THE CANCER LETTER INTERACTIVE

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NCAB Supports NCI Director's Call For Increase In Management Funds

The National Cancer Advisory Board earlier this week passed a resolution recommending an increase in the NCI budget for research management.

The board said the budget line item for "research management and support," which funds most of the Institute's administration, including the management of research grants and contracts, should be set at 5 percent of the annual NCI budget.

Congress has cut research management as a percentage of NCI's

(Continued to page 2)

In Brief:

Dileep Bal Elected Cancer Society President, Young Is President-Elect, Baity Leads Board

AMERICAN CANCER SOCIETY elected officers at its annual meeting held in Chicago. **Dileep Bal**, chief of the Cancer Control Branch in the California Department of Health Services, was elected president. Bal succeeds **Gerald Woolam**, director of surgical oncology, Joe Arlington Cancer Research and Treatment Center, and clinical professor of surgery at the Texas Tech University School of Medicine. **John Baity**, a senior partner in the New York-based international law firm of Milbank, Tweed, Hadley & McCloy, was elected chairman of the board. Baity succeeds **Joh Kelly**, director of the Navy Family Service Center at Gulfport, MS. Elected president-elect is **Robert Young**, president of Fox Chase Cancer Center. **H. Fred Mickelson** was elected chairman-elect. Mickelson is president of Coral Creek Consultants Inc. **David Zacks**, a lawyer in the Atlanta-based law firm Kilpatrick Stockton, was elected vice chairman. **Andrew von Eschenbach** was elected first vice-president. He is director, Program Center–Genitourinary Cancer, University of Texas M.D. Anderson Cancer Center. Elected second vice-president is **Mary Simmonds**, a medical oncologist practicing with the Central Pennsylvania Hematology and Medical Oncology Associates and clinical associate professor of medicine at Penn State University College of Medicine. Lay officers include treasurer **Jean McGill**, president of Noble Investments Inc., and secretary **Thomas Burish**, a professor at Vanderbilt University in the Department of Psychology and the Department of Medicine and provost of the University. . . . **ACS PRESENTED** its Distinguished Service Award to two leaders in cancer control at its annual Board of Directors meeting. **Blake Cady**, director, Breast Health Center at Women and Infants Hospital

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One In Four Grant Specialists Leave Cancer Institute Annually

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budget from 5 percent in fiscal 1995 to 3.6 percent in fiscal 2000. As a result, NCI is limited to spending $120 million of its $3.3 billion budget to manage its extramural research portfolio.

The board, a Presidentially-appointed panel that is responsible for oversight of NCI, passed the resolution in response to NCI Director Richard Klausner's request. In remarks to the board at its meeting Dec. 6, Klausner said NCI staff, particularly in the Grants Administration Branch, are overworked, despite increased efficiency.

"I'm asking your support in making a case to the Congress and the Administration about the need for providing adequate funds for running this institution," Klausner said to the NCAB. "I am particularly worried about the overall health of our whole enterprise in terms of the public's trust. We must adequately oversee what we do. You can't do that without people, resources, and systems."

Turnover among Institute employees involved in research management has reached 25 percent per year, Klausner said. By contrast, turnover in other areas of the Institute is about 12 percent.

The NCAB resolution would be unlikely to affect the FY2001 budget.

"The important issue is to speak towards the 2002 budget," Klausner said.

In previous discussions with NCI advisory boards, Klausner has mentioned the budget limitation as an increasingly difficult problem for the Institute as it expands its research. This time, however, his remarks were detailed and his argument backed with graphs and charts.

Klausner Requests Another $55 Million

Klausner said NCI needs to spend an additional $27 million on research management and another $28 million on information technology and communications. This would raise the total research management and support (RMS) to $176 million, or 5 percent of the Institute's budget.

The National Science Foundation spends about 7 percent of its budget on research management, Klausner said.

About a third of NCI's RMS budget is spent on extramural program management, a third goes to business management, 17 percent is spent on grant and contract review and approval, and 18 percent leaves NCI for taps by NIH or the Department of Health and Human Services, Klausner said.

