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Troubled Roswell Park Cancer Institute Bets On Recruitment To Regain Its Luster

Roswell Park Cancer Institute, the world's first cancer center, is in danger of losing its NCI core grant and "comprehensive cancer center" designation.

Last year, the venerable institution received a funding package that conveys NCI's most stern warning to poorly performing cancer centers. Instead of renewing the previous five-year grant of about \$1.5 million a year, NCI gave Roswell Park about \$750,000 a year for two years, followed by a year without funds.

According to the NCI peer review, Roswell Park lacks "truly first-tier clinical or basic research to set the standards for both existing programs and for programs that will be recruited."

Further, the review questioned the ability of the center's senior leadership "to critically evaluate ongoing research programs and to identify
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In Brief:

New Organization To Develop Curriculum To Teach Oncologists How To Talk To Patients

ADVANCING COMMUNICATION in Oncology Through Research and Education, a new organization, was formed last month to develop a curriculum for teaching effective patient-physician communications. The **ACORE** organizing committee, headed by **Walter Baile**, chief of psychiatry at M.D. Anderson Cancer Center, met Dec. 10-12 in Houston. Data show there is often a significant communication gap between oncologists, their patients, and patients' families, and physicians need better training, Baile said. The meeting was attended by 28 oncologists, psychiatrists, medical educators, and health communication experts. **Gary Kreps** and **Dianne Needham**, of NCI's Health Communication and Informatics Research Branch, also participated. Participants discussed strategies for advancing communication education and conducting research in communication and cancer care. They also formed committees to focus on developing new research efforts, educational programs, and outreach opportunities for promoting effective communication in cancer care. The group is preparing a white paper on communication skills for oncology practice. For more information about **ACORE**, contact Walter Baile at wbaile@mail.mdanderson.org. . . . **PRESIDENT CLINTON's** skin lesion, removed Jan. 12 at the National Naval Medical Center in Bethesda, MD, was confirmed as a superficial basal cell skin cancer, the president's
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Roswell Park In Danger Of Losing NCI Core Grant

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recruits with the potential to develop first-tier basic or clinical research programs.”

The final judgment for Roswell Park is two years away. To build focused research programs and attract R01 grants, the center will have to convince basic and clinical researchers that the institution will be able to recover from its long decline. Can this be accomplished with available talent and resources in the time allotted?

“We are going to make sure that it’s enough time,” said David Hohn, cancer center director, president, CEO, and principal investigator on the NCI grant. “Of course, it can be done. It not only can be done, it will be done. It is being done.”

Hohn, a surgeon and former vice president for patient care at M.D. Anderson Cancer Center, estimates that Roswell Park has a recruitment war chest of \$15 million to \$20 million, which would be spent over the next three or four years. “We believe that we have the resources to do this, and that the elements are completely in place,” Hohn said to **The Cancer Letter**. “It has taken an enormous amount of work to set the stage for this.”

For Roswell Park, the stakes are higher than the NCI grant itself. The prestige associated with the designation serves to attract other grants, philanthropy,

and patients. Also, Roswell Park is the only cancer center in New York to receive a \$100-million appropriation from the state. With the designation gone, this subsidy could become difficult to justify.

“The key question is whether Roswell Park can recruit new faculty who will re-invigorate the institute and raise the overall quality of the science,” a panel of outside advisors wrote in a recent memorandum to Hohn.

Joseph Pagano, chairman of the 14-member advisory group and director emeritus of the University of North Carolina Lineberger Comprehensive Cancer Center, said it would be feasible to save Roswell Park. “As far as I can tell, David is making all the right moves; it’s just not easy,” Pagano said to **The Cancer Letter**. “He has plenty of money. He has a beautiful new hospital. He has a basic science building on the way. I would think that in less than a year, it will be pretty clear just how successful they are going to be.”

There is no shortage of explanations for Roswell Park’s problems. Though the list customarily begins with the weather in Buffalo, it may be more important that as an institution of the New York Department of Health, the cancer center was subject to a hiring freeze that lasted for more than a decade.

