THE CANCER LETTER INTERACTIVE

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# NCI Must Build A Research Community In Pancreatic Cancer, Review Group Says

An advisory group formed to review the NCI pancreatic cancer research portfolio said the Institute must "build a comprehensive research community focused on this disease."

In a report recently submitted to NCI Director Richard Klausner, the progress review group noted that "limited funding for pancreatic cancer research has limited the size of the research community pursuing progress against any aspect of the disease, and the number of researchers who are able to make pancreatic cancer their principal research focus."

According to the report, NCI spent $17.3 million on pancreatic cancer

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*In Brief:*

## AAAS Urges Bush To Continue Funding For Stem Cell Research; ONS Hires Arent Fox

**AMERICAN ASSOCIATION** for the Advancement of Science sent a letter to **President George W. Bush** expressing its strong support for federal funding of research using human stem cells from embryonic, fetal and adult sources. "It would be tragic to squander this opportunity to pursue work that can potentially help millions of Americans in need," the letter says. According to the letter, the discovery of stem cells, capable of giving rise to virtually any tissue type, could be the most significant scientific and medical breakthrough in the past decade. The result of such research could lead to treatments or cures for Alzheimer's disease, diabetes, spinal cord injury, and heart disease. The letter was signed by **Mary Good**, chairman of the AAAS Board, **Peter Raven**, president of AAAS, and **Floyd Bloom**, president-elect of AAAS. In addition to the letter, the AAAS November 1999 report on stem-cell research was sent to President Bush, recommending that "federal funding for stem cell research is necessary in order to promote investment in this promising line of research, to encourage sound public policy, and to foster public confidence in the conduct of such research." The report concludes that it is possible to conduct embryonic stem-cell research in a fully ethical manner. According to the report, the case for public funding is made even stronger by the amount of stem-cell research taking place in the private sector without public oversight. Public funding, the reports states, would help to ensure that the research is closely monitored and meets ethical standards. . . . **ONCOLOGY NURSING SOCIETY** said its health policy representative in Washington will be Arent Fox Kintner Plotkin & Kahn, PLLC. "Our partnership with Arent Fox will

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## Fewer Than 10 PIs Study Pancreatic Cancer Full-Time

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research. That year, the Institute reported that 270 grants were " relevant" to pancreatic cancer, but fewer than three dozen were "at least 50 percent relevant" to the disease.

"Available data suggest that fewer than 10 principal investigators have multiple grants or a primary career focus on pancreatic cancer," the report said.

"The disease is under-studied in the lab and clinic," said Scott Kern, co-chairman of the pancreatic cancer PRG and associate professor at Johns Hopkins University's department of oncology. "The number of investigators with two or more NCI grants in this disease could fit at my kitchen table."

The report does not set specific funding targets for pancreatic cancer research.

The document is posted on the NCI site: http://osp.nci.nih.gov/Prg_assess/PRG/PANPRG/.

To make progress in pancreatic cancer research, NCI needs to attract new investigators to the disease, and offer them stable support, the report said.

"To be effective, this community must have stable support and the scientific depth and diversity to challenge the disease comprehensively, including, but not limited to: the nature of normal pancreas biology, individual risk assessment, surveillance for early disease, diagnosis, prognosis assessment, effective therapy, and beneficial health service design and delivery, including communication mechanisms," the document states.

In 2001, about 29,200 cases will be diagnosed, and 28,900 people will die. Pancreatic cancer is the fifth leading cause of cancer death in the U.S. Prognosis is dismal: median survival is six months, and only four percent of patients are alive five years after diagnosis.

These dismal statistics often lead clinicians scientists not to attempt research in this disease, said Margaret Tempero, co-chairman of the PRG and deputy director of the University of California, San Francisco, cancer center. "There is a lot of therapeutic nihilism among practitioners and reluctance to send patients to a cancer center or research hospital, because nothing good will happen so there is no sense in doing clinical trials," she said.

"There is that sense that prevails at the provider level," Tempero said. "If I do nothing in my life, it's to be an ambassador for this disease and to try and show that there are some things that we are doing and we are making an impact and it is worthwhile for patients to access clinical trials."

Tempero and Kern spoke at the National Cancer Advisory Board Feb. 14.

"I really want to see this report as a turning point," NCI Director Klausner said to the NCAB. "We don't want to wait years for this. We want to align active successful researchers to [research priorities and funding]. The training and researchers will follow, because they haven't had places to train."

