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House Science Committee Chairman Questions NIH Budget Increases

Rep. Sherwood Boehlert (R-NY), chairman of the House Science Committee, said his committee would “take a serious look at the balance within the federal research portfolio” to determine whether government-funded research is too heavily weighed toward biomedical research.

“We all know that that is a somewhat euphemistic way of raising the question, “Is biomedical research bulking too large in the federal research budget?” Boehlert, an 18-year veteran of the committee, said in a speech before the Universities Research Association Jan. 31.

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In Brief:

Three Institutions In Texas To Form Center For Childhood Cancer Epidemiology Research

THREE TEXAS Medical Center institutions plan to jointly form a center for childhood cancer epidemiology and prevention research. Baylor College of Medicine, Texas Children’s Hospital and The University of Texas M. D. Anderson Cancer Center said they would establish the Childhood Cancer Epidemiology and Prevention Center, which will be located in the Texas Children’s Cancer Center. “We want to improve our understanding of the causes of childhood cancer, identify the best strategies for prevention and share this information with health care professionals nationally and internationally,” said **Melissa Bondy**, director of the new center, associate professor of epidemiology at M.D. Anderson, and associate professor of pediatrics at Baylor. The center will conduct epidemiologic research studies, cooperative laboratory projects, and develop a training center in childhood cancer epidemiology and prevention. Researchers will focus on molecular epidemiology, prevention, long-term survivorship, quality of life and treatment outcomes. The professional training component of the center will educate health care professionals in the causes and prevention of childhood cancer. . . . **RICHARD SILVER**, clinical professor of medicine, Weill Medical College, Cornell University, has been honored with the establishment of the Richard T. Silver Distinguished Professorship of Hematology and Medical Oncology. The endowed professorship is funded by gifts totaling \$2 million from the Cancer Research and Treatment Fund, an organization that supports cancer research at Cornell. Silver is an internationally recognized authority on the leukemias, polycythemia

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Boehlert Calls For NIH Accountability On Budget

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Boehlert said his initial priorities would include science and math education, energy policy, and the environment.

The excerpted text of Boehlert's remarks follows:

"Those who believe that NIH is eating up a disproportionate share of the federal budget have two solid facts on their side: the extraordinary growth in that share, and the dependence of the American economy, and of biomedical research itself, on a wide range of research disciplines. And a cursory look at the numbers certainly gives one the feeling that things may be a little out of whack.

"But if we are to take action, we're going to need to dig a little deeper and ask some tougher questions. How would we know if NIH was over-funded in either relative or absolute terms? Given the public concern with health and the advances in biology, why shouldn't NIH get a larger share of the pie?

"Hasn't one set of concerns always loomed largest in the federal R&D budget whether that be the Manhattan Project or the Cold War or the Space Race?

"These are not meant, in the least, as merely rhetorical questions. They are difficult questions that ought to be explored further if we're going to make a case for either limiting NIH's growth or greatly

increasing the budget for every other field.

"Similarly, we need to ask tough questions, if we're really thinking about doubling the entire federal civilian science budget. Questions like: Why double? What are we going to get for that money? How will we know if we are under- or over-spending in any field?

"The science policy debate sometimes seems composed entirely of randomly generated numbers. We really need to push for more data.

"I don't say this out of any opposition to the proposed bill that would set a goal of doubling the science budget. In fact, I'm kindly disposed toward that bill. I would like to find a way to pass it. The bill might do some real good because it would put Congress on the record as saying that science spending is a real priority.

"But that shouldn't obscure the fact that doubling will never become a reality if we can't make a much more solid case to the appropriators.

"It's a case that is going to have to be made agency by agency, as well as in general terms. Looking at DOE, for example, I want to get a much clearer sense of the Department's needs as it tries to upgrade aging facilities and replace a retiring workforce. And despite years of post-Cold War studies, my sense is that we still don't have a clear policy regarding the role of the national laboratories.

