

Cancer Deaths Level Off For First Time, Klausner Tells House Appropriators

The number of cancer deaths in the U.S. leveled off at about 540,000 between 1996 and 1997, NCI Director Richard Klausner said to Congress earlier this week.

This development marks the first time since NCI began collecting national cancer statistics that the total number of cancer deaths in the U.S. did not increase, Klausner said to the House Subcommittee on Labor, HHS, and Education, at a Feb. 15 hearing on the Clinton Administration's fiscal 2001 budget request for NCI.

Age-adjusted mortality rates for cancer rose by about half a percent
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In Brief:

Sloan-Kettering Creates Paul Marks Award; Weinberg, Hong Honored By M.D. Anderson

MEMORIAL SLOAN-KETTERING Cancer Center established the **Paul Marks** Award for Excellence in Cancer Research and Care on the occasion of his retirement as president and chief executive officer of the center. The award, funded by a \$2.4 million endowment contributed by members of the center's Boards of Overseers and Managers and other friends of the center, will be presented every other year to "a leader in the cancer field who has contributed significantly to the understanding and care of this disease," according to a statement by the center. Marks is succeeded by **Harold Varmus**, former NIH director. . . . **ROBERT WEINBERG** and **WAUN KI HONG** received awards at the Cancer Research at the Millennium symposium at M.D. Anderson Cancer Center. Weinberg, the Daniel K. Ludwig Professor for Cancer Research and American Cancer Society Research Professor in Biology at Massachusetts Institute of Technology, received the Ernst W. Bertner Memorial Award for his work in carcinogenesis and cancer genetics. Hong, chairman of the Department of Thoracic/Head and Neck Medical Oncology and Charles A. LeMaistre Distinguished Chair in Thoracic Oncology at M.D. Anderson, received the Heath Memorial Award for his work in chemoprevention and organ preservation. . . . **KEITH BLACK**, neurosurgeon at Cedars Sinai Medical Center, was honored for his work in brain cancer and blood-brain barrier discoveries by the National Academies in Washington, DC. Black's portrait was added to the Academies' portrait collection of African Americans who have made outstanding contributions to science, engineering, and medicine. . . .

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Advocacy Groups Support \$4.1 Billion For NCI In FY2001

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per year from 1973 until about 1990, when the increase stopped and the mortality rate began to decrease by about 0.6 percent per year, Klausner said.

“From 1995 to 1997, the latest numbers we have, that rate of drop has accelerated almost three-fold, to a little less than 2 percent per year,” Klausner said. “Because of this acceleration in the decline of the mortality rate, we have another historic change in cancer statistics: the first time in the growing and aging population that the number of deaths have stopped going up, and we suspect that when we see the 1998 numbers, they will begin coming down.”

Mortality rates for the four leading cancers—lung, colorectal, breast, and prostate—are decreasing, Klausner said. “These numbers would lead one to be quite optimistic that we will be able to continue to reduce the burden of cancer,” he said. “We are particularly pleased that the drop in mortality rate is seen not only for the majority population, it is also being seen for black Americans, who have a disproportionate burden of cancer and mortality rate, but again the numbers... are beginning to move in the right direction.”

Mortality rates continue to increase in liver cancer and non-Hodgkin’s lymphoma, Klausner said in his written testimony to the subcommittee. NCI,

the Centers for Disease Control and Prevention, and the American Cancer Society plan to release a report on the annual cancer statistics in April, Klausner said.

Asked by Rep. Roger Wicker (R-MS) whether it would be possible to cut cancer mortality by half in 10 years, Klausner said, “I am hesitant about making these sorts of specific predictions, because just over the short tenure that I’ve had as head of the NCI, our predictions about cancer death rates have been wrong. We dramatically overestimated our projections of cancer deaths, because we had underestimated the incremental progress that was being made in prevention, early detection, and treatment.”

Advocates: Full Funding of Bypass Budget

The White House requested \$3.505 billion for NCI, an increase of \$192 million, or 5.9 percent.