In 1999, after many years of lobbying, New York state legislature placed the cancer center under control of a public benefit corporation run by a board of directors appointed by the governor and the leadership of the state legislature. The new governance schema gives the center greater autonomy in hiring, firing, and making contracts.

“For the last four years we have been very successfully and concertedly building stability,” Hohn said to **The Cancer Letter**. “We have stabilized funding. We have appointed a board of directors that broadly oversees the center’s direction. We are working on new facilities. We have also reversed a long decline in patient referral to the institute, and now have an organization that has been rising in US News & World Report scores, and is viewed increasingly as a major center of excellence, at least in this part of the country.”

Documents Become Public

In the midst of transition at Roswell Park, the NCI peer review report was leaked to the press, and last week, a story based on these documents appeared in the Buffalo News.

The confidential peer review documents became the subject of public discussion, and even an editorial.



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“Western New Yorkers should be deeply concerned over the loss of confidence federal officials have just voiced in one of Buffalo’s jewels, Roswell Park Cancer Institute,” the newspaper said in an editorial Monday. “But this is less a disaster than a warning that not even Roswell Park can rest on its laurels.”

In the NCI peer review report, the center’s infrastructure and shared resources were judged acceptable, while most of the basic and translational research programs were judged as substandard. Overall, the institute was rated as “good to very good,” a mediocre grade on a scale of “not recommended for further consideration.” to “outstanding.”

“The efforts of Dr. Hohn to change the covenants of the institute within the state structure are outstanding, and will have long-term impact on the future of the institute,” the NCI report says.

Yet, at the time of the site visit, administrative changes did not improve the science at the center, the reviewers found.

“Although the internal reorganizations are extensive, and from the administrative point of view are logical and potentially functional, it is less clear that these reorganizations have resulted in fundamental changes in the impact that the research has had in their respective areas,” the NCI report says.

The NCI report indicates that Roswell Park leadership was asking for \$3 million a year for five years, about double the money the center received the previous year.

However, reviewers found that the center’s phase I and phase II clinical research programs were eroding. The core grant supported an ever-diminishing pool of research. Many scientists were investigating questions that were neither fresh nor daring, and the list of publications was getting slim.

The site visit committee recommended a 10-percent cut from the previous year’s budget of \$1.477 million. The committee also agreed that a five-year extension of the grant would be unacceptable. The majority of the committee suggested a four-year extension. A minority suggested evaluation after three years.

The ultimate decision to give Roswell Park two years at 50-percent funding and a year with no funds is notable, because it comes at a time when NCI has been increasing support for cancer centers.

Hohn said the center was unable to hire scientists until the governance work was completed. This conversion began in 1999, and competitive salaries at the faculty level became available in August 2000, he

said.

The NCI site visit occurred in October 1999. “We were at the very beginning of our ability to recruit,” he said. “In fact, our chair of immunology had come in just before the grant was filed. The timing was sub-optimal for us, but we were doing everything we could.”

Pagano agrees that little could be done to minimize damage at that point. “At the time, David couldn’t recruit, he couldn’t raise salaries, he couldn’t do much,” Pagano said. “He was just paralyzed.”

The reviewers praised the therapeutics and biophysical therapies programs, but noted that some of the individuals in these programs were “not contributing at the same level that they have in the past.”

In the therapeutics program, the report noted “an obvious weakness:” the absence of program project grants. “The need for a cohesive phase I clinical trials effort that can assist in the identification and development of promising strategies is apparent,” the NCI site visit report states. “Similarly, while a number of the clinical investigators have established collaborations with scientists in the program, the relative paucity of translational research that has led to clinical trials is a concern.”

The immunology program had not produced “cutting edge contributions that have resulted in publications in high quality peer-reviewed journals.” The mouse molecular genetics program had the “major weakness” of not being focused on cancer. The cancer genetics program was losing its chairman and two researchers. The DNA replication program had “potential,” but lacked “depth in leading edge science.”

