THE CANCER LETTER INTERACTIVE

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Under A Flat Budget, NIH Suspends Grant Increases, May Restore Funds Later

NIH officials last week suspended all funding increases to current grantees.

The drastic cost-saving policy was needed to help the Institutes function under the continuing resolutions that fund NIH while Congress and the White House battle over the budget for the departments of Labor, HHS and Education.

At least for now, non-competing grants will receive the same amount this fiscal year that the Institutes paid last year. The policy went in effect

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In Brief:

Shalala Named President, University Of Miami; Ungerleider To Leave NCI For Theradex Corp.

DONNA SHALALA, Secretary of Health and Human Services for nearly eight years in the Clinton Administration, will be appointed president of the University of Miami in June. Shalala previously was chancellor of the University of Wisconsin in Madison and president of Hunter College in New York. She will replace **Edward Foote II**, who is retiring. In a statement, President Clinton called Shalala a "talented manager and an energetic leader who will bring great experience to the task of leading the university." Shalala was assistant secretary of housing and urban development in the Carter Administration. . . . **RICHARD UNGERLEIDER**, chief of the NCI Clinical Investigations Branch in the Cancer Therapy Evaluation Program since 1990, plans to retire in January after 25 years at the Institute. Ungerleider has accepted an appointment as senior vice president for clinical affairs at Theradex Corp., a clinical research organization based in Princeton, NJ. Ungerleider started at NCI in 1975 as a fellow in the Pediatric Branch. He joined the Cancer Therapy Evaluation Program in 1978, became head of the Pediatric Branch in 1980, and deputy chief of the Clinical Investigations Branch from 1986-88. Prior to joining NCI, he served two years in the Indian Health Service. **Richard Kaplan** will be appointed acting chief of the CIB. . . . **NEW MEMBERS** appointed to the NCI Board of Scientific Advisors include **Neil Clendeninn**, corporate vice president for clinical affairs at Agouron Pharmaceuticals Inc. of San Diego; **Thomas Curran**, chairman of developmental neurobiology at St. Jude Children's Research Hospital, Memphis; **William Kaelin Jr.**, associate professor of adult oncology, Dana-Farber Cancer Institute; and **Christine**

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NCI Sets Initial R01 Payline At 18th Percentile Under CR

(Continued from page 1)

immediately, and will be reflected in grant payments sent to researchers on Dec. 1, NIH officials said.

NIH officials said they hope the funding limitations would be temporary, and funds could be restored after the fiscal 2001 budget is passed. The latest continuing resolution, which ends Dec. 5, provides the same amount of funding as NIH received last year.

The Institutes began informing grantees and advisory groups of the new policy late last week. The news came as a surprise to many scientists.

"It's important that this information be disseminated as quickly as possible," Susan Horwitz, professor of cancer research at Albert Einstein College of Medicine and a member of the NCI Board of Scientific Advisors, said at the board's Nov. 16 meeting.

"When I go back, I'm going to tell my faculty, 'Don't hire that extra post-doc if you don't have money for it,' " Horwitz said. "People have to be realistic and adjust their budgets, and the sooner they do it, the less heartbreak we're going to have."

It's prudent advice, said NCI Director Richard Klausner.

"We hope this will only be phase one of fiscal year 2001," Klausner said to the BSA. "We have to operate as if we have an annual budget equal to last year's budget. We are all hopeful that this situation will change, and change quickly. Nothing we do is not correctible, depending upon the budget we finally get."

Klausner announced the funding policy to the BSA soon after the cost-saving measures were formulated by NIH Principal Deputy Director Ruth Kirschstein and the directors of the Institutes. The decision to suspend the increases for non-competing ("type 5") grants was unanimous, Klausner said.

Fewer Funds For "Exceptions"

NCI plans to reduce the amount of "exceptions" funding for applications that miss the payline by a few points, and suspend the Accelerated Executive Review program which can quickly provide these funds to researchers, Klausner said.

By freezing the average cost of grants and reducing exceptions funding, NCI's initial payline for R01 grants will drop to the 18th percentile, Klausner said. At this time last year, NCI had an R01 payline at the 23rd percentile.

A payline at the 18th percentile means that 82 percent of grant applications that researchers submit have little chance of winning funds. With the reduction in "exceptions" funding, researchers will be less likely to get a second chance.