The increase proposed by the Administration falls significantly below the amounts requested by patient advocacy groups and professional societies.

In a letter to President Clinton and the Labor, HHS and Education Appropriations Subcommittee, 28 advocacy groups and professional societies asked for a 15 percent increase for NIH and full funding of the NCI Bypass budget. The Bypass budget, which represents Klausner’s professional judgment budget for FY2001, requests \$4.135 billion, which would require an increase of \$803 million, or 24 percent

The letter was prepared by Richard Atkins, of the National Prostate Cancer Coalition and CaP CURE, and was signed by patient groups as well as by the American Association of Cancer Research, American Society of Clinical Oncology, the Association of American Cancer Institutes, the Oncology Nursing Society, the Coalition of National Cancer Cooperative Groups, the American Society for Therapeutic Radiology and Oncology, Cancer Research Foundation of America, Friends of Cancer Research, and American Urological Association.

The letter describes NCI as “the bulwark of cancer research in America.”

This wording is particularly important at this time, when a spin-off committee of the National Dialogue on Cancer, an initiative funded by the American Cancer Society, is planning to propose legislation that could replace the National Cancer Act of 1971. Statements by ACS officials indicate that the new legislation would include a greater emphasis on cancer control (**The Cancer Letter**, Jan. 21).

The American Cancer Society declined to sign



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



the letter, sources said. An ACS contractor, the Sheridan Group, is circulating a draft of its own appropriations letter that calls for funding the NCI Bypass Budget, a 15 percent increase for NIH, and increased funding for Centers for Disease Control and Prevention.

Porter: "In Awe" of Klausner and NCI

Rep. John Porter (R-IL), chairman of the subcommittee, began the NCI hearing with an expression of high praise for Klausner:

"Dr. Klausner, we are all in awe of the job that you are doing there at NCI, and I can't tell you how much we appreciate your work and look forward to hearing the progress that is being made towards fighting cancer."

In his fifth appearance before the subcommittee, Klausner noted his "personal sadness that this will be the last hearing where I will have the pleasure of appearing before our remarkable Chairman Porter." Porter plans to retire from Congress at the end of the term.

Porter also commended Klausner for his efforts to forge agreements between politically opposing factions in the Middle East and Ireland on cancer research and care.

"Not too many people know, though I wish they all knew, that you have been involved in at least two instances where you have brought together into cancer consortia people who don't work well with each other politically," Porter said. "People need to know this. This is the kind of thing that I think is wonderful where you get people who war on each other suddenly sitting down at the table and finding ways to cooperate to war on disease."

The Middle East Cancer Consortium has formed cancer registries and runs a small grants program, Klausner said. The All-Ireland Cancer Consortium was established in an agreement signed last October (**The Cancer Letter**, Oct. 15, 1999).

"At first, I thought you were referring to the fact that the Harvard hospitals recently got together to become a single cancer center," Klausner quipped.

Porter, who has advocated an overall 15 percent increase for NIH in FY2001, made no comment on the Administration's NCI budget request.

Rep. Rosa DeLauro (D-CT), a 14-year ovarian cancer survivor, commended Klausner for funding ovarian cancer Specialized Programs in Research Excellence. NCI plans to conduct a Progress Review Group assessment of gynecologic cancer research

in FY2001, Klausner said.

Cancer Disparities

Rep. Jesse Jackson Jr. (D-IL) questioned NCI's support for research to address cancer in minorities.

NCI plans to spend \$155 million this year on research to address "the unequal burden of cancer in minorities," up from \$124 million last year, Klausner said. Furthermore, an NCI review found that only 20 percent of published studies on this issue using NCI funding had been coded by the Institute as being related to cancer in minorities.

"Not all of our research that is aimed at the issue of disparities is targeted by the dollars that go out the door," Klausner said. "I don't know what the right percentage [of the budget] is. My view is, we need to make sure that we have a planning process that addresses the issues. We need to do more. We can do more."