The breast cancer program lacked peer reviewed funding and was “weak.” “Ongoing trials are few and unfocused; it is not intuitively obvious how they fit together into a cohesive program,” the report said. The direction of the gastrointestinal program was “not well articulated in the application or the site visit.”

At the time of the site visit, Roswell Park had 30 positions open for recruitment of physicians and scientists, the report said.

Hohn defends his decision to ask NCI for double the money at a time when his program was obviously weak. “We were very far below the allowable threshold, which is indexed to NIH and NCI peer-reviewed grant formulas,” he said to **The Cancer Letter**. “You are allowed to apply for up to 20 percent of your qualified peer-reviewed federal funding in a cancer center. And our prior funding level was very



far below that, and in fact \$3 million was a little under 10 percent.

“We were perhaps under-asking for many years, based on the formulas,” Hohn said.

Physician-Scientists On The Treadmill

According to the NCI peer review report, Hohn had to spend much of his time working on the plan to free Roswell Park from state control.

“Dr. Hohn’s necessary preoccupation with the governance changes requiring his presence in Albany early in his tenure deflected the time and energy available at RPCI,” the document states.

Hohn, who joined the institute in 1997, confirmed that governance was his first priority during his first two years on the job. “My first priority was to get the flexibility to run the place, and then, as quickly as possible, restore the clinical luster and the scientific strength of this institute,” Hohn said. “If you can’t write a managed care contract in a town that’s highly penetrated with managed care, you really can’t do anything.”

Hohn’s task was to find a quick and permanent solution to problems that developed over decades. Without recruitment, the center’s leadership, research staff, and physician-scientists were spread thin.

“This is a problem that long precedes the current administration,” said Gary Schwartz, a former assistant professor at Roswell Park, who left the center last August.

“Over the more recent past, the institution has had difficulty retaining clinical faculty and recruiting new clinicians and clinician-scientists, even while the number of outpatient visits and the inpatient census have been climbing,” said Schwartz, assistant professor at the Dartmouth Norris Cotton Cancer Center. “Although patient care has been maintained, and some new programs have been developed, the stress on the remaining clinicians has hampered the development of clinical programs.”

At Dartmouth, Schwartz, a breast cancer specialist, spends a day and a half in the clinic. At Roswell Park, clinic took up three-and-a-half days.

Schwartz said he spent much of the remaining work time returning phone calls and filling out insurance forms. “There was not a whole lot of time for research,” he said. “We didn’t have time to go to the staff seminars or a lot of the scientific conferences.”

Even finding time to attend grand rounds was a major commitment, Schwartz said. “If I went to grand

rounds on Friday morning, I had to extend my clinic an hour later in the afternoon,” he said. “And at a certain point you get tired of missing dinner with your kids, which is what that meant. I couldn’t get home for dinner Friday night with my family, because I had to start clinic an hour later.”

In an attempt to guide Roswell Park out of its current predicament, last fall, Pagano’s advisory committee held its own site visit to the cancer center. In their report to Hohn, the advisors said they found evidence of a clinical treadmill at Roswell Park.

“It is clear that the faculty in the clinical departments are busy and actively engaged in patient care,” the report said. “It also seems clear that the number of new cases seen annually at the institute is growing, as is the number of registrations on therapeutic protocols. However, few faculty in the clinical departments have peer-reviewed funded grants or protected time to engage in research.”

In an interview, Hohn said the problem of balancing research and health care is not unique to Roswell Park.

“With managed care, we have to find ways to get our patients seen,” he said. “We do that by having people who are clinically oriented, blended with people who are scientifically oriented. We have recruited people from elsewhere, because they were being forced onto a clinical treadmill, and in fact we have recruited an outstanding clinician scientist from another major medical center, because of the fact that we were able to protect time and give this individual, with a track record of funding, up to four days in the laboratory.”

The Pagano report was critical of a presentation by Lawrence Leichman, then chairman of the division of medicine, who was recruited by Hohn from the University of Southern California.

