THE CANCER LETTER INTERACTIVE

Vol. 27 No. 8
Feb. 23, 2001

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Price $295 Per Year

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

NCI R01 Payline At 22nd Percentile, Plans To Cut Large R01 Budgets By 18 Percent

The NCI Executive Committee has set the payline for traditional R01 grants at the 22nd percentile for fiscal 2001, the same as last year, and established a new policy for so-called "downward negotiation," the practice of reducing grant awards from the peer-reviewed, recommended levels.

Under the new policy, NCI will cut large R01s—those requesting seven or more "modules" of $25,000 each—by about 18 percent from the levels requested by the applicants, NCI Director Richard Klausner said.

R01s with fewer than seven modules will be reduced 12 percent

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In Brief:

Lombardi Center Officials Say New Partnership To Provide For Expansion In Services, Patients

LOMBARDI CANCER CENTER and Georgetown University Medical Center officials say Georgetown's recent clinical partnership with MedStar Health Inc. provides an opportunity to expand the range of services offered and the number of patients treated at Lombardi Cancer Center in the coming years. "Georgetown's partnership with MedStar really enhances our clinical resources for treating cancer patients," said **Kevin Cullen**, interim director of Lombardi. "That, coupled with the recruitment of a new director of the Lombardi Cancer Center, make this a particularly exciting time. Lombardi is known for its strong focus on breast cancer research and treatment, but recent changes here give us the opportunity to grow in other directions and build on the strengths we have developed over the years." Last June, Georgetown and MedStar finalized a clinical partnership agreement under which MedStar Health owns and operates Georgetown University's clinical enterprise, which includes the clinical operations of Lombardi Cancer Center. MedStar Health is a not-for-profit, community-based healthcare organization which includes eight major hospitals in the Baltimore/Washington area. Georgetown University continues to own and operate the education and research enterprises of the Medical Center, including the research and education components of Lombardi. **John Richert**, chairman of the search committee charged with finding a new director for Lombardi, said the committee is looking for an outstanding scientist with substantial research and clinical experience in oncology as well as significant administrative experience. A successful

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NCI "Downward Negotiation" Less This Year, Klausner Says

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from requested levels, Klausner said to the National Cancer Advisory Board at its Feb. 13 meeting.

Previously, prior to grant award, the "downward negotiation" took place starting from the peer-reviewed, recommended level. This year, the NIH Center for Scientific Review changed the way it reports budgets. No longer are recommended budgets reported on the summary statements.

Traditionally, the recommended budgets were about 5 percent lower, on average, than the requested budget, Klausner said. "So, in fact, the downward negotiation is significantly less of a downward negotiation than it was last year," Klausner said. "We are moving over time to lower that downward negotiation."

The Executive Committee decided on a two-tiered downward negotiation policy to spare smaller grants, Klausner said. "We were concerned that an across-the-board cut would have a negative effect on the smaller grants," Klausner said. "If we did [cut] across-the-board, it would be about 17 percent."

Grant funding requests are increasing rapidly, Klausner said. Applicants whose grants scored within the payline are seeking, on average, about a 15 percent increase in funding over last year, he said. The average cost increase for type 2 grants is 45 percent.

THE CANCER LETTER

Member, Newsletter and Electronic Publishers Association

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"Is it due to the changing cost of research? The changing nature of research? We don't have the answer," Klausner said. "Might some of it be altered behavior due to the move to modular grants? We're not sure about that."

There is a shift equal to about one module between the average cost of successful grants this year compared to last year, Klausner said. "It has the flavor of a change in behavior that may relate to the modularity of grants," he said.

Also, this year so far in two funding rounds, NCI has seven R01 grant applications requesting over $1 million, compared to one such request last year, Klausner said. "We expect another three or four to come in by the end of the year," he said.

This year there are 154 fundable applications with a direct cost of $250,000, or 10 modules, compared to 90 last year.

"These shifts are striking and they continue to place strains and challenges on decision-making for our RPG working group," he said.

