THE CANCER LETTER INTERACTIVE

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NCI Plans Network For Providing Access To Pathology Information Over The Web

Advisors to NCI earlier this week approved the Institute's plans to support the development of a model network for the sharing of pathology information over the World Wide Web.

The NCI Board of Scientific Advisors voted to approve the Institute's spending of about $13.75 million over the next five years to fund seven to 10 grants to institutions that would develop the model system.

An estimated 282 million patient specimens are stored in pathology laboratories nationwide, according to the National Bioethics Advisory Commission. Researchers will need access to large numbers of specimens

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In Brief:

Livingston Completes Term On NCI Board, Appelbaum To Succeed Him As Chairman

DAVID LIVINGSTON completed his term as chairman of the NCI Board of Scientific Advisors. Livingston, the Emil Frei Professor of Medicine and Genetics, Harvard Medical School, and chairman of the Executive Committee for Research at Dana-Farber Cancer Institute, was the first chairman of the BSA, an advisory group that NCI formed in 1996. **Frederick Appelbaum**, director of the Clinical Research Division at Fred Hutchinson Cancer Research Center, was appointed the new chairman of the BSA. . . . **NCI APPOINTED** five cancer researchers to the Board of Scientific Advisors. They are: **David Abrams**, professor and director, Center for Behavioral and Preventive Medicine, Brown University School of Medicine; **Hoda Anton-Culver**, professor and chief of the Epidemiology Division, Department of Medicine, University of California, Irvine; **Esther Chang**, professor of oncology and otolaryngology, Georgetown University Medical Center; **Kenneth Kinzler**, professor of oncology, Johns Hopkins Oncology Center; and **Richard Schilsky**, professor of medicine and associate dean for clinical research, Biological Sciences Division, University of Chicago Pritzker School of Medicine. . . . **DAVID HUSSEY,** professor of radiology at the University of Iowa College of Medicine, has been named president of the American Society for Therapeutic Radiology and Oncology. . . . **AMERICAN CANCER SOCIETY** elected new officers at its annual meeting in New Orleans earlier this month: **Gerald Woolam** was elected president. Woolam is director of surgical oncology, Joe Arrington Cancer Research and Treatment Center, and clinical professor of surgery at Texas Tech University School of Medicine. Woolam succeeds **Charles**

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NCI To Fund Informatics Network For Pathology

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for marker and assay validation studies, NCI officials said to the BSA at its meeting Nov. 8 and 9.

"I believe that the ability to reconsider classification and diagnosis of cancer is going to come quickly," NCI Director Richard Klausner said to the BSA. "Big changes will happen and will happen quickly. This is the area that will rapidly change oncology.

"We need much richer clinical information [including] what treatment exactly did patients receive," Klausner said. "This requires many more samples. I see no other place where we are making such rapid progress."

Following is an excerpt of the text of the concept statement:

Shared Pathology Informatics Network. Concept for a new Request for Applications, seven to 10 awards, length of award five years, first-year set aside $2.75 million, estimated total cost $13.75 million. Program director: Jules Berman, Division of Cancer Treatment and Diagnosis, phone 301-496-7147, email: jb426q@nih.gov.

The objective of this initiative for a Shared Pathology Informatics Network is to create a web-based model system that can request and receive data from existing medical databases at multiple institutions. The system could facilitate a wide variety of research efforts. It will be able to automatically identify and obtain the requested data for cases that meet defined search criteria and which have archived tissue specimens. The identity of the patient and other identifying information will be encrypted or otherwise modified to protect patient confidentiality. The system will enable researchers to quickly review the characteristics of large numbers of archived specimens in order to plan marker or assay validation studies. The ability to automatically access information from medical databases is the first step toward the long-term goal of developing informatics systems to support NCI's efforts to improve researchers' access to human specimens and clinical data.

