

THE

# CANCER LETTER INTERACTIVE

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

Vol. 26 No. 40  
Nov. 3, 2000

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Price \$275 Per Year

## NCI Health Disparities Center Will Attempt To Influence Policy, Harold Freeman Says

The new NCI Center to Reduce Health Disparities will step beyond the Institute's mission of advancing cancer research, and attempt to influence policy, said Harold Freeman, director of the new center.

"I believe it's very critical for us to begin to think of how we can gather information that will bring evidence that can influence policy," Freeman said to the NCI Special Populations Working Group Oct. 30.

Freeman, who is also the chairman of the President's Cancer Panel and the CEO of North General Hospital in Harlem, made the point repeatedly, both on his own and in response to questions from the group

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### In Brief:

## Michael Link, Gregory Reaman Run For Chairman Of Children's Oncology Group; Winship Gets Gift

**CHILDREN'S ONCOLOGY GROUP** will elect a group chairman later this month. **Michael Link** and **Gregory Reaman** were selected by the nominating committee to run for the office. They were scheduled to address the group's fall meeting in Phoenix on Nov. 3. Principal investigators in the group will make their selection by electronic vote Nov. 13-17. Link is a professor of pediatrics at Stanford University School of Medicine, and Reaman is professor and executive director of the Center for Cancer and Blood Disorders, George Washington University School of Medicine and Health Sciences. **William Crist** has served as interim director of the group since it was formed by the merger of four pediatric oncology groups last year. . . . **WINSHIP CANCER INSTITUTE** of Emory University has been selected to receive a \$5.3 million gift from the Avon Breast Cancer Crusade for research and clinical care. Of this gift, \$3.3 million will fund a new Avon research laboratory at the Winship Cancer Institute and Grady Memorial Hospital, and a new comprehensive clinical center at Grady, a 953-bed public hospital. The remaining \$2 million will fund breast cancer genomics research by six new Avon scholars, young cancer scientists and physicians on the Emory University School of Medicine faculty who will use the Avon funding to study the causes of breast cancer, potential new targets for prevention, and improved treatment options including new genetic medicines. "Emory is particularly excited by the opportunity to create an expanded, state-of-the-art cancer program at Grady, its long-time affiliate for patient care, teaching and research," said Jonathan Simons, director of the Winship Cancer Institute. . . . **KEVIN CULLEN** has been

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## Freeman: Disparities Center Not "Business As Usual"

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that advises the soon-to-be-abolished NCI Office of Special Populations Research and will advise Freeman's center that will replace it.

Freeman said he joined NCI in order to pursue the center's ambitious new agenda. "I don't think my coming to this thing is about business as usual," Freeman said. "I could stay in New York if that was the case."

According to Freeman, the Institute's focus on cancer research, education, and communications is insufficient to solve the problem of poor health outcomes observed in some ethnic groups. "I think that we must take position that we want to end up changing America," Freeman said.

These remarks are surprising because officials at science-based agencies rarely talk about asking research questions for the purpose of influencing policy. Also, by law, employees of the Executive branch are prohibited from lobbying and are limited to answering questions from Capitol Hill. Thus, efforts to shape policy from within often have a stealth quality that involves behind-the-scenes, after-hours communications to ensure that legislators ask the desired questions.

Freeman is not an ordinary government official. In fact, he joined NCI under extremely unusual

circumstances. At a meeting last March, he challenged Institute Director Richard Klausner on NCI's commitment to studying the problems of the underserved, and Klausner responded with a job offer (**The Cancer Letter**, Sept. 15).

Freeman agreed to devote one day a week to the new job, and remained on the President's Cancer Panel. As a "special government employee," he can work up to 130 days for the Institute, including the time he spends on President's Cancer Panel. Also, Freeman's office was elevated to the status of "center," the only one of its kind at NCI.

It is unclear how Freeman's center will coexist with the NIH center that is likely to be formed to study all health disparities.

The House and Senate earlier this week passed similar bills directing NIH to create the National Center on Minority Health and Health Disparities. The two bills remain to be reconciled by House and Senate conferees. Under the new legislation, the NIH center would have the budget of \$100 million.