"The RMS components are almost exclusively driven by the new and expanding NCI program initiatives, but not entirely," Klausner said. "There is also increased intensity of some of the programs, or changed expectations, such as a set of new oversight expectations for clinical research and clinical trials. Well, someone has to deal with all this information, and that has to come out of RMS."

The RMS constraint applies to all NIH Institutes and limits the ability of NIH to make needed improvements in research management, Klausner said. "Virtually all of the NIH-wide enterprise systems for doing business, and the Clinical Center, need, I would say, complete restructuring and overhaul."

Klausner said the RMS limitation makes it more difficult for NCI to compete with the private sector for qualified staff. "We are expecting more of our scientific administrative staff, requiring us to be able to offer not only competitive salaries, but also to be able to provide time for science enrichment, for training, for constant upgrading on all these new systems, for travel, for IT, for telephones."

The NCI Grants Administration Branch handled the work involved in funding 6,600 grants worth $2.2 billion in FY2000, compared to 4,500 grants worth $1.3 billion in FY1995. The branch handled a workload of 9,600 grant actions in FY00, up from

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7,000 in FY95.

The branch's efficiency, as measured by grant actions per full-time equivalent, is up by 50 percent, Klausner said. "We feel good about the efficiency," he said.

However, with one in four grants administration staff leaving every year, more than half of the Institute's grant specialists have less than two years of experience, Klausner said.

"The people in this Institute work very hard and feel very strongly the need to get the work done," Klausner said. "They are not being paid an enormous amount. They are not being paid overtime. People tell us when they leave that the issue is workload.

"We feel that we have a significant problem."

The text of the NCAB resolution follows:

Whereas, the Congress and the Administration have provided increased funding for biomedical research, specifically research activities supported through the National Cancer Institute, from $2.1 billion in FY 1995 to a requested level of $3.5 billion for FY 2001.

Whereas, the demand for modernizing information resources and for increasing oversight in areas such as human subjects, clinical trials, animal welfare, data safety and monitoring, confidentiality, intellectual property, and training standards are expanding significantly.

Whereas, the effective stewardship of Federal funds requires a management and administrative infrastructure to support NCI research activities and is essential to carrying out the exploratory, discovery, and application initiatives enumerated in the annual Bypass Budget, The Nation's Investment in Cancer Research.

Whereas, adequate staffing and support are essential for carrying out responsive, innovative business and management practices. The budget category Research Management & Support is the primary source for these resources.

Whereas, the funding in the RMS mechanism has decreased from 5% in FY 1995 to 3.6% of the FY 2000 NCI budget, creating significant staff turnover issues associated with increased demands and workload requirements. To support the rapidly growing and increasingly complex cancer research agenda, the RMS budget should be increased by $27 million. In addition to this, an additional investment of $28 million annually is necessary for enhanced Information Technology Infrastructure, Informatics, and Communication Programs.

Be it, therefore, resolved that the National Cancer Advisory Board recommends that the RMS budget of the NCI be 5% of the annual budget.

NCI Programs:

Expanded Tissue Resources, Equipment Funds Planned

Advisors to NCI approved the Institute's plan to establish two new grant programs supporting the further development of research tools and infrastructures.

The programs, approved by the NCI Board of Scientific Advisors at its Nov. 16 meeting, will be administered by the Division of Cancer Treatment and Diagnosis.

One program proposes to invite applications to "expand the range and organ system coverage of NCI-funded specimen resources" covering the major tumor types. Such an expansion will better support research in molecular signatures, NCI officials said.

Another program will invite research institutions that do not have NCI-funded cancer centers to apply for funding for equipment and other resources shared by a number of researchers.

Excerpts from the concept statements follow. For further information, contact the program director listed.

Tissue Resources for Cancer Research. Concept for a new RFA (cooperative agreement), first year set-aside $12.5 million, five awards, total $62.5 million over five years. Program director: Roger Aamodt, Chief, Resources Development Branch, CDP, DCTD, phone: 301-496-7147, email: aamodtr@ctep.nci.nih.gov.

This proposed initiative is to request applications to develop the human specimen resources needed to meet critical scientific needs identified in the 2001 Bypass Budget and by various NCI working groups.

