THE CANCER LETTER INTERACTIVE

Vol. 26 No. 11
March 17, 2000

Price $275 Per Year

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

Bush Says National Dialogue On Cancer Needs To Correct Problems And Move On

Facing about 100 people at the fourth meeting of the National Dialogue on Cancer, former President George Bush said the problems of the American Cancer Society-funded initiative are far from insurmountable.

Holding up a copy of what he described as "that darn Cancer Letter," Bush jokingly assured the audience that the story that questioned the structure, goals, and strategy of the Dialogue was not the cause of his recent heart problems.

"It's not **The Cancer Letter** that got my heart fibrillating," said Bush at the meeting March 11.

(Continued to page 2)

In Brief:

Haller Named Editor-In-Chief Of JCO; White House Appoints Duffy To NCAB

DANIEL HALLER was appointed editor-in-chief of the Journal of Clinical Oncology for a five-year term effective May 2001. A long-time American Society of Clinical Oncology member, Haller is professor of medicine at the University of Pennsylvania Cancer Center, editor-in-chief of the NCI cancer information database PDQ and a practicing oncologist specializing in gastrointestinal cancer. Haller's editorial background in medical publications, including serving as associate editor for hematology-oncology for the Annals of Internal Medicine, made him the ideal candidate in a field of 34 other applicants, said Joel Tepper, chairman of the JCO search committee. He replaces **George Canellos**, editor-in-chief since 1988. JCO began publication in 1983. . . . **STEPHEN DUFFY** was appointed by President Clinton to serve as member of the National Cancer Advisory Board. Duffy, of Washington, DC, is the executive vice president of the American Academy of Facial Plastic and Reconstructive Surgery and the International Federation of Facial Plastic Surgery Societies. Duffy will serve as a representative of the public on the NCAB, according to a White House statement. Duffy previously was assistant director of Congressional affairs at the American Medical Association, and then was director of AMPAC, the political action arm of the AMA. He served for more than 15 years in the Office of the Clerk of the House of Representatives, including service as a reports examiner, a senior reports examiner, and chief of the reports examining section and assistant director of the Office of Records and Registration. He received a B.A. degree from the College of Holy Cross. The NCAB advises the

(Continued to page 8)

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Dialogue Discussing Goals For Legislative White Paper

(Continued from page 1)

"The goal is bigger than the problems discussed," said Bush, chairman of the Dialogue, referring to a story in the Jan. 21 issue of **The Cancer Letter**. "We need to correct the problems and move on," he said.

The meeting, held at a Northern Virginia hotel, was closed to press coverage. However, documents and interviews with participants indicate that ACS officials and Dialogue organizers were correcting the organizational flaws of the initiative aimed at bringing together the major cancer groups to create an overarching cancer agenda.

A substantial portion of the March 11 meeting was devoted to discussion of a draft paper and concepts for rewriting the National Cancer Act of 1971. The documents were produced by the National Cancer Legislation Advisory Committee, a spin-off of the Dialogue.

The committee advises Sen. Dianne Feinstein (D-CA), the Dialogue vice-chairman.

The effort to rewrite the fundamental legislation of the National Cancer Program is controversial because Dialogue participants were not involved in the decision to form the committee and the selection of its leadership. The committee, co-chaired by ACS chief executive John Seffrin and Yale Cancer Center Director Vincent DeVita, has held two meetings, on Feb. 8 and March 10.

In an apparent attempt to give the Dialogue's "Collaborating Partners" a sense of ownership of the final document, Dialogue organizers presented the documents for discussion by small groups, and, later, by everyone at the meeting.

"Significant time has been set aside, at Sen. Feinstein's request, to receive your insights and reflections on the policy recommendations, compiled thus far from interviews with cancer experts and stakeholders," Seffrin and DeVita wrote in a memorandum to the Dialogue participants. "Ultimately, our efforts should yield a consensus policy report or white paper, and rationale, from which specific legislation might be drawn."

It's not clear when the legislative proposal would be completed, several insiders said. At the meeting, Feinstein said she also planned to solicit opinions from groups not involved in the Dialogue.

