THE CANCER LETTER INTERACTIVE

Vol. 26 No. 36
Oct. 6, 2000

© Copyright 2000 The Cancer Letter Inc.
All rights reserved.
Price $275 Per Year

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

Cancer Centers Win Majority Of Grants In Recent NCI RFAs, Klausner Tells AACI

PITTSBURGH—Scientists at NCI-designated cancer centers have received well over half of the grants funded through the Institute's recent large research initiatives, NCI Director Richard Klausner said at the annual meeting of the Association of American Cancer Institutes.

New research programs such as the development of mouse models for human cancer, the Early Detection Research Network, and the RAID program for new drug discovery, will form the basis for new discoveries in cancer early detection, diagnosis, and treatment over the next several years,

(Continued to page 2)

In Brief:

Poll Finds Strong Support For Research; Yarbro Leads International Cancer Nurses

SCIENTIFIC RESEARCH has strong public support, according to a poll by Research!America, a national non-profit advocacy organization. Sixty percent of Americans said they would support doubling the funding for medical and health research over five years, and 62 percent said they would be willing to pay $1 more per week in taxes to support research. Ninety-eight percent felt it is important that the U.S. maintain its role as world leader in medical and health research, with 84 percent indicating it is *very* important. For poll graphs, visit the Web site at http://researchamerica.org/releases/2000aggregate.htm. . . .**INTERNATIONAL SOCIETY OF NURSES IN CANCER** elected its board of trustees for 2000-2004. **Connie Yarbro**, clinical associate professor at the University of Missouri, will continue as president for two more years. **Margaret Fitch**, head, oncology nursing and supportive care at the Toronto Sunnybrook Regional Cancer Centre, is the president-elect. **Wim Dellepoort**, director of clinical care at Slingeland Hospital, the Netherlands, is secretary-treasurer. . . . **R. DANIEL BEAUCHAMP**, John L. Sawyers Chair in Surgery and associate director of clinical programs for the Vanderbilt-Ingram Cancer Center, was appointed director of the Section of Surgical Sciences effective June 30, 2001. Beauchamp, whose surgical practice includes breast and gastrointestinal cancer, specializes in colorectal carcinogenesis, gastrointestinal tumor biology, epithelial growth control and the identification of molecular cancer therapy targets in his research. He will succeed **James O'Neill**, John Clinton Foshee Distinguished Chair in Surgery, who is retiring. . . . **M.D. ANDERSON CANCER CENTER**

(Continued to page 8)

Click Here for Photocopying Guidelines

Klausner Urges Centers To Look For Opportunities

(Continued from page 1)

Klausner said in an address to the Oct. 3 meeting.

Some of the programs welcome participation by scientists who were not initially funded through a Request for Applications, Klausner said. In some programs, scientists can receive funding for pilot projects.

"These sorts of RFAs are not one-shot RFAs," he said. "They are built to be semi-permeable. They have mechanisms for associate membership so that anyone with an idea can go to the Web site, find a contact" and ask to participate.

Though it appears that cancer centers are successful at grantsmanship, Klausner urged center directors to become more aware of and involved in NCI research programs.

"When I give talks at each cancer center, I am struck by how much we're doing that is not known," Klausner said. "I think it's extremely important for the cancer center directors to make sure they know about these initiatives."

Klausner suggested that the center directors look for new initiatives on the NCI Web site at http://www.cancer.gov. Last year, 84 percent of the Institute's funding increase of more than $400 million was aligned to the NCI Bypass Budget, which is posted on the site, he said.

"We think the Bypass Budget does articulate the vision of the major opportunities of the national cancer program," Klausner said.

The Institute's Bypass Budget for 2002 is scheduled to be publicly available at the end of this month, Klausner said.

The cancer centers program lost some budgetary momentum after Klausner's appointment in 1995. The program saw only modest increases that did not keep pace with NCI's total budget increases for about three years. Klausner said that was due to "rethinking" the program in 1996 to 1997, and changes in cancer center guidelines that took effect in 1998, which initially served to depress center core grants.

In the past two years, funding for the cancer centers program has increased by 30 percent, bringing the budget to $173 million last year. Klausner said he expects the program to continue to see that rate of growth over the next two years.