In part, the expansion in population research has contributed to the rising requests, Klausner said. NCI division directors Barbara Rimer and Peter Greenwald are developing cost management guidelines for reviewers and grantees in population research, Klausner said.

Appropriation Comes Close To Request

NCI received 91 percent of the funding the Institute requested for fiscal 2001, Klausner said to the NCAB.

The FY2001 Congressional appropriation of $3.757 billion to NCI came within $378 million of the Institute's $4.135 billion professional judgment budget submitted to President Clinton last year.

The appropriation was a 13.5 percent increase over last year's budget, or $443 million. About $113 million of the increase pays for grant awards continued from the previous year, also know as "type 5" grants.

About 85 percent of the remainder of the increase will fund the priority areas outlined in the professional judgment, or Bypass budget, Klausner said. "We are able to fund 31 percent of all of the activities in the Challenge section and 26 percent in the Extraordinary Opportunities," he said.

NCI plans to spend $1.6 billion of its Congressional appropriation on research project grants, Klausner said. The Institute expects an overall success rate of 29 percent this year, compared to 28 percent last year.

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The Institute expects to fund 4,485 grants, an increase of 265 over last year. About 780 will be new R01 grants that score within the payline, compared to 555 new R01s funded within the payline last year. Funding for new grants will increase by 17 percent.

The success rate for P01 grants is expected to be about 40 percent, about the same as last year, Klausner said. Those grants will be funded on a case-by-case basis.

Highlights of NCI's grants funding plans include:

—An increase of $30 million to the cancer centers program for a total of $190 million, to fund 61 cancer center grants, and five planning grants.

—An $18 million increase in funding for SPORE grants, for a total of $69 million. About nine new grants will be funded. There will also be supplemental funds available for SPORE grantees to work together to access technologies, and expansion of high-priority clinical trials.

—A 23 percent increase in funding for "K" series training grants.

—An increase of $15.5 million for minority training programs, from $19.5 million to $35 million.

Increase For Research Management

Congress approved a 16.5 percent increase in NCI's budget line item for research management and support for FY2001, Klausner said. NCI argued it needed the increase to keep pace with the demands of supporting a research infrastructure that has grown by 50 percent in the past five years.

The increase keeps research management at 3.6 percent of the Institute's total budget, the same as last year.

In a presentation to the NCAB last December, Klausner said NCI needed to spend about 5 percent of its budget on research management in order to hire and retain experienced grants management specialists and other employees. The board passed a resolution supporting an increase in funding for research management (**The Cancer Letter**, Vol. 26, No. 45, Dec. 8, 2000).

"The fact that this was the largest increase we were able to take since I've been here, certainly is helpful, and we appreciate the support reflected in your resolution," Klausner said.

Now, however, NCI and NIH are under a hiring freeze put in place by President George W. Bush.

SEER Program Expansion

NCI recently awarded contracts to four entities to expand the Surveillance, Epidemiology and End Results Program, the Institute's cancer registry and monitoring program.

The expansion was done in response to advisory group recommendations that the program expand its coverage of the U.S. population, and particularly to increase surveillance of special populations, including more non-Mexican Hispanics, rural populations, and African-Americans.

The areas that will be added to the SEER database are California, Kentucky, Louisiana, and New Jersey. Previously, only parts of California were included.

The contract awards and amounts:

—Public Health Institute, Berkeley, CA; $16,330,337

—University of Kentucky, Lexington; $2,801,074

—Louisiana State University, New Orleans; $6,101,752

—New Jersey Department of Health, Trenton; $5,803,967

SEER will expand from monitoring cancer rates in 34.5 million Americans, or 14 percent of the population, to more than 65 million Americans, or 26 percent of the population.

"We think this expansion is critical for gathering the types of information that we need, not only to deal with issues of cancer burden overall, but explicitly, many of the issues that relate to the unequal distribution of the cancer burden," Klausner said.

NCI and the Centers for Disease Control and Prevention have been working under a Memorandum of Understanding to unify data standards between their two monitoring systems in order to more easily pool data.

