THE CANCER LETTER INTERACTIVE

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How NCI Plans To Spend $3 Billion Budget; But First, A Caveat From The Director

Toward the end of a talk about the NCI budget that contained enough caveats to frighten a Roman legion, NCI Director Richard Klausner issued one final warning about the spending plans for fiscal year 2000 that he had just presented:

"All of this is subject to change," Klausner said to the NCI Board of Scientific Advisors at its meeting Nov. 8. "This is the last time I am going to give this caveat. I am nervous about how this will be reported."

In other words, *caveat lector*, let the reader beware.

Anything can happen before Congress passes and the President signs

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In Brief:

Foundation Funds Six Lung Cancer Studies; Schilsky Re-Elected CALGB Chairman

BRISTOL-MYERS SQUIBB FOUNDATION awarded $1.4 million to support six lung cancer studies at cancer research institutions. The studies are funded by grants from the BMSF Women's Health Program. The grantees are: New York University Medical Center, Fox Chase Cancer Center, Memorial Sloan Kettering, University of Texas Southwestern Medical Center, Pennington Biomedical Research Center at Louisiana State University and Oncology Nursing Foundation. . . . **RICHARD SCHILSKY** was elected to a second five-year term as chairman of the Cancer and Leukemia Group B, by the group's Board of Directors on Nov. 14. **Mark Green** will continue to serve as vice-chairman of the group. Schilsky is professor of medicine and associate dean for clinical research, Biological Sciences Division, University of Chicago. . . . **RAYMOND WARRELL**, of Memorial Sloan-Kettering Cancer Center, has been appointed president and chief operating officer at Genta Inc., where he will oversee clinical development. In a related development, **Mark Rogers**, a member of Genta board of directors, has been elected chairman of the company. Rogers was president of Paramount Capital Inc. and former CEO of Duke University Hospital. **Kenneth Kasses**, chairman and CEO since 1997, will remain on the board. . . . **ALLEN SPIEGEL** was appointed director of the National Institute of Diabetes and Digestive and Kidney Diseases at NIH. Spiegel was scientific director of NIDDK, leading one of the largest intramural research programs on the NIH campus. He guided 21 laboratories and branches that study diabetes, metabolic diseases, sickle cell anemia and

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Across-The-Board Cut, Delayed Funding Uncertain

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an appropriations bill for the Department of Health and Human Services.

Earlier this week, it appeared that Congress and the White House settled their differences over the budget package for several federal departments including HHS.

At this writing, it was unclear whether the budget would include an across-the-board cut or delayed availability of funds for NIH.

The House was expected to vote on the measure Nov. 18, as **The Cancer Letter** was going to press. The Senate was likely to vote over the weekend, sources said.

The measure includes a second 15-percent increase for NIH in as many years, pushing the NCI budget to $3.332 billion.

That increase makes Klausner one *medicus fortunatus*.

"It is extremely satisfying and gratifying," he said to the BSA. "We want and need, and can spend and administer, this size budget."

What follows is Klausner's outline of the Institute's tentative plan for fiscal 2000 grants funding, based on the House-Senate conference bill, which included an across-the-board cut of .97 percent, or about $33 million for NCI. That bill was vetoed by the White House. Another provision of the bill was a delay of $7.5 billion of NIH's proposed $17.9 billion budget, or about 42 percent of the budget. The Institutes would not have use of the funds until the final 48 hours of the fiscal year.

"While this is a bit of an administrative challenge, we can do it," Klausner said of the delayed funding. "If that works for receiving this remarkable budget, it works. We have been working on models for it. It is not a cause for panic."

—The bill included an increase for salary support for extramural grants, from $125,000 to $136,700. If applied to all NCI grants, this provision would require $11 million, Klausner said.

—"Should we receive, with the 1 percent cut over the increase, a 14 percent increase, we expect to increase the research projects grant pool in terms of dollars by a proportional amount. From all of our planning, we really think the other programs outside the RPG pool require growth as well as the RPG pool."

—"We begin with a $100 million debt for non-competing funds. So whatever the budget is, $100 million is already obligated, to raise the non-competing total dollars to over $1 billion this year."

