THE CANCER LETTER INTERACTIVE

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HHS Says NIH Improperly Used Program For Scientists To Hire Administrators

The Department of Health and Human Services told NIH earlier this week that about 70 employees—including several top administrators at NCI—were improperly converted from the civil service to a higher-paying employment program known as Title 42.

Initially, HHS told NIH that the employees would have to return to their previous civil service grade—or possibly a full grade lower—and would be issued a "notice of overpayment" requiring them to pay back the difference in salary, sources said. The amounts employees may have to

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In Brief:

TJU Wins NCI Renewal Of Kimmel Center Core Grant; 11 NY Centers Testing Spiral CT

KIMMEL CANCER CENTER at Thomas Jefferson University in Philadelphia received a five-year, $23.3 million award and renewal of its NCI funding and designation as a clinical cancer center. The center was cited for its programs in basic sciences, translational science, and clinical research, among others. KCC programs are supported by $30 million in annual direct costs from NCI-approved, peer-reviewed funding, with $18 million of that coming from 95 NCI-sponsored projects, including eight interprogramatic NCI program project grants. . . . **ROSWELL PARK CANCER INSTITUTE** is one of 11 centers statewide participating in the New York Early Lung Cancer Action Program to screen 10,000 smokers and former smokers with low-dose spiral computerized tomography to diagnose lung cancer at its earliest and most treatable stages. Preliminary data suggest that low-dose screening of high-risk patients increases the detection of early stage lung cancer, the center said. "Traditional methods have been ineffective at saving lives," said **Donald Klippenstein**, vice chairman, Department of Diagnostic Imaging and principal investigator of NY-ELCAP at RPCI. Along with Roswell Park, NY-ELCAP will be conducted at the following institutions: Joan & Sanford I. Weill Medical College of Cornell University; Columbia University College of Physicians and Surgeons; Maimonides Medical Center; Sloan-Kettering Cancer Center; Mount Sinai School of Medicine; New York Medical College; Our Lady of Mercy Medical Center; State University of New York Health Science Center at Brooklyn; SUNY at Stony Brook, University Hospital and

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If NIH Overpaid Employees, HHS May Seek Repayment

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pay back could be as high as $50,000, sources said.

The HHS action is likely to have a profound impact on NCI, where many top-level employees were converted from the GS-14 and 15 level to the program in question. About 15 to 20 NCI employees are on the HHS list, sources said.

NIH and HHS officials are negotiating the terms and scope of the changes. The number of employees affected appears to have been reduced by about 20 over the past few days. An NIH spokesman said the HHS decision affects "fewer than 50" employees, and the details of changing their employment status have not been finalized.

The program, established under a provision in Title 42 of the U.S. Code, was intended to attract and retain scientists and other experts to the Public Health Service.

"Traditionally, this authority has been used entirely for hiring scientists, but beginning about a year to 18 months ago, NIH extended this authority to a small number of nonscientists," Anne Thomas, NIH spokesman, said to **The Cancer Letter**. "In the meantime, the department has raised questions about the use of this authority for nonscientists.

"NIH is in the process of working with the department sorting out all the issues that relate to changing the authorities under which these people are employed," Thomas said. "We understand that employees are concerned about these changes, and we are doing what we can to support them."

Asked whether the affected employees would have to repay a portion of their former salaries to the government, Thomas said, "I can't answer that at this point. I don't think everything has been worked out."

Sources said HHS backed down on challenging Title 42 for some of the employees on its original list, because the employees had degrees in science.

NCI Director Richard Klausner did not return a reporter's phone calls. The NCI management director, MaryAnn Guerra, who is employed under Title 42, also did not return calls.

NIH Acting Director Ruth Kirschstein broke the news to NCI officials at a meeting July 9, sources said.

Sources said no written communications were given to NIH about the HHS decision.

An HHS spokesman said the issue should be resolved "quickly," and the Title 42 status is being examined for fewer than 50 employees at NIH. "What we were dealing with was whether the Title 42 authority was used improperly for nonscientific personnel," said Campbell Gardett, a spokesman for HHS. "The matter is in process."

The HHS decision on Title 42 employment is bound to be a blow to morale at the Institutes. The department imposed a hiring freeze earlier this year, which is still in place at NIH for employees over the grade of GS-12. In another move earlier this year, HHS tightened the bureaucratic procedures for authorizing travel, and moved to limit the number of employees traveling to the same conference.