Jackson said he opposed NCI's plan to set aside \$60 million over five years to fund Specialized Population Networks for research on cancer in minorities. "What I'm hoping not to achieve here is a defensive answer to what appears to be a problem at NIH, according to Dr. [Louis] Sullivan [president of Moorehouse College and the former HHS secretary]," Jackson said.

"By creating these kinds of special centers for research for specialized populations, from my perspective, is to head down very political road that is fraught with dangers in a very politically charged environment," Jackson said. "Affirmative action. Some kind of set-aside for minority health issues at NIH designed to address some of these behavioral patterns, as opposed to the fundamental problem at NIH that across the entire system, minorities through the 22 or 23 centers, offices and institutes, are receiving less than a reasonable fair share of opportunities to compete for grants." He said NCI should coordinate its activities better with the NIH Office of Research on Minority Health.

"There should be better coordination, and I think there has been a lot of coordination, but we do disagree about the fact that we have a process of planning involving many people who care about this problem and they say one of the most important funding issues to get grants to individuals would be to create these funding programs as we've done over the past couple of years," Klausner said. "We just disagree."

Klausner said NCI funding for training grants



aimed at minority populations has increased. "I'm not sure what you mean by a set-aside," Klausner said. "This is part of our very serious commitment to try to address the issues that we're not disagreeing about. The Special Population Networks are exactly one of many funding initiatives that represent the type of activities that, if they are successful, will move towards redressing the inequalities in the NIH granting system and research system."

NIH is taking incremental steps toward systematic study of health disparities, Acting NIH Director Ruth Kirschstein said at the hearing. The Administration budget proposal includes a \$20 million for the Coordinating Center for Health Disparities within the NIH Office of the Director, she said.

"The way to get at those priorities is to make a plan, a strategic plan for all of NIH," Kirschstein said. The new "coordinating center" is co-chaired by Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, and Yvonne Maddox, NIH acting deputy director.

"I have asked each Institute director to also develop his or her individual strategic plan," Kirschstein said. The plan is expected to be included in the fiscal 2002 budget proposal, she said.

The issue of the NIH role in studying health disparities, particularly in cancer, was raised in a report of the Institute of Medicine. While discussion of specific recommendations of the report focused on technicalities and definitions, former HHS Director Sullivan suggested that NIH establish a center to address the problems of minorities and the underserved.

The Sullivan proposal is now included in a bill (H.R. 2391), which calls for creation of the NIH "Center on Domestic Health Disparities." The bill, introduced by Jackson, calls for establishing a strategic plan for the center that would have the authority to support grants. Under the bill, the center director would be given a high-level role within NIH.

The Intercultural Cancer Council, an advocacy group, has requested a \$300 million increase for minority-related cancer initiatives at NIH, another \$100 million for the NCI Surveillance, Epidemiology and End Results program, a \$50 million increase in the CDC breast and cervical cancer screening program, and \$48 million for the CDC National Center for Cancer Registries.

"The ICC will establish benchmarks for measuring funding for implementation of the IOM recommendations, including what amounts will be

targeted to cancer research in minority and medically underserved populations out of the President's proposed \$1 billion increase in biomedical research at NIH," said LaSalle Leffall, Howard University surgeon, at the 7th Biennial Symposium of ICC last week. Leffall, chairman of the symposium and an ICC board member, also heads the steering committee of the National Dialogue on Cancer.

NCI's Lymphochip A Result of CGAP

Testifying before Porter's subcommittee, Klausner explained how the Cancer Genome Anatomy Project, which created a comprehensive index of genes that are altered in various cancers, has led to emerging diagnostic tools, including NCI's Lymphochip.

The Lymphochip is a customized microarray, slightly larger than a penny, that contains more than 18,000 genes involved in the immune system and cancer development.

In the Feb. 3 issue of Nature, researchers who developed the Lymphochip showed that molecular diagnosis enables the most common form of non-Hodgkin's lymphoma, diffuse large B-cell lymphoma, to be subdivided into two distinct diseases: one that responds well to standard chemotherapy and one that does not.

