THE CANCER LETTER INTERACTIVE

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Clinton Orders HHS To Pay Routine Care Costs For Medicare Patients On Trials

With a stroke of a pen on June 7, President Clinton put an end to one of the most protracted controversies in oncology: Medicare's refusal to reimburse patient care costs for participants in clinical trials.

"Today, after careful study, I am signing an executive memorandum directing Medicare to change its policy and remove a major barrier to seniors' participation in these trials," Clinton said in a press conference on the White House South Lawn. "Within a week, Medicare will begin to cover all the routine medical costs of participation in a clinical trial."

The document is substantially broader in scope than the bill first

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In Brief:

Phillip Sharp Named NCAB Chairman; Author, Activist Spingarn Dies Of Cancer

PHILLIP SHARP was appointed by **President Clinton** as chairman of the National Cancer Advisory Board, the White House said this week. Sharp has been a member of the NCAB since 1996. He is director of the Center for Cancer Research at the Massachusetts Institute of Technology. From 1991-1999, Sharp served as head of the Department of Biology at MIT, where he is currently an Institute Professor. Sharp's research centers on the molecular biology of tumor viruses, the mechanisms of RNA splicing, and the mechanism of activity of Tat and Rev of HIV-1. Sharp's work in 1977 provided one of the first indications of "split genes" in the cells of mammals. His discovery that genes contain nonsense segments edited out by cells in the course of utilizing genetic information is important to understanding the genetic causes of cancer. In 1993, Sharp shared the Nobel Prize in Physiology of Medicine for his discovery. The NCAB provides advice to the President, the Secretary of the Department of Health and Human Services, and the NCI Director on the activities and policies carried out by the Institute. The board consists of 18 members appointed by the President for six-year terms. . . . **NATALIE DAVIS SPINGARN**, one of the founders of the National Coalition for Cancer Survivorship, a writer on health care policy and cancer survivorship, and a former federal official, died June 6 at the Washington Home Hospice. Spingarn, a two-time survivor of breast cancer, as well as oral and skin cancers, was diagnosed with metastatic pancreatic cancer earlier this year. She was 78 and lived in Washington, DC. Spingarn was first diagnosed with breast cancer in 1974 and began writing about her experience for

(Continued to page 8)

Memo Seems To Give HHS A Role In Selecting Trials

(Continued from page 1)

introduced four years ago by Sens. Connie Mack (R-FL) and Jay Rockefeller (D-WV):

—The Rockefeller-Mack bill seeks to establish a four-year "demonstration project" aimed at assessing the cost of clinical trials to Medicare. The Clinton memorandum simply mandates that all costs should be reimbursed starting immediately, and without a sunset clause.

—Rockefeller-Mack is limited to cancer clinical trials. The administration plan covers all diseases.

—Rockefeller-Mack is limited to trials approved by NIH, cooperative groups, Departments of Defense and Veterans Affairs, qualified nongovernmental entities identified in the NIH guidelines for center support grant, as well as trials conducted under the investigational new drug or device exemptions from FDA. The executive memorandum does not define eligible trials, and therefore does not seem to limit the scope of coverage.

The text of the memorandum appears on page 3.

By signing the memorandum, the President has in effect seized the momentum of the measure that was widely viewed as Mack's legacy in cancer legislation.

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Sources said Mack, a cancer survivor who has spearheaded cancer issues on Capitol Hill, was prepared to attach his bill to any Medicare legislation that was about to move in the Senate, and was prepared to ask the Republican leadership to give him the victory. The measure had 47 cosponsors in the Senate and 163 in the House.

Also, the executive order positions the Administration to influence the debates over the Patient Bill of Rights, the legislation that applies to private insurers. Under the House version of the bill, which has the support of the Administration, insurers would have to reimburse all clinical trials.

Under the Senate version, only cancer clinical trials would be covered. Sources said the conference committee reconciling the two bills is leaning toward approving the more narrow scope of coverage contained in the Senate bill.

The clinical trials measure may have impact on the 2000 presidential campaign, too. In recent years, the Republican Congress has been consistent in giving NIH more money than the Administration sought. While these efforts may produce great benefits sometime in the future, they are not likely to generate great numbers of votes in the November elections. By contrast, Clinton's signature on the memorandum on clinical trials extends a tangible health care benefit to a crucial constituency—the elderly.

