

In Appropriations Hearings, Groups Seek NCI Bypass Budget, Differ On CDC Funding

Testimony of public witnesses before the Congressional appropriations subcommittees that fund cancer research showed some significant differences in funding priorities for fiscal 2001.

The American Cancer Society and National Coalition for Cancer Research requested a 61 percent, \$235-million, increase for cancer programs of the Centers for Disease Control and Prevention.

This specific increase for CDC was not requested in testimony presented by the American Association for Cancer Research. Earlier, the American Society for Clinical Oncology as well as a number of patient

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In Brief:

Tom Curran Becomes AACR President, Hong Is President-Elect; Attendance 13,000

SAN FRANCISCO—**TOM CURRAN** became president of the American Association for Cancer Research at the association's annual meeting earlier this week. Curran is chairman of the Department of Developmental Neurobiology at St. Jude Children's Research Hospital in Memphis. **Waun Ki Hong**, chairman of thoracic/head and neck medical oncology at University of Texas M. D. Anderson Cancer Center, was elected president-elect and will take office in March 2001. Other officers are treasurer **Bayard Clarkson**, head of the Laboratory of Hematopoietic Cell Kinetics at Memorial Sloan-Kettering Cancer Center, and immediate past president **Daniel Von Hoff**, director of the Arizona Cancer Center. AACR members newly elected to the Board of Directors are **Michaele Christian**, director, NCI Cancer Therapy Evaluation Program; **Lorraine Gudas**, Cornell University Medical College; **William Nelson V**, of Johns Hopkins University; **Peter Vogt**, Scripps Research Institute; and **Geoffrey Wahl**, of the Salk Institute. They replace the following members retiring from the board: **William Beck**, director of the University of Illinois Cancer Center; past president **Webster Cavenee**, of the Ludwig Institute for Cancer Research; **O. Michael Colvin**, director of the Duke Comprehensive Cancer Center; **Lynn Matrisian**, professor and vice chairman of the Department of Cell Biology at Vanderbilt University School of Medicine; and **Joseph Simone**, medical director of the Huntsman Cancer Institute at University of Utah . . . **AACR PUBLIC SERVICE** Awards were presented to **Sen. Dianne Feinstein** (D-CA) and **David Khayat**. Feinstein was honored for her strong support in Congress for

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Groups Ask Congress To Fund NCI Bypass, Differ On CDC

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advocacy groups declined to sign an ACS letter seeking the increase for CDC. Critics said the requested budget for the agency was not justified to the same extent as the NCI Bypass Budget (**The Cancer Letter**, March 17).

Nearly all groups sought the \$4.2 billion Bypass Budget level funding for NCI and a 15-percent increase for NIH. NCI received \$3.3 billion for the current fiscal year.

One advocacy group, the National Breast Cancer Coalition, didn't suggest funding targets for NCI and NIH, and asked for "increased accountability" for the money spent on breast cancer.

"The [Breast Cancer] Programmatic Review Group, which [NCI Director Richard] Klausner convened in 1998 to provide an account of NCI's plan to eradicate breast cancer, was a good beginning," said Fran Visco, NBCC president, in testimony March 21. "But many questions remain. For instance, how is funding on breast cancer research currently being spent? Who decides how it should be spent, and how are those decisions made? Is the money being spent well? And, how can we, as consumer advocates, seek to influence how the money is being spent?"

In other highlights of public witness testimony:

—NBCC asked for \$30 million per year over five years to enable the National Institute for Environmental Health Sciences to create centers of excellence that would study potential links between the environment and breast cancer. NBCC also asked for level funding of \$175 million for peer-reviewed breast cancer research within the Department of Defense.

—The National Prostate Cancer Coalition asked for doubling of the DOD spending on peer-reviewed research in prostate cancer from \$75 million to \$150 million.

—The Ovarian Cancer National Alliance asked for a 100 percent increase from \$10 million to \$20 million for the DOD peer-reviewed research program in ovarian cancer.