We propose to fund seven to 10 institutions for a period of five years, each at approximately $300,000 per year. Over five years the Network will develop and test the communications protocols needed to access data simultaneously from every participating institution. The data to be searched will include patient demographics, diagnostic information, vital status, clinical history, outcome data, and, when available, information related to recurrence and treatment. The data returned by participating institutions will be collated and returned to the requestor as a structured report.

The eventual broad application of the systems to be developed by this initiative will require that institutions other than those participating in this Network be connected. One of the efforts of this Network will be to define procedures for connecting new institutions. Since the query system will interact with existing institutional databases, new institutions can be added to the Network after customizing the data interface software to meet their institutional requirements. We anticipate that this process will get progressively easier once the Network has fully defined the key data elements and has gained experience with the operating characteristics of various commercial pathology data systems.

The RFA will require applicants to demonstrate efforts and expertise in pathology-related informatics and to provide evidence of a cooperative relationship between pathologists and hospital information systems managers. Institutions responding to the RFA must have existing information systems that store and retrieve patient information, including demographics and pathology reports and have access to archived specimens. Institutions with access to hospital clinical

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data and cancer registry data, in addition to pathology data, will have a distinct advantage in the competition.

The NCI Office of Informatics, which is responsible for coordinating NCI informatics efforts, has developed software to support distributed Internet queries. This office will collaborate with the Shared Pathology Informatics Network.

There are ample reasons to believe that pathology departments will want to participate in a Shared Pathology Informatics Network and the related initiatives that might follow. Many pathology departments already have a strong interest in pathology informatics and have established informatics programs. There is currently considerable momentum toward the development of a sub-specialty in Pathology Informatics. The Network efforts will provide real incentives for pathology departments to develop standard data formats. The Network will encourage collaborations between pathologists and researchers who want access to their pathology data and specimens. It will help pathology departments serve researchers at their institutions by facilitating access to very large numbers of specimens with clinical data. It will also improve access to rare tumors or uncommon presentations of common tumors. In addition institutions participating in the Network will be well positioned to participate in future tissue resources that utilize the Network systems. Finally, Network participants will be able to efficiently identify the specimens and data that they need to create standardized and specialized tissue microarrays.

Program To Fund Database For Spiral CT Images Approved

The NCI Board of Scientific Advisors approved the Institute's plan to spend $4.4 million over the next five years for grants to support a consortium of institutions to develop a database of spiral CT lung images.

Following is the text of the concept statement, approved at the BSA meeting Nov. 8:

Image Database Resource for Image Processing Research. Concept for a new RFA, five cooperative agreement awards, first-year set aside $800,000; estimated total cost $4.4 million over five years. Program director: Barbara Croft, phone 301-435-9025, email: bc129b@nih.gov. Scientific director: Laurence Clarke, phone: 301-496-9362, email: lc148m@nih.gov.

The intent of this initiative is to support a consortium of institutions to develop the necessary consensus and standards for a lung CT image database resource, and to construct a database of spiral CT lung images. Researchers actually need many different databases of images from different organs and from different modalities. Each application poses different problems for optimization of software. However, the main obstacle has been the lack of a process to develop consensus and standards for assembling the databases. We believe that a group of experts focusing on just one organ system and one modality may develop a process that will serve as a model for other groups to develop additional image database resources. If this consortium effort proves to be successful in developing a database that is widely useful to other researchers, NCI can evaluate whether to support the development of other databases (such as imaging for breast or colon cancer screening), or leave such development to other parties (such as professional organizations).

This decision to focus on spiral CT of the lung is based on recent interest in using this method for lung cancer screening for patients at high risk, as presented at a recent NCI workshop and an NCAB meeting. The use of computer-assisted diagnosis (CAD) methods is rapidly emerging for this new lung cancer screening application, where early intervention may significantly reduce cancer mortality rates. Lung imaging is also a good physical model in that it involves the use of 3D CAD methods that require critical software optimization for both detection and classification of lung cancer. In addition, the detection of change over time, or changes in lung nodule size, has the potential to provide either improved early cancer detection or improved classification (benign verses malignant).