During the past two years, PRG reports have emerged as a method for assessing the Institute's research portfolios for specific disease.

These reports also are intended to head off Congressional earmarks. At least in principle, if NCI knows what it's doing for a specific problem and has a strategy for future research, there should be no reason for Congress to step in with mandates to increase spending for the disease in question.

The Institute has prepared plans for brain tumors as well as colorectal, breast, and prostate cancers. So far, the plan for prostate cancer is the only such document to include spending targets. Reviews of programs in gynecologic cancers, lung cancer, and leukemia, lymphoma and myeloma are underway.

To augment research in pancreatic cancer, the report said, NCI needs to:

• Develop sustained, expanded training and

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career development programs in pancreatic cancer research and care.

•Create an interdisciplinary coordinating mechanism to monitor funding patterns and identify funding deficits and opportunities in pancreatic cancer research.

• Establish centers of excellence for pancreatic cancer research and care.

A summary of research priorities the report identified follows:

**Tumor Biology**

Pancreatic cancer is a unique and heterogeneous disease that is difficult to study. Molecular aspects of normal cell differentiation and development of the pancreas are poorly understood. Molecular processes involved in the development of benign and malignant pancreatic diseases are known in part, although the nature and origin of the precursor cells for pancreatic cancer have not been delineated. The relationships between differing clinical presentations of pancreatic cancer, prognosis, and the mechanisms of drug resistance are undefined. The contribution of the tumor's supportive tissue matrix (stroma) and other host factors to patient prognosis has not been studied.Well-characterized tissue of sufficient quality for molecular analysis, particularly for early lesions, is scarce.

The PRG identified four research priorities:

• Achieve a more complete understanding of the normal biology of the pancreas.

• Elucidate the development of pancreatic adenocarcinoma.

• Study the natural history of the pancreatic cancer stroma and the formation of reactive tissue in the stroma in response to the presence of a tumor (desmoplasia).

• Investigate clinically important host-tumor interactions and develop new therapeutic strategies to address them.

Two resources critical to this research are:

1. Specimen banks of normal, proliferative, precancerous, and cancerous human pancreatic tissue.

2. Experimental model systems.

**Risk/Prevention/Screening/Diagnosis**

Pancreatic cancer patients seldom exhibit disease-specific symptoms until the cancer is at advanced stages, and tumors 1-2 cm in size often have already spread beyond the local area of the primary tumor. For these reasons, determining risk factors (genetic, environmental and gene-environment interactions), and developing preventive strategies and improved detection technologies are critically important. The three most important research priorities are to:

• Identify genetic factors, environmental factors, and gene-environment interactions that contribute to pancreatic cancer development.

• Develop, implement, and evaluate approaches to prevent pancreatic cancer in high-risk cohorts (e.g., familial pancreatic cancer, hereditary pancreatitis, older age). Studies should be performed in humans and in animal models of early neoplasia (e.g., PanIN-3).

• Identify and develop surveillance and diagnosis methods for the early detection of pancreatic cancer and its precursors.

Seven critical resources include:

1. New and expanded registries for:

—Identification of high-risk patients and kindreds.

—Linkage analysis.

—Tissue and specimen resources.

—Identification of screening and surveillance cohorts.

—Epidemiologic assessment of gene-environment interactions.

2. Specimen banks for all types of biomaterials (e.g., blood, serum, pancreatic juice, stool, tumors, other body fluids).

3. Consortia of large, aging cohorts for pooled analyses to elucidate causal factors.

4. Education for providers and investigators about pancreatic cancer risk assessment, evaluation protocols, and sample collection.

5. A Web-based imaging library to serve as an educational tool, research tool, reference standard for imaging studies, and source of images for the application of new technologies such as artificial intelligence and other post-imaging processing.

6. Technology centers for comprehensively assessing gene and protein expression for use in identifying biologic indicators of the presence and behavior of pancreatic cancer and its precursors.

7. Animal models for the study of environmental factors, gene-environment interactions, chemoprevention, chemotherapy, radiation therapy, vaccines, and imaging.

