

THE

# CANCER LETTER INTERACTIVE

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## Cancer Policy:

### **ASCO, AACR Call NCI Bypass Budget A Key Advocacy Tool, Seek Larger Role In Writing It**

Two oncology societies have urged NCI to open the development of its annual professional judgment budget, or "Bypass" budget, to greater input from professional organizations and patient advocacy groups.

Representatives of the American Society of Clinical Oncology and the American Association for Cancer Research said the Bypass budget has become an important tool for Congressional and public relations, and they could better advocate for cancer research if they had a greater role  
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## In Brief:

### **OSU Continues As Comprehensive Center; City Of Hope BMT Program Wins 5-Year Grant**

OHIO STATE UNIVERSITY'S Arthur G. James Cancer Hospital and Richard J. Solove Research Institute received continuation of its designation as an NCI comprehensive cancer center for another five years. The designation comes with a five-year, \$12.6 million award for early detection, diagnosis, prevention, treatment and rehabilitation programs. "This designation is a result of rigorous peer review and reflects NCI's confidence in our ability to conduct important research and clinical trials," said **Clara Bloomfield**, director of the Comprehensive Cancer Center and deputy director of the James Cancer Hospital and Solove Research Institute. "It is also important to central Ohio, because so much of our work flows back to the community in terms of outreach and education." In the past three years, Bloomfield has reorganized and revitalized the center into seven programs of over 200 researchers in 12 colleges, the university said. The NCI grant will be used for human cancer genetics, cancer prevention and control, and translational research. . . . **CITY OF HOPE'S** Bone Marrow Transplant Program was awarded a five-year, \$15.3 million grant by NCI to improve the long-term survival of BMT patients with leukemia, lymphoma, and other hematologic malignancies. The grant is a continuation of funding of the center's BMT program since it was first awarded in 1981. The program performs about 500 BMT procedures annually. Research supported by the grant includes a clinical trial of gene therapy using ribozymes to treat AIDS-related lymphoma and to diable HIV, as well as a gene therapy trial using genetically modified cells to fight leukemia and lymphoma. **Stephen Forman**, director of the  
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## Bypass Budget No Longer A "Doorstop," Groups Say

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in writing it. The National Cancer Act requires the NCI director to submit a professional judgment budget describing the Institute's research priorities directly to the President annually, without comment from NIH or the Department of Health and Human Services (thus, the term "Bypass" budget).

"With this special authority comes a special responsibility to NCI's constituents to make the Bypass [development] process an open one," Lowell Schnipper, ASCO member and chief of the Division of Hematology and Oncology at Beth Israel Deaconess Medical Center in Boston. "It would enhance the community's ability to effectively advocate for and defend spending priorities."

"This document is a very complex array of plans that involve a lot of constituencies: It's a business plan, a marketing plan, and a strategic plan," said Anna Barker, president and CEO of Bio-Nova Inc., of Portland, representing AACR. "Are we doing the right things? Do we agree on the priorities? Is there a way for us to know what is at risk, what may not be funded and what will be funded? We would like the process to be as open as possible, as broad as possible, and understand and have a role in setting those priorities."

Speaking at a June 13 meeting of the National

Cancer Advisory Board, Barker and Schnipper said NCI Director Richard Klausner vastly improved the Bypass budget and its development process since his appointment in 1995. "Years ago, I saw a Congressman using the Bypass budget as a doorstep," Barker said. The document once ran over 500 pages. The current version, for fiscal year 2001, is 100 pages.

"It has undergone a dynamic and substantive evolution, and a tremendous improvement in strategic focus," Barker said. "It's an excellent education and advocacy tool."

### Need More Review Time, ASCO Says

NCI provides drafts of each year's Bypass budget to organizations, but gives them only two weeks to submit comments, not enough time "for a serious analysis and response," Schnipper said.

Besides allowing more time for review, NCI should hold a public meeting early in the document's development process, involving a "broad spectrum" of professional societies and patient advocates, Schnipper said.