The specific goals of this initiative are to: Provide an environment to develop consensus criteria for: (a) preparation and submission of cases that are representative of clinical practice, (b) spatial determination of reference standards ("ground truth") for lung nodule(s) electronically in 3D, and (c) common metrics and software for statistical validation of the performance of CAD methods and temporal analysis software tools. Provide a common research resource to the medical imaging community to: (a) permit early identification of promising software methods from the diverse pool of emerging tools, (b) stimulate the development of more advanced 3D CAD methods including temporal analysis, (c) accelerate research

timelines and (d) reduce the risk for diagnostic software development by academia and/or industry for lung cancer screening. Allow Internet access to the database by the broad imaging research community. This effort would stimulate inter-disciplinary research collaboration, including academia, government and industry. Internet access may be accomplished by using the resources of the National Library of Medicine, which has experience in image database distribution, or NCI Core Services which has agreed to develop the necessary infrastructure. The NLM has expressed strong enthusiasm for this project, subject to evaluation of the associated costs.

0rganization of the Consortium: The RFA will call for the submission of proposals from single institutions. Applicants would describe their experience in developing databases, and in developing and evaluating image processing software. They will also propose a plan for developing the database, how they would develop standards and how they would obtain consensus for those activities. Applicants must also state a willingness and interest to work with the other awardees in a consortium arrangement. NCI staff will form the Consortium by choosing from the applications with fundable scores. Criteria for selection will include the following:

• Experience in generation of image data bases and case selection.

• Access to state of the art imaging sensors and plans for image quality control.

• Extent and design of applicants' existing image databases and ability to accrue more cases.

• Knowledge of factors involved in development and optimization of CAD methods.

• Knowledge of metrics and statistical criteria for evaluation of CAD and temporal analysis methods.

• Plans for development of a consensus on standards for database generation and evaluation.

It is anticipated that approximately five individual academic sites will be supported for this organ system. To ensure a representative database is collected, the final criteria for selection of applications will include a requirement for the inclusion of a minimum of three different institutions and images from at least two different spiral CT x-ray imaging devices (i.e., from two different manufacturers).

Consortium Executive Committee: The PIs for each selected application will be members of an Executive Committee for this Consortium. The Executive Committee's responsibilities will include efforts to reach consensus on the criteria to populate the image databases, to monitor the accrual of cases, to monitor image quality control, to expand the databases if improved CT imaging sensors become available, and to reach a consensus on the metrics and statistical methods for software evaluation. The Executive Committee will be responsible for the image format and transfer to NIH for Internet general access. It will also be responsible for the collaboration with other NCI-supported clinical trials where applicable (e.g., ACRIN), for access to image databases and to ensure appropriate selection of imaging protocols. It will also be encouraged to interact with professional societies such as RSNA and ACR and other NIH cooperative groups generating image data bases (Human Brain Project, Visible Human Project) to ensure acceptance of standards proposed for evaluation of the image data bases.

The Executive Committee will organize a public meeting in year 2, open to all interested researchers working on CAD development and evaluation, to seek feedback on the plans for the database generation and evaluation. Meetings of the Executive Committee will be held three times in year one, and subsequently twice per year. In addition, conference calls with this Committee and NCI program staff will be organized on a bi-monthly basis to manage this project.

Data base organization. The NCI or NLM will act as the depository with Internet access to these databases, similar to the Visible Human Project (HVP), to ensure international access. NCI or NLM will ensure that DICOM (digital image communication standard) formats are correct and establish a means for remote accessing and searching the database for subsets of cases or locating required software for validation of CAD methods. The interoperability of the databases (common elements for data extraction) will be a critical issue as they will be used or expanded for other research and training applications. Interoperability for images, anatomical reference image standards or templates, and text information will be maintained within current and emerging DICOM standards. The Executive Committee will review DICOM structured reporting standards as these standards may complement CAD reference standards and performance evaluation. Specifics of database organization are outlined in the Appendix.