**Therapy**

A number of inherited and acquired tumor-associated gene alterations present in pancreatic cancer

have been identified, but significant gaps exist in our understanding of how these alterations occur in pancreatic cancer development, affect the interaction of signaling proteins in the course of the cancer, and influence molecular interactions between tumor and host. It remains a challenge to better understand and determine how the molecular biology of pancreatic cancer can be harnessed for therapeutic gain. Three research priorities are to:

• Facilitate the discovery and development of targeted therapeutics.

• Facilitate development of techniques to assess targeted therapeutics; develop and validate preclinical models of human pancreatic cancer for identifying and evaluating therapeutic targets.

• Accelerate research into the supportive care of patients with pancreatic cancer.

Three critical resources are needed for this research:

1. Mechanisms to facilitate investigator access to targeted therapeutic agents for preclinical studies and clinical trials.

2. Infrastructure for molecular target assessment.

3. Infrastructure for multidisciplinary clinical trials and promoting patient participation.

**Health Services Research**

Health services research is crucial in pancreatic cancer to help ensure that patients, families, and health care providers are well informed about all aspects of the disease. NCI's recent enhanced commitment to cancer communications initiatives provides new opportunities for HSR relative to pancreatic cancer. Advances in tumor biology, diagnosis, and treatment can be expected to promote more hopeful and positive attitudes toward pancreatic cancer and assist in fulfilling HSR research priorities. Four key priorities are to:

• Identify effective forms of health care provider communication with pancreatic cancer patients.

• Identify determinants of message effectiveness in aiding decision making by patients.

• Identify manpower requirements and costs of multidisciplinary clinical trials in pancreatic cancer.

• Determine the efficacy of current practices in pancreatic cancer diagnosis and care and evaluate the impact of improvements in the management of difficult treatment and end of life issues.

The PRG identified four categories of critical resources:

1. A survivorship registry to enable the study of relationships among survival, biological (e.g., genes, markers), and self-report data, beginning at diagnosis and continuing though follow-up care.

2. A Web-based repository to track, update, and categorize information on the costs of clinical trial research focusing on pancreatic cancer.

3. New models that can be applied and validated in community and academic research settings, including those for:

—Analyzing cost and level of effort required to conduct clinical research in pancreatic cancer.

—Assessing communication effectiveness.

—Improving patient decision making.

—Describing and summarizing consistent patterns of variables indicative of longer term survival of pancreatic cancer.

—Characterizing quality of life and end of life parameters for pancreatic cancer patients.

4. Education, training, and communication tools:

—Communication toolkits for health care providers with education components and collateral materials, particularly to assist/support patient decision making.

—Patient decision making toolkits for various patient populations.

—Mechanisms to facilitate increased interaction among health care providers, advocates, and professional and funding organizations.

**Scientific Toolkit**

The lack of six key resources and tools poses a major impediment to progress in pancreatic cancer research:

1. A specimen resource to provide access to a range of normal and neoplastic human pancreas samples.

2. A relational database containing information on the biological profiles of normal and neoplastic pancreas cells.

3. New biological sampling techniques that permit analysis of minute quantities of biological samples.

4. Organization of growing knowledge about signaling pathways into interrelated networks and systems to assess the ultimate outcome of alterations in pathways important in pancreatic cancer.

5. *In vivo* and *ex vivo* gene-based model systems that faithfully parallel the complex biology of human pancreatic adenocarcinoma.

6. Imaging systems for elucidating the biology of pancreatic cancer, detecting disease, and monitoring patients after therapeutic intervention.

*In Congress:*

## Resolutions Urge Doubling Of NIH Budget From '98 Level

Congressional proponents of continuing increases for biomedical research introduced two non-binding resolutions to boost NIH funding by $3.4 million in fiscal 2002.

The increase proposed in the recently introduced House and Senate resolutions would be consistent with the plan to double the Institutes' budget between the fiscal years 1998 and 2003.

The President's budget proposal calls for a $2.8 billion increase, which would fall short of the 15-percent per year increases that would be required to reach the goal of doubling the budget. However, Administration officials indicated that they would make up for next year's shortfall by seeking a $4.1 billion increase for fiscal 2003. Once the doubling is complete, NIH would receive increases that White House officials described as "stable" and "moderate."

Resolutions are not new in the Congressional effort to boost funding for NIH. The original effort to double NIH began with a sense-of-the-Senate resolution passed in May 1997.

The House resolution (H. Res. 72), was introduced by Rep. George Gekas (R-PA) on Feb. 28. The Senate resolution (S. Res. 19) was introduced on Feb. 13 by Sen. Arlen Specter (R-PA), chairman of the Labor, HHS appropriations subcommittee.