One new Dialogue participant, Ronald Herberman, president of the Association of American Cancer Institutes, said that he sees a need for the new legislation.

"I came in being a bit wary, given the concerns that have been raised, but after my first meeting, I ended up being encouraged that something useful might come from this that might not only advance cancer research, but also address the issues of improving cancer care in ways that are more on the forefront than they were when the first iteration of the National Cancer Act was written," said Herberman, director of the University of Pittsburgh Cancer Institute, who also joined the DeVita-Seffrin committee.

The wide-ranging draft document, the outcome of interviews conducted by Abt Associates, a consulting firm, lists potential, unprioritized goals for cancer research and control. The draft paper is remarkable for its elaborate disclaimer:

"NOTE: This outline is not to be quoted, copied, or distributed in any way. It is designed solely for discussion purposes. Ideas represented are those of the individual respondents and do not represent the views of the National Cancer Legislation Advisory Committee or any other organization or entity."

A few of the 50 goals listed in the 18-page document, a copy of which was obtained by **The Cancer Letter**, include:

—"Substantially increase the nation's investment

THE CANCER LETTER

Member, Newsletter and Electronic Publishers Association

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

Editor & Publisher: Kirsten Boyd Goldberg
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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

in cancer research through the National Cancer Institute, and government agencies and institutes."

—"Additional funding to provide coverage for 50 percent of all research proposals."

—"Develop incentives such as patent extensions and tax preferences to encourage research into drugs for specific cancers that affect small numbers of individuals."

—"The federal government should support education of both patients and health care professionals about the need for clinical trials."

—"Enactment of a national goal of a smoke-free society."

—"Commitment to make the federal government and states equal partners in campaign to conquer cancer."

—"Expand current [Centers for Disease Control and Prevention] program to provide screening and diagnosis and provide link to treatment and insurance coverage."

—"A national long-term strategy to improve insurance coverage and guarantee universal access to health care."

—"Fund and assist development of a set of measures where quality of cancer care can be measured."

—"Fund and incentivize expansions of cancer patient information Web sites."

—"Provide enhanced support for the creation and utilization of standard definitions for special population."

—"Establish benchmarks for cancer eradication initiatives and revise them when new information changes future objectives."

The draft is a starting point. The final paper will be put together by the committee. Besides DeVita and Seffrin, the co-chairs, the committee includes:

Leonard Abramson, Abramson Group; Jim Armitage, University of Nebraska Medical Center; Anna Barker, president/CEO, BIO NOVA Inc.; Nancy Brinker, CEO, Susan G. Komen Breast Cancer Foundation; Helene Brown, UCLA Jonsson Cancer Center; Paul Calabresi, professor of medicine, Rhode Island Hospital; Robert Day, president and director emeritus, Fred Hutchinson Cancer Research Center; Carl Dixon, president and executive director, Kidney Cancer Association; John Glick, director, University of Pennsylvania Cancer Center; Albert Einstein Jr., medical director, Swedish Cancer Institute; Ronald Herberman, president American Association of Cancer Institutes; Alan Holmer, president, Pharmaceutical Research & Manufacturers of America; Amy Langer, executive director, National Alliance of Breast Cancer Organizations; Deborah Mayer, chief nursing officer, CancerSource.Com; William Roper, dean, School of Public Health, University of North Carolina; Ellen Sigal, chair, Friends of Cancer Research; Joseph Simone, medical director, Huntsman Cancer Institute, University of Utah; George Vande Woude, director, Van Andel Institute, Armin Weinberg, co-chairman, Intercultural Cancer Council.

"Sustaining Members" No More

In another move, the Dialogue has abandoned the "Sustaining Member" category of its Steering Committee.

The category guaranteed seats to ACS, CDC, NCI and Pharmaceutical Research and Manufacturers Association. This membership structure caused protests from professional societies, who were excluded, and did not earn gratitude from either PhRMA and NCI, which did not seek Sustaining Member seats.

Sources said NCI was not represented at two of the most recent Steering Committee meetings, and was not represented at the meeting of the Dialogue.