“The presentation did not include a summary of major research themes, funded clinical research programs, or discrete future plans,” the report states. “Although Dr. Leichman made the case for recruitment of additional faculty, it is not clear what the strategy will be that will lead to the successful development of outstanding research programs.”

The advisors also recommended against presenting the gastrointestinal program, directed by Leichman and surgeon Nicholas Petrelli, at the next NCI site visit. “The lack of basic science connections in genetics and cell biology and weak funding base make it unlikely that the program will be rated excellent-outstanding in the near term,” the report said.

The advisory committee report was dated Oct.



31, 2000. On the same day, Hohn removed Leichman from his job as department chairman and Petrelli from the position of chief of surgery. Petrelli was offered the job of vice president, clinical education.

“In making these difficult decisions, I have considered feedback from our core grant site visit last October, sought counsel with extramural advisors and our board of directors, and carefully observed the performance of the incumbents in their departmental and institutional leadership and administrative roles,” Hohn wrote in a memorandum to the faculty. “As is always the case in such matters, I have considered the long-term needs of the institute to be the highest priority.”

Hohn and Terrence Connors, an attorney who represents the two physicians in negotiations with Roswell Park, declined to discuss the dismissal, citing ongoing negotiations.

Pagano: Recruitment An Urgent Challenge

Pagano said the center’s most urgent challenge is to recruit scientific and clinical directors, two positions that have been open for a year.

“There really was not a clinical director who was coordinating all the clinical activities and research activities,” Pagano said. “There was a certain disjointedness because of that.”

Soon after the NCI site visit, scientific director Youcef Rustum became a senior advisor to Hohn and director of core facilities. At the same time, clinical director Jerome Yates moved to head population sciences. “What I found in dealing with both of them is that they are really for the enterprise, for the institution,” Pagano said. “They are not in there for themselves. They are willing to work in whatever role David thinks they would be useful.”

Roswell Park had made major improvements in the year since the NCI site visit, the Pagano report said. The immunology program, headed by Soldano Ferrone, and the cancer genetics program, headed by John Cowell, are getting stronger.

Reviewers also noted improvements in the cancer prevention program and a multidisciplinary translational research program in lung cancer. That program, led by Gerold Bepler, a recent recruit, submitted a SPORE application to NCI.

The therapeutics program is “in the state of evolution,” with the departure of Henry Mihich as its leader. Pagano said the center is close to recruiting a new head of pharmacology.

“There is a certain amount of momentum you

get established,” Pagano said to **The Cancer Letter**. “Once you appoint one or two good top leaders, then it gets easier and easier to appoint additional top leaders, and then the junior recruitment will go much better.”

The Pagano report reads like something of a primer on reinvigorating a cancer center, prepared for Hohn, his senior staff, and the board of directors. “In a cancer institute like RPCI, the primary mission should be research; for the clinical departments that means translational research,” the report states. “The cultural environment of Roswell Park is in transition, which will mean major change in how the staff operates, their roles, and how they work together.

“Overcoming institutional inertia will require recruitment of investigators and leaders who can transform and establish the new culture. The desire and, most importantly, the institutional commitment for this recruitment is in place. The Institute leadership has prepared a detailed recruitment plan.

“Monitoring that plan and evaluating recruitment should be a major activity of the scientific advisory board.”

Pagano said Hohn has been consulting the board on recruitment. “Certainly, in terms of getting renewal of the core grant, a misstep in recruitment of a key person would not be good,” Pagano said.

The Pagano board also suggested that Roswell Park consider asking NCI to extend the designation by an additional year without funding.

“Our advice was not to hurry, and get an additional year without money,” Pagano said to **The Cancer Letter**. “They are being cooperative at NCI. Roswell Park is a very important institute. It’s the oldest in the world. Everyone wants to see it succeed.

“It was a gem, and it can regain its luster.”

Transition: **Cancer Groups Endorse Pazdur For FDA Commissioner**

The Cancer Leadership Council, a patient-led forum on cancer policy, suggested that the Bush Administration appoint Richard Pazdur as FDA commissioner.