According to the scientists, Patrick Brown, a Howard Hughes Medical Institute investigator at Stanford University School of Medicine, and Louis Staudt, a senior investigator at NCI, this finding shows the future importance of defining the distinct molecular characteristics of tumors as a way to more accurately diagnose and treat cancer.

NCI provided samples of the Lymphochip on glass slides to each member of the subcommittee, "in case you'd like to do this at home," Klausner said.

Klausner's written testimony is posted at <http://www.nci.nih.gov/legis/fy2001.html>. The document contains links to cancer statistics and figures Klausner presented to the subcommittee, including a picture of the Lymphochip, as well as links to websites of several NCI programs and statements. The NCI director's professional judgment budget for FY2001 is posted at <http://2001.cancer.gov/>.

"Accountability" At NIH

After two consecutive 15 percent increases, Congressional appropriators are demanding assurances from NIH officials that the new money is buying good science.



“What I would like to do is challenge each of the directors to give us convincing evidence that we are funding the best science and this money is being spent wisely,” Porter asked Acting NIH Director Kirschstein.

“Is this money being spent wisely? Are we buying good science, or are we simply buying a lot of bad science? What evidence can you give us that the money is being spent for good science and will continue to be spent for good science if Congress sees fit to provide the same kind of an increase in the next year?”

“This is the real question that is on everyone’s minds,” Porter said.

Kirschstein said research funded over recent years has opened new areas of scientific inquiry.

“Because of the unprecedented increases that we have received over the last two years, there is confidence among scientists who are working in our academic institutions, particularly the good scientists; they are reinvigorated,” Kirschstein said. “There is no dearth of superb science. Every discovery leads to new questions and leads to creative minds developing new problems and new issues to solve.”

Though NIH plans to fund a record number of research grants in fiscal 2000, the success rate has actually decreased slightly. “Our success rates are a little bit lower than we had told you over the past few years—approximately one-third,” Kirschstein said.

During the current year, NIH plans to fund about 31,000 research grants, plus about 2,000 small business grants, she said.

In Congress:

Mack, Specter Hit White House Budget Proposal For NIH

Two Senators last week issued statements critical of President Clinton's fiscal 2001 budget request for NIH.

The budget proposal represents “a cease-fire in the war on cancer,” said Sen. Connie Mack (R-FL).

“The President's lack of commitment to funding basic medical research may well undercut our researchers' ability to find the cures to the diseases which will affect our friends and loved ones,” Mack said of the Administration's proposed 5.6 percent increase for NIH.

“The President proposed an increase of just \$5 million for the CDC program to screen low-income women for breast and cervical cancer,” Mack said. Congress increased funding for that program by more than \$8 million last year. “This unique, often life-saving program has been short-changed in the President's budget—we can and must do better.”

“The President's budget significantly reduces Medicare payments to doctors, health plans, and cancer hospitals which will result in higher out of pocket expenses for cancer patients and could reduce the number of Medicare HMOs who serve them,” Mack said.

“Unfortunately, President Clinton has proposed a weakened version of the bipartisan Rockefeller/Mack cancer clinical trials legislation. Clinical trials are one of the most beneficial ways doctors can determine which cancer treatments are most effective, and this approach breaks down the cost barrier to participation.”

Specter, Harkin Propose \$2.7 Billion Increase

Sen. Arlen Specter (R-PA) made the following statement on the Senate floor on Feb. 7:

“In 1997, the Sense of the Senate Resolution called for a doubling of the NIH budget over a five-year period. And during the course of the last three years, very substantial advances have been made in funding for NIH, although we are not quite yet on target.

“That has been a real battle, because, although the Senate passed a Sense of the Senate Resolution in 1997 calling for doubling in five years, when the issue has come before the budget resolution on amendments sponsored by Sen. [Tom] Harkin [D-IA] who is the ranking Democrat and myself as chairman of the relevant Appropriations Subcommittee, those increases in funding have been rejected.

