THE CANCER LETTER INTERACTIVE

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

Vol. 26 No. 9
March 3, 2000

Judge Invalidates Bristol-Myers' Claims For The Administration Of Taxol

A federal judge earlier this week invalidated the key claims of the Bristol-Myers Squibb Co. patents for the administration of Taxol.

In a preliminary judgment, Judge William Walls of the U.S. District Court for the District of New Jersey threw out the broad claims of U.S. Patents 5,670,537 and 5,641,803, stating that the claims were described in a scientific paper before the patents were issued.

The Walls ruling states that a prior publication described premedication

(Continued to page 2)

In Brief:

Larry Norton Is President-Elect Of ASCO; Rauscher Is Cancer Research Editor-In-Chief

LARRY NORTON was elected president of the American Society of Clinical Oncology effective May 2001. Norton is head of the Solid Tumor Division at Memorial-Sloan-Kettering Cancer Center, director of its Specialized Program of Research Excellence in Breast Cancer, chairman of the Breast Committee of the Cancer and Leukemia Group B, president of the board of directors of the National Alliance of Breast Cancer Organizations and a member of the National Cancer Advisory Board. **LARRY EINHORN,** distinguished professor of medicine at Indiana University, will begin the 2000 presidential term in May, succeeding **Joseph Bailes**. Elected for three-year terms to the ASCO board beginning in May were: **David Johnson,** professor of medicine and director of the Division of Hematology/Oncology at Vanderbilt University Medical School; **Robert Ozols,** Fox Chase Cancer Center director and senior vice president of medical science; **Theodore Lawrence**, University of Michigan professor of radiation oncology; **Edward Ambinder,** former program director of hematology/oncology training program at Mount Sinai School of Medicine and now in private practice; **Alan Coates**, clinical professor in the Department of Public Health and Community Medicine, Sydney, Australia, and the first individual elected to a designated board seat for non-U.S. members; **Donald Trump**, chief of the Division of Hematology/Oncology at the University of Pittsburgh School of Medicine, elected secretary-treasurer. Elected to the ASCO nominating committee were: **Joan Schiller**, University of Wisconsin professor of medicine; **George Sledge**, Indiana University School of Medicine professor of medicine, pathology and oncology. . . . **FRANK RAUSCHER III**, oncogenic transcription factors researcher, professor and deputy director of the Wistar

(Continued to page 8)

In the Media:
Two Programs Offer Reports From The Front In The War On Cancer
. . . Page 3

NIH Programs:
NIEHS Uses Gene Chips To Evaluate Chemicals
. . . Page 4

Funding Opportunities:
Armstrong Foundation Testicular Cancer Grant Awards
. . . Page 5

Komen Foundation Grants Program
. . . Page 5

US Army Cancer Research Program
. . . Page 6

RFPs, PAs Available
. . . Page 7

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Judge's Ruling May Damage BMS Control Of Taxol Market

(Continued from page 1)

methods for reducing hypersensitivity reactions to Taxol (paclitaxel) and the methods for three-hour infusion of the drug. The ruling specifically excludes the ovarian cancer claims of the two patents. The validity of those claims is expected to be decided at a trial scheduled for the first week of May.

The ruling may cause significant damage to Bristol's control of the Taxol market, estimated at $1.5 billion in 1999. The loss of the market share may not be immediate since the company may still have the option to appeal the ruling.

Moreover, Miami-based IVAX Corp., a generic competitor that holds the first application to market a generic version of Taxol in the US, is apparently not poised to hit the ground running.

Though the company's abbreviated NDA was filed with FDA in 1997—an action that triggered the patent infringement suit—the agency has not issued a "tentative approval" for the generic.

Generally, ANDAs are processed in a matter of months, and long delays are regarded as a sign of problems with a drug's formulation, bioequivalence, or production facilities. IVAX spokesman Douglas Heller declined to comment on the status of the company's filing.