RFA Dollars Going To Centers

Following is Klausner's list of RFAs for which cancer center scientists were particularly successful:

—Mouse models consortium, centers received 78 percent of the total funding.

—Cancer drug discovery and smart assay initiatives, 100 percent.

—Development and application of imaging and therapeutic studies, 50 percent.

—Health communications in cancer control, 50 percent.

—Biomarkers and Early Detection Research Network, 70 percent.

—NCI Director's Challenge, 70 to 80 percent.

—Small animal imaging research program, 80 percent.

"There have been about 50 of these major initiatives that link to the Bypass Budget, and as we look at them, the fact is that the majority of the dollars are going to the cancer centers," Klausner said. "The [Specialized Programs of Research Excellence] program overwhelmingly [provides grants] to cancer centers. The SPORE program has doubled over the last five years. It's a rolling announcement that will eventually cover all cancers. It will again doubled over the next two or three years."

In another development that Klausner said would eventually help cancer center scientists, the Institute is developing a Center for Bioinformatics to develop standards for experiments, new analytic tools, and to form a gene expression analysis working group "very

THE CANCER LETTER

Member, Newsletter and Electronic Publishers Association

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

Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg
Editorial Assistant: Shelley Whitmore Wolfe

Editorial: 202-362-1809 Fax: 202-362-1681
PO Box 9905, Washington DC 20016
E-mail: kirsten@cancerletter.com or paul@cancerletter.com

Customer Service: 800-513-7042
PO Box 40724, Nashville TN 37204-0724

Subscription $275 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc. Other than "fair use" as specified by U.S. copyright law, none of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form (electronic, mechanical, photocopying, facsimile, or otherwise) without prior written permission of the publisher. Violators risk criminal penalties and $100,000 damages.

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

Click Here for Photocopying Guidelines

much analogous to the genetic analysis working group that established standards for analysis for gene mapping."

Responding to a question about the current limit of a 20 percent increase in funding for P01 grants, Klausner encouraged center directors to call him and argue if they feel funding has been disallowed unreasonably. "Even our caps are subject to judgment," he said. "We are flexible. If it's not enough, you call us and you argue."

Center Guidelines Changes

The total budget to cancer centers program has not risen as fast as the growth of the total NCI budget, Klausner acknowledged. "From all the numbers we now see, that is changing," he said. "In '96 and '97 we were involved in rethinking our approach to the cancer centers. In '97 and '98, what was happening we removed the cap on the budget, but we articulated the criteria for scientific excellence. Whether those review criteria worked are not totally depends on how you did in review. The review recommendations for a fair number of centers lowered the recommended dollars.

"In '99 and '98, now with a sorting out of the review criteria, there is now a 30 percent increase just in the last two years, a tiny bit higher than the total growth of the NCI budget," Klausner said. "Our projections for what we are seeing come in, is that the growth will continue to accelerate. The 30 percent number is a little bit misleading because it comes from a base where a to larger fraction was given to special supplements. So in fact, the core grant dollars has grown over the past two years by about 35 to 36 percent."

Klausner listed the following major changes in the new guidelines for cancer center core grants:

"The cap has been removed for the developmental funds. We removed the limit on protocol specific research support. We've removed the rebudgeting authority as a peer review elements in just left that to the operation of the director. We've tried to clarify the intent of the guidelines in response to last year's meeting about protocol specific research support, computer informatics shared resources and protocol data management services.

"We've added a fifth category of allowable uses of developmental funds and that is a pilot research projects for technology development, including informatics development. We're working on development of informatics in cancer centers. We expect to link the cancer centers to the new Center for Bioinformatics at NCI. The expectation for 2001 is to continue to add greater flexibility to the administration of the core grants, such as allowing carryover of funds from one year to the next.

"My view of this is that there is no guideline and review process that is perfect," Klausner said. "The critical thing is for us all to be communicative and flexible about hearing what's working in not working, and going back and changing it. This year, I met with the 'parent committee' [a secondary review group that reviews core grants] and we talked about these issues. We talked a lot about trying to go beyond the written word in guidelines and look for the science. We are seeing, by and large, more ambitious programs being presented, larger budgets being presented, and larger budgets being funded."

