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Appropriators Ask What Happens After NIH Budget-Doubling Ends In FY2004

In appropriations hearings over the past week, legislators questioned the rationale for doubling federal funding for biomedical research over five years between 1998 and 2003, and expressed concern about the Bush Administration's plan to constrict the NIH appropriations after the doubling is complete in 2004.

"What was the rationale for saying that we should double the budget?" asked Rep. Ralph Regula (R-OH), chairman of the Labor, HHS & Education appropriations subcommittee, interrupting testimony by acting NIH Director Ruth Kirschstein. "How would you make the case for that? I'm not disputing

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In Brief:

California Cancer Research Program Seeks Non-Resident Survivor Reviewers

CALIFORNIA CANCER RESEARCH PROGRAM, begun in 1998 and now in its third funding cycle, has opened its merit review process to cancer survivors on the recommendation of the Institute of Medicine. The program seeks survivors who live outside the state to review grant applications, because the program funds only California scientists. Other eligibility criteria include: personal experience with cancer, as a patient or as a supporter of a cancer patient; experience in cancer advocacy; ability to communicate the perspectives of cancer patients; ability to represent the interests of patients; ability to identity issues that are important to cancer patients; sufficient knowledge about cancer research studies, and/or personal experience as a participant in cancer research studies, to enable effective discussion during the scientific merit review process. For information about the grant application merit review process: CCRP, 611 North 7th St., Suite B, Sacramento, CA; phone 916-445-6455; fax 916-324-9320; e-mail crp@dhs.ca.gov; Web site http://www.dhs.ca.gov/crp. The program's latest RFA is also available. . . . **AFLAC CANCER CENTER** Blood Disorders Service**,** a collaboration between Children's Healthcare of Atlanta and Emory University School of Medicine and funded by the AFLAC Field Force Fund and the AFLAC Duck national advertising campaign, will focus on leukemia and other blood disorders, stem cell transplantation, experimental therapy, childhood cancer etiology, neuro-oncology and sickle cell anemia. The center will provide comprehensive clinical care to children and adolescents, participate in national clinical

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Appropriators Worry About Soft Landing For NIH Budget

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it, but I'm curious as to the logic here, the thought process that went into determining that it ought to be doubled."

The idea originated with the advocacy community and on Capitol Hill, Kirschstein said at the House hearing May16. "The data show that the NIH budget has doubled repeatedly over the years, usually over a span of seven to nine years. And I think when all of those people who were considering it realize the scientific opportunities that were available, they said let's do it in five."

Under the Administration's budget proposal, NIH is slated to receive a $2.75 billion, or 13.7 percent, increase over the current year. This increase consumes the entire domestic discretionary budget of $2.1 billion, as well as $650 million that would have to be carved out from other health programs. Singled out for an increase, NIH also stands out as a target for criticism—and raids—by competing interests.

Regula offered no promises that the increases would be sustained at a pace that would double the budget. "It seems like a rational decision," he said. "I hope we can come close to the target. But it will depend on what kind of an allocation we have in terms of the total budget."

Unlike Regula, Sen. Arlen Specter (R-PA), chairman of the Senate Labor, HHS & Education Appropriations Subcommittee, said he and ranking minority member, Sen. Tom Harkin (D-IA), were targeting a $3.4 billion, or 16.5 percent, boost over the current year.

The Senate hearing was held May 23.

At both hearings, legislators noted that, according to the President's budget proposal, the NIH budget increases would drop to about 2 percent per year in 2004, the year when the budget officially doubles.

"That has important implications, because research grants run about four years," said Harkin. "So, new grants awarded now will require commitments through 2005. But if we come to a ledge and we drop off, what's going to happen?" Harkin may be likely to return to his former position as chairman of the Labor, HHS subcommittee if Democrats regain control of the Senate.

On the House side, Rep.David Obey (D-WI), the Labor, HHS subcommittee's ranking minority member and a frequent critic of NCI, said the Administration's plan to drop the NIH appropriations in 2004 is bad policy.