Being the first to file, IVAX in effect blocks the entry of other sponsors until it exhausts the six-month exclusivity for the generic.

Judge Walls's ruling states that the claims contained in the BMS patent were previously published by Mark Kris et. al. in a paper titled "Phase I of Taxol as a 3-hour Infusion every 21 days" (70 Cancer Treatment Reports, 605-07, 1986). The paper reported the results of a dose-escalation study in patients with various solid tumors.

"Further studies are needed to see if pretreatment regimens, alternative schedules or reformulated preparation will permit safe administration of the compound," the Kris paper stated.

The judge concluded that an expert reading the Kris study would have understood that Taxol infusions create hypersensitivity reactions, that such reactions can be treatment-limiting, that premedication prevents such reactions, and that the drug can be administered to premedicated patients.

"This knowledge, combined with Kris's suggestion to premedicate, would enable one skilled in the art to follow the method steps explicitly referenced in Kris," the ruling states.

The Kris study didn't include ovarian cancer patients. However, the '537 patent added ovarian cancer in separate claims, based on other clinical data. As a result, Walls excluded ovarian cancer claims from his preliminary judgment, pending a trial.

Claims Struck Down

In the '507 and the '803 patents, the judge struck down claims that include:

—Methods for treating patients suffering from a Taxol-sensitive tumors, including solid tumors and leukemias.

—Premedicating patients to reduce or eliminates hypersensitivity reactions, and parenterally administering to said patient about 135-175 mg/m^2 Taxol over three hours.

—A premedication method involving steroids, antihistamines, H_2 receptor anatagonists.

—Methods for reducing hematologic toxicity and neurotoxicity.

The ruling states that during processing of the '537 patent, BMS acknowledged that at the time the Kris paper was published, premedication for reduction of hypersensitivity reactions would have been regarded as "conventional."

In a statement quoted in the Walls ruling, BMS acknowledged that "it would be understood by one

THE CANCER LETTER

Member, Newsletter and Electronic Publishers Association

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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

skilled in the art that the administering physician will often administer several such anti-hypersensitivity medications prophylactically prior to the administration of Taxol. There is a variety of such medications, and their selection and use would be conventional."

The suit consolidates the numerous patent infringement actions brought by BMS against companies seeking to produce a generic version of the drug. Defendants include IVAX, Immunex Corp., Boehringer Ingelheim Corp., Ben Venue Laboratories Inc., Bedford Laboratories, Zenith Goldline Pharmaceuticals, Mylan Pharmaceuticals, Marsam Pharmaceuticals and Schein Pharmaceuticals.

Immunex was the first company to file a generic paclitaxel application to FDA in 1997. However, IVAX subsequently licensed that application and the first place in line.

IVAX also sponsors a branded paclitaxel, called Paxene. That drug is approved for Kaposi's Sarcoma in the U.S. and the Europe Union. However, in the US, Paxene is blocked from the market until the BMS orphan drug protection expires in 2004. Last November, BMS and IVAX recently agreed that Paxene would not be sold off-label in EU countries (**The Cancer Letter**, Nov. 26, 1999).

In The Media:

Reports From The Front Lines In War On Cancer Past, Present

Two television programs scheduled to air at the end of March take two different approaches in telling the story of cancer research and treatment, arguably one of the most intriguing and complicated stories of our time. Both are worth watching, for different reasons.

Narrator Mike Wallace takes the viewer down a well-trodden path in The History Channel's "The War on Cancer" (airing March 24, 7 p.m. ET). Many of the scenes will be familiar, because, if you have been even moderately aware in the past 30 years, you have watched them before on CBS News:

Nixon signing the National Cancer Act of 1971. The cigarette-smoking machines at Roswell Park Cancer Institute. Women getting mammograms. A laetrile clinic in Mexico. NCI's Steven Rosenberg and vials of IL-2.

