THE CANCER LETTER INTERACTIVE

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FDA Oncology Division Invites Advocates To Play Early Role In Cancer Drug Review

FDA is inviting cancer patient advocates to take part in meetings between pharmaceutical companies and FDA staff to discuss the design of clinical trials testing cancer drugs.

The new program creates a role for advocates at an earlier point in the drug approval process.

In the past, cancer survivors' participation with FDA began and ended at the Oncologic Drugs Advisory Committee. The external advisory

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In Brief:

Thompson Names Texas Health Official Head Of HHS Center For Faith-Based Initiatives

HHS SECRETARY Tommy Thompson named **Elizabeth Seale** director of the department's new Center for Faith-Based and Community Initiatives. Seale was vice-chairman of the board of the Texas Department of Human Services. HHS created the center at the direction of **President George W. Bush** to "establish a level playing field for all faith-based and community organizations applying for federal grants," according to an HHS statement. The President announced his objective to launch a faith-based and community initiative in an Executive Order issued Jan. 29. HHS will submit its first annual report to the White House on the department's implementation of the faith-based initiative by July 29. HHS said the report will include an analysis of the barriers that prohibit full participation of faith-based and other community organizations in federal funding and proposed plans to reduce those barriers, as well as a summary of the technical assistance that HHS will make available to faith-based and community organizations to incorporate them into the department's programs. It will also include information on the development of objectives to measure the department's success. . . . **DUKE** Comprehensive Cancer Center has received a $2 million commitment from the Rory David Deutsch Foundation of Highland Park, Ill., to establish an endowment for pediatric brain tumor research, Duke President **Nannerl Keohane** announced March 22. "The Deutsch family and the foundation that honors Rory David Deutsch have made a very important contribution to the research that will allow medical science to deal more effectively with this condition," Keohane said. "It is a gift that will make life better for many, and we are indeed

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FDA Seeks Cancer Advocates For Early Advice On Trials

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committee has included a voting consumer representative for the past 27 years.

In 1995, the agency invited participation from patients who have the disease for which the drug candidate would be indicated. Originally, these patient representatives took part in ODAC discussions, but did not vote. In 1996, patient representatives began to vote with the committee.

"Ultimate Client Of FDA Is The Patient"

The new program is part of a broader effort by Richard Pazdur, director of the FDA Division of Oncology Drug Products, to make the division more transparent and integrate it into the broader oncology community.

"The ultimate client of FDA is not the pharmaceutical firm, but the patient," said Pazdur, who joined the division in September 1999.

"We sought patient input at ODAC only, but ODAC is basically a snapshot of what goes on in a very lengthy drug review process," Pazdur said. "By bringing patients in earlier, we will get advice at the time of actual initiation of projects, in the design of the early-stage trials as well as in pivotal trials."

Instead of first encountering the data at ODAC, advocates would follow the drug through much of the clinical development process, commenting on what Pazdur calls "the three Rs" of drug approval in oncology: reliable, reproducible, and clinically relevant studies.

Though not all the details have been worked out, advocate reviewers would then attend ODAC, and would be likely to take part in discussion and vote on the application. "I'd like to have them at the table with us throughout the review and approval process," Pazdur said.

If ODAC recommends approval of the drug in question, advocates may take part in discussions of packaging, labeling, post-market commitments, and surveillance, Pazdur said.

Initially, FDA plans to select 10 advocates for the program. They will be screened for conflicts of interest and hired as "special government employees," the category federal agencies use to employ outside advisors, including members of ODAC.

Pazdur said advocate reviewers would not be assigned to all applications. "We will employ them when we think an application involves a promising agent, or when we believe that there are certain aspects that lead to advocacy concerns, and this might be with unique toxicities, quality of life issues, potential expanded access problems, and the value of surrogate endpoints," he said.

"Advocates Want Good Drugs Approved"

While the new program is unique at FDA, cancer and AIDS patient advocates routinely review clinical trial design for cooperative groups and pharmaceutical companies. In AIDS, pharmaceutical companies generally seek input from patients before initiating a clinical trial. To avoid potential firestorms as well as to ensure accrual to trials and adherence to regimens, sponsors routinely present protocols for rigorous review by activists.