The Administration's move dovetails with Vice President Al Gore's efforts to make cancer into a major issue in his presidential campaign. Gore's speech on cancer, delivered at Emory University on June 1, is posted on his campaign web site (http://www.algore2000.com).

Mack Warns About Absence Of Standards

Though upstaged by the White House, Mack said he was pleased with the Administration's move.

"This is an exciting day for all of us who have been involved in this issue dealing with clinical trials," Mack said at a Capitol Hill press conference. "I have been asked many times, 'What are you going to try to accomplish in your last few months in the U.S. Senate?' One of those things was to make sure that the clinical trials legislation was passed, so we could give the opportunity for more people to participate in what could be life-saving medical procedures."

According to NCI figures, fewer than 3 percent of cancer patients in the U.S. are enrolled in clinical trials, though 63 percent of cancer patients are 65 or older, which makes them eligible for Medicare.

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However, only one third of patients enrolled in clinical trials fall into that age group. In breast cancer, this disparity is particularly dramatic. About 44 percent of breast cancer patients are elderly. Yet, women eligible for Medicare account for only 1.6 percent of clinical trials enrollment for that disease.

Mack said the Administration document didn't define eligible clinical trials, an omission that Mack finds troubling. "We ought to have language to make sure that trials that are funded are peer-reviewed," Mack said at the press conference. "We want to make sure that we are focusing the dollars that are going to be invested on medical procedures where science itself says that this is a good opportunity."

The apparent absence of a definition represents an about-face in the Administration's position. Earlier this year, the Administration proposed a bill that included a stringent definition of eligible trials.

That document, a copy of which was obtained by **The Cancer Letter**, includes criteria for establishing the quality of the trial and allows the HHS Secretary to approve eligible trials, taking into consideration the availability of funding. Patient and physician groups described these criteria as excessively rigid.

Though it fails to define eligible trials, the Clinton memorandum appears to give HHS a role in selecting the trials that would be eligible for Medicare reimbursement.

"The [Health Care Financing Administration] and the NIH should work with researchers prior to clinical trials designed to test the efficacy of devices or therapies that have significant implications for the Medicare program to structure those trials to produce information to inform subsequent Medicare coverage decisions," the document states.

HHS Secretary Donna Shalala said she has asked NIH Acting Director Ruth Kirschstein and NCI Director Richard Klausner to define the criteria for eligibility of trials for Medicare coverage.

"I am going to ask NIH to do it for me," Shalala said to **The Cancer Letter**. "Rick and Ruth are going to work it out. I don't think it's going to be a big issue; they just have to get the work done."

Shalala said reimbursement for patient care in clinical trials will cost Medicare about $350 million a year.

"A Glorious Day"

"The Administration came forward, and even though we worked on this very hard, they in the end decided that this was the right thing to do, and did it for that reason," said Rockefeller at the Capitol Hill press conference. "There was a blockage in the way health care research and clinical trials did not make themselves available to people who had no other hope. What Connie Mack, [House cosponsor] Nancy Johnson (R-CT) have fought for all these years was to get rid of that blockage."

Johnson said the Administration's action will accelerate the pace of research. "Without opening clinical trials to Medicare recipients, we cannot have the volume of participation we need to move forward on advances in research," Johnson said. "This is a great day for the research community and for Medicare patients."

Ellen Stovall, executive director of the National Coalition for Cancer Survivorship, said news of Clinton's plan to sign the executive memorandum took her by surprise.

The call from the White House came at around 7 p.m. on June 6, Stovall said. Earlier that afternoon, the Cancer Leadership Council, an informal group of patient organizations and professional societies, was counting off the Senate and House members who need to be won over to support the Rockefeller-Mack bill.

The good news from the White House was followed by sad news about Natalie Davis Spingarn, an author and one of the founders of the survivorship movement. Earlier that day, Spingarn, 78, died of pancreatic cancer.

"This is a glorious day for all of my friends who are senior citizens, particularly a very dear friend of NCCS, Natalie Davis Spingarn, who advocated for this issue for more than 20 years," Stovall said at the June 7 Capitol Hill press conference.