—Competing research project grants: "We are looking at maintaining the success rate, looking at something like an 18 to 20 percent increase in dollars for the new and competing pool." It would take a 25 percent increase in the R01 funding to maintain the payline at the current level of the 24th percentile. This is due to the increased number of grant applications, of about 10 percent this year, as well as an increase in the average cost of grants. Last year, the average cost requested was $303,000, while this year, the average cost requested is $336,000, or a 10 percent increase.

"We will definitely make sure that in the investigator-initiated grants pool, the benefits of the increased budget are felt," Klausner said. "But I will say that I cannot see us going up in paylines. I hope that we can maintain them.

One option Klausner said he is considering is dropping the payline by 1 point to provide for a larger increase in the average cost of grants, or, in other words, reducing the "downward negotiation" that NCI applies to grants. "We are seeing a greater sense of under-funding," Klausner said.

"Even if we drop to the 23rd percentile, we will still be putting more money in and funding more grants," Klausner said. "We will maintain, we believe,

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the overall success rate of about 30 percent."

Total number of grants NCI funded two years ago, in FY98, was 3,958. NCI's projection for FY2000 is 4,855 grants. The total number of applications has risen from 3,196 two years ago, to projections of between 4,300 and 4,400 this year, Klausner said.

NCI also expects to increase funding for Phased Innovation Awards, training grants, the Specialized Programs of Research Excellence, and Cancer Center Support Grants, Klausner said.

* * *

FY99 NCI Budget Stats: What did NCI do with last year's unprecedented increase? Funded a lot of grants, Klausner said to the National Cancer Advisory Board at a recent meeting.

"It was a year of tremendous opportunities afforded by the largest the NCI has ever had, a 14.3 percent increase, or $366 million in new funding over the previous year," Klausner said. "It allowed us to support a whole collection of initiatives that we think together are more and more forming a coherent picture of a robust and successful National Cancer Program."

Eighty percent of the new funding went to grant activities, Klausner said. About half of that amount went to the research project grants pool, which is about $1.375 billion, or 47 percent of the total budget. About $80 million was required to pay for the increased commitment base, and about $60 million in new funding, or 20 percent growth, was allocated for competing awards, Klausner said.

There were about 900 competing R01 awards in 1999, compared to about 700 in the previous year. NCI maintained a payline at the 24th percentile, despite a 23 percent increase in applications.

"We had a variety of mechanisms to deal with exceptions funding, including the Accelerated Executive Review, now widely used by community, for grants within a particular distance from the payline," Klausner said.

NCI funded 81 AERs. The range went up to the 30th percentile for basic research R01s, and up to the 35th percentile for patient-oriented research. There was a 75 percent success rate for basic research and a 50 to 60 percent success rate for patient-oriented research.

"We continued to use exception dollars for our new approach to program announcements, which are tied to overarching initiatives, and particularly this year, we added successful planning for disease-based research process, the Progress Review Groups," Klausner said. "We've now had two PRGs, in breast cancer and prostate cancer, that lay out an enormous array of questions that need to be answered. Instead of trying to write multiple RFAs, we are taking the approach of having reference to the PRG being responsive to, in essence, a broad PA, and then we use exception dollars to fund those if they are not funded within the payline."

About 15 percent of the competing research project grant funds are set aside for exceptions funding, he said.

The cancer centers program budget rose from $134 million in FY98 to $152 million last year, an increase of 14 percent. Over the last four years, seven new centers have joined the NCI-designated cancer centers. The two most recent centers are the University of California, San Francisco, and Indiana University.

There are five current planning grants for cancer centers, at Boston University, Howard University, Loyola, Washington University and Louisiana State University.

Cooperative groups and the clinical trials system received $28 million in new funding, about a 30 percent increase.

The new money for cooperative groups supported initiatives in increasing per-patient funding, clinical trials accrual, correlative studies accrual and development, dissemination of informatics, the integration of the pediatric groups, enhancement of epidemiologic studies, and a variety of outcomes studies.

"In addition, we now have experience with our new approach to how to link researchers to do correlative studies in collaboration with the cooperative groups and their collections of annotated clinical samples," Klausner said. "This will be a model for how people can access epidemiologic and other cohorts.

"That is a funding mechanism that allows investigators anywhere to identify, to access the types of tissues available through the tissue banks that are supported by the cooperative groups, to develop collaborations, and to apply independently for R01 or R21 grants for review by the new Special Emphasis Panel of the Center for Scientific Review for clinical oncology," he said.

