THE CANCER LETTER INTERACTIVE

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NCI Puts Aside Fear Of Brockovich Factor To Open New Web Site On Mortality Data

You might say that the new NCI Cancer Mortality Maps & Graphs Web site is a tour de force of graphic presentation of cancer statistics. Click on your state, county, or state economic area, a type of cancer, a time period, or some combination thereof, and a map or chart will appear.

The graphics surpass anything available on the Web, and even the visually impaired can use the site, thanks to software that calls up text descriptions of each chart.

Yet, NCI is not touting this accomplishment. The site will get what in

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In Brief:

NCI's Otis Brawley Named Professor At Emory, Associate Director, Cancer Control, At Winship

OTIS BRAWLEY, assistant director for special populations research at NCI, is leaving the Institute June 30 to become professor of medicine and oncology at Emory University School of Medicine in Atlanta. He also will have appointments as professor of epidemiology at Emory's Rollins School of Public Health, and associate director for cancer control and chief of the solid tumor service at the Winship Cancer Institute. Brawley joined NCI's clinical oncology program in the Division of Cancer Treatment in 1988, from Case Western Reserve University. In 1990, he became a program director in the Division of Cancer Prevention and Control. In 1996, Brawley was named director of the Office of Special Populations Research. . . . **MICHAEL BRATTAIN**, chairman of the Department of Pharmacology and Therapeutics at Roswell Park Cancer Institute, received an NCI merit award for his research grant "Mechanisms of Action of Differentiation Agents." Merit awards are granted to selected investigators who have demonstrated superior competence and outstanding productivity in their research. To receive a merit award, a researcher must be the principal investigator on a grant of special importance, continuously supported by NCI for at least seven years, approved by the National Cancer Advisory Board for another five years, with a priority score in the 95th percentile. . . . **SAID SEBTI**, director of the H. Lee Moffitt Cancer Center and the Research Institute Drug Discovery Program, has been awarded a $3.17 million program project grant from NCI to develop a study on the inhibition of an enzyme called protein PGGtase I in tumors. . . . **CURE FOR LYMPHOMA FOUNDATION** has made five appointments to its

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A Web Site Story: Desire To Inform Vs. Fear Of Misuse

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public relations lingo is known as a "soft rollout," a gradual easing into public consciousness.

Why go soft?

Are Institute officials worried that any Web-surfer will be able to use the site in search of supposed cancer hot spots and cancer clusters? Will NCI be able to convince the public to use statistical tools to separate genuinely elevated cancer rates from meaningless blips?

Out of fear of the Erin Brockovich factor, the site's development over the past year nearly came to a halt. To study the development of this Web site is to examine the tension at NCI between the desire to inform and educate the public about cancer, and the fear of public misunderstanding or misuse of information.

The site, http://www.nci.nih.gov/atlasplus/ , posted earlier this week, provides interactive maps, graphs, text, tables, and figures showing geographic patterns and time trends of cancer death rates for 1950-1994 for more than 40 cancers. The site allows users to drill down through graphs to retrieve specific data.

The site notes that it will not be of much use in finding a cluster, defined as "the occurrence of a greater than expected number of cancer cases or deaths over a short period of time in a small area, such as a neighborhood, workplace, or medical practice."

The old cancer atlas site, posted in December 1999, will remain at http://www.nci.nih.gov/atlas. Its users, many of them state health officials, told the Institute they were happy with the old site, NCI officials said.

From "Telephone Book" To Color Maps

The cancer mortality Web site grew out of NCI's 30-year project to make publicly accessible the data from the National Center for Health Statistics on cancer mortality by county.

In the 1970s, as part of an effort to look for epidemiologic clues on causes of cancer, the Institute published a volume of data titled, "Cancer Mortality by County in the US, 1950-69," also known under its affectionate nickname, "the telephone book."

"You had to be in the business to be interested," said Robert Hoover, chief of NCI's Epidemiology and Biostatistics Program.