NCI internal operations also are frozen at last year's level. This presents budgetary difficulties for programs that hired new staff, NCI officials said. For example, a staff member hired at mid-year would have received half of his or her annual salary from the FY2000 budget. Under the continuing resolution, NCI has only the same amount as last year to pay those salaries.

NCI officials said program directors would have some flexibility to provide funds to projects considered high-priority. Many research projects and clinical trials funded over several years start with a small budget the first year and receive successively larger budgets in the second and third years.

However, the longer NIH goes without a budget, the more difficult it will be to restore funding to grant projects and internal programs, officials said.

Like everything else in post-election Washington, it's uncertain when a budget will be passed. Congress is scheduled to reconvene on Dec. 4.

"I assume I would not be surprising anyone to say there is some political uncertainty in the country," Klausner said at the BSA meeting. "While there has

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been an enormous amount of optimism about the NIH budget continuing on its trajectory, the reality is, we are on a continuing resolution frozen at last year's level."

"The question is how long will this state persist? We can all agree that one thing we shouldn't do is predict what is going to happen," he said.

Klausner seemed to be preparing grantees and NCI staff for dramatically lowered expectations for the fiscal year.

"We honestly do not know how long we will be operating under a continuing resolution," he said. "There is the hope that we will get a budget as soon as possible, and there is the hope that the budget we get is the budget we hope for. Anything I can say is just speculation, but there is serious concern that the continuing resolution will last to perhaps after the inauguration Jan. 20. We just do not know.

"We do not know, despite all our hopes and expectations, and even promises don't mean anything other than the hopes and intentions, so we must operate actually on the dollars that Congress gives us.

"The principle is that while in no way do we want to expect or hope for anything less than to stay on the track of doubling and get a 15 percent increase, we should never make budgetary disbursements and actual budgetary decisions based on what we hope the political process will end up. If we guess wrong, we will find ourselves in an extremely difficult situation.

"We need to proceed as if we have the budget we have, and not on any projection, no matter how optimistic," Klausner said.

"No one knows how to read the tea leaves."

A Thanksgiving Surprise

Wendy Baldwin, NIH deputy director for extramural research, said the decision to hold grant renewals to last year's level is going to come as an unwelcome surprise to NIH grantees.

"I've had no indication that the extramural community has any expectation of this," Baldwin said to **The Cancer Letter**.

Baldwin cautioned that while NIH officials want to restore the funding after the appropriations bill is signed by the President, there can be no assurances that the budget would permit this correction. Capitol Hill sources said NIH was slated to receive a 15-percent increase under the House-Senate conference bill. However, that bill remains to be completed and sent to the President.

"That's a commitment in concept," Baldwin said of the NIH plan to restore grant funds. "Saying we will make restorations is a big, big deal. It depends on when during the year, and it's contingent on a budget level that is different than the continuing resolution."

After the bad news sank in at the NCI BSA meeting, board members began to worry how their peers would react and what they should do about it.

"While we may have a rational response hearing this news, they may not," said board member Tyler Jacks, associate professor of biology at Massachusetts Institute of Technology. "We may have the responsibility to inform and educate. We should discuss to what extent we could affect this process. Should we be doing anything proactively?"

"There is such instability that now may not be the time to use our ammunition," said board chairman Frederick Appelbaum, director of clinical research at the Fred Hutchinson Cancer Research Center.

"When we heard the 18 percent figure no one fell out of their chair or grabbed their chest with pain," said board member William Kaelin, associate professor of adult oncology at Dana-Farber Cancer Institute. "I think it's because all of us remember when paylines were far worse. There are some newly-minted investigators out there who have not known paylines in the teens, so I think it's very important how this is presented. It has to be absolutely clear that this is across the board and affects everyone, and hopefully is a stop-gap measure."

Klausner said NCI would prepare a statement to send to grantees and post on its Web site. His office prepared a statement (published in full below) that was provided to **The Cancer Letter** and distributed to the NCI Executive Committee. As of this writing, it has not been posted on the Institute's Web site.

An NIH statement is posted at http://grants.nih.gov/grants/oer.htm.

