

THE

# CANCER LETTER INTERACTIVE

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## Bush Increase For NIH In Sharp Contrast To Cuts In Health Delivery Programs

NIH is slated to receive the largest funding increase among health and science agencies, and therefore is certain to become the principal target for raids by the constituencies of health delivery programs and science-based agencies placed on starvation diet by the Bush Administration.

The Administration's budget is so tight that the raise for NIH would consume all of the discretionary domestic budget increase for health  
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### In Brief:

#### **BMS Award Honors Jordan; Matthews Media Wins \$23 Million Support Contract From NCI**

**V. CRAIG JORDAN** has been named the recipient of the 24<sup>th</sup> Annual Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research. Jordan, whose research laid the foundation for the clinical use of antiestrogens and selective estrogen receptor modulators, will receive the \$50,000 cash prize and a silver medallion at a dinner in his honor in New York April 10. Jordan is the Diana, Princess of Wales Professor of Cancer Research and director of the Lynn Sage Breast Cancer Research Program at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. He is the principal investigator on a \$13 million Specialized Program of Research Excellence in Breast Cancer grant. He attended Leeds University, where he received BSc, PhD and DSc degrees in pharmacology. In recognition of his research, Leeds University will award Jordan an honorary Doctor of Medicine degree in July 2001. Jordan has received numerous awards for his research, including the Bruce F. Cain Award from the American Association of Cancer Research; the Sir John Gaddum Award from the British Pharmacological Society; and the Cameron Prize from the University of Edinburgh. . . . **NCI'S OFFICE OF COMMUNICATIONS** has awarded a five-year support contract worth more than \$23 million to **Matthews Media Group**. The contract covers communications program development and implementation, partnerships and collaborations, research and evaluation, technology support and new media, conference support, and program management. MMG included services from three subcontractors: Westat, for research services and program evaluation support; Ketchum Communications, for issues management and crisis communications support; and Cone Inc. for branding, strategic positioning, and identity campaigns support. The NCI project officer is **Michael Moore**. . . . **AVON PRODUCTS** Foundation  
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# Rift May Deepen Between Advocates For Research, Care

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programs as well as substantial funds that would have to be cut from other health programs.

Capitol Hill observers estimate that the President's budget proposal provides a \$2.1 billion increase in discretionary health spending. That's about \$650 million less than the \$2.75 billion increase for NIH proposed in the budget. To give President Bush what he wants, all federal health programs would have to be cut by 4.5 percent, observers estimate.

"We don't believe that at a time when we have the sort of surplus we are talking about that public health programs and health programs in general should be shortchanged like that," Dave Moore, associate vice president of the Association of American Medical Colleges, said to **The Cancer Letter**.

As NIH remains upright amid the fiscal carnage, its advocates continue to argue that the \$2.75 billion, or 13.7 percent, increase proposed by the Administration is not large enough to keep the agency on track toward doubling its budget between the years 1998 and 2003. These advocates are asking for another \$650 million, the increment needed for a 16.5 percent boost.

This is already producing a backlash. Many in Congress speak of holding NIH "accountable" for the money it received, and question the wisdom of beefing

up biomedical research while starving other science programs, particularly the programs of the National Science Foundation, the National Aeronautics and Space Administration and the Department of Energy.

Though a detailed version of the President's budget is expected on April 9, figures from the document started to emerge earlier this week. According to these early reports, health programs that provide aid the uninsured, training of health professionals, and care for people with AIDS are likely to face the most severe cuts. The Administration plans to give major increases to community health centers and Substance Abuse and Mental Health Service Administration.

With health intervention programs having no room for growth, the rift between advocates of research and those who champion intervention programs is likely to deepen, Capitol Hill observers say.

In testimony submitted to the House Labor, HHS and Education Appropriations Subcommittee, the American Cancer Society urged that "increased cancer research funding at NIH and NCI should not come at the expense at the expense of vital cancer prevention and control programs at CDC."

ACS is advancing the CDC cause through the National Dialogue on Cancer, the National Cancer Legislation Advisory Committee, and a coalition called One Voice Against Cancer. The society also receives CDC funds through a multi-year, sole-source cooperative agreement (**The Cancer Letter**, Sept. 22, 2000; Vol. 26, No. 34).