"How are we contributing to the stability of science and to the ability of researchers to plan if we're piling money and then dropping off a cliff in the out-years?" he said.

Testifying at both the House and Senate hearings, Kirschstein said NIH will have to adjust to the leveling off expected in 2004, Kirschstein said. "We are going to be working very hard to think over the summer and consider what policies we need to implement," Kirschstein said at the House hearing. "We are going to try to do planning to allow for a flattening rather than a sudden drop-off."

To make the budget flatten rather than drop off, NIH would have to find a way to reduce its commitment on research grants, Obey said.

"I understand that the Administration is asking that the Congress consider allowing them to fund grants for the full three years upfront rather than a piece at a time," he said. "And so you're going to fund the grants all at once so that you don't have a large number of grants overhanging in those out-years without the dollars to pay for it?"

NIH is evaluating strategies that include paying at least some grants up-front, Kirschstein said. "Up to now, that has always been ruled by the General Accounting Office as being something that could not be parsed in that way," she said. "So we are reviewing our portfolio, we are in discussions with the

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department and obviously will have to be with OMB at some point, but I cannot tell you exactly what is going to happen."

Obey: NIH A Holy Picture In The Budget

"I think health-care budget that's being proposed by the Administration is preposterous," Obey said at the House hearing, noting severe cuts in other federally-funded research programs.

"Everyone knows that, politically, funding for the NIH represent the holy picture portion of the federal health-care budget," Obey said.

"Politicians in both parties pose for political holy pictures and show how much they are for health care by using their support for NIH as a misleading metaphor for their support for all of health and science. And as a result, we have an incredibly warped set of proposals before this Congress," Obey said.

"If you take a look at other pieces of the science budget, research and development spending will be cut by 2 percent at the National Science Foundation. That is a mind-bogglingly stupid thing for this government to do.

"No sensible person that I know of, who understands anything about science, would think that the interests of NIH would be served by having it exclusively receive significant increases, while the rest of the scientific agencies in the government are squeezed," Obey said.

At the Senate hearing, Specter, too, acknowledged the critics of dramatic increases for NIH.

"A question repeatedly posed to me by my colleagues is, `Aren't we providing too much money too fast to NIH," Specter said to Kirschstein. "What are your best assurances that this rapid increase in your budget is being put to good use?"

"The increases Congress has provided to NIH have been put to extraordinarily good use over the last several years," Kirschstein said. "Programs in clinical research that could not possibly have been started before have been begun in drug abuse, heart disease, new testing of vaccines, new testing of therapies for HIV/AIDS.

"In cancer, [NCI Director Richard] Klausner can describe several new drugs have been developed, as can all my colleagues," she said. "The momentum is there. What is needed is to continue to make progress, because every question that is answered leads to several more questions that need to be answered. This is a moment of enormous opportunity."

SPECTER: "Is $3.4 billion sufficient to utilize or follow all of the existing leads?"

KIRSCHSTEIN: "I think that the increase that the Administration has given us is very fine indeed, and $3.4 billion will be even more, clearly. But I think we can use those funds extremely well. We have investigators who are full of burgeoning ideas. We have clinical trials that we want to do."

KLAUSNER: "Over the last couple of years, with an increase in funding, we have been able to do a variety of things, including beginning to change the entire way cancer is diagnosed. Switching from 100 years of pathologic diagnosis alone to the new molecular diagnosis, we are suddenly discovering that there are new types of cancers that we only imagined exist. We now see they exist. With that, we can align therapies with diagnosis."

NCI and NIH officials held out the recently introduced drug Gleevec as an example of therapies brought about by recent increases in funding for biomedical research.

"To some extent, we weren't surprised at how well it worked," said NCI Director Richard Klausner at the House hearing. "We were somewhat surprised at how little toxicity it had."

Gleevec, sponsored by Novartis and approved by FDA for chronic myelogenous leukemia earlier this month, represents a new generation of drugs that attack molecular targets. Many of those drugs are in clinical trials, Klausner said.

