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NCI Health Disparities Center Describes "Think Tank" Projects For Policy Change

The NCI Center to Reduce Cancer Health Disparities is operating with an uncertain budget, and its efforts to recruit a staff are hampered by a hiring freeze. However, NCI officials earlier this week described the center's first project: a "think tank" designed to promote changes in policy.

"The question is, can we package whatever messages we come out with in the language that people who make policy would see it and understand it?" said Harold Freeman, director of the newly created center to Special Populations Working Group, a de facto advisory committee.

(Continued to page 2)

In Brief:

HHS Forms Patient Safety Task Force; Henry Ford Health System Receives $40M

PATIENT SAFETY Task Force was formed by the Department of Health and Human Services earlier this week to coordinate an effort by department agencies to improve existing systems to collect data on patient safety. The federal agencies involved include the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Food and Drug Administration, and the Health Care Financing Administration. The goal of the task force is to identify the data that health care providers, states, and others need to collect to improve patient safety. The task force plans to release a contract request to develop a detailed plan on how to integrate existing reporting systems and improves the safety of health care services. "As one part of our commitment, I am charging the Patient Safety Task Force to work thoroughly and expeditiously to improve our data and reporting systems," HHS Secretary **Tommy Thompson** said. "Working with our state and private sector partners, we can make much better use of the information we already collect, and we can translate that information into quality gains for patients. At the same time, we will streamline the reporting burdens that providers face today, and we will make important findings more accessible, more quickly to the providers who need to know." The Administration' fiscal year 2002 budget proposal includes up $72 million, an increase of $15 million over FY 2001, for efforts to improve patient safety and reduce adverse events. . . . **HENRY FORD** Health System and Beaumont Hospitals received a $40 million gift from the Vattikuti Foundation, founded by **Raj Vattikuti**, co-chairman of

(Continued to page 8)

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NCI Center To Review Data On Cervical Cancer Rates

(Continued from page 1)

"The main thing is how can we promote change?"

The first study, which is underway, will collect available information on cervical cancer in rural populations in the U.S.

Joe Harford, NCI associate director for special projects, said the cervical cancer project would aim to do more than just present the data. "In the past, we have been guilty of passive diffusion of our information," Harford said to the working group at a meeting April 23.

"We are being much more proactive now," Harford said. "[We are] creating messages for different audiences that are derived from the data. That whole thing of providing interpretation along with hard data is something we are looking at now in a way that we haven't done as proactively in the past."

The Institute's plan for the cervical cancer study includes a presentation before the National Governors' Association's meeting next August.

Ultimately, the information gathered through a review of literature would be presented to a panel of experts, who would be asked to formulate recommendations for overcoming the problem.

In addition to the cervical cancer project, Freeman's center planned to conduct a similar examination of cancer treatment disparities associated with race. No date has been set for launching that project.

Search For Quick Answers

Freeman said the center steered away from addressing scientific questions that would be too ambitious.

"We wanted them to be questions that we could have a chance of coming to answers relatively quickly," Freeman said. "I think the question is what can we do to get our teeth into these questions?" he said. "Perhaps not asking questions that are extraordinarily complex—like for example—a disease that kills many, many more people."

Early stage cervical cancer is easy to detect and easy to treat, yet people continue to die from it, Freeman said.

"Why is that there are people in America who [die] of cervical cancer, a disease which we really do have answers for?" Freeman said. "How could in our great society, technically leading the world, how can we have a death rate from a disease to which we really do have an answer?"

"There is a lesson to be learned here," said Jon Kerner, assistant deputy director of the NCI Division of Cancer Control and Population Sciences, who has been working closely with Freeman in the new center.

"Here is a site where we should have eliminated every death in America, and we have failed to do it," Kerner said. "If we can't figure out cervix, we are probably not going to be able to figure out breast, colorectal, or anything else."

The design of the cervical cancer project has changed several times since its inception, Kerner said.

"It started in Appalachia, we expanded it to African Americans, we recognized the role of Hispanics, and we are expanding it as we go along," Kerner said. "It's a moving target on a very tight time line, but we have expanded the definition of what we are looking at."

The project is scheduled to be completed next January.