Another problem, in ASCO's view, is that proposed funding requests for Bypass budget priorities are never included in drafts, but are added in by NCI at the end of the process, Schnipper said. Funding amounts should be provided up front, and should be translated into the absolute number of programs, such as R01 grants or P01 grants, with comparisons to prior years, he said.

NCI also should indicate the basis for reducing funding in some areas and increasing it in others, Schnipper said.

Barker said AACR would like the Bypass budget to contain some sort of "progress statement" for cancer research. "We think this should be a compelling statement, tied to prior investments, related to changes in detection, prevention, and therapy, and focused on increased hope," she said.

The document also should have a "vision statement" which "should be forward looking, bold, comprehensive, and integrative, reflect a sense of urgency, and list resource requirements," Barker said.

AACR also would like to see a "significant focus" on translational research and cancer prevention in the FY 2002 Bypass budget, she said.

Beyond that, cancer researchers should be working to convince Congress that NCI should be given multi-year funding, rather than annual appropriations, Barker said. "We're going to work on that in the extramural community."



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



## **Rent Yankee Stadium?**

NCI Director Klausner said the Institute was open to suggestions, but there could be logistical problems in holding extensive open meetings on the Bypass budget. "I'm impressed by how many masters this document serves and still has to be less than 100 pages," he said.

Schnipper suggested moving back the time that NCI gives organizations the draft Bypass budget by several months.

"The issue is how to expand what you are already doing," Barker said. "If you throw it wide open, you'd have to rent Yankee Stadium to have the kind of input you'd be likely to get."

NCAB member Susan Love said the Bypass budget lacks any discussion of evaluation and accountability. "We have all plans going forward, and then we make new plans," she said. "We never have an evaluation so we can get rid of some [funding] mechanisms."

Klausner said the Bypass budgets are developed in three-year cycles, and NCI's priorities, the "Extraordinary Opportunities," remain year to year. "Maybe that needs to be clarified," he said. "We have probably just failed to communicate this. Accountability would be hard to deal with on a year by year level."

"You could evaluate at five years," Love responded.

"This is not really a budget," Barker said.

"Its not an operations budget, its a request," Klausner said. "The actual budget is where we set the paylines."

## **NCAB Member Suggests An Annual Report**

The NCAB Planning and Budget subcommittee continued the Bypass budget discussion. There, Love suggested that NCI write an annual report.

"You have business plan and you have an operations budget. How about an annual report to the shareholders, the American public?" she said. "It doesn't have to be long. And put the appendices on the Web."

"I don't think it would be that hard to come up with an annual report," Klausner replied.

Besides its usefulness for public discussion, the Bypass budget is important to NCI internally, Klausner said. "It becomes a leitmotif for how we are setting priorities," he said. "I also hear a lot from cancer centers that they use the Bypass for local strategic planning. I feel good about that."

The NCI Bypass budget—officially titled, "Plans and Priorities for Cancer Research: The Nation's Investment in Cancer Research for Fiscal Year 2001"—is posted on the Web at <http://2001.cancer.gov> and may be read online or downloaded. The online version includes additional material, including links to related information such as Congressional testimony.

Printed copies may be ordered by phone by calling 1-800-4-CANCER (1-800-422-6237).

## ***NCI Programs:***

### **Amazon Links To NCI Materials, A First For NIH Health Content**

Seattle-based Amazon.com will provide a link to NCI's books and other printed materials for cancer patients in its monthly newsletter on new health-related books, Institute officials said.

The link, the first of its kind for NIH, will take users to NCI's publications order form ( <http://publications.nci.nih.gov/> ) and includes a code for tracking the number of times the link is used, said Bernard Glassman, a special expert in informatics in the NCI Office of Science Planning and Assessment.

The link from Amazon.com is notable because it represents an effort by NCI to seek novel ways to deliver health information to cancer patients over the Internet.

NCI has maintained Web sites and online access to cancer information for many years, but primarily relied on patients and health professionals to find those sites, rather than trying to find people who were looking for information.