The CLC letter, addressed to Tommy Thompson, the HHS Secretary-designate, was signed by 18 patient organizations as well as the American Society of Clinical Oncology, Oncology Nursing Society, and the Association of American Cancer Institutes.



Pazdur, director of the FDA Division of Oncology Drug Products, is a medical oncologist recognized for his work in colorectal and other gastrointestinal cancers. Before joining FDA in 1999, he was a professor of medicine at University of Texas M.D. Anderson Cancer Center.

As of this writing, FDA Commissioner Jane Henney was in office, but like all Presidential appointees in the Clinton Administration, had turned in her resignation as of Jan. 19.

“Dr. Pazdur has distinguished himself in his willingness to engage in meaningful and productive dialogue with a wide range of patient, physician, and even industry representatives,” the CLC letter said. “FDA has frequently been a lightning rod for criticism from practically the entire spectrum of interests affected by its regulatory reach, but we believe Dr. Pazdur has the personal and intellectual skills to undertake the challenging assignment of leading this often controversial agency. We are convinced he would consider and respond sensitively and intelligently to the competing needs of the diverse constituencies who are subject to, or influenced by, FDA's exercise of its very broad jurisdiction.”

NCI Programs:

NCI Funded Over 4,500 Grants Last Year, Half Its \$3B Budget

NCI funded 4,526 research project grants with \$1.52 billion, or more than half, of its budget of \$3.31 billion in fiscal year 2000, according to a report by the Institute.

Last year, NCI received an increase of \$420 million, or 15 percent, over the previous fiscal year. It was the largest single-year increase in the Institute's 63-year existence, the NCI Annual Report said.

According to the report, NCI spent \$438.7 million on breast cancer research—more than twice the \$203 million the Institute spent on prostate cancer research, the No. 2 disease in terms of spending. Third was colorectal cancer, at \$175.8 million, closely followed by lung cancer, at \$175 million. In fifth place was leukemia, at \$141 million. Amounts by disease might overlap, the report said.

Other highlights of NCI's spending last year:

—Of the \$420 million increase, \$225 million was allocated for research grants.

—Nearly a third of the NCI budget supported non-competing (Type 5) research project grants (RPGs).

—More than one-fourth of the RPGs awarded were new (Type 1) or competing renewal (Type 2) awards.

—R01 grants were funded to the 22nd percentile, but on average, grant funds were cut by 11 to 12 percent below recommended levels.

—More than 300 grants and \$67 million were funded as Small Business Innovation Research awards.

—\$83 million or 20 percent of the increase was allocated for cancer prevention and control.

—The percent of the budget that funds intramural research fell to 15.3 percent, down from 18 percent in 1996.

—Staff and funds that supported the research contract effort located at NCI at the Frederick Cancer Research Center were transferred into the NCI intramural research program.

—Research career training activities (K awards) expanded by a third.

Funding Trends

Since FY1996, the NCI budget has increased by almost \$1.1 billion or 47 percent, the report said. During that time, funds for research project grants have increased by 48 percent.

SPOREs, clinical cooperative groups, cancer prevention and control, and research and development contracts have had greater percentage increases than the total NCI growth, while the intramural research and cancer centers programs have expanded at a slower rate than the total NCI growth.

The National Cancer Advisory Board requested that NCI prepare the report, published last month. The seven-page report is available at <http://www.cancer.gov/scienceresources/announcements/fy2000.html> or for PDF format, see: http://www.cancer.gov/scienceresources/announcements/FY2000_Annual_Report.pdf.

Funding Opportunities:

Pharmacia Awards Funds, Seeks More Proposals

Pharmacia Oncology has awarded the first \$1 million of its Ellence Research Fund to 11 researchers, and announced it is seeking applicants for the second round of funding.

The recipients were chosen by a scientific advisory board. The 11 recipients were: Glenn Buble, Joan Bull, Luke Dreisbach, Phil Gold, Daniel Haller, Jon Herrington, Peter Kennedy, Pam Khosla, Silvana



Martino, Lajos Pusztai, and Christopher Ryan.