"There are 15 classes of molecular targets in a breast cancer cell that we have identified that have abnormalities," Klausner said at the House hearing. "So far, [we have] 68 different specific targets, for which we actually have drugs, and this represents 130 open clinical trials, essentially none of which were opened five years ago."

Specter On Stem Cells

At the Senate hearing, the Administration granted Specter an opportunity to exercise his prosecutorial skills.

In preparation for the hearing, Specter, a defender of stem cell research, asked NIH institute directors to describe the potential of stem cells in their area of science. Specter's letter requesting these answers went out on May 4. The responses arrived in the afternoon of May 22, the day before the hearing.

"Candidly, I am very concerned about not getting the answers until yesterday," Specter said. "Some 70 pages; hardly in time to digest them. And I am more

concerned about what I understand may have been rewriting of the letters."

Stem cell research represents a political challenge for the Bush Administration, which has supporters among groups that would like to ban federally funded research on stem cells, and among moderates like Specter.

Did HHS suppress and rewrite the letters?

Specter asked Kirschstein to reconstruct the chronology. The institute directors received the letter on May 4, and all but one finished their responses five days later, and were sent downtown for clearance on May 14.

SPECTER: "I was told that the letters were rewritten at the Department. Is that true?"

KIRSCHSTEIN: "Yesterday [May 22], I was called and asked whether the letters—when there was an issue where the issues ranged more broadly than the mission of that institute, would the institute directors consider narrowing their focus. I had a meeting with the institute directors, and asked each of them to review what they had said, and see whether they wished to modify their letters. Each of the institute directors then reviewed their letters. Some made changes; some did not."

Now, the stage was set for Specter to pound on Scott Whitaker, the HHS Assistant Secretary for Legislation.

"I want to assure you that there was no attempt on the Office of the Secretary's part, to withhold information or control the information that was sent to you," said Whitaker.

SPECTER: "I am interested in your conclusions, but only a little. Let me find out what the facts are here. Why the delay? What happened?"

WHITAKER: "I was told by our executive secretary that some of the letters were received on May 14, but not all the letters."

SPECTER: "Is that true, Dr. Kirschstein?"

KIRSCHSTEIN: "I believe from what I know that all of the letters except one were received on May 14. NCI was working on its letter, and it came in one day later."

SPECTER: "Is that so, Mr. Whitaker?"

SPECTER: "Was there any request made for modifications?"

WHITAKER: "We made no specific request to modify any of the letters."

SPECTER: "Aside from the specific request, did you make a generalized request?"

WHITAKER: "We made a generalized request that we thought it would be best if the letters were focused on the science and the science only."

SPECTER: "What were the letters focused on? These scientists were not getting you letters based on science?"

WHITAKER: "Dr. Kirschstein talked to me about this, and her chief of staff and Dr. Kirschstein agreed that some of the letters may have gone beyond what the mission of the institute was, and based on some non-scientific speculation."

SPECTER: "Non-scientific speculation?"

WHITAKER: "That was my understanding from my conversation with Dr. Kirschstein."

SPECTER: "Will you make available to this subcommittee the specifics of what you are talking about? What letters you received which you consider non-scientific speculation."

WHITAKER: "I would be happy to do that, but I obviously would have to clear that with the Secretary."

SPECTER: "Let me be direct on my concerns here. This subcommittee is interested in what the potential for stem cells may be. And we want the scientific facts.

"If you, top-flight men and women, don't respond to the subcommittee based on science, I have a hard time understanding why we are appropriating $24 billion for you. You are scientists, and I would expect you to submit answers based on science, and I would be shocked if you didn't, because I know your caliber and your qualifications.

"So I want to see what those responses are, whether they are based on science, or maybe someone didn't like the answers. And then when he goes on to say, `not on political speculation,' there is no place for politics in the work that you are doing. I want to know what the facts are on stem cells.