### **Goal To Deliver Branded Content**

"Almost everything we need to be doing for the future of cancer communication has to be aimed at delivering content, and that content should be branded," Glassman said at a recent meeting of the National Cancer Advisory Board's new Ad Hoc Subcommittee on Communication.

"It's not because we are interested in making NCI look good to people, and not because we want to make sure Congress knows the taxpayers are getting their money's worth," Glassman said. "What people need most out there is authoritative, reliable, current information, and if NCI can't be associated with that, there is no other single entity in the universe that is capable of doing it."



The NCAB subcommittee would like to help NCI improve its communications, said Susan Love, president of SusanLoveMD.com, and chairman of the subcommittee.

“We want this to be an active committee,” Love said at the June 13 meeting.

Love invited Glassman, a self-described health communications futurist, to the subcommittee’s first meeting to describe how NCI is using and might make greater use of new communications technologies to strengthen its “brand” and to provide authoritative cancer information to patients.

### **From Amazon To Colonoscopy Reminders**

When physicians have only a few minutes to talk to a patient, what’s lost is time to impart information, Glassman said. Thus, patients flock to the Internet and health-related discussion forums.

“People want knowledge, and the transfer of knowledge is caring itself,” he said.

To take advantage of new communications technologies, NCI must be able to ask itself “radical questions,” Glassman said. “How and why do we communicate the way we do? Why do we not do other things that we might be doing?”

These questions need not be rhetorical or accusing, but diagnostic. There might be good answers to why NCI isn’t doing something, and those answers would help the Institute to understand and set priorities, he said.

One of the questions Glassman said he asked was, “Why don’t we pop up on Amazon.com? When someone does a search for ‘melanoma,’ why doesn’t it say, ‘By the way, you can get a book from NCI on the subject?’ ”

The answer was to persuade the company to post a link to NCI’s publications.

Another question Glassman asked was: Why doesn’t Blue Mountain Arts, one of the first companies to offer free electronic greeting cards, develop an e-mail mammogram reminder?

The answer was to work with the company to develop breast cancer awareness “e-cards.” The sender can tailor the card to the recipient by including the person’s name, personalizing the message, and selecting music that plays when the recipient opens the card ( <http://www.bluemountain.com/> ).

The site also offers skin cancer awareness cards, as well as hundreds of cards that could be personalized for a variety of health-related messages.

However, this reporter could not find the

colonoscopy reminder card Glassman mentioned that set off the following exchange in the subcommittee meeting:

“I’m told you can now send someone a colonoscopy reminder from Blue Mountain,” Glassman said. “I haven’t seen it. If you get one of those, let me know.”

“That’s for your asshole friends,” Love interjected. “Sorry, I couldn’t resist.”

“Is this an open session?” NCI Director Richard Klausner asked. It was.

“I want everyone to read this in **The Cancer Letter**,” Klausner said. Now they have.

### **Branding NCI Publications**

Other questions Glassman said he is asking, and seeking answers to:

—“Why don’t we put more of our publications online in Adobe PDF format” so that they retain their look as NCI publications, unlike HTML format.

“We have to be like ‘Intel Inside,’” Love interjected, referring to the Intel sticker on computers than contain Intel processors.

—“Why aren’t we planning for paper-to-web connectivity?” Glassman continued. Some newspapers are adding barcodes to their printed editions so that by scanning the barcode into a Web browser, a reader can find further information.

—“Why aren’t we testing e-books?”

—“Why don’t we have a testing lab for new devices and new formats?”

—“Why don’t our press releases show up in ‘MyYahoo’” and similar news sites? They soon will, since a plan to publish NCI’s headlines in a special format called RSS was recently approved.

—“Why are we not exploiting high-speed digital printing? You can put out a 30-page, two-sided, beautiful colored book in a few seconds, and it could be totally tailored to the reader.” NCI is providing fact sheets on demand, in a project headed by Chris Thomsen, NCI’s chief of public inquiries.

—“We need to find out how people acquire information and what they do with it.”