For the second round, Pharmacia is seeking proposals from academic and nonacademic physicians as well as fellows for clinical or preclinical research in all cancers. Proposals studying drug composition use and physiological effects, the economics of drugs and nursing research projects are welcomed.

Research proposals will be reviewed and selected by an expert committee comprised of leading oncologists who will award proposals based on originality and the potential to expand the use of Ellence. There will be a separate grant and review committee for proposals entered by fellows. Proposals may be mailed to Lynn Stoltzfus, 100 Route 206 North, Peapack, NJ, 07977 or via email lynn.stoltzfus@am.pnu.com by March 31, 2001.

NIH RFAs Available

RFA AT-01-002: Complementary/Alternative Medicine at the End of Life for Cancer and/or HIV/AIDS

Letter of Intent Receipt Date: Feb. 26, 2001

Application Receipt Date: April 12, 2001

National Center for Complementary and Alternative Medicine invites research grant applications to focus specifically on clinical studies of CAM modalities related to cancer and/or HIV/AIDS.

Cancer brings therapeutic interventions with toxicities and sometimes limitations to control or cure disease. These factors may be driving the search by patients for alternatives. Although CAM is used at various stages along the disease continuum, patients with cancer report using CAM by 4 to 6 months after diagnosis when ongoing treatment outcomes may be uncertain; after a diagnosis with a poor prognosis, with recurrence or disease progression, or at the advanced stages of disease.

Possible patient outcomes would include: 1) managing or reducing the symptoms associated with the conditions of end stage disease for cancer and HIV/AIDS, 2) preventing or reducing side effects of medications such as antiretrovirals, steroids, and chemotherapy/radiotherapy, and 3) enhancing the psychological, social, and spiritual well-being and quality of life at the end-of life.

The RFA will use the NIH R01 and the NCC R21 award mechanism.

Inquiries: Christopher Gordon, chief, Secondary HIV Prevention & Treatment Adherence, Division of Mental Disorders, Behavioral Research & AIDS, National Institute of Mental Health, NIH, 6001

Executive Blvd, Bethesda, MD 20892-9621, phone 301-443-1613; fax 301-443-9719; e-mail cgordon1@mail.nih.gov

RFA NR-01-004: Clinical Trials: Collaboration for Nursing Research II

Letter of Intent Receipt Date: April 20, 2001

Application Receipt Date: May 18, 2001

National Institute of Nursing Research invites nurse investigators to participate in an initiative to link supplemental studies posed by nurse researchers to currently funded clinical research studies, or to link supplemental studies by non-nurse researchers with ongoing clinical studies where nurse researchers are the principal investigators. Collaborations and consortia promoting the cross-fertilization of ideas are encouraged.

Among the research objectives will be: to qualitatively measure the family decision-making processes for declining or choosing therapies when a child is diagnosed with cancer; examine ways to promote quality of life at the end of life for those who have reached the end stages of chronic illness and who are facing premature death; develop ways to improve management of discomfort for persons at the end of life. The mechanism of support for the RFA will be the traditional research project grant R01.

Inquiries: Hilary Sigmon, program director, Division of Extramural Activities, National Institute of Nursing Research, Bldg 45, Rm 3AN-12, 45 Center Dr, MSC 6300, Bethesda, MD 20892-6300, phone 301- 594-5970; fax 301-480-8260; e-mail Hilary_Sigmon@nih.gov

RFA GM-01-002: Initiative for Minority Students: Bridges to the Baccalaureate

Application Receipt Dates: May 14 and Nov. 14, 2001

National Institute of General Medical Sciences and the National Center for Research on Minority Health, NIH, re-announce invitations for new and renewal applications for the Bridges to the Future Program, begun in 1992 to facilitate specific career path transitions of underrepresented minority scientists from associate- to baccalaureate-degree granting institutions and from masters to doctoral-degree granting institutions. Awards under the RFA will use the NIH institutional education project R25 grant award mechanism.