Cancer Centers Budget

"I've been asked about why, between '95 when I started and 98, we didn't grow the cancer centers budget, why does look so flat?" Klausner said. "We weren't doing anything. We didn't set a ceiling or amount. This is entirely the switch in the peer review and second review recommendations.

"I've looked at the [core grant] applications, and the applications by and large are getting more interesting, more compelling, and with no cap the dollars, presumably are going to be going up. That's fine, except we're going to have to watch whether with no cap on large budgets, what is ultimately going to happen to the budget.

"One of the issues about dealing with a growing budget is that it is terrific, but there's always this concern about our one-year budget. It is particularly fantastic if we know that not only will we get a 15 percent increase this year but will get a 15 percent increase the next year. But there are uncertainties knowing what's going to happen next and there are real problems with one-year budgets and multiple year commitments.

"The President this year asked for a 2.3 percent increase. Because of the out-year commitment costs of the previous two years of growth, we needed 7 percent to just basically do nothing new.

"Congress continues to talk about continuing for another two years this 15 percent increase per year. I certainly hope that that happens. But there's always this concern about what would happen if we went next year to a 7 percent increase. We try to be careful not to set the payline as high as we can possibly get.

We've been funding infrastructure with supplements to set up things that are scalable on yearly basis, like the RAID program. We're going to do supplements for all sorts of programs that we have, whether they are cancer centers, SPOREs, all of these networks, and we will continue to do that. That said, I certainly expect that the success rates, paylines and everything will not drop this year as they did last year. Last year, despite a 15 percent increase, we dropped the payline. We don't expect to have to do that this year.

"We had to do that because the number applications were going way up and the average cost of grants was going up such that for competing R01s there was an 18 percent increase in dollars into that line. Last year, we funded 50 percent more dollars to in the P01 line in that was unexpected."

Research Management and Administration

Klausner said a difficult problem for NCI has been the low budget allowed by Congress and the White House for management, which represents just 3.3 percent of the Institute's budget.

"Our minimum needs to be at 4.5 to 4.8 percent," Klausner said. "It was at 4.5 percent and then over the past five years, it hasn't been allowed to grow.

"This worries me," he said. "We need really good people and we need to be able to hire and pay them. The Institute needs to maintain its credibility."

* * *

DNA microarrays that allow researchers to study the activity of thousands of genes have the capability of producing data so quickly that the investigators who produce the data will be unable to analyze the results themselves, David Botstein, chairman of genetics at Stanford University School of Medicine, said at the AACI meeting.

Scientists should post their data on the Internet so that others can perform analysis, Botstein said. There will be a tremendous need for a larger labor force of people capable of analyzing this data, he said.

NCI Programs:

SPOREs In Breast, Prostate Cancers Win $12.7 Million

NCI has awarded $12.7 million in first-year funding to five Specialized Programs of Research Excellence in breast and prostate cancer.

The five-year grants will be used to conduct research in a wide range of areas involving the prevention, early detection, and treatment for both types of cancers. The SPORE grants support innovative, multidisciplinary, translational research which may have an immediate impact on improving cancer care and prevention.

Researchers at the University of California, San Francisco, led by Marc Shuman, will develop several projects specifically designed to improve treatment for advanced prostate cancer. One project will identify new prostate cancer target antigens for therapy while another will focus on identifying gene alterations and modifier genes that are responsible for the development and progression of prostate cancer. A related project will concentrate on improved treatment for the disease. First-year funding is $2.3 million.

James Dirk Iglehart will lead a collaborative effort at Dana-Farber/Harvard Cancer Center—which includes the Dana-Farber Cancer Institute, Brigham & Women's Hospital, Harvard Medical School, Beth Israel Deaconess Medical Center, and Massachusetts General Hospital, that will study genetic aspects of breast cancer. Scientists will develop functional assays for known breast cancer susceptibility genes, look for new breast cancer susceptibility genes, use both cell lines and mice to understand the molecular biology of the disease, and develop inhibitors for genes involved in disease progression. First-year funding is $2.6 million.

Program Director V. Craig Jordan will lead a team at Northwestern University's Robert H. Lurie Comprehensive Cancer Center that will study the role of diet and hormones in the prevention and development of breast cancer. Other projects will look at the molecular biology of antiestrogens and the molecular mechanism of drug resistance to these therapies. First-year funding is $2.6 million.