"I am glad that I have lived long enough to see this day."

Text Of Executive Memorandum

The text of the Clinton memorandum to Shalala follows:

Promoting biomedical research and ensuring that Medicare beneficiaries receive the highest quality care possible are longstanding priorities of my Administration. Over the past 3 years, with the invaluable assistance of the Vice President, my Administration has advocated and secured funding for a budget proposal that explicitly provides for Medicare coverage of services associated with cancer clinical trials, assuring that seniors and

disabled persons with cancer have access to cutting-edge treatments and helping promote the research necessary to find new treatments and cures.

Research shows that only about 1 percent of American seniors participate in clinical trials, although the elderly bear the majority of the disease burden in the United States. For example, although 63 percent of cancer patients are over 65, these older cancer patients constitute only 33 percent of all those enrolled in clinical trials. The disparity is greater for breast cancer patients—elderly women comprise 44 percent of breast cancer patients, but only 1.6 percent of women over the age of 65 are in clinical trials for the disease. These low participation rates hinder efforts to develop new therapies, because they mean that scientists often need between 3 and 5 years to enroll enough participants in a clinical trial to generate scientifically valid and statistically meaningful results.

Experts believe that coverage of all clinical trials—not just those for cancer—can lead to breakthroughs in diagnostics, treatments, and cures for many of the most devastating diseases afflicting millions of Americans of all ages. For example, we have made striking progress in treating and curing pediatric cancers, largely because of widespread participation in clinical trials. For decades now, well over 50 percent of pediatric cancer patients were enrolled in clinical trials, and today, 75 percent of cancers in children are curable.

One factor contributing to seniors' low participation rate in clinical trials is the Medicare program's failure to guarantee Medicare payment for the care associated with participation. This uncertainty regarding reimbursement often deters patients from participating in these trials, and deters physicians and other clinicians from recruiting patients, contributing to low participation rates and slowing the development of new medical treatments and diagnostic tests that could benefit the entire Medicare population.

Last December, the Institute of Medicine issued a report entitled "Extending Medicare Reimbursement in Clinical Trials," which recommended that Medicare explicitly cover routine patient care costs for participants in clinical trials. This and other recommendations by IOM, combined with your ongoing efforts to modernize Medicare's process to ensure coverage of new technology, prompted a review of Medicare's administrative flexibility to independently remove barriers to participation in clinical trials.

Following this review, you concluded that Medicare could exercise its administrative authority to provide reimbursement for routine patient care costs associated with clinical trials.

Based on the results of your Department's review and your recommendations, as well as our shared commitment to promoting critical biomedical research and to assuring that older Americans and millions of people with disabilities have access to cutting edge medical treatments, I hereby direct the Department of Health and Human Services to:

—Revise Medicare program guidance to explicitly authorize payment for routine patient care costs associated with clinical trials. The HCFA should inform all claims-processing contractors that Medicare will immediately begin to reimburse routine patient care costs and costs due to medical complications associated with participation in clinical trials.

—Launch activities to increase beneficiary awareness of the new coverage option. The HHS should educate beneficiaries and providers about this policy change, including developing an easy-to-read brochure, adding information on clinical trial coverage to future Medicare handbooks, and posting information on the HHS website.

—Establish a tracking system for Medicare payments. The HCFA should implement a system to track clinical trial spending to which Medicare contributes financial support.

—Ensure that the information gained from important clinical trials is used to inform Medicare coverage decisions. The HCFA and the NIH should work with researchers prior to clinical trials designed to test the efficacy of devices or therapies that have significant implications for the Medicare program to structure those trials to produce information to inform subsequent Medicare coverage decisions.