The Title 42 program is attractive to the Institutes not only for its competitive salaries, but also because the program's performance review process makes it easier to evaluate employees, establish performance goals, and reward those who perform well, sources said. It is much easier to terminate Title 42 employees than those in the civil service.

Employees hired or converted to Title 42 are required to sign a statement in which they waive the protections of the civil service system. However, scientists hired under Title 42 do have the protection of the NIH tenure system.

The program was developed from two small sections of the U.S. Code, Title 42, Chapter 6A—The Public Health Service. Subchapter I, Part A, Section 209(f) states: "In accordance with regulations,

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special consultants may be employed to assist and advise in the operations of the Service. Such consultants may be appointed with regard to the civil-service laws." Section 209(g) allows the Surgeon General to designate individual scientists to be "appointed for duty with the Service without regard to the civil-service laws."

The NCI Redbook, an administrative manual posted online, includes "Frequently Asked Questions" about Title 42, Sections 209(f) and (g), dated December 2000. Question 2 noted that an earlier HHS instruction to agencies said 209(f) was to be used for any expert or consultant. "Why is NIH limiting the use of (f) to senior investigators, science administrators, managers, and policy makers?" the document said.

"The limited use of the 209(f) authority for scientists and science administrators is an HHS policy decision, based on guidance from OGC [Office of General Counsel]. OGC has advised that the legislative history of the statute indicates that the section was intended to hire scientists and science-administrators only."

According to the document, NIH institute directors may approve salaries up to $157,000 annually for Title 42 employees. The NIH director may approve salaries up to $200,000. Salaries above that level require HHS approval.

Under the 2001 pay rates, the top civil service grade of GS-15 can earn up to $103,623, the Senior Executive Service provides for salaries from $109,100 up to $125,700, and the highest pay under the Executive Schedule is $161,200.

NIH administrators have been actively promoting the use of Title 42. NIH Clinical Center staff planned to meet July 16 to discuss using the program to hire nurses, a source said.

If HHS asks the selected employees to pay back the difference in salary between their previous civil service grade and their Title 42 salary, the employees would have little choice but to repay, Joel Bennett, a Washington lawyer who specializes in federal employment issues, said to **The Cancer Letter**.

"When a government employee is improperly overpaid, the government does have a right to request repayment, even if the government screwed up," Bennett said. "Fighting it is usually a losing battle. Specific court cases say the government can't be bound by the negligence of a government employee when there is an overpayment, unless there was a binding contract."

"If these people hired under this authority were guaranteed they would get 'x' amount, they might have a case," Bennett said. "If they were hired and received more due to an administrative error, they would have to pay it back. If you can show repayment would be a hardship, you might get a waiver. But it's usually very difficult for professionals to demonstrate a hardship."

Some analysts have said the federal government urgently needs to address employee recruitment and retention. More than half of the 1.8 million federal government employees will be eligible for retirement in the next few years, according to Norman Ornstein, an analyst at the American Enterprise Institute.

Ornstein, in a speech earlier this week at a conference of the Senior Executive Association, said the Bush Administration is ignoring the "looming crisis" in public administration. In addition to the problem of making new hires, "hundreds" of jobs that had been formerly held by civil service employees have over the years become political appointments, an impediment to advancement for senior executives.

A spokesman for the Office of Management and Budget said recruitment was a top priority for the Administration, The Washington Post reported July 11.

At the SEA conference, Comptroller General David Walker, head of the General Accounting Office, said current law offers methods for recruitment and retention, but a comprehensive reform of the civil service system is needed.

HHS News:

HHS, NIH To Help Houston Rebuild Research Facilities

HHS Secretary Tommy Thompson said his agency will assist Texas health care facilities hit by Tropical Storm Allison.

The assistance includes special provisions by NIH to help research facilities rebuild and carry on research projects, the agency said. Also, the HHS Centers for Medicare & Medicaid Services is providing for emergency Medicare payments to protect the institutions' funding streams.

"The hospitals of the Texas Medical Center are not only a central medical resource for the entire gulf region, but also a great national treasure for biomedical research," Thompson said in a statement. "The storm damage that was sustained here was unprecedented

for a medical complex of this size and importance."

Thompson said NIH will provide emergency funding supplements to existing grants this year to replace damaged or lost research resources. Because of the immediate need, funds could be used immediately to lease equipment prior to approval to buy new equipment.

NIH will extend application deadlines to enable the institutions to submit requests for construction grants for research and animal facilities. Also, NIH will waive the normal requirement for matching funds from the institutions.