NCI "Statement on Interim Fiscal Year 2001 Funding Policies":

The Department of Health and Human Services, of which the National Cancer Institute is a part, is currently without a permanent appropriation for the Fiscal 2001 budget year, which began on October 1, 2000, and concludes on September 30, 2001. NCI, as a part of the NIH, currently is operating under a continuing budget resolution until December 5, which provides for total expenditures at the same absolute dollar level as Fiscal 2000, the year just concluded this September 30th. In other words, the Continuing

Resolution which funds NIH until December 5 provides exactly the same level of funding for FY 2001 as was spent in FY 2000. In view of the fact that there is no information at this point in time about if or when an actual FY 2001 appropriation may be passed by Congress, or what dollar level may be specified, the NCI is announcing an *interim* funding policy for awards to be issued during the current period, consistent with NIH guidance on this matter.

NIH is setting its funding policy to allow prudent spending immediately and to permit restoration of full funding if the full appropriation supports that level of growth.

For non-competing continuation grants (Type 5s), we will make awards at the current level of funding, that is, at the same level as the FY 2000 commitment. When a full appropriation is enacted, some, part or all of the cost of living adjustment will be restored depending on the level of that appropriation. Actual costs awarded will be determined on a grant-by-grant basis. That restoration will be automatically applied to all grants which have been awarded when the full year's policy is established. Investigators are cautioned, however, that there is no guarantee of restoration of funds beyond the initial level of any FY 2001 non-competing award continuation, so they should exercise prudence in controlling their expenditures over the course of the 12 month budget period.

Even under the current continuing resolution, NCI will assure an uninterrupted progression of new and competing awards in FY 2001.

Research projects grant pool funds will be provided to maintain an average cost of award at a level no greater than the fiscal 2000 average. The rounds of FY 2001 award cycles include applications submitted for the February/March, June/July, and October/November 2000 receipt cycles. By freezing average cost and reducing exceptions. NCI is able to establish a preliminary FY 2001 competing R01 payline at the 18th percentile.

However, to permit reaching this level of competing support, we are reducing the amount of money available for exceptions compared to FY 2000 awards. For example, NCI is suspending until further notice its "accelerated executive review" exceptions program. There is every intention to resume this activity once a definitive appropriation is in hand. We will, however, assure that sufficient funds are available to pay "star" R01 awards (to first time grantees) to a success rate equivalent to the overall success rate. When a full appropriation is enacted, NCI will take immediate action to: (1) provide that some increase to the average cost will be restored; (2) increase the R01 percentile payline; and (3) increase the total number of RPG awards depending on the level of that appropriation. Restorations will be automatically applied to all grants which have been awarded when the full year's policy is established.

The NCI is not setting a specific payline for Program Project grants (P01s) at this time. Total dollars committed to program projects (P01) will be held proportional with FY 2000. Since the total numbers of P01 applications are already known for FY 2001 and are substantially less than FY 2000 (110 vs. 89), the base number of P01 awards projected for FY 2001 will proportionately be reduced over the full year should the terms of the current budget remain in place. This would equate to a success rate of approximately 25 percent for the full fiscal year. When a full appropriation is enacted, a definitive payline will be set and the success rate expanded depending on the level of that appropriation. That adjusted payline will be automatically be applied to all P01 applications from the prior rounds of FY 2001.

NCI will honor the published set aside for all research project grant Requests for Applications (RFAs) in effect for FY 2001. In keeping with other segments of the RPG budget, the total number of dollars allocated across all Request for Application competitions in FY 2001 will be equal to or 1ess than FY 2000 levels, and will not exceed 6.4% of the competing RPG pool. When the specific funding plan for each of those RFAs is considered, the scientific merit of those applications will be considered as that compares to the merit of unsolicited applications.

These policies, if the budget level is unchanged over the course of the year, are projected to result in 640 new and competing RPG awards within the pay line, and an overall RPG success rate of approximately 23% for FY 2001, compared to approximately 30% for FY 2000. NCI remains hopeful that, when the final budget is appropriated, these numbers will improve substantially.

In keeping with the freeze on levels of external funds, funding for internal NCI activities is also being held to FY 2000 levels.