"I always work on the assumption that advocates want good drugs approved," said Stephen Carter, a pharmaceutical industry consultant who specializes in development of cancer and AIDS drugs.

Moreover, well-informed patients are pleasure to work with, Carter said. "It works beautifully in AIDS, and it can work in cancer," he said. "Good activists know the data better than anybody."

The FDA program was first tested on Jeannine Walston, a 27-year-old survivor of a low grade mixed glioma.

At the time of her diagnosis three years ago, Walston was an aide to Rep. Steve Rothman (D-NJ).

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Two years after receiving treatment in a clinical trial, she became the policy coordinator for National Coalition for Cancer Survivorship and Children's Cause.

Pazdur met Walston last May, at a Congressional luncheon during Brain Tumor Awareness Week, sponsored by the North American Brain Tumor Coalition.

At the luncheon, Walston spoke about her cancer experience. "I talked about life and death, and fear, and hope, and the importance of advocacy," Walston recalled. "And I talked about watching friends living and dying with the disease, how painful that is, but it's also inspiring, because you really learn what courage is."

The clarity of these remarks convinced Pazdur that Walston would make a superb recruit for the program he was designing.

"To hear how somebody young deals with a devastating disease, copes with it, and then goes on to lead her life and use the experience in helping other people is remarkable," he said. "Few are as articulate and in touch with their feelings as she was during that presentation."

Last January, after two days of training, Walston was asked to review data from a trial for a brain tumor drug, Pazdur said.

Picturing Quality of Life In a Trial

"The data were straightforward, but because I hadn't done it before, I had to think through where I thought the data were weak, and how I could illuminate that from the patient perspective, to put myself in the situation of being a patient in the trial," Walston said. "I could picture what these individuals were going through. I could empathize with that."

Walston said she deliberately zeroed in on the question of measuring quality of life.

"The quality of life for a brain tumor patient with an aggressive disease is typically very poor, and I understand that very well from people I have observed living with this disease and dying from it," she said. "As a patient advocate, I want quality of life to be something that is evaluated and explored, but I also understand how difficult it is to be objective about it, and to correlate the risk versus the benefit."

Walston took part in an FDA staff meeting preceding the meeting with the company as well as in the meeting with the company.

"I think she added perspective throughout both meetings," Pazdur said. "Her perspective is as valuable as a physician's perspective. She is, after all, a colleague."

Applications Due April 30

According to the agency's announcement, participants in the program will be chosen by the Office of Special Health Issues in collaboration with the Division of Oncology Drug Products.

Applicants will be selected on the basis of:

—Personal experience with cancer, either as a cancer patient or as a family member or friend of a cancer patient.

—Experience in cancer patient advocacy.

—Ability to represent the interests of cancer patients and communicate their perspective.

—Knowledge about cancer research.

A request for nominations will be sent to incorporated cancer advocacy organizations on the OSHI's Cancer Liaison mailing list. Organizations not on this mailing list are welcome to request applications to the program.

The request will be posted at OSHI's web site at http://www.fda.gov/oashi/cancer/cancer.html and CDER's Oncology Tools web site at http://www.fda.gov/cder/cancer/index.htm.

The deadline for applications is April 30. Patients chosen to participate in the program will be notified by May 11.

Questions should be directed to JoAnn Minor: 301-827-4460.

In Congress:

Democrats Say Bush Budget Neglects NSF And NASA

Democratic members of the House Committee on Science said the generosity of the President's budget proposal toward NIH comes at a cost of neglecting other science funded by the government.

"What we know of the new Administration's budget concerns us," wrote the committee's 21 Democratic members. "We are pleased to see a healthy increase for NIH in the request. Defense basic research may also fare well once the final budget is submitted. But the numbers available on the National Science Foundation and the National Aeronautics and Space Administration cause us deep concern. Neither of these premier science agencies receives a requested increase that even keeps pace with inflation."