The budget of the NCI center has not been finalized. According to the Bypass Budget for fiscal 2002, the Institute would like to spend \$44.6 million on research projects administered through the new center.

Freeman's remarks to the working group notwithstanding, the NCI plan does not propose taking the center outside the realm of Institute activities and makes no mention efforts to influence policy. The plan for the center was put together by Freeman, Klausner, Barbara Rimer, head of the NCI Division of Cancer Control and Population Sciences, and Jon Kerner, assistant deputy director for research dissemination and diffusion at Rimer's division.

Nonetheless, describing his plan to hold "think tank" meetings of experts, Freeman used the word "we," suggesting that others at NCI share his vision of influencing policy.

"We believe that we need to have the ability to raise reasonable questions that we believe should be answered, and which have the potential of calling in the best minds in the world to help us to come to some answers," he said at the working group meeting. "We hope that through this kind of evidence—with NCI behind us—we could raise certain questions to our policy makers.

"We certainly have no control over them, but [if] we can bring evidence in a certain way, we might have a chance of influencing policy. We believe that reducing cancer disparities has a policy ramification.

THE **CANCER**  
LETTER

Member,  
Newsletter and  
Electronic Publishers  
Association

World Wide Web: [http://  
www.cancerletter.com](http://www.cancerletter.com)

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



Not just a research question, but policy,” Freeman said.

The plan described by Freeman would propel NCI in the direction of application of research. This is consistent with the view of the American Cancer Society that federal cancer programs do not pay sufficient attention to the application of research.

Recently, the society funded efforts to rewrite the National Cancer Act of 1971 in a way that may dilute NCI’s leadership of what is known as the National Cancer Program. Freeman is a past president of the Society and a member of its board of directors.

While supporters of the ACS efforts say that the cancer program is not applying everything that is known about the disease, NCI officials say that the new findings and interventions in cancer do not justify rewriting the fundamental document of the federal government’s war on cancer (**The Cancer Letter**, Sept. 22).

Freeman said application of research is consistent with the original vision of the architects of the National Cancer Act.

“In the beginning, people who drove the National Cancer Act, like [philanthropist] Mary Lasker, felt that research was sufficient to apply,” Freeman said at the working group meeting.

“Since Medicare and Medicaid had been passed in 1965, there was a general feeling that universal access to health care was going to occur,” Freeman said. “That was on the minds of the people who passed this Act.

“I think that as we go forward with the new center, we must go forward with the concern that not only do we need to discover things, but there also has to be a concern that we have a way to change people’s lives,” Freeman said.

Was research sufficient in 1971 to warrant launching a government campaign to apply what was known? Does the current state of research warrant a rush to apply the findings? Is NCI in a position to go beyond studying health disparities and launch a campaign to eliminate them?

“When you [refer to] Mary Lasker, she is dead wrong when she felt that we knew what to do and all we needed to do is apply it in 1971,” Joe Harford, NCI associate director for special projects, said to Freeman at the working group meeting.

“I am not taking away from everything she accomplished, but the research accomplishments between 1971 and the year 2000 stand as their own testimony for what remained to be done,” Harford

said.

“I think in the area of health care delivery and application, there are still numerous questions, and I would hope that Special Populations Networks would be a major vehicle for addressing those kinds of questions,” Harford said. Special Populations Networks are 18 grants the Institute recently awarded to community organizations to investigate scientific questions.

The new center would ask genuine research questions, Harford said at the working group meeting.

“We don’t know the answer as to why [disparities] occur,” Harford said. “Maybe when you do the research, the answer will be talking louder. I think the place where the argumentation breaks down a little bit is that we assume that we have all the answers and all we need to do is apply it.”

Translation of science into policy should not be trivialized, Harford said. To delve into this process, NCI is represented at the Institute of Medicine’s National Cancer Policy Board, a panel that examines such issues, he said.

“[The National Cancer Policy Board] was largely established realizing that there were things that NCI can’t solve that relate to policy,” Harford said. “But research can influence that policy.”

Even in situations where answers seem obvious, implementation is not, Harford said. “I’ll give you one example: We might conclude that minority youth are particularly susceptible to tobacco, and tobacco companies have been working hard on specific advertising to reach different ethnic groups with their product that kills,” Harford said.

