 450,000 deaths each year, including 170,000 cancer deaths.

“Tobacco use and nicotine addiction are such complex subjects that it will take a truly transdisciplinary approach to understand the addiction and how to prevent tobacco use, particularly by teens and younger children,” said NIDA Director Alan Leshner.

“These centers promise to accelerate development of effective tobacco control interventions, speed the transfer of these approaches to communities across the nation, and create a core of new tobacco control researchers,” said NCI Director Richard Klausner.

Last November, NCI announced a plan to expand tobacco use research, following the recommendations of the Institute’s Tobacco Research Implementation Group. Funding of tobacco use research centers was the highest of nine priorities recommended by the group.

“This partnership represents an extraordinary opportunity,” said Steven Schroeder, president of the Robert Wood Johnson Foundation. “We hope to increase our understanding of effective policies in tobacco use prevention and treatment and to put that knowledge into practice as quickly as possible in the real world.”

The centers’ locations, principal investigators, and research themes follow:

Brown University Center for Behavioral and Preventive Medicine at the Miriam Hospital, Providence, RI. Principal investigator: David Abrams. Theme: identify early childhood and lifetime psychiatric factors that determine smoking initiation, dependence, use patterns, cessation, and response to cessation treatment;

University of California, Irvine. PI: Frances Leslie. Theme: identify predictors of nicotine

addiction in animals and tobacco susceptibility and use in humans using a shared conceptual model across multiple levels of analysis.

University of Southern California. PI: C. Anderson Johnson. Theme: preventing tobacco use among youth of diverse cultures.

Georgetown University. PI: Caryn Lerman. Theme: identifying the bio-behavioral basis of smoking initiation, smoking treatment, and harm from tobacco exposure.

University of Minnesota. PI: Dorothy Hatsukami. Theme: treating smokers who have been resistant to conventional methods of intervention or who have not been previously targeted.

University of Wisconsin Medical School, Madison. PI: Michael Fiore. Theme: relapse to tobacco use.

Yale University. PI: Stephanie O’Malley. Theme: treatment of tobacco addiction.

Funding Opportunities: **NCI Offers Grant Supplements For Mammalian Models**

NCI announces two programs of funds to supplement NCI-funded research project (R01), MERIT (R37), FIRST Award (R29), cooperative agreement (U01), and program project (P01) grants, or NCI Cancer Center (P30) or SP0RE (P50) grants to assist with unanticipated costs associated with the development and validation of mammalian models of human cancer.

NCI-funded investigators whose research involves investigations of mammalian models and who require supplemental support to fulfill the original peer-review approved goals of the research, to take advantage of new opportunities afforded by these cancer models, or to derive, validate, or test mammalian cancer models, are eligible. Funds will be available through administrative supplements.

Specific information is available at the following URLs: Administrative Supplements to NCI Cancer Center and Spore Grants for Mammalian Cancer Models: <http://www.nci.nih.gov/dcb/centersup.htm> Administrative Supplements to NCI Research Project Grants for Mammalian Cancer Models: <http://www.nci.nih.gov/dcb/modelsup.htm>

Submission deadline for all requests for administrative supplements is Dec. 3, 1999.

The grantee should contact the NCI program director whose name and telephone number are cited



in the latest Notice of Grant Award to solicit advice about the appropriateness of the request and to obtain the correct address to which the supplement request is to be mailed.

Inquiries: Cheryl Marks, Ph.D., NCI, Executive Plaza North Room 501, Bethesda, MD 20892-7381, phone 301-435-5226, fax 301-496-8656, email: cm74v@nih.gov.