The National Dialogue, the society's principal political effort to boost cancer intervention programs, is headed by former President George Bush, the father of the current president, and includes HHS Secretary Tommy Thompson.

## NIH Support In the Senate

As it becomes a target for raids by competing interests, NIH appears to have substantial support in the Senate.

On April 4, the chamber amended the budget resolution that reflected the White House plan to cut taxes by \$1.6 trillion over 10 years. Sens. Arlen Specter (R-PA) and Tom Harkin (D-IA) amended the resolution to boost the Senate allocation for health programs by \$700 million, of which \$650 million would go to NIH. In another successful amendment, Harkin sought to reduce the President's tax cut by \$450 billion and apply these funds to education



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programs and debt reduction.

The budget resolutions set the parameters for each chamber's appropriations process, but are not binding.

The Specter-Harkin amendment, which passed by a 96-4 vote, establishes a high benchmark for NIH appropriations. If that funding level endures through the Senate's appropriations process, it would have to survive a challenge at a conference where House and Senate negotiators sit down to reconcile their versions of the appropriations bills.

In the Senate amendment, the funds were to be carved out of the budgetary allowance covering administrative costs across all government programs.

"There is nothing more important than health, and the National Institutes of Health have made extraordinary progress in their efforts to combat the most serious maladies which confront Americans and, for that matter, people around the world," said Specter in a floor statement.

Specter is the chairman of the Senate Labor, HHS and Education Appropriations Subcommittee and Harkin is the subcommittee's ranking minority member. The two also introduced a non-binding resolution to double NIH funding.

The House allocation is consistent with the President's budget proposal.

### **No NCI Testimony In the House**

In this odd year, NCI will not have the opportunity to testify before the House Labor, HHS and Education Appropriations Subcommittee.

Over the years, the House subcommittee gave NCI and other institutes an opportunity to talk at length about their programs. In the fiscal 2002 appropriations process, Rep. Ralph Regula (R-OH), the new chairman of the Labor, HHS subcommittee, abandoned that format of hearings.

Instead of giving a time slot to every institute, the subcommittee will hold hearings organized around overarching themes. Originally, these themes were to include chronic diseases, life span, special populations, infrastructure, neuroscience, genomics and structural biology, and translational research.

NCI was scheduled to appear in the translational research hearing. However, citing time pressure and as a bow to ranking minority member David Obey (D-IL), who said that in his opinion NIH was getting too much attention, the subcommittee decided to eliminate the translational research and neuroscience hearings, sources said. NCI Director Richard Klausner

was invited to speak on the special populations panel.

Sources said that on that day, Klausner was scheduled to attend a meeting of the Middle East Cancer Consortium, but ended up not going to either the consortium meeting or to the Hill.

Klausner may get another chance to speak for NCI at hearings on May 16 and 17, when Acting NIH Director Ruth Kirschstein, flanked by all institute directors, will testify before the House subcommittee.

That format of testimony, which is also used by the Senate, usually produces a question-and-answer session covering a wide range of subjects.

## ***Cancer Research:* Project Enlists PC Users In Quest For Cancer Drugs**

A project begun this week aims to enlist personal computer users in the search for new cancer drugs.

The partnership between Oxford University and United Devices, of Austin, TX, hopes to exploit unused power from PCs to process information on molecules and send it back to a central server. United Devices built the distributed computing technology that makes the project possible.

Owners of PCs will be encouraged to join the project by downloading software to their machines. The software will download data that their computers, analyze it using drug-design software called THINK, and send the results back to Oxford.

The project's sponsors include Intel Corp. and the National Foundation for Cancer Research, of Bethesda, MD. NFCR funds a grant to Oxford's chemistry department to support the NFCR Centre for Computational Drug Design.

"This is the largest computational chemistry project ever undertaken," said Graham Richards, chairman of the Oxford chemistry department and head of the Centre for Computational Drug Design. "Our project aims to screen as many as 250 million molecules against a range of cancer drug targets and it is expected that approximately 10,000 new drug candidate molecules may be identified."

