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NCI, ACRIN Begin Trial Comparing Digital Mammography To Standard

NCI and the American College of Radiology Imaging Network have begun the first large, multicenter study to compare digital mammography to standard mammography for the detection of breast cancer.

The Digital Mammographic Imaging Screening Trial (DMIST) plans to enroll 49,500 women in the U.S. and Canada to compare digital mammography to standard film mammography to determine how the new technique compares to the traditional method of screening for breast cancer.

Digital mammography uses computers and specially designed detectors

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In Brief:

Simone Retires From Academic Medicine, But Plans To Remain Active In Advisory Roles

JOSEPH SIMONE, senior clinical director of the Huntsman Cancer Institute at University of Utah and vice chairman of the National Cancer Policy Board of the Institute of Medicine, retired from full-time academic medicine this week and is moving to Atlanta.

Simone joined Huntsman in 1996 as the center's first clinical director. He also served as executive director of the Huntsman Cancer Care Programs, assistant vice president for cancer programs at the University of Utah, professor of pediatrics and medicine, director of the Utah Cancer Registry, and interim chairman of radiation oncology.

The energetic former cancer center director said he plans to stay professionally engaged. Simone will continue to serve the policy board and the NCI Board of Scientific Advisors, as well as the boards of the American Association for Cancer Research and the American Society of Clinical Oncology. He will remain a part-time advisor to Huntsman as clinical director emeritus; his academic title will be professor emeritus of pediatrics and medicine at University of Utah. He plans to continue as an advisor to nine NCI-desginated cancer centers. He also has formed a consulting business, Simone Consulting (http://www.simoneconsulting.com).

From 1992 to 1996, Simone was physician-in-chief of Memorial Sloan-Kettering Cancer Center. Before joining MSKCC, Simone spent most of his medical career at St. Jude Children's Research Hospital in Memphis, where he joined the staff in 1967. In his years there, he played a leadership role in the development of curative treatments for childhood leukemia and lymphoma. From 1983 to 1992, he served as director of St. Jude. Simone also has served as president of the Association of American Cancer Institutes

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Digital Mammography Trial Seeks To Enroll 49,500

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to produce a digital image of the breast that can be displayed on high-resolution monitors. The trial is expected to cost $26.3 million.

"Digital mammography has the potential to provide better detection of early breast cancer, but a large study is needed to really determine whether digital mammography is better than conventional mammography, and if it is better, how large the difference is," said Daniel Sullivan, the trial coordinator at NCI.

ACRIN is an NCI-sponsored network of physicians, scientists, and medical institutions collaborating on clinical trials of new medical imaging technologies.

"This study represents ACRIN's most ambitious undertaking, and certainly the most important," said Bruce Hillman, chairman of ACRIN. "The results of this trial will guide women's breast care into the future."

Enrollment of participants will begin Oct. 15 and take about 18 months, NCI said.

"Standard mammography has been the most studied screening technology over the past 40 years," said the study's principal investigator, Etta Pisano, of the Department of Radiology, University of North Carolina Hospital, Chapel Hill. "What we have here is a well-proven technology, film mammography, and one that is in its infancy, not as well studied yet, digital mammography. We want to make sure that digital mammography is at least as good as standard mammography at finding early breast cancer before it is widely used."

Experts suspect that the difference between digital and film mammography may not be large, but they believe a large study is needed to compare the two techniques when used in screening women without symptoms, Pisano said. Digital mammography may be more effective in detecting cancers in women with dense breasts because it has improved contrast resolution, she said.

Also, two smaller previous studies have indicated that digital mammography may result in fewer women called back for work-up of suspicious breast lesions. "If this is true, we also want to learn how important this would be to women," Pisano said.

Secondary aims of the study address the impact of false positives on health-related quality of life and the cost-effectiveness of digital mammography.

Although the equipment for digital costs more than film mammography, there may be fewer callbacks or additional office visits with the new technique and this would save money as well as lessen patients' concerns, Pisano said.

