

THE

CANCER LETTER INTERACTIVE

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

Vol. 26 No. 39
Oct. 27, 2000

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Price \$275 Per Year

Spending Bill Expected At White House Any Day Now; NIH Awaits 15% Increase

When the Labor, HHS & Education appropriations bill is finally dispatched to the White House in the next few days, NIH will get about a 15 percent increase, making fiscal 2001 the third consecutive year of such increases.

The increase will be about \$2.7 billion above fiscal 2000, and \$1.7 billion above the President's budget proposal. Last year, NIH received a \$2.3 billion increase, and in fiscal 1999, a \$2 billion boost.

The House and Senate passed the bills last summer, and the House
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In Brief:

Mass. Public Health Commissioner Koh Named To NCAB; Kovach To Direct Long Island Center

HOWARD KOH was appointed to the National Cancer Advisory Board, the White House said earlier this week. Koh is the Massachusetts Commissioner of Public Health. Previously, he served as director of cancer prevention and control at Boston University Medical Center and professor of dermatology, medicine, and public health at Boston University Schools of Medicine and Public Health. Koh has served as a cancer control consultant to the Centers for Disease Control and Prevention, a member of the editorial board of *The Journal of Clinical Oncology*, and as principal investigator for numerous medical research grants funded by NCI and the CDC. He has authored more than 200 articles in the areas of cancer prevention, tobacco control, Asian-American health issues and skin oncology. In 1999, he was the recipient of the national Distinguished Service Award from the American Cancer Society. Koh attended Yale College and the Yale University School of Medicine, and has a Masters of Public Health from the Boston University School of Public Health. Koh is one of only a few physicians in the U.S. to hold board certifications in four medical fields (internal medicine, hematology, medical oncology, and dermatology) as well as a public health degree. . . . **JOHN KOVACH** was named Founding Director of the Cancer Institute of Long Island at the University at Stony Brook, university President **Shirley Strum Kenny** and Vice President for the Health Sciences Center and School of Medicine Dean **Norman Edelman** announced on Oct. 23. Kovach was executive vice president for medical and scientific affairs at City of Hope National Medical Center and Beckman Research Institute in Los Angeles for the past six years. Kovach will be responsible for achieving Stony Brook's mission of
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Appropriations Bill Likely To Go To White House Soon

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and Senate conference reconciled the two bills on July 27. However, with all the work done, legislators did not send the final version of the legislation to the President.

"We did not add one signature to the conference report because we didn't want to be in a position where the bill was sent to the President," said Sen. Arlen Specter (R-Pa.) in a floor statement Oct. 17. Instead, the Republican leadership has been negotiating with the White House to put together a bill that the President would sign.

The issues blocking the bill's progress are not related to financing biomedical research.

Republicans on the Hill are challenging the Administration's plans for revision of the tax system and school finance. The Administration wants to spend \$2.7 billion on construction of schools and hiring new teachers. Congressional Republicans want to leave it to the school boards to decide how these funds would be spent.

One approach discussed by the Hill leadership and the Administration involves adding money to the Labor-HHS bill, a move that would move it beyond the \$106.2 billion. Earlier this week, Senate Labor-HHS subcommittee Chairman Specter said he would relinquish leadership of the subcommittee rather than

sign off on the measure.

In recent weeks, Specter said repeatedly that he favored sending the bill to the President, even if that means a veto. Also, Specter objected to line-by-line budget negotiations between the Hill and the White House, arguing that the Administration's micromanagement role is unconstitutional.

"I think it's not an overstatement to say that we have a constitutional crisis in what is happening with the appropriations process and the relationship between the Congress and the President," Specter said in a floor statement Sept. 17.

Over the past three years, Labor-HHS appropriations bills ended up being wrapped into gigantic omnibus bills passed in the final days of Congressional sessions.

Clinton Signs Treatment Bill

President Clinton earlier this week signed a bill to provide treatment for women diagnosed with breast or cervical cancer through screening program run by Centers for Disease Control and Prevention.

The bill, which was passed unanimously by the House and Senate and was subject of two Saturday radio addresses by the President, was signed without ceremony on Oct. 24. The White House said a ceremony rolling out the bill would be held after the election.