The Cooperative Human Tissue Network is highly successful in providing large numbers of carefully collected high quality cancer, benign disease and normal tissue specimens with limited demographic and pathologic data for a wide variety of translational research studies. This leads us to conclude that resource support for early and more basic studies is reasonably covered by the CHTN and we believe that its procedures can be adapted its to meet newly emerging needs for specimens with limited data. The current initiative is targeted to specimen resources of

archival and /or well collected frozen specimens with patient and outcome data. These resources are needed to fill major gaps in the resources now available to the cancer research community.

Despite an increase in support for specimen resources since the Cooperative Human Tissue Network was created in 1987, gaps still remain between specimens that are widely available and those that are necessary to support research progress in critical areas.

The NCI Progress Review Groups in breast, prostate, ovarian, head and neck, colorectal brain and pancreatic cancer, consistently identify one barrier, the need to improve access to human specimens and data.

In the area of early detection and prevention, the lack of high quality matched specimens from normal, suspicious, preneoplastic and multistage neoplastic lesions has hampered systematic evaluation of the natural history of the disease. In addition, the lack of large uniform collections of well-defined preneoplastic and neoplastic lesions, collected with ancillary demographic and follow-up clinical data, has also limited progress in the development and application of biomarkers for earlier cancer detection and risk assessment. As a consequence, much work related to the identification of earlier cancer and high risk subjects is fragmented into numerous small and disconnected studies without complete evaluation.

There are also scientific opportunity themes in the PRG reports that transcend the organ system being reviewed. Some examples applicable to this initiative include: the need to better understand the biology of cancer initiation and progression, particularly the transition from pre-malignant to malignant disease, the need to identify the genetic changes that drive the process of progression, and the development of model systems that mimic various stages or events in cancer progression. The PRGs also focused on the need to find and evaluate the usefulness of markers, particularly markers to predict the behavior of cancer cells in individuals, markers to predict response to therapy, markers that can be used as surrogates for outcome or to define risk or susceptibility to specific environmental insults. Finally, there is the strong desire to better understand the biology of progression to metastatic disease and to discover and study markers that can identify those patients who will progress to metastatic disease. These scientific opportunities will require improved access to large numbers of high quality specimens with, at a minimum, validated clinical and outcome data.

The Specimen Resources Committee, a sub-committee of the BSA that includes both academic and NCI scientists, discussed at their August meeting the issue of the types of resources that are needed and when to begin their development. They noted a clear need for thoughtfully developed specimen resources with clinical and outcome data for those sites that were not currently available to researchers. They cited particular needs for frozen material and for pre-neoplastic and control specimens for early detection and prevention research.

Purpose of REA: This proposed RFA will request applications from institutions or consortia that are interested in developing national human specimen resources with clinical and outcome data to meet the scientific needs in one or more of the specified tissue types as a service to the research community. Applicants will be asked to apply as preformed consortia consisting of two to five cooperating institutions. Approximately five such consortia should be funded with the requested set-aside. It is anticipated that each consortium would collect large numbers of cases (hundreds to thousands depending on the research focus) and provide them to the cancer research community. Applicants may propose a human specimen resource designed to address critical scientific questions for one or more closely related organ site (e.g. components of the GI tract or GU system).

Because the most critical resource needs will vary with the tumor site, the applicants must decide which cancer research questions could best be addressed by the proposed resource and then justify their choice. For colorectal cancer, as for many other sites, a major question is determining which patients are likely to recur after surgery. A resource to facilitate research on this problem would require specimens with pathologic staging, treatment and outcome data to facilitate studies of markers that predict the course of disease in these patients. Similarly, for early detection or prevention research in colon cancer, the resource might collect adenomas, other pre-neoplastic tissue or biologic fluids and follow those subjects to determine which develop cancer. The availability of suitable. well-characterized specimens with appropriate clinical information will lead to an understanding of the neoplastic sequence, and to the development of markers for early cancer detection, risk assessment, and surrogate endpoints for chemoprevention trials.

For bladder cancer, two major clinical questions

are whether early stage disease will recur and which of those cases that do recur will progress to advanced disease. Resources to answer those questions would have to collect archival specimens with pathology, recurrence, progression and outcome data or prospectively collect specimens and data from patients and follow them to determine which patients recurred and which progressed.