ACS Seeks Application of Existing Knowledge

"There are a variety of proven activities and programs we can put in place today that will help alleviate the future increase in cancer cases and death and the associated growing health care expenditures due to the booming elderly population," said Marilyn Carpenter, a breast cancer survivor from San Diego, testifying for ACS on April 5.

"These efforts place an emphasis on research, prevention, early detection, access to quality care, and research," Carpenter said in submitted testimony. "Most importantly, significance must be placed on programs outreaching to those most at-risk and in need."

ACS also asked for:

—Increased federal research on potential relationship between environment and cancer.

—Immediate assurance of coverage of routine patient care costs in all federally sponsored trials and other quality, privately-sponsored trials, such as those overseen by the FDA.

—Additional resources for HHS agencies that emphasize expanding access to primary care services, such as the Centers for Disease Control and Prevention National Breast and Cervical Cancer Early Detection Program, the REACH initiatives and the Health Resources and Services Administration Community Health Centers and National Health Service Corps.

—Increased funding to study the cancer burden among ethnic minority and medically underserved populations. "Our current national response to this problem is wholly inadequate, but your support for these initiatives can make a difference in the disparate



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



burden of cancer that exists for too many Americans,” Carpenter said.

AACR: Research, Clinical Trials Participation

In her testimony before the House subcommittee March 21, Margaret Foti, CEO of the AACR, said the Bypass Budget level funding would speed progress of research and would allow NCI to pursue several extraordinary opportunities in areas including cancer imaging, molecular targets for new therapies and preventives, and research on tobacco and tobacco-related diseases, Foti said.

Foti suggested eight initiatives aimed at accelerating progress against cancer:

—Increase the level of funding for investigator-initiated research. “Currently, less than a third of peer reviewed and approved research grant requests are funded,” Foti said. “There are just too many good research projects, which cannot be done because of a lack of funding for good research ideas.” AACR recommended increasing the NCI budget to a level that would allow moving the payline to 45 percent.

—Increase participation of cancer patients in clinical trials and increase the funding to expand our national clinical trials program. AACR recommended that participation in clinical trials for cancer patients, especially minority and underserved patients, increase from the current level of 2 percent to 10 percent.

—Provide significant increases in federal funding to attract, educate, and train more clinical and translational cancer researchers. “We must recruit new clinicians to become involved in clinical cancer research,” Foti said. “This is becoming more and more difficult as managed care tightens budgets and allows little if any time for young physicians to engage in research.”

—Double funding for cancer prevention, and establish centers of excellence to support a proactive national initiative in cancer prevention. This would include research aimed at reducing smoking, developing dietary interventions, and developing chemopreventive agents.

—Capitalize on the opportunities to create new cancer therapeutics through increased funding for cancer therapeutics consortia and public-private partnerships. “To fully leverage the strengths of all of these sectors to validate new cancer targets and increase the number of new drugs in clinical development, NCI must have the resources to fund the development of unprecedented and novel public-private partnership,” Foti said.

—Increase funding for earlier detection of cancer and ensure that these technologies are applied to all populations.

—Fund new programs to improve the quality of life.

—Increase funding to address research questions dealing with the disparity in cancer rates in minority, elderly, and underserved populations, and accelerate programs to ensure the application of current technologies to improve early detection, treatment, and prevention of cancer in these populations.

In her testimony, Foti did not offer specific funding targets for CDC. “We support increasing the budget of the CDC to ensure that programs in early detection, cancer prevention, and cancer control are sufficient to address the needs of all populations, especially those minority and underserved populations that need them most,” she said.

NCCR Testimony Supports CDC

Testifying before the House subcommittee, National Coalition for Cancer Research president-elect Donald Coffey similarly called for increasing funding for CDC, as well as for Bypass Budget level funding for NCI.

“We need to fully support the important cancer related programs at the CDC, such as the cancer registries, breast and cervical cancer detection programs, and the Environmental Health lab among others,” Coffey said in submitted testimony. “We recommend that the Committee provide \$622 million for cancer control efforts at the CDC. The combined efforts of and adequate funding for NIH, NCI, and CDC are integral to understand, prevent, diagnose, treat, and ultimately eradicate cancer.”