Observers said the absence of fanfare reflected a deliberate effort by the White House to avoid giving credit to Rep. Rick Lazio (R-NY), one of the sponsors of the bill, and Hillary Clinton's opponent in the Senate race.

The signing of the bill means that the working poor women diagnosed through the program would no longer be given the double bad news: you have cancer, and there is no money to treat you.

The new law is a major victory for the National Breast Cancer Coalition. It was a coalition activist Jan Eik Sweigart who suggested a strategy for addressing the problem in 1996.

In the process of lobbying for the bill, the coalition encountered severe resistance in Congress and the Administration, as well as from other advocacy groups. Though several groups, including the American Cancer Society, supported the bill, it was NBCC that set the strategy and took the lead in getting it passed.

"I am happy that the ceremony will be held after the elections," said NBCC President Fran Visco. "This is not about politics. It's about women with breast cancer."



Member,
Newsletter and
Electronic Publishers
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World Wide Web: <http://www.cancerletter.com>

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



The new law allows states to change Medicaid eligibility requirements to provide treatment for women who qualify for screening, but do not qualify for Medicare and have no other health insurance.

Next, NBCC groups will lobby state legislatures to change their Medicaid rules and make use of the new law.

Bushes Restate Commitment To Dialogue

In a letter to participants of the National Dialogue on Cancer, former President George Bush said he and former First Lady Barbara Bush remain committed to the initiative to develop an overarching cancer agenda.

“Although we have been distracted a time or two lately by current events, Barbara and I have been carefully watching the progress—including many positive changes—of the National Dialogue on Cancer,” Bush wrote in a letter dated Oct. 16. “This letter is simply to let you know that we are still with and behind you every step of the way as we work toward our mutual goal: to control cancer as a major public health problem at the earliest possible time.”

The Dialogue, which has no legal structure, has spun off a committee, which is working on a plan for writing a new version of the National Cancer Act. Both entities are funded by the American Cancer Society and operate behind closed doors.

In a recent article, several legal and public health experts raised questions about appropriateness of a recent \$100,000 grant given by Centers for Disease Control and Prevention to ACS for the operation of the Dialogue.

The amorphous relationship between the Dialogue and the legislation committee make it unclear whether CDC funds would in fact support lobbying. Legal and public health experts also raised questions about the appropriateness of a multi-year sole-source cooperative agreement that funded \$850,000 worth of ACS projects over the past year. CDC is a major beneficiary of ACS lobbying (**The Cancer Letter**, Sept. 22).

In a memorandum to senior staff, ACS officials said its accounting procedures ensure that CDC funds are not used for lobbying and are properly spent. Another letter, addressed to Dialogue participants said **The Cancer Letter** story was “built on a great deal of speculation, grossly misleading and less than credible information” (**The Cancer Letter**, Oct. 20).

The Dialogue, which has about 125 participants, has held no meetings since last March, and is scheduled to meet again on Dec. 2.

“Since we last met in March, we’ve heard about many, many examples of collaboration within the cancer community that may well not have happened were it not for NDC,” Bush wrote. “That in itself is a huge accomplishment that we can all be proud of.”

The letter repeatedly urges Dialogue participants to attend the next meeting:

“Hopefully, when we meet on Dec. 2 in Washington, we will be able to continue our progress by focusing on two of our more pressing issues. Every single one of you needs to be involved in that decision-making process and then, based on your area of expertise, take an active role in how the decisions are executed. That is why it’s very important you make every effort to be with us at our meeting on Dec. 2.

“Barbara and I have come away from every single Dialogue meeting with a feeling of accomplishment and also pride in being associated with such a dedicated group of people. We have a lot of work to do, but the Dialogue has brought together the right group of people at the right time to get the job done.

“We’ll see you in December.”

Obituary:

John Ultmann, A Leader In Clinical Oncology

John Ultmann, an internationally recognized expert on Hodgkin’s disease and non-Hodgkin’s lymphoma and a professor in the department of medicine and a former director of the University of Chicago Cancer Research Center, died at his home in Hyde Park on Oct. 23 from complications of lymphoma. He was 75.