"And I have had a discussion with the President of the United States on this subject. He wants to know what the facts are, too. And we want them unvarnished. I talked twice to HHS Secretary yesterday on this matter. I am not very happy, at mid-day the day before this hearing not to have these letters. I intend to get to the bottom as to what's going on here, but the very basic consideration is what is the potential for stem cells. There is a political fight brewing over this matter, and that's going to be decided in Congress and by the President.

HARKIN: "Mr. Chairman, if at any time you would like to issue a subpoena to go ahead and get the documents, it will have my name on it."

NCI Grants Funding:

Institute To Place 20% Cap On Grant Renewal Increases

NCI plans to limit the amount of funding that grantees can request when they submit renewal applications, Institute Director Richard Klausner said earlier this week.

The cap of 20 percent increase on "type 2" grants is necessary to reduce investigator expectations for fiscal 2002 funding, Klausner said to the National Cancer Advisory Board at its meeting May 22.

"Type 2 grants are increasing in their [budget] requests by as much as 30, 40, 50 percent," Klausner said. "Not only is that way out of proportion to anything we could possibly spend if we are going to keep any sort of success rate for new and competing grants that the community also wants, but also, we can't plan, because we don't know what [grantee] behavior is going be."

The recommendation for a cap came from the Research Project Grants Working Group, a committee that includes the chairmen of NCI's extramural advisory boards, Klausner said.

Under the President's budget request for FY2002, NCI would receive an 11.8 percent increase, or about $439 million over its current budget. Without any change in policy, NCI would need a 16.5 percent increase to pay all grant commitments, Klausner said.

Klausner said his goal is to keep the number of new and competing grants funded at the same level as this year. That will require a drop in the payline, but the average cost of grants will continue to increase.

The White House has asked NIH to propose ways plan for the end of the doubling of the NIH budget, Klausner said. One idea is to forward-fund projects in 2002, which could strain the budget even further, he said.

While NIH is planning its "soft landing," grantees haven't yet shifted gears. Over the past several years, NCI has been increasing the average cost of grants to provide investigators with adequate funds for their projects, Klausner said. Last year, the average cost of NCI grants went up by about 9 percent, while the total number of new grants increased by 8 percent, he said.

Total funding for new and competing grants increased by 17 percent last year, in a year in which the NCI budget increased by 13.5 percent, Klausner said. Still, the Institute's budget can't keep pace with the amounts that investigators are requesting, in addition to increasing numbers of grant applications, he said.

"These numbers eventually come back to bite us," Klausner said.

Compounding the problem, Klausner said, was a change in policy last year at the NIH Center for Scientific Review. Study sections now for the most part limit their discussion to the proposed science in grant applications and rarely comment on the budget.

"The CSR stopped providing the institutes with a science-based peer review recommended level of resources," Klausner said. "I do not think that is a good idea. I think this is not serving the institutes or the scientists well. I believe that we ought to have at least the guidance and advice of peer reviewers looking at the requested resources."

Prior to the change in NIH policy, study sections generally recommended a reduction in budget, which NCI reduced some more in a process known as "downward negotiation."

At the RPG Working Group meeting May 21, "we agreed we need a new name for this, since we don't really negotiate with anyone but ourselves," Klausner said.

Klausner said the 20 percent cap on type 2 grant increases did not mean grantees would automatically receive 20 percent increases. "Given our model of the President's budget, and the type of numbers of new and competing grants we want to pay, we will not be able to allow the average cost to go up by 20 percent," he said.

NCI also plans to conduct a single review cycle for large R01 grants, those over $500,000 in direct costs. Most of these are epidemiology and behavioral research grants, Klausner said.

"We think we need to take this group of grants and turn it into a Program Announcement with a set-aside, and have our own review," he said. "Now these large grants come back from study sections with no change in budget. We need to look at these."

* * *

NCI has developed a new Web site that professionals and the public can use to answer questions about cancer research funding and the Institute's grants portfolio.