"If we're going to increase the federal science budget, we also need to take a much harder look, brushing aside all cant, at the changing nature of our research universities. I'm thinking here especially of the questions raised by the growing partnership between universities and industry.

"That partnership, encouraged by legislation, is having many beneficial effects. But it's time we make sure that we understand better how it's affecting the university — in terms of education, the free flow of information, the nature of university research, and the development of intellectual property, to name just a few matters of concern

"This is the time to review that relationship, when it is still developing and fluid. Neither partner has been sufficiently willing to do that. University officials sometimes simultaneously argue, on the one hand, that partnerships are at the cutting-edge of organizational arrangements and, on the other, that their hallowed institutions are still seeking the truth in the time-honored way that has not changed appreciably since the Middle Ages.

"Universities ran into trouble in undergraduate

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education, in part, because they were unwilling for too long to acknowledge that the rise of the modern research university had changed the nature of the campus. That reluctance stemmed from the understandable fear that raising questions would lead some to argue that research and education could not productively co-exist. But in the end, the lack of discussion hurt undergraduate education in a way that put research at greater risk. An honest, open look at partnerships now should help make them more productive rather than hampering them.”

In Congress:

Specter Remains Chairman Of Labor-HHS Subcommittee

Sen. Arlen Specter (R-PA) said this week he would not give up chairmanship of the Senate Appropriations Subcommittee on Labor, HHS, and Education.

In a statement Jan. 31, Specter said he was committed to doubling the NIH budget over five years and opposed any restrictions on research using stem cells and tissue from discarded embryos.

“Continuity is important to double the NIH appropriation over a five-year period; and continuity is essential to liberate medical researchers from any restrictions on the use of discarded embryos to produce stem cells and discarded fetal tissue which are key to curing Parkinson’s, Alzheimer’s, spinal cord injuries, heart disease, and perhaps cancer and other diseases,” Specter said.

Specter also said the subcommittee this year will make key funding decisions on education and worker safety.

Specter said last fall he would step down from the subcommittee to protest the cost of the Labor-HHS spending bill.

* * *

Craig Higgins was named clerk and staff director of the House Appropriations Committee’s Labor, HHS, Education and Related Agencies Subcommittee by the subcommittee chairman, Rep. Ralph Regula (R-OH).

Higgins replaces **Anthony McCann**, who is taking a job at the Smithsonian Institution. Higgins has been legislative liaison at the National Human Genome Research Institute, but previously was the clerk of the Senate Labor, HHS, Education Subcommittee.

Professional Societies:

ORI Whistle-Blower Proposal Too Rigid, Biologists Say

The Federation of American Societies for Experimental Biology said the rules for protection of whistle-blowers proposed by the Office of Research Integrity are excessively rigid and may exceed the agency’s statutory authority.

“The proposed rules greatly exceed the agency’s statutory authority, are overly prescriptive, and may conflict with existing laws creating an unfair imbalance between the accuser and the accused,” FASEB president Mary Hendrix wrote in a letter to ORI Director Chris Pascal. “With little justification in terms of scope or magnitude of the problem, the rules also place new, unreasonable and costly financial burdens on research institutions.”

The text of the letter, dated Jan 29, can be found at www.faseb.org/opar/ppp/res_int/whistle.html. The proposed ORI rule, published in the Nov. 28 Federal Register, is posted at <http://ori.dhhs.gov/html/misconduct/nprmreg.htm>

“We believe that the rules governing employment in universities, medical schools, and other research institutions should not be radically altered by a set of rules designed to remedy unusual and rare circumstances,” Hendrix wrote. “We are also concerned that these proposed rules may conflict with state laws and institutional employment agreements, thereby resulting in a complex web of competing rules and regulations.”

According to FASEB, the proposed rule has the following flaws:

—*The rule establishes an elaborate structure and prescribes a detailed system of regulations that go far beyond the agency’s statutory authority.* These include requirements for subcontractors and the establishment of specified time frames for adjudicating cases. Moreover, the time frames established in these rules are unreasonable in light of the sensitive charges and adversarial relationships involved.