“We also might do research that would conclude that if tobacco taxes were raised by X dollars a pack, that would have an impact on tobacco use in youth. NCI is positioned to do the research that would bring that information to the policymakers.

“We can’t raise tobacco taxes from within NCI, but we can do the research that relates to it,” Harford said.

At the meeting of the working group, Freeman appeared to be unaware of rules that govern the operations of federal advisory committees. “I will step out of my role here,” Freeman said at one point in the meeting. “I wear different hats. I am wearing my civilian hat now. So don’t put this in the minutes.”

Advisory committee meetings can be closed only when personnel issues, trade secrets, and matters of national security are discussed. Informed that minutes would be taken, Freeman said he would “speak



wearing all hats.”

Several members of the working group asked Freeman to elaborate on his plans to influence policy and propel NCI outside its current mission.

“NCI does its work in biomedical research, training, and communications,” said Sandra Millon-Underwood, chairman of the working group and professor of nursing at University of Wisconsin at Milwaukee. “What kinds of questions do you hope to address within the center? What kinds of training activities, and what kinds on new vehicles for communications do you envision?”

FREEMAN: “I am not certain that I agree with you, first of all. What I said—and I could be wrong, too—is that, certainly, we have to do appropriate research to get to certain answers.

“Certainly, communication and training are very critical issues, and the training particularly of the workforce, of scientists and care givers, is a very critical set of issues. But I believe that these things—along with quality discussions in the scientific community—could hopefully bring the evidence to change policy in our country.

“It will not be the first time this has happened. The National Cancer Act did change the country—it changed the laws of the country, as a matter of fact. So I am not talking about reinventing the wheel.

“If this is such an important issue for our nation, I don’t believe we should limit it. Certainly, I believe that fundamental research must be done, and training must be done. But I don’t think we should stop there. I think that we must take position that we want to end up changing America.”

LUCILLE ADAMS-CAMPBELL, director of the Howard University Cancer Center: “You are talking about the applied aspect of this. Unless this center is going to have a different mission and focus, you always hear that NIH is only about the research. Does this center have a new focus? A new mission?”

FREEMAN: “That’s what I said. I don’t think my coming to this thing is about business as usual. I could stay in New York if that was the case. The research at NCI and NIH has some limitation, without a doubt. But it also could tailor its research activity with an end that is directed for bringing the evidence in such a way that policy is influenced.

“This is not a new method. The whole National Cancer Program came about because somebody like Mary Lasker brought this thing together and changed the way America dealt with cancer. I think there is a way you have to influence political change through

evidence.

“We are an evidence-gathering body. But we could be tuned a little bit better as to how we bring evidence, and for what purpose. It’s not enough to be in a laboratory and do research, and say ‘Eureka,’ and then go on to the next question.

“That’s not enough for me. I am saying now, ‘Let’s do that research where you say Eureka, but also let’s do the research that is specifically oriented to asking similar questions from the research before that could lead to answers that could bring heavy evidence to policy makers in our country.’”

MILLON-UNDERWOOD: “Could you please give us a sense of the time you will be able to dedicate to the work as director of the center, and when we can reach you and where?”

FREEMAN (pointing to a cell phone on his belt): “You can always reach me. Always. You, especially.”

MILLON-UNDERWOOD: “What’s the number?”

FREEMAN: “With respect to my own time, part of it will be here in Washington, but I will also be working out of New York City.

“In fact, we are setting up a communications system in New York City, so I can work there at any time. I will have people who are full-time here, including a deputy director and other high level people in the organization who will be here all the time.

“How much exact time I will spend there, I can tell you that it will be more than is currently believed.

“I will be giving a lot of time to this, whether physically here or physically in New York, that’s a different issue, but in this time of computers and telecommunications, it doesn’t always matter that you are at a certain site.”

MOON CHEN, professor of health behavior and health promotion at Ohio State University: “How will your position on the President’s Cancer Panel complement your job as director of the center?”

FREEMAN: “I think the main thing about that is that I am the same person. I am assuming that the reason I was selected by Dr. Klausner to do this work was not unrelated to the work that I’ve done before.

“If you look at what the President’s Cancer Panel was actually doing during my nine years, you will see that these activities are very symbiotic. By virtue of this point, this is who I am.