Inquiries: Irene Eckstrand, National Institute of General Medical Sciences, 45 Center Dr, Rm 2AS-



25K, MSC 6200, Bethesda, MD, 20892-6200, phone 301-594-5402; fax 301-480-2228; e-mail eckstrai@nigms.nih.gov

Other Funding Notices

Metabolic Engineering: An Inter-Agency Announcement of Funding Opportunities

National Institute of General Medical Sciences, along with the Department of Agriculture, Department of Commerce, Department of Defense, Department of Energy, Environmental Protection Agency, and National Aeronautics and Space Administration, is participating in an interagency funding initiative, led by the National Science Foundation. The agencies anticipate a total of \$4.5M for this effort. Information concerning the application and review process is available at <http://www.nsf.gov/cgi-bin/getpub?nsf0119>.

Inquiries: Fred Heineken, program director, Biochemical Engineering/ Biotechnology, Bioengineering and Environmental Systems Division, NSF, phone 703-292-8320; e-mail fheineke@nsf.gov

Competitive Supplements to Study Issues Related Patient Safety

Agency for Healthcare Research and Quality has funds available for competitive supplements to existing centers for education and research on therapeutics to study patient safety. Congress expanded the CERTs program to a three-year demonstration program to conduct research and provide objective information on drugs, biologics, and devices on the issues of medical errors and patient safety.

Inquiries: Lynn Bosco, Agency for Healthcare Research and Quality, Center for Outcomes and Effectiveness Research, 6010 Executive Blvd., Suite 300, Rockville MD 20852, phone 301-594-2416; fax 301-594-3211; e-mail LBosco@ahrq.gov

Salary Limitation on Grants, Cooperative Agreements and Contracts:

NIH announces updated information to salary limitation as it relates to NIH grant and cooperative agreement awards and extramural research and development contract awards.

The executive level I annual salary rate is \$157,000 for the period Oct. 1 through Dec. 31, 2000. Effective Jan. 1, 2001, the executive level I salary level increased to \$161,200. Direct salary is exclusive of fringe benefits and facilities and administrative expenses, also referred to as indirect costs.

NIH grant/contract awards for applications/proposals that request direct salaries of individuals in excess of the applicable RATE per year will be adjusted in accordance with the legislative salary limitation and will include a notification.

For a full listing see the NIH Web site at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-01-013.html>.

Inquiries: Questions concerning this notice should be directed to the grants management or contracts management office in the appropriate NIH Institute or center.

In Brief:

Sieving Named Director, National Eye Institute

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physician, Rear Admiral **E. Connie Mariano**, said in a Jan. 16 statement. "The President's risk of recurrence of basal cell skin cancer is low, but he faces a higher risk than the population at large of developing a new lesion in the future due to his fair skin and years of sun exposure," Mariano said. "The President will be seen in four to six months by a dermatologist. If there is no evidence of new lesions at the time of follow-up, he will be examined annually."

. . . **PAUL SIEVING** was appointed director of the National Eye Institute. Sieving is the Paul R. Lichter Professor of Ophthalmic Genetics and director, Center for Retinal and Macular Degeneration, at the Department of Ophthalmology and Visual Sciences, University of Michigan Kellogg Eye Center, Ann Arbor. He will join the NEI in late spring. . . .

MICHAEL AHEARN was selected to receive the Julie and Ben Rogers Award for Excellence at University of Texas M.D. Anderson Cancer Center. Ahearn, the center's dean of allied health programs, was recognized for his work to gain degree-granting status for the cancer center through legislation passed by the Texas Legislature last year. The center now offers bachelor of science degrees in five technical specialties. . . .

THE PAUL CALABRESI Conference Room at Yale Cancer Center was dedicated earlier this year. Calabresi, who celebrated his 45th reunion at Yale this year, is a former associate professor of medicine and pharmacology, chairman of the Director's Advisory Board, and member of the Scientific Advisory Board at Yale. He was also presented the Distinguished Alumni Service award by **David Kessler**, dean of the School of Medicine.



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