"These are unusual steps, but they will make millions of dollars available quickly to help restore the research capacity that has been lost or damaged in the medical center's facilities," Thompson said.

NIH staff will work with researchers whose projects have been compromised or delayed, and NIH will extend research project timeframes as needed to ensure that valuable projects are concluded.

The Houston area receives nearly $400 million in NIH funding. Damage estimates by the hospitals have included $433 million at Memorial Hermann, primary teaching hospital for the University of Texas Medical School at Houston; $296 million at Baylor College of Medicine; and $195 million at Methodist Health Care System.

A total of 17 applicants from the Texas Medical Center have submitted requests for public assistance through the Federal Emergency Management Agency, HHS officials said.

* * *

HHS has issued the first in a series of guidance materials on new federal privacy protections for medical records and other personal health information.

The explains the provisions of the medical privacy regulation published last December. The guidance is intended to help health care providers and health plans come into compliance with the regulation by April 14, 2003.

"The patient privacy rule will provide strong protections for personal health information while maintaining the high quality of care that Americans expect," HHS Secretary Tommy Thompson said in a statement. "This guidance is an opening step in helping physicians, health care providers and health plans understand their obligations to patients under the rule."

The document, available at http://www.hhs.gov/ocr/hipaa, describes new protections for consumers and requirements for doctors, hospitals, other providers, health plans and health insurers, and health care clearinghouses.

In 1996, Congress set a three-year deadline for itself to enact national patient privacy standards as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). When Congress did not enact such legislation after three years, the law required HHS to adopt such protections via regulation.

HHS proposed federal privacy standards in 1999 and, after reviewing and considering more than 50,000 public comments on them, published final standards last December. Thompson requested public comment on the rule this spring before allowing the rule to take effect April 14.

Most covered entities have until April 14, 2003, to comply with the patient privacy rule; small health plans have an additional year to comply. The HHS Office for Civil Rights will conduct extensive outreach to consumers and health care providers to explain what the rule means for them. HHS also will provide technical assistance and further guidance to health care providers and other covered entities to help them comply.

HHS officials said they plan to propose changes to the rule in order to ensure that it does not adversely affect patients' access to quality health care.

* * *

HHS Secretary Tommy Thompson said that the safety of prescription drugs could not be adequately guaranteed if drug reimportation were allowed under the Medicine Equity and Drug Safety Act.

In a letter to Sen. James Jeffords of Vermont, Thompson said the law enacted last year cannot be implemented, especially because of safety concerns. These findings reaffirm the decision made last December by former HHS Secretary Donna E. Shalala, HHS officials said.

"I believe very strongly that seniors should have access to affordable prescription drugs," Thompson said in a letter dated July 10. "However, I do not believe we should sacrifice public safety for uncertain and speculative cost savings."

Reimportation of prescription drugs by pharmacies and drug wholesalers would remove products from safety and effectiveness monitoring by FDA, Thompson wrote.

"Opening our borders as required under this program would increase the likelihood that the shelves of pharmacies in towns and communities across the nation would include counterfeit drugs, cheap foreign copies of FDA-approved drugs, expired drugs,

contaminated drugs, and drugs stored under inappropriate and unsafe conditions," he wrote.

The MEDS Act would allow prescription drugs manufactured in the U.S. and exported to foreign countries to be reimported from those countries for sale to American consumers. The law was based on the hope that lower pricing of drugs by those countries would be passed on to American consumers for drugs that were manufactured in the U.S. and, therefore, had met strict safety and effectiveness standards maintained under FDA regulation.

A provision of the law required the HHS Secretary to determine that adequate safety could be maintained and that costs would indeed be expected to be reduced significantly. Secretary Thompson's finding today, like Secretary Shalala's, concluded that neither condition could be adequately assured.

"Our drug approval and monitoring system, overseen by the FDA, is what ensures that the American consumer has the safest and most effective pharmaceutical products in the world," Thompson wrote. "It would be short-sighted to compromise that system."

Science Policy:

Bush Budget Reinforces Funding Trends, Reports Say

The Bush Administration's proposed science and technology budget calls for a notable boost in funding for NIH, but it either freezes or cuts spending levels at most other agencies, reinforcing trends in federal research investment over the past decade, two reports from the National Academies said.

The funding pattern, marked by significant budget cuts in most areas of engineering and the physical sciences, could reduce the country's ability to generate new science and technology in research fields that contribute to economic growth, national defense, and other national goals, the reports said.