—Review and report back to me within 90 days on the feasibility and advisability of additional actions to promote research on issues of importance to the Medicare population, including:

a) as recommended by IOM, supporting certain clinical trials of particular importance to the Medicare population, including certain health care interventions unique to the Medicare population and clinical trials that could lead to more effective and/or less costly treatments. HHS should review IOM's recommendation to provide additional financial support for monitoring and evaluation, device implantation, and other non-covered costs for trials researching methods of care of particular importance

to Medicare beneficiaries;

b) increasing the participation of seniors in clinical trials. Specifically, the NIH should evaluate additional action to increase seniors' participation in clinical trials to ensure that researchers can determine the best therapies for older as well as younger patients; and

c) developing a registry of all ongoing clinical trials receiving Medicare reimbursement, using the information contained in current NIH and FDA clinical trial registries. This new registry would provide a comprehensive picture of ongoing trials, participation rates, and ways patients can access the trials and facilitate the HCFA?s ongoing review and oversight activities to ensure that only covered services are billed and reimbursed.

"Culmination Of Advocacy Efforts"

Following are highlights of statements released this week by cancer organizations:

Cancer Leadership Council: "The President's announcement is the culmination of a multi-year advocacy effort by cancer interests to persuade Medicare to reimburse all routine patient care costs…. The CLC is pleased that the coverage decision applies to clinical trials for all diseases as well as trials approved or supported by the NIH, the Department of Veterans Affairs, the Department of Defense, and the Food and Drug Administration. Cancer advocates have long maintained that coverage of trials sponsored by industry, but reviewed by FDA, is essential to cancer patients, for whom those trials may represent critical treatment options.

"Studies have shown that senior citizens are dramatically underrepresented in cancer clinical trials, and removing reimbursement barriers is an important step in boosting elderly Americans' participation in clinical research. The CLC pledges its support to educational and outreach efforts to physicians and patients regarding this coverage clarification. We look forward to working with the Administration on the implementation of this important benefit."

American Society of Clinical Oncology: "Clinical trials are the most crucial mechanism to transfer promising scientific discoveries directly to the millions of people with cancer," said ASCO President Lawrence Einhorn. "As more clinical trials occur, and more patients participate in these trials, we will be able to provide better treatments to patients faster than we have ever been able to before."

"Reimbursement for Medicare beneficiaries is important because people age 65 and over represent more than half of all cancer diagnoses and 60 percent of cancer deaths…. Patient access to clinical trials has been the top priority of [ASCO] for 10 years. ASCO praises the Administration's action and encourages the same commitment to providing this important benefit to all patients. The Patients' Bill of Rights legislation now before Congress would extend coverage of clinical trials to privately insured patients and could substantially increase participation that now stands at only two to three percent of adults with cancer.

"This is a long-awaited, positive step toward providing the best possible care to people with cancer. ASCO looks forward to working with the Administration to assure other aspects of the Medicare program continue on a path toward high quality cancer care."

National Breast Cancer Coalition: "Our grassroots advocates have fought hard for this both on Capitol Hill and with the Administration. This is a huge success for advocacy, for all Americans, but most of all, for those suffering from diseases who will benefit from participating in these clinical trials and from the findings these trials may provide," NBCC President Fran Visco said. "NBCC applauds President Clinton and Vice President Gore for this crucial and decisive step toward eradicating breast cancer. Currently, less than three percent of adult cancer patients in the U.S. are in clinical trials. Without clinical trials, we will never know if some of the stunning research we have seen in the laboratory will have any meaning for human beings—which of course is the goal."

American Association for Cancer Research: "This could be a major step forward in accelerating the translation of new cancer therapies, early detection technologies, and, hopefully, preventives, into a group that desperately needs them—our aging population," said Ann Barker, chairman of AACR Science Policy and Legislative Affairs. "The Medicare rule has been short sighted and a major deterrent to making real progress in our efforts to accelerate the prevention and cure of cancer. This becomes more critical each year, especially as the baby boomers become Medicare eligible.

"Now the work begins, seniors have to be educated about clinical trials and their advantages and ensuring that they have access to the highest quality trials of the best agents. This is a big job, but one that will contribute to reducing cancer mortality and bring

us ever closer to the conquest of cancer."

American Cancer Society: "The American Cancer Society believes increased access to clinical trials is a key element in the War on Cancer," said ACS President Gerald Woolam. "Today's action will remove one of the unnecessary roadblocks our seniors face in their efforts to get state-of-the-art cancer treatments through clinical trials."