The NCI Cancer Research Portfolio Web site is at http://researchportfolio.cancer.gov. The site provides a structure for searching, organizing, and analyzing research supported by NCI by organ/cancer site and/or by broad area of scientific interest. About 9,000 research projects and protocols are included.

NCI Programs:

NCI Begins Phase III Trial Of Shark Cartilage In NSCLC

NCI has begun a large, randomized clinical trial to test the effects of shark cartilage in combination with chemotherapy and radiotherapy in patients with non-small cell lung cancer that cannot be removed by surgery.

The study will take place at more than 50 sites throughout the United States and Canada and seeks to enroll 756 patients over the next three years.

The primary objective of this trial is to determine if chemotherapy plus radiation therapy is more effective when combined with shark cartilage extract for the treatment of non-small cell lung cancer. It is expected that the results from this trial will be available in approximately five years.

The shark cartilage extract is called Neovastat, or AE-941, and is manufactured by Aeterna Laboratories, Quebec, Canada. Neovastat has been shown in preclinical studies to shrink or slow the growth of NSCLC tumors.

Neovastat has antiangiogenic properties, preventing tumor cells from forming new blood vessels necessary for their growth and development.

"The preclinical data for AE-941 support antiangiogenic and antimetastatic activity," said principal investigator Charles Lu, of M.D. Anderson Cancer Center. "The results of earlier clinical data suggest a potential survival benefit in non-small cell lung cancer patients."

Researchers conducting this study hope to learn if there is a difference in survival time and in tumor response between those patients who are given the shark cartilage and those who are not.

This randomized, phase III study will have two treatment arms, with 378 participants per arm. One group will receive standard chemotherapy (either cisplatin and vinorelbine, or carboplatin and paclitaxel) and radiation, in addition to the Neovastat. The other group will receive standard chemotherapy, radiation and a placebo (an inactive drink that looks like Neovastat). The study is double blinded so that neither the doctors nor the patients know whether the patients are receiving the drug or the placebo.

Neovastat is a water extract of dogfish shark cartilage, which is then frozen in 120 milliliter bottles. Participants in the study thaw two bottles daily, shaking the medication and swallowing the entire contents of a bottle approximately every 12 hours. In studies conducted thus far, the extract has had very minimal side effects, with only a minority of patients experiencing minor nausea or other gastrointestinal discomfort.

To be eligible for the study, patients must have a measurable lesion, a confirmed diagnosis of inoperable non-small cell lung cancer stage IIIA or IIIB, and be candidates for chemotherapy and radiotherapy. Since Neovastat is a liquid extract of shark cartilage, patients allergic to fish products cannot participate in the study.

To inquire about enrollment in the study, patients or physicians may call NCI's Cancer Information Service at 1-800-4-CANCER, or the M. D. Anderson Cancer Center toll-free at 1-800-392-1611.

* * *

The Ireland-Northern Ireland-NCI Cancer Consortium has announced publication of the first report on cancer statistics for the island of Ireland, a collaborative effort that marks another milestone for the 2-year-old consortium.

The report represents the first-time coordination of cancer statistics for the island's entire population from the cancer registries of Ireland and Northern Ireland.

NCI helped initiate and has been actively involved in the consortium, established in 1999 to enhance cancer research and quality of care on the island of Ireland. In addition to the all-Ireland statistics report, the consortium has instituted scholar exchange and training programs and collaborative projects on information technology and clinical trials.

More information, including the new statistics report, is available on the consortium's Web site at http://www.allirelandnci.org.

Around NIH:

NIGMS Forms Bioinformatics, Computational Bio Center

The National Institute of General Medical Sciences has established a new Center for Bioinformatics and Computational Biology to support research and training in areas that join biology with the computer sciences, engineering, mathematics, and physics.

"The future of the biomedical sciences will be driven by advances in bioinformatics and computational biology," said NIGMS Director Marvin Cassman. "NIGMS announced its formal interest in nurturing this research in 1998, but it is now time to

establish a stronger focus for the institute's efforts in this area."