Researchers from the Johns Hopkins University School of Medicine were awarded a breast cancer SPORE grant, under the leadership of Nancy Davidson. Projects include the development of molecular markers involved in the classification and progression of the disease, as well as molecular strategies to improve breast cancer detection, prevention, and therapy. One strategy will be to examine vaccines for prevention and another will study DNA demethylating and histone deacetylating agents for treatment of the disease. First-year funding is $2.7 million.

Kirby Bland and researchers at the University of Alabama at Birmingham will focus on a broad range of breast cancer projects involving the development of novel retinoids for chemoprevention, the mechanism

Click Here for
Photocopying Guidelines

of tamoxifen resistance, and new treatment options using gene therapy, DNA vaccines and radioimmunotherapy techniques. First-year funding is $2.5 million.

NCI Fund Grants To Increase Minority Internet Access

NCI announced multiple awards totaling close to $1 million to develop research and programs to understand and eventually breach the "digital divide" that exists among many minority populations in accessing and using cancer information on the Internet.

The awards are an effort of NCI's Cancer Information Service to work with regional cancer control groups and organizations to test strategies aimed at increasing cancer communications in underserved communities.

"One of NCI's goals as part of its Extraordinary Opportunities in Cancer Communications is to make access to computers and the Internet as universal to all populations as the telephone is today," NCI Director Richard Klausner said. The pilot projects will be a first step toward achieving this goal, he said.

Four awards totaling $932,000 were made to existing CIS contractors and will last for one year with a possibility for six-month extensions. The awards were made to CIS institutions that will, in many cases, collaborate with local researchers, technology experts, and regional partners who serve minority and low-income populations.

The digital divide has been identified as a special problem in health care. Many studies show that certain ethnic minorities and low-income, less-educated populations suffer a disproportionate cancer burden and have limited access to electronic information about health, NCI said.

However, too little is known about certain groups' interest in and use of cancer information tools. Several of the funded projects will attempt to gather information in this area by using informant interviews and focus groups.

A list of the project awards follows:

CIS New York State (Memorial Sloan-Kettering Cancer Center) will work with a consortium of nonprofit and private sector organizations, including the Urban League, Harlem YMCA Cyberlab, Playing to Win Harlem Community Computing Center, Bell Atlantic Technology Education Center, and the North General Hospital with the Helen Fuld School of Nursing. The goal is to make basic cancer information accessible in community computer centers located in Harlem.

CIS North Central and Mid-West Regions (University of Wisconsin, Madison, and Karmanos Cancer Center) will expand the CHESS Program (Comprehensive Health Enhancement Support System) that puts personal computers and Web-based support resources into the homes of breast cancer patients. The program, already successful in Wisconsin, will be expanded to reach African-American women in Detroit.

CIS New England Region (Yale Cancer Center) will work with Head Start in inner city New Haven to bring computer skills and access to cancer information to Head Start workers and the parents of the children they serve. The goals are to determine what cancer information is most useful to the community and to leave a legacy of computer access in the Head Start center and in the homes of Head Start families.

CIS Mid-South Region (Markey Cancer Center and the Louisiana State University Health Sciences Center, La.) will introduce computer technology at meal sites in 10 senior centers in low-income areas of Louisiana with a goal of understanding which technologies are most accepted by the population and of providing cancer information in a format that is useful to senior citizens.

Cancer Panel Statement On Access To Cancer Care

The President's Cancer Panel issued the following statement earlier this month after a meeting titled, "Improving Cancer Care for All: Real People, Real Problems":

The President's Cancer Panel met with patients, survivors, family members, and caregivers Sept.14-15 at the University of Vermont School of Medicine's Vermont Cancer Center in Burlington. State health officials and health care providers also testified during two days of presentations and a two-hour town hall meeting broadcast live by Vermont Public Radio.

