THE CANCER LETTER INTERACTIVE

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

Vol. 27 No. 6
Feb. 9, 2001

Report Urges NCI To Continue 5 A Day, Expand Funding For Communications

An advisory panel reviewing the NCI 5 A Day Program said the Institute should be encouraged to continue the 10-year-old project aimed at increasing fruit and vegetable consumption.

NCI should expand the communications budget of the program, continue its collaboration with the Produce for Better Health Foundation, and use its relationships with industry to ensure that fruits and vegetables become more available to high-risk and underserved communities, the 5 A Day Program Evaluation Group said in a report to the Institute.

The report also encouraged NCI to partner with other NIH institutes

(Continued to page 2)

In Brief:

ACS Awards Professorships To Brugge, Hanahan, Samson; Renews Verma, Wigler

THREE SCIENTISTS have been named American Cancer Society Research Professors: **Joan Brugge**, Harvard Medical School; **Douglas Hanahan**, University of California, San Francisco; and **Leona Samson**, Harvard School of Public Health. The Research Professorship, the Society's most prestigious research award, is given to outstanding cancer researchers who have contributed significantly to a particular discipline within a field of cancer research. Each five-year, $400,000 grant allows professors to concentrate on research by relieving them of major administrative or teaching responsibilities. Each grant is renewable for one additional five-year term. Never before in the society's 87-year history have more than two Research Professors been named at the same time, the society said. "This year, we took the unprecedented step of funding three American Cancer Society Research Professors because we felt the pioneering research that Drs. Brugge, Hanahan, and Samson were doing will have a dramatic effect on our understanding of cancer," said **Harmon Eyre**, executive vice president for research and cancer control. Brugge, professor of cell biology at Harvard, is a leading investigator in the field of signal transduction. She plans to continue her work on integrin proteins and will apply novel genetic approaches to identify regulators of mammary tumor cell proliferation and invasion in the hope of identifying potential targets for breast cancer therapy. Hanahan, professor of biochemistry at UCSF, is a pioneer in the development of mouse models for studying pancreatic, skin and cervical cancer. He was the first scientist to develop tissue-specific transgenes. An authority in the field of angiogenesis, Hanahan is assessing

(Continued to page 8)

5 A Day Program Wins A-OK From Evaluation Panel Report

(Continued from page 1)

to promote research on the role of specific fruit/vegetable components in lowering disease risk, promote methodological and applied behavioral research, expand awareness of other benefits of fruits and vegetables, and develop a surveillance plan to monitor fruit and vegetable consumption.

The 11-member 5 A Day Program Evaluation Group, was chaired by John Potter, of the Fred Hutchinson Cancer Research Center.

The 5 A Day program began in 1991 as a collaboration between NCI, the Produce for Better Health Foundation, and the Centers for Disease Control and Prevention. NCI set aside $16 million to fund community-based research grants for 5 A Day between 1993 to 1996. Nine grants were funded from the original Request for Applications.

The Institute has spent a total of $40.41 million since FY92 on 5 A Day, including the original $16 million in grants. In FY99, NCI spent $7.5 million on the program, including $1 million on communications, $5.6 million on nutrition and behavioral change research, and $150,000 for program evaluation. The budget also included $650,000 that NCI provided CDC for state health agency evaluation research of state 5 A Day interventions (**The Cancer Letter**, Vol. 26 No. 13, March 31, 2000).

THE CANCER LETTER

Member, Newsletter and Electronic Publishers Association

World Wide Web: http://www.cancerletter.com

Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg
Editorial Assistant: Shelley Whitmore Wolfe

Editorial: 202-362-1809 Fax: 202-318-4030
PO Box 9905, Washington DC 20016
E-mail: news@cancerletter.com

Customer Service: 800-513-7042
PO Box 40724, Nashville TN 37204-0724
E-mail: info@cancerletter.com

Subscription $295 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc. Founded Dec. 21, 1973, by Jerry D. Boyd

According to the Produce for Better Health Foundation, members of Congress and more than 250 produce industry members and state and local health agency officials have sent letters to NCI Director Richard Klausner over the past year calling for significant increases in NCI's communications budget for the program. The report did not recommend specific funding levels.

The NCI Board of Scientific Advisors accepted the evaluation report at its meeting last November, and the Institute is developing plans for implementing the report's recommendations.