Unfortunately, rather than enlighten, this retrospective makes it clear just how little the CBS News style of television journalism has changed since World War II. Show the battle scenes with voice-over narration, interview the leaders, and finally, tell us the Effect on The People.

Sometime in the 1970's, the TV medical human-interest story was invented and it goes like this: Jane Doe has [fill in the blank] cancer. Now there is: (a) a new treatment, (b) an economic or political problem that might help her or harm her, or (c) no new treatment, but scientists are working on one. Cut to a hospital for a stiff interview with someone in a lab coat. Wrap it up with Doe's reaction (sad, happy).

These fast-paced and ultimately uninformative old clips are sandwiched between interviews with Joseph Bertino, program chairman, Molecular Pharmacology and Therapeutics, at Sloan-Kettering Institute for Cancer Research, and Bernadine Healy, the former NIH director and head of the American Red Cross.

The experts arrive on schedule to set things straight just at the point of potential confusion. They do their job, but the one-hour relentless trek through CBS News history doesn't come to life until a segment on the National Breast Cancer Coalition's 1993 march on the White House. The energy and passion of the breast cancer survivors, as well as realization that the program is almost over, lifts the spirit. Yes! We've nearly made it!

The fact is, headline stories don't offer much context for history. Attempting to add context by the cut-and-paste method doesn't make effective education or entertainment. However, the program is worth watching to review the standard, top-down journalistic approach to the "war on cancer."

* * *

In contrast, HBO's "Cancer: Evolution To Revolution" (airing March 30, 8 p.m. ET; and repeated April 5, 8, 11, and 17) excels at context.

Producer and director Joseph Lovett begins with the concerns of a relatively normal, healthy person—himself—as a means of answering the questions most people have about cancer. What is cancer? What's my chance of getting it? Should I get screened? What if something is found? What treatments are there? Are there cures? Where can I get information?

As Lovett moves with his camera crew through the research institutions, hospitals, doctor's offices, and the homes of cancer patients, the mystery of cancer is peeled away, layer after layer. While Lovett's own family history starts a conversation about screening, genetic counseling, and being an informed medical consumer, the low-key producer

manages never to steal the show, even while undergoing a colonoscopy. The camera rarely shows his face directly. Lovett represents Everyman wandering the halls of the modern medical center.

The scenes of hospitals and doctor's offices are lengthy, fascinating, and, ultimately, repelling. The program nicely explores the close relationships that can form between patients and health providers. But it's the non-human aspect of medical care that is so distressing. By the end of the program, one can't help feeling as tired of infusion chairs, toxic treatments, uncomfortable examining tables, pain, bad news, and paperwork as cancer patients must feel. Forty percent of us will have to spend more time in these places than we could have ever imagined. Even without the threat of dying, there could be no better argument for increased research funding.

The stars of this program are the cancer survivors and their families, struggling to understand their diagnoses and treatments, and striving to live fully with the hand they've been dealt. There's Jessica Turri, a plucky 11-year-old with acute lymphoblastic leukemia, who was planning to attend the 1998 cancer march in Washington, but instead watched it from bed at St. Jude Children's Research Hospital in Memphis because of a sudden fever. We also meet Gary Schine, a 46-year-old businessman and nine-year survivor of hairy cell leukemia, who sought a second opinion and joined a clinical trial, as well as Arnold Stitton, who searches for treatments for his advanced colon cancer, and finds hope, beauty, and peace. The story of Vanessa Colbert, 41, who fights inflammatory breast cancer, is exquisitely told. These are fine, matter-of-fact portraits.

The supporting characters are the medical professionals and researchers, who struggle along with the patients to understand the disease. There isn't a stiff in a lab coat to be found among them.

NCI Director Richard Klausner is the primary expert in this program. Sitting at his command-center conference table with papers, slide projector, and box of tissues hastily shoved aside, he gives Lovett clear, concise explanations. Klausner manages to speak uncharacteristically slowly and simply, but still convey his legendary enthusiasm. Thus, each word packs the energy of a small explosion.