—*The rule creates a new and redundant system for dispute resolution.* It creates a totally separate channel for grievances in addition to mechanisms existing under collective bargaining agreements and state laws. In some cases, it would be possible for individuals to pursue remedies simultaneously in all three venues, and it might be the case that the results would be three separate opinions.

—*The rule may conflict with state laws and*



institutional employment agreements, thereby resulting in a complex web of competing rules and regulations. Under the National Labor Relations Act, an employer cannot unilaterally make changes in the conditions of employment. In those institutions covered by collective bargaining agreements, employers cannot, by themselves, establish a system for resolving grievances unless it is already covered by the contract.

President's Cancer Panel:
**Panel Explores Barriers
In Access To Cancer Care**

The President's Cancer Panel issued a statement earlier this month regarding disparities in access to cancer care.

The panel regularly releases statements several weeks after its meetings, which are held four times a year. The most recent meeting was held Nov. 16-17, in Nashville, TN, on "Improving Cancer Care for All: Real People, Real Problems."

Following is the text of the statement:

It is time to stop talking about disparities in access to cancer care and start doing something about them. Passionate testimony put human faces on issues related to health disparities as patients, survivors, family members, health officials, and health care providers from states and territories in the Southeast region of the US addressed the President's Cancer Panel in Nashville, TN, regarding barriers they face in both accessing and providing cancer care.

Some barriers are inherent in the health care system itself. Although access to screening programs has improved largely as a result of Federal funding efforts, access to sustainable, community-based care has not. Underserved communities are "tired of being studied" under short-term grants, because needed services are discontinued after intervention studies are concluded.

Dedicated but overwhelmed private health care providers cannot continue to absorb the costs of treatment for uninsured and underinsured individuals who are diagnosed through screening programs.

"We need to be intellectually honest," according to one advocate, "about the impact of the health care system on access to care. It is disingenuous, within a payment-for-service system, to express surprise that some who cannot pay do not have equal access."

Managed care organizations produce report cards

on spending, but there are no report cards on health outcomes.

Other barriers stem from the financial impact of cancer on individuals and families. For example, physician recommendation is the primary factor that motivates people to seek screening; however, uninsured and low income individuals usually seek care only in times of crisis; it is not surprising that they are disproportionately represented among those whose cancers are diagnosed too late.

Inadequate reimbursement for services at rural clinics often means that patients must travel to distant medical centers; some simply choose to forego treatment. Small things—such as the rising cost of gas or a lack of child care—become deciding factors in accessing care. Some patients risk losing their jobs due to inflexible limits on short-term disability coverage. Employment and insurance discrimination still exists for cancer-free survivors.

Geographic barriers to cancer care access include lack of transportation for residents of rural areas and lack of health care providers within rural communities. Isolation is a particular problem for residents of the U.S. Virgin Islands, for whom travel is especially costly and disruptive. Within rural areas, as well as in poor urban areas, disparities driven by poverty and illiteracy do not differ significantly among racial, ethnic, or regional populations, whether they are African Americans in western Tennessee, the Mississippi delta, and the "Black Belt" of Alabama or whites in Appalachia.

Psychosocial barriers are no less real than financial and geographic barriers. For the poor and the underserved, fatalism is caused by a lifetime of experience. Distrust is entrenched among populations that have been poorly served. However, patients who first react to a cancer diagnosis with fear or apathy are often motivated by meeting survivors and hearing their stories. Religious faith is a strong theme in the stories of many survivors and often provides the context within which survivors work to help others. Religious institutions are an important avenue through which education and prevention programs can gain access to underserved communities.

Lack of easily obtainable and easily understood information is a formidable barrier to access. Doctors should ensure that newly diagnosed patients have access to culturally appropriate medical information and guidance in finding financial and emotional support. In the Southeast, the access problems of Latin American and Asian immigrants are exacerbated by



cultural factors, language barriers, and sometimes legal status. Cancer information dissemination cannot rely on generic messages; a multidisciplinary approach is needed to address the complexities of motivation and behavior change. Case managers or “navigators” can help patients understand the system and make connections with support groups. Nurses and social workers can play this role, but many advocates suggest using Community Health Advisors to help patients find information and services. Cross-cultural training for providers is also needed.