According to a preliminary document released

by the White House earlier this month, in fiscal 2002, NIH was slated to get a 13.7 percent increase over the current year (**The Cancer Letter**, March 2, Vol. 27 No. 9). Under the President's proposal, NSF got about a 1.3-percent increase, and NASA got a 2-percent increase.

"Many in the science and education community have begun to ask whether there is an `imbalance' in our research portfolio, with too much funding being concentrated in the biomedical sciences," the letter said. "The Administration, by flat funding NSF while moving NIH along the path towards its five-year doubling goal, exacerbates this problem. We don't pretend to know what the exact balance among science investments should be, but our intuitive sense is that there is already an imbalance, and making it worse is not a productive step."

Ironically, the letter signed by the Democratic committee members is not substantively different from earlier statements by committee chairman Sherwood Boehlert (R-NY).

In a Jan. 31 speech before the Universities Research Association, Boehlert said that numerical targets, such as doubling the NIH budget between 1997 and 2002, are insufficiently detailed.

"The science policy debate sometimes seems composed entirely of randomly generated numbers," Boehlert said. "We really need to push for more data." Boehlert said his initial priorities at the committee would include science and mathematics education and issues related to the environment (**The Cancer Letter**, Feb. 2, Vol. 27 No. 5).

Cancer & the Media:

Seattle Times, The Hutch Duel Over Five-Part Series

An ambitious five-part series by the Seattle Times alleging conflicts of interest and scientific misconduct by researchers at the Fred Hutchinson Cancer Research Center shook Seattle last week.

The series, titled, "Uninformed Consent: What patients at 'The Hutch' weren't told about the experiments in which they died," ran March 11-15 in the paper and posted on the Times' Web site at http://seattletimes.nwsource.com/uninformed_consent/.

The articles tell the story of a series of bone marrow transplantation studies conducted in the 1980s. The studies were investigated and finally exonerated in 1993-95 by the NIH Office of Protection from Research Risks. OPRR found the center complied with federal policies.

In response to the series, the Hutchinson officials held a press conference, issued statements, ran full-page advertisements in Times, and posted a Web site containing numerous statements and documents: http://www.fhcrc.org/response/.

"The center has been accused of enrolling patients on clinical trials that were known to be ineffective, accused of failing to inform patients of the risks of their treatment, and accused of taking these egregious actions for personal gain," center Director Lee Hartwell said at a March 15 press conference. "I have found all of these accusations to be blatantly false."

Transcript of the press conference: http://www.fhcrc.org/response/news_conf_transcript.html

The center posted a record of the Times reporters' interviews with center officials and lists of documents given to the reporters: http://www.fhcrc.org/response/media_activity.html.

Also, the center published letters of support from patients, family members, cancer researchers, and healthcare professionals: http://www.fhcrc.org/response/letters.html. There is also a form for submitting a response.

Susan Edmonds, media relations manager at Hutchinson, said the center's goal in posting the information was to provide balance. "It answers a lot of questions," she said. "Our fear is that people will see only one side to the story."

The Seattle Times also posted on its Web site numerous documents, a glossary, a "contact officials" page, reactions from readers, and other supporting materials.

News@Cancer.Gov:

NCI Offers Bibliography On Risk Communication

A new annotated bibliography is available to health professionals and health communication researchers that identifies nearly 400 printed sources of information on the communication of risks for disease, particularly cancer.

The bibliography, posted by NCI, may be accessed at: http://cancercontrol.cancer.gov/riskcommbib.

The bibliography includes research reports, theoretical discussions, case histories, instructional manuals, dissertations, and reviews that concern how

best to communicate the nature and magnitude of health hazards to lay people.

While designed to assist those involved in communicating risk information about cancer, citations in the bibliography are not limited to cancer topics because lessons learned from other domains are often also relevant to cancer.

Also cited are print materials that pertain to people's perception of risk because learning how people think may lead to the improvement of messages about health and safety problems.

Records are coded by some of the following criteria: publication type; focus; communicator; audience role; gender and ethnicity; setting; and other categories.