In early years, NCI hired high school students involved in the federal "stay-in-school" program to color in maps of the states and counties by hand, showing the mortality statistics, Hoover said. As technology advanced, the Institute used computers to color the maps. This resulted in the first "Atlas of Cancer Mortality for U.S. Counties: 1950-1969," published in 1975. Only data on whites were included in that volume. In 1977, an atlas on cancer mortality in nonwhites was published.

Those volumes were updated in 1987 (whites) and 1990 (nonwhites). The most recent version of the atlas was published in 1999.

The atlas led researchers to study the mortality data in a new way, said Joseph Fraumeni, director of the NCI Division of Cancer Epidemiology and Genetics. "The mortality data were an enormous compilation of statistics that remained dormant until they were visualized by the computer-generated color maps," he said. "It allowed us to see patterns that were not evident. When you focus down to the county level, patterns began emerging, and there were a surprising number and variety of patterns. We had the opportunity to go into areas where rates were high."

In the late 1970s, NCI studied high rates of lung cancer in the Southeast Atlantic coast. The studies traced the cases to men who worked in shipyards during World War II, and their exposure to asbestos. Other studies uncovered high bladder cancer rates in New Jersey, attributed to the organic chemical

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industry, excess oral cancer in South Carolina and Georgia, explained by the practice of snuff-dipping by older women, and high rates of lung cancer Southern Louisiana due to hand-rolled cigarettes.

"The atlas led to 20 years worth of one of the more productive lines of research, field studies in high-risk areas," Hoover said. "These cover the spectrum of causes. A number of studies implicated occupational exposures."

Currently, NCI is collaborating with state health departments in the Northeast to find out why bladder cancer rates have remained consistently high, Fraumeni said. Another study, the Long Island Breast Cancer Project, is looking at the high rate of breast cancer in that area.

The Online Cancer Atlas

In 1995, NCI computer specialist Dan Grauman envisioned putting the cancer atlas online, but the project was viewed as too difficult and too expensive. In 1997, Grauman obtained $125,000 from the Information Technology Innovation Fund of the National Partnership for Re-inventing Government, and put the atlas Web site up in 1999.

The atlas site, containing maps much like those in the book, allows the user to select variables such as time period, type of cancer, and state. The computer then draws the appropriate map. Recently, the user interface for the maps was improved. Users can develop dramatic slide shows with a series of maps demonstrating changes in cancer mortality over time periods.

The Institute spent $262,000 to publish 20,000 copies of the atlas book in 1999. The Web site cost just under $200,000, not including staff salaries.

NBA Rankings Lead To Interactive Charts

Last winter, an email from a friend alerted Grauman to a nifty bar chart in the online edition of the Los Angeles Times. Look at the National Basketball Association standings in the sports section, the friend suggested.

Always on the lookout for nifty graphics, Grauman clicked. He rolled his mouse over the brightly-colored bars showing the NBA team rankings and clicked on one of the bars. Up popped the team's statistics. Grauman, who is not a pro basketball fan, doesn't remember which team, but he does recall clicking again, and seeing player statistics pop up on the screen.

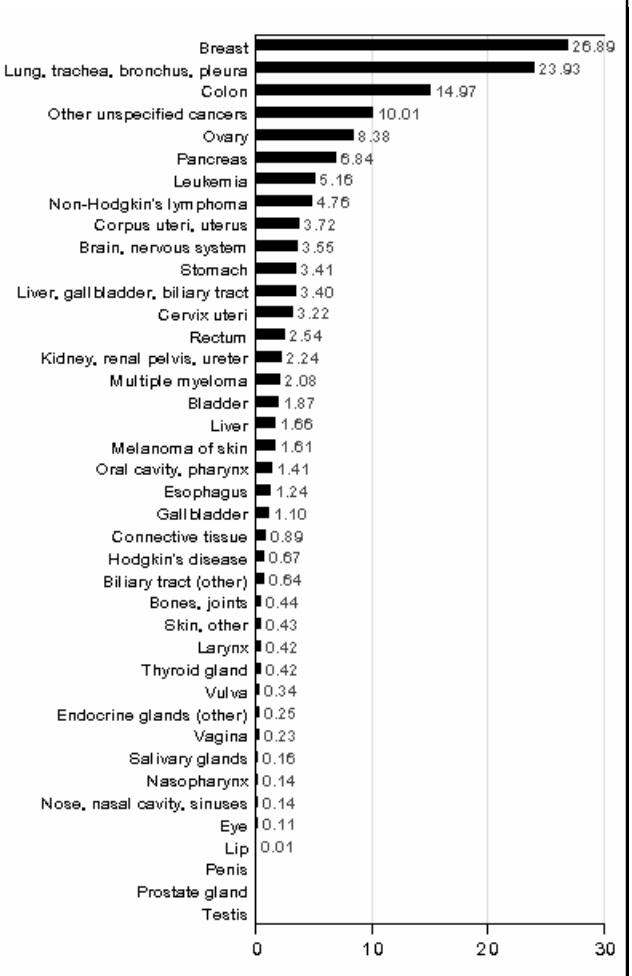
"Oh, my god! This is perfect for my work!" Grauman recalled saying, presumably to his computer. (There was no one else in his small office in Rockville.)