The President’s Cancer Panel is an advisory group established by Congress to monitor the nation’s efforts to reduce the burden of cancer. The panel’s Web site: <http://deainfo.nci.nih.gov/ADVISORY/pcp/pcp.htm>.

Cancer Screening: **ACS Updates Guidelines On Colorectal Screening**

The American Cancer Society has updated its screening guidelines for colorectal cancer to state that two screening tests together are better than one, but either test alone is better than no screening.

The fecal occult blood test and flexible sigmoidoscopy are better indicators of the presence of disease when taken together than either one alone, ACS said.

Robert Smith, ACS director of screening, and colleagues report in the January/February issue of CA that despite ample evidence showing the effectiveness of colorectal cancer screening, as well as excellent survival rates when the disease is detected and treated early, compliance with previous screening guidelines by both U.S. adults and health care providers has been poor.

The conclusion reached by an ACS colorectal cancer advisory group was, therefore, to modify previous guidelines in an effort to encourage appropriate use of any colorectal screening technique.

“Of primary importance at this time is that clinicians recommend at least one of the appropriate screening options for all of their eligible patients,” Smith wrote. “Evidence demonstrates that when a screening recommendation comes directly from the clinician, compliance with colorectal cancer screening can be quite high.”

The article also covers other techniques for early detection of colorectal cancer, such as colonoscopy, which is considered the “gold standard,” and double

contrast barium enema, and provides updated guidelines on screening for prostate and endometrial cancers, as well as a narrative about early lung cancer detection.

The issue also includes the society's annual cancer statistics report. CA is available from the ACS Web site at <http://www.cancer.org>.

Black Teens At Higher Risk Of Tobacco Addiction

African American youth continue to have the lowest rates of smoking among the nation’s 8th, 10th, and 12th graders, according to results from the 2000 Monitoring the Future Study, an annual survey that tracks drug and alcohol use by secondary school students.

However, African Americans teens are at greater risk of developing long-term consequences, such as smoking-related coronary heart disease, stroke, and lung cancer, than are their non-African-American counterparts, according to a study published in the December 2000 issue of the Journal of the National Medical Association.

“This study indicates that African American youth may be in danger of experiencing the negative effects of tobacco earlier in their smoking histories, and assessments and interventions need to be tailored to their specific needs,” said Alan Leshner, director of the National Institute on Drug Abuse.

The study was led by Eric Moolchan, a pediatrician and researcher at NIDA.

Funding Opportunities: **RFAs Available**

RFA HL-01-005: Overcoming Barriers to Treatment Adherence in Minorities and Persons Living in Poverty

Letter of Intent Receipt Date: Feb. 22, 2001

Application Receipt Date: March 22, 2001

National Heart, Lung, and Blood Institute, NCI, National Institute of Diabetes and Digestive and Kidney Diseases, and National Institute of Nursing Research invite applications for research project grants to evaluate interventions in clinical care settings to improve adherence to medically prescribed lifestyle and medical regimens used to treat heart, lung, blood or sleep diseases, cancer, or diabetes.

Studies of breast, colon and prostate cancer would be most feasible, as these are high incidence



cancers with relatively high, long-term survival following treatment. The research should address either (1) interventions designed to improve adherence to adjuvant treatment recommendations known to improve survival, such as the use of tamoxifen for breast cancer; or (2) maintenance of lifestyle changes that could increase long-term survival, enhance quality of life, or reduce co-morbidity. Appropriate behavioral interventions would include, but not be limited to weight control, physical activity, dietary change, and smoking cessation. Of particular interest is the development and evaluation of theory based models to guide interventions to promote long-term adherence to treatment regimens and/or maintenance of healthful behavior. The RFA will use the NIH regular research grant R01 award mechanism.