Regulatory Agencies:

Cancer Groups Criticize FDA For Ignoring Expert Advice

In a letter to FDA officials, 20 groups that belong to the patient-run Cancer Leadership Council criticized the agency for disregarding the unanimous recommendation of the Oncologic Drugs Advisory Committee last September to approve the oral drug UFT for advanced colorectal cancer.

Last month, UFT was recommended for approval in the European Community. "[UFT] has been approved for use in metastatic colon cancer by virtually every European country," said the CLC letter dated Nov. 15 and addressed to Janet Woodcock, director of the agency's Center for Drug Evaluation and Research.

"This situation has raised in our minds concerns about the nature of the review process for oncology products," the letter said. "[ODAC] includes some of the most respected clinical researchers in the field of oncology. If FDA review leads it to a conclusion that is at odds with their recommendation, the quality and consistency of the review process may be subject to question."

The letter is the first formal statement by cancer groups on the FDA's handling of the UFT application. Last summer, a group of cancer experts contacted by **The Cancer Letter** said the agency's handling of the application raised questions about its grasp of clinical medicine and its isolation from mainstream oncology. At the same time, Rep. Tom Bliley (R-VA), chairman of the House Committee on Commerce, accused the agency of practicing "junk science" (**The Cancer Letter**, April 21, July 21).

Bliley will retire at the end of the 106th Congress, but the committee intends to follow the issue, sources said.

UFT, a drug sponsored by Bristol-Myers Squibb, is a less toxic, more convenient alternative to intravenous 5-fluorouracil. In September of 1999, ODAC unanimously recommended approval for the drug, but the agency disregarded the recommendation, stating that in a worst-case scenario, a combination of UFT and oral leucovorin may be less efficacious than intravenous 5-FU/LV.

Bristol withdrew the application on March 17, just before it was about to receive a non-approvable letter, but resubmitted it on April 20. The application is based on a reanalysis of previously submitted clinical data. The agency's decision is expected in late February 2001.

As UFT languishes in the review process, the agency continues to grapple with standards for interpretation of clinical trials designed to show non-inferiority of experimental therapies versus active control regimens. Clinicians say these regulatory standards are not needed, since ultimately the problem of acceptability of the worst-case scenario for an experimental therapy is a clinical judgment of the sort that the agency usually delegates to ODAC.

Citing another oral drug for colorectal cancer that is yet to be approved by the agency, the CLC letter said the problems at the agency extend beyond the future of UFT. Though the letter doesn't mention that drug by name, the only other oral therapy for colorectal cancer under consideration by FDA is capecitabine, sponsored by Hoffmann-LaRoche. That drug, which is approved for metastatic breast cancer, recently received an "approvable" letter for advanced colorectal cancer, but is yet to receive final approval.

FDA Plans To Reform CDER

The CLC letter appears to arrive at an opportune time, since Woodcock indicated that she is planning to reform her center.

In a recent confidential memorandum, a copy of which was obtained by **The Cancer Letter**, Woodcock said she planned to reorganize the center, with the goal of making it both more efficient and more transparent.

"My primary objective is making sure that every part of our center can function with maximum performance, effectiveness, professionalism and impact, by having the best management support possible," Woodcock wrote in the memo dated Nov. 3.

"Other important objectives include fostering teamwork across organizational units—which is so needed in our matrix environment—and providing visible structures that outside constituents can easily identify as relevant to their needs. A final, personal, objective is to relieve my workload somewhat, so I can function more effectively for the Center."

Woodcock said some CDER units have become too big to manage.

"It is clear to me that some units have become too large, so that the `span of control' is out of control," she wrote. "This interferes with the need for excellent management support. In addition, it is clear that some areas need to foster teamwork more effectively."

Woodcock wrote that she planned to complete a

preliminary reorganization plan before Jan. 1. "The changes I am contemplating will affect mainly the organization of the `more senior' part of the management, and probably will not really impact directly on the structure of divisions, branches, etc.," she wrote.

The memorandum does not specifically mention the quality of science at the center.

Peter Sheffield, a spokesman for the House Committee on Commerce, said the plans outlined in Woodcock's memo seem promising.

"The committee would look kindly at any efforts of FDA to increase the transparency and efficiency of the review process, and if Dr. Woodcock's effort is one that puts science first, then we would certainly applaud this effort," Sheffield said to **The Cancer Letter**.

