THE CANCER LETTER INTERACTIVE

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Bush Budget Stresses Research Now, Public Health Interventions Later

The President's budget proposal released earlier this week clearly favors research over public health interventions, giving a dramatic increase to NIH while cutting the chronic diseases program at Centers for Disease Control and Prevention.

In the cancer field, White House priorities may deepen the schism between proponents of beefing up research at NCI and those who believe in emphasizing CDC intervention programs.

The schism emerged as a result of a long-running, multimillion-dollar

(Continued to page 2)

In Brief:

Nominations Sought For Paul Marks Prizes, Recognizing Discoveries By The Under-45 Set

MEMORIAL SLOAN-KETTERING Cancer Center is seeking nominations for the first **Paul Marks** Prizes for Cancer Research. The prizes will recognize significant discoveries made by outstanding investigators up to the age of 45 at the time of the award. "Memorial Sloan-Kettering has a unique opportunity to recognize young investigators whose research has advanced our understanding of cancer, either its biology or treatment," said **Harold Varmus**, MSKCC president. "It is fitting that they honor the legacy of Paul Marks, a distinguished scientist and leader." Marks is president emeritus of the center. The prizes will recognize significant contributions to the basic understanding of the biological basis of cancer or to advancing the clinical care of persons with cancer through basic or clinical research. The prizes will be awarded to up to five investigators every other year, and the first recipients will be named in 2001.The winners will be honored with a scientific symposium and dinner, and will share a cash award of $125,000. Nominations should include a nominating letter that outlines the significance of the discovery for which the investigator should be recognized. This should be accompanied by a brief scientific biography of the candidate, a list of significant published papers and the candidate's curriculum vitae. Up to three supporting letters may also be submitted. Nominations must be received by July 1. Send to: Linda Stevenson, Research and Training Administration, Box 399, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York, NY 10021. . . . **G. Denman Hammond**, president and CEO of the National Childhood Cancer Foundation and alumnus of the University of North Carolina at Chapel Hill, School of Medicine, was honored with an endowed chair.

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Bush Proposes $4.177 Billion For NCI, An 11.7% Increase

(Continued from page 1)

political campaign funded by the American Cancer Society to increase funding for CDC, the society's Atlanta neighbor with which it has financial and programmatic ties.

Under the President's plan, NCI would receive $4.177 billion, an 11.7 percent ($439 million) increase from the current year's level. Overall, NIH appropriations would increase to $23.112 billion, a 13.5 percent ($2.75 billion) boost.

By contrast, CDC is slated for a 3 percent ($109 million) cut that would pare its budget to $4.093 billion. The cuts in CDC funding interrupt a period of robust increases at the agency that saw its budget rise by 26 percent ($856 million) between the fiscal years 2000 and 2001.

Under the Administration's budget proposal, the CDC Chronic Disease Prevention and Health Promotion Program, the unit that includes its cancer programs, would sustain the deepest cut amounting to 23-percent ($175 million), which would leave it with $575 million next year.

According to budget documents, the cuts include discontinuing a $125 million youth media campaign started by former Rep. John Porter (R-IL), a long-time chairman of the Labor, HHS and Education appropriations subcommittee. In addition to the Porter program, the budget slashes $27 million from programs that received one-time funding during the current year.

Presenting the HHS budget at a press conference earlier this week, Secretary Tommy Thompson acknowledged that the raise for NIH has created controversy at the Department.

"Yes, it's a lot of money, and, yes, there is some grumbling going on by other sister divisions at HHS," Thompson said. "But when it's all said and done, it's an investment for all of us to find that cure."

Besides, Thompson said, President George W. Bush is delivering on a campaign promise. "The President made a commitment during his campaign that he was going to double the NIH funding by 2003," Thompson said. "This President feels very strongly, as I do, about the work that's going on at NIH, and the tremendous potential that we have for finding a vaccine for HIV, to be able to find some breakthrough for cancer, MS, and dementia."

Aggressive funding of research makes fiscal sense, Thompson said.

"This whole budget, with the NIH leading it, is going to have some real breakthroughs in the near future," Thompson said. "There are encouraging signs coming out of NIH and the scientific community on breakthroughs that I happen to be very excited about, and I hope you are, and I know the President is."