Brawley Suggests Alternative Questions

Otis Brawley, a health disparities and cancer prevention expert who recently announced plans to leave NCI, suggested that other areas of research might be more urgent and more likely to capture the attention of policymakers.

Brawley directed the NCI Office of Special Populations Research, which was recently abolished

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in favor of Freeman's center.

Brawley, who recently accepted a job at Emory University, said NCI urgently needs to study the widening disparities in the breast and colon cancer death rates among blacks and whites.

"Prior to 1981, the death rate for black and white women with breast cancer was the same," said Brawley, addressing the working group. "Only since 1981 there has been a disparity. I happen to think it's because in the late 1970s and early 1980s, we learned to treat this disease.

"Death rates from colon cancer among blacks and whites were very similar prior to 1980. And, indeed, one can say that 1980 was the year in which disparities for colon and breast cancer in blacks and whites actually began," he said. "These are issues that need to be investigated. Exactly why we are seeing these increasing disparities merits a great deal of effort and a great deal of concern, and, quite frankly, I don't know where to go at NCI and actually go to see who is addressing these questions."

By comparison, the cervical cancer question is not as urgent, Brawley said.

"The death rate of white women from colon cancer is about three times greater than the death rate of white women from cervix cancer in the US," he said. "So, these death rates are far, far greater than the death rates from cervix cancer in Appalachia, for example. I would encourage the Institute to look into that."

Presenting the data to governors and hoping for change may be simplistic, Brawley said.

"One of the reasons that I have gone to Atlanta is that death rates from breast cancer among black Americans in Georgia is 20 percent greater than the death rate among black Americans in the rest of America," Brawley said. "Five percent of black women who are diagnosed with a localized breast cancer in Atlanta get no treatment beyond the diagnosis, and sometimes they actually get told they have cancer.

"Sometimes they don't even get told. They get lost to follow-up after the biopsy.

"I have now sat down and talked for nearly six hours with [Roy Barnes] the governor of Georgia, and the governor doesn't know what to do," Brawley said. "He understands the problem. He can cite the statistics better than many of us in this room, but he just has no idea what to do, and as we move forward, we have to figure out what the answer to that question is."

Budget for the Center Remains Uncertain

The health disparities center was intended to broaden the Institute's involvement in confronting the problems of cancer in minorities and the underserved.

Freeman, a Harlem surgeon and chairman of the President's Cancer Panel, accepted the NCI job with the understanding that he would work part-time and keep his other positions.

Addressing the working group, Freeman said his involvement enhances the stature and prestige of the NCI center.

"I was chosen for the reasons that I was chosen," he said. "I think the choice of me as director probably goes beyond the point of hours I spend in an office.

"The job of directing such a center has very national implications—it even has international implications. This kind of a role requires so much outside activity. It's not like a civil service job where you are sitting in an office for eight hours a day.

"When you do a job like this, it has to do with the vision that drives the center. And maybe I am a person who might help this vision along. It probably has to do with what is the strength of the person with respect to being connected to the rest of the world that can have an influence on this.

"Having been the president of the American Cancer Society and having been the chief architect of its programs on cancer among the poor, having been a member of other key organizations that deal with these issues, and having respect across a broad spectrum of areas where this comes up," Freeman said.

Freeman said he devotes two days a week to NCI business.

"I am looking to see whether I can free up more time," he said at the meeting April 23. Three days later, Harlem North General Hospital announced that Freeman would no longer serve as the institution's president and CEO.

Freeman, who held these positions since August 1999, was replaced by Samuel Daniel, former medical director. Freeman will remain in his job as chief of surgery, and will concentrate on developing the Ralph Lauren Center, a collaborative project involving North General and Memorial Sloan-Kettering Cancer Center, hospital officials said.

At NCI, Freeman expected to rely on a deputy director to handle day-to-day management of the center. The Institute's efforts to recruit the deputy began last July, but were halted as a result of a hiring freeze imposed by the Bush administration. Such hiring

freezes occur routinely at the change of administrations.

The budget of the NCI center seems uncertain. Freeman estimated it at around $20 million.

At a minimum, the NCI center needs about $14 million to support the 18 special populations networks, extramural programs that conduct and disseminate research among minority groups. Projects like the cervical cancer think tank would have to come out of additional funds.

