THE CANCER LETTER INTERACTIVE

PO Box 9905 Washington DC 20016 Telephone 202-362-1809

Vol. 26 No. 1
Jan. 7, 2000

ASCO Picks Charles Balch To Succeed John Durant As Executive Vice President

The American Society of Clinical Oncology selected Charles Balch, professor of surgery at the University of Southern California School of Medicine, to succeed John Durant as executive vice president of the 14,000-member society, ending an search process that took more than a year.

Balch, an ASCO member for 19 years and an authority in melanoma and breast cancer, will take over the top executive post of the society effective March 1. He also will continue his clinical work part-time in the

(Continued to page 2)

In Brief:

Nelvis Castro To Serve As Acting OCC Chief; HHS Selects ANA President Malone For Post

NELVIS CASTRO will serve as acting director of the NCI Office of Cancer Communications, NCI Director Richard Klausner said in a memo to staff last month. OCC Director Paul Van Nevel retired Dec. 31 (**The Cancer Letter**, Nov. 26, 1999). Castro is chief of the OCC's Health Promotion Branch, overseeing national breast cancer and cervical cancer education programs, the National 5 A Day for Better Health communications program, and strategic planning for the Cancer Research Awareness Initiative, designed to increase public understanding of the importance of cancer research. Castro joined NCI nine years ago and has specialized in communications to minority and underserved populations. . . . **BEVERLY MALONE** was appointed deputy assistant secretary of health at the Department of Health and Human Services by Secretary **Donna Shalala**. Malone, a clinical psychologist, will serve as senior advisor to Assistant Secretary for Health **David Satcher,** in policy and program development, and in setting legislative priorities. Since 1996, Malone has served as dean, interim vice chancellor of academic affairs, and professor at North Carolina A&T State University, School of Nursing. She is president of the American Nurses Association. From 1996 to 1998, she was a member of President Clinton's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. . . . **AMERICAN SOCIETY FOR CELL BIOLOGY** presented national awards at its annual meeting last month in Washington, DC. **Eugenie Scott**, executive director of the National Center for Science Education, received the Bruce Alberts Award for Distinguished Contributions to Science Education for her work "protecting the teaching of evolution." **Edwin Taylor,** University

(Continued to page 8)

Charles Balch To Lead ASCO, Succeeding John Durant

(Continued from page 1)

surgery department at Johns Hopkins Medical Center in Baltimore. ASCO's offices are located in Alexandria, VA.

"As the world's leading organization of cancer physicians, it was of primary importance for us to find a clinical oncologist with the experience, knowledge, expertise, reputation, and vision to lead ASCO into the future," ASCO President Joseph Bailes said. "I've worked with Charlie in varying capacities for the better part of the last decade, and he embodies all of these qualities. He will be a tremendous asset to ASCO and we're very pleased to have found such a uniquely qualified individual to assume the office of EVP."

Balch has led a distinguished career in clinical and academic surgical oncology for 25 years. He served as president and chief executive officer of City of Hope Medical Center and Research Institute in Los Angeles prior to joining USC.

From 1985 to 1996, he held numerous positions at University of Texas M.D. Anderson Cancer Center, including executive vice president for health affairs, vice president for hospital and clinics, head of the surgery and anesthesiology division, and chairman of the Department of Surgical Oncology.

Balch earned his medical degree from Columbia College of Physicians and Surgeons in New York and did his surgical and oncology training at Duke Medical Center and the University of Alabama at Birmingham. He also had an immunology fellowship at Scripps Clinic and Research Foundation and worked at NIH in the General Clinical Research Centers Branch.

During his residency at Alabama, Balch's mentor was Durant. Ironically, in 1994, Balch served as chairman of the nominating committee that selected Durant to serve as ASCO's first EVP.

"I can now retire secure in the knowledge that ASCO will be in the best of hands under Dr. Balch's stewardship," Durant said. "I've know Charlie for many years and I couldn't have hand-picked a better successor."

Balch has been a member of the ASCO Board of Directors, and served as chairman of both the Intellectual Properties Task Force and the Strategic Planning and Implementation Committee.

"This Society is the premier organization for promoting multidisciplinary cancer care and research as well as advocacy for the cancer patient," Balch said. "I am privileged to have the opportunity to carry on what John began here five years ago, and I look forward to being a part of the leadership of ASCO."