Inquiries: For NCI, Linda Nebeling, chief, Health Promotion Research Branch, NCI, Division of Cancer Control and Population Sciences, 6130 Executive Blvd, EPN 4080, MSC 7335, Bethesda, MD 20892-7335, phone 301-496-8520, fax 301-480-2087; email linda_nebeling@nih.gov

RFA OH-01-004: Centers for Agricultural Disease and Injury Research, Education and Prevention

Letter of Intent Receipt Date: Feb. 16, 2001

Application Receipt Date: March 28, 2001

National Institute for Occupational Health and Safety, Centers for Disease Control and Prevention announce funds for cooperative agreement applications from single institutions or consortia of institutions to establish centers that address agricultural safety and health problems in the geographic region served (multi-state), as well as nationally. Those who work in agriculture are at increased risk for occupational morbidity from musculoskeletal disorders, certain cancers, reproductive disorders, dermatological conditions, zoonotic diseases, hearing loss, stress related mental disorders, and occupational lung diseases. The administrative and funding instrument will be a cooperative agreement U50, an assistance mechanism, in which NIOSH scientific and/or programmatic involvement with the awardee is anticipated during performance of the activity.

Inquiries: Roy Fleming, Office of Extramural Programs, National Institute for Occupational Safety and Health, 1600 Clifton Rd, N.E. Bldg 1, Rm 3053, MS D-30, Atlanta, GA 30333, phone 404-639-3343; fax 404-639-4616; email rfleming@cdc.gov

RFA GM-01-001: Centers of Excellence in Complex Biomedical Systems Research

Letter of Intent Receipt Dates: Sept. 1, 2001

Application Receipt Dates: Oct. 11, 2001

The National Institute of General Medical Sciences program is responsive to the Biomedical Information Science and Technology Initiative call for National Programs of Excellence in Biomedical Computing. The CE/CBSR goal is to promote the analysis of the organization and dynamic behaviors of complex biological systems. The center grant mechanism P50, together with the planning grant mechanism P20, will support the development of multi-investigator teams capable of engaging biomedical complexity with a scope of activities not possible with other funding mechanisms. Activities will encompass research and training, as well as workshops, symposia, and other forms of outreach. Centers will support research activities that may include the development of new instrumentation and methods, bioinformatics infrastructure, and new theoretical frameworks to advance knowledge of life processes at the system level. Support will be through the NIH P50 specialized center grant and P20 exploratory grant mechanisms.

Inquiries: James Anderson, Division of Genetics and Developmental Biology, National Institute of General Medical Sciences Bldg. 45, Room 2AS-25A, Bethesda, MD 20892-6200, phone 301-594-0943; fax 301-480-2228; email andersoj@nigms.nih.gov

RFA DA-01-011: Tools for Insertional Mutagenesis in the Mouse

Letter of Intent Receipt Date: March 11, 2001

Application Receipt Date: April 11, 2001

The RFA solicits proposals for development of tools and techniques for the establishment of random and targeted sequence-tagged insertion libraries of embryonic stem cells that can be used to generate mutant mice in which the expression of the tagged gene could be controlled temporally and spatially. The development of such a resource for wide distribution to the scientific community would make it possible to scan the sequence database for any gene of interest and order the corresponding targeted ES cell line. The insertional mutagenesis system developed would permit a wide range of genetic analyses and manipulations, including enhancer-trapping, conditional knockouts, conditional expression or overexpression. It also would permit the larger community of investigators to utilize genomic resources efficiently.



The RFA, which will use the research project grant R01 and exploratory/development grant R21 mechanisms, complements NIH efforts to create and characterize induced point mutations in mice using ethylnitrosourea and provides a functional genomics tool to translate the information from the Mouse Genome Sequencing Project. Further information about NIH initiatives on mouse genomics and genetics resources is available at <http://www.nih.gov/science/mouse>.