For pancreas, a critical issue is how to detect disease early and how to detect metastatic disease at the time of the initial resection. In most cases specimen resources for prevention research will need to collect exposure history information in addition to clinical and outcome data. Similar examples could be developed for the other organ sites.

The proposed RFA will primarily target those tissue types for which specimens and data are not currently available. Applicants will be encouraged, when possible and relevant, to include fresh/frozen specimens and pre-neoplastic specimens in their plans. The targeted sites are: brain, esophagus, gastro-intestinal (colorectal, stomach, liver, and pancreas), genito-urinary (bladder, kidney and prostate), head & neck, lung, and lymphoma. These tissue types were selected based on their incidence and mortality and because they are not represented in existing widely available NCI supported resources. Rare tumors, which are often part of genetic syndromes, may also be included, since investigators find it difficult to obtain them. The proposed resources should permit studies on large patient populations and create opportunities for hypothesis testing, translational studies, prevention, treatment, early detection and diagnosis studies that would otherwise be difficult or impossible to carry out. An archive of paraffin-embedded tissue specimens will be suitable for morphologic, immunohistochemical and some molecular biologic studies, particularly those that involve DNA. Any proposed frozen tissue resource should be adequate for expression array studies and should clearly indicate how specimens will be collected and prepared to anticipate future needs for high quality RNA and other macromolecules.

Applicants must justify the focus of the resource and provide a plan to meet the need they have defined with high quality specimens and data. Applicants must clearly define the nature of the resource, tissue collection and storage protocols, operating policies and ability to distribute specimens to multiple investigators. Applicants will have the option to provide special preparation services such as DNA, RNA, xenografts or tissue micro-arrays with appropriate justification. They must describe specimen standards, quality control procedures and a robust repository informatics system for storing clinical information. All applicants must propose to develop a database with demographic, clinical, histopathological and outcome data for each case and any other data that is appropriate to meet the goals of the proposed bank. Applicants must propose an equitable system for making tissues and associated clinical information available to researchers. They must also demonstrate that they conform to current ethical and legal guidelines for the collection and distribution of human tissues for research and can maintain patient confidentiality.

Shared Resources at Institutions Without NCI Funded Cancer Centers. Concept for a new RFA, first year set-aside $3 million, 10 to 15 awards. Program director: Roger Aamodt, Chief, Resources Development Branch, CDP, DCTD, phone: 301-496-7147**,** email: aamodtr@ctep.nci.nih.gov.

This initiative is to continue trans-NCI efforts to support shared resources initiated with two program announcements issued in 1998 and 1999 (PAR98-092. PAR99-127). The underlying assumption for this initiative is that basic, clinical and population scientists performing cancer research require access to specialized expertise, equipment, technologies, model systems, data bases etc. Support for these high-cost, fundamental infrastructure needs cannot usually be justified within the budget requests of typical NIH research project grant applications (e.g., R0ls, P01s). However, shared use of a particular scientific resource by multiple research projects is a proven way to achieve cost-effectiveness. Commercial resources may not be able to satisfy the scientific requirements of a research project if it requires more direct interactions with the resource in a collaborative, consultative, problem-solving capacity. Currently cancer scientists can only justify and receive support for shared resources in the following ways: 1) as members of NCI Cancer Centers or SPORES which provide shared resources that benefit a wide range of basic, clinical, prevention and control research; 2) as an investigator in large multiproject program grants such as P01s, and 3) as individual projects which can justify their combined needs for sophisticated, high cost, equipment to the National Center for Research Resources at NIH. Unfortunately, the above opportunities are not adequate and exclude approximately half of all NCI-supported investigators, particularly those who reside in

institutions that are not supported by Cancer Center Support Grants.

Interest in the previously issued program announcements was very high and many applications were submitted (17 to PAR98-092 and 27 to PAR99-127) with a significant number that were of high quality. Eight applications were funded in the first round at a total cost of $51.57 million and 12 were approved for funding in the second round. This has truly been an NCI-wide initiative. In the first round the applications were referred to five programs in two divisions (DCB and DCTD). In the second round the variety of requests had greatly increased and these applications were referred to 10 programs in four divisions (DCB, DCTD, DCP and DCCPS).