"[ACS] has identified increasing access to quality scientific peer-reviewed clinical trials as one of its top priorities…. While clinical trials are often a patient's best chance at an improved quality of life and survival, currently only 1.5 percent of Medicare beneficiaries with cancer enroll in a trial. According to the Institute of Medicine report on Medicare clinical trials, lack of consistent Medicare policy toward coverage of routine patient care costs is one of the primary contributing factors."

Friends of Cancer Research: "Medicare coverage of clinical trials is a long-awaited victory for all Americans," said Ellen Sigal, chairman of FCR. "It represents a significant policy shift that will make an enormous difference in finding the answers that will save millions of lives. The participation of seniors is critical to accelerating progress on a number of research fronts, including the battle against cancer. By making clinical trials a more viable option for this heavily affected population, discoveries can move more rapidly from the lab to doctors' offices and patients. Countless Americans will be helped by bringing new and effective treatments to market more quickly."

Funding Opportunities:

Leukemia & Lymphoma Society Offers Career Awards

Leukemia & Lymphoma Society Career Development 2001

Deadlines for Career Development Awards: Scholarship, Special Fellowship and Fellowship: Preliminary (2 page) Application (submitted via website): Sept. 15. Complete Application: Oct. 1.

The Leukemia & Lymphoma Society provides support for individuals pursuing careers in basic, or clinical research in leukemia, lymphoma and myeloma. To advance the understanding, treatment, and prevention of these malignancies, three levels of support are provided as described below:

—**SCHOLAR AWARDS** - $100,000 (stipend $95,000 + $5,000 institutional overhead) per year for five years. Annual renewals are based on a non-competitive progress report review.

*Highly qualified investigators who have demonstrated their ability to conduct original research bearing on leukemia, lymphoma and myeloma.

*Are expected to hold independent faculty-level or equivalent positions.

*Not intended for the support of well-established, tenured or senior investigators.

*Have obtained substantial support for their research from a national agency.

—**SCHOLAR IN CLINICAL RESEARCH** - $100,000 (stipend $95,000 + $5,000 institutional overhead) per year for five years. Annual renewals are based on a non-competitive progress report review.

*Highly qualified investigators who have demonstrated their ability to design and conduct original clinical research on leukemia, lymphoma and myeloma for a minimum of three years.

*Are expected to hold an independent faculty-level or equivalent position.

*Not intended for the support of well-established, tenured, or senior investigators.

*Have concomitant support for their research from another source or agency.

*Preference given to applicants whose research involves the clinical trial of new or innovative applications.

—**SPECIAL FELLOW** - $50,000 (stipend $ 47,000 + $ 3,000 institutional overhead) per year for three years. Annual renewals are based on a non-competitive progress report review.

*Qualified investigators who have completed a minimum of two years of postdoctoral research training at the time of review (January) and are continuing their research under the direction of a research Sponsor.

—**FELLOW** - $40,000 (stipend $37,500 + $2,500 institutional overhead) per year for three years. Annual renewals are based on a non-competitive progress report review.

*Promising investigators with less than two years of postdoctoral research training at the time of review (January).

*Fellows are encouraged to embark on an academic career involving clinical or fundamental research in or related to leukemia, lymphoma and myeloma under the direction of a research Sponsor.

Inquiries: Applications and instructions are available from LLS website at http://www.leukemia-lymphoma.org or contact: director of research administration, phone 212-573-8484; e-mail lermandb@leukemia-lymphoma.org

RFAs Available

RFA GM-00-004: Initiative for Minority Students: Bridges to the Baccalaureate

Letter of Intent Receipt Date: Sept. 1, 2000

Application Receipt Dates: Nov. 14, 2000

National Institute of General Medical Sciences and the Office of Research on Minority Health and NIH, again

invite applications for the Bridges to the Future Program, which uses institutional education project R25 grant. The program promotes effective inter-institutional partnerships that lead to improvement in the quality and quantity of underrepresented minority students being trained as the next generation of scientists.

Inquiries: Irene Eckstrand, NIGMS, 45 Center Dr, Rm 2AS-25K, MSC 6200, Bethesda, MD 20892-6200, phone 301-594-5402; fax 301-480-2228, e-mail EckstraI@nigms.nih.gov

RFA GM-00-005: Initiative for Minority Students: Bridges to the Doctorate

Letter of Intent Receipt Date: Sept. 1, 2000

Application Receipt Date: Nov. 14, 2000

National Institute of General Medical Sciences and the Office of Research on Minority Health, NIH, once again invite applications for the Bridges to the Future Program which facilitates the transition of students from masters to doctoral degree-granting institutions. The RFA will use institutional education project R25 grant.