Among the other experts featured are Ellen Stovall, executive director, National Coalition for Cancer Survivorship; Bert Vogelstein, director of the Molecular Genetics Lab at Johns Hopkins Oncology Center; Sen. Connie Mack (R-FL); Harold Varmus, president of Memorial Sloan-Kettering Cancer Center; and Michael Milken, founder and chairman of CaP CURE. Lovett also interviews some of the people who answer the telephone at the Cancer Information Service.

The two-and-a-half hour program stops regularly to provide phone numbers and website addresses for cancer organizations. HBO plans to open a website in conjunction with the program, containing links to cancer organizations, available through http://www.hbo.com. A half-hour version of the program is available at no charge to cancer organizations.

"Cancer: Evolution to Revolution" is a comprehensive depiction of the state of cancer research and cancer care at the beginning of the 21st century. And that is an achievement.

—Kirsten Boyd Goldberg

NIH Programs:

NIEHS Uses Gene Chips To Evaluate Chemicals

The National Institute of Environmental Health Sciences has created a $500,000 center at its laboratories in North Carolina to help evaluate the toxicity of chemicals by observing how they turn "on" or "off" thousands of different cloned genes clustered on a laboratory slide.

The changes in gene expression caused by the chemicals are read and displayed by computer, showing up as dots of color on the computer's screen. Potentially, the new NIEHS Microarray Center could provide safety information better and faster than do animal tests—and would replace, augment or improve on many of them.

The new NIEHS Microarray Center makes use of the ToxChip, developed at NIEHS, which contains copies, or clones, of about 2,000 of the 80,000 in the human body. Millions of cloned copies of each gene form a nearly invisible dot that is "arrayed" in a grid pattern on the glass slide. The center also uses an even newer microarray,called the Human ToxChip, containing clusters of each of 12,000 different cloned genes.

Toxic substances produce changes that express, or turn on and off, genes, the center scientists said, and the chips and the accompanying computer support used to read the slides, take advantage of that linkage.

Initially the new center is evaluating known

toxins, including chemicals that are known to cause cancer and/or mutations, to build a library or database showing the typical genetic changes that these known poisons produce.

Once they have "signature" profiles of how known toxins change genes, the scientists said, they can evaluate other chemicals for potential harm by comparing the gene changes they produce with those made by the known toxins.

A match between an expression signature or "on/off" pattern produced by an unknown compound and that from an established toxic compound would indicate a potential danger in the test compound.

"There are thousands of both natural and man-made chemicals in human use and commerce that have never been adequately tested," NIEHS Director Kenneth Olden said. "We are developing a technology that will greatly aid in their evaluation and identification. The idea is simple: If ToxChip screening shows that a test chemical changes key gene expressions in the same way as a known toxin does, there's a strong likelihood the test chemical may be harmful too."

In addition to creating the new microarray center in its laboratories at Research Triangle Park, NC, NIEHS is developing plans to help other organizations—including some of its 20 university-based environmental health centers—establish microarray capabilities and skills. Already, visiting scientists, including several from abroad, have worked alongside the center's 12 scientists. A notice making grant support available is at http://www.niehs.nih.gov/dert/ma-supp.htm.

Although developing a microarray capability currently may require start-up costs of $500,000, the screening tests traditionally carried out on mice and rats require more than two years and can cost $2.5 million per substance. As a result, only about 10 of the most commonly used chemicals can be screened each year by the National Toxicology Program.

NIEHS Microarray Center Co-Director Cynthia Afshari said that before mass chemical screening is carried out, the work promises to unlock some of the secrets of how the environment changes our genes. "From a public health standpoint, knowing how the environment changes our genes may be as important as knowing the functions of the genes themselves," Afshari said, "because we often can do something effective to change the environment or substitute one chemical for another in industry, whereas in most cases we cannot alter our genetic or cellular response to these agents."