Trewaren Consultants Ltd. made available its THINK software, developed by Keith Davies. The software analyzes the molecular data by creating a three-dimensional model and changing its shape to attempt to dock it into a protein site.

Several organizations donated their catalogues of molecules for the project, including Asinex, ChemBridge, ComGenex, Contact Services (know in



the U.S. as ChemDiv Inc.), Maybridge, and Oxford's Moleuclar HTS Database.

"This effort fundamentally changes the way medical research can be performed, and makes PC philanthropy a part of PC ownership," said Craig Barrett, president and CEO of Intel. "If you own a PC, you can now help fight these devastating diseases."

The 1.6 MB program is similar to a screen saver, operating in the background and moving aside when the computer's user wants the computer to perform a task, according to a press release. When the computer connects to the Internet, its sends back results and receives new data to analyze. According to United Devices, the software is unable to access personal data, and should not interfere with normal use.

For further information, see any of the following:

<http://www.ResearchForACure.com>

<http://www.Intel.com/Cure>

<http://www.ud.com>

#### **NCI Lab Working With Paragon**

Another distributed computing project is being conducted by Parabon Computation (<http://www.parabon.com>). The NCI Genomic & Bioinformatics Group is using Parabon's Frontier platform to conduct research on microarray gene-expression patterns.

Also, Parabon and the Cancer Treatment Research Foundation have formed a partnership that provides CTRF researchers free access to computation. CTRF-sponsored researchers can access computing power through Parabon. Parabon compensates CTRF for commercial work done on CTRF supporters' computers.

#### **News@Cancer.gov**

### **NCI Offers Information, Resources, To Industry**

NCI's Office of Technology and Industrial Relations has opened a new Web site at <http://www.cancer.gov/otir>.

Designed primarily as a point of entry into NCI for private industry and technology developers, the site provides information on funding opportunities, how to access NCI research resources, and how to establish scientific collaborations with NCI scientists.

For those users less familiar with NCI, the site provides an overview of the Institute and its scientific priorities and how to apply for research funding.

From the home page, users can click the appropriate icon to learn about:

—Industrial Relations: Informs companies about the breadth of opportunity for collaboration with NCI and how to access NCI funding, research infrastructure, scientists and discoveries.

—Technology: Notifies academic, government and corporate technology developers about NCI funding programs that focus on and incorporate technology development and how to establish collaborations with NCI.

—About OTIR: Provides an overview of OTIR's mission, activities and organization.

#### **Obituary:**

### **Fred Rapp, Penn State Dean And Virologist, Dead At 72**

Fred Rapp, a microbiologist and virologist who was the first to report, with his colleague Ronald Duff in 1971, that herpes simplex viruses could transform cells to malignancy in cell culture, leading to the study of the viral causes of cervical cancer, died of cancer March 28, in Hilton Head, SC. He was 72.

Rapp was the former associate dean and founding chairman of the Department of Microbiology and Immunology at Pennsylvania State University College of Medicine. His work while at Penn State prompted research by others that identified the human papillomaviruses as the cause of cervical cancer.

During his tenure at Penn State, Rapp secured research funding for the College of Medicine, including NCI funding for a specialized cancer research center. He served as associate provost and dean for health affairs, and subsequently, associate dean for academic affairs, research and graduate studies. He trained dozens of predoctoral and postdoctoral scientists.

He served on several national committees, including the US-USSR Joint Committee on Health Cooperation, the NIH Virology Study Section, the American Association for Cancer Research Board of Directors, the American Cancer Society, Pennsylvania Division Board of Directors, and the advisory committee of the Leukemia Society of America. He was a consultant to the NCI Virus Cancer Program. He also served on one of the earliest scientific delegations to China shortly after President Richard Nixon's visit to that country.

Rapp was born in Fulda, Germany, in 1929 and came to the U.S. in 1936. He graduated from the Bronx High School of Science in 1947, and received





a B.S. in biology and microbiology from Brooklyn College in 1951. He completed a M.S. in microbiology at Albany Medical College in 1956 and a Ph.D. in medical microbiology from the University of Southern California in 1958, and then joined the faculty of Cornell University Medical College.