Americans are consuming more fruits and vegetables since the 5 A Day program began, according to NCI. On average, adults consume 4.4 daily servings and children consume 3.9 daily servings. A serving is defined as: one medium piece of fruit; 1/2 cup of fruit or vegetables; one cup of leafy salad greens; 1/4 cup of dried fruit; 3/4 cup or six ounces 100% fruit juice; 1/2 cup cooked or canned dried peas or beans.

At the program's second biennial symposium held last month in Washington, Surgeon General David Satcher stressed the need to capitalize on recent gains made in improving nutrition by expanding nutrition education and promoting physical activity to help reduce obesity in the U.S. "We have to continue the science, and we also have to make sure that we translate the science into effective programs at the community level," Satcher said in his keynote address. "To a great extent that is a challenge of communication."

Educating children about diet and exercise is critical, Satcher said. "We've had a major struggle with tobacco companies in this country," he said. "But make no mistake about it, there's also a struggle on the horizon in terms of the kind of foods that are marketed to our children and what happens in our schools—not just in terms of the lunches that are served, but things that are sold in the hallway, sometimes to make money to support programs. So there are major community challenges on the horizon as it relates to diet and nutrition in this country."

More than 130 representatives from 19 countries attended the symposium.

Morten Strunge Meyer, of the Danish Cancer Society, outlined Denmark's 6 A Day program, which encourages three daily servings each of fruits and vegetables. Strunge Meyer cautioned that, "Increasing awareness does not automatically lead to an increase in intake." Denmark's program seeks to improve quality and convenience, and is trying to reach children

through schools. Through "School Fruit Day" in October, approximately 60 percent of Danish elementary school children received an apple.

Following the symposium, representatives from more than a dozen countries met to establish the International 5 A Day Network. The network will communicate through a Web site that will host a discussion forum and research announcements. The Web site, at http://www.5aday.com/intl, was established by Strunge Meyer at the Danish Cancer Society, the Produce for Better Health Foundation and NCI.

The third Biennial 5 A Day International Symposium is tentatively scheduled to be held in Berlin in January 2003.

The 5 A Day Program Evaluation Report is available at: http://dccps.nci.nih.gov/12-4-00.pdf. For further information on the program, see http://www.5aday.gov/. To subscribe to the free 5 A Day newsletter, see http://www.5aday.com/newsletter.html.

Following is the text of the Executive Summary of the evaluation report:

The Evidence That Vegetables and Fruit Protect Health: When the 5 A Day Program was first developed, the recommendation to consume at least 5 vegetables and fruit per day was supported by a diverse and convincing body of evidence. No subsequent finding has contradicted this conclusion. Indeed, since the start of the 5 A Day Program, further evidence has accumulated to support the hypothesis that a diet rich in vegetables and fruit reduces the risk of cancer and other chronic diseases. Specifically, the evidence for an inverse association with the risk of several epithelial cancers has been strengthened, evidence has begun to accumulate for hormone-dependent cancers, and a variety of mechanisms have emerged for the protective effect of specific constituents in vegetables and fruit, not only in animal studies, but also in humans.

Although evidence also has emerged for a role of vegetables and fruit in reducing the risk of cardiovascular disease, obesity, and diabetes, the most impressive body of evidence exists for protection against cancer. The recommended 5 vegetables and fruit a day is a minimum rather than a maximum target for consumption, and any increase above current levels of consumption is to be encouraged for individuals and populations.

Implementation and Process Measures

Collaborations and Partnerships

NCI's collaboration with private industry had a positive effect on expanding the impact of the 5 A Day message and bringing additional resources to the task. In addition, this partnership marked the first time that the producers and retailers of vegetables and fruit joined to undertake a common task. Key elements in ensuring the effectiveness of the partnership were the valuable in-kind contributions and the strong commitment of the industry. Beneficial outcomes of the partnership included an expanded communication base for the 5 A Day message and the promotion of national nutritional objectives. The public/private partnership, with its identifiable structure and modules, represents a model for the implementation of other public health endeavors.

The industry partnership approach may have been too vulnerable to market considerations which, if not balanced by public health considerations, could readily lead to ignoring segments of the population not viewed as attractive markets. Further, the social marketing strategies of the NCI and its media partners tended to exclude the most underserved populations. These reasons may explain why the Program was less successful in reaching minority and low-income populations, even though research indicates clearly that such populations can be reached effectively.