Balch is the editor of Cutaneous Melanoma, a textbook on malignant melanoma, and founded two medical journals, the Annals of Surgical Oncology, and Breast Diseases: A Year Book Quarterly. He also has conducted laboratory research in tumor immunology, as well as cancer clinical trials. He has more than 520 publications, including 13 textbooks, to his name.

Balch served in leadership positions in other organizations. He was president of the Society of Surgical Oncology, president of the Association for Academic Surgeons, on the Executive Committee of the American Joint Committee on Cancer, chairman of the Publications Committee of the American Radium Society, and chairman of the Executive Council of the Commission on Cancer.

In another development, ASCO has posted its 1999 Strategic Plan at http://www.asco.org/prof/ps/html/f_strategicplan99.htm.

The society also announced last month that its Journal of Clinical Oncology will commence twice-monthly publication, beginning with two issues this month. The new publication schedule is designed to shorten the time it takes for studies to be published in the journal, according to editor George Canellos. The number of papers accepted will remain the same, but

THE CANCER LETTER

Member, Newsletter and Electronic Publishers Association

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

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

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

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

Subscription $275 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc.

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

the size of each issue will be halved "to make it more portable and easier for subscribers to read cover to cover," Canellos said.

The journal is in its 18th year of publication and has a circulation of nearly 20,000.

Reimbursement Policy:

Medicare Should Pay Routine Care For Patients In Trials: IOM

Medicare should pay for routine care of beneficiaries enrolled in clinical trials in the same way it pays for this care outside of clinical trials, according to a new report from the Institute of Medicine of the National Academy of Sciences.

The Medicare statute has been widely interpreted to exclude reimbursement for routine care necessary during a beneficiary's participation in a clinical trial. The Health Care Financing Administration has never offered explicit guidance on the subject, however, except for a policy it issued relating to trials of medical devices. In practice, it appears that health care providers often submit reimbursement claims for Medicare patients enrolled in these studies, and usually the claims are paid, the report said.

The report, "Extending Medicare Reimbursement In Clinical Trials," urged HCFA to issue unambiguous rules to end widespread uncertainties about reimbursement. The committee that wrote the report noted that since Medicare has a stake in ensuring that medical interventions it pays for are effective, it would be sound policy to remove any disincentives to the participation of Medicare recipients in clinical trials.

Medicare should not pay for unapproved drugs and devices, or radical new procedures, unless reimbursement is already allowed under a prior agreement with the federal government, the report said. All data-collection costs should remain the responsibility of the researchers or their sponsors.

The nearly 20 percent of Medicare beneficiaries enrolled in managed care plans should have the same reimbursement eligibility for care in clinical trials as those who have traditional fee-for-service Medicare benefits, the committee added. But this coverage should not go beyond the limits of the managed-care contract.

Physicians treating Medicare patients in clinical trials should be able to submit reimbursement claims in the same way they submit claims for patients not in trials, the report recommended. If Medicare or trial sponsors fail to cover costs for care, patients should not be billed for costs above what they would pay if they were not in the trial.

The committee could not estimate the additional cost of an explicit policy for reimbursement of routine care in clinical trials, but said it is likely to be small. The limited available evidence suggests that most routine care costs in clinical trials are reimbursed already. Less than 1 percent of Medicare beneficiaries participate in clinical trials each year, and the few studies done to date suggest that costs are only slightly, if at all, higher for patients in trials compared to those treated outside of trials, the report said.

When research would be of particular importance to the Medicare population, HCFA should encourage studies by extending coverage beyond routine care, and collaborate with other organizations to initiate them, the committee recommended. Also, a national registry of clinical trials—-perhaps built on a registry currently under development at NIH—should be created to analyze costs and track the experience of Medicare beneficiaries enrolled in clinical trials, the report said.

Preventive Services

In another report, an IOM committee examined coverage for skin-cancer screening and medically necessary dental services, and elimination of time limits on coverage of immunosuppressive drugs for transplant recipients.

The committee found insufficient evidence to either support or reject coverage of routine skin-cancer screenings for Medicare beneficiaries. The program already covers physician examinations prompted by a patient's concern about changes in a mole or other skin feature.