Paylines Listed

An NCI Web page titled "FY 2001 Paylines," accessible only to NCI staff, but a copy of which was provided to **The Cancer Letter**, listed the following fundable priority scores (except where noted) as of Feb. 8:

RPG Mechanisms:

—R01 Traditional Grants: 22 percentile

—P01 Program Projects: Executive Committee (no payline/priority score listed)

—R03 Small grants: 225

—R15 AREA grants: 177

—R21 Exploratory grants: 200

—R33 Exploratory/Developmental, phase II: 170
—R41 STTR: 180
—R42 STTR: 180
—R43 SBIR: 200
—R44 SBIR: 200

Non-RPG Mechanisms:

—T32-35 NRSA Institution: 145
—F31-33 NRSA Fellowships: 175
—K01 Howard Temin Awards: 145
—K05 Senior Scientist Awards: 160
—K07 Preventive Oncology: 160
—K08 Mentored Clinical Scientist: 150
—K12 Institutional Clinical Oncology Career Award Development Program: 165
—K22 Transition Career Development Award: 150
—K23 Mentored Patient-Oriented Research Award: 175
—K24 Mid-Career Investigator in POR Award: 150
—K25: funding by exception
—R25T Cancer Education: 160
—R25E Cancer Education: 180
—U10 Clinical Cooperative Groups: 200
—P30 Centers: 210

Comprehensive Minority Biomedical Branch Mechanisms:

—F31 NRSA Individual (minority business): 190
—K01 Mentored Career Development Award: 175
—K01 Mentored Research Scientist Development Award: 175
—K08 Minorities in Clinical Oncology: 175
—K22 NCI Transition Award for Underrepresented Minorities: 175
—K23 Mentored Patient-Oriented Research for Underrepresented Minorities: 175

Research Integrity:

ORI Withdraws Requirement For Research Ethics Courses

The PHS Office of Research Integrity last week withdrew a policy requiring researchers to take a curriculum of courses on research ethics after Congressional critics charged that ORI failed to follow government openness and public comment process.

"We are concerned that a policy aimed at improving the ethics of those outside government may have been issued by a government agency in apparent disregard of federal law," Rep. W.J. "Billy" Tauzin (R-La.), chairman of the House Committee on Energy and Commerce, wrote in a Feb. 5 letter to ORI Director Chris Pascal. The letter was cosigned by Rep. James Greenwood (R-Penn), chairman-designate of the Subcommittee on Oversight and Investigations.

The letter questioned a policy that requires research institutions to assure that researchers who receive PHS funds complete a curriculum covering data sharing, mentoring practices, authorship practices and record-keeping.

The policy was issued on Dec. 1, 2000.

"The texts of both proposed policy and final policy were never published in the Federal Register, as required by the Administrative Procedure Act. "Instead ORI announced the existence of the policy on its website through a document in the Notice section of the Federal Register," the letter said. "ORI should have complied with the notice-and-comment provisions of the APA, and the various statutes designed to ensure sound regulatory decision-making.

"Not publishing the text in the Federal Register raises the question of whether ORI purposely so acted to avoid having to confront the various requirements that the Office of the Federal Register would impose on ORI before it publishes a rule or proposal," the letter said.

Responding to criticism from Tauzin and Greenwood, ORI director Pascal said the regulation was drafted properly, but said it would not be implemented in view of the Bush While House freeze on new agency rules.

Pascal said his office solicited public comment in the drafting of the policy, but believed that it did not need to go through formal rule-making, Pascal wrote in a letter dated Feb. 14.

"By making the education program a condition of receiving PHS grant funds, this decision was consistent with the broad authority of the [HHS] Secretary to `impose additional conditions prior to or at the time of any award when in the Secretary's judgment such conditions are necessary to assure or protect advancement of the approved project, the interests of the public health, or the conservation of grant funds,'" Pascal wrote, quoting 42 CFR ' 52.9.

"Moreover, by giving institutions broad discretion to determine how virtually every aspect of the educational program will be implemented, the policy lacks the normative standards typically associated with a substantive rule," Pascal wrote.