The ToxChip was developed by NIEHS Scientific Director J. Carl Barrett, Afshari, and postdoctoral fellow Emile Nuwaysir.

Jeff Trent and Michael Bittner, pioneers in microarray studies at the National Human Genome Research Institute in Bethesda, MD, helped NIEHS in the development of its toxicology-focused center.

Scientists using the ToxChip also see a potential for it to speed drug research by accelerating the safety tests that are necessary before testing potential new drugs in people.

In the original ToxChip, the genes used are cloned duplicates of the genes of humans. The team has also developed additional microarrays using cloned genes from common test animals and organisms—mice, rats, frog (xenopus) and yeast. "We are making profiles of known toxins using several or all of these species' genes," Center Co-Director Richard Paules said.

The Internet site for the center, where additional information is available, is http://dir.niehs.nih.gov/microarray.

Funding Opportunities:

Lance Armstrong Foundation Testicular Cancer Grant Awards

Proposal Receipt Date: Aug. 15, 2000

Lance Armstrong Foundation is offering awards in two research fields; the study of testicular cancer and issues of cancer survivorship. Grants may be basic science, basic science translating to clinical issues or pure clinical investigations. All submissions must directly relate to the study of testicular cancer or to issue of cancer survivorship. Grants supporting clinical research are encouraged.

The initial awards may not exceed $50,000 per year for three years based on review and approval of an annual progress report.

Inquiries: Steven Wolff, chairman, Scientific Advisory Committee, Lance Armstrong Foundation, 1210 Parkway, Austin, TX, phone 512-236-8820; fax 512-236-8482; e-mail steven.wolff@laf.org; website http://www.laf.org

Susan G. Komen Foundation Offers Awards Program

Application Deadline: April 1, 2000

—Basic, Clinical and Translational Research. The program offers two-year grants of up to 4250,000 over two years (combined direct and indirect).

—Imaging Technology. A program designed to research and develop methods for early detection and diagnosis of breast cancer. Grants are awarded up to $250,000 over two years (combined direct and indirect).

—Population Specific Research Projects. Innovation projects focusing on the epidemiology of breast cancer within specific populations at risk for the disease. The focus of the program is to identify unique needs, trends, barriers and risk factors to breast health care among populations such as African Americans, Asian/Pacific Islanders, Hispanic, Native Americans, Lesbian and Low Literacy. Applications are also encouraged to demonstrate collaboration with a community-based organization.Grants are awarded for two years, up to $150,000 (combined direct and indirect costs).

—Postdoctoral Fellowships. Fellowship support is available in basic, clinical, translational research, public health or epidemiology. Grants are awarded for three years, $35,000 per year. Area of study is limited to breast cancer.

—Dissertation Research. A program to fund doctoral candidates in the health and social sciences to conduct dissertation research on breast health and breast cancer. Funding of $20,000 to $30,000 over two years is available.

—Komen Affiliate Grants. Grants for breast health education, breast cancer screening, diagnosis, and treatment support programs in a defined service area are provided by Komen Affiliates by funds raised through events such as Komen Race for the Cure. Application and deadline information available from local Komen affiliates.

—Brinker International Award for Breast Cancer Research. The highest award of honor given for outstanding work in basic and clinical breast cancer research.

—Reviewer Nominations. An independent peer review committee reviews applications submitted for these programs. Nominations for reviewers are encouraged throughout the year.

Inquiries: Susan G. Komen Breast Cancer Foundation, International Headquarters, 5505 LBJ Freeway, Suite 250, Dallas, TX, 75244, phone 972-855-1600; fax 972-855-1640; Grants Toll-free 888-300-5582; e-mail grants@Komen.org; website http://www.komen.org

U.S. Army Breast And Prostate Cancer Research Program

Department of Defense Breast Cancer Research Program Concept Award

Application Receipt Date: April 12, 2000.