“But with a sharp pencil and very substantial help from staff on allocating of funding, we have succeeded in increasing the funding for NIH by more than \$5 billion over the last three years. Three years ago, the Senate passed an increase of \$950 million. It was pared somewhat in conference down to \$907 million. Two years ago, we increased NIH funding by some \$2 billion, and last year we increased NIH funding by \$2.7 billion.

“It is true that the National Institutes of Health is the crown jewel of the federal government. In fact, it may be the only jewel of the federal government.”



Specter said he and Harkin propose an increase of \$2.7 billion for NIH. The amount is “the minimal amount necessary to keep funding for NIH on track to approximate the goal of doubling NIH funding over the five-year period....

“As a capital investment in the health of America, there is no better investment. As a capital investment on cutting down costs for Medicare and Medicaid, there is no better investment.”

Cancer Policy: **Tobacco Control In The States Can Reduce Use, NCPB Says**

State programs can be effective in reducing the use of tobacco, according to a report by the National Cancer Policy Board of the Institute of Medicine and the National Research Council.

Tobacco control will likely remain an issue for public debate in the states for many years, as a result of the settlement with tobacco companies as well as increases in state excise taxes on tobacco, the report said.

While many states are finding uses for the money other than tobacco control, the Policy Board report found that state tobacco control programs can reduce reduce smoking and save lives.

“As states contemplate increasing their tobacco control efforts, many have asked if such programs can make a difference,” the report said. “The evidence is clear: They can.”

Evidence for the effectiveness of state programs comes from comparing states with different intensities of tobacco control, as measured by funding levels and “aggressiveness,” the report said.

“For example, when California and Massachusetts mounted programs that were more ‘intense’ than those of other states, they showed greater decreases in tobacco use compared to states that were part of the American Stop Smoking Intervention Study” funded by NCI, the report said. “From 1989 to 1993, when the Massachusetts program began, California had the largest and most aggressive tobacco control program in the nation, and it showed a singular decline in cigarette consumption that was over 50% faster than the national average.

“A recent evaluation of the Massachusetts tobacco control program showed a 15% decline in adult smoking-compared to very little change nationally-thus reducing the number of smokers there

by 153,000 between 1993 and 1999,” the report said. “States that were part of the ASSIST program, in turn, devoted more resources to tobacco control than did other states except Massachusetts and California, and they showed in aggregate a 7% reduction in tobacco consumption per capita from 1993 to 1996 compared to non-ASSIST states.

“Such a ‘dose-response’ effect is strong evidence that state programs have an impact; that more tobacco control correlates with less tobacco use, and that the reduction coincides with the intensification of tobacco control efforts,” the report said.

Also, states that have strong tobacco control programs experienced smaller increases in sales of tobacco products as a result of price drops, the report said.

Multifaceted state programs that can be effective include counteradvertising to expose practices of the tobacco industry, school-based education programs, creation of smoke-free workplaces and public places, increasing prices through taxation, treatment programs for tobacco dependence, and enforcement of restrictions on youth access to tobacco, the report said.

Copies of the report, “State Programs Can Reduce Tobacco Use,” are available from the National Cancer Policy Board, 2101 Constitution Avenue, N.W., Washington, DC 20418.

The full text of the report is available on line at <http://www.nap.edu/>.

Funding Opportunities: **NCI Offers Fellowship Training In Epidemiology & Genetics**

The NCI Division of Cancer Epidemiology and Genetics offers fellowship training for up to five years under the supervision of senior scientists.

Fellows design, carry out and analyze research related to the etiology of cancer in human populations.

Fellowship applications are accepted on a continuing basis. Information is available at <http://www-dceg.ims.nci.nih.gov>.

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



NCI Division To Provide Funds To Promote Collaboration

The NCI Division of Cancer Biology announces the availability of two administrative mechanisms to facilitate interactions under a program entitled Activities to Promote Research Collaborations, to support and encourage scientific collaboration among NCI grantees as well as with other members of the scientific community.