In 1962, he moved to Baylor University College of Medicine, joining the department of virology and epidemiology chaired by the poliovirus pioneer Joseph Melnick. While at Baylor, Rapp was awarded an American Cancer Society Professorship of Virology. He collaborated and published with Melnick and Charlotte Friend on the leukemia viruses of Swiss mice and on the simian virus 40.

In 1969, he moved to the Hershey Medical Center at Penn State to build its microbiology and immunology department. He was named an Evan Pugh Professor by Penn State, the university's highest honor for faculty.

After his retirement, Rapp and his wife Pamela cruised on their sailboat "Simplex," logging over 20,000 nautical miles from Maine to the Caribbean. In addition to Pamela, he is survived by his sons Stanley, of Hershey, PA; Richard, of Weston, CT; and Kenneth, of Harrisburg, PA; and eight grandchildren.

Plans for memorial services have not been announced. Memorial contributions may be made in Rapp's name to Cancer Research, c/o the American Cancer Society.

#### Medicaid Policy:

### **HHS Approves State Plans For Breast, Cervical Cancer Treatment For Uninsured**

HHS Secretary Tommy Thompson has approved the first three states' proposals to expand Medicaid benefits to uninsured women who are diagnosed with breast or cervical cancer through a federal screening program.

Maryland, New Hampshire and West Virginia are the first three states to take advantage of the federal Breast and Cervical Cancer Prevention and Treatment Act that was signed into law in October 2000.

The law extends the full Medicaid benefit package to women who are screened and found to need treatment through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

To qualify for the new program, women must be under age 65, not otherwise eligible for Medicaid and without creditable health care coverage.

Adoption of coverage for women under the BCCPT is optional for states. However, states that do offer the benefit will receive an enhanced matching rate for women who enroll.

Since the CDC program began in 1990, more than 2.7 million breast and cervical cancer screening tests have been provided to more than 1.7 million women. Under the BCCPT law, these women may now be eligible for Medicaid benefits for the duration of their cancer treatment.

For further information, see: <http://www.hcfa.gov/medicaid/bccpthm.htm> and <http://www.cdc.gov/cancer/nbccedp/index.htm>.

#### Funding Opportunities:

### **Defense Dept. Ovarian Cancer Program Announcement**

Proposal deadline: July 18, 4 pm ET

The Department of Defense Ovarian Cancer Research Program seeks program project grant applications on epithelial ovarian carcinoma and/or primary peritoneal carcinoma.

The FY2001 Defense Appropriations Act provides \$12 million to the program to fund the awards, administered by the U.S. Army Medical Research and Materiel Command through its Office of Congressionally Directed Medical Research Programs.

The research areas emphasized are: etiology; prevention; early detection/diagnosis; preclinical therapeutics; quality of life; and behavioral studies.

The goal of these awards is to enhance ovarian cancer research infrastructure by establishing collaborations across research disciplines and institutions, supporting innovative research, and attracting new independent investigators into the ovarian cancer research field. Funding can be requested for a maximum of \$2.5 million inclusive of direct and indirect costs, over a two- to four-year period.

An award submission must include two to four research projects and a minimum of one core facility. At least one of the research projects must be an Idea or New Investigator Research Project. Investigator-Initiated Research Projects may also be included but are not required.

Idea Research Projects are intended to stimulate and reward creative ideas that may be viewed as



speculative, but with the potential for high payoff. The inclusion of preliminary or pilot data is not required for Idea Research Projects.

The intent of New Investigator Research Projects is to encourage new investigators (i.e., assistant professor or equivalent with no more than six years of experience in the field of ovarian cancer research) to pursue research in ovarian cancer.

Investigator-Initiated Research Projects are designed to sponsor research across a broad spectrum of disciplines that will provide insight to the ovarian cancer research field.

Presentation of preliminary or pilot data is required for both New Investigator and Investigator-Initiated Research Projects.

Further information: See <http://cdmrp.army.mil/ocrp/> or phone 301-682-5501.

\* \* \*

**National Research Council** Associateship Programs are accepting applications through Aug. 15 for postdoctoral and senior research to be conducted in residence at participating U.S. government laboratories. Awards will be offered for independent research in most areas relating to science and engineering. For further information, see <http://www.national-academies.org/rap>.