Program Announcement

PAS-00-006: Bioengineering Research Partnerships

Notice of Intent Receipt Dates: Dec. 1, 1999 and June 30, 2000

Application Receipt Dates: Jan. 7, 2000 and Aug. 10, 2000

Participating Institutes and Centers of NIH invite applications for R01 awards to support Bioengineering Research Partnerships for basic bioengineering research addressing important biological or medical research problems. A BRP is a multidisciplinary research team applying an integrative, systems approach to develop knowledge and/or methods to prevent, detect, diagnose, and treat disease and understand health and behavior. The partnership must include bioengineering expertise in combination with basic and/or clinical investigators. A BRP may propose design-directed or hypotheses-driven research in universities, national laboratories, medical schools, private industry and other public and private entities. BRP applicants are encouraged to participate in a pilot program for electronic submission and review of grant applications.

The objective of this program announcement for Bioengineering Research Partnerships is to encourage research in selected basic bioengineering areas. Bioengineering is defined as follows: bioengineering integrates physical, chemical, or mathematical sciences and engineering principles for the study of biology, medicine, behavior, or health. It advances fundamental concepts, creates knowledge from the molecular to the organ systems level, and develops innovative biologics, materials, processes, implants, devices, and informatics approaches for the prevention, diagnosis, and treatment of disease, for patient rehabilitation, and for improving health. Each BRP should bring together the necessary engineering, basic science, and/or clinical expertise to focus on a significant area of bioengineering research within the mission of the NIH. A BRP can vary in size and exhibit diverse forms of organization, participation, and operation. No single type of BRP fits the needs of every area. Rather, the size, structure, and operation of a BRP are determined by the proposed research. The mechanism of support will be the regular R01 research grant. The total requested project period may not exceed five years. Applications for BRP awards should focus on an area of bioengineering

research where progress is likely to make a significant contribution to improving human health.

It is likely that these areas will be of interest to many NIH Institutes and centers. For example, materials science may be relevant to the ultimate development of artificial organs or novel medical implants; thus a research initiative in materials science would be of interest to many ICs, even though it is not clear at the outset which organ or which IC will benefit from advances in the field. Similarly, bioinformatics may provide analysis and modeling tools for large sets of biological data, may facilitate home-based devices, and may create networks to help manage chronic diseases. Imaging may be applied to the monitoring of cellular processes, elucidation of developmental processes in the organism, identification and localization of disease or its progression, development of virtual reality training tools, and monitoring of therapeutic interventions. Micro- and nano- fabrication and fluidics may be applied to creating in vivo sensors, biochemical analysis systems, imaging systems, and surgical devices.

Bioengineering areas of particular relevance to the mission of NIH Institutes and centers are the following: biomechanics, bioprocessing, bioelectrics, ion channels, and organ function, clinical medicine, therapeutics and drug delivery, combinatorial approaches to chemistry, materials, genes, and therapeutics, functional genomics including microarray technology, integrated systems, and analysis tools, imaging, nanotechnology, informatics and computational methods, medical implants, biomembranes, sensors and devices, complex biological systems, organ culture systems and organogenesis, rehabilitation, prostheses, cell and tissue engineering and biomaterials, tissue regeneration, integrative physiology, drug bioavailability.

Inquiries: For NCI—Carol Dahl, NCI; Building 31, Room 11A03, MSC 2590; Bethesda, MD 20892-2590; phone 301 496-1550; fax 301 496-7807; email: cd41x@nih.gov

NCI Division Offers Fellowships In Epidemiology and Genetics

The Division of Cancer Epidemiology and Genetics is one of three intramural research divisions in NCI. DCEG is responsible for an international program of population-based studies to identify environmental and genetic determinants of cancer. The division offers fellowship training for up to five years under the supervision of DCEG senior scientists. The following fellowships are available:

Cancer Epidemiology and Biostatistics: Fellows design, carry out, and analyze research related to the etiology of cancer in human populations or develop related biostatistical methods. Fellows gain experience with interdisciplinary and/or multicenter collaborations.



Cancer Genetics and Epidemiology: Fellows carry out interdisciplinary research to identify genetic determinants of cancer and elucidate the role of gene-environment interactions. This program includes training in clinical, molecular, and quantitative genetics, and genetic epidemiology.