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Drug Regulation:

Court Upholds FDA Position On Definition Of A Drug

The U.S. District Court for the District of Columbia rejected a claim by Baker Norton Pharmaceuticals that Paxene, its version of paclitaxel, is different from the Bristol-Myers Squibb drug Taxol.

The Feb. 6 ruling by Judge Stanley Harris upholds the FDA position that the Orphan Drug Act of 1983 applies to "active moiety" of a drug, and does not obligate the agency to consider differences in overall formulation.

In the suit against FDA, Miami-based Baker Norton, a unit of IVAX Corp., sought to overturn the delayed FDA approval of Paxene that would allow the company to market the drug for Kaposi's sarcoma starting in August 2004, after termination of the BMS seven-year exclusivity for Taxol in KS under the Orphan Drug Act.

The BMS drug Taxol and the Baker Norton drug Paxene have the same active ingredient. However, the Bristol drug uses a cremophor solution to control degradation of paclitaxel, while Baker Norton uses citric acid.

The two drugs went almost neck-in-neck through processing at FDA, but Taxol ended up getting approval first. In cases where the second drug to win approval is "clinically superior," FDA can allow it on the market. However, in this case, the agency determined that Paxene was not clinically superior to Taxol.

In the suit, filed in 1998, Baker Norton asserted that the FDA interpretation of the word "drug" as the active moiety under the Orphan Drug Act is "arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law." Bristol later joined the suit as a "defendant-intervenor."

The case decided by Judge Harris is limited to the New Drug Application filed by Baker Norton, not extending to the abbreviated NDA held by the company since the fall of 2000.

In fact, Baker Norton is marketing Paxene as a generic version of Taxol under the sNDA.

Observers say the Harris ruling is important for two reasons. First, the ruling affirms the right by FDA to use different definitions of the word "drug" in different regulatory contexts.

"What one statutory provision defines as a `drug' may not necessarily control another statutory provision's definition of a `drug,' even when used in the same phrase," Harris wrote. "The Court finds… that Congress left it to FDA to determine which definition fits a particular statutory section."

In the case of the Bristol-Baker Norton dispute, the ruling diminishes Baker Norton's ability to sue Bristol for revenues the Miami company would have made had it not been frozen out of the market.

Clinical Trials:

GM Sends STAR Information To Its Female Employees

The National Surgical Adjuvant Breast and Bowel Project and General Motors Corp. are collaborating to make information available to female GM employees and retirees about an opportunity to be screened to determine their risk of developing breast cancer.

The screening process is a component of NSABP's breast cancer prevention trial, the Study of Tamoxifen and Raloxifene.

"We estimate that over 150,000 GM employees, retirees, and their family members were treated for cancer last year. That's nearly 18 percent of the 1.2 million people covered by GM health care plans—an enormous figure," said Marcus Wilson, GM corporate medical director. "GM is at the forefront of companies battling cancer and we constantly strive to improve our employees' quality of life. That is why our support for breast cancer prevention research, including STAR, is absolutely critical."

As part of this pilot collaboration, nearly 140,000 female, salaried employees (both active and retired) age 35 and older are being mailed a message from Wilson, information on the STAR trial, and the STAR Risk Assessment Form.

Women are invited to complete the form, at no obligation, if they are interested in knowing their risk for developing breast cancer. All women who respond will have their breast cancer risk assessed by the NSABP and will be mailed the results. Postmenopausal women age 35 and older who are at high risk for developing breast cancer will then have the option of learning more about STAR.

STAR is designed to compare the effectiveness and safety of raloxifene (Evista), an osteoporosis prevention and treatment drug, to tamoxifen (Nolvadex) for reducing breast cancer risk. Over 500 centers across the U.S., Puerto Rico, and Canada are enrolling 22,000 postmenopausal women age 35 and older who are at high risk for developing breast cancer

into the trial. More than 8,500 women have joined STAR since it was opened in July 1999.