Sheffield said the committee will continue to follow the agency's handling of UFT. "The UFT review process is a perfect example of the agency's failure to put public interest and competent scientific review above all else," he said.

"It's disturbing that patients are still waiting for the agency to make a decision on this product."

Funding Opportunities:

RFAs Available

RFA CA-01-016: Development of High-Yield Technologies for Isolating Exfoliated Cells in Body Fluids

Letter of Intent Receipt Dates: March 6, 2001

Application Receipt Dates: April 10, 2001

The purpose of the RFA is to develop novel technologies for capturing, enriching, and preserving exfoliated abnormal cells in body fluids or effusions and to develop methods for concentrating the enriched cells for biomarker studies. Support for the RFA is through the SBIR and STTR mechanisms, which are set-aside programs.

Inquiries: Sudhir Srivastava, Division of Cancer Prevention, NCI, EPN, Rm 330F, 6130 Executive Blvd, Rockville, MD 20852, phone 301-435-1594; fax 301-402-0816; e-mail ss1a@nih.gov

RFA: Exposure Assessment Methods for Cancer Research

The initiative encourages exploratory, developmental applications that will improve environmental exposure assessment methods and markers, such as chemical and physical substances, for use in large human population studies of cancer etiology and risk. Bio-behavioral and psychosocial measurements as secondary or confounding factors may be included.

The RFA will support research activity that may include, but not limited to: development and/or improvement of methods, including statistical, to quantify exposures; characterization of exposures and exposed populations; and comparisons, correlations, and validation of existing assessment methods and exposure data. Retrospective measurements will be of special interest.

Inquiries: Kumi Iwamoto, Analytic Epidemiology Research Branch, Epidemiology and Genetics Research Program, DCCPS, NCI, phone 301-435-5911; e-mail iwamotok@mail.nih.gov

RFA HS-01-007: Developmental Centers for Evaluation and Research in Patient Safety

Letter of Intent Receipt Date: Jan. 3, 2001

Application Receipt Date: Jan. 24, 2001

Agency for Healthcare Research and Quality invites applications for exploratory grants P20, for up to three years, for the advancement of approximately 10 developmental centers for evaluation and research in patient safety. The grants include planning for activities that will enhance the capacity to conduct quality research and translate research findings into practice. Each DCERPS will be required to perform a pilot study in the subsequent years of funding. The PA will use the NIH exploratory/development R21 award mechanism.

Inquiries: Shana Christrup, Center for Quality Measurement and Improvement, Agency for Healthcare Research and Quality, 2101 East Jefferson St., Suite 502, Rockville, MD 20852-4908, phone 301-594-6673; fax 301-594-2155; e-mail schristrup@AHRQ.gov

Program Announcements

PA PAR-01-019: Development of High-Yield Technologies for Isolating Exfoliated Cells in Body Fluids

The PA will use the NIH exploratory/developmental R21 grant mechanism. Small businesses are encouraged to respond to a parallel RFA CA-01-016 (see http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-01-016.html) of identical scientific scope that uses the SBIR and STTR mechanisms.

Inquiries: Sudhir Srivastava, Division of Cancer Prevention, NCI, EPN, Rm 330F, 6130 Executive Blvd, Rockville, MD 20852, phone 301-435-1594; fax 301-402-0816; e-mail ss1a@nih.gov

PA-01-017: Physical Activity and Obesity Across Chronic Diseases

The PA is part of a trans-NIH Obesity Initiative, Which includes approaches to obesity prevention and the neuroendocrinology of obesity. NCI and other NIH

institutes invite applications from investigators for research studies that will address the relationship between physical activity and obesity. Three general areas of research are encouraged: (1) observational and prospective studies examining physical activity and obesity relationships; (2) studies to improve methodology of assessment of physical activity and energy balance; and (3) studies to test intervention approaches that incorporate physical activity for obesity prevention or treatment related to chronic diseases. The primary mechanism of support will be the NIH research project grant R01. Additional mechanisms of support are available through individual institutes and centers.