The 5 A Day Program developed successful collaborations with a range of Federal, state, and voluntary agencies. These collaborations provided mechanisms whereby the 5 A Day message was incorporated into a range of programs, from the school lunch program to statewide public-health interventions.

Message Delivery and Environment

The 5 A Day promotion campaign used a combination of strategies that leveraged advertising from its industry partners and developed relationships with media outlets to generate and inform news stories related to the Program. The media placement data suggest that media relations strategies were less successful after the first 1–2 years of the campaign and that advertising strategies dominated.

Commercial advertisers have learned that a consistent and prominent presence in the marketplace is key to achieving and holding market share. Expenditures for the marketing of food, fast food, and beverages (nearly $10 billion in 1999 alone) dwarf the $14 million spent each year during the first 10 years of the 5 A Day Program. The difference in magnitude is instructive and speaks in support of what the 5 A Day Program managed to accomplish with modest means. However, it also speaks to the magnitude of the behavior-change problem in the United States in continued overconsumption of total calories and less healthful eating patterns.

Although new channels offer the possibility of more tailored communication to specific groups, the fragmentation of the communication system makes it more difficult to reach the majority of Americans consistently and inexpensively. The volume, inconsistency, and often contradictory nature of information in the marketplace have created less than ideal conditions for healthful behavior change. The effect of these factors is that the public frequently is overwhelmed

by the sheer volume of information and left confused by the pastiche of entertainment, news stories, advertising, and other sources of health information about food, diet, and nutrition.

Other Implementation and Process Measures

The 5 A Day Program was implemented in ways that differed substantially from what was planned; most importantly, neither the central capacity for outcome evaluation nor the senior leadership and administrative support for the Program was ever established effectively. This may explain, in part, why efforts to monitor implementation of the Program, particularly at the state level, were not entirely successful. Consequently, NCI's ability to conduct a comprehensive evaluation of the Program was compromised.

The redirection of resources from community/state capacity-building to university-based research strengthened the opportunities to test well-designed intervention strategies for specific channels and targeted populations. This redirection, however, left little support for capacity-building at the state and community level.

Changes in Nutrition Policy and Public Health Practice

Changes in the focus of dietary intervention research and public health nutrition policy have occurred during the period of implementation of the 5 A Day Program. Most importantly, there has been a shift from the nutrient-based message—for example, eat more fiber—to the food-based message—eat more vegetables and fruit. This has been reflected, particularly, in an increased emphasis on eating vegetables and fruit in the Dietary Guidelines for Americans and in the U.S. Department of Agriculture's (USDA) Food Pyramid. Though not necessarily a consequence solely of the 5 A Day Program, these shifts reflect the incorporation of the 5 A Day message into nutrition-related health promotion programs by Federal, state, and private agencies.

Dietary Change and Related Outcomes

Knowledge and Awareness

NCI scientists found that the strongest predictors of dietary change were knowledge of the recommendation to eat 5 or more servings per day, taste preferences, and self-efficacy (specifically in this context, confidence in one's ability to eat vegetables and fruit in a variety of situations). Changes in these factors can be used as secondary indicators of intervention program effectiveness.

Before the 5 A Day Program, a small proportion (8%) of the American public understood at least part of the 5 A Day message. Subsequently, there have been increases in knowledge of the 5 A Day Program (18%) and its message (20%). The message has reached more women than men, and more whites than Latinos or African-Americans.

Consumption

There has been a slow and steady increase in vegetable and fruit consumption in the United States during the period of the implementation of the 5 A Day Program and continuing through at least 1998. Possible inferences from these changes on the effectiveness of the 5 A Day Program are limited. Most importantly, there is no comparison group that was not exposed to the Program. The possibility cannot be ruled out that, without the 5 A Day Program, there would have been substantial decreases in vegetable and fruit consumption, paralleling the rapid increase in obesity over the same time period. However, it is also possible that other factors may be influencing dietary behavior change in the United States, and that increases in vegetable and fruit intake are attributable to other programs. Nevertheless, the results are consistent with the inference that the 5 A Day Program has contributed to the continuous small increases in vegetable and fruit consumption over the past decade.

Because insufficient capacity existed for monitoring program implementation at the state level and for relating program implementation to changes in vegetable and fruit consumption, no conclusions can be drawn from the extensive data collected on state-level implementation intensity.