ACS officials say the Dialogue functions separately from the Society and is not intended to further its goals. However, the argument that the two entities are separate has been difficult to support since the Society's Washington staff has had to conduct Dialogue activities.

Separation between the two entities was more clear when the Society employed a contractor to provide staff support for the Dialogue. However, Shandwick International, the contractor, was fired after **The Cancer Letter** reported that one of its units also represented R.J. Reynolds Tobacco Holdings Inc. ACS has a policy of not employing contractors who represent tobacco interests.

Disputes Over CDC Funding, Rockefeller-Mack

In recent weeks, the Society's Washington office has been involved in two serious altercations with professional societies and patient groups.

In one skirmish, the American Society of Clinical Oncology and the American Association for Cancer Research declined to sign the Society's letter seeking a nearly 61-percent appropriations increase for the CDC Division of Cancer Prevention and Control.

The letter recommended an allocation of $622 million, a $235-million increase over the current budget. According to the letter, "this amount represents merely a starting point for CDC to build greater capacity and augment its current awareness, outreach, and screening efforts in order to more effectively reach and serve all at-risk populations."

The two professional societies declined to sign the letter largely because it lacked detailed justification for the increase, sources said.

In another battle, ASCO officials and patient groups challenged ACS on its lobbying effort over the Patients' Bill of Rights. ACS urged Congress to mandate that private health insurers cover routine care costs for patients enrolled in clinical trials for all serious diseases, as opposed to just cancer clinical trials.

Sources said ACS inserted the following language into a letter from the National Health Council, a coalition of voluntary organizations, to members of a conference committee reconciling the House and Senate versions of the Patients' Bill of Rights: "We also strongly urge you not to limit… coverage to clinical trials related to cancer… Limiting coverage to one disease is not in the best interests of scientific discovery."

This language surprised ASCO and patient advocacy groups.

Though these groups support broader coverage, as a practical matter, they have advocated a narrower proposal mandating cancer clinical trials coverage by Medicare, in a demonstration project. The Medicare legislation is proposed by Sens. Connie Mack (R-FL) and Jay Rockefeller (D-WV) and Reps. Nancy Johnson (R-CT), and Benjamin Cardin (D-MD).

"How can we continue to justify cancer-specific relief in Medicare bills—which have a very real chance of succeeding—when we are at the same time saying cancer-specific coverage is not acceptable in the private sector?" ASCO president Joseph Bailes wrote in a Feb. 28 letter to Seffrin.

"If we are not careful, we will lose the support of some of the very best friends in Congress that cancer has ever had, including Sen. Mack and Rep. Johnson," Bailes wrote. "This position risks substantially undermining the efforts of the entire cancer community to achieve coverage for cancer clinical trials."

Two days later, 12 patient groups belonging to the Cancer Leadership Council similarly challenged Seffrin. "We fully endorse coverage of patient care costs for all serious and life-threatening diseases, but are not prepared to accept that coverage of cancer trials should be put on hold until that larger goal is achieved," the patient groups wrote.

Responding to the ASCO letter, Seffrin said the Society's position was misunderstood. "We would hope that Congress enacts legislation that provides the widest possible coverage for clinical trials, including cancer trials," Seffrin wrote in a letter dated March 4.

"To this end, we have continued to advocate that broad language be included in the legislation emerging from the managed care conference committee," Seffrin wrote. "It is this position which has likely been the source of the misunderstanding. The language in the National Health Council letter attempts to articulate the position that a broader, rather than a narrower cancer-only provision, should be adopted."

To dispel possible confusion on Capitol Hill, ACS sent out a three-page letter to members of the conference committee reconciling the House and Senate versions of the Patients' Bill of Rights.

Clinical Trials:

University Fires Bezwoda For Scientific Misconduct

The University of the Witwatersrand in Johannesburg last week fired a cancer researcher who admitted to misrepresenting data in a clinical trial of high-dose chemotherapy for breast cancer.

Werner Bezwoda, who resigned as chairman of hematology oncology last month following an audit of his study, was fired March 10 after a day-long disciplinary hearing, the university said.