The resolutions are identically worded. The sense of the Senate resolution has 13 cosponsors. The sense of the House resolution has two. Both measures were referred to committees.

"I believe that this goal can be achieved if we make the proper allocation of our resources," said Specter, introducing the Senate resolution. "I, like millions of Americans, have benefited tremendously from the investment we have made in NIH. That is why we offer this resolution today—to call upon the Budget Committee to include the additional $3.4 billion to the health accounts."

Specter's remarks appear to reflect the nascent argument that even after the NIH budget is doubled in 2003, the government should continue increasing funding for the Institutes.

"Our investment has resulted in tremendous advances in medical research," he said. "A new generation of AIDS drugs are reducing the presence of the AIDS virus in HIV infected persons to nearly undetectable levels. Death rates from cancer have begun a steady decline. With the sequencing of the human genome, we will begin, over the next few years, to reap the benefits in many fields of research as analysis continues. And if scientists are correct, stem cell research could result in a veritable fountain of youth in replacing diseased cells

"I anxiously await the results of all of these avenues of remarkable research," Specter said.

*News@Cancer.Gov:*

## NCI Offers Mouse Strains, Tissue Microarrays, Online

NCI has established a resource for the cancer research community, the Mouse Models of Human Cancers Consortium Mouse Repository.

The Repository, located at NCI's Frederick, Md., Cancer Research Center, was developed with guidance from the MMHCC, which serves as the Scientific Advisory Board for the repository.

Although the repository initially will have fewer than 10 mouse strains ready for distribution, NCI anticipates that the number of available strains will increase to 30 by the end of the first year.

The MMHC was formed in 1999 for the development and validation of mouse models of human cancer.

A list of available strains and the process for new strain submission to the repository may be found at: http://web.ncifcrf.gov/researchresources/mmhcc/default.asp.

* * *

Earlier this month, NCI began making available to researchers slides containing tissue microarrays for high-throughput molecular profiling of tumor tissues.

The microarrays consist of 600 anonymized tumor and control tissue samples, with no patient information. The price is $20 a slide, plus shipping. Information and ordering is through a Web site: http://www.cancer.gov/tarp.

* * *

NCI now has an extensive "Whole Earth Catalog" of stuff for scientists, clinicians, cancer educators, and communicators, on its Research Resources Web site at http://www.cancer.gov/resources.

For the scientist, there are animal, genomic, and specimen resources; drugs, chemicals and biologics; family registries; epidemiologic resources and statistics; scientific computing services; and research and manufacturing services.

For the clinician or patient advocate, there are communication resources, links to NCI's clinical trials information, cancer information and statistics.

For educators and communications, the site offers a convenient list of cancer communications resources.

*Health Policy:*

## IOM Calls For Rapid Reform Of Health Care System

The nation's health care industry has foundered in its ability to provide safe, high-quality care consistently to all Americans, according to a report from the Institute of Medicine of the National Academies.

Reorganization and reform are urgently needed to fix what is now a disjointed and inefficient system, the report said. To spur an overhaul, Congress should create an "innovation fund" of $1 billion for use during the next three to five years to help subsidize promising projects and communicate the need for rapid and significant change throughout the health system, the report said.

"Americans should be able to count on receiving care that uses the best scientific knowledge to meet their needs, but there is strong evidence that this frequently is not the case," said William C. Richardson, chair of the committee that wrote the report and president of the W.K. Kellogg Foundation, Battle Creek, Mich. "The system is failing because it is poorly designed. For even the most common conditions, such as breast cancer and diabetes, there are very few programs that use multidisciplinary teams to provide comprehensive services to patients. For too many patients, the health care system is a maze, and many do not receive the services from which they would likely benefit."

Clinicians, health care organizations, and purchasers—companies or groups that compensate health care providers for delivering services to patients— should focus on improving care for common, chronic conditions such as heart disease, diabetes, and asthma that are now the leading causes of illness in the U.S. These ailments typically require care involving a variety of clinicians and health care settings, over extended periods of time. But physician groups, hospitals, and health care organizations work so independently from one another that they frequently provide care without the benefit of complete information about patients' conditions, medical histories, or treatment received in other settings, the committee pointed out.