For further information, contact Dianne Needham, Health Communication and Informatics Research Branch, Division of Cancer Control and Population Sciences, at needhamd@nih.gov.

Letter to the Editor:

SEER Program Expansion Through Cost-Sharing

Announcement of the SEER Program Expansion was reported in **The Cancer Letter** Feb. 23 (Vol. 27 No. 8, page 3). An amendment is needed to clarify the government and contractor funding information for each of the awarded contracts, as well as the funding period involved.

These are cost-sharing contracts awarded for Feb. 15, 2001, through July 31, 2003. The amounts are as follows:

Contract No. N02-PC-15104: University of Kentucky Research Foundation, Lexington KY, total $2,801,074. Government's share: $1,643,722; Contractor's share: $1,157,352.

Contract No. N02-PC-15105: Public Health Institute, Berkeley CA, total $16,330,337. Government: $3,155,241; Contractor: $13,175,096.

Contract No. N02-PC-15106: Louisiana State University Health Sciences Center, New Orleans LA, total $6,101,752. Government: $3,101,752; Contractor: $3,000,000.

Contract No. N02-PC-15107: New Jersey Department of Health and Senior Services, Trenton NJ, total $5,803,967. Government: $1,841,425; Contractor: $3,962,542.

Amy Garson
Division of Cancer Control and Population Sciences
National Cancer Institute

Science Policy:

Toxicology Program Seeks Comment On Substances

The National Toxicology Program at the National Institute of Environmental Health Sciences is seeking final public comment on several substances and exposures before recommending whether to list them as human carcinogens in the federal government's 10th Report on Carcinogens.

Last year, two federal science committees and one public peer review panel with non-government members looked at eight nominated substances. The three scientific review committees evaluated available, published data relevant to listing these substances as "known" or, with less complete data, as "reasonably anticipated to be" causes of human cancer.

The substances reviewed:

—Trichloroethylene. This widely used metal degreasing solvent was unanimously recommended for upgrading from "reasonably anticipated" to listing as a "known" human carcinogen by one government panel, the NIEHS Review Committee, but the upgrade was turned down, 4 to 3, by the second government panel representing other agencies and regulators, and by the public panel. If not upgraded, trichloroethylene would continue to be listed as "reasonably anticipated to be a human carcinogen."

—Estrogens. Steroidal estrogens, which are used in some post-menopausal therapy and as oral contraceptives, were recommended as "known" human carcinogens by unanimous votes of the two government panels and 8 to 1 by the public panel. Conjugated estrogens, a subgroup of the broad group of steroidal estrogens, are already listed as "known" and drug labeling or package inserts discuss the possible side-effects that occur in some people.

—Wood dust. All three panels, after reviewing the data, unanimously recommended wood dust, produced in furniture and cabinet manufacturing, as a "known" human carcinogen.

—UV radiation, UVA, UVB and UVC. All three panels voted unanimously to recommend broad spectrum ultraviolet radiation, whether from the sun or from artificial sources, be listed as a "known" human carcinogen. The lengths, UVA, UVB and UVC were each recommended for listing as "reasonably anticipated to be a human carcinogen."

—Methyleugenol. All three panels recommended this flavoring, traces of which are used in some jellies, baked goods, nonalcoholic beverages, chewing gum,

candy and ice cream, be listed as "reasonably anticipated" to be a human carcinogen. Methyleugenol is also used as a fragrance in many perfumes and cosmetics and occurs naturally in many foods.

—Chloramphenicol. All three panels (with one person abstaining in one of the panels) unanimously recommended the highly restricted antibiotic chloramphenicol be listed as "reasonably anticipated to be a human carcinogen." The drug is considered a "last resort" antibiotic under certain circumstances where other antibiotics have failed.

—Nickel and certain nickel alloys. Used in commercial operations for more than 100 years, metallic nickel and certain of its alloys were recommended as "reasonably anticipated" by a vote of 6 to 2 in the initial NIEHS committee, but the second and third panels voted against the alloys being listed, recommending only that nickel itself be listed.