A plan was born: Take the atlas and create interactive charts to enable users to drill down to data for their state, county, or state economic area. The technology would enable anyone to look at very sophisticated presentations of cancer mortality data!

For a while, Grauman's plan went amazingly well. He contacted Corda Technologies (http://www.corda.com), the Lindon, Utah, company that developed the software, called Popcharts, for the NBA standings. Corda's customers include Foxsports.com and ESPN.com.

He sent the company a PowerPoint presentation outlining what he wanted. The firm submitted a bid. NCI awarded a contract. Corda delivered the Web

Cancer Mortality Rates/ 100,000 person-years for the U.S. (Age-adjusted 1970 US Population)
White Females, 1970-94, all ages



Source: Cancer Mortality Maps & Graphs Web Site
http://www.nci.nih.gov/atlasplus

site, based on fast-drawing Web graphics that use "flash" technology rather than the typical graphics interface, or "gif" method.

The sample Web site went through peer review at NCI. The charts were easy to download over slower Internet connections, easy to read, had a large amount of data presented clearly, and, unquestionably, they were nifty.

There was just one problem.

"There were some political issues regarding disclosure," Michael Robertson, vice president for sales and marketing at Corda Technologies, said to **The Cancer Letter**.

The bar charts made it seem as though states or counties with sparse populations that had one or two cancer cases were having cancer epidemics, because the bars were based on number of cases per 100,000 people. It could seem, for instance, that black men in Idaho were having an epidemic of bladder cancer, when, in fact, there were only two cases over 24 years.

"Sometimes putting out data is a two-edged sword," Grauman said. "You are going to get very small numbers in some counties, based on a couple of cancer cases, and that could be misleading."

Last fall, the project appeared to be on a back burner, with the flame extinguished.

A source contacted **The Cancer Letter** last November. Would this be an interesting story?

At that time, NCI and Corda officials confirmed that the development of the new site was underway, but the Institute was stymied by concern that the presentation of data would be misleading.

Grauman was determined to move forward. "If we're fighting a war on cancer here, we're better off with a bigger army," he said in an interview with **The Cancer Letter** last fall.

"We have great epidemiologists here at NCI, but there are many people out there, students and others, who have grown up on the Web. This is just a tool. These are public data."

Soon after **The Cancer Letter** inquired about the Web site, word came down that NCI would go forward with the project. The changes would be made soon, NCI officials said. **The Cancer Letter** agreed to hold its story until the new site was posted.

"The question is not whether or not to release it; it's a question of whether we can have enough accompanying text or links to explanatory notes," Grauman said at the time. "It's more difficult when you have a tool that will be used by both researchers and the public."

The site went through rounds of testing by outside advisors and the NCI Usability Branch, experts in testing Web sites on actual users.

Earlier this year, the charts were modified to show the mortality data as confidence intervals. For instance, on the "rates by cancer" chart, for bladder cancer in black men in the U.S. for 1970-94, Idaho appears at the top, seemingly with a rate far higher than the national norm. However, by holding the mouse over the Idaho bar, the user can see that the rate is based on only two cases and the confidence interval is wider than the Great Plains: from .00 to 36.43.