There were 35 applications for these correlative studies in FY99, he said.

The new funds also supported increases in training grants including the Howard Temin Award.

NCI supported 26 trainees in FY99, a 36 percent increase.

Also last year, NCI created two new transition awards based on patient-oriented research, the K22 award and the K24 mid-career award. The Institute supported 11 K23s and 10 K24s in FY99.

Funding for the Cancer Education Program increased by about 21 percent to support cancer prevention training. New programs in training included end-of-life care, education, outreach activities, and a variety of oncology curricula proposals, Klausner said.

The National Research Service Awards increased by 21 percent, and included a 25 percent increase in the average stipend. The stipend for postdoctoral fellows went up from $33,000 to $40,000. The total number of trainees rose to slightly over 1,700 in FY99.

* * *

Biomedical Informatics: Klausner is serving as chairman of an internal NIH "implementation group" studying the recommendations of a report to the Institutes by a working group on biomedical computing, established by the Advisory Committee to the NIH Director.

The document, "The Biomedical Information Science and Technology Initiative," or BISTI, recommended that NIH:

—Fund National Programs of Excellence in Biomedical Computing devoted to all facets of this emerging discipline.

—Establish a program directed toward the principles and practices of information storage, curation, analysis, and retrieval.

—Provide resources and incentives for basic research (through R01 grants) to support or those who are inventing, refining, and applying the tools of biomedical computing.

—Foster a national computer infrastructure and provide financial resources to increase computing capacity.

Klausner said the implementation group has not finalized its response, but is considering recommending the establishment of a series of NIH-wide planning grants for centers of excellence in biomedical computing and encouraging NIH Institutes to develop specific proposals on informatics relevant to research. Also, the committee may propose an NIH-wide forum on informatics, accessible on the Web.

"While these issues are essential, they are often hard to get your arms around," Klausner said to the BSA. "We want to be careful that what we do works. We want to make sure that while everyone is excited about intra-operability of everything, that we don't fool ourselves about some über-informatics planning that will collapse of its own weight and stifle innovation."

NCI may use its Phased Innovation Award mechanism to fund grants in biomedical computing, Klausner said. He said he welcomed ideas from extramural researchers about NIH approaches to informatics.

The BISTI report is available at http://www.nih.gov/welcome/director/060399.htm.

* * *

Redesigned CancerNet website opened earlier this week at http://cancernet.nci.nih.gov/.

The new design has been two years in the making, since an NCI meeting in February 1998. The design features changes recommended and tested by users, Institute officials said.

The site includes the full range of NCI information on prevention, detection, treatment, supportive care, and clinical research; new search capabilities; a guide for first-time visitors; hyperlinks between PDQ summaries, clinical trials and citations; a dictionary of medical terms; links to other cancer-related web sites; and a publications locator where users can view and download NCI publications.

NCI Programs:

NCI To Contract For Software For Ultrasound Imaging

Advisors to NCI have approved the Institute's plan to fund a contract for the development of software that would give investigators control over transmitted pulses and received signals by ultrasound imaging devices.

The development of this software, called an ultrasound research interface, will enable investigators to develop novel imaging protocols for research in areas including small animal imaging, image-guided surgery, and contrast-assisted imaging.

The NCI Board of Scientific Advisors recommended that the Institute set aside $1 million in the first year and $500,000 in the second year to fund a single contract for the software development. The board advised NCI to limit the statement to one contract. As originally written, the concept statement sought funding for two contracts.

Following is the excerpted text of the concept statement:

Ultrasound Research Interface. Concept for a new Request for Proposals. One award, two years, $1 million in the first year and $500,000 in the second year. Program director: Barbara Croft, Division of Cancer Treatment and Diagnosis, Diagnostic Imaging Program, phone 301-435-9025, email: bc129b@nih.gov.

The intent of this RFP is to develop powerful ultrasound research interfaces that allow extensive control over a wide range of system parameters. These interfaces will be software add-ons to continuously evolving scanner control software. The interface software could run either on the current ultrasound computer systems, or on stand-alone computer systems (PCs) interfaced to the ultrasound scanner control. Although the creation of these interfaces necessarily relies on access to proprietary information, such access can be partly restricted by protective software shells, while still accessing control parameters.