"To me, that is going to be one of the best things that we can do to control health costs in the future," he said. "If you have a breakthrough in one of these diseases, it's going to hold exponentially the health care costs.

"That's why it's very important to put the emphasis there," Thompson said.

Ironically, advocates for the generously funded NIH and short-shrifted CDC have one thing in common: They want more money.

—NIH advocates seek another $650 million, the increment needed for a 16.5-percent increase that would keep the budget on track toward doubling between 1998 and 2003.

—NCI advocates would like another $800 million to fill the gap between the President's budget proposal and the NCI Bypass budget, but are generally happy with receiving the same incremental increase as NIH.

—Advocates of the CDC chronic disease programs are seeking a 46-percent ($350 million) increase over the current year. That would add up to an amazing 69-percent above the President's budget proposal.

By boosting NIH and chopping CDC, the

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Administration chose to contradict the ACS-funded political initiatives, notwithstanding the fact that one of these initiatives, called the National Dialogue on Cancer, is headed by the President's father, former President George Bush. The group's membership includes Secretary Thompson.

For now, proponents of intervention have been arguing for the need for both NIH research and CDC programs. However, in the heat of a budget fight, the word "and" can quickly change to "versus."

In cancer, the "interventionists" argue that research has produced prevention, control and treatment approaches that should be widely implemented. Advocates of emphasizing cancer research argue that science has not reached critical mass, and a shift of focus from science to implementation would harm science without benefiting the public.

Last fall, at a meeting of the National Cancer Advisory Board, the two sides publicly aired their views, with former NCI Director Vincent DeVita arguing for development of cancer intervention policies through CDC, and NCI Director Richard Klausner cautioning that science is yet to produce treatment and prevention measures that would merit a dramatic shift in emphasis from research to public health.

The schism emerged as a result of the ACS efforts to develop an overarching cancer agenda and rewrite the fundamental document of the cancer program, the National Cancer Act of 1971.

The society is pursuing the CDC agenda through its Washington office, two related initiatives called the National Dialogue on Cancer and the National Cancer Legislation Advisory Committee, as well as two coalitions, One Voice Against Cancer and the newly formed Research to Prevention (R2P), headed by former Sen. Dale Bumpers.

One Voice includes cancer advocacy groups. Sheridan Group, a Washington lobbying firm that runs One Voice is a registered lobbyist for ACS, disclosure documents show. R2P, the other coalition of CDC advocates, includes ACS and health organizations that represent diseases other than cancer. Other R2P members include the American Heart Association, the Arthritis Foundation, the Epilepsy Foundation, and the American Diabetes Association.

The R2P coalition has broad goals: prevention of all chronic diseases. "The focus of Research to Prevention is to raise awareness to the fact that chronic diseases have become epidemic," Bumpers said in testimony before House Labor-HHS appropriations subcommittee.

Bumpers said the $350 million increase the coalition seeks for CDC would "enable 35 states to launch or expand cardiovascular disease programs, provide all 50 states with a comprehensive diabetes control program, enable 16 states to launch comprehensive cancer control programs."

Also, the funds would "for the first time begin to fund comprehensive arthritis programs in states" and "establish model epilepsy demonstration programs."

According to the budget proposal, CDC is expected to change its financial management systems and devise a more transparent budget structure. Under the current structure, the "infectious disease" budget activity provided funding for six centers and offices at CDC. Meanwhile, the CDC National Center for Infectious Diseases received finding from seven budget activities.

Under the new budgeting system, the infectious disease activity would fund the National Center for Infectious Diseases. Also, CDC would be required to calculate how much it spends on specific diseases and post this information on its Web site at http://www.cdc.gov.

CDC hands out block grants to states, and the majority of the grants don't have to go through peer review. That makes the agency a magnet for Congressional pork-barrel projects. The agency has a sole-source cooperative agreement with ACS. That agreement, now it its fourth year, has given ACS close to $3 million, including a $100,000 contribution to ACS to support activities of the National Dialogue on Cancer.