The large shifts in funding among fields of research also could weaken U.S. capacity to recruit and train the next generation of scientists and engineers for a variety of jobs in industry, government, and academia.

Both reports examine federal spending on science and technology—one looking at the President's budget request for fiscal year 2002, and the other on trends since 1993.

The Administration's budget proposal would increase spending on the creation of new scientific knowledge and technology by $950 million in real dollars, or 1.7 percent compared with last year, according to the Academies' method of tabulating federal investments in such activities; or by $1.4 billion—3 percent—using the Administration's method. Either way, however, the proposal actually reflects a net reduction in spending on science and technology that is not health related, once the Administration's recommended 11.2 percent boost for NIH is excluded.

Spending would drop by more than 3 percent to a level below that of 1994, when the Senate first asked the National Academies to study the allocation of federal research dollars.

Although the report raises concerns about funding levels for certain fields in the proposed budget, the study committee endorsed the Administration's method of analyzing the science and technology budget and urged the science and engineering community to use the approach in the future.

A single method is needed to effectively track federal investments in new knowledge, and the Administration's technique has considerable merit, the report said.

That approach focuses on the largest science and technology programs and includes all related costs, as well as staff salaries. It also factors in key education programs at the National Science Foundation.

The budget increase for NIH would contribute to U.S. goals of improving the nation's health and advancing life-sciences research, but these goals also would be well-served by greater federal investment in other areas of research and agencies, the report said.

As it considers the federal budget, Congress should ensure that the U.S. adequately supports science and technology across agencies to yield the type of knowledge that would help America meet its national goals in defense, energy production and conservation, environmental protection, and economic growth, the report said.

NSF plays a critical role in supporting a broad range of research endeavors, the report points out. But the agency's budget specifically for research and related activities would decrease by 2.9 percent compared with last year.

Overall, the U.S. Department of Energy would see a nearly 7 percent reduction in its science and technology budget. Certain areas within DOE would experience even deeper cuts.

For instance, investments in energy-supply and

conservation research would drop by more than 24 percent, the report says. At the U.S. Environmental Protection Agency, the science and technology budget would decrease by about 9 percent.

A related National Academies report urges policy-makers to regularly evaluate the federal research portfolio to determine when spending adjustments may be needed to close funding gaps for various research fields. Budget cuts can have a substantial impact in a given field when nonfederal sources do not make up for shortfalls, the report said. Federal dollars support 27 percent of the country's total research expenditures and nearly half of spending on basic research.

Recent shifts in the research portfolio have been significant—particularly the buildup in funding for biomedical sciences compared with real reductions in support for many physical science and engineering fields.

After a five-year plateau, total federal spending on research and development turned a corner in fiscal year 1998, when it increased by 4.5 percent in real dollars compared with 1993.

Total expenditures continued to grow through the current year. However, budget hikes for life-sciences research at NIH have accounted for most of the gains, the report said.

On the whole, 46 percent of federal funding for research went to the life sciences in 1999, up from 40 percent in 1993. In the same period, funding for the physical sciences and engineering dropped from 37 percent to 31 percent. Budget reductions for several key fields of research were steeper, noted the committee that wrote the report.

Funding levels for physics; geological sciences; and electrical, mechanical, and chemical engineering dropped by 20 percent or more. Over the past decade, similar trends have been evident in spending by states and philanthropic organizations.

Industry funding of science and technology has increased overall, but such spending typically fluctuates from year to year and seldom supports basic research.

Shifts in research spending are among the factors that affect the numbers of students seeking advanced degrees in particular areas. In fields now receiving less federal support compared with 1993, both graduate-school enrollment and the numbers of students who obtained doctorates generally have declined, the committee found.

Such drops will continue to shrink the pool of new talent for jobs in the public sector, private industry, and academia

The government should aim to invest across the full range of scientific endeavors, because doing so also is increasingly important in today's research enterprise, where interdisciplinary collaboration is key. For example, advances in genomics and bioinformatics rely on mathematics and computer science as much as biology, the committee added.

Shifts in federal funding of research fields have reflected, in part, both Congressional and Presidential priorities. But reductions primarily have been the product of decentralized decision-making by various officials focused on the missions of particular agencies. This fragmented approach does not adequately ensure that national priorities are taken into account, the report said.

Congress, the White House's Office of Science and Technology Policy, and other relevant bodies should develop mechanisms to stay aware of the big picture when setting agencies' funding levels for research, the report said. Analyses of research fields' productivity and related human-resource needs should be an integral part of strategies to manage the research portfolio. National data systems should be improved and expanded to better monitor research and innovation trends.