Inquiries: Same as the preceding RFA.

Program Announcements

PA-00-103: NIH National Research Service Award Institutional Research Training Grants

Application Receipt Dates: Jan. 10, May 10, Sept. 10 annually

NIH will award National Research Service Award Institutional Training Grants T32 for institutionally chosen individuals to participate in research training opportunities in specified areas of biomedical, behavioral, and clinical research. The NRSA program supports predoctoral, postdoctoral, and short-term research training experiences that will ensure the availability of a diverse and highly trained workforce in biomedical and behavioral research. Institutional NRSA research training grants may be made for periods up to 5 years and are renewable.

Inquiries: For NCI: Lester Gorelic and Andrew Vargosko, phone 301-496-8580; e-mail lg2h@nih.gov and av8b@nih.gov. For special NCI policies on T32 grants, refer to http://deainfo.nci.nih.gov/awards/supt32guideline.htm

PA-00-104: National Research Service Awards for Individual Postdoctoral Fellows F32

NIH awards NRSA individual postdoctoral fellowships F32 to promising applicants with the potential to become productive, independent investigators in fields related to the mission of the NIH constituent institutes and centers. Individuals may receive up to 3 years of aggregate NRSA support at the postdoctoral level, including any combination of support from institutional training grants and individual fellowship awards.

Inquiries: For NCI: Eric Bailey, phone 301-496-7344; e-mail eb157@nih.gov

In Brief:

Robert Krulwich To Give First Eleanor Nealon Lecture At NCI

(Continued from page 1)

publications including The Washington Post. Her first book, Hanging In There: Living Well on Borrowed Time, published in 1982, discussed doctor-patient communications, psychosocial, medical, and rehabilitation issues that survivors confront. Spingarn updated and expanded the book, which was published last year by Johns Hopkins University Press as The New Cancer Survivors: Living With Grace, Fighting With Spirit. Spingarn was born in New York and graduated from Vassar College. She worked as a staff assistant to Abraham Ribicoff starting in 1961 during his tenure as secretary of health, education, and welfare, and after his 1962 election as a Democratic senator from Connecticut. She returned to HEW in 1967 as assistant director for communications and training at the center for community planning. She was a speech writer for Hubert Humphrey during his 1968 presidential campaign. In the 1970s, she was a public affairs assistant at the Department of education and a commissioner of DC General Hospital. She wrote for the NCCS newsletter, Networker, and remained active in Democratic Party politics. . . . **ROBERT KRULWICH**, ABC News special correspondent who appears regularly on Nightline and Good Morning America, will be the inaugural speaker for NCI's Eleanor Nealon Extraordinary Communicators Lecture Series, June 16, at 12 noon, at the NIH Clinical Center, Masur Auditorium. Krulwich plans to discuss his experience using humor to educate, entertain, and enlighten audiences about complicated medical topics. NCI established the Eleanor Nealon Extraordinary Communicators Lecture Series to recognize outstanding communicators from technology, business, academia, and the media. The development of the series coincides with NCI's identification of cancer communications as one of its highest scientific priorities. Additional information can be found at http://dccps.nci.nih.gov/excl/. . . . **MICHAEL CALIGIURI** was named vice chairman for the Cure For Lymphoma Foundation Scientific Advisory Board. He is a professor in the Department of Internal Medicine and Molecular Virology, Immunology and Medical Genetics at Ohio State University School of Medicine and Public Health, co-director, Division of Hematology and Oncology, and associate director for