Last fall, **The Cancer Letter** asked legal and public health experts to review the CDC cooperative agreement with ACS. Experts raised questions about the propriety of the sole-source agreement, the appropriateness of the CDC contribution to the Dialogue, and the quality of work performed by ACS under the agreement (**The Cancer Letter**, Sept. 22, 2000; Vol. 26, No. 34).

Budget Presents "Themes," Not Individual NIH Institutes

The budget proposal takes an unusual approach to NIH finding. Instead of describing the funding for each institute, the document is organized around broader "themes" which transcend the boundaries of each institute. This approach—as well as the themes—

also appeared in the new format of hearings of the House appropriations subcommittee (**The Cancer Letter**, March 30; vol. 27, no 13).

An edited version of the budget's language for NIH follows:

With the increase requested for FY 2002, NIH plans to focus on four broad areas which it believes have the greatest potential for yielding new scientific knowledge that can lead to innovative strategies for diagnosing, treating, and preventing disease. These areas of unprecedented scientific opportunities include:

Genetic Medicine: The recent deciphering of the human genetic code is one of the greatest achievements in the history of science. This draft map of the human genome, as well as those of animal models, provides researchers with a means of understanding the most basic elements of human form and function and the role of each gene or combinations of genes in human health and disease. This information can then be used, for example, to develop improved diagnostic techniques and individualized therapies with greater effectiveness and fewer side effects.

Clinical Research: Successfully translating advances in understanding fundamental human biology into improvements in human health requires clinical research. NIH plans to continue its efforts to reinvigorate clinical research by recruiting, training, and retaining clinical investigators; strengthening clinical research centers; and supporting clinical trials, networks, and databases in many disease areas, such as HIV/AIDS, diabetes, tuberculosis, malaria, neuro-degeneration; and mental illness.

Interdisciplinary Research: Increasingly, opportunities for medical research advances are requiring biological scientists to work with experts in other allied fields, such as chemistry, mathematics, physics, computer science, and engineering. By harnessing this interdisciplinary expertise, faster progress can be made in, for example, designing new drugs; imaging molecules, chromosomes, cells, and organs; developing biomaterials; and analyzing the wealth of data being generated about genetic, molecular, and cellular events and how they interact clinically.

Health Disparities: A key component of the Nation's effort to eliminate health disparities among populations in the U.S. is medical research and research training, and NIH plans to expand its support of these activities. NIH has spent much of the past year developing a Trans-NIH Strategic Plan for Health Disparities. This plan will serve to connect all the components of NIH in constructive, multidisciplinary collaborations leading to a better understanding of the causes of health disparities; new and improved prevention strategies, diagnostics, and treatments to reduce health disparities; an expanded scientific workforce committed to this goal; and enhanced communication of research results to scientists, health professionals, affected communities, and the public.

The FY 2002 President's Budget also requests $158 million for the recently established National Center on Minority Health and Health Disparities. This represents an increase of $26 million, or 20 percent, over the FY 2001 level. These additional funds will be used to establish a Centers of Excellence program to conduct research on minority health and health disparities, and support research training and two new loan repayment programs for extramural minority and health disparities researchers.

Research Project Grants: The support of basic medical research through competitive, peer-reviewed, and investigator-initiated research project grants represents 54 percent of NIH's total budget.

In FY 2002, the NIH budget provides $12.5 billion, a 12.6 percent increase over FY 2001, to fund 34,090 total projects, the highest level in the agency's history. This is 1,686 more grants in total than are expected to be funded in FY 2001.

Within this total, NIH estimates it will support 9,158 new and competing RPGs in FY 2002, the same number as in FY 2001 and itself a record high. NIH plans to adjust the average value of new and competing RPG awards by 4.3 percent to reflect projected increases in the costs of carrying out biomedical research and development. This will raise the average cost of a new research start to about $348,000, a 36 percent increase over FY 1998.

HIV/AIDS Research: The FY 2002 budget includes a total of $2.5 billion for AIDS-related research in the budgets of the NIH Institutes and Centers, as jointly determined by the Director of NIH and the Director of NIH's Office of AIDS Research. This is an increase of $258 million, or 11.5 percent over the FY 2001 level. It represents a 56 percent increase in funding for NIH AIDS-related research since FY 1998.