"The challenge is to make the data as widely available as we can, but put enough verbiage and tools in to make it not misleading," Hoover said. "We try to explain things in a manner that an informed public will understand, not just statisticians, but I'm sure it will be abused as well as used."

Users can decide whether the Cancer Mortality Maps & Graphs Web site achieves a balance, Hoover said. What's important is that the public data on cancer mortality are now more accessible to the public than ever.

"We give caveats and identify what some of the limitations of the data are, and limitations in interpreting the data and the patterns," Fraumeni said to **The Cancer Letter** in an interview April 17. "When we first published the atlas and uncovered these so-called hot spots, there was enormous pubic and political concern. People started talking about cancer corridors and a lot of fear was generated."

"It has been an education campaign to point out what the maps tell us and what they don't tell us," Fraumeni said.

Accessibility for the Visually-Impaired

On the cancer mortality site, clicking on the letter "D" at the bottom of each chart calls up a text description of the chart which can be read by standard text readers available to visually-impaired computer users.

Section 508 of the Workforce Investment Act, signed by President Clinton in 1998, requires that persons with disabilities who are seeking information from federal agencies must have access to information that is comparable to that available to the public without disabilities.

Federal webmasters are rushing to make their sites "508 compliant" since the law goes into effect June 21.

Research Policy:

Clinical Research Programs Could Be Accredited, IOM Says

Strengthening the system responsible for protecting volunteer participants in human research studies could be accomplished, in part, by implementing accrediting programs to certify that research entities meet certain performance standards, according to a report from the Institute of Medicine of the National Academies.

However, accreditation is only one possible solution, and such programs should first be pilot-tested before being universally adopted, the report said.

"The responsibility for protecting research participants looms especially large and is particularly complicated in clinical research, where risks are often highest, professional roles frequently conflicted, and ethical lapses most salient," said Daniel Federman, chairman of the committee that wrote the report and senior dean for clinical teaching and professor of medicine and medical education at Harvard Medical School.

"Over the years, any number of attempts have been made to improve the quality of research oversight," Federman said. "The latest approach—accreditation—holds real promise. But we see it as an evolving tool, and one that cannot be viewed as a panacea or overnight solution.It must be part of a long-term strategy."

A set of draft standards developed by the National Committee for Quality Assurance, a private accrediting body, for use by the U.S. Department of Veterans Affairs appears to present a framework most readily applicable to the initiation of other accreditation programs, said the committee. This framework should, however, be strengthened and also adapted to differing research environments and disciplines. The resulting accreditation programs should be initially pilot-tested and then assessed after three to five years. Establishing an accreditation process typically takes several years, according to the report. The process must be continually adjusted to meet changing needs, if it is to succeed in improving performance at the national level.

Participants in studies should be more thoroughly integrated into the research oversight process, the committee said. Moreover, accreditation standards should be made applicable to all research programs involving human participants—by one estimate, a total of more than 10,000 programs, including those conducting biomedical research and drug trials as well as studies in the behavioral and social sciences. By offering a recognized seal of approval, accreditation could establish a measure of excellence sought by research organizations, raising the bar for all and laying a path for continuous improvement.

Amid increasing concern over patient safety and shutdowns of research operations at a number of academic and VA medical centers, calls for accountability and oversight have grown louder. Presidential committees, Congress, the U.S. Department of Health and Human Services, and the VA have explored different approaches to improving the system. Last year, HHS approached the IOM for independent guidance on the matter.

The IOM committee compared sets of draft accreditation standards developed by two private organizations, NCQA and Public Responsibility in Medicine and Research. NCQA's standards were deemed, on the whole, to be more immediately applicable for pilot-testing than those drafted by PRIM&R. NCQA's standards not only draw upon existing federal regulations, said the committee, but also rely on rigorous quality improvement programs at research sites and have the potential to elevate the enterprise beyond a system focused on administrative compliance. As part of its study, the committee examined other models of accreditation, including hospitals and clinics participating in Medicare, mammography facilities, treatment programs for opiate dependence, institutions for higher education, and laboratory-animal care facilities.