In his testimony, Coffey urged Congress to permit NIH to fund research on human pluripotent stem cells and strongly opposes any attempts to ban this very promising area of research.

“The NIH guidelines, which the NCCR supports, create a federal regulatory framework for appropriate applications and derivations of stem cells, require that stem cell research is accountable to federal oversight and federal reporting mechanisms, and ensure that stem cell research is pursued in an ethical and responsible manner under public scrutiny,” Coffey said.

Coffey said NCI payline should be increased to 50 percent. “The question that always comes up is, ‘Are we paying for bad research?’” Coffey said.



“It is important to realize that when President Richard Nixon declared a War on Cancer, we were funding at 40 percent of the approved grants, and today we have dropped down to 32 percent of the approved grants.

“There is little doubt that if we now extended this up to 50 percent of the approved grants that we would have a much better chance of finding discoveries at a more rapid rate. No one knows where the next major discovery will come from, and history has shown that many of the experts have often guessed wrong on this matter. It would seem apparent that funding more approved projects would increase the chances.

“I think we need to bet on more horses in the research race. We all might be surprised at which research will win, but one will win, as it did for Lance Armstrong in his fight against cancer, so he could finally reenter and win the grueling Tour De France bicycle race. I am confident that increasing our bets to funding the top 50 percent of the approved grants will prove to be a good bet for the American people.” Coffey noted the declines in the number of physicians taking post-doctoral training. “This is witnessed by the MD postdoctoral training funded by NIH (51 percent decrease in six years) and in those trainees funded by the Howard Hughes Medical Institute (57 percent decrease in two years),” he said. “These young physician-scientists are under intense pressure as funds have moved away from our nonprofit medical institutions and over to become the profits of the insurance companies.

“This shift in research funding is a tragedy that is choking the goose that lays the golden egg of research discovery for our people,” Coffey said.

NBCC Seeks Accountability

The National Breast Cancer Coalition asked the appropriations subcommittee to insist on greater accountability from NIH on the manner in which it planned to spend research funds.

The coalition also asked for a \$30 million per year appropriation for five years to allow the NIEHS to make grants for the development and operation of research centers to study environmental factors that may be related to the development of breast cancer.

Last October, Rep. Nita Lowey (D-NY) introduced a bill (H.R. 3433) to develop such centers. A Senate bill was introduced by Sen. Lincoln Chafee (R-RI).

“Breast cancer is a complex disease that occurs

in an environmentally complex world,” said Visco in testimony March 21. “It is generally believed that the environment plays some role in the development of this disease, but the extent of that role is not yet understood. NBCC believes that more research needs to be done to determine the impact of the environment on breast cancer, which has been understudied in the past. It is only when we understand what causes this disease that we will have a better idea of how to prevent it, how to treat it more effectively, and how to cure it.”

Visco said NIEHS would be the most appropriate agency to conduct this targeted research in the potential role of environmental factors in breast cancer. “Although several of the institutes at NIH, including NIEHS and the NCI already conduct breast cancer research, we believe that a more focused effort is needed to concentrate on the environmental links to breast cancer.”

Under the initiative, the NIEHS director would make grants to public or non-profit entities for the development and operation of up to eight centers to support multi-disciplinary research on potential links between breast cancer and the environment. “The legislation would require each center to establish and maintain collaborations with community organizations in the geographic areas where the research is being conducted, and would include consumer advocates,” Visco said.

In her testimony, Visco offered sharp criticism of NIH and NCI breast cancer research and called for greater accountability for the appropriated funds. The excerpted text of her testimony follows:

“Increased funding for high quality breast cancer research has always been one of the National Breast Cancer Coalition’s goals. When the Coalition first began, we convened research hearings in Washington, at which 15 of the nation’s most prominent scientists working in the field of breast cancer testified. The purpose of these hearings was to determine how much money could be well spent on breast cancer research, and what the priority areas for that research should be.