Budget: We anticipate funding approximately

five academic sites (U01s) that will form a Consortium. The U01 awards will provide funding for five years. Funding will be required for image data accrual, generation of anatomical reference standards ("ground truth," a labor-intensive activity), comparison and final selection of metrics and statistical validation methods. It is anticipated that many of the sites that apply for support will have on-going projects for the development of image databases. The proposed budgets may therefore vary depending on the level of progress made at the time of application. Funding is expected to be lower for the first year, where the criteria for case selection need to be developed before case accrual begins, and expanded for years 2-4 where most of the accrual will take place. Funding will decrease for year 5 when accrual will essentially be completed, and final analysis and documentation will be addressed. For purposes of estimating a budget, we assumed that the databases and subsets would total approximately 1000 cases, with about 250 cancers, 250 benign cases, and 500 normal cases. The large number of cases is included to allow for analysis of sub-sets of difficult cases, and analysis of images for temporal changes. Since retrospective case collection is envisioned, the cost of generating the images will not be covered, as it is anticipated they will be generated under other funded clinical trials.

NCI/NLM staffs estimate that there will be hardware cost in year 1 of approximately $100,000. NIH computer staff expenses to maintain the databases are difficult to estimate because there is no prior similar experience, but should not exceed 1 FTE engineer at approximately $100,000 for years 1-5.

NCI To Support Partnerships Between Minority Institutions, NCI-Funded Cancer Centers

At its meeting earlier this week, the NCI Boardof Scientific Advisors approved the Institute's plan to fund partnerships between "minority-serving institutions" and NCI-funded cancer centers that will help build research and training of minorities.

Minority-serving institutions include minority medical schools, historically black colleges and universities, Hispanic-serving institutions, and tribal colleges, NCI said.

NCI plans to spend about $40 million on planning grants (P20s) and $37.5 million on specialized center grants (U54s) over the next five years to support these partnerships. Six planning grants and one center grant would be funded in the first year, but the program would fund up to 12 planning grants and three center grants over the five-year period.

The excerpted text of the concept statement follows:

Minority Institution Cancer Center Partnerships. Concept for a new RFA, up to 12 planning grants (P20) and three specialized center grants (U54), total $40 million for P20s and $37.5 million for U54s. Program Director: Sanya Springfield, phone 301-496-7344, email: ss165i@nih.gov.

This initiative is intended to support the planning and/or implementation of partnerships between minority-serving institutions (MSIs) and NCI-designated cancer centers (or groups of centers) that will achieve the following general objectives:

1. Build and stabilize the independent, competitive research and research training capabilities at MSIs.

2. Create a stable, long-term collaborative relationship between MSI's and NCI-designated Cancer Centers (or groups of centers) in the areas of research, research training, education and outreach that focuses on problems and issues relevant to the disproportionate cancer incidence and mortality in ethnic minority populations.

3. Improve the effectiveness of Cancer Center research, education and outreach programs designed to benefit ethnic minority populations in the region the Cancer Center serves.

4. Export successful approaches in addressing disproportionate cancer incidence and mortality rates in ethnic minority populations to all NCI Cancer Centers, as well as other key networks supported by the NCI (e.g., Cancer Genetics Network, Clinical Cooperative Groups, Early Detection Research Network, and the Special Populations Network).

Partners must demonstrate that the specific objectives they wish to achieve within the first three general objectives above either are dependent upon the partnership for their eventual success or will be achieved faster because of the partnership and that they are willing to work with and share their approaches with each other and with other NCI Cancer Centers and other networks supported by NCI.