• A contract for a basic interface will be approximately 12 months. The first phase of development (approximately 6 months) will support software development by the manufacturer. This phase will also include the generation of user manuals to support the wider distribution of the interfaces to the academic community. The second phase of the contract will involve a partnership between the manufacturer and 2 (or 3) academic research institutions with expertise in a variety of ultrasound applications. The interface would be installed at the academic sites to evaluate the software and supporting documentation. This evaluation phase is expected to take as long as 6-8 months to allow for possible changes in the interface design and system documentation.

• A contract for an advanced interface will add an additional period of 12-18 months that may be initiated at the end of phase 1 of the basic interface or at the end of phase 2. The first phase of the advanced interface contract will again support software development by the manufacturer. This phase will also include the generation of user manuals. The second phase will again involve limited partnerships between 1 or 2 academic research institutions with expertise in the technically complex areas of bearn formation and related hardware/software. The advanced interfaces would be installed at the academic sites to evaluate the software and the supporting documentation. This evaluation phase is expected to take as long as 8-12 months to allow for possible changes in the interface design and system documentation.

• To allow broad access to the ultrasound interfaces by researchers, the contract will contain a provision requiring the manufacturers to license the completed interface to investigators. It is envisioned that these investigators can request funds to support and upgrade such interfaces from their usual funding sources. All licensing conditions will need to be specified in advance with the response to this RFP by each manufacturer. It is anticipated that this contract will establish the foundation for further partnering between industry and academia to foster the creation of user groups and training courses for these interfaces and encourage the participation of young investigators.

Ultrasound Interface Specifications and Operational Characteristics: The basic research interface is expected to meet the needs of the large majority of researchers. It is expected to be implemented on the current or next generation (no later than the end of the contract period) of the ultrasound scanner. The advanced research interface provides additional user-controlled scanner parameters. These will be significantly more challenging to create but will allow more powerful experimental designs. Both interface levels are expected to require only software development by the scanner manufacturers. No specialized computer hardware needs to be developed. In some cases, additional memory may be needed, and some manufacturers may elect to have the research interface run on a separate PC, but these will be standard, commercially available items.

The methods to evaluate the interface will be based on the level of functionality achieved. This will be based on (a) the documented performance supplied by the ultrasound manufactures upon completion of the interface, (b) the measurement of the performance characteristics of the interface as measured at the academic sites and (c) completed documentation of the user manuals. The expected performance characteristics are identified below.

• *General Operational Characteristics Required:* The operational characteristics at either level should allow the user to: (a) find targets of interest using conventional (commercially-available) B-mode and Doppler methods, (b) enter into a "research mode" with user-programmed scanner parameters, and (c) store raw echo signals during operation in the research mode. The "raw signals" in this context are defined as digital data, either radio frequency (RF) signals, or the real and imaginary parts of the complex envelope (quadrature signals). Recorded waveforms should be beam-formed echo signals resulting from a single transmit focused that has not been subjected to nonlinear processing, e.g., logarithmic amplitude compression. Waveforms should be recorded after the application of time-gain compensation (TGC). For quadrature data, a single demodulation frequency should apply to the entire duration of the echo line recorded. All of the echo data displayed in the image should be recorded in a data file. A region of interest is selected by zooming the image. There should be facility for externally triggered digital data acquisition. Standard apodization functions should be applied, e.g., rectangular and Hanning. The user interface should execute commands through a single system prompt. The display should indicate the min and max A/D values to show the user how much of the dynamic range is being used. The time between any request for digital data and the acquisition should be known. It should be kept to a

minimum, e.g., less than one second. Although no standardized data file format is specified, there should exist a file header with all the information necessary to fully interpret recorded data. It should be possible to read the file, including header information, with standard technical computing languages.

Obituary:

Daniel Nathans, 71, Won Nobel For Use Of Restriction Enzyme

Daniel Nathans, a Johns Hopkins University molecular biologist whose work opened the field of genetic engineering, died of leukemia Nov. 16 at his home in Baltimore. He was 71.