“Nine years later, more than \$3 billion federal dollars has been spent on breast cancer research at NIH. We feel just as strongly today—as we did at our inception—about the importance of promoting research into the cause of, optimal treatments, and cure for breast cancer through increased funding, improved coordination and distribution of research funds, and recruitment and training of scientists. We



also continue believe that the ability to answer questions regarding how the money is being spent and whether it is being invested wisely are critical.

“As a member of the President’s Cancer Panel, and as a participant in the National Cancer Policy Board meetings, I have access to all of the highest-level personnel at NIH and NCI. However, despite my exposure to the ‘decision-makers’ at these institutes, I am still grappling with the best way to develop a better understanding of how funding for breast cancer research is being spent.

“This is the people’s money. We owe it the people to assure them that their investment spent wisely. Please understand, the NBCC wants as many dollars as possible to be appropriated to breast cancer research so that we can eradicate this disease as soon as possible. But, we don’t want this money to be wasted. We want to work with you to ensure that this funding is being spent well and that it is truly moving us forward toward eradicating breast cancer.

“NBCC strongly believes that most of scientists at NIH and NCI are as committed as we are to finding a cure for this disease. However, it is often difficult when one is in the midst of a process to be able to evaluate that process. We urge the committee to explore the question of whether changes may be needed in the grant mechanisms and the research structure at these institutes. We believe that any time an institution exists and grows for so many years, outside evaluation is necessary to update the way things are done or to uproot outmoded or duplicative efforts that no longer make sense.

“Moreover, there needs to be oversight outside of NIH to monitor this process. NBCC believes that it is inappropriate for a government agency to design its own oversight; rather, the public must design an oversight process that can review decisions without bias.

“We are not asking for another report. However, the Board of the NBCC has made it a priority to figure out a way to work with this committee so that we can assure our membership that the investment we’ve worked so hard to bring about is being spent well.”

Groups Seek Increases For DOD Programs

In the Department of Defense cancer research programs, the NBCC asked for the level funding of \$175 million. “This program is not only innovative, but is also incredibly streamlined,” NBCC Vice President Christine Brunswick said about the breast cancer program in March 29 testimony before the

House Appropriations Subcommittee on DOD.

Over 90 percent of the program funds finance research grants, Brunswick said. “Because there is no bureaucracy, the program is able to quickly respond to what is currently happening in the scientific community,” Brunswick said. “It is able to fill gaps, with little fuss.”

Testifying before the DOD subcommittee, NPCC Vice Chairman and CEO Bill Schwartz asked for a \$75 million increase for the prostate cancer peer-reviewed research program. The increase would be an increment toward reaching the \$200 million “business plan” developed for the program by its constituents, he said.

“The prostate cancer program is built on the successful model of the DOD breast cancer program, which has yielded remarkable treatment breakthroughs,” Schwartz said in testimony March 29. “We also believe strongly in the DOD research program because it emphasizes innovative public-private partnerships, involving biotech and pharmaceutical companies, which help federal dollars go further and yield quicker results.”

DOD also administers a \$10 million program of peer-reviewed research in ovarian cancer. Testifying before the appropriations subcommittee, the Ovarian Cancer National Alliance executive director Ann Kolker said DOD reviewed 25 grant applications made five awards. The advocacy group asked for a 100 percent increase for the program.

NCI Programs:

18 Grants Awarded To Develop Special Populations Networks

NCI announced the award of 18 grants at 17 institutions to address the unequal burden of cancer within special populations in the U.S.

The Special Populations Networks for Cancer Awareness Research and Training are intended to build relationships between large research institutions and community-based programs. The grants, worth a total of \$60 million over five years, will enable the funded institutions to create or implement cancer control, prevention, research, and training programs in minority and underserved populations, NCI officials said.

The cooperative relationships established by the networks will be used to foster cancer awareness activities, support minority enrollment in clinical trials, and encourage and promote the development of



minority junior biomedical researchers.