The report envisions a revamped system that not only is centered on the needs, preferences, and values of patients, but also encourages teamwork among health care workers and makes much greater use of information technology.

A nationwide effort is needed to build a technology-based information infrastructure that would lead to the elimination of most handwritten clinical data within the next 10 years, the committee said. Congress, the Executive branch, leaders of health care organizations, and public and private purchasers should work together toward this goal. Without a national pledge to create and fund such a technological framework, progress to enhance quality of care will be painfully slow.

To initiate across-the-board reform, the federal Agency for Healthcare Research and Quality should identify 15 or more common health conditions, most of them chronic, the report said. Then, health care professionals, hospitals, health plans, and purchasers should develop strategies and action plans to improve care for each of these priority conditions over a five-year period.

To stay aware of the big picture, the Department of Health and Human Services should monitor and track quality improvements in six key areas: safety, effectiveness, responsiveness to patients, timeliness, efficiency, and equity. The HHS secretary should report annually to Congress and the President on progress made in those areas.

In addition, public and private purchasers should develop payment policies that reward quality. Current methods provide little financial reward for improvements in the quality of health care delivery, and may even inadvertently pose barriers to innovation. With input from relevant private and public interests, the federal government should identify, test, and evaluate various payment options that more closely align compensation methods with quality-improvement goals.

The committee also offers 10 new rules intended to make the health system more responsive to patients' needs and preferences and to encourage their participation in decision-making. These rules also are intended to promote the development of systems that are consciously and carefully designed to be safe, anticipate patient needs, promote cooperation among clinicians, use resources wisely, and make available information on quality and safety performance.

The study was sponsored by the Institute of Medicine, National Research Council, Robert Wood Johnson Foundation, California Health Care Foundation, the Commonwealth Fund, and U.S. Department of Health and Human Services.

Copies of the report, "Crossing The Quality Chasm: A New Health System For The 21st Century," are available from the National Academy Press, 202-334-3313 or 1-800-624-6242.

*Cancer Training:*

## NCI Seeks Prevention Fellows

NCI is accepting applications to its Cancer Prevention Fellowship Program. The deadline for applications is Sept. 1.

The program trains physicians and postdoctoral scientists in the field of cancer prevention in control and provides: Master of Public Health training; NCI Summer Curriculum in Cancer Prevention; mentored research at the NCI; and brief field assignments at other institutions.

For information, contact Cancer Prevention Fellowship Program, NCI, 6120 Executive Boulevard Suite T-41 MSC 7105, Bethesda, MD 20892-7105, or call 301-496-8640, e-mail br24v@nih.gov, or visit the Web site at http://dcp.nci.nih.gov/pob for application materials.

*Funding Opportunities:*

## RFA Available

**RFA: Tissue and Biological Fluids Bank of HIV-Related Malignancies**

The AIDS and Cancer Specimen Bank is comprised of 5 main member institutions with 30 affiliates who collect and distribute well-characterized tumor tissue, biological fluids and demographic and clinical data from HIV-infected patients and appropriate controls to the research community at large. The RFA is being re-issued to continue stimulating cooperative efforts to maintain and expand the existing Tissue and Biological Fluids Bank, a resource for studies on pathogenesis, diagnostics, and treatment, of HIV-associated malignancies.

Inquiries: Jodi Black, DCTD OD, NCI, phone 301-402-6293; e-mail blackj@mail.nih.gov

## Program Announcement

**PAR-01-057: Technology Development for Biomedical Applications: Phased Innovation Award**

Application Receipt Dates: June 1, and Oct. 1 annually

National Center for Research Resources invites applications for the development of the following: new and improved instruments or devices, new methodologies, or software for biomedical research. The proposed research may involve conceptualization, design, fabrication, and/or testing of instruments or devices. Areas of emphasis are biomedical engineering and technologies for the study of structure and function of biological systems at all levels of complexity.

Support for this program will be through the NIH exploratory/developmental research grant R21 and the exploratory/developmental research grant phase II R33. Although the PA uses the R21/R33 phase innovation mechanism, applications using only the R21 mechanism are welcome.