Applications would be submitted in one of two ways:

1. As planning grants (P20s) for the development of partnerships. These would be for up to five years of support and up to $500,000 in direct costs per year. They are to be focused on identifying and developing areas of collaborative opportunity that have the highest potential for success. These grants are intended to help establish partnerships that can compete successfully for a Specialized Center-Cooperative Agreement. If this does not prove to be feasible, planning grants should result in the spinning off of collaborative opportunities in the form of individual research, research training and education grants (e.g., R0ls, P0ls, T32s, R25s).

P20s will support:

(a) an administrative core activity (to be no more than 20% of total costs) for salaries and travel of key personnel, travel and per diem of outside advisors, and basic office equipment, supplies and other administrative needs, and,

(b) a developmental fund for conducting workshops and retreats designed to identify areas of greatest opportunity for research (a required component of the planning process) and for research training, education and outreach; for establishing cooperative seminar series, courses etc.; for merging existing programs (e.g., research training) into more effective and functional units; for recruiting faculty in areas of opportunity; for developing critical resources and shared facilities; and for conducting pilot projects.

Each pilot project requires co-principal investigators, one from the MSI and one from the Cancer Center). Each pilot project would not exceed $100,000 in direct costs per year or a duration of more than two years.

The only categorical limitation on the use of the developmental funds is that the purchase of equipment for research purposes requires approval by the NCI.

All P20s must have oversight by an outside advisory group with ex officio representation from the NCI/ORMH. The outside advisory group will evaluate progress twice each year relative to the intent of this initiative and recommend changes as needed.

2. As full-partnerships supported by the Specialized Center-Cooperative Agreement (U54) mechanism. These will provide up to 5 years of support and up to $1.5 million in direct costs per year. To be eligible for a U54, the partnerships must be predominantly focused on research programs and in addition to at least one of the following: research training programs, education programs, or community outreach programs and they must demonstrate clearly that the application is based on previous comprehensive planning activities (whether supported by a P20 planning grant or not).

The U54 will provide support for:

(a) An administrative core activity not to exceed 20% of the total of the grant award.

(b) Planning and evaluation activities that may include the costs for outside advisors, workshops, retreats and the Steering Committee and that would be dedicated to setting priorities, changing directions, and identifying areas of new opportunity based on a continuing evaluation process.

(c) Developmental funds would be dedicated to supporting pilot projects/programs in research, research training, outreach and education (requiring co-principal investigators, one from the MSI and one from the Cancer Center). Each pilot project would not exceed $100,000 in direct costs per year or a duration of more than two years. Costs for faculty recruitments to develop programs in research, research training, outreach, and education and pilot infrastructure may also be requested. The partnerships would have to establish systems for reviewing pilot projects/programs, recruitments and infrastructure for merit and use this system as the basis for distributing funds.

(d) Up to three full projects per year in research, research training, outreach and education. Each full project would not exceed $250,000 in direct costs per year. At any given time at least two of the projects would have to be focused on research. Full projects would be limited to no more than three years of support but the partnership would have the flexibility to discontinue projects and start new projects based on the regular evaluation of progress and identification new opportunities through its formalized planning and evaluation activities. It is expected that the partnerships will demonstrate a transition from pilot projects to full projects supported by the U54 to projects that are evaluated by the traditional NIH peer review system and funded through traditional research, training and education grant mechanisms (e.g., R01, P01, T32, R25).

(e) Specialized infrastructure critical to the needs of the programs established by the partnership and supported by the U54 and other grants funded through the NIH peer review process (or equivalent). This might include access to technology, specialized facilities, major resource equipment, centralized service/outreach/accrual units, tissue resources etc.

(f) A Steering Committee of outside advisors, MSI and Cancer Center representatives, and staff from NCI and ORMH.

In Congress:

President Vetoes HHS Funding; Spending Bill In Negotiation

The President last week vetoed the spending bill that includes funds for NIH. However, a deal between the White House and Congressional Republicans is nearing completion, Capitol Hill sources said.