—Talc. Natural mineral talc containing a distinctive fiber shape, called asbestiform fibers, was approved for listing as a known human carcinogen by the NIEHS panel but rejected by the second government panel, which voted 6 to 2 for its listing as "reasonably anticipated to be a human carcinogen." The public panel split 5 to 5 on whether it should even be listed as "reasonably." The two government panels recommended that talc that does not contain asbestiform fibers should be listed as "reasonably anticipated to be a human carcinogen" but the public panel voted 7 to 3 that it not be listed at all. This last panel did not consider studies linking ovarian cancer and talc because it was not clear whether the talc contained asbestiform fibers or not.

For further information, see: http://ntp-server.niehs.nih.gov.

Funding Opportunities:
RFAs Available

RFA CA-01-007: NCI Scholars Program

Letter of Intent Receipt Date: May 8, 2000

Application Receipt Date: June 12, 2000

The NCI Scholars Program enables junior investigators in basic, clinical or population-based biomedical research to establish their first independent research program. Include are individuals with backgrounds in specialized fields such as mathematics, technology development to initiate cancer research programs. NCI provides an intramural funding mechanism for up to four years for an independent research program at NCI, followed by support for two years through an extramural funding mechanism K22 at the extramural institution to which the investigator is recruited.

Inquiries: Lester Gorelic, Office of the Deputy Director for Extramural Sciences, NCI, Executive Plaza North, Rm 520, Bethesda, MD 20892-7390, phone 301-496-8580; fax 301-402-4472; e-mail LG2H@nci.gov

RFA-CA-02-005: Comprehensive Minority Institution/Cancer Center Partnership

Letter of Intent Receipt Date: July 9, 2001

Application Receipt Date: Aug. 13, 2001

NCI and National Center on Minority Health and Health Disparities invite cooperative agreement applications for partnerships between minority-serving institutions and NCI-designated Cancer Centers to develop a stronger national cancer program on cancer disparities and impact on minority populations. The RFA will use the NIH cooperative specialized center U54 award mechanism, which may support any part of a full range of research development from very basic to clinical.

Inquiries: Sanya Springfield, chief, CMBB, OCTR, ODDES, NCI, 6116 Executive Blvd., Suite 7018A, Bethesda, MD 20892-8347, phone 301-496-7344; fax 301-402-4551; e-mail springfs@mail.nih.gov

RFA-CA-02-006: Planning Grant for Minority Institution/Cancer Center Collaboration

Letter of Intent Receipt Date: July 9, 2001

Application Receipt Date: Aug. 13, 2001

NCI invites pP20 planning grant applications for researchers and faculty in minority serving institutions in collaboration with the researchers and faculty of NCI-designated cancer centers to plan and implement focused collaborations in cancer research, cancer research training and career development or cancer education that will lead to the submission of specific grant applications traditionally supported by NCI. The RFA will use the NIH P20 or planning grant mechanism.

Inquiries: See preceding RFA.

RFA-CA-02-007: Cooperative Planning Grant for Comprehensive Minority Institution/Cancer Center Partnership

Letter of Intent Receipt Date: July 9, 2001

Application Receipt Date: Aug. 13, 2001

The new MI/CCP initiative offers two

cooperative agreement assistance mechanisms: a U56 for planning and developing an MI/CCP and a U54 for developing and implementing an MI/CCP. Both mechanisms help MSIs and cancer centers achieve the following long-term objectives: to increase the cancer research capabilities at the MSIs; to increase the number of minority scientists engaged in cancer research and other cancer-related activities; and to improve the effectiveness of cancer centers in developing and sustaining activities focused on the disproportionate incidence, mortality and morbidity in minority populations in the region the cancer center serves.

Inquiries: See preceding RFA.

Program Announcements

PA-01-070: Development of Zebrafish Mutagenesis and Screening Tools

The PA, an initiative of NIH and participating institutes and centers working though the trans-NIH zebrafish coordinating committee under the co-chairmanship of NICHD and NIDDK, encourages investigator-initiated applications to detect and characterize genes, pathways, and phenotypes in aging and organ formation.