The report, "Extending Medicare Coverage For Preventive And Other Services," said studies are lacking on the effectiveness of screenings for beneficiaries who have no symptoms. The committee noted that patients and physicians should continue to be alert to the common signs of skin cancer and to investigate suspicious signs further. Also, education programs should continue to encourage people to limit sun exposures and learn about the risk factors for skin cancer.

The committee also recommended that Congress consider updating the Medicare law to clearly allow coverage for dental care that is effective in reducing infections and other complications associated with

serious medical conditions and their treatment. However, evidence of effectiveness for these interventions is limited, the report said.

Some evidence indicates that for patients with head and neck cancer, preventive dental care can reduce the potential for serious damage to the jaw by radiation therapy. Medicare, however, only covers extraction of teeth for these patients, and this procedure may lead to worse health outcomes, the committee said. For leukemia patients, treatment of acute dental infections before chemotherapy may reduce the risk of later life-threatening infections. Lack of evidence made it difficult for the committee to offer conclusions about dental care for lymphoma patients, organ transplant recipients, or individuals with repaired or replaced heart valves.

Medicare covers this immunosuppressive therapy for patients who receive organ transplants for up to 44 months. With significant advances in, 60 percent of recipients now survive longer than five years.

The committee found indirect evidence suggesting that the inability of some patients to sustain the financial burden of paying for immunosuppressive drugs after Medicare coverage ends leads to some transplant failures. It is reasonable for Congress to eliminate the time limit on this coverage, but granting special exceptions for one class of drugs for one group of beneficiaries raises questions about fairness, the report said.

Copies of the reports will be available in February from the National Academy Press, phone 202-334-3313 or 800-624-6242.

NCI Programs:

Consortium Aims To Make Mice Whose Cancers Act Human

NCI has assembled a Mouse Models of Human Cancers Consortium by funding 19 new groups of investigators from more than 30 institutions in the U.S.

First-year funding of the grants totals $4.5 million.

"New mouse model technology provides a unique opportunity for NCI to accelerate the tempo at which mouse models of cancer are developed by the scientific community," said NCI Director Richard Klausner. "We believe that creating a consortium now will pay huge dividends in progress in cancer research in years to come."

Co-leaders of the consortium are Terry Van Dyke, of University of North Carolina at Chapel Hill, and Tyler Jacks, of Massachusetts Institute of Technology.

Consortium members aim to develop models that parallel the ways that human cancers develop, progress, and respond to therapy or preventive agents.

"The consortium is an extraordinary opportunity that should greatly improve our ability to understand the process of cancerous changes," said Dinah Singer, director of the NCI Division of Cancer Biology. "We are also trying to enhance our ability to evaluate a range of biomarkers prior to their clinical use."

Initially, the 19 groups will work separately on developing and evaluating mouse models for cancers of eight major organ systems: breast, prostate, lung, ovary, skin, blood and lymph system, colon, and brain. The groups will each work to apply the most up-to-date mouse genetic engineering strategies and validation technologies to models of their choosing, Singer said.

"Then, the consortium will provide easy ways for the groups to share their observations and accomplishments, and explore possible solutions to any technological challenges that presently limit mouse models as effective mimics of human disease," Singer said.

The models also will be used to support discovery of cancer-related genes and to disclose the pathways and processes through which cancer-related genes affect human cancer development, promote tumor progression, and facilitate metastasis. Ultimately, the models will be used to test new approaches to diagnosis and medical care for cancer.

The consortium will establish and maintain a high-quality resource of validated live mouse models, cryopreserved embryos, and sperm as a resource for researchers. It also will set standards for integrating information and tracking the progress of the models being derived and validated, with the help of non-government advisors.

"Feedback and insight offered by potential and existing users of the mouse models, and by clinical and basic cancer researchers, is essential to the success of the consortium," said Cheryl Marks, heads of the team of NCI staff who will work with the consortium.

NCI plans to establish Internet discussion groups on preclinical mouse models, specific models such as breast cancer models, genomic technologies, or other themes.

"NCI will give the cancer research community

access to the models, the experimental tactics used to derive and validate the models, and the knowledge about the models and their practical uses that are developed," said Marks.

The consortium grantees are:

Cory Abate-Shen, Rutgers, UMDNJ-Robert Wood Johnson Medical School; Donna Albertson, University of California, San Francisco; Allan Balmain, University of California, San Francisco; Robert Coffey, Vanderbilt University; Ronald DePinho, Dana-Farber Cancer Institute; William Dove, University of Wisconsin, Madison.