Inquiries: For NCI—Richard Troiano, NCI DCCPS ARP EPN 4005, 6130 Executive Blvd MSC 7344, Bethesda, MD 20892-7344, phone 301-496-8500, direct 301/435-6822; fax 301/435-3710; e-mail rt75i@nih.gov or rick_troiano@nih.gov

PA-01-015: Correlative Studies Using Specimens from Multi-Institutional Prevention and Treatment Trials

Letter of Intent Date: Jan. 4, May 4, Sep. 3

Receipt Date: Regular receipt dates

The Cancer Therapy Evaluation Program and the Cancer Diagnosis Program of the Division of Cancer Treatment and Diagnosis and the Cancer Biomarkers Research Group of the Division of Cancer Prevention, NCI, invite research grant applications from institutions or consortia for clinical correlative or mechanistic studies useful in cancer risk assessment, early detection, prognosis, and in predicting response to therapy and to prevention interventions.

The PA is intended to support collaborations between researchers with promising correlative markers and clinical trials groups with access to patient populations essential for validation studies. Support of this program will be through the NIH research project grant R01 mechanism and the exploratory/pilot grant R21 mechanism for pilot exploratory studies.

Inquiries: Diane Bronzert, Cancer Therapy Evaluation Program, NCI, 6130 Executive Blvd., Rm 734, MSC 7432, Bethesda, MD 20892-7432, phone 301-496-8866; fax 301-480-4663; e-mail db85g@NIH.GOV or Tracy Lugo, Cancer Diagnosis Program, NCI, 6130 Executive Blvd, Rm 6035A, MSC 7388, Bethesda, MD 20892-7388, phone 301-496-1591; fax 301-402-7819; e-mail tl82s@NIH.GOV or Donald Henson, Division of Cancer Prevention, NCI, 6130 Executive Blvd. Rm 305, Bethesda, MD 20892, phone 301-496-9424; fax 301-496-8667; e-mail deh@helix.nih.gov

PA PAR-01-016: NCI Mentored Career Development Award for Underrepresented Minorities

The Comprehensive Minority Biomedical Branch, Office of Centers, Training and Resources, Office of the Deputy Director for Extramural Sciences, NCI, invites applications from scientists who have been recipients of uninterrupted support from an NIH Research Supplement for Underrepresented Minority Award or any National Research Service Award (individual F31/F32 or institutional T32) or can demonstrate that they have been supported by any peer reviewed research project grant mechanism, such as R01, P01, ACS. The award is for additional support in the basic, clinical and/or population sciences in a mentored research environment with the option to bridge support for a first independent research position. Funding will be provided through the NIH K01 career development award mechanism.

Inquiries: Sanya Springfield, chief, Comprehensive Minority Biomedical Branch, NCI, 6116 Executive Blvd, Suite 7080, Bethesda, MD 20892-7405, Rockville, MD 20852, phone 301-496-8347; fax 301-402-4551.

PA: Exploratory/Developmental Grants for Diagnostic Cancer Imaging (Reissued)

The initiative applications that articulate highly innovative research concepts in diagnostic cancer imaging from investigators who have previously had difficulty identifying potential funding sources. Investigators at all career levels will be provided with a defined level of funding adequate for the initial feasibility testing of high risk/high impact concepts and, if the concepts are viable, for the generation of experimental preliminary data.

Inquiries: Anne Menkens, Diagnostic Imaging Program, phone 301-496-9531; e-mail am187k@nih.gov

PA: Cancer Molecular Target Drug Discovery: Exploratory Grants (Reissued)

The PA invites applications for pilot projects and preliminary data accumulation to identify, characterize and/or validate molecular targets for their potential as drug discovery targets for cancer prevention and/or treatment. Research may focus on any aspect of cancer cell biology. Targets may include sites of vulnerability in a cancer cell, such as pathways involved in cell cycle control, DNA repair or cell death. The long-term goal is to use the most promising targets as the focus of drug design programs and high-throughput screening efforts. The initiative is being coordinated for simultaneous release and review with a related solicitation, which will provide an opportunity for competitive supplements to current NCI-sponsored awards.

Inquiries: John Beisler, Developmental Therapeutics Program, DCTD, NCI, phone 301-496-8783; e-mail: beislerj@exchange.nih.gov

PA: Cancer Molecular Target Drug Discovery: Competitive Supplements (Reissued) See preceding PA for description and inquiries.