IOM Report Recommendations

Among its slate of 11 recommendations, the committee also urged that:

--accrediting organizations be nongovernmental entities whose standards build upon federal regulations;

--HHS commission studies for collecting baseline data on the current system of protections; and

--consideration be given to having pilot programs evaluated by the U.S. General Accounting Office and the HHS Office of the Inspector General.

A more comprehensive assessment of the overall system for protecting human research participants is under way by the IOM committee and will be issued in 2002. That study will delve into improving the informed consent process, easing the burdens on institutional review boards, ensuring that investigators are educated about the ethics and practices involved in conducting research with humans, enhancing

research monitoring, and bolstering institutional support and infrastructure. Additionally, special attention will be given to issues relating to behavioral and social science research.

The study was sponsored by HHS and the Greenwall Foundation.

Copies of the report, "Preserving Public Trust: Accreditation and Human Research Participant Protection Programs," are available from the National Academy Press; phone 202-334-3313 or 800-624-6242 or at http://www.nap.edu.

FY 2002 Budget:

Doubling Budget For NSF High Priority For FASEB

The Federation of American Societies for Experimental Biology has made doubling the budget of the National Science Foundation by fiscal year 2005 one of its top priorities.

"Over the years, the NSF has served the nation exceedingly well by investing in the core scientific disciplines of biology, chemistry, physics, mathematics and engineering," said FASEB President Mary J.C. Hendrix. "But the agency's grants are too small and too short in duration to maximize the research productivity of investigators. This inadequate support forces investigators to spend too much time writing grant applications and reduces the time spent on research and development."

President George W. Bush recently proposed a $4.47 billion budget for the NSF in FY 2002. This request represents a 1.3 percent increase in the foundation's budget; research activities would decline by 0.5 percent, FASEB said.

In an email alert sent April 4 to more than 32,000 biomedical researchers, Hendrix asked her colleagues to contact members of Congress and urge them to increase funding for the NSF.

"Once again, Senators Christopher 'Kit' Bond (R-Mo.) and Barbara Mikulski (D-Md.) are circulating a 'dear colleague' letter to Senate Majority Leader Trent Lott and Democratic Minority Leader Thomas Daschle advocating a doubling of the NSF budget over five years," Hendrix wrote. "We must support this effort now!"

In its annual report to Congress, "Federal Funding for Biomedical and Related Life Sciences Research, FY 2002," FASEB recommended the NSF budget for FY 2002 be increased by at least 16 percent, to $5.1 billion.

This budget request "is more than justified by the scientific achievements that NSF has supported in the past and the scientific promise that beckons," said Hendrix during recent testimony before the House Appropriations subcommittee on VA, HUD, and Independent Agencies.

She was joined in that testimony by the presidents of societies representing chemists, physicists and mathematicians.

Their joint statement to Congress can be found at http://www.faseb.org/opar/ppp/nsf_test.html.

FASEB's funding recommendations for the NSF and other federal agencies can be found at http://www.faseb.org/opar/fund2002/fedfund02.pdf.

Funding Opportunities:

Mesothelioma Research Grants Available

Application Deadline: June 15, 2001

Mesothelioma Applied Research Foundation announces the availability of two $100,000 grants—$50,000 per year for two years—for translational research in the treatment of pleural or intraperitoneal mesothelioma.

Inquiries: Christopher Hahn, executive director, Mesothelioma Applied Research Foundation, phone 805-560-8942; e-mail c-hahn@marf.org. Information is available at the MARF Web site: http://www.marf.org

RFA Available

RFA-HG-01-002: BAC Library Production

Letter of Intent Receipt Date: June 1, 2001

Application Receipt Date: June 27, 2001

National Human Genome Research Institute and the National Center for Research Resources invite applications to produce BAC libraries from the DNA of eukaryotic organisms important in biomedical and biological research.

NHGRI and NCRR expect to support the production of 10 new libraries in the first 12-18 months of funding, and to develop the capacity to double this rate if there is a continuing demand for new libraries, with the possibility of constructing as many as 50 BAC libraries in three years. The administrative and funding mechanism will be the cooperative agreement U01, an assistance mechanism.