NCI is interested in the following research: generation and study of zebrafish models to identify and place genes in functional pathways that affect growth and development; in particular, genes/pathways that, when altered, result in uncontrolled or cancerous growth; identification of key sites within these pathways that could be exploited for cancer therapeutic discovery purposes.

The mechanism of support will be the NIH individual research project grant R01 award mechanism.

Although the PA is the result of a trans-NIH initiative, awards will be made through the institute or center whose mission is most closely related to the proposed work.

Inquiries: For NCI— David Longfellow, chief, Chemical and Physical Carcinogenesis Branch, Division of Cancer Biology, NCI, 6130 Executive Blvd, Suite 5000, MSC 7368, Bethesda, MD 20892-7368, phone 301-496-5471; fax 301-496-1040; e-mail dl58s@nih.gov.

A complete listing of contacts for both programmatic and fiscal/administrative inquiries may be found at: http://www.nichd.nih.gov/PA/Zebrafish_Mutagenesis.htm.

Other Funding Notices

Infectious Etiology of chronic Diseases: Novel Approaches to Pathogen Detection

Receipt Date: May 15, 2001

NCI has approved $1 million and the National Institute of Diabetes and Digestive and Kidney Diseases has approved $1 million for RFA-AI-01-004.The estimated total funds available for the first year are now $5 million.

Inquiries: For NCI: Jack Gruber, Division of Cancer Biology, Rm 5012, MSC-7398, Executive Plaza North Bethesda, MD 20892-7398, phone: 301-496-9740, fax 301-496-2025; e-mail jg65y@nih.gov

NINR Administrative Supplements for Postdoctoral Research Training in Genetics

National Institute of Nursing Research announces funding to existing NIH institutional T32 national research service awards on any topic that includes genetics or genomics for the research training of doctorally prepared registered nurses.

The administrative supplement is a creative opportunity for clinical and basic science disciplines to enhance their programs of research training by incorporating nursing science into their curricula while educating doctorally prepared nurses about genetics/genomics.

Inquiries: Hilary Sigmon, program director, National Institute of Nursing Research, Bldg 45, Rm Number 3AN-12, MSC 6300, Bethesda, MD 20892-6300, phone 301-594-5970, fax 301- 480-8269; e-mail hilary_sigmon@nih.gov

Opportunity for Obtaining DNA Sequence of Regions of High Biomedical Interest from Model Organism Genomes

Submission dates for 2001: April 1, July 1 and Oct. 1.

The National Human Genome Research Institute and its advisors, in collaboration with the Genome Sequencing Network are expanding the list of organisms eligible for sequencing under the current NIH Mouse BAC Sequencing Program to include all animals, fungi, and eukaryotic protists.

The program change is intended for the larger biomedical research community to obtain sequence information about specific regions of genomic DNA of biomedical or biological significance.

Inquiries: Bettie Graham, National Human Genome Research Institute, NIH, phone 301-496-7531; e-mail bettie_graham@nih.gov

In Brief:

Foundation Gives Duke $2M For Brain Tumor Research

(Continued from page 1)

