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Bush Tax Cut, Economic Slowdown Turn Up Heat On Budget Competition

The Bush Administration's tax cut and the economic slowdown are turning up the heat of competition over resources slated for biomedical research.

This competition was growing in intensity even before the tax cut. Now, NIH has become an obvious target for raids within the Labor, HHS and Education bill.

The threats to NIH come from several directions:

—Sometime next month, the Congressional Budget Office will release

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In Brief:

Pittsburgh Cancer Institute Wins SPORE Grant For Lung Cancer, For Three Major Projects

UNIVERSITY OF PITTSBURGH Cancer Institute Lung Cancer Center received a five-year, $12 million Specialized Program of Research Excellence federal grant to improve survival outcomes and quality of life for patients with early- to late-stage lung cancer. The SPORE for Lung Cancer, the sixth awarded by NCI since the program's 1992 inception, is the first for UPCI in cancer research. "We expect that the results of the research funded through this SPORE will have an unparalleled impact on the way lung cancer is treated in the future and on our understanding of differences among people in their susceptibility to the development and progression of lung cancer," said **Ronald Herberman**, director of UPCI and associate vice chancellor for research, health sciences at UP. The grant funds three major translational research projects, among others, that focus on the mechanisms that increase the susceptibility of women to lung cancer, the use of gene therapy as a protective agent during radiation therapy and the use of CT in the early-detection of lung cancer. In the first major project. **Jill Siegfried**, principal investigator, professor of pharmacology at UP and co-director of the Lung Cancer Center, will examine the gastrin-releasing peptide receptor—a gene linked to abnormal cell growth in the lung that appears to be more active in women than men. In other studies, **Joel Greenberger**, professor and chairman of the department of radiation oncology and co-director of the Lung Cancer Center will study the use of manganese superoxide dismutase plasmid liposome gene therapy as an agent to protect the normal tissues in the esophagus

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Pressures Build In Congress On Discretionary Spending

(Continued from page 1)

its projection of tax revenues. Observers expect that the softening economy will shrink discretionary spending.

—With the change of subcommittee leadership in the House and Senate, the number of earmarks on the Labor, HHS and Education bills is likely to surpass previous records, sources say.

—The Administration is asking Congress for an unprecedented authority to redistribute funds within HHS. The budget proposal contains two taps that could affect NIH. One tap allows the Secretary to redistribute as much as 6 percent of each agency's budget within the department. The current redistribution authority is 1 percent. Another tap would allow the Secretary to redirect as much as 2 percent of the agencies' budgets to evaluation of effectiveness of Public Health Service programs.

If Congress goes along with this request, the Secretary would be able to move as much as $1.386 billion from NIH under the 6-percent tap, and about $462 million through the 2-percent tap.

—With the budget this tight, the cancer groups are competing for the same resources. At this time, the American Cancer Society is lobbying for public health programs run by Centers for Disease Control and Prevention. The society is lobbying on its own behalf, and as a sponsor of two coalitions, One Voice Against Cancer, and Research to Prevention.

If the Administration's tax cuts proceed, the pressures on domestic discretionary spending will intensify. According to William Gale, an economist at Brookings Institution, the surplus projections used by the White House are unrealistic.

The numbers cited by the Administration include the surplus from Medicare and Social Security, Gale said to **The Cancer Letter**. In recent years, Congress has refrained from using these funds to pay for tax cuts or spending programs.

If Medicare and Social Security remain off-limits, the tax cut will drive the government into a $400-billion deficit over the next decade, Gale projects. Buildup in defense, education, or other programs would push the government deeper into the red.

"It's going to be a long battle," said Gale, a senior fellow at Brookings. "The key political imperative for each party is to spend the surpluses either on tax cuts or programs before the other party gets their hands on the money. The parties are trying to allocate as much of future surpluses as they can, even though those surpluses are highly uncertain.