Even though safety is not an issue if vegetables and fruit are handled properly, the potentially undesirable sensory qualities of some vegetables and fruit (e.g., bitterness, sourness, pungency, astringency) may act as significant barriers to the adoption of a diet that is high in vegetables and fruit, especially among children. The dilemma here is that the strong-tasting compounds as a group overlap extensively with the compounds that are potentially protective against cancer; therefore, removing strong-tasting compounds may reduce the protective effect.

Randomized Trials and Other Experimental Studies

The NCI-funded randomized trials represent a significant body of research and offer a persuasive argument that behavioral interventions can have a positive impact on vegetable and fruit consumption. Elementary school behavioral and food service interventions had a positive impact on student vegetable and fruit consumption. The studies proved it is possible to change the elementary school environment and to reinforce the healthy dietary practices taught through the classroom curricula. The average effect increase was 0.62 servings per day, and the largest was 1.68 servings per day.

Among adults, changes in the worksite, church, or family social environment were found to be possible, and these changes led to increases in the availability and consumption of vegetables and fruit. The average effect size was 0.48 servings per day, and the largest effect was 0.85 servings per day. For both school-based and adult studies, larger effects were observed in fruit consumption than in vegetable consumption.

Surveillance

There are inadequacies in the surveillance and monitoring of vegetable and fruit intakes in the U.S. population. In particular, these include inconsistencies in measurement techniques and assessment methodologies, a lack of coordination across surveys such as the Continuing Survey of Food Intake by individuals and the Behavioral Risk Factor Surveillance System, and weaknesses in the analyses of the resulting data.

Recommendations of the Evaluation Group

Overall Recommendations

—That the NCI continue the 5 A Day Program as a multifaceted program to support research and applied public health programs to promote increased vegetable and fruit consumption.

—That the NCI continue to lead the 5 A Day Program and, to accomplish this task, ensure that it has a strong senior leader and specific scientific expertise in evaluation, intervention methods development, media, and community-based interventions, as well as nutrition and epidemiology.

—That the NCI partner more closely with the USDA to better focus dietary guidelines and to promote research in agricultural and economic policies that encourage vegetable and fruit consumption.

—That the NCI partner with other NIH institutes to (1) promote research into the role of specific vegetables and fruit and their components in lowering disease risk more generally, (2) promote methodologic and applied behavioral research, (3) expand awareness of the scope of chronic and deficiency diseases that may benefit from the increased consumption of vegetables and fruit, and (4) develop a comprehensive and rigorous surveillance plan to monitor vegetable and fruit consumption and the related psychosocial and economic factors. This last effort should include the Centers for Disease Control and Prevention and possibly the Food and Drug Administration.

—That the NCI partner with the CDC to develop and manage state-level 5 A Day programs.

Implementation of the 5 A Day Program

The Media and Message Delivery

—That the 5 A Day Program, as part of its continuing public relations efforts, seek to prevent the further growth of "dietary helplessness," to help the public differentiate between good and poor information, to provide a larger context for personal dietary decisions, and to help clarify the confusion engendered in the message environment. In the dense, fragmented, and competitive message environment surrounding diet and behavior, there is a need for reliable and credible sources of information.

Resources

—That direct expenditures and leveraged resources furthering delivery of the 5 A Day message be increased.

Message Design

—That the NCI reconsider the design and emphasis of the 5 A Day message. Specifically, media process-evaluation data suggest the need to "reinvent" the 5 A Day message on a regular basis to prevent "wear-out" and to enhance its continuing attractiveness to the mass media. In addition, the current strategy seems less successful in reaching minorities and low-income groups, which suggests that any change in message emphasis should take these groups into consideration.

Media Strategies

—That the 5 A Day Program devote additional resources to a variety of media strategies, including a systematic media relations effort to educate reporters, editors, and producers about diet and nutrition issues. As part of this approach, program planners should consider pursuing partnerships with the media to develop a long-term community emphasis on the 5 A Day message. The goal is to influence both the quantity and quality of news coverage of the 5 A Day Program in particular and of diet and nutrition issues in general.

—That the 5 A Day Program rethink its channel-use strategy, with a particular focus on new media, tailored communications, and how media channels may be used as part of a collective approach to reaching lower socioeconomic groups and the disadvantaged.

Evaluation of Communication Efforts

—That the NCI and the 5 A Day Program partners pay close attention to developing a package of media evaluation approaches that are consistent, simple, complete, and affordable.