Concept Awards encourage the exploration of untested, innovative questions in breast cancer. The proposal should represent a new paradigm, challenge existing paradigms, or look at an existing problem from a new perspective. Up to $3.5 million of the Breast Cancer Research Program administered by the U.S. Army Medical Research and Materiel Command through the Office of the Congressionally Directed Medical Research Programs is available for Concept Awards.

CDMRP is soliciting electronic submissions for one-page proposals. Concept Awards can be requested for $50,000 for direct costs over a 1-year performance period, plus indirect costs as appropriate. The awards will be available no later than Sept. 30, 2000.

For announcement and submission information from the CDMRP web site: http://cdmrp.army.mil/?/announce.

Inquiries: Chuck Dasey, U.S. Army Medical Research and Materiel Command, Fort Detrick Public Affairs/ Marketing Office, Fort Detrick, MD; phone 301-619-2736; fax 301-619-3320

Department of Defense Prostate Cancer Research Program for 2000

Proposal Receipt date: May 17, 2000.

Department of Defense Prostate Research Program has $75 million available for prostate cancer research. The program is interesting in providing support for two research award categories and three training award categories:

—Idea Development Awards. Designed for established prostate cancer investigators. Funding may be requested for up to $375,000 per award for a 3-year period. Preliminary data in prostate cancer research relevant to the proposed project are required.

—New Investigator Awards. Designed for independent investigators in the early phase of their research careers. Funding may be requested for up to $225,000 per award for a 3-year period. Preliminary data are not required, but proposals must demonstrate a solid scientific rationale.

—Postdoctoral Training Awards. Designed for recent doctoral degree graduates with limited postdoctoral experience. Funding may be requested for up to $98,000 per award, inclusive of both direct and indirect costs, for a 2-year period.

—Minority Population Focused Collaborative Training Awards. Designed for independent investigators who have had little or no research support. The award allows applicants to design and initiate a prostate cancer research concept that focuses on the disparity in prostate cancer incidence and mortality among different ethnic groups. Development of this concept should be a collaboration between the applicant and an established prostate cancer research investigator. Funding may be requested for up to $75,000 per award, inclusive of direct and indirect costs, for up to 1 year.

—Historically Black Colleges and Universities/ Minority Institutions Academic Development Awards. Designed to provide education, training, or scientific development in prostate cancer for pre- and postdoctoral trainees currently at HBCU/MIs. The award will support trainee attendance at scientific meetings, conferences or training symposia. Funding may be requested for up to

$20,000 per award, inclusive of direct and indirect costs, for a 1-year period.

For award information from CDMRP web site: http://cdmrp.army.mil/?/announce/

Inquiries: Chuck Dasey, U.S. Army Medical Research and Materiel Command, Fort Detrick Public Affairs/ Marketing Office, Fort Detrick, MD; phone 301-619-2736; fax 301-619-3320

RFPs Available

RFP N02-CP-01006-50: B—Genetic Epidemiology of Lung Cancer and Smoking

Application Receipt Date: April, 2000

Genetic Epidemiology Branch of NCI is seeking a contractor to provide support for an interdisciplinary case-control/sib-pair study of lung cancer designed to explore the genetic determinants of both lung cancer and of smoking.

The major activities of the contract consist of providing support in a variety of areas including: 1) general aspects of the case control study; 2) selection and recruitment of study participants; 3) collection of biospecimens from study participants; 4) data collection; 5) data management; 6) establishment of a laboratory to process and store biospecimens collected from study participants; and 7) transportation of biospecimens, data, and materials collected from study participants.

The RFP may be accessed via the NCI Research Contracts Acquisition Branch website: http://amb.nci.nih.gov/ under Current Requests for Proposals.