"You have a very dangerous dynamic, where both parties want to commit those expected surpluses now, but we don't know whether that money is going to come in," Gale said. "It would be the equivalent of a family spending all of its future income, even though its future income is uncertain."

Gale's analysis of the tax cut will be available on the Brookings web site next month. The address is http://www.brook.edu.

The President's budget proposes a 13.7 percent increase for NIH, which would boost the institutes' funding to $23.1 billion. At the Senate subcommittee, chairman Tom Harkin (D-IA) and ranking member Arlen Specter (R-PA) are trying to give NIH a 16.5 percent increase, an increment consistent with the doubling of its budget by 2003.

On the House side, subcommittee's new chairman, Ralph Regula (R-OH), has not revealed his target. However, observers say the chairman is expected to try to fund the Administration's proposal for NIH.

The Administration argues that the two taps on HHS agencies would enhance the Secretary's flexibility.

"I am seeking to increase my transfer authority from one percent to six percent, to eliminate the restriction that the transfer may not increase an appropriation by more than three percent, and to make

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it Department-wide," HHS Secretary Tommy Thompson said in prepared testimony submitted Congressional appropriators last spring. "I believe this transfer authority is a valuable tool for managing the Department's resources, and will allow me to respond to emergency needs or unforeseen events that would otherwise adversely effect a program or agency."

According to the Administration's budget proposal, the Secretary would have to inform the Congressional appropriators 15 days prior to making the transfer. The transfer authority will apply to FDA as well as the Indian Health Service, two HHS agencies funded through different Congressional bills.

Observers point out that the taps would harm NIH. "If you look at the HHS budget, of which $23.1 billion out of $56.7 billion is NIH funding, any discretionary tap authority granted to the secretary makes NIH the place to take the money from," said a Capitol Hill source who spoke on condition that his name would not be used.

The existing 1-percent transfer authority has been used to channel funds from NIH to the Agency for Healthcare Research and Quality and the National Center for Health Statistics. These drains are expected to continue, sources said. Next year, the Administration expects to take another $100 million from NIH and place it into the Global Fund on AIDS and Health.

It is uncertain whether Congress would sign off on the Administration's request for increasing the transfer authority. Some key players have indicated that the transfer authority of this magnitude would contradict the Congressional imperative to decide how federal money is spent.

The plan to double the NIH budget between 1998 and 2003 is causing some grumbling on the part of some key members of Congress. "Why double, and why in five years?" Congressional skeptics ask. Other skeptics are using the buzzword "accountability" as they question the ability of NIH to spend these funds effectively (**The Cancer Letter**, March 30, May 25).

While in the past, House subcommittee chairman John Porter could be counted on to defend biomedical research, it remains to be seen how much zest Porter's successor Regula will bring to these battles.

One potential earmark is likely to be inserted by the American Red Cross. The blood supplier is trying to spark research into the causes of Creutzfeldt-Jakob disease, or mad cow disease.

Bernadine Healy, the Red Cross president and CEO and former NIH director, has based the U.S. blood policy on the hypothesis that prions, the proteins that cause Creutzfeldt-Jakob, can be transmitted through blood transfusions. Not a single case of such transmission has been reported, blood experts say.

"Resources must be mobilized strategically, substantially, and urgently by NIH (which invested less than $14 million in prion research in fiscal year 2000) and the Centers for Disease Control to seek the basic, clinical, and public health knowledge that is unlikely to come from commercial laboratories," Healy wrote in an opinion piece published in Science March 9.

"Major investment is needed to recruit and train talent and to set up dedicated biosafety laboratories, transgenic facilities, and research instrumentation," Healy wrote. "If these efforts turn out to be unnecessary, we have advanced medical science. If, however, they turn out to be needed, we will have taken steps none too soon."

Another threat to NIH funding comes from the American Cancer Society, which is pursuing its strategy to increase the appropriations for CDC.