grateful for it." The Deutsch Foundation was established by family members and friends of 7-year-old **Rory David Deutsch**, who died of a brain stem glioma in 1998. The foundation is dedicated to supporting advances in pediatric brain tumor research. The Rory David Deutsch Memorial Endowment for Pediatric Glioma Research will fulfill a critical need to research the causes of pediatric brain tumors and find new treatments, said **Ralph Snyderman**, chancellor for health affairs and president and CEO of the Duke University Health System. "Researchers in the Medical Center have made significant progress in extending the length and quality of life for children with this devastating disease," he said. "This gift will go far toward their efforts to find a cure." **Darell Bigner**, the Edwin L. Jones Jr. and Lucille Finch Jones Cancer Research Professor of Pathology, said the gift would support genomics research underway at the Duke Brain Tumor Center. "The Deutsch family's generosity will foster collaboration with Duke's new genome institute and help our investigators identify new targets for brain tumor therapies," said Bigner, who also serves as deputy director of the Duke Comprehensive Cancer Center. The Brain Tumor Center at Duke is one of three brain tumor research programs recognized by NIH. Duke University Medical Center is one of 10 medical centers involved in the NCI Pediatric Brain Tumor Consortium. . . . **BRIAN DRUKER**, professor of medicine at Oregon Health Sciences University School of Medicine who helped develop STI 571—now called Glivec (by Novartis)—has been honored with three awards this month for his work on the promising agent now in phase III clinical trials for chronic myelogenous leukemia. He will receive the Richard and Hilda Rosenthal Foundation Award at the American Association for Cancer Research annual meeting next week in New Orleans. He received the Emil J. Freireich Award for Clinical Research from the Foundations of Clinical Cancer Research symposium at M.D. Anderson Cancer Center, on March 8 in Houston. Druker also received the Charles Rodolphe Brupbacher Foundation Prize for Cancer Research Award on March 14 in Zurich. "My work has been built on the efforts of numerous cancer researchers," Drucker said. "I am grateful for the recognition by my colleagues of my research contribution and for the opportunity to help so many people." . . . **KATIE COURIC,** co-anchor, NBC News' "Today," and contributing anchor, "Dateline NBC," has accepted NCI Director **Richard Klausner's** invitation to receive the 2001 NCI Eleanor Nealon Extraordinary Communicators Award. The award honors outstanding individuals who have advanced the science of communication or the communication of science through their work. Couric co-founded the National Colorectal Cancer Research Alliance in 1999 and narrated the television series, "Confronting Colon Cancer." The award is scheduled to be presented at Masur Auditorium at NIH on May 18, at 2:30 p.m. . . . **NANCY BRINKER**, founder of the Susan G. Komen Breast Cancer Foundation, was named this year's recipient of the Global Conference Institute's Healthcare Humanitarian Award. The award recognizes an individual who has demonstrated a profound commitment and devotion to humanitarianism, has enhanced the quality of lives through his or her work, and has influenced the course of history through ongoing contributions in healthcare and medicine, business, or in the individual's given field of expertise in relation to healthcare. Brinker will be honored at an awards tribute and dinner at The University of Chicago on April 5. . . . **S. CLIFFORD SCHOLD** was appointed chief medical officer of the University of Pittsburgh Medical Center Health System's Pittsburgh Clinical Research Network. PCRN, formed two years ago, serves as a single point of entry into the Health System for industry sponsors of clinical trials and provides management services including quality assurance, federal regulatory compliance, patient enrollment, and data management. Schold, who joined the University of Pittsburgh last year, is director of the Neuro-Oncology Program at the University of Pittsburgh Cancer Institute, and assistant vice chancellor for clinical research, University of Pittsburgh. His previous positions have included director for neurosciences at the Duke Clinical Research Institute and chairman of the department of neurology at the University of Texas Southwestern Medical Center. He will retain his University of Pittsburgh positions. **W. David Watkins**, who was PCRN's medical director, has been named chief operating officer of the Harvard Clinical Research Institute, effective May 1. . . . **MARK LEMA**, chairman of the Department of Anesthesiology and Pain Medicine, Roswell Park Cancer Institute, recently became president of the New York State Society of Anesthesiologists.

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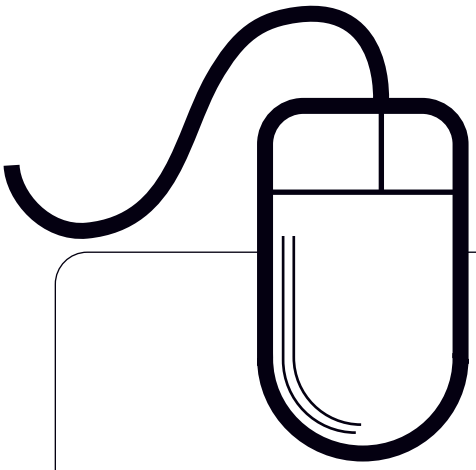

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