A full description of this program can be accessed at the following website: <http://www.nci.nih.gov/dcb/colabbrf.htm#resclab>. The program details the opportunities available to DCB grantees for collaborative activities through administrative supplements to their active grants and the mechanisms for requesting such supplements.

Collaborative activities that can be supported are those that bring together ideas and approaches from disparate scientific disciplines, including those not currently supported by DCB.

Examples of collaborative activities include, but are not limited to, initiating novel research projects, sharing resources and reagents, developing novel technologies, and organizing cross-disciplinary meetings/workshops. It is essential that proposed APRC activities be within the overall scope of the parent award.

Requests for APRC supplemental support will be accepted twice a year, Dec. 15 and April 15.

Investigators funded by DCB interested in the activities described here are encouraged to contact their DCB program director.

Inquiries: John Sogn, Deputy Director (Acting), Division of Cancer Biology, NCI, NIH, DHHS, Executive Plaza North, Rm 500, 6130 Executive Blvd., Bethesda, MD 20892-7150, phone 301-496-7815; fax 301-496-8656; e-mail: js150x@nih.gov.

NCI RFP Available

RFP N02-CP-01024-38: Familial Case-Control Study of Lymphoproliferative Malignancies and Auto-Immune Disorders: A Population Based Record Linkage

The Genetic Epidemiology Branch, Division of Cancer Epidemiology and Genetics, NCI, is seeking a contractor to provide managerial and computer processing support for record-linkage studies quantifying the familial aggregation of lymphoproliferative malignancies and test the hypothesis that autoimmune diseases also aggregate

in families of cases with lymphoproliferative malignancies.

The objectives of the project are: 1) create a database comprised of all cases selected from a population-based cancer registry, having a diagnosis of one of four lymphoproliferative malignancies and all parents, offspring and siblings of cases that have been linked to them Through a population-based family registry; 2) select a control group matched to the cases from the same population-based family registry and all parents, offspring, and siblings of controls that have been linked to them by use of a population-based family registry; 3) obtain cancer diagnosis on cases, controls, and all relatives selected above; and 4) obtain all hospital diagnoses of autoimmune disease from a hospital register on cases, controls, and all relative.

Inquiries: Kim Hall, Kim Hall, Contract Specialist, NCI, Research Contracts Branch, Executive Plaza South, Rm. 620, 6120 Executive Blvd., MSC 7224, Bethesda, MD 20892-7224; phone 301-435-3781; e-mail kh175r@nih.gov

NIH Changes SBIR/STTG Application Receipt Dates

NIH would like to inform the scientific small business community that the Small Business Innovation Research and Small Business Technology Transfer Grant Programs will have coincident receipt dates of April 1, Aug. 1 and Dec.1, 2000, effective immediately.

Applications submitted in response to the specified program announcements and notices which have already appeared as having receipt dates of April 15, Aug. 15 and Dec. 15, will accordingly follow the newly revised standard receipt dates of April 1, Aug. 1 and Dec. 1.

See Small Business Funding Opportunities at <http://grants.nih.gov/grants/funding/sbir.htm>.

Inquiries: Jo Anne Goodnight, SBIR/STTR Program Coordinator, NIH, 6701 Rockledge Dr., Rockledge II, Room 6186, Bethesda, MD 20892, phone 301-435-2688; fax 301-480-0146; e-mail: jg128w@nih.gov.

NCI Contract Awards:

Title: Preclinical Pharmacological Studies of Anti-Tumor And Anti-HIV Agents.

Contractors: Southern Research Institute, Birmingham, AL, \$1,279,819;



Mayo Foundation, Rochester, MN, \$1,746,155;
University of Pittsburgh, Pittsburgh, PA, \$1,
673,572;

University of Alabama at Birmingham,
Birmingham, AL, \$689,787;

Ohio State University Research Foundation,
Columbus, OH, \$1,632,924;

University of Texas M.D. Anderson Cancer
Center, Houston, TX, \$1,580,838.