## RFAs Available

### **RFA-CA-02-004: Minority-Based Community Clinical Oncology Program**

Letter of Intent Receipt Date: June 8, 2001

Application Receipt Date: July 13, 2001

The Community Oncology and Prevention Trials Research Group of the NCI Division of Cancer Prevention invites applications from domestic institutions to support physicians in treatment and cancer prevention and control clinical trials research. The minority-based CCOP will support expanding clinical research in minority community settings; bring the advantages of state-of-the-art treatment and cancer prevention and control research to individuals in their own communities; increase the involvement of primary health care providers and other specialists in cancer prevention and control studies; establish an operational base for extending cancer prevention and control and reducing cancer incidence, morbidity, and mortality; and examine selected issues in minority-based CCOP performance (e.g., patient recruitment, accrual, eligibility). The administrative and funding instrument will be a cooperative agreement U10, an assistance mechanism.

Inquiries: Wortia McCaskill-Stevens, Division of Cancer Prevention, NCI, 6130 Executive Blvd, Rm 305-D, MSC-7340, Bethesda, MD 20892-7340, phone 301-496-8541; fax 301-496-8667; e-mail [wm57h@nih.gov](mailto:wm57h@nih.gov)

### **RFA-CA-02-003: Community Clinical Oncology Program**

Letter of Intent Receipt Date: June 8, 2001

Application Receipt Date: July 13, 2001

The NCI Division of Cancer Prevention invites applications for NCI-supported clinical cooperative groups and/or cancer centers to serve as research bases for the CCOPs. The bases design the protocols for the clinical trials in cancer treatment, prevention and early detection as well as evaluating interventions affecting quality of life, rehabilitation and symptom management. The CCOPs manage and analyze all data collected and monitor data quality and subject accrual.

Inquiries: Lori Minasian, chief, Community Oncology and Prevention Trials Research Group, Division of Cancer Prevention, NCI, Executive Plaza North, Rm 300, 6130 Executive Blvd, MSC-7340, Bethesda, Maryland 20892-7340, phone 301-496-8541; fax 301-496-8667; e-mail [lm145a@nih.gov](mailto:lm145a@nih.gov)

### **RFA-LM-01-001: National Library of Medicine: Institutional Training Grants for Informatics Research**

Letter of Intent Receipt Date: May 25, 2001

Application Receipt Date: June 22, 2001

NLM invites training grant applications in a single competition to support pre-doctoral and post-doctoral training programs for training centers or for the renewal of existing NLM training program grants. Such training will meet a growing need for investigators and leaders trained in biomedical computing and prepared to address information management issues in one or more health-relevant domains, including health care delivery, basic biomedical research, clinical and health services research, public health, and professional education. Graduates of the NLM-supported programs should be able to conduct basic or applied research at the intersection of biology and medicine with computer and cognitive sciences, and are expected to be familiar with the use and potential of modern information technology. The RFA will use the T15 Training Grant mechanism.

Inquiries: Carol Bean, Division of Extramural Programs, National Library of Medicine, Rockledge One Bldg, Suite 301, 6705 Rockledge Dr, Bethesda,



MD 20892, phone 301-594-4882; fax 301-402-2952;  
e-mail [beanc@mail.nlm.nih.gov](mailto:beanc@mail.nlm.nih.gov)

## Program Announcements

### **PA: Innovative Technologies for the Molecular Analysis of Cancer: SBIR/STTR**

The objective is the rapid development of novel technologies by small business that will allow for the molecular analysis of cancers and their host environment in support of basic, clinical, and epidemiological research. In this context, technology encompasses methods and tools that enable research, including but not limited to instrumentation, techniques, devices, inventions, and analysis tools (e.g. computer software); yet distinct from resources such as databases and tissue repositories. The PA supports the development of all required components of a system toward the development of fully integrated systems for analysis, including approaches to front end preparation of sample materials from cells, bodily fluids, and tumor specimens; molecular detection systems; novel chemistries or contrast agents; data acquisition methods; and data analysis tools. Technologies of interest include those that will support molecular analysis either in vitro, in situ, in vivo (by imaging or other methods), and in silico, in the discovery process, as well as in pre-clinical models and clinical research. The program will use the SBIR and STTR mechanisms, but will be run in parallel with a program of identical scientific scope that will utilize the newly created phased innovation award mechanism.