Ultmann was a pioneer in efforts to distinguish between the many different types of lymphomas. He was particularly well known for his work on precise staging of Hodgkin’s disease and the uses of staging as a guide for treatment.

“John Ultmann was an early proponent of the multi-disciplinary approach to treatment of lymphoma, which is associated with a tremendous improvement in the curability of the disease,” said Samuel Hellman, the A.N. Pritzker Distinguished Service Professor in the department of radiation and cellular oncology and former dean of the biological sciences at the university. “He was known within the university as an outstanding teacher who trained many of the current leaders in the field, as a key player in assembling the world-renowned medical oncology group here, and as a



compassionate physician who took excellent care of his patients until just a few weeks before his own death.”

Ulmann’s influence on the field of medical oncology also extended to the policy arena. He served as chairman of the Board of Scientific Counselors for the NCI Division of Cancer Treatment from 1976 to 1980, as president in 1981-82 of the American Society of Clinical Oncology, as president and chairman of the board from 1984 to 1986 of the Association of American Cancer Institutes, and as chairman from 1985 to 1990 of the National Coalition for Cancer Research.

“When the chips were down, he could always be counted on to help,” said Vincent DeVita, director of the Yale Cancer Center and former NCI director.

“When I first became director of the NCI’s treatment division, in 1974, we faced intense criticism over the drug development, screening, and clinical trials programs,” DeVita said. “The solution was to face the issues straight on, so I asked John Ulmann to chair the Board of Scientific Counselors.

“Where others would have shied away, John took it on, and with his usual charm, wit, intelligence, and extraordinary energy, helped orchestrate the biggest organizational changes ever undertaken in the treatment program,” DeVita said.

“He even brought an extra person to the table,” DeVita said. “When things got hot he would often remark: ‘my Grandmother used to say....’ and loosen up the group with a homily from Grandma or anyone else he could conjure up. He made the difficult work fun, and the changes he helped bring about have improved the lives of many thousands of cancer patients worldwide.”

At the same time that he was helping orchestrate cancer policy and funding issues, Ulmann continued to teach.

“He was someone who set very high standards, for himself and for others,” said Janet Rowley, the Blum-Riese Distinguished Service Professor of Medicine at the University of Chicago. “He showed extraordinary devotion to the medical students and young faculty, taking them to concerts and the opera, making sure they never entirely lost sight of the world beyond the hospital. Students liked John because he was very direct. You always knew where you stood with him. He let you know right away if he disagreed and you could discuss and resolve the issue.”

“He influenced a whole generation of oncologists on the importance of clinical trials and bringing

oncology forward as a clinical science,” said Richard Pazdur, director of the FDA Division of Oncology, who was a fellow at University of Chicago in the early 1980s. “He was a doctor who represented patient care, basic research, and clinical research. He was a role model to many of us. Because John Ulmann did everything and did it well, we called him ‘the Ultimate man.’”

Ulmann was born in Vienna, Austria, in 1925. At the age of 10, after his mother died of cancer, he decided to devote his life to cancer research. In 1938, his family fled the country to escape persecution, arriving in New York City on Nov. 4 of that year.

Ulmann attended the Bronx High School of Science from 1940 to 1943. Soon after graduation he became a U.S. citizen and was drafted into the Army. He served in the intelligence service during World War II and saw action in Italy. After the war, he returned to Austria where he helped identify and interrogate war criminals and gather information for their trials at Nuremberg.

In the spring of 1946, after being discharged from the Army, Ulmann enrolled in Brooklyn College. That summer, he transferred to Oberlin College. He left Oberlin in 1948 without graduating to begin medical school at the Columbia University College of Physicians and Surgeons.

As a medical student at Columbia, he worked with Alfred Gellhorn, one of the first specialists in medical oncology. They collaborated in basic and clinical research on leukemia, lymphoma, and chemotherapy for the next 20 years.

Ulmann earned his medical degree in 1952, then completed residency and a fellowship at the New York Hospital-Cornell Medical Center in 1955. After a research fellowship at Columbia, he joined the university’s faculty in 1956.

In 1968, Ulmann was recruited to the University of Chicago, where he helped revise the medical school curriculum, bringing more contact with patients into the traditionally classroom-oriented first two years of medical education.