clinical cancer research at the Ohio State University Comprehensive Cancer Center. The CFL board also announced the 2000-2001 Fellowship Grant recipients, who receive two-year grants of $105,000,00. The 10 awardees are: Renier Brentjens, Memorial Sloan-Kettering Cancer Center; Yingna Cai, University of Chicago; Anatoly Grishin, Children's Hospital of Pittsburgh; Wen-son Hsieh, Johns Hopkins University; Wei Hu, Beth Israel Deaconess Medical Center; Christene Huang, Massachusetts General Hospital; Leo Luznik, Johns Hopkins Oncology Center; Robert Negm, Boston Medical Center; Béatrice Rayet, UMDNJ-Robert Wood Johnson Medical School; Sunil Arani Reddy, Stanford University. . . . **DANA-FARBER Cancer Institute** has started the David Mahoney Center for Neuro-Oncology to study the genetics of brain development and develop therapies for brain cancers and other neurological malignancies. The center, founded with a $7.4 million grant from the Charles A. Dana Foundation, will establish a central nervous system and human brain tumor gene expression data bank, develop mouse models of brain cancer, and form a program to train physician-scientists in neuro-developmental genetics and neuro-oncology. "With the discovery of new cancer-causing genes comes a tremendous opportunity to develop therapies to target these mutant genes and reverse the malignant characteristics of brain tumors," said **David Nathan**, president of Dana Farber. . . . . **WILLIAM HRUSHESKY**, professor and senior clinician investigator of medical oncology, Stratton VA Medical Center and Albany Medical College, was appointed director of research at the WJB Dorn VA Medical Center and professor in the Department of Developmental Biology and Anatomy, University of South Carolina Cancer Center, effective June 16. Hrushesky will also have an appointment in the USC School of Public Health Department of Epidemiology and Statistics. **Patricia Wood** also will move to WJB Dorn VA Medical Center as chief of medical oncology and hematology and associate professor of biology at the USC School of Math and Science and the Department of Developmental Biology and Anatomy at the medical school. . . . **PAULA RIEGER,** nurse practitioner specializing in biotherapy and cancer genetics at M.D. Anderson Cancer Center, was appointed to a two-year term as president of the Oncology Nursing Society, succeeding **Roberta Strohl**, University of Maryland Medical School. ONS made the following appointments to its board of directors: **Marcia Satryan,** Penn State University, will serve as board secretary; **Luana Lamkin** of Denver, will serve as treasurer. Continuing as Directors-at-Large are: **Barbara Rogers**, Fox Chase Cancer Center; **Patricia Jassak**, Illinois Masonic Medical Center Creticos Cancer Center in Chicago; **Mary Gullatte**, Emory University Hospital; **Karen Stanley**, DuPen, Inc. Newly elected ONS Directors-at-Large are: **Cathy Glennon**, Duke University Private Diagnostic Center; and **Ann Reiner**, Oregon Health Sciences University. ONS elected the following physicians as honorary members in recognition of their support and sustained interest at the national level: **John Durant**, American Society of Clinical Oncology; **Bernard Fisher**, National Surgical Adjuvant Breast and Bowel Project; **Frederick Golomb**, New York University Medical Center; **George Hill**, New Jersey Medical Center; and John Ultmann, University of Chicago School of Medicine. **Margaret Edson**, Pulitzer Prize winning author, received the ONS Public Service Prize for *Wit*, her play about an academic dying of advanced ovarian cancer. . . . **NATIONAL LIBRARY OF MEDICINE** made available its illustrated catalog of Islamic medical manuscripts on the World Wide Web. The collection is considered one of the three greatest in existence, according to **Emilie Savage-Smith**, of Oxford University and one of the foremost authorities on Islamic medicine. The crown jewel of the collection is a treatise written in 1094 by clinician and physician Rhazes, which experts believe is third oldest Arabic medical manuscript in the world. The collection can be viewed at http://www.nlm.nih.gov/hmd/arabic/arabichome.html. . . . **ORAL HEALTH IN AMERICA:** Racial and ethnic groups, the poor, the elderly and the young have experienced a disproportional level of oral health problems, while most middle-aged and younger Americans have experienced dramatic improvements, according to a report by Surgeon General David Satcher. The report suggests the use of common preventive oral hygiene tactics, the creation of community water fluoridation programs, the formation of tobacco cessation programs and the promotion of interventions such as the application of dental sealants and examinations for oral and pharyngeal cancer by health care providers. Satcher recommended that government policy makers and non-dental health professionals be educated about the importance of oral health. The report is available at http://www.nidcr.nih.gov/sgr/execsumm.htm.

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