The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-HG-01-002.html

Inquiries: Jane Peterson , Division of Extramural Research, National Human Genome Research Institute, NIH, Bldg 31, Rm B2B07 MSC 2033, Bethesda, MD 20892-2033, phone 301-496-7531; fax 301 480-2770; e-mail Jane_Peterson@nih.gov or John Harding, Division of Comparative Medicine, National Center for Research Resources, 6705 Rockledge Dr, Suite 6050, MSC 7965, Bethesda, MD 20892-7965, phone 301-435-0776; fax 301-480-3819; e-mail hardingj@ncrr.nih.gov

Program Announcements

Geographic-Based Research in Cancer Control and Epidemiology

Letters of Intent Due: June 14, 2001

Application Due: July 19, 2001

Applications are invited that use the Atlas of Cancer Mortality in the U.S., 1950-1994, as a catalyst for research in cancer etiology and control.

NCI wishes to stimulate research in three areas: 1) epidemiologic research to study determinants of the geographic patterns uncovered by the Atlas, 2) use of GIS for cancer research in response to the Atlas, and 3) methodologic GIS research needed to accomplish such research. NCI has set aside $3 million in total costs, for the PASs combined, for the first year of funding.

The Atlas is available at http://www.nci.nih.gov/atlas. For further information, refer to: http://grants.nih.gov/grants/guide/pa-files/PAS-00-120.html and http://grants.nih.gov/grants/guide/pa-files/PAS-00-121.html.

Inquiries: Burdette Erickson, Analytic Epidemiology Research Branch, Division of Cancer Control and Population Sciences, NCI, phone 301-435-4913; fax 301-402-4279; e-mail: berickso@mail.nih.gov

PA-01-078: Biology of Non-Human Stem Cells in the Environment of the Nervous System

National Institute of Neurological Disorders and Stroke, the National Institute of Mental Health, the National Institute on Deafness and Other Communication Disorders, the National Institute on Aging and the National Institute of Child Health and Human Development invite applications for studies on the biology of non-human stem cells and regulation of their replication, development and function in the nervous system. Research efforts on cellular, molecular and genetic mechanisms that influence the lineage choices of stem cells are of particular interest, as are studies that explore the long-term fates of stem cell-derived populations in animal models. The PA will use the exploratory/developmental grants R21 mechanism and the research project R01 grant mechanism. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-01-078.html

Inquiries: Arlene Chiu, program director, Repair and Plasticity Program, National Institute of Neurological Disorders and Stroke, Neuroscience Center, Rm 2206, MSC 9525, Bethesda, MD 20892-9525, phone 301-496-1447; fax 301-480-1080; e-mail chiua@ninds.nih.gov

RFP Available

RFP N01-CN-15015-40

The NCI Division of Cancer Prevention, Chemoprevention Agent Development Group, is interested in evaluating inhibitors or potential inhibitors of any stage of carcinogenesis, in order to identify potential chemopreventive agents against cancer. Such agents are to be further evaluated in appropriate animal efficacy or clinical settings. The CADRG has established a clearly defined integrated plan for evaluation of chemopreventive agents. This plan delineates detailed criteria for classifying the quantity and quality of information that currently exists on any chemopreventive agent and thus defines what additional information and investigations are required to qualify the agent's experimental use in intervention trials of human cancer. The primary purpose of the RFP is to use in vitro methods to screen chemopreventive agents (see Methods in Cell Biology Vol 19(1):1-70, 1997). The object of these studies is to establish the general efficacy of the chemopreventive agent in a battery of in vitro model systems representing different cell substrates. The studies are designed to provide data to help prioritize agents for further development. Recently a battery of such cell assays were validated against animal tumor data (Steele, et al., J. Cellular Biochem. 26S:29-53,1996).

Those interested in obtaining a copy of this RFP should send their e-mail address to Dorothy McMillan at dm308v@nih.gov and a copy of the RFP will be forwarded electronically. An award will only be made

to a master agreement holder in the in vitro master agreement pool. The NAICS code is 54171. Proposals will only be considered from offerors in the In Vitro pool. Those who are not currently in the In Vitro Master Agreement pool and who wish to be considered for inclusion should consult the Research Contracts Branch Web site at http://amb.nci.nih.gov under "Current Requests for Proposals" and refer to RFP/ N01-CN-85093-40.