The university called Bezwoda's conduct of the trial "a deplorable breach of ethics," and said his research records invalidated the positive findings of his study presented at the American Society of Clinical Oncology annual meeting last May.

Bezwoda plans to appeal his dismissal. "The suggestion that my methods were unethical is untrue and defamatory," Bezwoda said in a statement to the Associated Press. "Any suggestion that patient records were faked, I emphatically deny."

Bezwoda was not available for comment.

Bezwoda's studies of high-dose chemotherapy and autologous stem cell transplant or bone marrow transplant contributed to the wider acceptance of the controversial, experimental treatment (**The Cancer**

Letter, Feb. 11). Randomized trials have not confirmed a survival advantage for the therapy over standard chemotherapy for breast cancer. The trial Bezwoda presented at the ASCO plenary session last year appeared to demonstrate a significant survival advantage for high-dose chemotherapy vs. conventional chemotherapy in women with high-risk primary breast cancer.

Bezwoda also presented the study at the European Cancer Conference.

Prior to beginning a confirmatory study, the Houston-based physician practice management firm U.S. Oncology proposed and financed an audit of Bezwoda's data. A team of six physicians and a nurse reviewer found that the treatment described in the protocol for the control group did not match the treatment Bezwoda described at the ASCO and ECCO meetings.

The results of the audit team's findings were published by The Lancet on its Web site: http://www.thelancet.com/newlancet.

"There was much disparity between the reviewed records and the data presented at two international meetings," the paper said. "In addition, the reviewers saw no signed informed consent, and the institutional review committee had no record of approval for the investigational therapy. After the site visit, Bezwoda admitted scientific misconduct by using a different control chemotherapy regimen from that described in the presented data."

According to the paper, records of only 58 of the 154 patients Bezwoda enrolled in the study were made available to the auditors. None of the control gorup records were available.

The protocol provided to the auditors had the title, "CNV vs HD-CNVp in high-risk breast cancer." Bezwoda confirmed that contrary to his ASCO and ECCO abstracts, the control group received cyclophosphamide, mitoxantrone and vincristin (CNV) rather than cyclophosphamide, doxorubicin and fluorouracil (CAF).

Bezwoda admitted he had made the misrepresentation "out of a foolish desire to make the presentation more acceptable to an audience who I believed would have regarded CAF as a more familiar and more standard control arm," he said in a written statement Jan. 30.

In a statement to reporters on March 10, Bezwoda said he made a "spontaneous admission of misrepresentation regarding the method of this study…. It does not, however, invalidate my basic conclusion that high-dose chemotherapy is more beneficial than conventional dose treatment for those high-risk patients with breast cancer. The disciplinary inquiry deliberately ignored this aspect."

The auditor's findings raise a host of other questions that may be answered in further inquiry by the university, which plans an independent audit of Bezwoda's recent research and published work:

—There is still no evidence of what treatment the control group actually received.

—University officials said they do not know how Bezwoda's study was funded. There appeared to be a "loophole" in ethical clearance if an investigator used funding not from pharmaceutical companies or research grants, Peter Cleaton-Jones, chairman of the university's Committee for Research on Human Subjects, wrote in a correspondence that accompanies the audit report in The Lancet.

—The study protocol was purported to have been written in 1990, but included a reference to a 1997 paper and procedures for use of filgrastim, which was not commercially available in South Africa until 1992.

—In his ASCO presentation, Bezwoda said 60 percent of the patients in the study were black and 36 percent white. However, of the 58 patients reviewed, only 7 percent were white.

—Entry criteria in the protocol were not consistent with those in the abstracts. The auditors found that only 20 of the 58 patients had fully documented eligibility. Serious eligibility deviations included age and disease stage.

—The reviewers concluded that "the actual number of deaths in the high-dose chemotherapy group was probably understated."

The university said the Health Professionals Council of South Africa has begun an investigation regarding Bezwoda's license to practice medicine.

"We extend a heartfelt apology to the patients involved in this research," said Colin Bundy, vice-chancellor of the university. "For these women there has been rupture in the relationship of trust which should prevail in the medical profession. We will do everything possible to prevent this shocking ethical breach of individual rights of our people from ever occurring again."