So far, the Administration has described buildup in biomedical research as part of its investment strategy of using the new insight into human biology to develop the cures for diseases that include cancer.

Public health measures funded through CDC have not done as well under the President's proposal. The CDC Chronic Disease Prevention and Health Promotion Program is being cut by 23 percent at a time when its constituents are asking for an increase of 46 percent (**The Cancer Letter**, March 2, April 13).

Pursuing the CDC agenda, ACS last year formed a coalition called One Voice Against Cancer. The coalition, called OVAC, is seeking the NCI Bypass Budget, the doubling of NIH, and a substantial increase for NIH.

Capitol Hill sources say that OVAC does not advance any piece of its broad agenda beyond others, leaving it to lawmakers to make the difficult choices. Broad coalitions seeking more than what can be reasonably expected within budgetary constraints are common in education. Their appearance in cancer politics is new, sources say.

Research to Prevention, another coalition, which includes ACS, presents a more focused message: CDC has not benefited from the same increases as NIH. "For too long, advocacy groups have highlighted CDC funding as a secondary priority following increased investment in NIH," the coalition states.

"Some have never identified CDC and its prevention programs as public policy priorities. Moreover, many members of Congress who are ardent supporters of basic research do not understand, the role that CDC plays in translating the results of research into meaningful public health interventions."

The coalition board includes ACS, American Heart Association, American Diabetes Association, Arthritis Foundation, Epilepsy Foundation of America, Association of State and Territorial Chronic Disease Program Directors, and National Health Council.

Also, ACS has financed the development of a white paper describing the foundations of the new version of the National Cancer Act. The committee, which meets behind closed doors, advises Sen. Dianne Feinstein (D-CA), who is expected to introduce the legislation.

Recently, the co-chairmen of the committee developing the paper presented an oversight plan that included broadening the cancer program to include a "cancer czar" and a committee that would broaden the focus of the federal cancer program beyond research and place a new emphasis on public health interventions (**The Cancer Letter**, June 1).

The committee's final meeting was scheduled to take place July 18, sources said.

The Administration said it plans to scale back the NIH increases to a "moderate" level after the doubling is completed in fiscal 2004, budget documents state. The institutes, including NCI, are currently developing strategies for reducing their long-term commitments on grants.

HHS Policy:

NIH Braces For HHS Rulings On Travel To Major Meetings

The Department of Health and Human Services earlier this year tightened its procedures for authorizing employee travel.

The new procedures also reduce the annual leave employees are allowed to take in conjunction with official trips. Also, HHS may seek to limit the number of employees traveling to conferences, sources said.

The new requirements caused NIH administrators to set up two databases to track employee travel. NIH spends about $35 million a year on travel out of its $20 billion budget.

The tightened procedures were put in place following a March 15 memorandum written by HHS Deputy Chief of Staff for Operations Ed Sontag. In the memo, Sontag, a former policy assistant in Wisconsin when HHS Secretary Tommy Thompson was governor there, said HHS must approve travel "outside the continental United States."

In a subsequent memo, HHS defined international travel as travel "outside the United States." According to HHS, "travel to Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and other U.S. territories is domestic travel."

HHS employees now must submit "trip reports" to Sontag's office when they return from international meetings. Clearance also must be obtained for international "sponsored travel" paid by non-federal entities.

Other HHS directives require approval for travel that includes:

—Any meetings attended by five or more NIH employees.

—Any domestic trip over $2,500 for per diem and round-trip transportation.

An HHS spokesman said the new rules were put in place not for cost savings, but for propriety.

"The Secretary wants to make sure that travel done on HHS budgets is indeed a necessary expenditure of taxpayers' money," said Campbell Gardett, HHS spokesman. "It doesn't have to do with cost savings as it does with making sure that travel is appropriate."

NIH administrators say they are concerned about HHS approval for attendance at some of the larger scientific conferences this fall and next spring. NIH is developing a database to list all the events that draw employees from many of the institutes, and another database to list events of interest to specific institutes. If several institutes plan to send people to a conference, the travel officers at each institute will have to decide which institute will file the appropriate forms to HHS, sources said.