Jeffrey Green, Division of Clinical Sciences, NCI; Norman Greenberg, Baylor College of Medicine; Joanna Groden, University of Cincinnati Medical Center; Thomas Hamilton, Fox Chase Cancer Center.

Mark Israel, University of California, San Francisco; Tyler Jacks, Massachusetts Institute of Technology; Raju Kucherlapati, Albert Einstein College of Medicine; Eva Y.-H. P. Lee, University ofTexas, San Antonio; Daniel Medina, Baylor College of Medicine.

Pier Paolo Pandolfi; Memorial Sloan-Kettering Cancer Center; Charles Sawyers, University of California, Los Angeles; Kevin Shannon, University of California, San Francisco; Terry Van Dyke, University of North Carolina, Chapel Hill.

Advisors Urge NCI To Support Basic Chemoprevention

NCI will benefit from new opportunities and challenges in cancer chemoprevention research, according to a report by an advisory group.

Important strides in cancer chemoprevention "will continue to be realized through our ever-increasing understanding of carcinogenesis," the report said. Although cancer chemotherapy has shown success with, for example, tamoxifen and other selective antiestrogens in reducing breast cancer incidence in women at significant risk, advances in genomics and proteomics, and in biomedical technologies such as imaging "provide the tools for further growth," said the report by the Chemoprevention Implementation Group.

The implementation group, established in 1998 by the NCI Division of Cancer Prevention, was charged with reviewing the state of NCI chemoprevention research and supporting programs.

The implementation group made four general recommendations in its report, "New Directions for Chemoprevention Research at the National Cancer Institute." First, support basic science research in chemoprevention by building basic science programs. Second, provide agent development programs for investigators early in the process. Third, create an infrastructure and process to plan clinical chemoprevention studies. Finally, develop funding mechanisms for chemotherapy proficiency in the research community.

Based on the recommendations, the CIG and the DCP outlined the following new programs:

Basic Science

—Four foundation research groups have been created within the DCP to foster basic science aspects of chemoprevention. These are the Basic Prevention Science, Cancer Biomarkers, Nutritional Science, and Early Detection Research Groups.

—The Early Detection Research Network initiative addresses the challenge of developing and validating biomarkers for early detection and risk assessment.

Chemoprevention Agent Development

—The Rapid Access to Preventive Intervention Development program will provide NCI expertise and resources to the research community for the preclinical and early phase I clinical development of potential chemopreventive agents.

—Additional initiatives are planned on animal model development, agent discovery using technology arising from cancer genetics research, and validation of surrogate endpoints from evaluating chemopreventive efficacy.

Clinical Chemoprevention Trials

—To realize the full potential of large clinical chemoprevention studies, the CIG recommended that ancillary studies and provisions for tissue and serum collection to accommodate this research be incorporated into study planning, along with provision for long-term follow-up of participants after intervention is completed.

Clinical Trials Decision Process

—The CIG recognized the need for selection criteria for agents considered, trial design guidelines for phase I/II as well as phase III chemoprevention clinical trials, and clinical development plans for the promising agents. The DCP has proposed a decision process for developing and prioritizing clinical trials. Specific criteria and guidelines will be developed by project teams comprising Research Group staff, CIG members, and other extramural experts.

Chemoprevention Research Community

—The size of the DCP Cancer Prevention Fellowship Program will be increased. This program trains young investigators in cancer prevention through course work, seminars, and internships at NCI.

—Young investigators will be encouraged to participate in ancillary studies to larger prevention studies.

—Young investigator career development awards in prevention will be established.

—DCP will provide research investigator with more access to NCI resources for chemoprevention agent development (i.e., the RAPID program).

—Experienced investigators will be provided with information on training grants. These investigators will be encouraged to send pre- and postdoctoral fellows to relevant training courses.

—Cancer prevention science at cancer centers will be strengthened by, for example, providing grants to develop core infrastructure for carrying out translational research.

—A cyber-conference series on chemoprevention will be developed for cancer centers and other sites. NCI publications on cancer prevention will be increased. A textbook on the basic science of chemoprevention will be developed.

—DCP will continue to sponsor chemoprevention workshops with published proceedings.

—Visiting scientists will be brought to NCI to work with the DCP, and NCI scientists will be sent to do "hands-on" work in the extramural research community.