“You could say I am wearing one hat or another. But, in a way, I believe that it may be very helpful for this to be the same person. I am conducting now regional hearings asking the fundamental question:



Why doesn't everyone in America get good cancer care?

"So that's a disparities issue fundamentally... Through this peculiar set of personal events for me led me to different titles, different jobs. Through it all, I am the same person.

"I believe that the combination of being the chairman of the President's Cancer Panel, with my perspective, and being the director of the center will be a very comfortable combination."

### Research Funding: **NCI Research Plan Proposes Spending \$5 Billion In FY2002**

The National Cancer Institute says it needs a budget of \$5.03 billion for fiscal year 2002 to sustain its research programs, seize extraordinary opportunities in cancer research, and translate those findings into practical applications.

The funding request is \$1.73 billion above NCI's \$3.3 billion fiscal 2000 operating budget.

The National Cancer Act of 1971 requires the NCI director to send a document each fall directly to the President outlining the Institute's professional judgment of the funding needs in cancer research. Because the document is supposed to bypass the usual review levels at NIH and the Department of Health and Human Services, it is referred to as the "Bypass Budget."

"Over the past five years, this document has come to be viewed as a national plan for cancer research and has been adopted by cancer researchers around the nation," NCI Director Richard Klausner writes in his introduction to the document. "As such, it is no longer just a statement of the NCI's goals and priorities, but increasingly of the goals and priorities of the National Cancer Program."

The 100-page Bypass document requests \$3.7 billion as a "core" amount to sustain the Institute's research programs, plus \$810 million for "NCI's Challenge" to further progress, and another \$510 million to support "Extraordinary Opportunities for Investment."

The new document builds on previous versions, with sections explaining how the Institute funds research, highlights of progress, and areas of priority.

"NCI's Challenge," which this year was placed ahead of the "Extraordinary Opportunities," outlines plans for increased support for investigator-initiated research, centers and research networks, the national

clinical trials program, training and career development, informatics, as well as research in emerging trends in cancer, quality of cancer care, and reducing cancer-related health disparities.

The "Extraordinary Opportunities" are defined as "scientific areas of cancer research in which focused efforts and increased resources can build on past successes to stimulate dramatic progress toward reducing the cancer burden."

The opportunities in the 2002 Bypass include research on genes and the environment, molecular targets for prevention and treatment, defining the signatures of cancer cells, tobacco and tobacco-related cancers, cancer communications, and cancer imaging.

"The Nation's Investment in Cancer Research, A Budget Proposal for Fiscal Year 2002" is available at <http://2002.cancer.gov/> or may be ordered by phone at 800-4-CANCER.

### Cancer Policy: **Poll Finds Voters Support Doubling Of Research Funds**

Voters care more about finding a cure for cancer than they do about nuclear missile defense, violent crime, environmental protection, or campaign finance reform, according to a poll commissioned by a group of cancer survivors and scientists.

The poll was conducted by Peter D. Hart Associates and SpeakOut.com with the collaboration of the American Association for Cancer Research. The poll was commissioned by a small group of nationally recognized cancer survivors and scientists that includes cyclist Lance Armstrong and his oncologist, Craig Nichols; Hamilton Jordan; Phillip Sharp; Karen Antman; Anna Barker; Joseph Bertino; Bayard Clarkson; Donald Coffey; Tom Curran; Margaret Foti; Waun Ki Hong; Arnold Levine; John Mendelsohn; Harold Moses; Jonathan Simons; and Joseph Simone.

The poll was conducted in late August and surveyed a representative cross-section of 1,002 registered voters nationwide. Findings include:

—Cancer touches the lives of most Americans: 73 percent of voters polled have had a close friend or family member die of the disease, and 45 percent say they know someone who had cancer and was cured;

—Americans' personal experiences with cancer make the disease a major national issue in the minds of voters finding a cure for cancer ranked second only to providing health care to all children on a list of goals America should set for the future;



—More than two-thirds of voters would like the federal government to at least double current federal funding for cancer research;

—Cancer ranks as much more important to voters than nuclear missile defense, violent crime, environmental protection, campaign finance reform, and many other issues that have been given significant attention in this year's campaign: 67 percent of voters indicated that they would feel "much more favorable" toward a candidate who would provide significantly increased funding for cancer research.