The purpose of this initiative is to provide an equal opportunity to establish shared resources to scientists doing cancer relevant research in institutions that do not have NCI Cancer Centers. It is anticipated that these opportunities will be of even greater importance as more and more sophisticated, high cost methodologies and technologies are introduced and become essential to the biomedical research enterprise.

This initiative would be announced as a Request for Applications and restricted to scientists who reside in institutions that are not currently supported as NCI Cancer Centers. The R24 mechanism will be used since it is the appropriate grant mechanism for resource support. There will be no limit to the number of resources for which an institution can apply other than that imposed by the institutional cap described below. Using the RFA ensures that funds are set aside and that the NCI Division of Extramural Activities conducts the peer review. Because of the specialized nature of this initiative and the difficulty in assembling qualified peer reviewers, there will be only one deadline for applications each fiscal year.

The Resources Development Branch of the Cancer Diagnosis Program will act as the point of contact for the RFA, coordinating with other programs and providing potential applicants with information. Applications will be assigned to the most appropriate NCI program, consistent with current policy. Oversight and scientific administration of funded grants will be provided by the assigned program.

Applications will only be accepted from institutions that currently are not supported by NCI Cancer Center Support Grants (CCSGs or P30). Recipients of planning grants (P20) are eligible to apply, but any resources funded through this initiative would have to be folded in to an eventual P30 grant application. Only applications for resources that serve scientists in the applicant institution will be accepted. Applications solely for support of equipment or administrative functions will not be accepted.

Institutional Cap: An institution can submit multiple applications for funding up to 10% of its NCI-funded direct cost research base. as derived from the NCI's financial data base. This cap applies only to annual regular operational costs. A one-time purchase of equipment as an integral part of a resource will not count against the institutional cap.

Individual application cap: An application for resource support may not exceed $200,000 in direct costs. Any equipment requested must be accommodated within this cap. The exclusion for equipment only applies to the institutional cap described above.

Applications can propose a completely new resource, add a new component to a resource or expand an existing resource to increase its cancer specific use. Applications must propose support for a single resource, but multiple applications may be submitted up to the institutional cap of 10% of the institution's NCI funded research base. Each proposed resource will be limited to $200,000 in direct costs and must provide evidence that a minimum of six users with peer-reviewed, NCI funded research projects will use the proposed resource. Whenever an individual scientist user is listed as one of the six required participants on more than one resource from the same institution, an appropriate explanation must be provided.

Science Policy:

Clinton Administration Issues Research Misconduct Policy

The Clinton Administration last week issued the final, government-wide policy addressing research misconduct.

The policy, developed by the National Science and Technology Council, seeks to establish uniformity among the federal agencies's definition of research misconduct and consistency in their processes for responding to allegations of misconduct. Agencies will be given a year to implement the new policy.

The policy is posted on the web site of the White House Office of Science and Technology Policy http://www.ostp.gov, and published in the Dec. 6 edition of the Federal Register (pages 76260-76264).

Funding Opportunities:

NCI Lists Colorectal Cancer Research Funding Initiatives

A new broad program announcement, NCI Initiatives Applicable to Colorectal Cancer Research has been posted at http://cancer.gov/scienceresources/initiatives.html.

The announcement is intended for researchers interested in all scientific areas relevant to the study of colorectal cancer. Similar announcements are available at the same site for breast, head and neck, ovarian, and prostate cancers. These announcements were developed following the presentation of NCI's implementation plans for recommendations developed by Progress Review Groups or "PRG-like" groups.

The broad program announcements are updated approximately every four to six weeks.

Initiatives posted are only those which are active. Some programs which are no longer accepting applications remain posted because funded projects may provide research resources and/or opportunities for collaborative activities in the future.

Reports of these groups are available within each of the announcements. Further information on PRGs is available at: http://osp.nci.nih.gov/prg_assess/default.htm.