—Can NCI deliver content to new communications devices, such as Internet appliances and wireless handheld computers. Glassman developed a method for conducting a Gail model risk assessment for breast cancer over a wireless pager.

“It asks you questions, you answer the questions, and you find out your risk of breast cancer,” he said.

“I didn’t do this because I thought it was the most



important thing we should do. I did it because there are new communications devices coming along and I want to test how effectively we can deliver information to those devices.”

In other projects:

—NCI demonstrated a method of using speech synthesis to read publications to the vision-impaired over the telephone.

—NCI developed “coNCIerge,” a glossifier that can define cancer-related terms on any Web page: <http://research.acor.org/nci/concierge.html>. A button can be posted on a Web site to allow users to send the page to coNCIerge and come back with word definitions. SusanLoveMD.com uses coNCIerge. “If there is a hard-to-understand cancer word, you can click on it and find out what it means, and it’s NCI-branded,” Glassman said.

—NCI played a role in founding the W3Ca, or World Wide Web Consortium on Cancer, a group of volunteers and cancer survivors who operate websites and listservs (**The Cancer Letter**, May 5, [http://www.cancerletter.com/cancer\\_webmasters.htm](http://www.cancerletter.com/cancer_webmasters.htm) ).

Glassman serves as the webmaster for the online version of the NCI Bypass budget ( <http://2001.cancer.gov> ).

### Regulatory Agencies: **Trials Suspended At Oklahoma Over Study Of Cancer Vaccine**

Federal health officials suspended all government-funded clinical trials at the University of Oklahoma College of Medicine in Tulsa because of concerns about the safety of patients in one cancer study.

The research suspension affects about 75 studies and represents the first major disciplinary action by the new Office for Human Research Protections of the Department of Health and Human Services.

OHRP Chief of Compliance Michael Carome sent a 17-page letter on June 29 to University of Oklahoma officials listing failings in patient protection. Most of the problems cited were related to a study of a cancer vaccine being tested in 40 patients with advanced melanoma.

The study was led by Michael McGee, vice chairman of surgery until the university relieved him of his position recently.

The department asked a private consulting group

to audit the melanoma study earlier this year. The auditors recommended that the study be closed due to safety issues related to the vaccine's production and administration.

The university disbanded the Institutional Review Board of the Tulsa campus and an oversight board from the university's Norman campus has been appointed.

### NIH Campus Report: **New Food Services Contractor Takes Over NIH Cafeterias**

While the completion of the working model of the human genome fed the imagination of scientists and politicians around the world last week and is destined to fuel the biomedical discoveries of the millennium, the humans working at NIH may be as equally stoked by the news—not as extensively reported—that the Institutes awarded a 10-year food services contract to a new contractor recently.

The perennial question of those who work or visit NIH has been why genomic sequences containing millions of As, Ts, Gs, and Cs can be sorted quickly by supercomputers, but it takes a superhuman effort to find a decent sandwich on the NIH campus in Bethesda.

According to a survey, 43 percent of NIH employees bring their own, rather than eat the cafeteria food. Guest Services Inc., a not-for-profit entity formed by Congress that held the NIH contract for 50 years, was posting sales of \$5 million a year while comparable food services facilities make sales of about \$10 million annually, a study found.

Eurest Dining Services, the new contractor selected by a panel of NIH employees, was scheduled to begin serving the major campus cafeterias on July 14. The company feeds many movers and shakers in the Washington, DC, area, including the Supreme Court, NASA's Goddard Space Flight Center, the Federal Aviation Administration, Montgomery College, Fannie Mae, Freddie Mac, Lockheed Martin, Caterpillar, Prudential, State Farm, IBM, Shell Oil, Mobil, and Chevy Chase Bank.

The contract costs NIH nothing. Eurest gains access to 20,000 employees and 5,000 contractors, and a potential earning capacity of at least \$10 million a year, according to The NIH Record, May 16.

### **“A New Dining Experience” Promised**

According to a memo sent by the NIH Office



of Research Services to the Institutes' employees recently (a copy of which was obtained by **The Cancer Letter**), Eurest has promised "a new dining experience" in the NIH cafeterias.