Title: Development and Manufacture of Oral
Dosage Forms.

Contractor: University of Iowa, Iowa City, IO,
\$1,179,352.

Title: Operation and Maintenance of Biological
Data Processing System

Contractor: Analytical Sciences Inc., Durham,
NC, \$5,122,974.

In Brief:

ICC Honors Inouye, Volunteers For Work With Minorities

(Continued from page 1)

INTERCULTURAL CANCER COUNCIL made six award presentations at a conference in Washington last week to recognize contributions that help minority and medically underserved communities deal with cancer. **Sen Daniel Inouye** (D-HI) received the Dorothy I. Height Lifetime Achievement Award. Recipients of the Hope Volunteer Awards were: **Geraldine Blair**, co-founder of Minority Women with Breast Cancer Uniting; **Lula McKoy**, of the NCI-funded University of North Carolina research project PRAISE; **Wanna Thibodeaux Wright**, Women's Health Education Network; **Randolph Worsley**, prostate cancer survivor; and the **Chinese Women's Cancer Support Group** of San Francisco. . . . **CANCER CARE INC.** found from a survey that the two primary concerns of cancer patients and caregivers are being underinsured and losing health insurance. The survey, which received 265 out of 470 responses from cancer clients and oncology social workers who were asked to rank policy issues in order of importance, found other concerns to be close behind: insurance denial of healthcare; coverage for clinical trials; doctor/patient communication; and lack of coverage for medications and therapies for treatment side effects. The survey found that some clients did not seek treatment because of

underinsurance or lack of coverage; clients found problems getting coverage for prescription drugs and insurance caps on medical treatment; and 46 percent of respondents were concerned about paying medical bills most or all of the time. . . . **MAURIZIO TONATO**, professor at Policlinico Monteluce in Perugia, Italy, was appointed president of the European Society for Medical Oncology for the next two years. He succeeds **Dieter Hossfeld**, of Hamburg, Germany. . . . **VANDERBILT-INGRAM CANCER CENTER** received a gift of \$16 million from the T.J Martell Foundation for Leukemia, Cancer and AIDS Research to support cancer research, said **Harold Moses**, director of the center. Laboratories will be housed in a new building named for **Frances William Preston**, CEO and president of performance rights organization BMI, VICC board member and president of the Martell Foundation, a national music industry charity. . . . **NICHOLAS VOGELZANG**, director of the University of Chicago Cancer Research Center, had urgent coronary bypass surgery on Feb. 4, for a left main coronary artery lesion. **Mark Ratain**, director for clinical science, is the acting director of the center in Vogelzang's absence. "**Val Jeevanandam**, section chief of cardiac and thoracic surgery, used the left internal mammary artery and left radial artery grafts to do the bypass," Vogelzang said to **The Cancer Letter** in an e-mail. "I was home by Feb. 9 and recovering rapidly. The disease is in part related to mediastinal radiation, which I had for Hodgkin's disease in 1984." . . . **SUSAN B. KOMEN BREAST CANCER FOUNDATION** is expanding its network internationally, with affiliates in Argentina, Germany, Greece, and Italy, the foundation said Feb. 14. The foundation also said it awarded \$11 million in additional grants, including 56 in the U.S. Last October, the foundation awarded more than \$7 million to International Grant Program recipients at 42 institutions in the U.S. and abroad. **Nancy Brinker**, founding chairman of the Komen Foundation, received the Cino del Duca Award at the 10th International Congress on Anti-Cancer Treatment in Versailles, France. . . . **CORRECTION:** In last week's story on the South African high-dose chemotherapy study (**The Cancer Letter**, Feb. 11) it was incorrectly reported that **Craig Henderson** was chairman of the Blue Cross and Blue Shield Technology Evaluation Center panel in 1996. Henderson was a voting member of the panel. **Wade Aubry** served as chairman.



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