—Widespread support for substantial increases in cancer funding exists among key blocks of voters: 47 percent of "soft" Gore voters want to more than double current funding for cancer research, as do 35 percent of "soft" Bush voters, 42 percent of undecided voters, and 33 percent of Buchanan or Nader voters.

"Those of us who work in cancer research share the voters' concerns about the cancer epidemic, and fully support their message to the Presidential candidates," said Tom Curran, AACR president and chairman of the Department of Developmental Neurobiology at St. Jude Children's Hospital, Memphis. "It is time to dedicate the resources needed to defeat cancer. We are honored to join Lance Armstrong and Hamilton Jordan in asking the candidates to commit to the prevention and cure of cancer in our lifetime."

The poll results may be found on the AACR Web site at <http://www.aacr.org> under "What's New."

### Funding Opportunities:

## **RFAs Available**

### **RFA AT-01-001: Integration of Complementary and Alternative Medicine: A Health Services Research Perspective**

Letter of Intent Receipt Date: Dec. 8, 2000

Application Receipt Date: Jan. 24, 2001

National Center for Complementary and Alternative Medicine invites research applications to integrate CAM interventions with conventional medical/clinical practice and to evaluate the effects of the integration.

Projects should focus on applied research identifying and developing sustainable, reproducible strategies to integrate CAM research effectively into practice and/or evaluation of integration programs using appropriate concurrent comparison groups, documentation of costs and resources associated with the programs, identification of key model components and organizational conditions that have resulted in successful integration, and evaluation of transferability to other settings. The RFA will use the NIH research

project grant R01 and exploratory/developmental grant R21 mechanisms.

Inquiries: Christine Goertz, National Center for Complementary and Alternative Medicine, NIH, 6707 Democracy Blvd., Suite 106, Bethesda, MD 20892-5475, phone 301-402-1030; fax 301-480-3621; e-mail [goertzc@od.nih.gov](mailto:goertzc@od.nih.gov)

### **RFA HS-01-002: Centers of Excellence for Patient Safety and Practice**

Letter of Intent Receipt Date: Jan. 3, 2001

Application Receipt Date: Jan. 24, 2001

Agency for Healthcare Research and Quality announces the availability of research program project grants for the development of multidisciplinary research teams to build the knowledge base on the scope and impact of medical errors - particularly for diverse care settings and populations; identify the root causes of threats to patient safety and effective system approaches to prevent the occurrence of errors; study the effectiveness of various interventions to capture information on medical errors; and evaluate the outcomes of promising interventions in a variety of healthcare settings. Projects supported under this initiative will use the Research Program Project P01 Grant mechanism.

Inquiries: Marge Keyes, Center for Quality Measurement and Improvement, Agency for Healthcare Research and Quality, 2101 East Jefferson St., Suite 502, Rockville, MD 20852-4908, phone 301-594-1824; fax 301-594-2155; e-mail [mkeyes@AHRQ.gov](mailto:mkeyes@AHRQ.gov); the RFA is available on the AHRQ Web site, <http://www.AHRQ.gov>

## **Program Announcements**

### **PA: Non-Mammalian Organisms as Models for Anticancer Drug Discovery**

The initiative encourages use of non-mammalian organisms in discovery of anticancer drugs. Projects would provide insight on molecular targets or pathways that are sites of vulnerability in cancer cells. Topics of investigation could include discovery of new genes, enzyme activities, or cellular functions for which a strong rationale for importance in cancer can be provided. Evaluation within the organism of genes and pathways known to be altered in cancer would also be appropriate. Research supported through this PA would establish new targets for cancer drug discovery.