“This initiative is one of the largest of its kind in the federal government,” NCI Director Richard Klausner said. “It is designed to encourage people from the community to work with scientists to find ways of addressing important questions about the burden of cancer in minority communities.”

Cancer is one of the six focus areas in the Department of Health and Human Services Initiative to Eliminate Racial and Ethnic Disparities in Health (<http://raceandhealth.hhs.gov>).

The Special Populations Networks incorporates knowledge gained from the recently concluded Leadership Initiatives on Cancer within Appalachian, Black, and Hispanic populations, NCI said. Those projects focused on cancer awareness, reducing cancer incidence and mortality, increasing cancer survival, and improving access to health care within minority and medically underserved populations.

The Networks project will be carried out in three overlapping phases, NCI said. During the first year, a variety of cancer awareness activities will be implemented within targeted communities, and community groups will work with private and public sector organizations to develop project plans.

In the second and third years, researchers will focus on establishing partnerships with NCI-designated Cancer Centers, academic institutions, and NCI Clinical Trials Cooperative Groups to enhance minority participation in clinical trials and to improve training opportunities for minority scientists. This second phase is also expected to yield new ideas for additional pilot projects within the communities.

Nearly 20 percent of the more than 20,000 patients entering treatment clinical trials every year are from an ethnic minority group, NCI said.

The last two years of the project will be devoted to using information gleaned from the pilot projects developed in the second phase to develop full-fledged investigator-initiated research grant applications, as well as to enhance the infrastructure developed in the first and second phases.

“These grants will be successful in five years if they generate more grant applications,” said Otis Brawley, director of the NCI Office of Special Populations Research. “We would love to see collaboration between community groups and scientists in developing what the questions are that we need to ask. Science is about asking questions, and we need to define the questions in cancer and do research to answer the questions.

“We would like to have increased access to NCI by all populations in the U.S., and we would like to make this research self-sustaining,” Brawley said.

Harold Freeman, chairman of the President's Cancer Panel who also served as a member of the NCI Special Populations Working Group, said the grants will attempt in the third phase to develop infrastructures for research.

In a teleconference announcing the grants, Freeman said physicians need to become more aware of racial injustice in health care and noted his recent editorial in the *New England Journal of Medicine* on the subject.

“These grants are just a start in this direction,” Freeman said. “NCI, through its director, Rick Klausner, is very aware of this problem and is trying to create awareness of this problem. We are suggesting we need to make doctors aware of this problem, but also monitor the health care provided to our population.”

Improved patient education also would help reduce health disparities, said Amelie Ramirez, associate professor at Baylor College of Medicine and one of the funded investigators. “Our populations don't know where to go for services,” she said.

Following are the grantees and descriptions of their proposed work:

Edward Partridge, University of Alabama at Birmingham. The Deep South Network for Cancer Control will focus on African-American populations in two poor rural areas, the Black Belt of Alabama and the Delta of Mississippi, and two urban areas, Jefferson Metro and Hattiesburg/Laurel Metro.

Michael Lobell, University of Arizona, Tucson. Develop programs to improve cancer care for more than 100,000 Indian people from the small Cocopah tribe in Arizona to the widely dispersed Paiute tribe in Nevada and Utah. Cancer awareness will be promoted through educational programs and health fairs.

Deborah Erwin, University of Arkansas, Little Rock. Establish the Arkansas Special Populations Access Network to address the greater risk of Arkansans developing and dying from lung, head and neck, breast, and prostate cancers; will foster partnerships to promote cancer control throughout the state.

F. Allan Hubbell, University of California, Irvine. Establish the Pacific Islander Cancer Control Network to improve cancer awareness, enhance recruitment to clinical trials, and increase the number



of researchers among American Samoans, Tongans, and Chimorras/Guamanians in the U.S.

Estevan Flores, University of Colorado, Denver. Build a network among 20-25 Latino community-based health clinics and other organizations in the Greater Denver Metro Area. Cancer awareness and education projects will be based on existing associations and past intervention/education activities.