—Referral guidelines for chemoprevention grants are being revised to ensure that both basic science and applied research grant applications focusing on prevention studies are overseen by DCP.

The group's chairman was David Alberts, associate dean for research, Arizona Cancer Center. Other members were:

Peter Greenwald, director, Division of Cancer Prevention, NCI; Steven Benner, Bristol-Meyers Squibb Pharmaceutical Research Institute; G. Tim Bowden, University of Arizona Health Science Center; Otis Brawley, director, Office of Special Populations Research, NCI; Julie Buring, Brigham and Women's Hospital.

Robert Dorr, Arizona Cancer Center; Raymond DuBois, Vanderbilt University Medical Center; Carol Fabian, Kansas Cancer Institute; Patrick Flynn, Institute for Research and Education, Health System Minnesota; Leslie Ford, associate director for clinical research, Division of Cancer Prevention, NCI; Patricia Ganz, University of California, Los Angeles; Gary Gordon, GD Searle; Michael Gould, University of Wisconsin, Madison; Sylvan Green, Case Western Reserve University; Waun Ki Hong, University of Texas M.D. Anderson Cancer Center.

Richard Howe, National Prostate Cancer Coalition; Robert Justice, acting director, Division of Oncology Drug Products, FDA, Barnett Kramer, deputy director, Division of Cancer Prevention, NCI; Stephen Lam, University of British Columbia; Scott Lippman, M.D. Anderson; David Longfellow, chief, Chemical and physical Carcinogenesis Branch, Division of Cancer Biology, NCI.

Frank Meyskens, University of California, Irvine; Gilbert Omenn, University of Michigan; Wael Sakr, Wayne State University; Michael Sporn, Dartmouth Medical School; Lee Wattenberg, University of Minnesota Medical School; D. Lawrence Wickerham, NSABP Biostatistics Center; Ming You, Medical College of Ohio.

Obituary:

Sam Shapiro, Proponent Of Mammographic Screening

Sam Shapiro, a Johns Hopkins University professor whose research demonstrated that mammograms can reduce women's mortality from breast cancer, died of cancer Dec. 30 at his home in North Baltimore, MD. He was 85.

Shapiro directed research at the Health Insurance Plan of Greater New York in the 1960s and developed an interest in mammography for screening women for breast cancer. Shapiro began the study that changed medical practice, the HIP trial, now considered a classic of medical research, and one of the earliest randomized controlled trials of a preventive health measure.

The study enrolled more than 60,000 women from 1963 to 1966 and demonstrated that mammography reduced breast cancer mortality by 30 percent over a 10-year period.

In 1988, Shapiro and his co-principal investigator, Philip Strax, won the General Motors Cancer Research Foundation's Charles F. Kettering Prize for outstanding cancer research. The judges said the research "almost unilaterally changed medical thinking about early detection" of breast cancer.

Shapiro, a New York native, graduated with a degree in mathematics from Brooklyn College in 1933. He did graduate work in mathematics at Columbia and George Washington universities.

He joined Hopkins in 1973 as director of its health services research and development center. In 1992, he was named acting chairman of the university's Health Policy and Management Department. He retained the title of professor emeritus of Health Policy and Management in the School of Hygiene and Public Health. He retired in 1998 but continued to work at the university.

Shapiro was a speaker at the controversial NIH Consensus Development Conference on Breast Cancer Screening for Women Ages 40-49 in January 1997. He was a proponent of screening in younger women.

Shapiro was the author or co-author of more than 200 scientific works and was elected to the Institute of Medicine of the National Academy of Sciences.

Survivors include his wife, the former Sema Deitch; two children; two grandchildren; and two great-grandsons.

Funding Opportunities

UICC Seeks Nominations For Mucio Athayde Prize

Nominations Receipt Date: March 1

The International Union Against Cancer (UICC) seeks nominations for the Mucio Athayde Cancer Prize of US$100,000, to be awarded during the UICC Council meeting in Seattle, Sept. 6-7.

The prize will be awarded to a medically or scientifically qualified candidate who has made a major discovery or significant contribution with global impact in basic research, clinical investigation, or cancer control and epidemiology. The work of the candidate should have been carried out over the past 10 years.

Inquiries: For selection process, visit http://www.uicc.org/athaydeprize/.