Last year, the center's budget was $15.5 million, of which $12.5 million supported the networks. It appears that one area of uncertainty is the magnitude of a transfer the office might receive from NIH. Last year, NIH transfers added up to about $4 million. This year, the Institute is asking for about $5 million, sources said.

Harford pledged that the center would be given the funds it needs.

If NIH officials decide against a transfer, the funds would come out of NCI, Harford said. "I am expecting that if hell should freeze over and we will not get the money from [NIH], we will still honor our commitment to Special Populations Network," he said.

"There is a little flex in a $3.9 billion budget."

Freeman said he is confident about the Institute's commitment to the center.

"My personal opinion is that this Director—Dr. Klausner—is deeply committed to this center," Freeman said. "If I had not believed that, I would not have accepted this job. My history of knowing Rick for five years is that whenever he decides to do something, he will do it.

"If he has not decided, he won't necessarily do it," Freeman said. "But I believe his heart is in this."

Scientific Misconduct:

Bezwoda's '95 Phase III Study Entirely A Sham, Audit Finds

An audit released April 26 by the Journal of Clinical Oncology found that the scientific misconduct by a South African researcher uncovered last year was not limited to single study from 1999, but also includes a study he conducted in 1995.

The audit, conducted by Raymond Weiss, an independent consultant in oncology and clinical professor of medicine at Georgetown University, examined a 1995 study by Werner Bezwoda, of the University of the Witwatersrand in Johannesburg, which reported that high-dose chemotherapy offered a significant survival advantage over standard therapy for metastatic breast cancer.

Bezwoda's 1999 study reported on high-dose chemotherapy in high-risk breast cancer in which the cancer had spread to the lymph nodes.

The full audit is posted on the American Society of Clinical Oncology's Web site at http://www.asco.org, and will be published in the June 1 issue of JCO.

JCO Editor-in-Chief George Canellos said the journal has retracted the article by Bezwoda to ensure it is no longer cited as legitimate research in future medical literature.

Although the use of high-dose chemotherapy was already burgeoning due to promising early phase trial results, the 1995 study was significant in that it was purportedly the first randomized, phase III trial to test the effectiveness of high-dose chemotherapy in metastatic breast cancer and find a benefit.

According to the study, 90 patients participated in the trial and were randomized to receive either two cycles of high-dose CNV (cyclophosphamide, mitoxantrone and vincristine), or six to eight cycles of conventional dose CNV as first-line treatment for metastatic breast cancer. The study reported that high-dose CNV offered a significant advantage over conventional therapy. Bezwoda reported that women on the high-dose regimen had a response rate of 95 percent, compared to 53 percent of women who received the conventional dose treatment, and that survival was doubled in women on the high-dose regimen.

The auditors, led by Weiss, conducted an exhaustive investigation of more than 15,000 patient records, numerous research files, and meeting minutes spanning 15 years at the University of the Witwatersrand. The audit team uncovered substantial evidence of scientific misconduct by Bezwoda. Some of the most significant findings include the following:

—There were no signed informed consent forms for patients participating in the trial.

—The trial was not approved by the University's Institutional Review Board, despite statements to the contrary.

—The study shows little evidence of randomization.

—The study protocol was written nine years *after* the study was started, and only after the investigation into Bezwoda's 1999 study was begun.

—There were at least three possible treatment-related deaths among those receiving high-dose

chemotherapy, although the paper stated there were "no treatment-related deaths."

—Records for 29 of the 90 patients could not be located. For only 27 patients was there enough information to determine eligibility, and of those, only nine were eligible.

—There were insufficient records for many patients, and some patients were treated with regimens and hormonal agents not consistent with the published information.

—There were untrue statements in eight other publications involving authorship by Bezwoda.

"This study really was never a study," Weiss said at an ASCO press conference April 26. "There was no protocol, there was no consent, there was no randomization, there was no attempt to establish the patients truly eligible, and most of the patients allegedly getting the conventional dose treatment got something other than indicated in the publication."