Speakers identified barriers that prevent equal access to the best available cancer care, including geography, economics, education, culture, attitude, and politics. Cancer care often is not available for uninsured or under-insured patients, nor is it available in rural communities, necessitating expensive and disruptive travel to cancer centers. Patients, family members, and even primary care physicians often lack the information they need to select the most

appropriate treatment plan, and the policies of health care organizations often make even basic care unaffordable. One cancer survivor said, "When you are fighting for your life, it is almost more than you can do to fight the system." A speaker who provides outreach and education services for underserved African American women stated that "changing behaviors and attitudes has no value if we do not have services in place to support those changes."

"The circle of poverty is not a closed circle," said Panel Chairman Harold Freeman as he listened to the financial hardships created by health care costs for the working poor and underinsured. Difficulties are faced even by educated, middle-class—and thus relatively empowered—Americans. How much worse is the situation for Americans who lack the financial resources, emotional support, and fighting spirit necessary to navigate the health care system?

The occasion was the second in a series of seven regional Panel meetings intended to explore why proven cancer prevention and treatment interventions are not equally benefiting all Americans. Testimony at the meeting contained graphic evidence of what Freeman calls a "disconnect" between cancer research discoveries and delivery of the knowledge gained through research.

The testimony from this meeting will be incorporated, along with information provided to the Panel during six other regional meetings and a meeting with an international focus, into a report to the President in the fall of 2001. This report will contain the Panel's conclusions and recommendations for actions that will reduce barriers to the equal application of research results for all Americans.

The President's Cancer Panel is an advisory group established by Congress to monitor the nation's efforts to reduce the burden of cancer. The Panel reports directly to the President annually on delays or blockages in that effort. For more information, visit the Panel's web site at http://deainfo.nci.nih.gov/ADVISORY/pcp/pcp.htm, call 301-496-1148, or e-mail to pcp-r@mail.nih.gov.

Science Policy:

Report Urges Better Working Conditions For Postdocs

Employment conditions for postdoctoral scholars, especially at universities, need to be significantly improved to develop the human capital necessary for a healthy research enterprise in the U.S. and to maintain the nation's global leadership in science and technology, says a new guide from a committee of the National Academies.

Since the 1960s, universities and other research organizations in the U.S. have come to rely more heavily on a growing population of postdoctoral scholars to carry out research endeavors. The postdoctoral population has more than doubled in the past 10 years to about 52,000, according to the committee's estimates.

"There are several unfortunate consequences of the rapid growth of the postdoctoral population in the United States, including embarrassingly low pay and meager benefits for many postdocs," said Maxine Singer, chairman of the National Academies' Committee on Science, Engineering, and Public Policy, and president of the Carnegie Institution of Washington.

"Although many postdocs have stimulating and productive research experiences under the supervision of attentive, thoughtful mentors, we also learned about postdocs who are neglected, even exploited, while making creative and fundamental contributions to the research projects on which they work."

While most postdoctoral students value highly their experiences and the opportunity to engage in rewarding research without competing responsibilities, many of them are dissatisfied with their situations, the report said. Postdocs frequently have uncertain status in university settings since they are not faculty, staff, or students. They often receive no clear statement of the conditions of their appointments and have no place to go to determine appropriate expectations or redress grievances.

Administrative responsibility is commonly lacking for assuring fair compensation or providing adequate benefits or job security. At times, the postdoctoral scholar is not well-matched with the research setting, guidance is poor, or a mentoring relationship with their adviser fails to develop, the guide says.

In response to these findings, the committee set forth several guiding principles for the postdoctoral experience. First, it should be viewed as an apprenticeship with the purpose of gaining scientific, technical, and other skills that advance the postdoc's professional career. Second, postdocs should receive appropriate compensation, benefits, and recognition for their contributions to research. Third, to ensure that postdoctoral appointments are beneficial to all concerned, everyone involved should agree on a clear

Click Here for
Photocopying Guidelines

and mutual understanding of the nature and purpose of the appointment.

To remedy some of the problems, the guide recommends that the entire research community follow a set of action steps:

—Institutional recognition and status should be awarded commensurate with the contributions of postdocs to the research enterprise. Postdocs should be assured access to health insurance and to institutional services. Distinct policies and standards also should be developed for postdocs in their institutions, especially universities where these policies can be molded on those already available to students and faculty. Postdocs should be invited to participate in creating standards, definitions, and conditions for appointments.