Inquiries: George Johnson, Developmental Therapeutics Program, phone 301 496-8783; e-mail: [johnsong@exchange.nih.gov](mailto:johnsong@exchange.nih.gov)

### **PA-01-010: Exploratory Studies in Cancer Detection, Prognosis and Prediction**

Division of Cancer Treatment and Diagnosis and the Division of Cancer Prevention of NCI invite research grant applications to explore strategies for the early detection of cancer, assessment of cancer prognosis or



prediction of response to cancer treatment. Advances in the understanding of basic cancer biology and the development of powerful molecular technologies are leading to the identification of many new abnormalities in precancerous and cancer cells. The initiative, which will use the NIH exploratory/developmental R21 grant mechanism, promotes the initial evaluation of molecular or cellular characteristics in human specimens and/or the development of assays that may result in important advances in the detection, diagnosis and treatment of cancers.

Inquiries: Tracy Lugo, Cancer Diagnosis Program, Division of Cancer Treatment and Diagnosis, NCI, 6130 Executive Blvd., Rm EPN 6035, Bethesda, MD 20892, Rockville, MD 20852, phone 301-496-1591; fax 301-402-7819; e-mail [TL82S@nih.gov](mailto:TL82S@nih.gov)

Sudhir Srivastava, Cancer Biomarkers Research Group, Division of Cancer Prevention, NCI, 6130 Executive Blvd., Rm EPN-330 F, Bethesda, MD 20892, Rockville, MD 20852, phone 301-435-1594; fax 301-402-0816; e-mail [svrivasts@mail.nih.gov](mailto:svrivasts@mail.nih.gov)

Diane Bronzert, Cancer Therapy Evaluation Program, Division of Cancer Treatment and Diagnosis, NCI, 6130 Executive Blvd., Rm 734 MSC 7432, Bethesda, MD 20892, Rockville, MD 20852, phone 301-496-8866; fax 301-480-4663; e-mail [db85g@nih.gov](mailto:db85g@nih.gov)

#### **PA PAR-01-003: Innovative Toxicology Models for Drug Evaluation: Exploratory/Developmental Grants and Phased Innovation Award**

Letter of Intent Receipt Dates: Dec. 7, 2000 and Oct. 10, 2001

Application Receipt Dates: Jan. 11, 2001 and Nov. 14, 2001

The PA, which will use the R21, R33, and the R21/R33 combined Phased Innovation Award mechanisms, encourages the development, standardization, and validation of new and innovative assays, which determine or predict specific organ toxicities (e.g., cardiotoxicity, gastrointestinal toxicity, hepatotoxicity, nephrotoxicity, ototoxicity, bladder toxicity, neurotoxicity, pulmonary toxicity, and endocrine toxicity, including pancreatic beta cell toxicity) of potential cancer therapeutic agents. Agents that have been evaluated in both animals and man can be utilized retrospectively to validate the utility, sensitivity, and reproducibility of the assay and to determine if other factors such as agent stability, protein binding, or metabolic activation are important parameters for interpretation and validation of the assay.

Inquiries: Adaline Smith, NCI Division of Cancer Treatment and Diagnosis, Toxicology and Pharmacology Branch, 6116 Executive Blvd., Rm 5113, MSC 7458, Bethesda, MD 20892-7458, phone 301-496-8777; fax 301-480-4836; e-mail [smithad@mail.nih.gov](mailto:smithad@mail.nih.gov)

#### **PA PAR-01-004: Innovative Toxicology Models**

#### **for Drug Evaluation: SBIR/STTR Initiative**

Letter of Intent Receipt Dates: Dec. 7, 2000 and Oct. 10, 2001

Application Receipt Dates: Jan. 11, 2001 and Nov. 14, 2001

The PA encourages the small business community to develop, standardize, and validate new and innovative assays, which determine or predict specific organ toxicities cell toxicity of potential therapeutic agents for the treatment and prevention of diseases of interest to the NCI, National Institute of Diabetes, Digestive and Kidney Diseases and the National Institute of Drug Abuse. Support for the PA is through the SBIR and STTR mechanisms which are set-aside programs.

Inquiries: See preceding PA.