Industry

—That NCI's collaboration with the Produce for Better Health Foundation be continued and expanded.

—That the NCI use its relationships with industry specifically to ensure that vegetables and fruit become more available to high-risk and underserved communities.

States

—That the NCI increase the resources, staffing, and expertise made available to the states for the dissemination, monitoring, and evaluation of the 5 A Day Program.

Minorities and the Underserved

—That the NCI, in partnership with relevant organizations, develop operational strategies aimed at understanding and reducing disparities among ethnic groups and across educational and socioeconomic differences.

Evaluation

—That the NCI continue to take the lead in evaluating the effectiveness of the 5 A Day Program. This evaluation must include the extensive involvement of the states.

—That the NCI undertake a comprehensive evaluation of each of the 5 A Day Program components:

media; research; and industry, private nonprofit, state, and Federal partnerships.

Research

—That the NCI maintain and support intramural and extramural research in the following areas, noting particularly the need to modify, where appropriate, available funding and specific peer-review expertise:

1) Research into dissemination methods—how to translate small-scale research findings into large-scale, long-term, sustainable community programs—with particular emphasis on programs of demonstrated efficacy and for underserved populations;

2) Research into behavior change—how to translate established data on changes that will plausibly reduce risk into choices individuals and communities can make. In particular, (a) Research into the development of more effective dietary intervention programs, determining which components of such programs contribute most to program effectiveness; (b) Studies of children and adolescents as the development of food preferences begins; (c) Studies on ways to develop supportive environments and increase the availability of vegetables and fruit; and (d) Randomized controlled trials of school-based interventions targeting middle and high school students.

3) Policy research—particularly on ways to establish an optimal environment for making healthy food choices in a free-market economy;

4) Research into environmental influences on dietary behavior and behavior change, including agricultural production, food distribution and availability, food labeling, pricing structures, taxation and price supports, purchase habits, advertising, cultural and social norms, etc.;

5) Research into the mechanisms by which vegetables and fruit reduce cancer risk, particularly in humans;

6) Research into influences on food choice, particularly genetic and environmental influences on taste preferences; early life experiences involving exposure to food; and education about food, food choice, and food preparation;

7) Research into methods of measuring dietary behavior, particularly the further development of short- and long-term biological markers. In these research endeavors, access to relevant data collected by industry partners seeking to understand human preferences, behavior, and biology could prove a significant resource.

—That research focused on vegetable and fruit consumption measure and report vegetables and fruit separately, rather than combining the two into a single measure.

Surveillance

—That the NCI, in partnership with other relevant Federal agencies—including the U.S.Public Health Service, the CDC, and the USDA—coordinate, facilitate, and strengthen surveillance and monitoring of (1) national vegetable and fruit consumption; (2) psychosocial mediators of dietary behavior change such as self-efficacy, knowledge, and taste preferences; and (3) if future research establishes their importance, possible environmental mediators of dietary behavior and behavior change, including food availability, price structures, taxation policy, etc.

Drug Regulation:

FDA Authority To Remove Paclitaxel Patent Questioned

A recent hearing at the U.S. Court of Appeals for the District of Columbia indicates that the judges are questioning the FDA rationale in the complicated dispute that concluded with the introduction of generic paclitaxel.

Though drawing inferences from the judges' remarks can be perilous, the sharp tone of the hearing and consistency of remarks made by the three judges on the panel indicate that FDA will have to state—and defend—its rationale for the steps it took prior to approval of generic paclitaxel, which is currently marketed by Miami-based IVAX Corp.

As everything else in the Taxol saga, the issue probed by the appeals court is technical: Did FDA have the authority to strike a disputed patent from the agency's list of marketed drugs known as the Orange Book? The issue is important, because the IVAX version of paclitaxel would not have been approved had the disputed patent remained in the Orange Book.

The patent in question was issued to American BioScience Inc. of Santa Monica, CA.

"We have no reasoning to reach a legal conclusion about a matter that's contested," said one of the judges at a hearing Jan. 18, according to the official transcript. The case was heard by judges Harry Edwards, David Sentelle, and A. Raymond Randolph. No decision has been filed.

The dispute reviewed by the court began earlier this year, when ABI sought to list its new patent in the FDA Orange Book (**The Cancer Letter**, Vol. 26 No. 38, Oct. 20, 2000). Generally, when a certification of this sort is made, companies are given at least 30 months to resolve their disputes, and during that time, the innovator is able to keep market exclusivity.