"Observations On The President's Fiscal Year 2002 Federal Science and Technology Budget" was sponsored by the National Research Council. "Trends In Federal Support Of Research and Graduate Education" was sponsored by NASA and the New York Community Trust.

Copies of each report are available at http://www.nap.edu.

In the States:

California To Help Unisured Get Prostate Cancer Therapy

The state of California has established a treatment program to help uninsured men with prostate cancer receive critical medical care.

The initial three-year program, administered by the University of California at Los Angeles, is funded with $50 million from the state. The program is called IMPACT: Improving Access, Counseling and Treatment for Californians with Prostate Cancer.

The first three regional sites are located at UCLA Medical Center, the University of California at San Francisco and the University of California at Davis,

officials said.

Next year, the University of California at Irvine and the University of California at San Diego will open, followed by additional sites around the state.

IMPACT will help uninsured or underinsured men who don't qualify for Medi-Cal, do not have Medicare and have incomes under 200 percent of the federal poverty level. The program aims to offer comprehensive treatment for prostate cancer to qualifying men, officials said.

In addition to offering treatment, the program is designed to increase education and promote awareness about the importance of timely, high-quality prostate cancer treatment.

The UCLA Department of Urology will manage IMPACT and subcontract with the regional sites to coordinate care. The California Department of Health Services will administer the funding and oversee the overall program.

"This is the largest program of its kind nationwide to address the public health issue of prostate cancer among lower-income, uninsured men," said Mark Litwin, program director and associate professor, UCLA Departments of Urology and Health Services and researcher with UCLA's Jonsson Cancer Center, "We hope that the program will become a model for other states to follow."

According to Litwin, men diagnosed with prostate cancer typically require a significant amount of information and advice in selecting treatment choices, yet few materials or strategies have targeted those from disadvantaged backgrounds.

A health education team will design outreach strategies that address the cultural, ethnic and low-literacy issues often found in underserved communities in California, officials said. The team will also create key materials and address the psychosocial issues of working with uninsured and other at-risk individuals.

Another team will implement evaluation tools to measure the quality of care and assess outcomes. According to Litwin, this new system may help establish better methods to monitor the quality of care in other prostate cancer treatment programs nationwide.

Each regional center will offer patient care as well as work with local health departments and other community providers to establish a network of health facilities statewide that will help patients be evaluated and treated in their local communities.

Information is available at: http://www.impact-california.org.

Funding Opportunities:

Lymphoma Research Grants Offered By Foundation

The Lymphoma Research Foundation of America invites research proposals for Fellowship Grants and Junior Faculty Grants. Applications must be postmarked by Nov. 15, 2001.

—Fellowship Research Grants provide up to $45,000 per year for salary (including fringe benefits) for researchers working on lymphoma-specific studies. Applicants must hold a Ph.D., M.D., or equivalent degree. An applicant who holds an M.D. must be at least a third year fellow.

—Junior Faculty Grant, the next level of funding for researchers with assistant or associate professor standing, awards up to $75,000 for research support to investigators who have a proven history of research specific to lymphoma.

—Mantle Cell research projects. LRFA is making a special request for Mantle Cell research projects that would be funded by the Irving Granet Mantle Cell Fund, which is administered by the Foundation. This funding would be available to both funding levels.

Research grants are awarded annually. The funding year begins July 1, 2002, and ends June 30, 2003.

Inquiries: Research Grants Administrator, Lymphoma Research Foundation of America, 8800 Venice Blvd. Suite 207, Los Angeles, CA 90034; fax 310-204-7043; email ResearchGrants@lymphoma.org Web site http://www.lymphoma.org.

NCI RFA Available

RFA-CA-02-010: Cancer Intervention and Surveillance Modeling Network

Letter of Intent Receipt Date: Oct. 9, 2001

Application Receipt Date: Nov. 13, 2001

The NCI Division of Cancer Control and Population Sciences invites applications from domestic and foreign applicants to support collaborative research using simulation and other modeling techniques to describe the impact of interventions (i.e., primary prevention, screening, and treatment) in population-based settings in the U.S. or in non-US settings that will shed light on US population-based trends.

The primary goals of this research are: 1) to determine the impact of cancer control interventions on observed trends in incidence and/or mortality; and to 2) to determine if recommended interventions are having their expected population impact by examining discrepancies between controlled cancer intervention study results and the population experience. Projects will

focus on models describing the population impact of the observed dissemination of cancer control interventions as well as other factors on observed national incidence and/or mortality trends.