Radiation Epidemiology: Fellows receive training in radiation epidemiology, bio-statistics, radiation biology, and risk assessment of cancer from radiation exposure. Academic courses are given in collaboration with Johns Hopkins University. Fellows may spend up to two years at the Radiation Effects Research Foundation in Hiroshima, Japan, pursuing studies of atomic bomb survivors.

Molecular Epidemiology: Training focuses on integrating laboratory and clinical investigations with population research. Fellows conduct epidemiologic studies employing biomarkers of genetic susceptibility, carcinogenic exposure and mechanisms, and intermediate endpoints. This program also offers training opportunities in the laboratory and clinical divisions of NCI.

NCI-Wide Biostatistics: Fellows receive training in emerging biostatistical areas, including epidemiologic methods, statistical genetics, clinical trials, risk assessment, and informatics. This program offers training opportunities throughout the NCI.

Inquiries: Kristin Kiser, Deputy Director, Office of Education, Division of Cancer Epidemiology and Genetics, NCI, Executive Plaza South Room 8057, 6120 Executive Blvd. MSC 7242, Bethesda, MD 20892-7242, phone 301-594-3005, fax 301-402-3256, email: kiserk@mail.nih.gov.

In Brief:

Foundation Funds Research Grants In Pancreatic Cancer

(Continued from page 1)

Cancer Institute, at Swedish Medical Center in Seattle. Einstein was associate center director for clinical affairs at the H. Lee Moffitt Cancer Center and professor of internal medicine at the University of South Florida. . . . **LUSTGARTEN FOUNDATION** for Pancreatic Cancer Research has awarded six grants to pancreatic cancer researchers: **Thomas Adrian**, Creighton University School of Medicine; **James Freeman**, University of Texas Health Science Center at San Antonio; **Constance Griffin**, Johns Hopkins Medical Institutions; **Elizabeth Jaffee**, Johns Hopkins

Medical Institutions; **Douglas Tyler**, Duke University Medical Center; and **Keping Xie**, University of Texas M. D. Anderson Cancer Center. The foundation also has begun a national media campaign to raise public awareness of pancreatic cancer and the need for greater funding of pancreatic cancer research. The campaign was begun at an event at the recent reopening of Radio City Music Hall in New York City. An advisory board for the campaign is chaired by former President **Jimmy Carter**. According to the foundation, 29,000 Americans die each year from pancreatic cancer, making it the fourth leading cause of cancer deaths among men and women. NCI spends 0.4 percent of its budget on pancreatic cancer research, the foundation said. . . . **LESLIE FORD**, director of the NCI Early Detection and Community Oncology Program, received the Outstanding Achievement in Clinical Research Award from the Association of Community Cancer Centers for her significant efforts in enhancing clinical research through the Community Clinical Oncology Program and her leadership in the Breast Cancer Prevention Trial. . . . **DOUGLAS YEE** has been appointed to the Tickle Family Land Grant Chair in Breast Cancer Research at the University of Minnesota Cancer Center. Yee was associate professor of medicine/medical oncology at the University of Texas Health Science Center at San Antonio. . . **UNIVERSITY OF PITTSBURGH** has received a 5-year, \$11.2 million grant from the National Institute of Dental and Craniofacial Research to establish an Oral Cancer Center. The center will focus on multidisciplinary approaches to improving therapy for treatment-related side effects and furthering research into the biology of oral cancer. The director of the center will be Eugene Myers, chairman of the department of otolaryngology at UP. . . **JULIE SHROYER** has been named vice president of Capital Associates, Inc., a government relations firm specializing in legislative and policy efforts in areas of health, education and human resource programs. . . **ROGER WILLIAMS** has been appointed executive vice president and chief executive officer-designate of US Pharmacopeial Convention, effective Jan. 4. Williams is deputy center director for the FDA Center for Drug Evaluation and Research. . . **DENNIS RUSCH** has been appointed vice president for finance at Roswell Park Cancer Institute Corp. Rusch was vice president and chief financial officer for Scott, Sherwood and Brindley Foundation.



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