"Not surprisingly, most women tend to overestimate their own breast cancer risk," said D. Lawrence Wickerham, NSABP associate chairman and STAR protocol officer. "We consider the risk assessments we do as a part of STAR to be a public health service. Many of the women who go through the risk assessment process are reassured to learn that their actual risk of breast cancer is lower than they imagined."

Further information on STAR is available at http://www.nsabp.pitt.edu or NCI's clinical trials Web site at http://cancertrials.nci.nih.gov and choose "STAR" from the Most Requested Pages section.

Funding Opportunities:
RFAs Available

RFA ES-01-004: Mechanism of Environmental Oxidative Stress and Dietary Modulation

Letter of Intent Receipt Date: March 1, 2001
Application Receipt Date: April 16, 2001

National Institute of Environmental Health Sciences and National Institute of Diabetes and Digestive and Kidney Diseases announce support for research into the role of dietary modulators and nutritional factors in the molecular control of reactive oxygen species of environmentally induced disease processes. Results should clarify the cellular and molecular mechanisms by which nutritional agents alter oxidative balance and thereby prevent disease. It has been shown that folic acid deficiency may be a risk factor for the development of cancer. Folate deficiency leads to chromosome breaks due to deficient methylation of cUMP to dTMP and subsequent incorporation of uracil into DNA. Increasing folate in the diet inhibits DNA uracil levels and chromosome breaks, thereby preventing disease. The RFA will use the NIH small grants program RO3 award mechanism.

Inquiries: Joan Packenham, scientific program administrator, Chemical Exposures and Molecular Biology Branch, Division of Extramural Research and Training, National Institute of Environmental Health Sciences, P.O. Box 12233, MD EC-21, 111 T.W. Alexander Dr, Research Triangle Park, NC 27709, phone 919-541-4528; fax 919-306-4606; e-mail Packenhm@niehs.nih.gov

RFA TW-01-003: International Clinical, Operational and Health Services Research and Training Award

Letter of Intent Receipt Date: March 15, 2001
Application Receipt Date: April 27, 2001

The award supports training for research between U.S. institutions and those in developing countries, as well as emerging democracies of Eastern Europe, Russia, and the Newly Independent States. Applicant institutions can request up to five years support for a standard program or up to three years support to plan and develop a program. The National Institute of Dental and Craniofacial Research is interested in international applications addressing disorders such as oral cancer, soft tissue diseases of the oral cavity, craniofacial anomalies, temporomandibular disorders, oral and facial pain and salivary gland diseases. Awards made in response to the RFA will use the NIH international training grant D43 award mechanism.

Inquiries: James Lipton, assistant director, Office of Training and Career Development, Division of Extramural Research, NIDCR, Bldg 45, Rm 4AS-37J, Bethesda, MD 20892-6402, phone 301-594-2618; fax 301-480-8318; e-mail james_lipton@nih.gov

RFA CA-01-026: NCI Scholars Program

Letter of Intent Receipt Date: May 8, 2001
Application Receipt Date: June 12, 2001

The NCI Scholars Program encourages the establishment of junior investigators in basic, clinical or population-based biomedical in cancer research. Backgrounds in specialized fields such as mathematics, technology development will also be considered. Funding will be through an NCI intramural funding mechanism for up to four years. Subsequent support will be through an extramural funding mechanism K22 for two years of the initiated research program at the extramural institution to which they are recruited.

Inquiries: Lester Gorelic, Cancer Training Branch/ NCI, 6116 Executive Blvd, Suite 7025, MSC- 8346, Rockville, MD 20852 (express courier), Bethesda, MD 20892-8346, phone 301-496-8580; fax 301-402-4472; e-mail LG2H@NCI.GOV

RFA AT-01-003: NCCAM Institutional Research Training Program for Minority Researchers

Letter of Intent Receipt Date: April 16, 2001
Application Receipt Date: May 14, 2001

National Center for Complementary and Alternative Medicine announces funding for predoctoral and postdoctoral training at minority and minority-serving institutions for research training programs in CAM. The RFA will use the NIH institutional national research service award mechanism T32.