So far, one institute was told to limit the number of employees traveling to a conference in Canada, sources said.

"This has really affected morale," one NIH administrator said to **The Cancer Letter**. "Meetings are part of the way of life in medical research. It gives people a chance to see us and it's a way to meet young investigators."

Gardett said NIH will have to "take a harder look at whoever they think needs to go to the meeting."

Also, employees who were hoping to combine business and pleasure by taking annual leave will have to plan more carefully now. Under the new rules, the

combined total of annual leave and personal weekend time for travel cannot exceed the number of days on official business.

Recently, an NCI employee was denied permission to take annual leave in conjunction with a trip because the number of days of leave plus the weekend exceeded the length of the meeting. HHS counted the weekend as leave.

That employee's travel request drew sharp criticism from HHS.

"Is everyone at NCI taking European vacations this summer on the taxpayers' dime?" began the May 21 email from William Steiger, director of the HHS Office of International Affairs, to the NCI Office of Management.

"As I have said repeatedly, there is an appearance issue here," Steiger wrote. "Trips like this one can give rise to the now well-founded supposition that travelers arrange to be invited to attend certain conferences (during peak tourist season in Europe, for example) for the purpose of then taking vacations in nice places. We would prefer that [the employee] not take leave in this case.

"I am going to recommend that the Deputy Chief of Staff issue an addendum to the travel policy that would require my approval for all NCI foreign travel until such time as managers there can work out a policy for the appropriate use of annual leave in conjunction with overseas trips," wrote Steiger, a former policy adviser to Thompson in Wisconsin.

At NCI, employees must submit travel plans to their travel officers 45 days prior to departure, so that the Institute can meet the HHS requirement of 30 days advance notice. Employees have been instructed not to pre-register for meetings until HHS approves their travel.

HHS To Award "Micro-Grants" For Public Health Programs

HHS plans to award hundreds of "micro-grants" to community organizations for activities that support the goals of Healthy People 2010, the nation's public health agenda for the next decade.

Worth up to $2,010 each, the micro-grants are intended to support efforts by local groups to promote health education, quality care, access to care and other projects that support the far-reaching national health goals of Healthy People 2010, the department said. Faith-based organizations will be among those eligible to apply for funding.

"This is a new idea for HHS, a way to leverage very small grants into very widespread action," HHS Secretary Tommy Thompson said. "Though small in size, these grants can have a large impact by tapping the potential of local organizations to make a difference in the lives of the people closest to them."

Healthy People 2010 has established a broad set of goals and specific targets for improving the nation's health over the next 10 years and has identified 10 high priority public health challenges as "Leading Health Indicators."

The plan is grouped into focus areas devoted to a comprehensive array of diseases, conditions and public health challenges, such as promoting exercise, reducing obesity and discouraging tobacco use.

HHS will begin the micro-grant initiative with a two-year pilot project. If successful, the approach could be expanded nationally. HHS will commit between $500,000 to $700,000 to a pilot project this year in order to study the potential of the micro-grant approach to further the goals of Healthy People 2010.

The money will be distributed to local, non-profit organizations, and coalitions of such groups, in different geographic areas to support programs designed to increase the quality and years of healthy life of residents and to eliminate health disparities.

Grantees could use the money for such activities as developing anti-smoking campaign materials for local students, coordinating substance abuse prevention forums for parents in local schools, or other specific projects designed to promote prevention and improve health locally. Projects that involve coalitions of community groups may receive preference in obtaining funds.

"The application will be easy to complete, so local groups can tap the money quickly and then focus immediately on health prevention projects in their communities," HHS Acting Assistant Secretary for Health Arthur Lawrence said. "We anticipate that much of the process will be handled electronically."