In FY 2002, funding will be guided by NIH's comprehensive AIDS research plan, developed by the NIH Office of AIDS Research, in consultation with the Institutes and Centers. Four major themes frame the FY 2002 Plan: 1) prevention research to reduce HIV transmission here in the U.S. and around the

world; 2) therapeutic research to treat those already infected; 3) international research priorities, particularly to address needs in developing countries; and 4) research targeting the disproportionate impact of AIDS on minority populations in the U.S.

HIV/AIDS prevention research includes a focus on developing a safe and effective vaccine; understanding how to change the behaviors that lead to HIV transmission; developing effective and acceptable female-controlled chemical and physical barrier methods to reduce the spread of HIV; and exploring lower-cost alternatives to reduce transmission from infected mothers to their infants. NIH funding for AIDS vaccine research will grow to $357 million, a 27 percent increase over FY 2001 and 141 percent over FY 1998.

NIH research in basic biology has been the foundation for the development of a new class of drugs, known as protease inhibitors, that are extending the length and quality of life for many HIV-infected individuals. However, many problems remain, making it critical to develop simpler, less toxic, and cheaper drug regimens.

NIH has recently established a new Global AIDS Research effort to expand collaboration with investigators in developing countries. Also, research to address the disproportionate impact of the HIV/AIDS epidemic on U.S. racial and ethnic communities continues to be a high priority.

Anti-Bioterrorism Research: Included in the NIH budget request for FY 2002 is $93 million for anti-bioterrorism research and support. NIH will continue to emphasize generating genome sequence information on potential bioterrorism agents, such as the organisms that cause anthrax, tularemia, and plague. This genomics research, coupled with other basic research on biological threats, is expected to lead to advances in developing rapid diagnostic methods, antimicrobial therapies, and new vaccines for the most likely bioterrorism agents.

In addition, NIH's role in Departmental anti-bioterrorism efforts is being expanded in FY 2002 to include support for the ongoing Oravax smallpox development contract managed by CDC, as well as support of new intergovernmental efforts to develop a next-generation anthrax vaccine.

Extramural Research Facilities Construction: For FY 2002, the budget proposes to increase funding for extramural research facilities construction projects by $22 million, or 28 percent, to $100 million. This includes $97 million administered by the National Center for Research Resources and $3 million provided by NCI. These funds are awarded on a competitive basis to public and non-profit private entities to expand, remodel, renovate, or alter existing or construct new research facilities in order to expand their capacity to perform or improve the quality of their biomedical and behavioral research. In general, these NCRR grants are limited to 50 percent of the total cost of the facility projects.

Buildings and Facilities: A total of $307 million is requested for NIH intramural buildings and facilities in FY 2002. This investment represents about one percent of the total NIH budget. These funds will be used to expand and modernize the infrastructure for scientists and research support staff working primarily on the 60-year-old NIH campus in Bethesda, MD. Major projects include $26 million to complete construction of the first phase of the John Edward Porter Neuroscience Research Center, and $11 million to begin planning and design of the second phase of this complex. When completed, this project will bring together, in a shared facility, basic and clinical neuroscientists from across NIH who are currently fragmented by location and discipline. The resulting improved collaborations in the new Center will speed the rate at which fundamental discoveries are translated into effective therapies for neurological and psychiatric disorders.

The budget also requests $53 million to begin construction of a centralized, multi-level animal facility, or vivarium. This facility will consolidate ongoing programs in the current aged and sprawling Building 14 through 28 complex, as well as meet modern animal research needs.

For FY 2002, $21 million is included to begin planning for the repair and renovation of the existing Clinical Center (Building 10) after its hospital and related laboratory components are moved to the adjoining new Mark O. Hatfield Clinical Research Center in FY 2003.