In an accompanying editorial, Jonas Bergh, of the Karolinska Institute and Hospital, Stockholm, wrote an assessment of studies of stem-cell-supported high-dose consolidation chemotherapy, and concluded that the outlook for this therapy is "bleak."

"It is time to return to the drawing board, to devise strategies that reflect the heterogeneity in the biology of breast cancer," Bergh wrote. "New therapeutic concepts should be based on the molecular biology of the disease, factors that influence the course of breast cancer, and appreciation of the striking interindividual variation in biology and pharmacokinetics. Therapy is therefore likely to have to be tailored for the individual, whose tolerance of therapy and whose preferences should be taken into account."

NCI Research:

Gene Expression Data Posted On Web For Research Use

In two articles in the March issue of the journal *Nature Genetics*, scientists from Stanford University School of Medicine and NCI collaborated to report a major harvest of new data in the study of cancer.

In the first article, the scientists recorded the expression patterns of approximately 8,000 biologically interesting genes in 60 distinct tumor cell lines. All of the cell lines currently are used in NCI's national drug screening program, and they represent a range of common human tumors.

The data from the study can be accessed at: http://genome-www.stanford.edu/nci60 and http://discover.nci.nih.gov.

Patrick Brown, senior author, and a scientist at the Howard Hughes Medical Institute at Stanford University School of Medicine, said the new database provides detailed molecular profiles, which point to the inherent similarities and differences in the biology of the cell lines.

"One of the major advantages in studying these 60 tumor cell lines is that, as a part of a national program, there is a complete record of all of the drugs to which these cells have been exposed during the screening process," said Brown. "It is hard to find such a well characterized resource, especially in the clinic where most tumor samples arrive with confusing or fragmentary treatment histories."

Brown said the study, which employed a customized cDNA microarray to record the patterns of gene expression, showed reproducibly that cells from a common tissue or organ tended to have similar gene expression patterns. With a few exceptions, melanoma and leukemia cells as well as those derived from the colon, kidney, central nervous system, and ovaries tended to cluster into their own distinct subgroups, based on similarities in their gene expression program.

In the second paper, the same scientists correlated the gene-expression data in the 60 cell lines with the "activity profiles" of 1,400 compounds tested previously in the NCI drug screening program. Most of the compounds are either standard chemotherapy drugs or agents that have been tested extensively in clinical trials. The results of this analysis are posted at http://discover.nci.nih.gov.

John Weinstein, a senior author on the study and an NCI scientist, said that when a compound is tested in NCI's standard 60 tumor cell lines to evaluate its growth-inhibiting ability, it generates a characteristic activity profile.

To date, the NCI has generated activity profiles on over 70,000 compounds and stores them in an online public database at http://dtp.nci.nih.gov. When analyzed in the database, the profiles can suggest shared patterns of activity among a specific class of compounds, suggesting a common mechanism of growth inhibition and a likely point of attack against a tumor cell.

Weinstein and colleagues selected 1,376 genes from the microarray study that showed the greatest variation in expression among the cell lines. They then regrouped the cells based on similarities in the expression profiles of this smaller subset of genes. With some exceptions, as was the case in the other study, cells from the same type of cancer tended to share similar expression profiles.

The scientists next turned to the activity profiles of 1,400 compounds in the NCI drug screen database. Comparing the screening results in the 60 NCI tumor cell lines, they found that the activity profiles of these compounds correlated less strongly with cell type than did the gene expression profiles.

Looking closer at the activity profiles, the scientists identified 118 well-characterized compounds and grouped them into five broad categories, defined according to a compound's presumed general mechanism of action: DNA and DNA/RNA anti-metabolites, tubulin inhibitors, DNA damaging agents, topoisomerase I inhibitors, and topoisomerase II inhibitors.

The group next turned its attention to the gene-expression data. Applying a series of statistical calculations as their analytical tools, they compared the expression patterns of 1,376 genes with the activity profiles of these 118 compounds. The question was whether this next analysis would yield a grouping of

these compounds different from that based on their mechanism of action.