Inquiries: Dorothy McMillan, Contract Specialist, Prevention and Control Contracts Section, Research Contracts Branch, NCI, Executive Plaza South Room 635, Bethesda, MD 20892-7226. Phone: 301-435-3828; fax: 301-402-8579; e-mail: dm308v@nih.gov

NCI Contract Award

Title: Multi-Disciplinary Investigations Of Environmental Causes Of Cancer. Contractor: Westat Inc., Rockville, MD; $7,424,109.

The Cancer Letter Launches Free Funding Alert Newsletter

The Cancer Letter announces the launch of a new publication designed for young investigators and others seeking timely information on research funding opportunities and grantsmanship.

The Cancer Letter Funding Alert, a free email newsletter, will cover cancer research funding, career development, and training opportunities from NCI and NIH, other government agencies, and foundations.

The twice-monthly **Funding Alert** will contain items also published in the "Funding Opportunities" section of **The Cancer Letter**, as well as original articles on federal or private grant programs, and tips from experts on grantsmanship skills. Each short article will include links to Web sites and email addresses.

"Young investigators have plenty of hurdles to jump to begin careers in cancer research, but lack of information about funding opportunities should not be among them," said Kirsten Boyd Goldberg, editor of the **Funding Alert**.

Funding organizations are welcome to submit information on grants programs by sending email to: FundingAlert@cancerletter.com.

For a free subscription to **The Cancer Letter Funding Alert**, visit http://www.cancerletter.com or send a blank email to: CLFundingAlert-subscribe@topica.com.

In Brief:

CLF Makes Appointments To Board; Stovall Wins Award

(Continued from page 1)

scientific advisory board. The five new members are: **Michael Cleary**, professor, Department of Pathology, Stanford University School of Medicine; **Morton Coleman**, clinical professor of medicine, Weill Medical College of Cornell University; **Steven Rosen**, director, Robert Lurie Comprehensive Cancer Center, Northwestern University; **Joseph Simone**, senior clinical director, Huntsman Cancer Institute; **Julie Vose**, professor of medicine, Hematology/Oncology Section, University of Nebraska Medical Center; Andrew Zelenetz, chief, Lymphoma Service, Sloan Kettering Cancer Center. . . . **ELLEN STOVALL**, president and CEO of the National Coalition for Cancer Survivorship, was presented with the first Carpe Diem Champion of Survivorship Award from the Lance Armstrong Foundation for her "significant impact on the world of cancer survivorship." Stovall is also co-chairman of the Institute of Medicine National Cancer Policy Board, chairman of the Subcommittee on Budget for the National Cancer Advisory Board and member, by presidential appointment, of the National Cancer Advisory Board. . . . **CARY ZAHRBOCK**, a cancer survivor and board member of NCCS, was named Champion of Health by Blue Cross & Blue Shield of Minnesota. NCCS will receive a $500 honoraria from Blue Cross. . . . **JOSEPH FRIEDBERG** has been named chief of the new division of thoracic surgery at Thomas Jefferson University Hospital, Philadelphia. Friedberg, whose interests include mesothelioma and non-small cell lung cancer accompanied by malignant effusion, was assistant professor of surgery at the University of Pennsylvania School of Medicine. . . . **DAN FIDUCCIA**, a childhood cancer survivor and paralegal, of Cupertino CA, died April 6 at the Stanford Medical Center, of a secondary cancer. He was 44. As a child, Fiduccia received about 9000 rads over a short time as treatment for Wilms tumor. Radiation eradicated the tumor, but gradually crippled him. Fiduccia, a graduate of Stanford University, worked with the Childhood Cancer Ombudsman Program, the Medical Care Ombudsman Program, the National Coalition for Cancer Survivorship, and Candlelighters Childhood Cancer Foundation to help survivors and their families fight discriminatory practices in the workplace, education, insurance, and Social Security.

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