Inquiries: Karen McFarlane, Contracting Officer Representative, NCI, Research Contracts Branch, Executive Plaza South, Rm. 620, 6120 Executive Blvd., 7224, Bethesda, MD 20892-7224; phone 301-435-3782; e-mail km63k@nih.gov

RFP N02-PC-05006-24: Surveillance, Epidemiology, and End Results Program Expansion

Proposal Receipt Date: July 27, 2000 (was March 15)

The RFP will be available on the NCI RCAB External Website on or about March 3, 2000: http://amb.nci.nih.gov/ncics/rfps_published.asp

The period of performance of the resulting contract is changed from 3 years to 32.5 months with two 1-year options that can be exercised separately.

Inquiries: Curtis Foust, Contract Specialist, NCI, RCAB PCPSS, 6120 Executive Blvd, Executive Plaza South, Suite 635, Rockville, MD 20852, phone 301-435-3832; fax 301-402-8579; e-mail foustc@rcb.nci.nih.gov.

Program Announcements

PA-00-068: NIH Predoctoral Fellowship Award for Students with Disabilities F31

Application Receipt Dates: May 1 and Nov. 15, 2000

The National Research Service Award Predoctoral Fellowship for Students with Disabilities will provide up to five years of support for research training leading to Ph.D., or equivalent research degree, or combined M.D./ Ph.D. degree, or other combined professional research doctoral degree, in the biomedical or behavioral sciences.

Inquiries: For NCI—Eric Bailey, NCI, phone 301- 496-7344; e-mail eb157o@nih.gov

PA-00-069: NIH Predoctoral Fellowship Awards for Minority Students F31

Application Receipt Dates: May 1 and Nov. 15, 2000

The National Research Service Award Predoctoral Fellowship for Minority Students will provide up to five years of support for research training leading to Ph.D. or equivalent research degree; combined M.D./Ph.D. degree; or other combined professional degree and research doctoral degree in the biomedical, behavioral sciences, or health services research.

Inquiries: For NCI— Lester Gorelic, NCI, phone 301-496-8580; e-mail lg2h@nih.gov or phone 800-877-8339.

PA-00-070: Academic Career Award K07

NIH Institutes and Centers use the Academic Career Award to support individuals interested in introducing or improving curricula in a particular scientific field as a means of enhancing the educational or research capacity at the grantee institution. The award supports two types of activities. The first, development, supports junior candidates for five years. The second, leadership, supports more senior individuals from two to five years. For more information on the PA: http://grants.nih.gov/grants/guide/pa-files/PAR-99-108.html.

Inquiries: For NCI—Lisa Begg, Cancer Training Branch, NCI, 6116 Executive Blvd, Suite 7011, Bethesda, Maryland 20892, phone 301-496-8580; fax 301-402-4472; e-mail beggl@mail.nih.gov

Increased Eligibility of Postdoctoral Federal Employees for NCI Transition Career Development Award K22

NCI announces a specialized expansion of the eligibility requirements of the Transition Career Development Award.

Postdoctoral scientists working in basic research as Federal employees, who have at least three years of mentored postdoctoral research experience at the time of award, may apply for an NCI Transition Career Development Award, as long as the proposed research is directly relevant to human cancer.

Further information about the K22 is available at: Transition Career Development Award: http://grants.nih.gov/grants/guide/pa-files/PAR-99-094.html

Inquiries: Cancer Training Branch, NCI, 6116 Executive Blvd., Suite 7011, SC 8346, Bethesda, MD 20892-8346, phone 301-496-8580; fax 301-402-4472; e-mail: lg2h@nih.gov.