After performing the analysis, they found that the subgrouping of many, but not all, of the compounds was different, as recorded on a colorful and now online "clustered" image map that correlates information on genes, drugs, and cells. In particular, the groupings of anti-metabolite and alkylating agents changed in ways not clearly associated with their structure or mechanism of action. Moreover, while the anti-tubulin cluster did not shift, the topoisomerase inhibitors showed mechanistic distinctions among the subclasses.

"Clearly these analyses have limitations, most notably that they were performed in cultured cells and involved fewer than 10 percent of all human genes," said Weinstein. "Nevertheless, these data provide a resource from which cancer researchers can be expected to generate new ideas about the biology of tumor cells and new leads for the development of improved cancer drugs."

The first article was, "Systematic Variation in Gene Expression Patterns In Human Cancer Cell Lines." The second article is entitled, "A Gene Expression Database For The Molecular Pharmacology Of Cancer."

Funding Opportunities:

DOD Breast Cancer Program

Department of Defense Breast Cancer Research Program for 2000

Defense Appropriations Act is providing $175 million to the Department of Defense Breast Cancer Research Program to support breast cancer research.

Proposals are sought within the basic, clinical, psychosocial, behavioral, epidemiological, sociocultural, and environmental sciences; nursing; occupational health; alternative therapies; public health and policy; and economics. Proposals that address the needs of minority, low-income, rural, and other underrepresented and/or medically underserved populations are encouraged.

The BCRP will fund proposals in three categories: research, infrastructure, and training/recruitment.Four new award mechanism include:

—Clinical Bridge Awards-to support critical pre-clinical or post-clinical trial research with high potential for imminent clinical application

—Virtual Breast Cancer Center of Excellence Awards-to establish virtual, electronic centers that address an overarching problem in breast cancer (pre-proposal deadline April 19)

—Behavioral Center of Excellence Awards-to establish multidisciplinary research centers at the frontier of behavioral research

—Undergraduate Summer Research Training Program Awards-to provide research opportunities for undergraduate students and to encourage them to pursue careers in breast cancer research.

Additional award mechanisms include:

—Idea Awards

—Clinical Translational Research Awards (pre-proposal deadline April 19)

—Collaborative-CTR Awards (pre-proposal deadline April 19)

—Predoctoral Fellowship Awards

—Postdoctoral Fellowship and CTR Postdoctoral Fellowship Awards

—Career Development and CTR Career Development Awards

—Historically Black Colleges and Universities and Minority Institutions Focused Training Awards

—HBCU/MI Partnership Training Awards.

Information on award mechanisms, submission requirements and deadlines can be downloaded from the CDMRP web site at http://cdmrp.army.mil/?/announce.

RFP Available

SOL N02-CP-01037-38: New England Bladder Cancer Study

Occupational Epidemiology Branch, Division of Cancer Epidemiology and Genetics, NCI is seeking a contractor to provide support at the division level for an interdisciplinary, population-based, case-control study of bladder cancer in northern New England. The study will be a case-control study of 1200 bladder cancer incident cases and 1200 population controls in New Hampshire, Vermont and Maine.

An incrementally funded, cost-reimbursement, completion type contract will be awarded for a four-year period of performance.

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

Cancer Prevention Fellowship

Application Receipt Date: Sept. 1, 2000

The NCI program trains physicians and postdoctoral scientists in the filed of cancer prevention and control and provides: Master of Public Health Training; NCI Summer Curriculum in Cancer Prevention; Mentored research at NCI; and brief assignments at other institutions.

Inquiries: Douglas Weed, director, Cancer Prevention Fellowship Program, NCI, Executive Plaza South, Suite T-41, 6130 Executive Blvd., MSC 7105, Bethesda, MD 20892-7105, phone 301-496-8640; e-mail br24@nih.gov; web site http://dcp.nci.nih.gov/pob

RFAs Available

RFA CA-01-007: NCI Scholar's Program

Letter of Intent Receipt Date: May 8, 2000

Application Receipt Date: June 12, 2000

The NCI Scholars Program gives outstanding new investigators an opportunity to begin their independent research careers first within the intramural campuses of NCI and second to continue their careers at an institution of their choice. The program is designed to encourage new investigators by providing them with independent research funding. Funding is provided through an NCI intramural funding mechanism for up to four years followed by support for two years through an extramural funding mechanism K22 of their research program at the extramural institution to which they are recruited.