Applications may also include applications of models that: (1 Predict the impact of new interventions on national trends (e.g., model the potential impact of spiral CT screening on lung cancer mortality; model the impact of new tobacco products on lung cancer incidence and/or mortality); 2) Determine the impact of targeted cancer control interventions on population outcome (e.g., model the population impact of targeting different age groups, risk groups, adherence to initial versus repeat screening guidelines; model the impact of programs to encourage smoking reduction versus smoking cessation on lung cancer incidence and/or mortality). The administrative and funding instrument to be used for this program will be a cooperative agreement U01. The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-02-010.html.

Inquiries: Eric Feuer, Division of Cancer Control and Population Sciences, NCI, 6116 Executive Blvd. Rm 5041 MSC 8317, Bethesda, MD 20892-8317, phone 301-496-5029; fax 301-480-2046; email rf41u@nih.gov

In Brief:

Moffitt To Enhace Information For Brain Tumor Patients

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Medical Center; and SUNY at Upstate Medical University at Syracuse. The program is funded by AMDeC, a consortium of 39 New York state academic medical centers, medical schools and research institutions promoting biomedical research and technology. The study will provide a free spiral CT to persons age 60 and older who have a smoking history of at least 10 "pack" years (smoked at least one pack of cigarettes per day for 10 years or at least two packs per day for five years). . . **H. LEE MOFFITT** Cancer Center and Research Institute received a $35,500 award from the American Brain Tumor Association to fund the Brain Tumor Patient Education and Resource Center. Moffitt neuro-oncology patients will have access to information about their disease at the only center of its kind in Florida. "Short of a cure for brain cancer, patient information and satisfaction remains an extremely high priority," said **Steven Brem**, program leader of the Neuro-Oncology Program. . . . **RICHARD SILVER,** clinical professor of medicine at the Joan & Sanford I. Weill Medical College of Cornell University and attending physician at New York Presbyterian Hospital, was presented with the Timothy Gee Award for his compassionate work with patients and their families, for his work as a teacher, as a clinical investigator and as a role model. Silver is known for his interest in pathophysiology and the treatment of chronic leukemias. The award was established jointly by the Sass Foundation for Cancer Research and the Lauri Strauss Leukemia Foundation. . . . **LUTZ BIRNBAUMER,** professor and chairman of the Department of Molecular, Cell and Developmental Biology at University of California, Los Angeles, was named scientific director of the National Institute of Environmental Health Sciences, said **Kenneth Olden**, NIEHS director. Birnbaumer, who also holds appointments as professor of anesthesiology and biological chemistry, member of the Institute of Molecular Biology, Brain Research Institute and Jonsson Comprehensive Cancer Center, is known for his work on membrane signal transduction mechanisms. He is a member of the National Academy of Sciences. Birnbaumer was a postdoctoral fellow under a former NIEHS scientific director **Martin Rodbell** when both were at the National Institute of Arthritis and Metabolic Diseases. Under Rodbell's direction, Birnbaumer carried out many of the experiments on cell communication that brought Rodbell the 1994 Nobel Prize in Medicine/Physiology. Birnbaumer will direct the NIEHS in-house research, which is budgeted at $63 million and conducted at the NIEHS laboratories in Research Triangle Park, NC. He replaces **Carl Barrett,** director of the NCI Center for Cancer Research. **Paul Nettesheim**, director of the NIEHS Laboratory of Pulmonary Pathobiology, will continue as acting scientific director until October 2001. . . . **SCOTT LILLIBRIDGE**, physician and head of the Centers for Disease Control and Prevention bioterrorism preparedness and response program since 1998, was appointed to lead the coordinated bioterrorism initiative of the department, said HHS Secretary Tommy Thompson. As the special assistant to the Secretary for bioterrorism, Lillibridge will coordinate anti-bioterrorism efforts across the department. . . . **SOCIETY FOR BIOLOGICAL THERAPY** will hold its 16th Annual Scientific meeting in the Natcher Auditorium at NIH in Bethesda, MD, from Nov. 9-11. Keynote speakers will include William Haseltine, chairman and CEO of Human Genome Sciences Inc, and Steven Rosenberg, chief of the Surgery Branch, NCI. Abstracts are due by Aug. 17. Program information is available o n the SBT Web site at http://www.socbiother.com.

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