The remaining $196 million in B&F funds will be used for other specific facilities projects across NIH, including upgrading and expanding mechanical and utility systems in several facilities ($35 million); a variety of essential safety and health improvements ($32 million); other interim and transitional renovations for the existing Clinical Center building ($29 million); completing the final phase of renovations and upgrades to Building 6, the oldest operational laboratory building on the NIH campus ($20 million); construction of a new parking facility

to help make up for the loss of major parking areas due to new construction on the NIH campus ($14 million); and general repairs and improvements across NIH's nearly 200 total buildings ($66 million).

New Institutes and Centers: In FY 2001, Congress created two new Institutes or Centers within NIH. First, Congress elevated the Office of Research on Minority Health out of the Office of the Director to become the National Center for Minority Health and Health Disparities. The FY 2002 budget request for NCHMD is discussed above. Second, Congress established the new National Institute for Biomedical Imaging and Bioengineering. The NIH budget includes $40 million for this new Institute in FY 2002, compared to the $2 million its predecessor, the OD Office of Bioengineering, Bioimaging, and Bioinformatics expects to spend in FY 2001. NIBIB will be responsible for accelerating the development of new bioimaging, bioengineering, and informatics technologies with clinical and medical research applications; improving coordination in this area at NIH and with other Federal agencies; and supporting the training of researchers skilled in these technologies.

Office of Research on Women's Health: The President's Budget for the NIH OD includes approximately $50 million for the Office of Research on Women's Health, an increase of nearly $28 million over the FY 2001 level. With this increase, ORWH will support new research activities on women's health and new career development programs for women scientists in international health and interdisciplinary research. These research activities will focus on reproductive health concerns; lung cancer prevention for young girls and women; the impact of care-giving roles on health-related quality of life issues; gender differences in kidney and urologic health; and through new interdisciplinary research centers, multi-systemic diseases in women, such as obesity.

Extramural Loan Repayment Programs: Congress also authorized several new loan repayment programs for extramural researchers in FY 2001.For FY 2002, NIH plans to spend $28 million to award 261 contracts for loan repayments to extramural scientists engaged in pediatric and clinical research. In addition, the budget request for the National Center for Minority Health and Health Disparities includes $4 million for two other new extramural loan repayment programs; one on clinical research for individuals from disadvantaged backgrounds, and the other related to research on minority health disparities issues.

Funding Opportunities:

NCI Seeks Cancer Prevention Fellowship Applicants

Cancer Prevention Fellowship Program

Application Deadline: Sept. 1, 2001

Appointment Date: July 1, 2002

NCI invites applications for postdoctoral opportunities in cancer prevention and control. The applicant must have an M.D., D.D.S., or D.O. degree or a J.D., Ph.D., or other doctoral degree in a related discipline (epidemiology; biostatistics; and the biomedical, nutritional public health, or behavioral sciences).

Fellows may obtain Master of Public Health training and are eligible to take the 5-week NCI Summer Curriculum in Cancer Prevention, which provides specialized instruction in the principles and practice of cancer prevention and control and molecular prevention. Fellows will be a part of mentored research at NCI and participate in brief field assignments at other institutions. Duration of the appointment will be for up to 5 years; stipend will be determined by the degree held by the applicant and years of relevant postdoctoral experience.

To request a catalog: Douglas Weed, director, Cancer Prevention Fellowship Program, NCI, 6120 Executive Blvd, Suite T-41, MSC 7105, Bethesda, MD, 20892-7105. For further inquiries: Barbara Redding, phone 301-496-8640; fax 301-402-4863; e-mail br24v@nih.gov; Web site http://dcp.nci.nih.gov/pob or http://resresources.nci.nih.gov/links.cfm

Oncology Nursing Society

Research Fellowship Program in Oncology Nursing: Application Due Date: June 1, 2001

Oncology Nursing Society invites applications for two research fellowships for individuals with advanced research preparation to work with a senior investigator in an existing research program relevant to oncology nursing. Applicant must be a registered nurse with an interest in oncology and a completed doctoral degree in nursing or a related discipline. Each fellowship will be funded for $13,700.

Inquiries: ONS customer service 412-921-7373 or e-mail customer.service@ons.org; or see the ONS Web site: http://www.ons.org

Nursing Research Grants in Oncology: Application Due Date: June 1, 2001

Oncology Nursing Society invites applications for 12 grant awards ranging from $5000 to $10,000 each. The principal investigator must be actively involved in some aspect of cancer patient care, education, or research. Funding preference will be given to projects that involve nurses in the design and conduct of the

research activity, and that promote oncology nursing theory and a scientific basis for practice.