As a matter of practice, the rule allows innovator companies to extend exclusivity under the Hatch-Waxman Act by at least 30 months. Bristol's market exclusivity for Taxol expired in January 1998.

Under normal circumstances, it is the innovator company that claims patent infringement and files the Orange Book certification with FDA. In this case, the patent infringement claim came from a third party—ABI—rather than the innovator, Bristol.

In an unusual twist in the application of Hatch-Waxman, ABI sought to force Bristol to file a certification in the Orange Book, thereby keeping Bristol's generic competitors (namely, IVAX) off the market.

Last August, ABI's claimed that Bristol is infringing its patent, and that introduction of generic paclitaxel would erode Bristol's nearly $1.5 billion revenues on the drug, thereby leading to irreparable harm to ABI.

The patent, No. 6,096,331, covers "Methods and Compositions Useful for Administration of Chemotherapeutic Agents." Primarily, ABI claimed that the vial sizes used by BMS violated the newly issued patent.

Bristol initially declined to list the ABI patent in the Orange Book, but ABI sued in a California court, obtaining a preliminary injunction that ordered Bristol to list the patent in the Orange Book. This was done on Aug. 11, but reversed as a result of a court ruling a month later.

The original listing of the patent by Bristol is an important juncture in the dispute, recent appeals court proceedings indicate.

"You haven't addressed the [FDA] power to de-list," said one of the appeals court judges at the hearing. "There is nothing I can find in the regulations that allows [FDA] to take the certification off the books," said another judge.

One of the judges questioned FDA's authority to do anything beyond maintaining a list of patents in the Orange Book.

"As I read the regulations, they don't have the right to make lots of interpretations," one of the judges said. "They either look to see it's listed or not. If it's listed, they are dead in the water."

Observers said one possible course of action for the appeals court would be to send the case back to the U.S. District Court for the District of Columbia, with the demand for administrative record, which in this case would involve obtaining FDA's rationale for de-listing the ABI patent.

IVAX attorney Jay Shapiro said the review of the agency's rationale would not affect the ultimate outcome of the dispute—the approval of generic paclitaxel.

"If the court requires that the administrative record be prepared and reviewed, the case would come out exactly the same way," said Shapiro, an attorney with the Miami firm of Stearns, Weaver, Miller, Weissler, Alhadeff & Sitterson. "The FDA's analysis and conclusion as to whether the shenanigans with the listing of that patent were irrelevant, and were not legally sufficient to block our approval."

According to a filing submitted by the Federal Trade Commission last summer, the agency is investigating Bristol and ABI "to determine whether [their] conduct may restrict competition and harm consumers." That investigation is continuing, sources said.

IVAX said it sold about $35 million worth of paclitaxel during last year's final quarter ended in Dec. 31, 2000.

Funding Opportunities:

RFAs Available

RFA CA-01-019: Centers of Excellence in Cancer Communications Research

Letter of Intent Receipt Date: June 14, 2001

Application Receipt Date: July 11, 2001

The initiative is the centerpiece of the NCI Extraordinary Opportunity in Cancer Communications, which recognizes that effective communications can and should be used to narrow the enormous gap between discovery and applications and to reduce health disparities. The centers must include three or more individual hypothesis-driven research projects, pilot or developmental research projects, shared resources and a plan for career development. The research should integrate cancer communications appropriately into one or more contexts of the cancer continuum—from prevention through treatment to survivorship and end-of-life research. Communications research is needed on topics such as cancer information seeking, decision making under uncertainty, and genetic testing. The centers will provide essential infrastructure to facilitate rapid advances in knowledge about cancer communications, translate theory and programs into practice, and train health communication scientists. Support is through the specialized center P50 grant, but it is not a SPORE.

Inquiries: Gary Kreps, chief, Health Communication and Informatics Research Branch, Behavioral Research Program, Division of Cancer Control and Population Sciences, NCI, 6130 Executive Blvd, MSC 7365, EPN Rm 4084, Rockville, MD 20892-7365, phone 301-496-7984; fax 301-480-2087; e-mail gary.kreps@nih.gov

RFA: Minority-Based Community Clinical Oncology Program: The RFA seeks to strengthen the

Minority-Based CCOP by: 1) continuing the program as a vehicle for supporting community participation in cancer treatment and prevention and control clinical trials through research bases—clinical cooperative groups and cancer centers supported by NCI; 2) expanding and strengthening the cancer prevention and control research effort; 3) utilizing the CCOP network for conducting NCI-assisted cancer prevention and control research; and 4) evaluating on a continuing basis Minority-Based CCOP performance and its impact in the community.