In 1973, he coordinated the university’s successful application to NCI to form the University of Chicago Cancer Research Center. He directed the center until 1991.

“In the 1960s and 1970s, John Ulmann was a leading advocate for the precise diagnosis and staging of Hodgkin’s disease, which turned out to be extremely important in the choice of therapy,” said Harvey Golomb, professor and chairman of medicine at the



University of Chicago. “Ulmann also trained many distinguished cancer specialists, including several who are now directors of other cancer centers, such as the University of Pennsylvania and the University of Miami.”

The author or co-author of more than 400 published papers, review articles, book chapters, editorials and abstracts, Ulmann served on the editorial boards of most of the major cancer journals, including *Cancer Research*, the *Annals of Internal Medicine*, the *Journal of Clinical Oncology*, and *Blood*. He served on dozens of national and international committees. He received numerous honors, including honorary degrees from Heidelberg University and the University of Vienna, as well as an appointment as honorary professor at the Chinese Academy of Medical Sciences.

He also served as associate dean for research programs for the division of the biological sciences at the University of Chicago from 1978 to 1984 and as dean for research and development from 1985 to 1988.

In the 1990s, because of close personal connections established over the years with many patients and their families, Ulmann took on an important role in fundraising for the medical center. He was the facilitator of a \$21 million gift from the Duchossois family in 1994 to build a new ambulatory care center, the Duchossois Center for Advanced Medicine, and for establishing the John Ulmann Professorship in Medical Oncology, currently held by one of Ulmann’s former trainees, Everett Vokes, section chief of hematology/oncology at the University of Chicago.

This close doctor-patient connection originated “not only from his scientific renown, but also from Dr. Ulmann’s more personal qualities—his compassion as a physician and his commitment as a friend,” said Richard Duchossois. “It is a consequence of a relationship between a family and their doctor that has blossomed for more than a decade.”

Survivors include Ulmann’s wife of 48 years, Ruth; two daughters, Monica Ulmann, of Saint Louis, and Michelle Ulmann, of Pittsburgh; a son, Barry, of Chicago; and five grandchildren.

Donations may be made to the University of Chicago, c/o the John E. Ulmann Fund, University of Chicago Cancer Research Center, MC1140, 5841 S. Maryland Ave., Chicago, IL 60637-1470.

A memorial service will be held at the university at a later date.

NCI Programs: **Community Tobacco Control Intervention Grants Funded**

NCI awarded over \$13 million in first-year funding for its new antismoking initiative, the Research in State and Community Tobacco Control Interventions.

These 12 grants will support research on innovative tobacco prevention and control interventions at the community, state, or multistate level, and emphasize collaboration between tobacco control researchers and state-based tobacco control programs. The funds will be used for the first year of the four-year projects.

“NCI is continuing our commitment to sound scientific research to determine which interventions are most effective in reducing and preventing tobacco use among diverse populations,” NCI Director Richard Klausner said. “We know that smoking is still responsible for over one-third of all cancer deaths and that the findings of these research projects will provide important insight into how we can reduce the burden of disease and death from cancer caused by tobacco.”

State-wide programs to reduce tobacco use have combined multiple approaches in order to have the greatest impact on smoking rates. These programs emphasize mass media campaigns and policy interventions. Many more states are now planning similar investments in tobacco control programs, or are contemplating how to allocate settlement funds.

“This research initiative was established to provide critical information about the separate and combined effects of these interventions,” said Scott Leischow, new chief of the Tobacco Control Research Branch. “If the interventions are effective, we will add to the evidence-based tools available to state and communities as they embark on new tobacco control efforts.”

Tobacco use is the single most preventable cause of death in the United States. Therefore, programs designed to reduce tobacco use among both children and adults are an important aspect of NCI’s overall cancer prevention and control efforts, the Institute said.

“These grants study the effects of population-based interventions in youth, young adults, and long-term smokers,” said Barbara Rimer, director of NCI’s Division of Cancer Control and Population Sciences. “In particular, the grants emphasize communication



and policy-oriented studies. This new initiative will ensure that NCI remains at the cutting edge of innovative tobacco control research.”