—Mechanisms for frequent and regular communication between postdocs and their advisers, institutions, and funding organizations should be developed. This communication should include initial expectations on the part of both postdoc and adviser. Advisers should submit formal evaluations, at least annually, of the performance of postdocs. Without evaluations, some postdocs may be uncertain about their standing or progress.

—Limits should be set for the total time spent as a postdoc. This should be about five years at all institutions, with clearly described exceptions, so that these scholars are able to assume professional level positions within a reasonable amount of time.

—Substantive career guidance should be provided to improve postdocs' ability to prepare for regular employment and take steps to improve the transition of postdocs to regular career positions.

—The quality of data should be improved both for postdoctoral working conditions and for the population of postdocs in relation to the availability of jobs in research. Prospective postdocs should be informed about job market demand so they can make better decisions about whether additional experience is necessary.

The committee plans to distribute the guide widely and make presentations at major meetings of scientists, engineers, and university administrators throughout the country.

An enhanced Web version, with links to best practices, discussions, and other resources, is available at http://books.nap.edu/books/0309069963/html/97.html.

Copies of "Enhacing The Postdoctoral Experience for Scientists and Engineers," are available from the National Academy Press, phone 202-334-3313 or 800-624-6242. The cost of the report is $14.95 (prepaid) plus shipping charges of $4.50 for the first copy and $.95 for each additional copy.

New Tests Rule Out Theory On Polio Vaccine-AIDS Link

Tests performed by three independent laboratories on 1950s-era polio vaccine samples from The Wistar Institute, of Philadelphia, failed to find any traces of SIV, HIV-1, or DNA indicating that chimpanzee cells were used to prepare the vaccine, according to the scientist who coordinated the testing.

Claudio Basilico, chairman of microbiology at New York University Medical Center and head of Wistar's external AIDS/Poliovirus Advisory Committee, announced the findings at a Royal Society meeting in London entitled "Origins of HIV and the AIDS Epidemic."

Taken together, the findings provide strong evidence to refute the theory that an oral polio vaccine prepared at The Wistar Institute and administered to people in the then Belgian Congo in the late 1950s provided the route of transmission for HIV or HIV-related viruses from chimpanzees to humans, as has been proposed by Edward Hooper in his book The River (Little, Brown and Co., 1999).

A linchpin in Hooper's theory is the supposition that chimpanzee cells were used in the preparation of the vaccine. For this reason, it is significant that the tests identified DNA from only one species of primate—the Asian macaque monkey, not the chimpanzee—in the Wistar vaccine samples.

The two former Wistar scientists who developed the vaccines, Hilary Koprowski and Stanley Plotkin, have long maintained that no chimpanzee cells were used in their preparation. "There is nothing in the results from these tests to support the theory that HIV entered the human population during the late 1950s poliovirus clinical trials in Africa," Basilico said. "The different tests performed by the three independent laboratories did not find any evidence of SIV or HIV in the samples nor did they find chimpanzee DNA. In fact, the laboratories were able to determine that all of the Wistar samples were grown in monkey cell cultures rather than chimpanzee cell cultures."

"We want to thank Dr. Claudio Basilico and the Wistar external AIDS/Poliovirus Advisory Committee, as well as the laboratories who generously donated their resources to this project, for shepherding these

tests through to a conclusion," said Clayton Buck, acting director of The Wistar Institute. "We trust that these results will put to rest any remaining concerns of a link between a Wistar-produced oral polio vaccine and AIDS. The findings should also serve to restore public confidence in the production and administration of vaccines and in the response of science to public inquiry."

For the tests, the Wistar samples were subdivided and coded by Vincent Racaniello, Columbia University College of Physicians and Surgeons. Sets of the samples were delivered to three independent laboratories that had agreed to perform the tests.

Funding Opportunities:

Program Announcement

PA PAR-00-141: Small Grant Program for Conference Support

Agency for Healthcare Research and Quality, is interested in supporting conferences that complement and promote the AHRQ core research by providing a mechanism for agency stakeholders and others to (1) develop health services research agendas and identify strategies and mechanisms for studying them, (2) discuss and develop consensus around health services research methodological and technical issues, (3) disseminate health services research information for formulating or evaluating health policy, managing health care programs, and using or purchasing health services, and (4) develop partnerships with stakeholder organizations and build their capacity to participate in research activities and use the results of health services research. The PA will use the conference grant Rl3 mechanism.