HHS will choose several not-for-profit organizations or groups of organizations to recruit, review and award grant applications in different geographic areas. Those organizations will make the decisions about micro-grants for specific community projects in their region. HHS' Office of Disease Prevention and Health Promotion will oversee the pilot project.

More information about Healthy People 2010, including a copy of the Federal Register notice, is available at http://www.health.gov/healthypeople.

Stem Cell Research:

Frist Backs Federal Funding For Stem Cell Research

Sen. Bill Frist (R-Tenn.) said this week he will back the use of federal funds for research using human embryo cells.

Frist, a physician, joins a list of conservatives who have recently spoken out in favor of funding the research, including Sen. Orrin Hatch (R-Utah).

"After grappling with the issue scientifically, ethically and morally, I conclude that both embryonic and adult stem cell research should be federally funded within a carefully regulated, fully transparent framework,"Frist said July 18 to a Senate subcommittee.

The same day, NIH released its scientific report on the progress and promise of stem cell research.

"During the next several years, it will be important to compare embryonic stem cells and adult stem cells in terms of their ability to proliferate, differentiate, survive, and function after transplant, and avoid immune rejection," the report concluded.

The report, "Stem Cells: Scientific Progress and Future Research Directions" is available at http://www.nih.gov/news/stemcell/scireport.htm.

NIH Programs:

NIH Opens "One-Stop Shop" For Mutant Mouse Models

The National Center for Research Resources at NIH has opened a Mutant Mouse Regional Resource Centers network.

This network will function as a "one-stop shop" for the U.S. biomedical research community to donate and acquire mutant mouse models, NIH said.

The MMRRC network is now accepting genetic mouse strains to its collection and invites investigators who have created such models to donate them to the network for broad dissemination upon request by other investigators who will use them in research of human health, disease, and treatments.

It is estimated that there are more than 3,000 strains of mutant mice that have been created by turning on and off particular genes or by inserting foreign genes into the mouse genome.

"When numerous researchers have access to a shared national resource such as the MMRRC network, the effectiveness of that resource is maximized relative to its monetary cost and scientific impact," said NCRR Director Judith Vaitukaitis.

The MMRRC network includes four repository-distribution facilities located at the University of North Carolina at Chapel Hill; the University of California at Davis; Taconic Farms in New York; and Harlan Sprague Dawley, Inc., in collaboration with the University of Missouri.

The MMRRC network is electronically linked through an NCRR-sponsored MMRRC Informatics Coordinating Center to function as one facility.

The ICC, which is located at The Jackson Laboratory in Bar Harbor, Maine, provides database and other informatics support to the MMRRCs to give the research community a single entry point to the network through the MMRRC Web site at http://www.mmrrc.org.

This site provides information about submitting candidate strains.

Later this year, the site will also provide detailed phenotypic and genotypic information to researchers interested in searching the network for maintained strains, ordering mice from the facilities, and registering to receive strains being developed.

Generally, each MMRRC facility is equipped to cryopreserve embryos or gametes; rederive strains as needed; and characterize the genetic and phenotypic makeup of the mutants so that models are validated and may optimally serve as models of human disease. Efficient facility systems provide genetic quality control and disease safeguards.

The MMRRCs offer expertise in the biology of laboratory mice, covering areas of cryobiology, genetics, comparative pathology, behavioral science, and infectious disease.

Each center focuses on specific research areas such as vascular and cancer biology, endocrinology, or neurobiological sciences.

Professional Societies:

ONS Urges Congress To Back Anti-Tobacco Measures

The Oncology Nursing Society has urged members of Congress to take action on three fronts to combat tobacco and smoking, the society said.

—Grant the Food and Drug Administration (FDA) absolute authority to regulate tobacco products.

ONS supports the bipartisan Tobacco Authority Amendments Act (HR 1097) and the bipartisan Kids Deserve Freedom from Tobacco Act of 2001 (S 247), measures that provide the FDA with meaningful

authority over tobacco.