RFAs Available

RFA RR-01-001: National Gene Vector Laboratories

Letter of Intent Receipt Date: Jan. 11, 2001

Application Receipt Date: Feb. 22, 2001

The National Center for Research Resources, NCI, National Institute of Diabetes and Digestive and Kidney Diseases, National Institute of Arthritis and Musculoskeletal and Skin Diseases and National Institute of Neurological Diseases and Stroke, invite applications to join in the support of the National Gene Vector Laboratories to produce and distribute such vectors and to perform related toxicology studies for phase I and II clinical gene transfer protocols. The funding instrument to be used will be the cooperative agreement U42.

Inquiries: Richard Knazek, medical officer, Clinical Research Area, National Center for Research Resources, One Rockledge Centre, Rm 6030, 6705 Rockledge Drive, MSC 7965, Bethesda, MD 20892-7965, phone 301-435-0792; fax 301-480-3661; e-mail richardk@ncrr.nih.gov

RFA ES-01-003: Community-Based Participatory Research In Environmental Health

Letter of Intent Receipt Date: Jan. 17, 2001

Application Receipt Date: March 15, 2001

National Institute of Environmental Health Sciences invites applications to develop community-based public health research approaches to diseases and health conditions having an environmentally related etiology and determine the impact of these methods. The RFA will support collaborative research activities in three specific areas: etiology, exposure assessment, prevention/intervention strategies.

Inquiries: Frederick Tyson, Chemical Exposures and Molecular Biology Branch, NIEHS, PO Box 12233, 111 T.W. Alexander Dr., MD EC-21, Research Triangle Park, NC 27709, phone 919-541-0176; fax 919-316-4606; e-mail tyson2@niehs.nih.gov

Program Announcements

PA-01-024: Bioengineering Research Partnerships

Letter of Intent Receipt Dates: Jan. 16, 2000 and July 13, 2001; Application Receipt Dates: Feb. 16, 2001 and Aug. 14, 2001

Participating institutes and centers of NIH invite applications for R01 awards to support bioengineering research partnerships for basic multidisciplinary research addressing biological or medical research problems. A BRP is a multidisciplinary research team applying an integrative, systems approach to develop knowledge and/or methods to prevent, detect, diagnose, or treat disease or to understand health and behavior. The partnership must include appropriate bioengineering expertise in combination with basic and/or clinical investigators. A BRP may propose discovery-driven, developmental, non-hypothesis-driven, design-directed, or hypothesis-driven research at universities, national laboratories, medical schools, large or small businesses, or other public and private entities.

Inquiries: Richard Swaja, Office of Extramural Research, 1 Center Dr., Rm 152, Bethesda, MD 20892-0152, phone 301-402-2725; fax 301-496-0232; e-mail swajad@od.nih.gov

PA PAR-01-025: International Research Scientist Development Award

Application Deadline: Feb. 13

The International Research Scientist Development Award is offered by the Fogarty International Center for U.S. postdoctoral biomedical, epidemiological/clinical and behavioral scientists who are committed to careers in international health research. The award supports direct collaboration between the U.S. scientist and established developing country sponsor on a research project of mutual interest in the context of an ongoing relationship between the U.S. and foreign sponsors.

Inquiries: Kathleen Michels, Division of International Training and Research, Fogarty International Center, Bdg 31, Rm B2C39, 31 Center Dr. MSC2220, Bethesda, MD 20892-2220, phone 301-496-1653; fax 301-402-0779; e-mail IRSDA@nih.gov

PA-01-026: Single Molecule Detection and Manipulation

National Institute of General Medical Sciences invites applications for basic research in the detection and manipulation of single molecules. The PA will use existing NIH research project grant R01 and program project grant P01 award mechanisms.