Inquiries: See preceding announcement.

Program Announcements

PA-01-076: Novel Approaches to Enhance Animal Stem Cell Research

NIH and NCI encourage applications to isolate, characterize and identify totipotent and multipotent stem cells from nonhuman biomedical research animal models, and to generate reagents and techniques to characterize and separate those stem cells from other cell types. Innovative approaches to the problems of making multipotent stem cells available from a variety of nonhuman sources, and to creating reagents that will identify those stem cells across species and allow for separation of multipotent stem cells from differentiated cell types, will be stressed. The PA will use the exploratory/developmental grants R21 mechanism and the research project R01 grant mechanism.

Inquiries: Colette Freeman, Cancer Cell Biology Branch, Division of Cancer Biology, NCI, 6130 Executive Blvd, Rm 5030, Bethesda, MD 20892-7396, phone 301-496-7028; fax 301-402-1037; e-mail cf33a@nih.gov

PAR-01-077: Strategies for Germ-Line Modification in the Rat

Letter of Intent Receipt Dates: Sept. 1, 2001; Sept. 1, 2002 and Sept. 1, 2003.

Application Receipt Dates: Oct. 1, 2001; Oct. 1, 2002 and Oct. 1, 2003.

National Center for Research Resources, NCI, National Heart, Lung and Blood Institute, National Institute of Child Health and Human Development, National Institute of Neurological Disorders and Stroke, National Institute on Aging, and National Institute on Drug Abuse, invite applications to establish methods for the production of rat models containing germ-line mutations that will facilitate the transfer of biological concepts to human health problems. The initiative is designed for rat models only and should not include human subjects or tissues. The PAR will use the NIH research project grant R01 mechanism.

Inquiries: For NCI—Judy Mietz, Division of Cancer Biology, NCI, 6130 Executive Blvd, EPN 5032, Bethesda, MD 20892, phone 301-496-7028; fax 301-402-1037; e-mail mietzj@nih.gov

PA-01-079: Research Supplements for Underrepresented Minorities

In order to establish a diversified workforce participating in biomedical research, NIH emphasizes the use of administrative supplements to attract underrepresented minorities to the sciences and to careers in biomedical, behavioral, clinical, and social science research from high school to the faculty level. Principal investigators at domestic institutions who hold an active R01, R10, R18, R22, R24, R35, R37, P01, P20, P30, P40, P41, P50, P51, P60, U01, U10, U19, U41, U42 or U54 grant are generally eligible to submit a request for an administrative supplement to the awarding component of the parent grant for any of the supplemental programs offered here. Principal investigators holding an academic research enhancement award R15, an exploratory/developmental grant R21 or a small grant award R03 also may apply for a supplement under this program.

Inquiries: For NCI—Sanya Springfield, chief, Comprehensive Minority Biomedical Branch, 6116 Executive Blvd, Suite 7018A, Bethesda, MD 20892-8347, phone 301-496-7344; fax 301-402-4551; e-mail ssl65i@nih.gov; Web site: http://deainfo.nci.nih.gov/cmbs/intro.htm

PA-01-080: Research Supplements for Individuals with Disabilities

NIH will offer supplemental awards to certain ongoing research grants for individuals with disabilities to pursue biomedical, behavioral, clinical or social science research careers. The program will also provide support to accommodate the disabilities of established investigators who become disabled. Principal investigators holding an active academic research enhancement award R15, an exploratory/developmental grant R21, or a small grant award R03 Also may apply for a supplement. Grantees with support from these mechanisms must check with the appropriate awarding component before an application for a supplement is submitted. Awardees of R03, R15, and R21 grants may apply only when the candidate with a disability is a high school or an undergraduate student. However, exceptions to these rules may be made. Supplements to grant mechanisms such as the R15, and R03 awards may provide support above the established dollar limits. The P20, P30, and P60 award mechanisms are eligible for supplements only when they contain research components.