Elmer Huerta, MedStar Research Institute, Washington, DC. The Latin American Cancer Research Coalition will promote cancer awareness, behavior change, and participation in clinical trials among the Central and South American immigrant population in the greater DC area. Will use culturally appropriate social marketing approaches to promote health and prevent cancer.

Louis Sullivan, Morehouse School of Medicine, Atlanta. Establish the National Black Leadership Cancer Control, Research, and Training Network to implement capacity building strategies within community-based coalitions, and establish partnerships for the development of collaborative research projects.

Clayton Chong, Papa Ola Lokahi, Honolulu. Reduce incidence and mortality through the establishment of an infrastructure to promote cancer awareness and initiate cancer research, training, and control among Native Hawaiians.

Stephen Wyatt, University of Kentucky, Lexington. Establish the Appalachia Cancer Network to address critical cancer control issues, including key barriers to utilization of services and optimal cancer care, that impact rural, medically underserved populations of WV, KY, TN, VA, OH, PA, MD, and NY.

Claudia Baquet, University of Maryland, Baltimore. Focus on African-Americans in Baltimore City and rural underserved groups on the Eastern Shore and throughout Maryland; will build a network infrastructure to foster cancer awareness, enhance minority participation in research, promote training opportunities for minority researchers, and plan collaborative pilot projects.

Judith Kaur, Mayo Clinic, Rochester, MN. Address comprehensive tribal cancer control using partnerships between populations, tribes, multiple cancer centers, the NCI, and the American Cancer Society; will also develop, assess, and implement cancer education among community members.

William Redd, Mount Sinai School of Medicine, New York. The East Harlem Partnership for Cancer

Awareness will reduce barriers and increase cancer screening using a variety of methods, including focus groups, surveys, education programs, training, and collaborative research proposals.

Heike Thiel de Bocanegra, New York University School of Medicine New York. Establish the Cancer Awareness Network for Immigrant Minority Populations in the New York Metropolitan Area to increase cancer control activities through the linkage of two major initiatives at the NYU School of Medicine; will focus on Haitian, Latino, English-speaking Caribbean, Korean, and Chinese immigrants.

Moon Chen Jr., Ohio State University, Columbus. The Asian-American Network aims to increase cancer awareness, research, and training among Asian Americans in San Francisco, Los Angeles, Seattle, and New York City; will promote greater accrual of Asian Americans in clinical and prevention trials.

Grace Ma, Temple University, Philadelphia. Establish a public health infrastructure to foster comprehensive tobacco control and cancer prevention for Asian Americans; form strategic partnerships between Temple University and various other health organizations in the greater Philadelphia region.

Edith Mitchell, Thomas Jefferson University, Philadelphia. Form a multiple site network for cancer control with the National Medical Association. Initial target populations are African-Americans in DE, DC, MD, PA, VA, and WV.

Ronald Myers, Thomas Jefferson University. Develop new cancer prevention and control research programs that are culturally appropriate to minority populations in Philadelphia and feasible for implementation in community-based primary care practices that serve minorities.

Amelie Ramirez, Baylor University, Houston. Organize one national and six regional networks for cancer awareness, training and research in diverse Hispanic populations of Mexican, Puerto Rican, Cuban, or Central American origin in New York City, Chicago, Miami, San Antonio, San Diego, and San Francisco.

Funding Opportunities: **RFAs Available**

RFA CA-01-005: Minority-Based Community Clinical Oncology Program

Letter of Intent Receipt Date: June 9, 2000

Application Receipt Date: July 14, 2000

The NCI Division of Cancer Prevention is continuing



the established cancer control effort, which involves practicing oncologists who serve large minority populations in the NCI clinical trials program. The Community Oncology and Prevention Trials Research Group, DCP, invites domestic institutions with the capability and intent to serve new cancer patients largely from minority populations to apply for cooperative agreements. Currently funded MBCCOPs are also invited to respond.

Inquiries: Wort McCaskill-Stevens, DCP NCI, 6130 Executive Blvd Rm 305-D MSC-7340, Bethesda, MD 20892-7340, phone 301-496-8541; fax 301-496-8667; e-mail wm57h@nih.gov.