Inquiries: Bettie Graham, Division of Extramural Research, National Human Genome Research Institute/NIH, Bldg 31, Rm B2B07, Bethesda, MD 20892-2033, phone 301-496-7531; fax 301-480-2770; email bettie_graham@nih.gov

RFA DA-01-012: Tools for Insertional Mutagenesis in the Mouse: SBIR/STTR Initiative

Letter of Intent Receipt Date: March 11, 2001

Application Receipt Date: April 11, 2001

See preceding RFA for program description.

The RFA invites grant applications for small business innovation research/small business technology transfer projects with award duration and amounts greater than those routinely allowed under the SBIR program.

Inquiries: Judith Greenberg, director, Division of Genetics and Developmental Biology, National Institute of General Medical Sciences/NIH, Natcher Bldg, Rm 2As25, 45 Center Dr, MSC 6200, Bethesda, MD 20892-6200, phone 301-594-0943; fax 301-480-2228; email greenbej@nigms.nih.gov

Other Funding Notices

Opportunity for Obtaining the Sequence of Mouse DNA of Particularly High Biomedical Interest

National Human Genome Research Institute informs the scientific community that the NIH Mouse BAC Sequencing Program will be continued. The two next receipt dates are Feb. 1 and April 1, 2001. This sequencing service is provided by several sequencing centers funded through the NIH-supported Mouse Genome Sequencing Network at http://www.nhgri.nih.gov/About_NHGRI/Der/model_org.htm.

Details about the program and how to apply for access can be found at <http://www.nih.gov/science/models/mouse/mouseseq/index.html>.

Inquiries: Bettie Graham, National Human

Genome Research Institute, phone 301-496-7531; email bettie_graham@nih.gov

RFP Available

RFP N01-CN-85093-40

The Chemoprevention Branch of the Division of Cancer Prevention, NCI, is expanding the existing Master Agreement Pool for Evaluation of Chemopreventive Agents by In-Vitro Techniques.

Screen and evaluate the activity of chemopreventive agents in various in vitro assays relating to the inhibition of cell transformation. Agents with potential chemopreventive activity are identified by epidemiologic surveys, initial laboratory (experimental) findings, observations in the clinical setting, or structural homology with agents having known chemopreventive activity. A rigorous and systematic evaluation of these candidate agents is necessary before their efficacy can be examined in clinical trials for cancer prevention. In vitro screening and evaluation techniques measuring the ability of these chemopreventive agents to inhibit transformation provides a relatively rapid and efficient means of qualifying these agents for further evaluation for the prevention of cancer in humans. Recent progress in the in vitro systems has led to the development of cell culture models and techniques which make possible an evaluation of the effects of various substances on cell transformation.

Master Agreements will be awarded to all respondents whose technical proposal is considered acceptable. The Master Agreement award is non-monetary and is exclusively for the purpose of compiling a pool of contractors who are pre-qualified to perform services to perform Evaluation of Chemopreventive Agents by In-Vitro Techniques. Master Agreement holders receiving a contract award will be selected through this pool, based on technical merit and on budgetary considerations for specific workstatements. Any MA awarded as a result of this solicitation will be in effect from the effective date to Oct. 30, 2002.

This solicitation will be open for the duration of the existing MA pool with due dates for receipt of proposals annually, March 12, (or the next business day) of each year. All responsible sources meeting these criteria are encouraged to submit a proposal and a sample requirement to be considered by the NCI. All MA holders already in the MA pool need not respond to this announcement. The RFP may be accessed on the Research Contracts Branch RFP page:



http://amb.nci.nih.gov/appl/rfp/rfps_published.jsp.

Contact: Dorothy McMillan, Contract Specialist, NCI, RCB, PCPSS, 6120 Executive Boulevard, Executive Plaza South, Room 635, Rockville, MD 20852; phone 301-435-3828; fax: 301-402-8579; email: dm308v@nih.gov.

NCI Contract Awards

Title: Biomedical computer support. Contractor: Information Management Services Inc., Silver Spring, MD; \$3,618,102.