A key goal of computational biologists and bioinformatics scientists is to use computer technologies to solve enormously complex biomedical problems, such as how cells communicate and how organs or embryos develop. In particular, the flood of data generated by the Human Genome Project and by an ongoing explosion of recent advances in genomics has created an urgent need for researchers to use sophisticated and powerful computer techniques to sift through the reams of new data.

The key research goals of CBCB will be to encourage biomedical scientists and so-called quantitative (mathematically based) researchers to work together to:

- generate mathematical models of biological networks,
- develop modeling and simulation tools,
- conduct basic theoretical studies related to the organization of biological networks, and
- develop bioinformatics tools for analyzing and storing data.

CBCB will fund training and fellowship grants and sponsor workshops, courses, and meetings, as well.

The Center will also assume oversight of NIH's Biomedical Information Science and Technology Initiative (BISTI) through its management of the BISTI Consortium (BISTIC).

The goal of this initiative is to make optimal use of computer science and technology to address problems in biology and medicine. BISTIC is composed of senior-level representatives from the NIH institutes and centers and representatives of other Federal agencies concerned with bioinformatics and computer-based applications.

Funding Opportunities:

RFA Available

RFA: California Cancer Research Program

Application Due Date: Sept. 6

This program is open only to California-based scientists. The priorities for funding are gender-specific cancers such as prostate and ovarian, although intramural and extramural research in biomedical science and engineering economics, epidemiology, diet and lifestyle, public health, and technology development and translation, with emphasis on non-invasive treatment will be included. The funding level for this cycle will be $25 million. CRP staff will hold two informational meetings on July 10, in Berkeley, CA, and July 12, in Los Angeles. To participate in person or via teleconference, call 916-658-8700 or 510-704-7800, password 2277#, a few minutes prior to the designated time.

Inquiries: For information and application packet: CCRP, 611 North 7th St., Suite B, Sacramento, CA 95814-0208; phone 916-445-6455; e-mail crp@dhs.ca.gov; Web site http://www.dhs.ca.gov/crp.

NIH Program Announcement

PA-01-094: Models for HIV Disease and AIDS-related Malignancies

The PA encourage investigator-initiated grant applications for the development of useful and predictive biochemical, cellular, in vivo and mathematical models for the preclinical evaluation of new therapies against HIV and AIDS-related malignancies. The research scope encourages applications in the following areas, but not in any way limited to the examples provided: Biochemical Assays: Applicants should consider high volume screens that would accommodate the needs of combinatorial chemistry programs. For those AIDS-related cancers in which a putative cofactor may be involved, such as the Kaposi's Sarcoma-Associated Herpes virus, Epstein Barr Virus, or Human Papilloma viruses, approaches are sought to identify and define the precise role of the cofactor in the specific malignancy and to exploit this information for therapeutic advantage. Cell Culture Assays: For AIDS-related cancers, cell culture systems predictive of in vivo events that allow for studies of the mechanism(s) of action of specific viral factors of cofactors and that would be useful for evaluating potential therapies are highly encouraged. Support of this program will be through the NIH research project grant R01 mechanism and the exploratory/developmental grant R21 mechanisms. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-01-094.htm.

Inquiries: Kenneth Cremer, Biological Carcinogenesis Branch, Division of Cancer Biology, NCI, Executive Plaza North, Rm 5016, Bethesda, MD 20892-7398, phone 301-496-6085; fax 301-496-2025; e-mail cremerk@mail.nih.gov or kc47i@nih.gov or Mary Wolpert, Developmental Therapeutics Program, Division of Cancer Treatment and Diagnosis, NCI, Executive Plaza North, Rm 8153, Bethesda, MD 20892-7456, phone 301-496-8783; fax 301-402-5200; e-mail wolpertm@mail.nih.gov or mw8u@nih.gov

In Brief:

Emory, Children's Strengthen Ties; ASPO Honors Gritz

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trials, and perform advanced laboratory and epidemiological research. "The center has a patient volume comparable to or exceeding any of the top cancer centers for children, which, then coupled with the Emory research relationship, means that novel treatments can move quickly from the laboratory to the bedside of a child with cancer," said **William Woods,** chief medical officer of the center and division director for pediatric/oncology/stem cell transplantation at EU School of Medicine. . . . **ELLEN GRITZ**, the Frank T. McGraw Memorial Chair in the Study of Cancer and chairman of the Department of Behavioral Science at M.D. Anderson Cancer Center, received the Distinguished Achievement Award for her work in cancer prevention and control research from the American Society for Preventive Oncology. "She is known internationally for her smoking-related research, including her recent contribution to the Surgeon General's report on women and smoking," said **Alfred Neugut**, past president of ASPO. . . . **AMERICAN SOCIETY** of Clinical Oncology awarded $2.2 million, a 13 percent increase over last year, to 32 physicians for meritorious clinical and laboratory research. The career development and young investigator awards were presented at the society's annual meeting May 11-15 in San Francisco. The society also awarded 95 merit awards to assist oncology fellows with travel expenses to the meeting. The awards program is supported by educational grants from organizations and corporations. Further information and a list of awardees is available at http://www.asco.org. . . . **JEFFREY FORMAN**, chief radiation oncology officer for the Barbara Ann Karmanos Cancer Institute, was named chairman of the Wayne State University Department of Radiation Oncology and specialist-in-chief of the Detroit Medical Center. In addition to serving as interim director of the program since 1999, he completed a $8.5 philanthropic drive to create the Lawrence & Idell Weisberg Cancer Center, an outpatient radiation and chemotherapy treatment facility in Farmington Hills of which he was named medical director. Forman's research interest is neutron therapy. He succeeds **Arthur Porter**, president and CEO of the DMC. . . . **JACK PLEDGER**, associate center director for basic science of the Moffitt Cancer Center, was given its first Scientist of the Year award for developing the Moffitt Basic Science Program. Pledger has influenced early detection and genetic immunotherapy research. His laboratory has clarified the mechanisms whereby growth factors regulate cell proliferation critical to the development of more effective cancer therapies. . . . **FEDERATION** of American Societies of Experimental Biology has named officers for 2002-2003: **Steven Teitelbaum,** the Wilma and Roswell Messing Professor of Pathology at the Washington University School of Medicine in St. Louis and the American Society for Bone and Mineral Research board representative, is the president-elect, effective July 1. He succeeds **Robert Rich**. **Alfred Merrill Jr**., American Society for Nutritional Sciences board representative and professor in the Department of Biochemistry at Emory University School of Medicine, who was named vice-president for science policy. . . **FOX CHASE CANCER CENTER** and Geisinger Cancer Institute have formed a clinical research partnership to increase the number of clinical trials for Geisinger in Central and Northeast Pennsylvania. The partnership includes broad collaboration in cancer genetics research including hereditary-based cancer. Patient research in the Familial Cancer Genetics Program at Geisinger and the Family Risk Assessment Program at Fox Chase would benefit from the clinical, scientific and educational exchange. Included in the relationship agreement are Geisinger Medical Center, Geisinger Wyoming Valley Medical Center, Geisinger Medical Groups, and the hospitals of the Fox Chase Network. "The positive effects of this exceptional partnership will be seen immediately," said **Robert Young**, president of Fox Chase. "The relationship furthers the goal of physicians and researchers to provide cancer patients with immediate access to the best cancer care while bolstering the research to discover new prevention and treatment options." The affiliation also will strengthen cancer outcomes research, Young said. . . . **CHRISTOPHER AMOS**, professor of epidemiology at M.D. Anderson, was named president-elect of the International Genetic Epidemiology Society. His research interests include genetic etiology of common diseases. His investigations comprise gene-environment determinants of lung and head and neck cancers; clinical correlations between changes in DNA mismatch repair genes and colorectal cancers; psychosocial aspects of genetic testing; genetic changes for Peutx-Jeghers syndrome, a rare condition that increases cancer risk. His term will begin in 2002.

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