RFA CA-01-006: Shared Pathology Informatics Network

Letter of Intent Receipt Date: June 19, 2000

Application Receipt Date: July 24, 2000

NCI invites applications for cooperative agreements U01 from consortia—composed of a parent institution or organization and two or three additional institutions or organizations—to form a Shared Pathology Informatics Network to create a Web-based system to access data on archived human specimens at multiple institutions.

Inquiries: Jules Berman, Resources Development Branch, Cancer Diagnosis Program, NCI, Executive Plaza North Rm 700, 6130 Executive Blvd. MSC-7420, Bethesda MD 20892-7240, phone 301-496-7147; fax 301-402-7819; e-mail bermanj@mail.nih.gov.

In Brief:

AACR Honors Feinstein, Khayat

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cancer research. Khayat, of the Salpetriere Hospital, Paris, received the award for his work on the Charter of Paris Against Cancer, endorsed by more than 125 organizations around the world. The charter was publicly signed at the World Summit Against Cancer in Paris last February. . . . **ATTENDANCE** at the AACR meeting reached 13,000, of which 10,000 were scientists and 3,000 were exhibitors and others. There were 5,898 abstracts submitted. Program chairman was **Peter Jones**. . . . **MEMBERSHIP** in AACR totals 16,282 this year, up from 15,127 last year. That includes 7,380 active members, 3,054 corresponding members, 777 emeritus members, 18 honorary members, and 5,053 associate members. . . . **NEW MEMBERSHIP CATEGORIES** and changes to existing categories were approved by the AACR membership. Affiliate membership is available to oncology nurses, medical technicians, cancer center administrators, other professionals, and key members of cancer advocacy groups. Student

membership is available for undergraduate and secondary school students. In other changes, honorary members now may hold office, emeritus membership is optional beginning at age 70, there is no limitation on the term of associate membership, and international members now have full membership privileges, including the right to vote and to hold office in AACR. . . . **NEW AACR JOURNAL**, to be edited by **Daniel Von Hoff**, is planned to encompass the latest findings in molecular and cellular cancer pharmacology, molecular targets, cancer chemistry and drug discovery, cancer classification, and experimental cancer therapeutics. The emphasis will be on basic research studies with implications for cancer therapeutics, the association said. . . . **JOHN WEISBURGER** was named an honorary member of AACR at the annual meeting. . . . **AACR PROJECTS** posting a loss of \$825,000 this year on revenues of \$17.5 million due to increased expenses. The loss is expected to be offset by net assets, which total about \$9 million. . . . **NEXT ANNUAL** meeting of AACR is scheduled for March 24-28, 2001, in New Orleans. Abstract deadline is Oct. 16. Program chairman is **Stanley Korsmeyer**. . . . **VANDERBILT-INGRAM CANCER CENTER** was awarded a \$1.5 million three-year grant from Department of Defense to establish the Vanderbilt Prostate Cancer Center. The basic science grant, an example of congressional commitment to prostate cancer research which earmarked \$133 million in 1998 with a plan to increase funding by 270 percent to \$420 million by 2003, funds a multi-disciplinary team of researchers investigating the roles of signals that promote and inhibit cell growth in prostate cancer. "More than 40 centers filed letters of intent for the grant, and DOD entertained applications from 20 of those," said Robert Matusik, professor of urologic surgery and cell biology and director, VPCC. "In the end, only four of the center grants were awarded. It was an extensive exercise," he said. His colleagues in the grant include Vanderbilt-Ingram Cancer Center director Harold Moses, Benjamin Byrd, professor of oncology and Robert Coffey, Ingram Professor of Cancer Research. . . . **NATIONAL PROSTATE CANCER COALITION** has begun a free newsletter, **SmartBrief**, delivered twice weekly by e-mail. Register for the publication at: <http://www.4npcc.org>. SmartBrief provides information and resources, health and lifestyle updates, clinical research articles, legislative reports on research funding and news on NPCC's coalition partners.



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