Inquiries: Gregory Farber, Biomedical Technology, National Center for Research Resources, 6705 Rockledge Dr, Rm 6152, Bethesda, MD 20892, phone 301-435-0755; fax 301-480-3659; e-mail farberg@ncrr.nih.gov

## RFP Available

**N02-CM-17021-23**

Title: **Cancer Therapy Evaluation Program Informatics And Computer Support**

Deadline: Approximately April 10

NCI is seeking support for the informatics and computer systems of the Cancer Therapy Evaluation Program. This effort will support the design and/or redesign of system programs as well as initial coding, revising, testing, debugging, documentation, training, operation, and/or maintenance of all systems software and hardware associated with the CTEP Enterprise System. Contractor staff shall be available to CTEP staff for resolution of technical problems and to assure quality of the data in the CTEP-ESYS. This shall include support of CTEP and local contractor personal computers, NT Server, Exchange Server, Oracle Web Server, and customized databases and applications within the CTEP-ESYS. These systems include: Clinical Trials Monitoring Branch Audit Information System, Protocol Authorization and Tracking System, Drug Authorization and Review Tracking System, Clinical Data Update System, Web-enabled CDUS, Common Toxicity Criteria Interactive Tool, Adverse Drug Experience Electronic Reporting System and the CTEP Web page.

It is anticipated that the effort required for this contract will be 225 productive FTEs over three years. The proposed acquisition is a recompetition of contract N02-CM-97030 award to Capital Technology Information Services Inc. The government anticipates that one contract will be awarded on an incrementally funded basis for a period of three years. This acquisition has been designated as a 100 percent small business set-aside under an NAICS code No. 541513 with a size standard of $18 million.

Contact: Doris Rosenblatt, email dr220@nih.gov, fax 301-402-6699, phone 301-435-3824.

*In Brief:*

## JR Adams Elected President, Ovarian Cancer Coalition

(Continued from page 1)

serve to strengthen our presence in Washington as we work on behalf of the oncology nursing specialty to shape healthcare legislation and cancer care in this nation," said ONS President **Paula Rieger**. ONS will work with **Robert Waters**, previously chief of staff for **Sen. Tom Harkin** (D-IA) and policy analyst at HHS. Arent Fox team members working on behalf of ONS include **Allison Weber Shuren**, a nurse attorney; **Carolyn Hutcherson**, a nurse and policy advisor; and **Bill Applegate**, government relations director at the firm. . . . **JR ADAMS** was elected president of the National Ovarian Cancer Coalition. She succeeds NOCC founder **Gail Hayward**, who died last may. Adams founded the Illinois Division of NOCC and has been a member of the Board of Directors since 1999. Adams was diagnosed with stage IIIC ovarian cancer in 1993 and has been treated for three recurrences, according to the NOCC newsletter (issue no. 10). NOCC is based in Boca Raton, FL, and has a Web site at http://www.ovarian.org. . . . **ROBERT OZOLS**, senior vice president for medical science at Fox Chase Cancer Center, has received the Claude Jacquillat Award for outstanding contributions to cancer patient care. The award was presented last month at the International Congress of Anticancer Treatment in Versailles, France. Ozols conducts research on ovarian cancer resistance to anticancer drugs. He is principal investigator of an NCI Specialized Program of Research Excellence grant in ovarian cancer. . . . **NASA ASTROBIOLOGY** Institute and NIH have scheduled a symposium April 2 at the NIH Clinical Center, Masur Auditorium. Registration is open. Further information is available at http://nai.arc.nasa.gov/JointSymposium. . . . **AMERICAN LEGACY FOUNDATION** awarded $15 million to University of California, San Francisco to establish permanent Internet access to about 40 million pages of tobacco industry documents and to develop a center for scholarly study of the material. The two new UCSF programs will be created by the award—the American Legacy Foundation National Tobacco Documents Library and the Center for Tobacco Control Research and Education. The new online documents library is considered critical to continued research in this field since the tobacco industry can remove existing documents from the internet in 2010 under the terms of the 1998 settlement agreement between the industry and 46 state attorneys general. Legacy is the national foundation created in 1999 as a result of the tobacco settlement agreement. The library's Tobacco Control Archives can be found at http://www.library.ucsf.edu/tobacco/. Director of the academic center will be **Stanton Glantz**, UCSF professor of medicine and a prominent scholar of tobacco industry practices and of the effects of tobacco smoke. Working with **Karen Butter** in 1994 and 1995, Glantz played a leading role in making available for public scrutiny and study internal Brown and Williamson documents he had received from an anonymous source. Butter will direct the new Legacy National Tobacco Documents Library. Eighteen faculty at UCSF are engaged in tobacco control-related research, ranging from laboratory science to public policy. The research enterprise is part of the Tobacco Control Program in UCSF's NCI-designated Comprehensive Cancer Center. . . . **PHARMACIA ONCOLOGY** and the Pharmacia Foundation agreed to contribute $5 million over a three-year period to assist the American Cancer Society in a public awareness program to improve awareness of early detection options for colon cancer, reach out to the health care provider community and to help enact legislation that ensures more Americans have access to colon cancer testing. The Society's "Things To Do Now That I'm 50" campaign features celebrities such as basketball hall-of-famer **Julius Erving** and fashion designer **Vera Wang**. "We must motivate people to act, get tested, and to learn about exciting recent advances," said **Gabe Leung**, group vice president for Pharmacia Oncology. Pharmacia plans to use its field representatives to build greater awareness of colon cancer screening and clinical trials. . . . **THE CANCER LETTER** is switching to a Web-based system for subscriptions to its Interactive (electronic) edition. Over the next few weeks, subscribers will notice a change in the email notices they receive with each week's issue. The new system provides additional features to electronic subscribers, including keyword alerts, online renewal, and full-text searching. Subscribers should continue to receive issues on Friday afternoons. Please report any missed issues to info@cancerletter.com. Subscribers who wish to change from print to electronic subscription should visit http://www.cancerletter.com and order a new electronic subscription using a credit card. The print subscription may be cancelled by calling 800-513-7042.