Inquiries: Morgan Jackson, director, Office of Special Populations, Division of Extramural Research, Training and Review, National Center for Complementary and Alternative Medicine, 6707 Democracy Blvd., Suite 106, MSC 5475, Bethesda, MD 20892-5475, phone 301-402-1278; fax 301-480-3621; e-mail mj145m@nih.gov

Program Announcements

PA: NCI Transition Career Development Award for Underrepresented Minorities

The initiative, funded by the transition career development award K22, is intended to fund the transition of a minority postdoctoral research scientist from the mentored to the independent stage of their careers in cancer research. The award allows up to three consecutive 12-month appointments. Recipients must devote a minimum of 75 percent effort to the proposed basic, clinical or population science research program. The remaining 25 percent can be divided among other activities only if they are consistent with the program goals. Individuals may apply without a sponsoring institution while they are still in a mentored position.

Inquiries: Sanya Springfield, chief, Comprehensive Minority Biomedical Branch, Office of Centers, Training and Resources, ODDES, NCI, phone 301-496-7344; e-mail ss165i@nih.gov

PA: Development of Novel Imaging Technologies—Phased Innovation Award

The initiative will development imaging technologies for early cancer detection, screening, diagnosis and image guided treatment. Proposed technologies should address one or more of the following clinical applications: imaging to detect pre-neoplasia; large-scale cancer-screening applications; imaging for diagnosis, staging, and monitoring the effects of therapy; image guided biopsy and therapy. Partnerships of appropriate medical institutions with medical device manufacturers will facilitate the integration of system components.

Inquiries: Barbara Croft, Biomedical Imaging Program DCTD, NCI, phone 301-496-9531; e-mail bc129b@nih.gov

Specialized Programs of Research Excellence in Human Cancer For the Year 2002

The initiative will expand the SPORE to include new cancer sites, in leukemia, myeloma, and gynecological cancers, as well as additional receipt dates for established sites in breast, lung, prostate, and genitourinary cancers. A SPORE conducts translational research that requires interdependence between basic and clinical investigators in both the planning and implementation of research and emphasizes the application of basic research findings to patients and populations.

A SPORE must promote interactions between laboratory and physician scientists; identify new research opportunities that may reduce cancer incidence and mortality; encourage collaborations both within and outside of its institution(s), including interactions with other SPOREs; provide career development opportunities for new, independent investigators wanting research careers in translational cancer research; and develop human cancer tissue resources that will benefit translational research.

Inquiries: Jorge Gomez, Organ Systems Branch, Office of Centers, Training and Resources, ODDES, NCI, phone 301-496-8528; e-mail jg1w@nih.gov

PAR-01-045: Molecular Target Drug Discovery for Cancer: Exploratory Grants

Letter of Intent Receipt Date: May 17, 2001

Application Receipt Date: June 14, 2001

Developmental Therapeutics Program, Division of Cancer Treatment and Diagnosis, NCI, and the Chemoprevention Agent Development Research Group, the Division of Cancer Prevention, NCI invite exploratory/developmental grant applications to identify and use molecular targets for the discovery and clinical testing of anticancer agents based on the molecular mechanisms that underlie neoplastic transformations, cancer growth and metastasis. The PA will be to provide the means for investigators to generate preliminary data leading drug discovery assays. The funding instrument is the exploratory/developmental grant R21, which provides limited funds for short-term research projects

Inquiries: John Beisler, Developmental Therapeutics Program, NCI, EPN, Rm 8153, 6130 Executive Blvd, Bethesda, MD, 20892-7456, Rockville, MD 20852 (for express/courier service), phone 301-496-8783; fax 301-402-5200; e-mail beislerj@exchange.nih.gov

PAR-01-046: Molecular Target Drug Discovery for Cancer: Competing Supplements

Letter of Intent Receipt Date: May 17, 2001

Application Receipt Date: June 14, 2001

Developmental Therapeutics Program, NCI, and the Chemoprevention Agent Development Research Group, the Division of Cancer Prevention, NCI invite competitive supplement grant applications for existing NIH grants to use molecular targets for drug discovery.