According to Bob Vollinger, program director for State and Community Tobacco Control Interventions Research in NCI’s Tobacco Control Research Branch, “We are at a critical juncture in tobacco prevention and control efforts in the United States. Policy-makers will rightly demand that public funds be spent wisely on effective interventions to reduce and prevent tobacco use. Findings from these research grants will be extremely useful in guiding the future of state and community-based tobacco control interventions.”

A revised Request for Applications for additional State and Community Tobacco Control Interventions Research studies will be issued this month, NCI said. The Institute said it expects to fund another eight to 10 projects with the next round of funding.

For further information, see the Tobacco Control Research Branch Web page at <http://dccps.nci.nih.gov/tcrb>.

The list of grantees follows:

—Myra Crawford, University of Alabama at Birmingham, \$1,191,565, for the Alabama Tobacco Free Families Program to reduce smoking prevalence among a representative sample of pregnant females who receive maternity care support from Medicaid.

—David Buller, AMC Cancer Research Center, Denver, \$1,615,136, for Web-based Support for Community Tobacco Control Coalitions to evaluate a Web-based technical assistance program on community tobacco control and whether it can be effectively used by state tobacco control professionals and tobacco control coalition members to achieve gains in community-based tobacco control in Colorado.

—Melanie Wakefield, University of Illinois at Chicago, \$1,295,303, for Youth Smoking and the Media to relate anti-tobacco advertising on television and news coverage of tobacco issues to trends in youth smoking across the U.S. The grant will explore the relative impact of anti-tobacco advertising, newspaper coverage on tobacco, and other measures of tobacco policy and environment to youth smoking.

—Pamela Clark, Battelle Centers for Public Health Research and Evaluation, Baltimore, \$653,855 for Business Practices and Minors’ Access to Tobacco to estimate the national prevalence of retailer incentives, density of in-store tobacco advertising, and retail sales to youth; test a comprehensive model of the predictors of sales of tobacco to youth; and assess

the degree to which the retail environment is pro-tobacco.

—Michael Begay, University of Massachusetts Amherst, \$183,214 for Studying Tobacco Control Policy in Massachusetts to estimate the national prevalence of retailer incentives, density of in-store tobacco advertising, and retail sales to youth; test a comprehensive model of the predictors of sales of tobacco to youth; and assess the degree to which the retail environment is pro-tobacco.

—Lois Biener, University of Massachusetts Boston, \$1,489,849 for Denormalizing Smoking via Policy and Media Interventions to evaluate the effectiveness of three major types of public health interventions being used by the Massachusetts Tobacco Control Program: local clean indoor air policies; local policies to restrict youth access to tobacco products; and televised anti-tobacco media campaigns.

—Judith Ockene, University of Massachusetts Medical School Worcester, \$988,356 for Policy to Support Tobacco Treatment in Health Care to evaluate Massachusetts state policy designed to make tobacco treatment services available to a wide group of adult tobacco users, especially those at greatest risk for smoking.

—Jean Forster, University of Minnesota School of Public Health Minneapolis, \$1,180,859 for Effect of Minnesota State and Local Programs on Youth Tobacco Use to measure adolescent tobacco use patterns and tobacco-related attitudes and perceptions over time at the community and individual level by using a combination of study designs. The project will relate programs funded by the Minnesota tobacco prevention endowment to changes in youth tobacco use behaviors and attitudes.

—K. Michael Cummings, Roswell Park Cancer Institute, \$767,947 for Follow-up of the COMMIT Cohort Participants 13 Years Later, to evaluate the long-term impact of NCI’s Community Intervention Trial for smoking cessation program on community-based tobacco control policies and the tobacco use behaviors of adult smokers.

—Anthony Biglan, Oregon Research Institute, Eugene, \$1,403,242 for Tobacco Control Activities and Adolescent Tobacco Use, to discover the effects of both tobacco control practices and individual risk factors on the prevalence of tobacco use among high school and middle school students.

—Jack Hollis, Kaiser Permanente Center for Health Research, Portland, \$893,553 for Efficacy and



Cost of State Quitline Policies, to study how to most effectively support smokers who call the Oregon Quitline for assistance.