The contractor will "expand the variety of food types and introduce new serving concepts" such as "the 'Food Court' approach that we're used to seeing in shopping malls," the memo said.

The innovations will include:

—Sandwich Central: "A piquant array of ethnic sandwiches" that "slice into new boundaries."

—The Fresh Grille: "Center stage for sizzling feasts, served with flair and scintillating style."

—Trattoria: "An Italian restaurant pasta and pizza experience [where] scents and flavors are long remembered when accompanied by a selection of warm, crisp rolls or soft, peasant bread."

—Morning Editions: "At breakfast, the morning editions concept serves made-to-order eggs and omelets."

—Menutainment: "Brings bold presentations of your favorite foods, skillfully assembled before your eyes."

—OutTakes: "A grab and go alternative that offers many of the same featured dining facility foods pre-made and packaged for carry out convenience."

—Ritazza: "This concept will feature fresh coffees, flavored coffees, and traditional cappuccinos, espressos, café lattes, and café mochas. Fresh-baked goods and Krispy Kreme Donuts will also be offered."

—Center of Refreshment: "This concept will feature self-service beverages. Products, including bottled waters and flavored beverages will be constantly rotated from morning to evening to complement the meal being served in the dining facility."

Finally, for dessert—what's that? You say you couldn't possibly have another food services concept? Come on, they always save the best concepts for last. Just one more:

—Double Treat Bakery: "Rich, tempting desserts, a classic indulgence of chocolate, nuts, raisins, almonds, and coconut to name a few, are brought together in a sinful array of impulsive selections to satisfy that special craving."

Enough!

Eurest Dining Services serve cafeterias in NIH Buildings 1, 31, 35, 45, and 10 B1 and ACRF, including the Cyber Café Coffee Bars in the new Building 40 and in the Building 10 lobby. Hours vary.

### Funding Opportunities:

## **Pharmacia Oncology Offers Breast Cancer Research Funds**

### **Pharmacia Oncology Ellence Research Fund for Breast Cancer Research**

Proposal Submission Deadline: Aug. 15, 2000

Pharmacia Oncology will underwrite a \$1 million research fund for selected projects in breast cancer research in honor of the first million women treated with Ellence worldwide.

The Fund will consider developmental, clinical, nursing, pharmacoeconomic and pharmacologic research projects that advance anthracycline research. Recipients will be announced in October.

Mail proposals to: Benjamin Winograd, vice president, Global Medical Affairs- Oncology, Pharmacia Corp., 100 Route 206 North, Peapack, NJ 07977.

## **RFP Available**

### **N02-CP-11003-38: Multi-Disciplinary Investigations of Environmental Causes of Cancer**

The NCI Environmental Epidemiology Branch, Epidemiology and Biostatistics Program, is re-competing a contract to assist with multi-disciplinary investigations of environmental causes of cancer (contract No. N01-CP-60537 with Westat Inc.) which will support a number of diverse studies.

The contract permits focused preliminary studies, including pilot efforts for larger investigations. Support services provided by the contract include the development of liaison with organizations and individuals at the local, national, or international level whose cooperation is needed for the conduct of the studies; the design and development of forms required to conduct field investigations; the hiring, training, and supervision of technical personnel; the actual collection of the required data; the tracing of individuals, obtaining either a current address or death certificate; and the data reduction activities involved in field investigations. The contractor also must provide field supervision and develop control mechanisms to ensure the quality of activities of all aspects of each study. The solicitation will include one mandatory evaluation criteria: 1) the offeror must demonstrate how it will accomplish the task of attendance at face-to-face discussions, on a nearly daily basis, between NCI project officers and the project director in order to monitor and review



progress on project activities. It is anticipated that an incrementally-funded, cost-reimbursement, term type contract will be awarded for a five-year period of performance. The estimated level of effort for this contract is 50,000 hours.