Nathans shared the 1978 Nobel Prize in physiology or medicine with Werner Arber and Hamilton Smith for the discovery of restriction enzymes and their application. Nathans used a restriction enzyme discovered by Hopkins colleague Smith to cut apart the DNA of the SV40 monkey cancer virus and construct a map of the SV40 genes.

The techniques Nathans developed working with animal tumor viruses opened new avenues to study the organization and expression of genes of higher animals and to solve basic problems in developmental biology. The use of restriction enzymes to construct maps of the genome of viruses laid the groundwork for the present effort to map the human genome.

Nathans was professor molecular biology and genetics at the Johns Hopkins University School of Medicine, and a senior investigator of the Howard Hughes Medical Institute. He was appointed director of the Department of Microbiology in 1972, and director of the Department of Molecular Biology and Genetics in 1981. He served as interim president of the university in 1995-96.

He was a member of the National Cancer Policy Board of the Institute of Medicine.

Earlier this year, Hopkins School of Medicine announced the formation of the McKusick-Nathans Institute of Genetic Medicine, honoring Nathans and cardiologist and professor of genetics Victor McKusick.

Smith, now with Celera Genomics in Rockville, MD, said Nathans was a "father figure" he turned to often for advice. "He had exceptionally good sense and was a wonderful scientist," Smith said. "One particularly important piece of advice he gave was in 1986, when I was invited to go to one of the first discussions on the Human Genome Project. I thought the whole idea was strange. So I grabbed the phone and called Dan: 'I got this crazy call. What do you think?'

"Dan thought a moment and said, 'I think it's good. You should go.' He had a wonderful ability to put things in perspective, to see their importance," Smith said.

"Dan wasn't one for small talk," Smith said. "I often got the impression that he thought about every word he spoke. But he also had a fine sense of humor and a great kindness about him. He was one of the greats at Hopkins."

Born in Wilmington, DE, in 1928, Nathans was the youngest of eight children of Russian Jewish immigrants. He attended public schools in Wilmington and graduated from the University of Delaware in 1950 with a degree in chemistry. He received a scholarship to attend medical school at Washington University in St. Louis. During a summer working with Oliver Lowry, a professor of pharmacology, Nathans decided on a career in medical research rather than practice.

After received his M.D. degree in 1954, Nathans went to Columbia-Presbyterian Medical Center for an internship in medicine with Robert Loeb. In an autobiographical sketch for the Nobel Foundation, Nathans wrote that his time with Loeb was "one of the most valuable years of my life. The glimpses of human strength and frailty that a physician sees are with me still."

His medical residency was interrupted by service as a clinical associate at NCI, where he worked on the biosynthesis of proteins with Michael Potter and John Fahey.

In 1959, he went to Fritz Lipmann's laboratory at the Rockefeller Institute. He joined Hopkins in 1962 and continued his work on the in vitro translation of bacteriophage RNA. In the mid-1960's, he began working on viral tumorigenesis. In early 1969, he went to the Weizmannn Institute of Science in Rehovot, Israel, to learn about animal cells and viruses from Leo Sachs and Ernest Winocour. While in Israel, he received a letter from Smith telling him about the restriction enzymes. Back in Baltimore that summer and fall, Nathans began the work that led to the Nobel Prize.

Nathans was a member of the National Academy of Sciences, the American Academy of Arts and Sciences, and the American Philosophical Society. From 1990 to 1993, he served on the President's Council of Advisers on Science and Technology. In 1993, he received the National Medal

of Science.

Survivors include his wife of 43 years, Joanne Gomberg Nathans; three sons, Eli, Jeremy, and Ben; and six grandchildren.

A public memorial service is being planned. Memorial contributions in memory of Nathans may be sent to: Johns Hopkins University School of Medicine c/o The Fund for Johns Hopkins Medicine, 1620 McElderry St., Baltimore, MD 21205.