Inquiries: Lester Gorelic, Office of the Deputy Director for Extramural Sciences, NCI, Executive Plaza North, Rm 520, Bethesda, MD 20892-7390, phone 301-496-8580; fax 301-402-4472; e-mail: LG2H@NCI.GOV

RFA: Cooperative Human Tissue Network

NCI invites applications for cooperative agreements from organizations, individual institutions or consortia, interested in participating in a cooperative tissue collection and distribution network.

Inquiries: Marianna Bledsoe, Division of Cancer Treatment and Diagnosis, NCI, phone 301-496-7147; e-mail: mb80s@nih.gov

In Brief:

NCCS Appointment Marks Transition To New Structure

(Continued from page 1)

President, Secretary of the Department of Health and Human Services, and the NCI Director on activities and policies of the Institute. The board consists of 18 members appointed by the President for six-year terms. . . . **STACIA GROSSO** was appointed chief operating officer of the National Coalition for Cancer Survivorship. "Ms. Grosso's appointment marks our transition to a new business structure," said **Ellen Stovall**, NCCS executive director. "Her experiences in operations and management will bring to NCCS the tactical business skills we need in our mission-driven organization." Grosso, a healthcare management and operations specialist, was assistant vice president for accreditation at the National Committee for Quality Assurance, which assesses and reports on the quality of managed care, physician and credentials verification. Stovall said NCCS is structuring a management team to carry out an "ambitious" strategic plan over the next three years. Besides Stovall and Grosso, members of the management team include: Chief Financial Officer **Yogendra Sheth**, Director of Programs **Susan Scherr**, Director of Communications and Marketing **Donna Doneski**, and Director of Development **Jennifer Wade Greiner**. **Dean Gesme**, a practicing oncologist from Cedar Rapids, IA, is president and board chairman. . . . **REP. LOUISE SLAUGHTER** (D-NY) and 19 other members of the Congressional Caucus on Women's Issues have written a letter urging President Clinton to choose a leader in women's health research as the next director of NIH. Slaughter, co-chair of the Caucus Health Task Force, and members of the caucus said they are concerned about the "lukewarm" commitment of NIH to women's health issues. The group said the budget for the NIH Office of Research on Women' s Health Issues has barely kept up with inflation. . . . **JOSEPH TESTA**, director of the Fox Chase Cancer Center human genetics program and a cancer geneticist specializing in malignant mesothelioma and leukemia, was named the Carol and Kenneth E. Weg Chair in Human Genetics. The endowment consists of $1.5 million gift to the center's $38 million campaign for its new Research Institute for Cancer Prevention and will support Testa's research by funding laboratory personnel, equipment and supplies. . . . **RICHARD DUCHOSSOIS**, founder and chairman of Duchossois Industries Inc., will receive the James Ewing Layman Award from the Society of Surgical Oncology at its Annual Cancer Symposium in New Orleans on March 18. . . . **KATIE COURIC** and the Today Show received the Excellence in Public Health Education Award from the American Council on Science and Health for the show's week-long series on colon cancer. . . . **PENNSYLVANIA** Attorney General **Mike Fisher** said the state Bureau of Criminal Investigation has arrested three top officials of the Allegheny Health, Education and Research Foundation and charged them with illegal spending of more than $52 million in charitable endowments in an effort to prop up the ailing medical system. Charges were filed against **Sherif Abdelhak**, CEO; **David McConnell**, CFO; and **Nancy Wynstra**, general counsel. According to a grand jury, Abdelhak spent funds on a luxury box at Three Rivers Stadium, a donation to his son's high school for new locker rooms, and pay increases to lobbyists to make political contributions. AHERF filed bankruptcy in 1998.

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