In Brief:

Sharp To Direct New Institute For Brain Research At MIT

(Continued from page 1)

Institute, has been named editor-in-chief of Cancer Research, the journal of the American Association for Cancer Research. Rauscher, who replaces **Carlo Croce** of the Thomas Jefferson Kimmel Cancer Center, is the son of the late NCI director, Frank Rauscher Jr. . . . **PHILLIP SHARP**, molecular biologist and an Institute Professor at Massachusetts Institute of Technology, was named founding director of the McGovern Institute for Brain Research. The creation of the Institute is made possible by a $350 million gift over the next 20 years—the largest single donation to a university for scientific research, according to The Chronicle for Higher Education—from International Data Group chairman **Patrick McGovern** and his wife, entrepreneur **Lore Harp McGovern**. As founding director, Sharp will assemble a team of 16 McGovern Investigators to work in the neurosciences, imaging technology, and molecular, cellular, and genetic science. "The McGovern Institute will allow us to move to a new level of pre-eminence in neuroscience," said Sharp. Sharp is co-winner of the 1993 Nobel Prize for his discovery of surplus DNA and gene-splicing, former director of the MIT Center for Cancer Research and current member of the National Cancer Advisory Board. . . . **CLINICALTRIALS.GOV** was begun by NIH this week. The database provides clinical trial information including trial location, design and purpose, participation criteria and contact links. The database, mandated by 1997 legislation requiring the Department of Health and Human Services to provide a publicly funded clinical trials registry, contains access to more than 4,000 federal and private medical studies at more than 47,000 locations in the U.S. The database is available at http://ClinicalTrials.gov/. The site is confidential; no registration or personal identification is required. . . . **KIRBY BLAND,** clinical researcher in breast, colon and rectal cancer, was appointed deputy director of the University of Alabama Comprehensive Cancer Center, said center director **Albert LoBuglio**. Bland, a UAB medical school graduate, succeeds **Donald Miller**. . . . **SCOTT SANTARELLA,** program officer at the Educational Foundation of America, was appointed executive director of the Multiple Myeloma Research Foundation. Santarella will oversee MMRF daily operations, including fundraising, grant-making and educational programming. . . . **H. LEE MOFFIT CANCER CENTER** Research Institute and Fundacion Accion Onco-Hematologica, a non-profit organization in Buenos Aires specializing in hematological malignancies and blood disorders, signed an affiliation agreement that will encourage clinical, educational, and research collaborations and will give Argentine cancer patients access to clinical trials and information on advances in cancer treatment. . . . **PAUL MARKS**, chairman emeritus of Memorial Sloan-Kettering Cancer Center, received the 1999 Lifetime Achievement Award from the American-Italian Cancer Fund. . . . **MARYANN GUERRA**, deputy director for management at NCI, received an award on behalf of NIH for the NIH IntraMall, a system that provides product information, on-line ordering, accounting and budgetary functions. The award was presented by the Government Technology Services Board of the Center of Excellence for Information Technology. When fully operational, NIH and its development partner BioSpace.com., intend IntraMall to be the first web-based automated reconciliation supply chain management system in use within the federal government. . . . **OVARIAN CANCER NATIONAL ALLIANCE** hosted a benefit for the first-night performance of the Pulitzer-Prize winning play, "W;t," at the Kennedy Center, Feb. 29. The play, written by Washington native **Margaret Edson**, tells the story of college poetry professor Vivian Bearing who is diagnosed with ovarian cancer. . . . **AMERICAN UROLOGICAL ASSOCIATION** released a policy statement on prostate cancer diagnosis, which supports specific antigen testing under certain conditions. The statement is available at http://www.cancernetwork.com . . . . **ELBERT PETERSON,** scientist emeritus and retired chief of the NCI laboratory of biochemistry protein chemistry section, died Feb. 22 of cardiac arrest. He was 81. His best known scientific work was cellulose ion exchange chromatography, which he developed in the mid-1950's with Herbert Sober, for which they received the 1971 Hillebrand Award of the Chemical Society of Washington. . . . **INDEX** to **The Cancer Letter** for Vol. 25, 1999, is available at http://www.cancerletter.com/documents.html. Or, from **The Cancer Letter** homepage, click on News. The Index is an alphabetical listing by subject of all articles published in **The Cancer Letter** and **Business & Regulatory Report** last year.

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