Funding Opportunities:
NCI Program Announcements

PAR-00-011: Planning Grants for NCI Cancer Research Centers

Application Receipt Date: Jan. 14, 2000

The NCI Cancer Centers Branch, Office of the Deputy Director for Extramural Science invites planning grant applications for the development of cancer research centers in a variety of organizational settings. The purpose is to expand the scientific, geographic and demographic diversity of the Cancer Center Program of NCI by encouraging research-oriented organizations to develop the qualities of a strong cancer research center and become competitive for a Cancer Center Support Grant. Cancer center planning strategies may focus on a specific research theme (e.g., diagnosis, therapy, epidemiology) or integrate a broad spectrum of research to include the basic, clinical, prevention and control, and population sciences (i.e., an NCI-designated comprehensive cancer center). All approaches to planning cancer centers are encouraged, as long as they address the six essential features of an NCI Cancer Center (i.e., cancer focus, institutional commitment, organizational capabilities, facilities, center director authority, and interdisciplinary coordination and collaboration) and as long as they take advantage of the full range of the organization's capabilities in cancer research.

Inquiries: Margaret Holmes, Chief, Cancer Centers Branch, NCI, 6116 Executive Blvd., Suite 700, Bethesda, MD 20892-8345, phone 301 496-8531; fax 301 402 0181; e-mail: mh67g@nih.gov

PA: Quick-Trials for Novel Cancer Therapies

The aim of the initiative is to support pilot, phase I, and phase II clinical trials and associated patient monitoring and laboratory studies for the treatment of malignancies using new therapeutic approaches. Quick-Trial will provide a mechanism designed to simplify the grant application process and provide a rapid turnaround from application to funding.

Continuing advances in molecular genetics and drug development have led to new approaches for inhibiting tumor growth either directly or by impacting the tumor microenvironment. The agents include new classes of cytotoxic agents, agents acting via immune-stimulatory effects, agents that inhibit angiogenesis and metastasis or alter signaling pathways, and agents targeted specifically to novel molecular targets. Quick-Trial will provide a new initiative with accelerated peer review and funding to support pilot, phase I, and phase II clinical trials to ensure the timely development of new therapeutic approaches.

Features of the Quick-Trial include a streamlined grant application process and accelerated peer review and administrative processing of new awards within five months of application receipt. Investigators may apply for two years of support using the modular grant application process. Because the Quick-Trial approach is designed to support novel and innovative ideas, preliminary data as evidence of feasibility are not required. The applicant does have the responsibility for developing a sound research plan. Originality of approach and potential significance of the proposed research are major considerations in the evaluation. In order to permit rapid turnaround of these applications, IRB approval (prior to review), FDA IND submission (if applicable), and drug availability must be provided with the grant application.

Inquiries: Diane Bronzert, Program Director,Cancer Therapy Evaluation Program, Division of Cancer Treatment and Diagnosis, phone 301 496 8866; email db85g@nih.gov

* * *

Change of Address for NCI Referral Officer: The NCI Division of Extramural Activities moved to a new location on Nov. 11. For application packages that require distribution to the NCI Referral Officer, please send to the following new address: Toby Friedberg, NCI Referral Officer, Division of Extramural Activities, NCI, 6116 Executive Blvd., Room 8062, MSC 8329, Bethesda, MD 20892-8329, Rockville, MD 20852 (for express mail/courier service), phone 301 496 3428; fax 301 402 0275; email tf12w@nih.gov

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Grantsmanship Workshop: The National Center for Research Resources has scheduled a grantsmanship workshop for potential applicants to the FY 2000 "Extramural Research Facilities Construction Projects" Program, on Dec. 9, 8 a.m. at Lister Hill Center Auditorium, NIH, Bethesda, MD. Inquiries: Phone 301-435-1302.

Informational Meeting: The NCRR has scheduled a grantsmanship workshop for potential applicants to the FY 2000 Institutional Development Award program, for 8 a.m. Dec. 16, Room 9112/9116, Rockledge II, 6701 Rockledge Drive, Bethesda, MD.

IDeA-Eligible States: Alaska, Kentucky, Nevada, Rhode Island, Arkansas, Louisiana, New Hampshire, South Dakota, Delaware, Maine, New Mexico, South Carolina, Hawaii, Mississippi, North Dakota, Vermont, Idaho, Montana, Oklahoma, West Virginia, Kansas, Nebraska, Puerto Rico, Wyoming.

Inquiries: Phone 301-435-1303.