Inquiries: Catherine Lewis, Division of Cell Biology and Biophysics, National Institute of General Medical Sciences, Bldg. 45, Rm 2AS.13C, Bethesda, MD 20892, phone 301-594-0828; fax 301-480-2004; e-mail lewisc@nigms.nih.gov

Other Funding Notices

Notice AI-01-002: Inter-Institute Pilot Program for the Development of AIDS-Related Therapeutics

Letter of Intent: Jan. 2, 2001

Application Receipt Date: Jan. 15, 2001

National Institute of Allergy and Infectious Diseases and NCI invite proposals to a drug development pilot program to help AIDS research investigators facilitate the preclinical development of: 1) therapies for the treatment of HIV disease, AIDS-associated malignancies, opportunistic infections and tuberculosis associated with AIDS, and 2) microbicide-based prevention strategies for HIV. The program does not fund grants. Applications to the program are requests to NIAID and NCI to use drug development resources to conduct tasks the applicants are unable to carry out. The pilot program Web site can be found at http://dtp.nci.nih.gov/docs/dart.html

Inquiries: James Drake, Developmental Inter-Institute Program coordinator, Therapeutics Program, NCI, Executive Plaza North, Suite 8000, 6130 Executive Blvd., Rockville, MD 20852, phone 301-496-8720; fax 301-402-0831; e-mail drakej@dtpax2.ncifcrf.gov

In Brief:

ACS Honors Cady, Rimer For Work In Cancer Control

(Continued from page 1)

and professor of surgery at Brown University School of Medicine, was honored for his outstanding service to ACS and for leadership in cancer control and professional education. Cady, an ACS volunteer since 1974 and president of the Massachusetts Division in 1991, founded and chaired the Massachusetts Coalition for a Healthy Future, the group that won passage of the 1992 ballot question that raised the state's tobacco excise tax by 25 cents per pack and led to funding and organization of a comprehensive tobacco control program. **Barbara Rimer**, director of the NCI Division of Cancer Control and Population Sciences, received the award for her "contributions as one of the nation's most respected scientists in the field of public health and for her translation of research into practical applications to improve human health; for her thoughtful investigations into the causes of cancer-related behaviors, such as tobacco use or the failure to seek cancer screening, and her subsequent development of interventions that result in lifesaving behavioral changes; for her commitment to teaching and mentoring the next generation of public health professionals; and for her lifelong dedication to cancer control," ACS said. . . . **SUSAN MATSUKO SHINAGAWA** received the ACS Humanitarian Award for "empowering diverse and medically underserved communities speak with one voice though her leadership as chair of the Intercultural Cancer Council; for her tireless efforts to promote programs and partnerships and improve funding to help alleviate the unequal burden of cancer among minorities and the poor; and for her passionate commitment to breast cancer control and education." She is a survivor of breast cancer. . . . **ACS PUBLIC POLICY** Leadership Awards were given to Rep. Ken Bentsen (D-TX) and Sen. Arlen Specter (R-PA). ACS gave its Public Policy Achievement Award to Rep. Matt Salmon (R-AZ) and Sen. Charles Schumer (D-NY). . . . **ANTHONY ELIAS** was named medical director of the University of Colorado Cancer Center's Clinical Breast Cancer Program and associate professor of medicine at the University of Colorado Health Sciences Center Department of Medicine, Division of Medical Oncology. Elias was assistant professor of medicine at the Dana-Farber Cancer Institute. . . . "**JUST SAY NO** to drug reps" is the motto of **No Free Lunch**, an organization opposed to pharmaceutical industry promotional practices. The group's Web site at http://www.nofreelunch.org provides discussion of conflict of interest, as well as lighter features, including a questionnaire for "drug company dependence" with questions such as, "Is there a medication logo on the pen you are using right now?" The group offers a "pen amnesty program." The organization and Web site are under the direction of **Bob Goodman**, a general internist practicing in New York City. . . . **CORRECTION:** In a story in the Dec. 1 issue on the NCI concept for Centers of Excellence in Cancer Communication, it was incorrectly reported that the concept was withdrawn from consideration earlier this year. The Nov. 16 meeting of the Board of Scientific Advisors was the first time NCI presented the concept to the board.