Though the President's veto message mentioned a number of programs, the single most formidable obstacle to an agreement was an attempt by Congress to restructure the Administration's effort to hire more teachers. Congress wanted to give school districts greater flexibility in using of these new funds.

The President's veto message to Congress described the bill as "deeply flawed." Among the flaws listed by the president was an across-the-board 0.97 percent cut affecting all government agencies.

"The legislation also contains crippling cuts in key education, labor, and health priorities and undermines our capacity to manage these programs effectively," the veto message states. "The enrolled bill delays the availability of $10.9 billion for the NIH, the Centers for Disease Control, and other important health and social services programs, resulting in delays in important medical research and health services to low-income Americans."

As Congress and the President wrangle over the features of the bill, advocates of increased appropriations for NIH are hoping that as the 15 percent increase for NIH would survive after the bill's less palatable features are negotiated away. The bill's least acceptable feature was a $7.5 billion delay in funding, which would release about 40 percent of the NIH budget two days before the end of the fiscal year.

House and Senate leadership recognized that the bill included more than the usual level of fiscal gimmickry. In fact, Rep. John Porter (R-IL), chairman of the House Labor, HHS & Education Appropriations Subcommittee, was openly inviting the President's veto.

With the bill back on the Hill, and with the White House exerting pressure, Congress is focusing on a more manageable agenda.

In a press conference last week, Sen. Arlen Specter (R-PA), chairman of the Senate Labor, HHS & Education Appropriations Subcommittee, said money could be found to close the gap between the President and Congress. "With respect to the dollars involved, I think we could have worked that out," Specter said.

Specter said that after taking the blame for the 1995 government shut-down, Congress has lost its to fight with the White House. "The realities are that the Congress is reluctant to confront the President," Specter said.

In Brief:

ACS Elects New Officers, Names Award Winners

(Continued from page 1)

McDonald, professor of Medical Science and chairman of the Brown University department of dermatology, and physician-in-chief of the department of dermatology at Rhode Island Hospital; **John Kelly** was elected chairman of the board. Kelly has been an ACS volunteer for 21 years, is national chairman of the research committee, vice chairman of the board for the Gulf Coast Medical Center and president of Resources Management Inc. Kelly succeeds **Frances Coolidge**, a partner with Ropes & Gray of Boston. **Dileep Bal** was nominated president-elect. Bal is chief of the Cancer Control Branch of the California Department of Health Services and clinical professor at UC-Davis medical school. **John Baity** was nominated chairman-elect. He is a partner at Milbank, Tweed, Hadley & McCloy. **H. Fred Mickelson** was elected vice chairman. Mickelson is president of Coral Creek Consultants Inc. and a member of the ACS Board of Directors; **Robert Young** was elected first vice president. Young is president of Fox Chase Cancer Center. **Andrew von Eschenbach** was elected second vice-president. Von Eschenbach is director, Program Center-Genitourinary Cancers at University of Texas M.D. Anderson Cancer Center. Lay officers elected include treasurer **David Zacks** of Kilpatrick Stockton, LLP in Atlanta, and secretary **Sally West Brooks** of Palm Springs. . . . **ACS MEDAL OF HONOR** was presented to three cancer researchers: **Frederick Li,** for clinical research in genetically identifying individuals and families for inherited cancer susceptibility which led to the clinical description of Li-Fraumeni syndrome. Li is professor of clinical