The audit report includes 27 illustrative case histories which describe inconsistencies in the 1995 study. For example, according to the trial enrollment log, one patient was randomized to receive CNV in June 1991; however, no information could be found to confirm she did receive such therapy, and in November 1991, records indicate that the patient received high-dose chemotherapy.

In another case, a patient received CNV approximately nine months prior to the enrollment date on the log. It turned out this patient was ineligible for the study since she was approximately 64 years of age at the time of enrollment, while the age limit indicated in the protocol was 50 years. Numerous similar examples are posted on ASCO's website.

"It is disturbing that Dr. Bezwoda's research history shows evidence of other instances of deception besides that of high-dose chemotherapy for breast cancer," Weiss said. "Not only did our research uncover scientific misconduct in the 1995 study, but we also discovered untrue statements in eight other publications involving authorship by Dr. Bezwoda."

"Dr. Bezwoda misled ASCO, the JCO, the public, women with breast cancer worldwide, and even his own university, which these investigations show was never informed of his research," said Daniel Haller, incoming editor-in-chief of the journal beginning June 1. "It appears that other journals and medical meetings that have published Dr. Bezwoda's research over the years may have been similarly deceived."

An accompanying editorial by Larry Norton, president-elect of ASCO, discusses the value of clinical trials to improve patient care, and the need to improve procedures relating to informed consent, conflict of interest, and oversight in order to further enhance the quality of cancer trials.

"No procedure can totally protect against fraudulent statements and omissions," said Norton. "However, ASCO is committed to making the process as fail-safe as possible. As medical professionals, our mission is to ensure that clinical research is conducted safely and ethically."

ASCO said it continues to advise that the remaining trials of high-dose chemotherapy be completed before a final recommendation can be made about the appropriate use of the treatment. ASCO recommends that women only undergo high-dose chemotherapy and bone marrow transplantation in the context of a carefully controlled clinical trial.

At the 1999 ASCO annual meeting, Bezwoda presented research examining the use of high-dose chemotherapy in high-risk breast cancer. His study was the only one of four papers presented at ASCO's plenary session to claim a survival benefit for high-dose chemotherapy. That research was later found to involve gross scientific misconduct through in an extensive investigation, also led by Weiss, and released early last year. As a result of that investigation, Weiss was asked by the South African Medical Research Council and the University of the Witwatersrand to examine Bezwoda's earlier 1995 research and to audit it for verification.

Following the investigation into his 1999 research, the University of the Witwatersrand dismissed Bezwoda, and he resigned his membership to ASCO. Bezwoda filed an appeal to challenge the dismissal and the appeal will be heard at arbitration.

Health Policy:

Possible Association Between Agent Orange, AML, IOM Says

New evidence supports the possibility of an association between chemicals used in herbicides during the Vietnam War and the development of a form of leukemia in veterans' children, but it stops short of establishing a direct connection, according to a report from the Institute of Medicine.

Using the most recent scientific data, the committee that wrote the report evaluated whether veterans' exposure to the chemical defoliant Agent Orange and other herbicides used in Vietnam, some

of which contained dioxin, is linked with the development of several types of cancer and other health problems in veterans and their children. The evaluation revealed new "limited or suggestive" evidence of an association with acute myelogenous leukemia in veterans' children, but the finding is not conclusive.

"No firm evidence links exposure to the herbicides with most childhood cancers, but new research does suggest that some kind of connection exists between AML in children and their fathers' military service in Vietnam or Cambodia," said committee chairman Irva Hertz-Picciotto, professor of epidemiology, University of North Carolina, Chapel Hill. "Additional studies are needed to shed more light on the issue."

A review of current literature, which included two studies published last year, supported the new finding about AML, the committee said. Although the two studies lacked direct measures of exposure, the research was persuasive for several reasons. For example, both studies were conducted with Vietnam veterans, and the associations were specifically with AML. The strongest link was seen in children diagnosed at the youngest ages, a pattern that suggests that the cause of a disease stems from a parent. A third study found that the development of AML was more likely in the children of men who used pesticides or herbicides in their work.

The committee's work was sponsored by the Department of Veterans Affairs.

Copies of the report, "Veterans and Agent Orange: Update 2000," will be available this summer from the National Academy Press, phone 202-334-3313 or 800-624-6242, or at http://www.nap.edu.