Inquiries: See preceding PA.

PA-01-081: Supplements to Promote Reentry into Biomedical, Behavioral, Clinical, and Social Science Research Careers

Institutes and Centers of NIH along with the Office of Research on Women's Health announce a continuing program for administrative supplements to research grants to support individuals with high potential to reenter an active research career after taking time off to care for children or attend to other family responsibilities. Supplemental awards will be consistent with the goals of strengthening the existing research program and with the overall programmatic balance and priorities of the

funding program of NIH. Administrative supplements may be for either part-time or full-time support for the candidate, and all supported time is to be spent updating and enhancing research skills. Proposed part-time appointments may not be less than 50% effort. At the completion of the supplement, the reentry scientist will be in a position to apply for a career development K award, a research award, or some other form on independent research support.

Inquiries: See preceding PA.

In Brief:

Lineberger Endows Chair To Honor Denman Hammond

(Continued from page 1)

The $1.5 million G. Denman Hammond Chair in Childhood Cancer, a gift from an anonymous donor, will be established at the UNC-CH Lineberger Comprehensive Cancer Center. . . . **Glenn Steele**, dean of the Division of Biological Sciences, Pritzker School of Medicine at the University of Chicago, was appointed president and CEO of the Geisinger Health System Foundation of Danville, PA.. . . . **Nancy Kernan** was named chairman of the National Marrow Donor Program board of directors. Kernan, an expert in clinical marrow transplantation using alternate donors, family member mismatched donors and cord blood, is assistant chief of bone marrow transplantation service at Sloan-Kettering Cancer Center, a transplant center for NMDP. The board also appointed nine board members: **John Barlow** of Merrill Lynch; **Patrick Beatty** of the University of Utah Medical School; **Melanie Goldish**, a consultant and NMDP volunteer; **Stephen Hata** of A3M, a recruitment group of NMDP; **Mutsuko Holiman**, an NMDP volunteer and philanthropist; **Mary Horowitz** of the Medical College of Wisconsin; **Hon. C. Hunter King,** an NMDP volunteer; **Sharon Sugiyama**, of A3M; John Wagner of the University of Minnesota School of Medicine and Fairview-University Medical Center. . . . **CLINICAL TRIALS** industry is performing "reasonably well" on the technical aspects of conducting trials. But it needs to do more on patient focused issues, according to the Pittsburgh Clinical Research Network, an independently managed unit of UPMC Health System, which commissioned a survey to gage the performance of the industry. The medical profession respondents said the industry should do more to educate the public about the trial process in general and, specifically, make more information available about enrollment procedures to remedy the inadequate number of patients currently in trials. For copies of the survey, contact PCRN at 412-420-3800 or panicj@msx.upmc.edu. . . . **JOHN NIEDERHUBER**, director of the University of Wisconsin Comprehensive Cancer Center, was elected president of the Society of Surgical Oncology at the annual meeting of the society last month. Niederhuber directed the merger of two NCI-funded cancer research facilities—the McArdle Laboratory for Cancer Research and the UW Comprehensive Cancer Center. . . . **TERESA SMITH**, director of oncology at the University of Wisconsin Hospital and Clinics-University of Wisconsin Comprehensive Cancer Center, was elected president of Association of Community Cancer Centers. . . . **UNIVERSITY OF PITTSBURGH** Cancer Institute breast cancer researchers were awarded grants through an initiative funded by taxpayers who donated their income tax refunds to the Breast and Cervical Cancer Research fund. the grants are overseen by the Department of Health Cancer Control Program; applications are reviewed by the Income Tax Check-Off Committee of the Pennsylvania Cancer Control, Prevention and Research Advisory Board. The grants are intended to serve as seed money for researchers, enabling them to apply for larger grants from major funding sources. Four of the eight grants were awarded this year, each totaling $35,000. The recipients are: **Jean Latimer**, assistant professor of obstetrics/gynecology and reproductive sciences, UP School of Medicine and Magee-Womens Research Institute; **Kenneth McCarty**, professor of medicine and pathology, UP School of Medicine; **Francesmary Modugno**, assistant professor of epidemiology, UP Graduate School of Public Health; and **Mark Nichols**, assistant professor of pharmacology, UP School of Medicine. Latimer's grant was awarded to Magee-Womens Hospital of UPMC Health System. The other three were awarded to the University of Pittsburgh. All four recipients are members of UPCI. . . . **MARC BLACKMAN** was appointed the first clinical director of the Division of Intramural Research of the NIH National Center for Complementary and Alternative Medicine. Blackman is professor of medicine at the Johns Hopkins University School of Medicine and chief of the Division of Endocrinology and Metabolism at the Johns Hopkins Bayview Medical Center, where he is program director of the NIH-funded General Clinical Research Center. **Stephen Straus** is director of NCCAM.