In Brief:

$1 Million Gift To Duke Funds Urologic Research Center

(Continued from page 1)

Miaskowski, professor and chairman of physiological nursing, University of California, San Francisco. . . . **DUKE COMPREHENSIVE CANCER CENTER** received a commitment of $1 million from the Edwin A. Morris Charitable Foundation of Durham and Greensboro. The gift will combine with an additional $1 million from the Morris Endowment to establish the Morris Center for Urologic Research. Duke surgeon Carl Robertson will direct the new center, which will provide seed funds for innovative research projects. . . . **UNIVERSITY OF TEXAS** System Board of Regents approved plans for construction of a new research facility for the University of Texas M. D. Anderson Cancer Center in Houston. The 132,300-square-foot South Campus Clinical Research Facility will be located at the corner of Old Spanish Trail and Fannin Street, adjacent to M. D. Anderson's existing R. E. (Bob) Smith Research Building. Construction of the four-story building, which will house moderately equipped research laboratories, is expected to begin in February 2001. The $33.5 million budgeted for the project includes the research building and infrastructure costs, such as road construction and parking. The project will be funded by $15.2 million in local revenue bonds and $18.3 million in revenues earned from M. D. Anderson patient services. . . . **PAUL WALLNER** was elected chairman of the New Jersey Commission on Cancer Research.Wallner succeeds **Frederick Cohen**, who is voluntarily stepping aside after 15 years of service, the commission said in a statement. Wallner is clinical professor and vice chairman in the Department of Radiation Oncology at University of Pennsylvania Medical School. He is a member of several professional societies and is a past president of the New Jersey Division of the American Cancer Society. . . . **BERNARD MOSS**, a virologist whose work has been crucial to understanding how viruses infect cells and to developing vaccines against viral diseases, will receive this year's Bristol-Myers Squibb Award for Distinguished Achievement in Infectious Disease Research. Moss is chief of the Laboratory of Viral Diseases at the National Institute of Allergy and Infectious Diseases. Moss will receive a silver medallion and $50,000 at an awards dinner to be held in New York City Nov. 30. . . . **FOX CHASE CANCER CENTER** is the first comprehensive cancer center in the nation to acquire the HD-270 Multileaf Collimator from Siemens Medical Systems Inc. The MLC allows a more precise delivery of high-dose radiation to tumors while sparing healthy tissues and critical structures, the center said. "Fox Chase Cancer Center studies have shown that treating tumors with higher levels of radiation improves survival," said Gerald Hanks, chairman of the Department of Radiation Oncology. "This technology sets a new standard of radiation therapy.". . . **BRAHM SEGAL** was appointed director of the Division of Infectious Disease in the Department of Medicine at Roswell Park Cancer Institute. He also was appointed as an assistant professor of medicine in the Divisions of Infectious Diseases and Allergy, Immunology, and Rheumatology at University of Buffalo School of Medicine and Biomedical Services. Segal has been a consultant at RPCI since 1999. . . . **INCIDENCE RATE** of newly diagnosed cancers among African Americans decreased from 1993-1997, reversing a 20-year increasing trend, and the death rate for all cancers combined decreased from 1991-1997, reversing a 30-year trend, according to the latest edition of the American Cancer Society's publication "Cancer Facts & Figures for African Americans 2000-2001." This publication provides estimates of new cancer cases and cancer deaths in the African American population for the upcoming year, and statistics on cancer incidence, mortality, and five-year survival. In addition, it includes sections on cancer risk factors for African American adults and high school students, such as tobacco use, physical activity, and the use of cancer screening examinations. Some highlights: The incidence rate for all cancers combined among African-American men remains 27% higher and the death rate remains 45% higher than among white men in 1997; the cancer death rate for African-American women was 22% higher than for white women. The prostate cancer incidence rate among African-American men is 60% higher than the rate in white men, and the prostate cancer death rate is more than twice as high among African Americans than any other racial/ethnic group. African-American women continue to have a higher death rate from breast cancer than white women despite lower breast cancer incidence rates. Five-year relative survival rates remain poorer for African Americans than for whites for each of the four most common cancers: breast, colorectal, lung, and prostate.The publication is available on the American Cancer Society's Web site at http://www.cancer.org.

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