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](mailto:kh175r@nih.gov)

## **RFAs Available**

### **RFA AT-00-002: Exploratory Program Grants for Frontier Medicine Research**

Letter of Intent Receipt Date: Aug. 7, 2000

Application Information Meeting: Sept. 7, 2000

Application Receipt Date: Nov. 14, 2000

Despite the broad use of complementary and alternative medicine treatments there is a relative paucity of data that convincingly demonstrates safety, efficacy, effectiveness, and mechanisms of CAM practices. A similar conclusion was reached in a 1990 report on unconventional cancer treatments by the U.S. Office of Technology Assessment.

National Center for Complementary and Alternative Medicine will establish Exploratory Program Grants for Frontier Medicine Research, to create an infrastructure to advance this field of biomedical research by providing the institutional support and resources necessary for rigorous scientific investigation. The mechanism of support will be through the NIH P20 Exploratory Grants mechanism, which supports the full range of research and development from basic to clinical and intervention.

Inquiries: Neal West, program officer, National Center for Complementary and Alternative Medicine, Bldg. 31, Rm 5B58, Bethesda, MD 20892-2182, phone 301-402-5867; fax 301-402-4741; e-mail [westn@od.nih.gov](mailto:westn@od.nih.gov)

### **RFA DE-00-005: State Models for Oral Cancer Prevention and Early Detection**

Letter of Intent Receipt Date: Dec. 15, 2000

Application Receipt Date: Feb. 16, 2001

National Institute of Dental and Craniofacial Research and NCI invite applications from eligible institutions for research leading to the development of state models for oral cancer prevention and early detection programs. The initiative is viewed as a first step in the use of oral health assessments as part of

an evaluation of overall systemic health. The RFA will use the exploratory/developmental grant R21 mechanism of support.

Inquiries: For NCI, Cathy Backinger, Division of Cancer Control and Population Sciences, NCI, 6130 Executive Blvd, EPN 4044, Rockville, MD 20852, phone 301-496-8584; fax 301-496-8675; e-mail [cb270r@nih.gov](mailto:cb270r@nih.gov)

## **Program Announcements**

### **PAS-00-112: Technologies for Closing DNA Gaps and Improving Methods for Obtaining the Sequence of Difficult-to-Sequence Regions**

National Human Genome Research Institute invites applications to develop strategies and technologies for obtaining DNA sequence in the gaps that, due to limitations in available cloning and sequencing technology, will remain in essentially finished genomic sequence.

NHGRI encourages development of novel approaches that will allow completion of the DNA sequence within the gaps that will improve the efficiency of sequencing in genomic regions that have proved difficult to sequence. The PA will use the NIH regular research grant R01 and exploratory/developmental grant R21 mechanisms.

Inquiries: Jane Peterson, Division of Extramural Research, NHGRI, 31 Center Drive, Rm B2B07, Bldg 31, MSC 2033, Bethesda, MD 20892-2033, phone 301-496-7531; fax 301-480-2770; e-mail [Jane\\_Peterson@nih.gov](mailto:Jane_Peterson@nih.gov)

### **PA PAS-00-121: Small Grants for Geographic-Based Research in Cancer Control and Epidemiology**

Letter of Intent Date: Oct. 9, 2000 and June 14, 2001

Application Receipt Date: Nov. 13, 2000 and July 19, 2001

The PA will facilitate interdisciplinary collaborations among researchers to promote appropriate use of the recently published Atlas of Cancer Mortality in the U. S., 1950-1994 (<http://www.nci.nih.gov/atlas>) to examine geographic variations in cancer and to study the factors that may contribute to the variations.

It also will facilitate integration of new Geographic Information Systems tools for epidemiologic and behavioral research, cancer surveillance and control research, promote development of GIS methodology, and encourage



researchers to integrate different types and geographic levels of data in epidemiologic research and in planning, implementation and evaluation of cancer-related programs. The PA will use the NIH small grants award mechanism R03.