## **Other Notices**

### **NCI Offers Directory of Research Tools and Services for Cancer Researchers**

NCI introduces the NCI Research Resources Web site at <http://cancer.gov/resources>, a directory that has over 100 entries, including specimen banks, datasets, computer software, repositories of chemicals, and more. The Web site will provide basic, clinical and epidemiological researchers with tools and resources to facilitate cancer research and are available without extensive negotiations or intellectual property issues. The directory, which is not a source of funding information, is available at <http://deainfo.nci.nih.gov/funding.htm>

Inquiries: Samir Sauma, NCI, Bldg., 31, Rm. 11A03, 31 Center Drive, Bethesda, MD 20892, phone 301-402-7518; fax 301-496-7807; e-mail [saumas@mail.nih.gov](mailto:saumas@mail.nih.gov)

### **Activities to Promote Research Collaborations**

The NCI Division of Cancer Biology announces the availability of two administrative mechanisms for DCB grantees. A description of the program is available at <http://www.nci.nih.gov/dcb/colabbrf.htm>. Requests for APRC supplemental support will be accepted Dec. 15 and April 15 each year.

Inquiries: John Sogn, deputy director, Division of Cancer Biology, Executive Plaza North Rm 5050, 6130 Executive Blvd., Bethesda, MD 20892-7150, phone 301-435-5225; fax 301-496-8656; e-mail: [js150x@nih.gov](mailto:js150x@nih.gov)

**Change of Receipt Date for In Vivo Cellular and Molecular Imaging Centers:** The receipt date of Nov. 28, for applications submitted to RFA CA-01-014 has been changed to Feb. 16. The RFA can be accessed at <http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-01-014.html>. New Letter of Intent Receipt Date: Jan. 2.

Inquiries: Anne Menkens, Biomedical Imaging Program, NCI, Executive Plaza North Suite 800, Bethesda, MD 20892, phone 301-496-9531; fax 301-480-5785; e-mail [am187k@nih.gov](mailto:am187k@nih.gov)



*In Brief:*

## Georgetown Names Cullen Interim Center Director

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appointed interim director of Lombardi Cancer Center while the search for a permanent director is conducted, Georgetown University Medical Center said. Cullen is an associate professor of hematology and oncology at the School of Medicine and a specialist in cancers of the head and neck. Cullen obtained his MD degree from Harvard Medical School and did his residency and fellowship training at Harvard, the Royal Postgraduate Medical School in London, and at NCI. He joined Georgetown in 1988. Former director **Marc Lippman** announced his resignation in September to become chairman of the Department of Medicine at the University of Michigan Medical Center early next year. Lippman will continue his clinical work and research at Lombardi through the end of 2000. A search committee has been formed to find a permanent cancer center director, who is expected to be in place by July 2001, the university said. . . . **NCI CANCER PATIENT** Education Network presented six awards at its annual conference, hosted by the University of Texas M.D. Anderson Cancer Center, on Oct. 26. **Louise Villejo**, director of the Patient Education Office at M.D. Anderson since 1984, received the 2000 Distinguished Service Award. The Cancer Survival Toolbox was honored with the 2000 Gold Star Award. The Toolbox is a set of six audio programs produced by the National Coalition for Cancer Survivorship, Oncology Nursing Society, Association for Oncology Social Work, and Genentech BioOncology. Four Excellence in Cancer Patient Education Awards were presented for educational materials. They were: "How to Help Your Loved One Stop Smoking," a booklet by **Tanya Smith** and the Huntsman Cancer Institute Patient and Public Education Department; "Outlook: Life Beyond Childhood Cancer," a multimedia Web resource by **Marilyn McCubbin, Kelly Cotter, and Michael Dykstra** at the University of Wisconsin Comprehensive Cancer Center; the Patient Education Office at M.D. Anderson, directed by **Louise Villejo**; and the "Ask the Expert" Series, directed by **Carolyn Weaver** and supported by the Patient Education Staff at Fox Chase Cancer Center. The Cancer Patient Education Network is composed of cancer education leaders from NCI-designated comprehensive and clinical cancer centers. . . . **ROSWELL PARK** Cancer

Institute has made three appointments to the Department of Medicine: Asher Chanan-Khan, of New York University Medical Center; Larisa Greenberg, of University of Pittsburgh Medical Center; and Zhong Yu, of Mount Sinai School of Medicine. . . .