cancer epidemiology at Harvard School of Public Health, professor of medicine at Harvard Medical School and vice chair for population sciences in the department of adult oncology at Dana-Farber Cancer Institute; **Lee Hartwell,** for basic research in genetics by using the yeast cell to examine tumor cell biology and the behavior of cancer cells. Hartwell, a 1998 Albert Lasker Basic Medical Research Prize winner, is president and director of the Fred Hutchinson Cancer Research Center and professor of genetics at the University of Washington College of Arts and Sciences in Seattle; **C. Everett Koop**, for his contributions to cancer control by advocating the need for tobacco control policies in public forums and in Congress and by using World Wide Web technology to educate the public on a wide range of important health issues. Koop, Surgeon General of the U.S. from 1981-89, is Elizabeth DeCamp McInery Professor of Surgery at Dartmouth Medical School. . . . **ACS** presented its Distinguished Service Award, in recognition of major achievements in the field of cancer, to the following individuals: **Howard Koh,** Commissioner of Public Health for the Commonwealth of Massachusetts, for his work in public health; **Marcia Grant**, director and research scientist at City of Hope Cancer Center; and **Betty Ferell**,, research scientist at City of Hope, for their work in oncology nursing. The ACS Humanitarian Award given for improvement of cancer control and accomplishment in human welfare was presented to **James Hampton** for his initiatives to improve health care delivery for Native Americans, Alaskan Native populations and other minority groups. Hampton is clinical professor of medicine at University of Oklahoma College of Medicine and medical director of Troy & Dollie Smith Cancer Center. . . . **MEMORIAL SERVICE** commemorating **Patricia Greene**, senior vice president, patient services, Leukemia Society of America, is scheduled for Dec. 6 at 4 p.m. at the Mutual of America Building, 320 Park Avenue, 35th Floor, New York City. Greene, 50, died Aug. 27 at her home in Stamford, CT. She had pancreatic cancer. Greene was a founding member and first president of the Association of Pediatric Oncology Nurses. She worked at the American Cancer Society from 1981 to 1996, first as national nursing consultant and later as national vice president, patient services. At ACS, she developed scholarships for nurses and oncology social workers, established the journal Cancer Practice, and helped in the national distribution of programs including I Can Cope, Reach to Recovery, and Look Good, Feel Better. She joined LSA in 1996, and developed the society's patient services program, a school re-entry program, and an information center. The Patricia Greene Leadership Award of the Pediatric Oncology Nurses Foundation was established in her honor. Contributions may be sent care of Association of Pediatric Oncology Nurses National Office, 4700 West Lake Ave., Glenview, IL 60025-1485. For information on the memorial service, contact Tamar Wallace, 212-382-2169 ext. 210, email: twallace@cancer.org or Genevieve Foley, 901-495-3325. . . . **PAUL VAN NEVEL**, director of the NCI Office of Cancer Communications, received a Presidential Rank Award, an honor presented annually to members of the Senior Executive Service whose achievements or service warrant special recognition. Van Nevel was one of 12 NIH employees to receive the1999 award. Nominations are reviewed by the NIH director, the HHS secretary and the U.S. Office of Personnel Management, with final recommendations approved by the President. . . . **JOHN BURKLOW** was named deputy director of the NIH Office of Communications and director of the NIH Division of Information. Burklow was deputy director of the NCI Office of Cancer Communications. He joined NCI in 1986 as a communications intern. He served in the NCI patient education program, developed a communications program for older Americans, and developed a similar program for people of low literacy. . . . **CORRECTIONS**: Due to an editing error, a story in the Oct. 29 issue of **The Cancer Letter** incorrectly dated the report of the Armitage panel on the NCI clinical trials system. The report was presented to NCI in 1997. In the In Brief section in the Oct. 15 issue of **The Cancer Letter**, Joseph Treat was misidentified. He is vice chairman of medical oncology and associate medical director of the joint Fox Chase-Temple University Cancer Center. . . . **NIH HUMOR:** "One of our lab chiefs has been recruited to New York: **Harold Varmus**," NCI Director **Richard Klausner** said in his remarks Nov. 8 to the NCI Board of Scientific Advisors. "There has been a lot of coverage in the newspapers about Harold's leaving, and what was missed was the fact that his lab was finally about to be site-visited. We don't know whether this was related to his precipitous announcement. It was just a few weeks before the site visit was to happen. We are going through with it anyway."

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