Inquiries: Burdette Erickson, Division of Cancer Control and Population Sciences, NCI, 6130 Executive Blvd., Rm. 240H, Bethesda, MD 20892, phone 301 435-4913; fax 301 402-4279; e-mail [be13u@nih.gov](mailto:be13u@nih.gov)

**PA PAS-00-120: Geographic-Based Research in Cancer Control and Epidemiology**

Letter of Intent Date: Oct. 9, 2000 and June 14, 2001

Application Receipt Date: Nov. 13, 2000 and July 19, 2001

The PA will facilitate interdisciplinary collaborations among researchers to promote appropriate use of the recently published Atlas of Cancer Mortality to examine geographic variations in cancer and to study the factors that may contribute to the variations. The mechanism of support will be NIH research project grant R01.

Inquiries: Same as the preceding PA.

*In Brief:*

**Dipersio Is Chief Of Oncology At Washington University**

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hematology/bone marrow transplantation at City of Hope, is the principal investigator of the grant. **John Zaia**, director of virology at the Beckman Research Institute, is co-principal investigator. Other research project leaders include **Don Diamond, Michael Jensen, Andrew Raubitschek, K.K. Wong, Jiing-Kuan Yee, Marilyn Slovak, Smita Bhatia, Joyce Niland, and Larry Couture**. . . . **JOHN DIPERSIO**, professor of medicine, pathology and pediatrics, and the Lewis T. and Rosalind B. Apple Chair in Oncology at Barnes-Jewish Hospital, was appointed chief of the new Division of Oncology at Washington University School of Medicine in St. Louis. The division will have four sections: molecular oncology, stem cell biology, medical oncology, and bone marrow transplantation and leukemia. **Douglas Dean**, professor of medicine and cell biology and physiology, will direct the molecular oncology section. **Timothy Ley**, the Alan A. and Edith Wolff Professor

of Medicine, will direct the stem cell biology section. **DiPersio**, who conducts research on mouse models of leukemia and bone marrow and stem cell transplants, will direct the remaining two sections of the division, said **Kenneth Polonsky**, the Adolphus Busch Professor and head of the Milliken Department of Internal Medicine at WUSM. . . . **FDA ONCOLOGY TOOLS** Web site organizes cancer drug information in a searchable database with full product labels and approval summaries, as well as toxicity criteria, performance status, disease staging, and a dose calculator. The site is available at <http://www.fda.gov/cder/cancer>. **Steven Hirschfeld** of the Division of Oncology Drug Products led the effort to establish the site. . . . **CURE FOR LYMPHOMA FOUNDATION** appointed four new members to its Scientific Advisory Board: **Fernando Cabanillos**, chairman of the Lymphoma/Myeloma Department, M.D. Anderson Cancer Center; **Sandra Horning**, professor of medicine at Stanford University School of Medicine; **Ronald Levy**, professor of medicine and chief of the Division of Oncology, Department of Medicine, at Stanford University; and **Margaret Shipp**, director of the Lymphoma Program, Dana-Farber Cancer Institute and Dana-Farber/Harvard Comprehensive Cancer Center. Board chairman is **Joseph Bertino**, chairman of the Program of Molecular Pharmacology and Therapeutics at Memorial Sloan-Kettering Cancer Center. Vice-Chairman is **Michael Caligiuri**, co-director, Division of Hematology and Oncology, and associate director for clinical cancer research at The Ohio State University Comprehensive Cancer Center. . . . **AMERICAN CANCER SOCIETY** recently funded nine studies totaling \$5 million addressing cancer issues among the poor and underserved. . . . **ROSWELL PARK** Cancer Institute recently hired Protul Shrikant and James Clements for its immunology department. Shrikant was a four-year National Multiple Sclerosis Society Fellow at the Center for Immunology, University of Minnesota. Clements was a faculty member in the department of pathology at the University of Pennsylvania. . . . **JACK ROMANO** Men's Cancer Research Fund was established by the Florida Cancer Education Network Inc., a non-profit organization. The fund, located at the H. Lee Moffitt Cancer Center and Research Institute, supports basic and clinical research on prostate cancer. For further information contact FCEN at phone 813-806-2800.





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