Title: Development of new methods and strategies for diagnosis and treatment of invasive infections in patients with cancer. Contractor: Boqual Inc., Rockville, MD; \$68,497.

In Brief:

Poland Knights Peto, Boyle; Mihich Wins Tomasi Award

(Continued from page 1)

vera, and other myeloproliferative diseases. . . . **POLISH KNIGHTS: Sir Richard Peto**, of the ICRF at University of Oxford, UK, and **Peter Boyle**, of the European Institute of Oncology in Milan, Italy, were awarded the Knights Cross of the Order of Merit of the Republic of Poland for their contributions to public health in that country. The award, a medal depicting the Polish eagle, was presented at a ceremony during the annual meeting of the Polish Foundation for Health Promotion in Warsaw on Jan. 21. . . . **ENRICO MIHICH**, director of the Department of Pharmacology and Therapeutics at Roswell Park Cancer Institute, will receive the Thomas Tomasi Achievement Award from the Roswell Park Alliance at its annual gala Feb. 3. The award honors an RPCI scientist whose work has contributed significantly to cancer research. Mihich joined RPCI in 1957 and became director of the department in 1971. . . . **NATIONAL COALITION** for Cancer Survivorship added four new members to its Board of Directors: **Nancy Glick**, **Virginia Knauer**, **Neil Schlackman** and **Alfred E. Smith IV**. Three of the four are cancer survivors. Glick is a senior counselor for health, nutrition and consumer issues at Hill & Knowlton in Washington, DC. Knauer served as special advisor to the President for consumer affairs and director of the U.S. Office of Consumer Affairs under Presidents Nixon, Ford, and Reagan. Schlackman is senior

corporate medical director of Aetna. Smith is managing director of Hunter Specialists LLC in New York. Continuing as members of the NCCS board are: Dean Gesme Jr. (chair); Kathryn Anderson Adams; Catherine Harvey; Barbara Hoffman; Elmer Huerta; Linda Johnson; Craig Lustig; Orlando Padilla; Debra Thaler-DeMers; Sam Turner; and Cary Zahrbock. . . **KERRIE WILSON**, the American Cancer Society national vice president for policy research and outreach, will leave ACS to become the executive director of Reston Interfaith, a non-profit organization that provides housing, childcare, and other social services in Reston and Herndon, VA. Wilson joined the ACS Washington office as a legislative assistant in 1984. . . . **ARIF ALAM** was appointed to the Division of Blood and Marrow Transplantation, Department of Medicine, at Roswell Park Cancer Institute. Alam, from City of Hope National Medical Center, also was appointed assistant professor of medicine at the University at Buffalo School of Medicine and Biomedical Sciences. . . . **CANCER RESEARCH FOUNDATION** of America and the International Association for the Study of Lung Cancer have awarded two Lung Cancer Prevention Research Fellowships. The awards went to Yunfei Wang, M.D. Anderson Cancer Center; and Fred Hirsch, University of Colorado Cancer Center. The fellowships were funded by a grant from Bristol-Myers Squibb Oncology. . . . **PAUL WALLNER**, a member of the American Society for Therapeutic Radiology and Oncology, was chosen to serve on the Health Care Financing Administration's Ambulatory Payment Classification Panel. The 15-member panel meets annually to review APC groups and their associated weights and make recommendations to HCFA. ASTRO's nomination of Wallner was endorsed by the American College of Radiology and the American Association of Physicists in Medicine. . . . **"PARTICIPATION OF MINORITIES AND WOMEN** in Clinical Cancer Research" was published in the November 2000 Supplement of the Annals of Epidemiology. Based on two NCI workshops, this supplement focuses on identifying best practices for increasing participation of minorities and women in clinical research. It identifies barriers to research participation and how to overcome them, and discusses how outcomes affect clinical research. The supplement also provides recommendations for increased participation. Free copies are available at <http://www.cancer.gov/publications> or by calling 1-800-4-CANCER.



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