### **PA: Innovative Technologies for the Molecular Analysis of Cancer: Phased Innovation Award**

The program will use the phased innovation award for flexible staging of feasibility and development phases and expedited transition of technology research into development. Small businesses are encouraged to consider a parallel announcement of identical scientific scope that uses the SBIR and STTR with accelerated review and transition, as well as cost and duration requirements comparable to the phased innovation award.

### **PA: Application of Innovative Technologies for the Molecular Analysis of Cancer: Phased Innovation Award**

The program would support evaluation of utility and pilot applications of molecular analysis technologies in studies relevant to cancer research. Molecular analysis technologies of interest include

those that are entirely novel, or emerging but not currently in broad scale use, or technologies currently in use for one application or set of applications, that are being evaluated for utility for alternative applications. The program will use the phased innovation award.

### **PA: Application of Innovative Technologies for the Molecular Analysis of Cancer: SBIR/STTR**

The program will use the SBIR and STTR mechanisms, but will be run in parallel with a program of identical scientific scope that will utilize the phased applications award.

Inquiries for all PAs above: Carol Dahl, director, Office of Technology and Industrial Relations, phone 301-496-1550; e-mail [carol\\_dahl@nih.gov](mailto:carol_dahl@nih.gov)

## Other Funding Notices

**Allowability of Facilities and Administrative Costs for Foreign and International Organizations:** Effective October 2001, NIH will provide limited F&A costs to foreign and international organizations. The provision would support the costs of compliance with DHHS and NIH requirements including but not limited to, the protection of human subjects, the welfare of animals, financial conflict of interest, and invention reporting. The implementation will affect new and competing continuation awards. Established commitment levels on non-competing continuation awards will not be adjusted; however, funds may be re-budgeted to cover the costs.

Inquiries: NIH Division of Grants Policy at phone 301-435-0949 or the grants management specialist identified on the NIH notice of grant award.

### **NOT-RR-01-006: Biomedical Imaging Research Network: Notice of Limited Competition:**

National Center for Research Resources announces a limited competition for supplemental applications from P41 research resources and co-located general clinical research centers M01 to establish a testbed for imaging research. The resources and centers will develop hardware, software, and exploit wireless technologies and protocols to share and mine data in a site-independent manner for both basic and clinical research. The network will include image data with high-bandwidth requirements, as well as genomic, structural, and gene expression data.

Inquiries: Michael Marron, Division of Biomedical Technology, NCRR, 6705 Rockledge Dr, Rm 6030, Bethesda, MD 20892-7965, phone 301-435-0755; fax 301-480-3659; e-mail [marron@nih.gov](mailto:marron@nih.gov)



*In Brief:*

## Avon Awards \$16.2 Million To Cancer Centers, Others

(Continued from page 1)

will award \$16.2 million, raised by the Avon Breast Cancer Crusade, to leading national cancer centers, medical centers and service organizations to fund access to care and finding a cure for breast cancer. The majority of the gift will be awarded to the following cancer centers for breast cancer research and clinical care for medically underserved women: Harvard Comprehensive Cancer Center/Massachusetts General Hospital, \$2.2 million; Johns Hopkins Oncology Center, \$2.2 million; University of California, San Francisco, Comprehensive Cancer Center, \$2.2 million; Northwestern University/Robert H. Lurie Comprehensive Cancer Center, \$2 million; University of Alabama at Birmingham Comprehensive Cancer Center, \$2 million; and University of California, Irvine, Chao Family Comprehensive Cancer Center, \$2 million. The balance of the funds, \$3.6 million, will be awarded to six institutions, including Cancer Care Inc., Boston Medical Center, Olive View-UCLA Medical Center, and Food & Friends, to fund breast cancer screening, treatment, financial assistance and support services for medically underserved women. The Avon Foundation will also fund fellowships in breast cancer research, screening, and imaging at Howard University Cancer Center and the Iris Cantor Center for Breast Imaging at UCLA Medical Center.