Inquiries: See preceding PA.

PA: Flexible System to Advance Innovative Research for Cancer Drug Discovery By Small Businesses

The initiative will provide a flexible system in regard to time and budget for cancer drug and vaccine discovery and development. Supported projects could range from basic discovery through concept validation in a phase II trial. The FLAIR initiative will provide for a longer time period and larger budgets for both phase I and II support to enable small business awardees to establish feasibility in phase I and to continue extensive and costly research in phase II.

Inquiries: George S. Johnson, Developmental Therapeutics Program, phone 301 496-8783; e-mail johnsong@exchange.nih.gov

In Brief:

House Members Form Group To Adress Cancer Policy

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track record of peer-reviewed funding or the equivalent, as well as an active investigative program is also required. Besides leading the center, the director will serve as chairman of Lombardi's Department of Oncology. Georgetown officials say they expect to have a new director identified by this summer. "Georgetown's partnership with MedStar Health has given us a number of tremendous opportunities, particularly in translational research," said **Sam Wiesel**, executive vice president and executive dean of Georgetown University Medical Center. Georgetown also now has the resources to increase Lombardi's patient base, he said. The center has nearly 150 faculty members involved in translational cancer research, and supervises more than $55 million in sponsored research. . . . **HOUSE CANCER WORKING GROUP** was formed last week by Reps. **Deborah Pryce** (R-OH), **Sue Myrick** (R-NC), **Lois Capps** (D-CA), and **Ken Bentsen** (D-TX). The group sent a letter dated Feb. 5 to **President George W. Bush** expressing its willingness to work with the White House to make cancer policy a top health care priority. "We are pleased that during your campaign you made a commitment to our shared goal of doubling funding for the National Cancer Institute and renewing our national commitment to the fight against cancer," the four co-chairmen of the group wrote. "We look forward to working with you to make real progress in the battle against cancer. The House Cancer Working Group will work to educate our colleagues about the many issues surrounding cancer. We will work through Congress and, hopefully, with your administration to advance federal policies that further cancer research; improve prevention, diagnosis, and treatment; and enhance the quality of life of cancer patients." . . . **FOR THE SECOND** consecutive year, scientists at UCLA'S Jonsson Cancer Center have won more prostate cancer research awards from the Association for the Cure of Cancer of the Prostate than any institution nationwide. Ten UCLA scientists will receive grants this year totaling more than $1 million. CaP CURE was founded by Michael Milken in 1993. UCLA award winners were: **Charles Sawyers, Michael Carey, Pinchas Cohen, Sanjiv Gambhir, Jay Lieberman, Robert Reiter, Marc Seltzer, Peter Tontonoz, Owen Witte,** and **Hong Wu**. Last year, eight Jonsson scientists received more than $700,000 in CaP CURE grants. "CaP CURE is extremely pleased with the prostate cancer research program that has evolved at UCLA," said **Howard Soule**, executive vice president and chief science officer for CaP CURE. "The scientific leadership there is focused on programs that will rapidly translate into clinical benefits for prostate cancer patients. It is our strong desire that CaP CURE resources will continue to mobilize this unique group to solve the prostate cancer problem for all affected men and their families." . . . **ASSOCIATION OF AMERICAN CANCER INSTITUTES** last month elected three new members to its 12-member board of directors for a three-year term. The new directors are **H. Shelton Earp III**, director of the Lineberger Comprehensive Cancer Center, University of North Carolina, Chapel Hill; **William Hait**, director of The Cancer Institute of New Jersey, New Brunswick; and **Nicholas Vogelzang**, director of the University of Chicago Cancer Research Center, Chicago. AACI is an association of more than 80 academic and freestanding cancer centers. More than half of the participating centers are designated by NCI. . . . **ROY WU**, a program director in NCI's Cancer Therapy Evaluation Program, received the American Society for Blood and Marrow Transplantation Public Service Award at the 2001 Bone Marrow Transplantation meetings in Keystone, CO, on Feb. 16. . . . **JEFFREY WIGAND**, a former Brown & Williamson Tobacco Co. executive who cooperated with government agencies investigating the industry's research and marketing practices, received the General H. Norman Schwarzkopf Action Award from the Roswell Park Alliance at its annual gala Feb. 3. The Alliance supports research at Roswell Park Cancer Institute. Wigand now teaches in Charleston, SC, and is president of Smoke-Free Kids Inc., a non-profit organization. . . . **WORLD SUMMIT** Against Cancer has grown by more than 50 organizations in the past year since the first summit held last February. The summit, under the auspices of the United Nations Educational, Scientific and Cultural Organization, held its second meeting earlier this month in Paris. Co-founders of the initiative are **David Khayat** of France and **Gabriel Hortobagyi**, of M.D. Anderson Cancer Center. The principles of the summit are outlined in the Charter of Paris Against Cancer, available at http://www.charteragainstcancer.org. Support for the summit was provided by Bristol-Myers Squibb Co. and Ortho Biotech.