In Brief:

Lung Cancer Discussion Scheduled On Group Room

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other red blood cell disorders, endocrinology, hepatitis B and C, genetics, biochemistry, molecular, cellular, developmental and structural biology. . . . **THE GROUP ROOM**, the nationally syndicated radio talk show on cancer, will present a live remote broadcast and town hall meeting about lung cancer diagnosis, treatment and research on Dec. 5 at 4-6 p.m. ET, at Beth Israel Medical Center, New York City. The first hour of the broadcast will feature host **Selma Schimmel**, president of Vital Options; **Diane Blum**, executive director of Cancer Care Inc.; **Mark Kris**, chief of thoracic oncology service at Memorial; and **Steven Keller**, chief of thoracic surgery at Beth Israel. The second hour will feature highlights from "Lung Cancer Diagnosis and Treatment" conference held at Weill Medical College of Cornell University. Participants will include **David Yankelevitz**, director of inpatient radiology and **Claudia Henschke**, chief of the division of chest imaging and chief in the division of healthcare policy and technology assessment, both of New York Hospital-Cornell Medical Center. Other regulars of The Group Room will include medical oncologist **Michael Van Scoy-Mosher**, radiation oncologist **Leslie Botnick** and therapist **Halina Irving**. For preregistration to attend the live discussion, phone 800-477-7666 or 818-788-5225. Callers can enter discussions by phoning 800-GRPROOM (800-477-7666). . . . **CANCER RESEARCH FOUNDATION OF AMERICA** presented its 1999 Frontline Awards for general cancer prevention and lung cancer prevention awareness to **Rep. Jo Ann Emerson** (R-MO); **William Novelli**, president of National Center for Tobacco Free Kids; and **Abigail Trafford**, health editor of the Washington Post. . . . **FRANK FOSSELLA** is the recipient of the 1999 Julie and Ben Rogers Award for Excellence for compassionate care at University of Texas M.D. Anderson Cancer Center. The award is given annually to an M.D. Anderson faculty or staff member. Fossella is associate professor, associate internist and medical director of the thoracic center and deputy chairman of the department of thoracic/head and neck medical oncology. . . . **SENG-JAW SOONG**, professor of medicine and biostatistics at University of Alabama at Birmimgham Comprehensive Cancer Center, received the first Cancer Center Distinguished Faculty Award at the 1999 Cancer Center retreat, Oct. 25, at the medical forum in Birmingham. Soong, known for his research on melanoma prognosis and mathematical modeling, was given the award for contributions to the research mission of the Cancer Center. . . . **ELDERLY AMERICANS** are the emphasis in the annual "report card" on the nation's health produced by the Centers for Disease Control and Prevention's National Center for Health Statistics, called "Health, United States, 1999." Based on current mortality rates, a 65-year-old person in 1997 could on average expect to live to be nearly 83 years old; an 85-year-old in 1997 could expect to live to be over 90. Copies of the report can be downloaded from http://www.cdc.gov/nchswww. . . . **MIDDLE EAST** Cancer Consortium supported by NCI is developing a cancer registry for the region. At an Oct. 18-20 meeting in Cyprus, the registry project's steering committee heard progress reports from each of the six MECC-sponsored registries (Cyprus, Egypt, Gaza, Israel, Jordan, and West Bank). The Steering Committee is planning a formal comparison of cancer incidence in Jordan and Israel based on the recent completion of 1996 data sets. **Andy Cooke**, of the International Agency for Research on Cancer, presented software he developed for cancer registries. The program, called CanReg 3, is being installed in MECC registries and supplied by IARC to other tumor registries in developing countries. The MECC plans to issue a call for proposals for breast cancer epidemiologic studies in the region. Information about the MECC is available at http://www.mecc.org.il. . . . **THE DIRECTORS** came in second, but you can be the first in your office to create Windows wallpaper featuring that up-and-coming, yet mysteriously elusive NIH rock 'n' roll oldies band that doesn't have a website. Thanks to a government publication, fans of the band can access a photo of Directors **Richard Klausner** (NCI), **Steven Katz** (NIAMS) and **Francis Collins** (NHGRI) singing their way to second place at the NIH Research Festival. The photo, by NIH Record Editor **Rich McManus**, is available at: http://www.nih.gov/news/NIH-Record/11_02_99/story01.htm (scroll to nearly the end). To put The Directors on your desktop, right mouse-click on the photo and select "set as wallpaper." Items in the NIH Record are reproducible without permission. **The Cancer Letter** is not liable for any resulting damage to computer equipment, data, or personnel.

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