... **HHS SECRETARY TOMMY THOMPSON** named **Ruben Jose King-Shaw Jr.** to serve as deputy administrator of the Health Care Financing Administration. King-Shaw has been secretary of Florida's Agency for Health Care Administration since 1998. As deputy administrator of HCFA, he would help lead the agency responsible for managing Medicare and Medicaid, two of the largest federal programs. King-Shaw will serve with **Thomas Scully**, who was nominated by **President Bush** last week to be HCFA administrator. Scully's nomination requires Senate confirmation. ... **GIL SCHWARTZBERG**, president and chief executive officer of City of Hope, in Duarte, CA, announced the appointment of three key executive positions. **Theodore Krontiris** was appointed executive vice president for medical and scientific affairs at City of Hope and director of City of Hope's NCI-designated Comprehensive Cancer Center. **James Miser** was named chief executive officer of the City of Hope National Medical Center.

**Arthur Riggs** was appointed chief executive officer of City of Hope's Beckman Research Institute. Krontiris established the City of Hope Division of Molecular Medicine in 1996. He is principal investigator on numerous research projects, including a five-year study designed to identify gene interactions that contribute to the development of common cancers, such as breast, prostate and colon. That study is funded by a \$5.5 million grant from the National Institute on Aging. Prior to joining City of Hope in 1996, Krontiris was a professor of medicine at Tufts University School of Medicine, where he also was founding director of the graduate program in genetics. Krontiris received his medical degree and PhD in cell biology from the Albert Einstein College of Medicine and his bachelor's degree in mathematics from the University of Chicago. Miser joined City of Hope in 1995 and established the Division of Pediatrics. Riggs has served as director of the Beckman Research Institute since last September. He joined City of Hope in 1969 and has held various leadership positions, including chairman of the Division of Biology. . . .

**OREGON STATE** University and Providence Health System of Oregon have agreed to collaborate on bioengineering and biomedical research and education initiatives. The organizations signed a memorandum of understanding March 22. The agreement does not single out specific research projects and does not include financial or other resources. It is expected that the organizations will apply jointly for major grants, collaborate on research, improve professional education, and increase the number of students in biomedical and bioengineering fields. ... **NIH SEEKS COMMENT** from the extramural community on its "Statement in Response to the NAS Report: Addressing the Nation's Changing Needs for Biomedical and Behavioral Scientists." NIH proposes stipend increases for trainees and other measures in response to the NAS report. The statement is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-01-027.html>. Comments may be posted to [PersonnelNeeds@od.nih.gov](mailto:PersonnelNeeds@od.nih.gov), and must be received by April 30. ... **U.S. PHARMACOPEIA** has released "Use Caution, Avoid Confusion," an updated list of confusing drug name sets and identifying more than 750 drug names that have been reported to the USP Medication Errors Reporting Program. The list appears in USP Quality Review No. 76. USP also offers a free poster and laminated card for health care professionals, based on the information. Contact USP, 800-487-7776, or see <http://www.usp.org>.



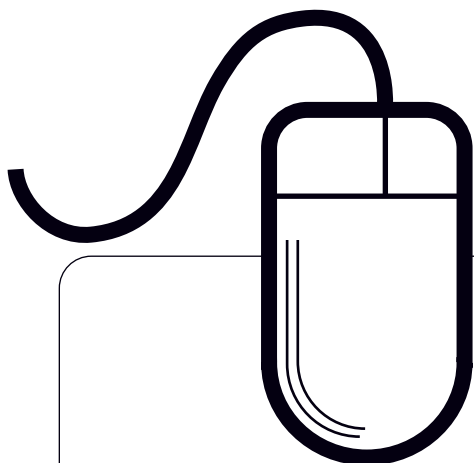


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- Make copies of an entire issue of the newsletter. The law forbids cover-to-cover photocopying.
- Routinely copy and distribute portions of the newsletter.
- Republish or repackage the contents of the newsletter.

We can provide reprints for nominal fees. If you have any questions or comments regarding photocopying, please contact Publisher Kirsten Boyd Goldberg, phone: 202-362-1809, email: [kirsten@cancerletter.com](mailto:kirsten@cancerletter.com)

We welcome the opportunity to speak to you regarding your information needs.