Nominations: Secretariat of the Selection Committee, c/o Executive Director, International Union Against Cancer, 3, rue du Conseil-General, 1205 Geneva, Switzerland. Phone (41 22) 809-1811; fax (41 22) 809-1810; e-mail info@uicc.org.

Program Announcements

PAR-00-030: Flexible System to Advance Innovative Research for Cancer Drug Discovery

Letter of Intent Receipt Dates: Feb. 16, Oct. 18

Application Receipt Dates: March 22, Nov. 22

Discovery and development of new cancer therapeutics, including both drugs and biological response modifiers, normally involve lengthy and costly projects. The multiple components of the overall process including discovery, efficacy testing, development of lead agents, toxicology and pharmacology, investigational new drug application filing, and clinical evaluation, may require years and several million dollars. The small business community is an active participant in the cancer therapy discovery effort. The Small Business Innovation Research and Small Business Technology Transfer programs have supported these efforts; however, the extent of such support has been limited by the stringent guidelines of the phase I and phase II components. For example, feasibility of the approach or of the drug as a potential clinical agent has often been difficult to establish within the limited phase I time and budget guidelines.

The PA provides a flexible system within the SBIR and STTR programs to accommodate the extensive needs of the complex discovery and development process, at least partially, from basic discovery through proof of principle demonstration in clinical trials.

Inquiries: George Johnson, Division of Cancer Treatment and Diagnosis, NCI, Executive Plaza North, Room 841, 6130 Executive Blvd, Bethesda, MD, 20892-7456, phone 301-496-8783; fax 301-402-5200; e-mail johnsong@exchange.nih.gov

PAR-00-031: NCRR Shared Instrumentation Grant

Application Receipt Date: March 17

The SIG Program provides a cost-effective mechanism for groups of NIH-supported investigators to obtain commercially-available, technologically sophisticated equipment costing more than $100,000.

Awards will be made for the direct costs only. The institution must meet those costs required to place the instrumentation in operational order as well as the maintenance, support personnel, and service costs associated with maximum utilization of the instrument. There is no upper limit on the cost of the instrument, but the maximum award is $500,000.

Types of instrumentation supported include, but are not limited to, nuclear magnetic resonance systems, electron and confocal microscopes, mass spectrometers, protein and DNA sequencers, biosensors, x-ray diffractometers and cell sorters. Support will not be provided for general purpose equipment or purely instructional equipment, personal computers, personal work stations, printers, and Ethernet interfaces. Proposals for "stand alone" computer systems will only be considered if the instrument is solely dedicated to the research needs of a broad community of NIH-supported investigators.

Inquiries: Marjorie Tingle, Shared Instrumentation Grant Program, NCRR, 6705 Rockledge Dr., Room 6148, MSC 7965, Bethesda, MD 20892-7965, phone 301-435-0772; fax 301-480-3659, e-mail: SIG@ncrr.nih.gov

Availability of NCI Guidelines for Program Project P01 Grants: The revised version of the Guidelines for the Program Project Grant for NCI is now available.

The PPG is an assistance award for the support of a broadly based multi-disciplinary research program that has a well-defined central research focus or objective. The award may also include support for common supporting resources required for the conduct of the component research projects. Interrelationships between component projects are expected to result in a greater contribution to the program goals than if each project were pursued separately. The revised version of the NCI guidelines is available at http://deainfo.nci.nih.gov/awards/P01.HTM

Inquiries: Referral Officer, Division of Extramural Activities, NCI, 6116 Executive Blvd., Room 8062, MSC 8329, Bethesda, MD 20892-8329, Phone 301-594-1401; fax 301-402-0275; e-mail: tf12w@nih.gov

In Brief:

ASCB Annual Awards, Honors

(Continued from page 1)