Funding Opportunities:

Dept. of Defense Awards For Breast Cancer Research

Innovator Awards for Breast Cancer Research

Letter of Intent Submission Date: no later than May 30, 2001, 4:00 p.m. ET.

Applications Deadline Date: June 13, 2001, 4:00 p.m. ET.

Department of Defense Breast Cancer Research Program will fund a $12 million grant program that will provide up to $3 million for an individual over a maximum of four years. The awards will give recipients the flexibility to explore new directions in breast cancer research. For example, recipients may establish multidisciplinary collaborations, redirect their careers to innovative breast cancer research, and/or establish research efforts at new, intellectually stimulating environments. Candidates are expected to commit a minimum of 50 percent of their full-time professional efforts to breast cancer research during the period of this award. Experience in breast cancer research is *not* required. Recipients may come from academic, government or private sectors, and be scholars in any area of research such as the biological and physical sciences, computer sciences, social sciences, philosophy, economics, mathematics, the humanities and engineering. Complete is available at: http://mrmc-rad6.army.mil/bcrp/bcrp2/sect3.htm,

Inquiries: U.S. Army Medical Research and Materiel Command, 1077 Patchel St., Fort Detrick, Frederick, MD 21702-5024, phone 301-619-7079.

RFP Available

RFP: SOL N01-CN-15000-46: Phase II Trials of New Chemopreventive Agents

NCI Division of Cancer Prevention will award up to six contracts under the existing master agreement pool. The RFP consists of six work statements (Nos. 73 through 78) as follows: No. 73, Phase IIa Cancer Prevention Trial of the PPAR (Agonist Pioglitazone in Oral Leukoplakia; No74, Phase IIb Cancer Prevention Trial of NSAIDs in Oral Leukoplakia; No. 75, Exploratory Study to Evaluate the Effect of HPV 16 Vaccine on the Reduction of Viral Load in HPV 16 Positive Women with Persistent Viral Infection, but Low Grade Disease; No.76, Study to Identify Biomarker Modulation by Cyclooxygenase-2 Inhibitors in Breast Tissue of Premenopausal Women at High Risk for Estrogen Receptor Negative Breast Cancer; No. 77, Phase IIb Randomized, Placebo-Controlled Trial of an NSAID for the Modulation of Biomarkers in Monoclonal Gammopathy of Undetermined Significance; No.78, Phase IIb Clinical Trial of a Topical Agent to Prevent Non-Melanoma Skin Cancer in Organ Allograft Recipients. The duration of the current phase II master agreement pool is 10/1997 through 10/2002. The North American Industry Classification System is 54171. The RFP is available at the at the Research Contracts Branch home page: http://rcb.nci.nih.gov/ (click on current request for proposals).

Inquiries: Schuyler Eldridge, contracting officer, NCI, RCB, PCPSS; 6120 Executive Blvd, Executive Plaza South, Rm 635, Rockville, MD 20852; phone 301-435-3794; fax 301-402-8579; e-mail se29f@nih.gov. RE: RFP No. N01-CN-15000-46.

RFAs Available

RFA-CA-02-008: Chemoprevention of Tobacco-Related Cancer in Former Smokers: Preclinical Studies

Letter of Intent Receipt Date: June 25, 2001

Application Receipt Date: July 30, 2001

Division of Cancer Prevention, NCI, invites applications for research projects that examine agents for chemopreventive activity in cancers related to former smokers and address the development, validation and application of surrogate biomarkers for these agents. Prevention studies should employ late intervention protocols, which mimic the risk and are applicable to former smokers. The target organs of interest include lung, head and neck, bladder, esophagus, pancreas, cervix, and colon. The goals of these studies are to provide agents and surrogate markers for future clinical trials. The RFA will use the NIH research project grant R01, exploratory/developmental grants R21, and competing supplements to existing R01 grants mechanisms. The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-02-008.html.