—Ensure access to cessation therapies to help those currently addicted to tobacco to quit.

ONS urges Congress to enact the Medicare, Medicaid and MCH Tobacco Cessation Promotion Act (HR 1229/S 854) to help individuals in the Medicare, Medicaid, and state-based Maternal and Child Health (MCH) programs to quit their use of tobacco and improve their short-term and long-term health.

—Increase funding for tobacco-use prevention and cessation efforts.

ONS urges states to allocate the CDC recommended amount of their tobacco settlement for such endeavors. In addition, Congress should provide $130 million to the CDC for tobacco Control, cessation, and prevention efforts at the local, state and national level, the society said.

The ONS statement on tobacco policy was issued last week following the airing of "Women and Cigarettes: A Fatal Attraction" by ABC Network Television.

"The documentary drew needed attention to the need for our nation's policy makers to aggressively enact policies to protect women and girls from tobacco," said Pearl Moore, chief executive officer of the 29,000-member society.

Funding Opportunities:

Clinical Investigator 3-Year Career Development Grant

Application Deadline: Oct. 12, 2001

Cure For Lymphoma Foundation invites applications for its three-year, $225,000, clinical investigator career development grant to develop diagnostic interventions and treatments for lymphoma.

The training will prepare clinicians to design and administer lymphoma clinical research and to take on clinical trial design, protocol writing, Institutional Review Board submission, conduct, analysis, and publication. A career development plan is required as part of the grant application.

CFL will award three to five CICD grants annually. The grant provides salary and educational support in the amount of $75,000 per year for 3 years. Applicants must provide evidence of adequate research support. Awards will be announced and funded no later than Dec. 21, 2001.

Applications and information are available at the CFL Web site: http://www.cfl.org/research.cfm.

Inquiries: Fran Morris, director of medical & scientific outreach, Cure For Lymphoma Foundation, 215 Lexington Ave., New York, NY 10016; phone 212-213-9595 or 1-800-235-6848; fax 212-213-1987; e-mail fmorris@cfl.org.

AACR-Pezcoller International Award for Cancer Research

Nomination Deadline: Oct. 1, 2001

Pezcoller Foundation and the American Association for Cancer Research invite nominations for individuals who are now or have been affiliated with a cancer research institution.

Institutions and organizations are not eligible for this award, and candidates may not nominate themselves. The award recognizes a major scientific discovery in basic or translational research and is given annually to a scientist residing in any country who has made significant contributions to the understanding of cancer, who continues to be active in research, and whose ongoing work hold promise for future outstanding contributions to the field.

In extraordinary circumstances, two individuals may be selected to share the award when their work is clearly related. There is no official application form for the award.

Inquiries: For information about the nomination package—Rebekah Clark, staff associate, AACR Executive Office, fax 215-440-9322; e-mail clark@aacr.org.

NCI RFP Available

RFP N02-CM-27011-23: Operation and Support of NCI Cancer Therapy Evaluation Program Protocol and Information Office

CTEP Protocol and Information Office is the hub for all protocol related information management for CTEP sponsored trials. The PIO support contract would coordinate all administrative aspects related to clinical trial development to assure that quality protocols are developed in the most expeditious and efficient manner possible.

The objective of the contract is to: 1. facilitate the development of quality clinical trials in the most efficient and expeditious manner possible, 2. minimize the administrative burden related to clinical trial development and management on CTEP staff and the extramural community, 3. abstract protocol's related keywords and milestones into the CTEP enterprise database to assist with program decision making, and

4. promote, inform and educate all concerned parties regarding NCI programs, policies and objectives related to clinical trial development and management.

This acquisition has been designated as a 100% small business set-aside under NAICS code 51491. Competition is limited to eligible 8(a) concerns. The government anticipates the award of one cost-reimbursement contract with a requirement of 17 FTE's over the seven-year period. The RFP is available on July 30 at http://rcb.nci.nih.gov/.