—Alfred McAlister, University of Texas Health Science Center at Houston, \$1,448,499 for Texas Multi-cultural Regional-Community Tobacco Studies, to evaluate regional media, community, and policy activities in Texas and investigate their effects in the three major cultural groups in Texas: Anglo-, Hispanic-, and African-Americans.

Postdoc Fabricated Results In Published Study, ORI Says

The HHS Office of Research Integrity and Assistant Secretary for Health have found that a postdoctoral associate at Fox Chase Cancer Center engaged in scientific misconduct by fabricating published research supported by NCI.

Randall French fabricated research results published in *Developmental Biology* 217:62-76, 2000, by falsely claiming that he had assayed mouse embryos transgenic for a modified DNA construct (cG5/lacZ-F) for a study on the expression of cGATA-5 transcription factor during heart development in mice, the office said in a Federal Register notice Oct. 16.

An erratum replacing the fabricated data was published by the authors in *Developmental Biology* 223:463, 2000. ORI said French accepted the finding and has entered into a Voluntary Exclusion Agreement in which he has voluntarily agreed for a period of three years to exclude himself from serving in any advisory capacity to the Public Health Service.

Also, any institution that submits an application for PHS support for a research project on which French's participation is proposed or that uses him in any capacity on PHS supported research, or that submits a report of PHS-funded research in which he is involved, must concurrently submit a plan for supervision of his duties to the funding agency for approval, ORI said. The supervisory plan must be designed to ensure the scientific integrity of French's research contribution. The institution must also submit a copy of the supervisory plan to ORI.

NCI Contract Award

Title: Technical Assistance for Cancer Surveillance. Contractor: National Association of Central Cancer Registries Inc., Springfield, IL; \$1,673,436.

Funding Opportunities:

RFA Available

RFA CA-01-017: Research in State and Community Tobacco Control Interventions

Letter of Intent Receipt Date: Jan. 9, 2001

Application Receipt Date: Feb. 13, 2001

The purpose of the RFA, which is a reissuance of RFA-CA-99-001, is to stimulate research on new or existing tobacco control interventions relevant to state and community tobacco control programs by supporting research on innovative tobacco prevention and control interventions at the community, state, or multi-state level. The results of the research will guide tobacco control programs across the nation to increase program effectiveness and produce real reductions in tobacco use. The RFA will use the NIH research project grant R01.

Inquiries: Bob Vollinger, Tobacco Control Research Branch, Division of Cancer Control and Population Sciences, NCI, 6130 Executive Blvd., EPN 4030, Bethesda, MD 20892; phone 301-496-0273; fax 301-496-8675; e-mail: Bob.Vollinger@nih.gov

Program Announcement

PA-01-001: AHRQ Minority Research Infrastructure Support Program

Agency for Healthcare Research and Quality is establishing the Minority Research Infrastructure Support Program to increase the capacity of minority institutions and their faculty to conduct rigorous health services research. The program would strengthen the research environments of minority institutions through grant support to develop and/or expand existing capacities for conducting research in all areas of health services. Grants awarded will use the resource-related research projects mechanism R24.

Inquiries: Shelly Benjamin, Division of Research Education, Office of Research Review, Education, and Policy, Agency for Healthcare Research and Quality, 2101 East Jefferson St., Suite 400, Rockville, MD 20852-4908, phone 301-594-1449; e-mail: training@AHRQ.gov

Other Funding Notices

CA-01-002: Addendum: Supplements to Expand Access to Large Specimen Collections

NCI informs potential applicants of a number of changes/clarifications to NOT-CA-00-025 released Aug. 30, 2000. The complete Notice can be found at: <http://grants.nih.gov/grants/guide/notice-files/NOT-CA-00-025.html>

Inquiries: Roger Aamodt, Division of Cancer Treatment and Diagnosis, NCI, 6130 Executive Blvd., Rm 6035A, Bethesda, MD 20892, phone 301-496-7147; fax 301-402-7819; e-mail ra32u@nih.gov



In Brief:

L.I. Center At Stony Brook's Goal Is Comprehensive Status

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having an NCI-designated comprehensive cancer center. "Stony Brook already has made great strides in serving the community," Kovach said. "It has a long history of outstanding basic research in medicine and biology. The only element missing was putting the research focus together to make it one of the great cancer centers in the United States. I am convinced that this represents a unique opportunity to have one of the great practical cancer programs in the country." Kovach attended Princeton University and the College of Physicians & Surgeons at Columbia University. From 1973-76, he was an associate professor of medicine at Columbia, deputy director of clinical oncology at the Cancer Research Center there, and attending physician at Columbia-Presbyterian Medical Center. He joined the Mayo Clinic in 1981 and moved to City of Hope in 1994. **In another development**, the Cancer Institute of Long Island received a \$5.5 grant from the Department of Defense. The center plans to use the funding for programmatic support for enhancing research in critical areas, including cancer genetics and gene therapy, cancer invasion and angiogenesis, molecular carcinogenesis and DNA repair, signal transduction, and cell growth control and differentiation. It will also enable recruitment of scientists and provide for acquisition of research instruments. . . . **RUTH KIRSCHSTEIN**, the NIH Acting Director, now has the title NIH Principal Deputy Director, due to law that does not permit the NIH to be directed by an "Acting Director" for longer than several months. She is still the de facto acting director of the Institutes. . . . **RAYNARD KINGTON** was appointed associate director for behavioral and social sciences research and director of the NIH Office of Behavioral and Social Sciences Research. Kington was director of the Division of Health Examination Statistics at the Centers for Disease Control and Prevention's National Center for Health Statistics, where he led the National Health and Nutrition Examination Survey. Kington succeeds **Norman Anderson**, who led the office since its inception in 1995. Anderson joined Harvard University's School of Public Health last April. . . . **MAUREEN KILLACKEY** was appointed director of the Bassett Healthcare Regional Cancer Program and The Louis Busch Hager Cancer Center based in Cooperstown,

NY. Killackey is also associate clinical professor, obstetrics and gynecology, at Columbia University College of Physicians and Surgeons. She has been director of gynecologic oncology at St. Luke's-Roosevelt Hospital Center in New York City since 1984. . . . **JILL MARIE SIEGFRIED**, professor and vice chairman of the department of pharmacology, University of Pittsburgh School of Medicine and co-director of the lung cancer program at the University of Pittsburgh Cancer Institute, was selected to receive the 15th Annual Alton Ochsner Award Relating Smoking and Health. The award will be presented at the annual convention of the American College of Chest Physicians on Oct. 22 in San Francisco. Over the past 18 years, Siegfried and her colleagues discovered that women may be more susceptible to the adverse effects of tobacco exposure due to the more frequent expression in women of a specific gene on the X-chromosome. . . . **UNIVERSITY OF ALABAMA** at Birmingham, School of Medicine, has formed a Division of Human Gene Therapy, directed by **David Curiel**, professor of medicine and director of the Gene Therapy Center at UAB. The division will function with linkage to and support from the Departments of Medicine, Pathology, and Surgery. "This status reflects UAB's confidence in gene therapy's ultimate role as a unique discipline on a par with traditional fields" of medicine, the university said. . . . **V. CRAIG JORDAN**, the Diana, Princess of Wales Professor of Cancer Research at Northwestern University in Chicago, was presented the Strang Award from the Strang Cancer Prevention Center, Cornell University Medical School, for work that resulted in the use of tamoxifen and raloxifene for the chemoprevention of breast cancer. . . . **VERED STEARNS**, of Georgetown University's Lombardi Cancer Center, received a \$995,000 grant from the Cancer Research Fund of the Damon Runyon Walter Winchell Foundation to research new ways of treating advanced breast cancer. Stearns and her mentor, **Daniel Hayes**, will examine the effects of combining the drug exisulind with standard chemotherapy. The drug is under review by FDA for treating precancerous colon polyps. . . . **NEW FAX** number for **The Cancer Letter**: 202-318-4030. Faxes to the old number will be forwarded for several weeks. This experiment is designed to test whether a Web-based service, eFax.com, can eliminate the need for, or delay replacement of, the fax machine. Public relations professionals are encouraged to send news items by email to news@cancerletter.com.



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