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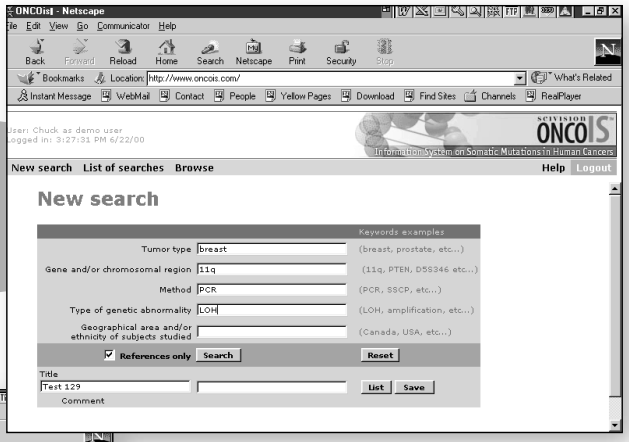


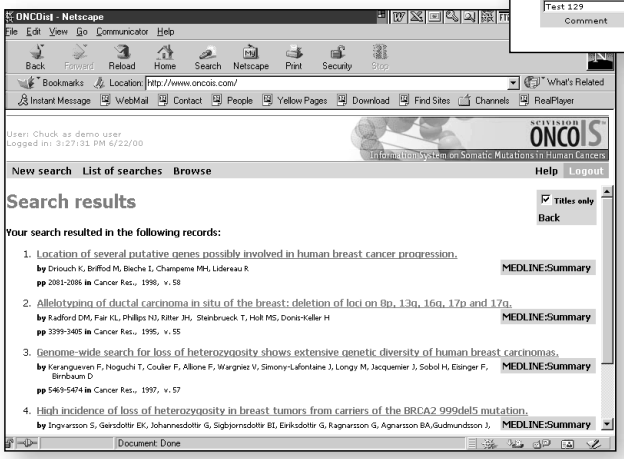


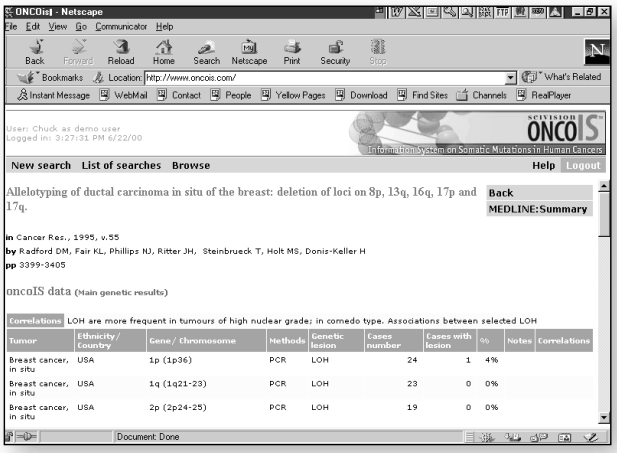


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