Inquiries: Doris Rosenblatt, contracting officer, phone 301-435-3824; fax 301-402-6699; e-mail dr220a@nih.gov or Richard Hartmann, contracting officer, phone 301-496-8620; fax 301-402-6699; e-mail rh75f@nih.gov.

Other Funding Notices

Initiatives on Placebo Effects

National Center for Complementary and Alternative Medicine and other NIH Institutes are developing two RFAs to stimulate investigator-initiated research on (1) the placebo effect in clinical practice and (2) an integrative approach to elucidation of the underlying mechanisms of placebo effect.

Concept clearances for these initiatives can be found on the NCCAM Web site at http://nccam.nih.gov/fi/concepts/may2001/.The release date for the RFA is August or September 2001, with applications due in February or March 2002.

Inquiries: Nancy Pearson, National Center for Complementary and Alternative Medicine, 6707 Democracy Blvd., Democracy Two, Rm 106, Bethesda, MD 20892, phone 301-594 0519; fax 301-480-3621; e-mail Pearsonn@mail.nih.gov

In Brief:

NIAID Names Tramont Director, Division Of AIDS

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and lung from damage during radiation therapy for non-small cell lung cancer. **Joel Weissfeld**, assistant professor, department of epidemiology and leader of the cancer epidemiology, prevention, and control program, will look at the use of multi-detector CT in the detection of lung cancer. **Olivera Finn**, professor of molecular genetics and biochemistry and leader of the immunology program, will examine the role of the protein Cyclin B1 as an antigen and cancer vaccine for non-small lung tumors. UPCI joins other Lung Cancer SPORE awardees including Vanderbilt-Ingram Cancer Center, Johns Hopkins University and M.D. Anderson Cancer Center. . . . **HELEN CHEW,** breast cancer researcher and faculty oncologist at the University of Texas, was named director of the breast cancer program at UC Davis Cancer Center. Chew, an assistant professor of internal medicine, will coordinate surgical, medical and radiation oncology services and clinical trials for the program at UC Davis. She will also establish and expanding multidisciplinary clinics for breast cancer and benign breast conditions. Her research interest is cancer genetics, notably breast cancer genes BRCA1 and BRCA2. . . . **EDMUND TRAMONT** was appointed director of the National Institute of Allergy and Infectious Diseases, Division of AIDS. Tramont will oversee an estimated $444 million global research program involving hundreds of clinical trials treat, prevent, and better understand HIV/AIDS. "The DAIDS program has been enormously successful," said Tramont. "For example, DAIDS has been critical to our understanding of how HIV causes disease, to creating antiretroviral drugs, and in preventing mother-to-infant transmission of HIV, to name only a few contributions. My challenge is to build on that legacy." Tramont has a military background, worked in the Maryland biotech industry, consulted on operation Desert Storm, and once, as a resident in 1968, helped care for the ailing former President Dwight D. Eisenhower. "Tramont's scientific accomplishments and his proven track record as a manager make him the ideal person for the job," said **Anthony Fauci**, NIAID director. "He possesses a broad scientific vision and the ability to lead and inspire." He replaces DAIDS director **John Killen Jr,** who is now associate director for research ethics at NIAID. . . . **LISA DAMIANI,** director of operations for the New York State Office of Science and Technology and Academic Research, was named executive director for governmental affairs at Roswell Park Cancer Institute, said **David Hohn**, president and CEO at RPCI. Damiani will be a liaison with elected officials and government agencies, monitor federal and state legislative activities, represent RPCI interests to legislators and provide recommendations to the RPCI administration about legislative initiatives. . . . **JOSEPH SMITH JR.,** William L. Bray Chair in Urologic Surgery and co-director of the Vanderbilt-Ingram Cancer Center Genitourinary Oncology Program, was elected president of the Society of Urologic Oncology at its annual meeting in Anaheim.

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