There's another Texan in Washington?
Whatever you do, don't give him the microphone!
Stick a fork in him, he's done!

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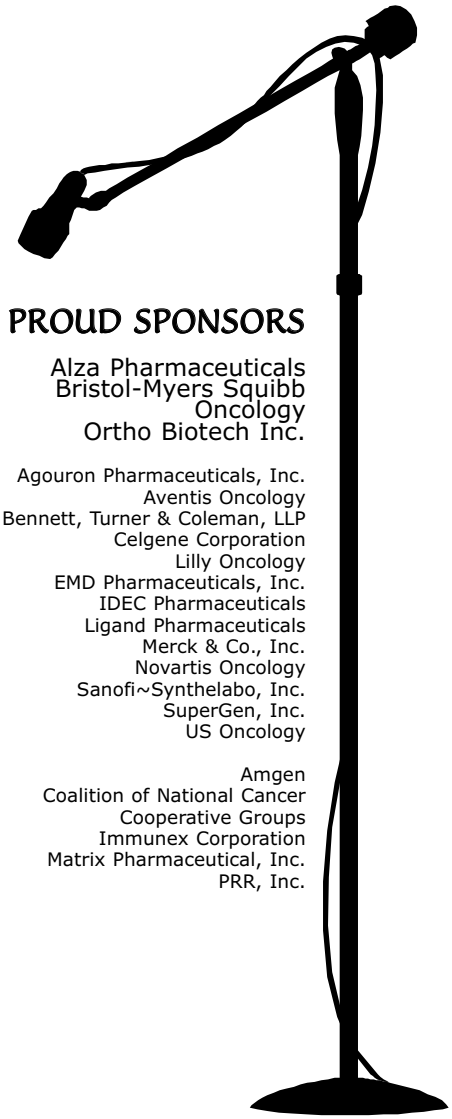

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Then go from Bailes to Bennett for a real San Francisco treat! Transportation to the Tony Bennett concert & fundraiser compliments of ASCO.

Proceeds from the Roast will benefit the John Durant Fund for Cancer Communications, which is dedicated to improving communication among physicians, cancer survivors & communities.

May 12, 2001 ◆ 5-7 PM

The Palace Hotel ◆ San Francisco

For more information ◆ 301-650-9127

For sponsorship opportunities, please call by April 23.

Individual tickets - $250
Please call by April 30 to reserve seats.

›› **ATTENTION**

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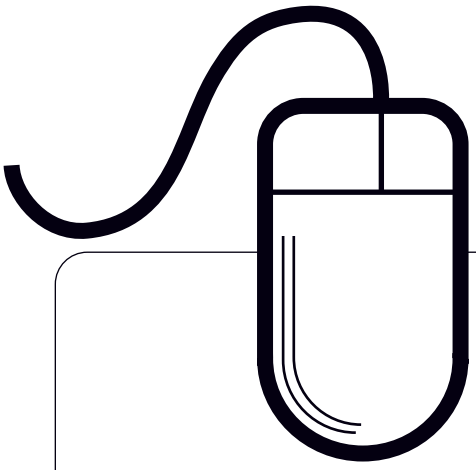
Register online NOW for

NCI's Cancer Trials Support Unit (CTSU)



http://www.ctsu.org

Offer your patients more trial options

- ›› Access a growing menu of clinical trials nationwide
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- node-positive breast cancer
- DCIS
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- adult CML
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