Inquiries: Worta McCaskill-Stevens, Community Oncology and Prevention Trials Research Group, phone 301-496-8541; e-mail wm57h@nih.gov

RFA: Community Clinical Oncology Program

The objective of the RFA is to bring the advantages of state-of-the-art cancer treatment and prevention and control research to individuals in their own communities by having practicing physicians participate in NCI-approved cancer treatment and prevention and control clinical trials.

Inquiries: Lori Minasian, Community Oncology and Prevention Trials Research Group, phone 301-496-8541; e-mail lm145a@nih.gov

In Brief:

ACS Professors; Connie Mack Is Chairman Of Moffitt Board

(Continued from page 1)

new angiogenesis-inhibitor drugs in mouse models. Samson, professor of toxicology at HSPH, plans to continue her research on the genetic response to alkylating agents. ACS also renewed the Research Professorships for two scientists: **Inder Verma**, of the Salk Institute for Biological Studies; and **Michael Wigler**, of the Cold Spring Harbor Laboratory. The appointments bring to 20 the total number of active American Cancer Society Research Professors.

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FORMER SEN. CONNIE MACK (R-FL) has been appointed chairman of the Board of Directors of the H. Lee Moffitt Cancer Center at the University of South Florida, in Tampa. Mack retired from Congress in December after serving 12 years in the Senate and seven years in the House. Moffitt is an NCI-designated cancer center. **John Ruckdeschel** is the center director. . . . **DONALD COFFEY** has been selected to receive the Herbert and Maxine Bock Memorial Lectureship Award for Distinguished Achievement in Cancer. The award is presented by the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute at The Ohio State University. Coffey, the Catherine Iola and J. Smith Michael Distinguished Professor of Urology at Johns Hopkins University School of Medicine, is scheduled to present the lecture, "New Concepts in Cancer," on Feb. 22. . . . **RESEARCH!AMERICA's** executive committee elected former Rep. **John Porter** and The Scientist editor-in-chief **Eugene Garfield** to its board. Porter, a Republican, retired from Congress last year after serving 20 years representing the 10th district of Illinois. Garfield founded The Scientist, a bi-weekly newspaper for life scientists, in 1986. He also is president of the Eugene Garfield Foundation. . . . **ONCOLOGY ASSOCIATES INC.**, an oncology consulting service based in Victoria, VA, has added new partners to broaden its expertise. Joining the company as partners are **Marc Gelinas**, **Karen Gilden**, **Catherine Harvey**, and **Marsha Fountain**. Fountain will continue to be associated with The Stichler Group, a healthcare planning, architectural and consulting firm. Others associated with the firm include **John Durant**, **Rodger Winn**, **Marc Halman**, **Susan Granucci**, **Ellen Tobin**, and **Claudia Lee**. **Kathie Bowing** is president of the firm. . . . **SUSAN G. KOMEN** Breast Cancer Foundation has named **LaSalle Leffall Jr.** as chairman-elect, and **Kerry Jacobs** as vice chairman, of the Foundation's board of directors. Leffall is Charles R. Drew Professor of Surgery at Howard University College of Medicine. He will serve one year as chairman-elect before beginning his two-year term as chairman in 2002, succeeding **Linda Kay Peterson**. Jacobs will represent the Foundation at affiliate and other events. Prior to this appointment, Jacobs was the Foundation's director of affiliate service for two years. Board member **Connie O'Neill** was appointed as treasurer of the Komen Foundation, for a three-year term. Other current board members are **Nancy Brinker, Norman Brinker, Linda Custard, Mary Elliott, Linda Kay Peterson** and **Barney Young**. . . . **CHANDRA BELANI** of the University of Pittsburgh Cancer Institute was named to the new position of consulting medical director of research and education at the International Oncology Network. ION, based in Baltimore, MD, is a national network of more than 2,300 oncologists providing services including chemotherapy drug discounting, educational symposia, information systems, and clinical research. Belani will guide research activities and develop ION's educational services, said **Jeffrey Scott**, ION national medical director.

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