Inquiries: Vernon E. Steele, Division of Cancer Prevention, NCI, 6130 Executive Blvd., Rm 2108, MSC-7322, Rockville, MD 20852 (express courier, Bethesda, MD 20892-732, phone 301-594-0420; fax 301-402-0553; e-mail vs1y@nih.gov

RFA-CA-02-009: Chemoprevention of Tobacco-Related Cancers in Former Smokers: Clinical Studies

Letter of Intent Receipt Date: June 25, 2001

Application Receipt Date: July 30, 2001

The initiative will fund pilot clinical trials, phase I/II or phase II, on the efficacy of chemopreventive agents in specified cohorts of former smokers and translational studies performed on specimens (such as tissue, blood, urine, etc.) derived from these trials. Since the trials would evaluate efficacy quickly, it is necessary to identify surrogates for cancer incidence/mortality to serve as trial endpoints. Examples of such surrogate or intermediate endpoints include, but are not limited to: preneoplastic lesions at high risk for progression to invasive cancer, e.g., oral leukoplakia, superficial bladder cancer and bronchial dysplasia, abnormalities in expression of specific proteins associated with cancer, e.g., proteins involved in the control of growth, differentiation, and/or apoptosis, and specific genetic or epigenetic abnormalities, e.g., microsatellite alterations, FISH abnormalities, mutations/deletions in tumor suppressor genes or oncogenes, aberrant promoter methylation. The incorporation of newer imaging technologies, such as spiral CT, PET, MRI, or combinations, into chemoprevention trials could also provide novel and important information. The administrative and funding instrument to be used will be a cooperative agreement U01 an assistance mechanism. The RFA is available at: http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-02-009.html.

Inquiries: Eva Szabo, Division of Cancer Prevention, NCI, 6130 Executive Blvd., Rm 2132, MSC 7341, Bethesda, MD 20892, phone 301-435-1595; fax 301-480-3924; e-mail szaboe@mail.nih.gov

RFA: Cancer Intervention and Surveillance Modeling Network

The initiative will fund simulation and other modeling techniques to describe the impact of interventions such as primary prevention, screening, and treatment, in population-based settings. The goal of the research is to help: 1) answer the why questions in the analysis of observed cancer incidence and mortality trends, 2) determine if recommended interventions are having their expected population impact, and 3) predict the potential of new interventions on national trends. The cooperative agreement mechanism will allow the development of site-specific working groups which will facilitate comparative analyses, allow modeling groups access to a broader array of data resources and multidisciplinary expertise and provide a forum for discussions of validation and other methodologic issues. For a summary of currently funded CISNET projects in breast, prostate, and colorectal cancer see http://www-dccps.ims.nci.nih.gov/SRAB/cisnet.html. The RFA is available at: http://deainfo.nci.nih.gov/concepts/cisnet.htm.

Inquiries: Eric Feuer, Statistical Research and Applications Branch, Surveillance Research Program, phone 301-496-5029; e-mail: rf41u@nih.gov

RFA-CA-02-001: Tissue and Biological Fluids Banks of HIV-Related Malignancies

Letter of Intent Receipt Date: July 13, 2001

Application Receipt Date: Aug. 10, 2001

NCI Division of Cancer Treatment and Diagnosis invites applications from consortia of institutions to continue cooperative efforts to identify and improve access to tumor tissue, biological specimens, and associated clinical outcome data that could then be utilized for research, by the research community at-large, on the pathogenesis of HIV-associated malignancies and development of more effective therapies. The administrative and funding instrument will remain a cooperative agreement U01, an assistance mechanism, in which substantial NCI scientific and/or programmatic involvement with the awardee is anticipated during performance of the activity. The RFA is available at: http://grants.nih.gov/grants/guide/rfa-files/rfa-ca-02-001.html.

Inquiries: For clinical scientific issues—Ellen Feigal, deputy director, Division of Cancer Treatment and Diagnosis, NCI, Bldg 31, Rm 3A44, Bethesda, MD 20892, phone 301-496-6711; fax 301-496-0828; e-mail ef30d@nih.gov.

For basic science or programmatic issues to—Jodi Black, program director, Office of the Director, Division of Cancer Treatment and Diagnosis, NCI, B 31, Room

3A44, Bethesda, MD 20892, phone 301-402-6293; fax 301-496-0828; e-mail blackj@mail.nih.gov.