NCCN®

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- Presentations may include the new NCCN Practice Guidelines on palliative care, nutrition, and patient–physician communication

Tentative Presentations Include

- Update on the NCCN Outcomes Database
- Panel discussion on the NCCN Guidelines and Outcomes Database and their applications in the community
- Guideline-based global pricing models
- Legal issues in oncology practice
- Reimbursement, legislative, and HCFA updates
- Roundtable—Patient ownership of specimens and data: Issues in research applications
- Oncology business update

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Email Address _____

CONFERENCE REGISTRATION FEE

	Until 1/15/01	After 1/15/01
❑ Non-NCCN Member	$375	$425
❑ NCCN Member	$325	$425
❑ Federal Employee	$325	$425

(Please check one of the boxes above)

METHOD OF PAYMENT

(Registration fee and one night hotel deposit required)

❑ Check Enclosed ❑ Visa ❑ Mastercard ❑ AmEx

• If you will be sending a check, please make checks payable to **CoMed Communications, Inc.** and mail to

CoMed Communications, Inc.
210 West Washington Square, 8th Floor, Philadelphia, PA 19106

Signature (required) _____

Cardholder's Name _____

Account Number _____

Expiration Date _____

(Your credit card will be charged by CoMed Communications, Inc.)

HOTEL RESERVATIONS

The Marriott Harbor Beach Resort, Fort Lauderdale, Florida

Reserve a ❑ Single ❑ Double room for the following nights:

❑ Wednesday, 2/28/01 ❑ Thursday, 3/1/01

❑ Friday, 3/2/01 ❑ Saturday, 3/3/01

Be sure to check the nights you will be staying.

❑ Check here if you have any special accommodation or dietary needs.

Indicate what those needs are: _____

❑ Check here if you want to be contacted regarding air fares.

Please return this form to CoMed Communications, Inc.

Fax: 215-413-3953

Phone: 215-592-1363, ext. 1441

Mail: NCCN Conference
c/o CoMed Communications, Inc.
210 West Washington Square, 8th Floor, Philadelphia, PA 19106

Or, register online at **www.nccn.org**

CONFERENCE INFORMATION

REGISTRATION

For those who register by January 15, 2001, the fee is $375, except as noted in the next paragraph. After January 15, 2001, the registration fee will be $425 for all. The registration fee includes all conference materials, breakfasts, lunches, and arrival cocktail buffet the evening of February 28. In addition, the program workbook will be supplied at the conference.

All registrants from NCCN member institutions and their satellite cancer centers are eligible for a reduced registration fee of $325 if registered no later than January 15, 2001. For federal government employees, the registration fee will be discounted to $325 if they register and pay by January 15, 2001. Registration and payment after January 15, 2001 will be $425 for all.

ACCOMMODATIONS

The conference will be held at the Marriott Harbor Beach Resort in Fort Lauderdale, Florida. A limited number of rooms at a discounted rate have been arranged for registrants of the NCCN conference.The special rate is $309 per night, single or double occupancy, plus tax. At the time of reservation, a 1-night deposit is required by a credit card as a guarantee for all reserved nights. Because space is limited at the Marriott, a block of rooms at the Sheraton Yankee Clipper and the Radisson have also been reserved for conference registrants.

Please contact CoMed Communications, Inc., the NCCN Conference Secretariat, at 215-592-1363, extension 1441. World Travel Inc., the official travel service of the NCCN Conference, will also work with federal employees to reserve rooms at nearby hotels accepting the maximum level of government housing allowance.

AIRLINE TRAVEL ARRANGEMENTS

World Travel, Inc. is the official travel agency for the NCCN Conference. Special discounts have been negotiated for conference attendees. World Travel, Inc. has the ability to search all carriers and offer a variety of discounts to ensure the lowest fare is obtained. Note: Reservations made 60 days in advance will receive additional discounts.

To take advantage of the services, discount, and low fares offered by World Travel, Inc., please call 1-800-867-2970 Monday through Friday from 8:30 AM to 5:30 PM Eastern Time. Identify yourself as an NCCN conference attendee.

CANCELLATION POLICY

HOTEL: Owing to hotel requirements for guarantees of conference space, the demand for hotel rooms, and the special discount room rate, all cancellations of rooms (whether for all nights or some nights) must be received in writing by January 31, 2001. **After January 31, 2001, you will be responsible for reserved and unused room nights.**

REGISTRATION: A substitute attendee may be sent in place of the original registrant. A $50 administration fee will be charged for all cancellations received before January 31, 2001. After January 31, 2001, the registration fee is non-refundable.

This registration may be photocopied for your colleagues.

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