Inquiries: Sandra Isaacson, director, User Liaison Program, OHCI, Agency for Healthcare Research and Quality, 2101 East Jefferson St., Suite 500, Rockville, MD 20852-4908, phone 301-594-6668; fax 301-594-2035; e-mail sisaacso@ahrq.gov

NOTICE: NIH Era Commons Working Group Announcement/Solicitation

NIH is in the process of establishing a project management team to oversee the continued design, development and implementation of the NIH electronic Research Administration system, which, when fully implemented, will support the electronic administration of the entire NIH grants life cycle. Information will be received from applicant organizations into a database called the NIH Commons. NIH is seeking to recruit faculty and/or grantee organization professionals to participate on the NIH Commons Working Group.

Inquiries: George Stone, NIH, phone 301-435-0679; e-mail george.stone@nih.gov]. Formal statements should be received by Oct. 31, 2000.

NCI Contract Awards

Viral infections among persons with hemophilia. Research Triangle Institute, $11,899,817.

SBIR Phase I Topic 179, encoding surgical pathology data into standard nomenclature within XMLI. Chi Systems Inc., $99,200.

Support for Chemical, Economic, and Biological Information Needs of the Division of Cancer Biology. Technical Resources Inc., $3,548,614.

The New England Bladder Cancer Study. Westat Inc., $8,778,262.

Familial Case Control Study of Lympho-proliferative Malignancies and Autoimmune Disorders: A Population Based Record Linkage. Danish Cancer Society, $130,454; Karolinska Institute, $147,061.

Followup of DES Exposed Cohorts. Baylor College of Medicine, $1,055,668; University of Chicago, $1,356,382; Dartmouth College, $881,532; Boston University, $1,389,750; New England Medical Center Hospital, $2,045,762.

In Brief:

Oxford Univ. Receives Funds To Create Drug Design Center

(Continued from page 1)

received $1 million award to establish the Cullen Trust for Health Care Nutrition. The gift was given by the Cullen Trust for Health Care for translational laboratory research programs, nutritional research programs and equipment. . . . **OXFORD UNIVERSITY** chemistry department received $750,000 from the National Foundation for Cancer Research, a Bethesda, Md. charity that funds cancer research, to create the NFCR Center for Computational Drug Design in the UK. The virtual center with its hub in Oxford but involving collaborators in Spain, Portugal and Italy linked through the Internet, will promote international collaboration in cancer research. . . . **NIH** is funding a three-year $1.3 million study to identify immune deficiencies early among African Americans, Hispanics and other minority populations. **Charlotte Cunningham-Rundles**, of Mount Sinai School of Medicine, will direct the project along with a team of computer scientists, statisticians, nurses and health educators to develop a computer-assisted screening method. The study is a collaboration among NIH components, including NCI, to fund research that addresses health disparities.

Click Here for
Photocopying Guidelines

Copying Policy for The Cancer Letter Interactive

The software that comes with your issue allows you to make a printout, intended for your own personal use. Because we cannot control what you do with the printout, we would like to remind you that routine cover-to-cover photocopying of The Cancer Letter Interactive is theft of intellectual property and is a crime under U.S. and international law.

Here are guidelines we advise our subscribers to follow regarding photocopying or distribution of the copyrighted material in The Cancer Letter Inc. publications in compliance with the U.S. Copyright Act:

What you can do:

--Route the printout of the newsletter to anyone in your office.

--Copy, on an occasional basis, a single story or article and send it to colleagues.

--Consider purchasing multiple subscriptions. Contact us for information on multiple subscription discounts.

What you can't do without prior permission:

--Make copies of an entire issue of the newsletter. The law forbids cover-to-cover photocopying.

--Routinely copy and distribute portions of the newsletter.

--Republish or repackage the contents of the newsletter.

We can provide reprints for nominal fees. If you have any questions or comments regarding photocopying, please contact Publisher Kirsten Boyd Goldberg, phone: 202-362-1809, email: kirsten@cancerletter.com

We welcome the opportunity to speak to you regarding your information needs.

Click Here for
Photocopying Guidelines