of Chicago, was given the highest scientific honor of the society, the E.B. Wilson Medal, for "establishing the paradigm for how enzymes use ATP hydrolysis to generate movements in biology, using kinetic analysis to characterize the chemical mechanism of the motor proteins myosin and kinesin." NIH Director **Harold Varmus** received the Public Service Award. **Ursula Goodenough**, of Washington University, and **Yixian Zheng**, of Carnegie Institution of Washington, received the ASCB Women in Cell Biology Awards. **Raymond Deshaies**, of California Institute of Technology, received the first annual ASCB-Promega Early Career Life Scientist Award for his research in the cell cycle. . . . **W. STRATFORD MAY JR.** was named director of the University of Florida Shands Cancer Center and holder of the Harry F. Innes Professorship in Cancer Research. May also serves as vice president for medical and scientific affairs of the Leukemia Society of America. . . . **KURT STANGE** was elected to the Institute of Medicine. Stange is associate director for prevention and control at the Comprehensive Cancer Center at Case Western Reserve University and University Hospitals of Cleveland and professor of family medicine. . . . **HEDVIG HRICAK** was named chairman of the department of radiology for Memorial Sloan-Kettering Cancer Center. Hricak, an expert in female genitourinary cancers, was professor of radiology and head of the Abdominal Imaging section of University of California, San Francisco-Stanford Medical Center. . . . **KENNETH BRUNSON** was appointed deputy director of the newly created Institute for Cancer Research at the University of North Texas Health Science Center. Brunson, a cancer biologist, was director of the Tumor Model Laboratory at the University of Pittsburgh Cancer Institute and director of In Vivo Preclinical Research, Health Sciences. Brunson will work with **Ronald Goldfarb**, director of the Institute for Cancer Research and professor and chairman of the department of molecular biology and immunology. . . **MICHAEL GREVER** was named chairman of the Ohio State University Department of Internal Medicine and program leader for the OSU Comprehensive Cancer Center Experimental Therapeutics Program. Grever, an expert in hairy cell leukemia, was professor of oncology and director of the division of hematologic malignancies at Johns Hopkins University School of Medicine. Grever was on staff of the OSU Hospitals from 1978 to 1989, where he directed the oncology unit. He left OSU in 1989 to serve as deputy director of the NCI Division of Cancer Treatment. Later he directed NCI's Developmental Therapeutics Program. He joined Hopkins in 1994. . . . **FOX CHASE CANCER CENTER** received two grants totaling $1.85 million for the establishment of two new cancer research facilities. The Fannie E. Rippel Foundation of Basking Ridge, NJ, provided $350,000 and the Pew Charitable Trust gave $1.5 million for new facilities in genomics and bioinformatics. . . . **UNIVERSITY OF CHICAGO CANCER RESEARCH CENTER** received a $500,000 gift from Aventis Pharm Inc. for translational cancer research. Center Director **Nicholas Vogelzang** and the center's senior leadership accepted the gift on behalf of the center. . . . **BOISTEROUS SENDOFF** Dec. 16 for NIH Director **Harold Varmus**, who moved to his new job as president of Memorial Sloan-Kettering Cancer Center, included HHS Secretary **Donna Shalala** ("After six years at NIH, one look at Harold's wardrobe tells you that Washington hasn't changed him."), and The Directors, the NIH rock band featuring NCI Director **Richard Klausner**, NHGRI Director **Francis Collins**, and NIAMS Director **Stephen Katz**, all on lead guitar, who sang, "Oh where oh where can that Harold be? **Paul Marks** took him away from me," and "Harold, stay just a little bit longer. The White House won't mind. The Congress won't mind. Take a little time just to keep the budget fine. One more time. Oh won't you stay, just a little bit longer...."

Copying Policy for The Cancer Letter Interactive

The software that comes with your issue allows you to make a printout, intended for your own personal use. Because we cannot control what you do with the printout, we would like to remind you that routine cover-to-cover photocopying of The Cancer Letter Interactive is theft of intellectual property and is a crime under U.S. and international law.

Here are guidelines we advise our subscribers to follow regarding photocopying or distribution of the copyrighted material in The Cancer Letter Inc. publications in compliance with the U.S. Copyright Act:

What you can do:

--Route the printout of the newsletter to anyone in your office.

--Copy, on an occasional basis, a single story or article and send it to colleagues.

--Consider purchasing multiple subscriptions. Contact us for information on multiple subscription discounts.

What you can't do without prior permission:

--Make copies of an entire issue of the newsletter. The law forbids cover-to-cover photocopying.

--Routinely copy and distribute portions of the newsletter.

--Republish or repackage the contents of the newsletter.

We can provide reprints for nominal fees. If you have any questions or comments regarding photocopying, please contact Publisher Kirsten Boyd Goldberg, phone: 202-362-1809, email: kirsten@cancerletter.com

We welcome the opportunity to speak to you regarding your information needs.

Click Here for
Photocopying Guidelines