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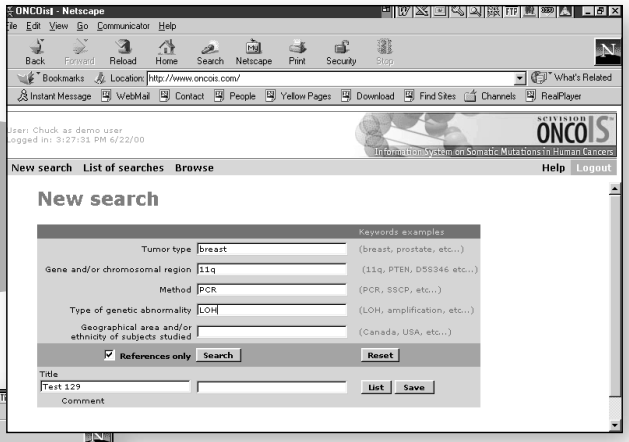

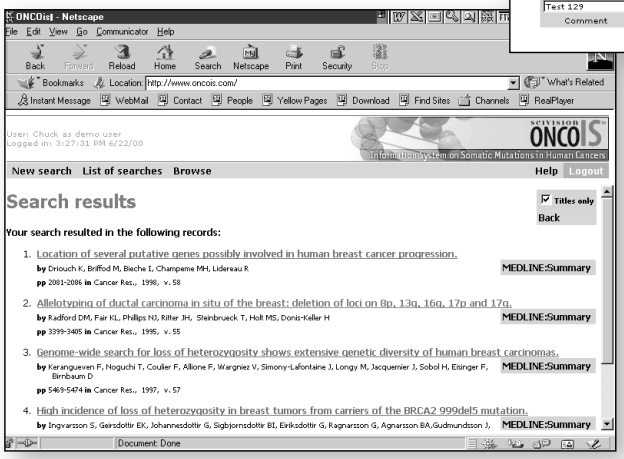

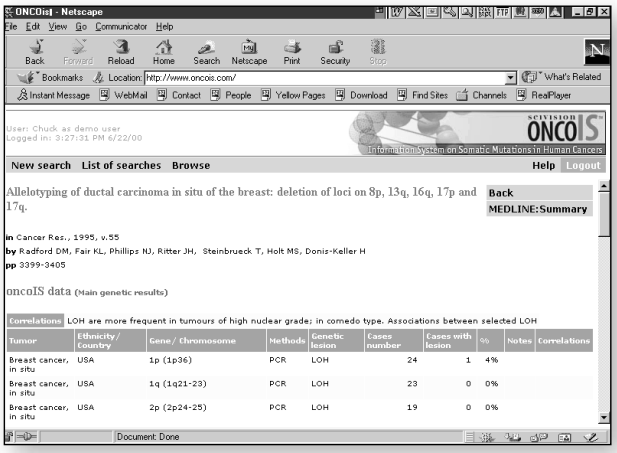

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