**UNIVERSITY OF PITTSBURGH** Cancer Institute presented its Spirit of Hope Award to ABC broadcaster **Sam Donaldson** and Pittsburgh Penguin hockey player **Mario Lemieux** at the Institute's annual Leadership Dinner Oct. 24. Donaldson is a melanoma survivor and Lemieux overcame Hodgkin's disease. The Institute also recognized five others. **Merrill Egorin**, professor of medicine and pharmacology at the University of Pittsburgh School of Medicine, received the Scientific Leadership Award. **Rowena Schwartz**, director of UPCI's Pharmacy Program and associate professor of pharmacy and therapeutics at the University of Pittsburgh School of Pharmacy, received the Excellence in Patient Care Award. **Ramesh Ramanathan**, director of the Gastrointestinal Cancer Center, received the Leo S. Crip Award for Excellence in Patient Care. **William Cooper**, a physician at UPMC Shadyside, is the recipient of the Arthur F. McNulty Civic Leadership Award. **Karlotta Ashby**, the oncology registrar supervisor, received the Excellence in Administrative and Technical Support Award. . . . **THOMAS KING JR.**, 79, a developmental biologist and former director of the division of cancer research resources and centers at NCI, died of cancer Oct. 25 at Johns Hopkins Hospital. King had retired in 1990 after serving as director of the Kennedy Institute of Ethics and deputy director of the Lombardi Cancer Research Center at Georgetown University. King received, with colleague Robert Briggs, the Charles-Leopold Mayer Prize of the Academie des Sciences, Institut de France, for their work in cloning frogs. The work was done at the Institute for Cancer Research in Philadelphia, which later became Fox Chase Cancer Center. King had joined the institute in 1950 after serving as an instructor in the Army Medical Technicians School and a Medical Administrator Corps officer in the Pacific. He was chairman of the department of embryology when he left in 1967 to become a biology professor at Georgetown. From 1974 to 1980, King was a division director at NCI, then returned to Georgetown. . . . **CORRECTION:** An item in the Oct. 20 In Brief section incorrectly referred to Ming You, of the Ohio State University Comprehensive Cancer Center, as "she." You, a tenured professor and lung cancer investigator, is male.





### **Regulatory Compliance Manager**

The Children's Oncology Group (C.O.G.) is an international research organization, supported principally by the National Cancer Institute. It is devoted to the development of new treatments and cures for the cancers of infants, children, adolescents, and young adults.

C.O.G. members include over 5,000 pediatric cancer specialists located at 240 pediatric medical centers in the United States, Canada and Australia. At each member institution there is a multidisciplinary team of physicians, basic scientists, and other specialists who possess the skills necessary for state-of-the-art diagnosis, treatment, care, and investigation of the cancers of children

### **Position Summary**

This position, located at the C.O.G. Operations Center, is responsible for ensuring Children's Oncology Group (C.O.G.) regulatory compliance. S/he manages a staff of 4, and directs the on-site and internal audit program per the National Institutes of Health (NIH), Office of Human Research Protection (OHRP), the National Cancer Institute (NCI) and the C.O.G Constitution/Bylaws. Duties include maintaining and analyzing adverse event reporting; training and conducting continuing education for institutional performance, adverse event reporting and other regulatory requirements; preparing and presenting reports of institutional performance to the Monitoring Committee and all aspects of regulatory compliance within the Group.

### **Minimal Position Requirements**

Bachelor's Degree. Masters Degree preferred or the equivalent combination of education, training and experience from which comparable skills can be acquired. Six years professional experience in clinical research setting, thorough knowledge of good clinical and research practice. Ability to manage and lead a team. Ability to plan, prepare and present comprehensive oral, written and statistical reports. Strong regulatory background, especially NCI, NIH and Code of Federal Regulations for the Protection of Human Subjects. Strong organizational, interpersonal and written skills required; ability to handle multiple tasks simultaneously, assess situations quickly and be proactive about identifying and implementing solutions to problems; computer literate (including Microsoft Word, Lotus/Excel/Access); ability to maintain confidentiality and effective relationships with physicians, other Group members and co-workers. Must have detailed knowledge of hospital and research chart elements and be informed regarding all aspects of clinical research

### **Contact Information**

Resumes may be mailed or faxed to      Human Resources, NCCF  
440 East Huntington Drive #300  
Arcadia, CA 91006  
FAX: (626) 447-6359

Or send by email to [HR@NCCF.org](mailto:HR@NCCF.org)

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