For review issues—Toby Friedberg, referral officer, Division of Extramural Activities, NCI, 6116 Executive Blvd, Rm 8109, MSC-8326, Rockville, MD 20852 (express courier), Bethesda MD 20892-8326, phone 301-496-3428; fax 301-402-0275; e-mail tf12w@nih.gov

In Brief:

UPCI Recruits Shin To Lead Head & Neck Cancer Program

(Continued from page 1)

Covansys, an information technology company. A $20 million donation to Henry Ford, a southeastern Michigan non-profit health care enterprise, will establish the Vattikuti Urology Institute for prostate cancer research. A comparable gift to Beaumont Hospitals of Royal Oak, MI, will create the Vattikuti Cancer Institute and support research on breast cancer prevention, detection, and treatment. . . . **DONG MOON SHIN** has joined the University of Pittsburgh Cancer Institute as co-director of the Head and Neck Cancer Program. Shin, formerly an associate professor in the department of medical oncology at University of Texas M.D. Anderson Cancer Center, will coordinate efforts to develop methods to prevent new and recurrent cancers such as vaccines, gene therapy, and immunotherapy. Jennifer Rubin Grandis, associate professor of otolaryngology at the University of Pittsburgh School of Medicine, is co-director of the program. Shin also will hold the appointment of professor in the division of hematology/oncology, department of medicine, and in the department of otolaryngology at the University of Pittsburgh School of Medicine. Shin received his medical degree from Yonsei University in Seoul, Korea. He completed his internship and residency in internal medicine at Cook County Hospital in Chicago. Shin then went on to complete clinical and research fellowships in medical oncology at M.D. Anderson . . . **UNIVERSITY OF TORONTO** Faculty of Medicine has received a five-year, $500,000 Bristol-Myers Squibb/Mead Johnson Unrestricted Nutrition Research Grant. The grant, administered through the Bristol-Myers Squibb Foundation, will support cancer-related nutrition research and research in chronic diseases in the Department of Nutritional Sciences. **G. Harvey Anderson**, professor of nutritional sciences, will supervise the grant. The grant will also help support the university's Centre for Research on Diet and Cancer that was established by the Canadian Foundation for Innovation and is directed by department chairman **Michael Archer**. . . . **DAVID MEADE**, congressional legislative counsel to the U.S. House of Representatives, Office of the Legislative Counsel, for almost 40 years and an expert on drug, food and related healthcare legislation, has joined the Washington, DC, law firm of **FoxKiser**. Meade, a draftsman of the 1976 Medical Devices Act, the Hatch Waxman Act, and the Food and Drug Administration Modernization Act of 1997, and the lead planner for Titles IX through XXI of the Public Health Services Act and the Toxic Substances Act, will advise health and pharmaceutical industry clients on pending congressional legislation. . . . **SUSAN SAMBUCO** has been named administrative director of the clinical trials office at the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. Sambuco was administrative director of the clinical research office at the Robert H. Lurie Comprehensive Cancer Center at Northwestern University. . . . **PAUL E. TSONGAS** Memorial Award for "outstanding legislative leadership and commitment in support of health care issues which result in improving the quality of life for all Americans," was presented to **Sen. Edward Kennedy** (D-MA), **Sen Mike DeWine** (R-Ohio), **Rep C.W. Bill Young** (R-FL) and **Rep Lois Capps** (D-CA). Tsongas served as the honorary chairman of the Lymphoma Research Foundation, which presented the award, from 1991 until his death from complications associated with the disease in 1997. . . . **NCCAM CONFERENCE**: National Center for Complementary and Alternative Medicine, a component of NIH, has scheduled a colloquium on May 14, to explore opportunities to collaborate with industrial stakeholders that produce, label, and market complementary and alternative medicine therapeutics (dietary supplements and other biologically based treatments), and organizations that develop and apply standards to determine quality and safety of these products. **Sen. Tom Harkin** (D-IA), who spearheaded legislation to create NCCAM (formerly the Office of Alternative Medicine), will open the meeting with an overview of the center's legislative mandate. NCCAM Director **Stephen Straus** will discuss the center's perspective on opportunities to establish collaboration with industry. The meeting will be held at the Washington Monarch Hotel, 2401 M Street NW, Washington, DC. For further information, see: http://nccam.nih.gov/nccam/colloquium.

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