The ACRIN digital mammography image database will be an important resource for developers of computer-aided diagnosis and image processing software, she said.

A total of 19 institutions in the U.S. and Canada will take part in the study. Women will only be entered into the study at the time of their regular screening mammogram. Each woman will then be followed for several years after receiving both digital and conventional mammograms.

Edward Hendrick, of the Department of Radiology, Northwestern University, is co-principal investigator of the study, and Martin Yaffe, of the Department of Imaging Research, University of Toronto, is lead physicist.

The Center for Statistical Sciences at Brown University will provide statistical coordination for the study under the direction of Constantine Gatsonis. Dennis Fryback, at the University of Wisconsin at Madison, will direct the health-related quality of life analysis, and Anna Tosteson, at Dartmouth Medical School, will direct the cost-effectiveness evaluation.

Data/image collection and study coordination will be performed at the American College of Radiology,

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Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg
Editorial Assistant: Shelley Whitmore Wolfe

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PO Box 9905, Washington DC 20016
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ACRIN headquarters, in Philadelphia.

For a list of institutions participating in the study and contact information, see http://www.dmist.org. Potential participants may contact the centers directly to learn how to participate in the study.

At present, GE Medical Systems, Fuji Medical Systems, Fischer Imaging, and LORAD have developed digital mammography systems that will be tested in the trial. FDA has approved only the GE system for clinical use.

Science Policy:

NIH Signs Agreement For Use Of Five Stem Cell Lines

NIH and the WiCell Research Institute Inc., of Madison, Wis., have signed an agreement allowing NIH scientists to use WiCell's five human embryonic stem cell lines for research.

The Memorandum of Understanding permits NIH scientists to freely publish the results of their research. NIH will retain ownership to intellectual property that might arise from the research. The MOU also contains a "Simple Letter of Agreement" to govern the transfer of cell lines to laboratories with minimal administrative burden.

WiCell will retain commercial rights to its materials and will receive a fee to cover its handling and distribution expenses in supplying the cell lines. WiCell has agreed to make stem cell lines available for use by non-profit institutions that receive grants from NIH under the same terms and conditions as those available to NIH scientists, provided those institutions enter into a separate written agreement with WiCell.

"We are very pleased with this arrangement for our scientists who are interested in pursuing research on human embryonic stem cells," said Acting NIH Director Ruth Kirschstein. "It will allow science to move forward freely in an important, promising new field. We also expect that the MOU we have signed with WiCell could serve as a model for other research institutions, including those receiving grants from the NIH, in crafting their own agreements with WiCell."

The agreement "is a very important step in beginning the basic research that needs to be done before we can approach treatments and cures," HHS Secretary Tommy Thompson said at a Congressional hearing this week. "I believe it will open up a world of opportunity for scientists, not only at the NIH, but elsewhere, because it demonstrates a cooperative atmosphere among academia, the private sector, and government that will allow us to move ahead."

WiCell is a non-profit institution established in 1999 to advance research in the area of stem cells. It has a license from the Wisconsin Alumni Research Foundation to distribute stem cells. WARF, founded in 1925, patents research discoveries at the University of Wisconsin, Madison.

"This agreement will help us make these cells readily available to qualified scientists in government and universities where the science can be openly advanced and the technology brought to fruition as quickly as possible," said Carl Gulbrandsen, managing director of WARF. "WARF is prepared to act on this agreement by making WiCell's cell lines immediately available to the scientific community."

The MOU is available on the NIH Web site at http://www.nih.gov/news/stemcell/WicellMOU.pdf.

NIH funded primate research studies at the University of Wisconsin, Madison, that led to certain discoveries claimed in Wisconsin patent rights.

In The States:

PA Centers To Receive Share Of State's Tobacco Settlement

Pennsylvania Gov. Tom Ridge signed a tobacco spending bill into law this summer that will provide about $65 million a year for the next four years for medical research in state institutions.

The bill allocated to medical research 19 percent of the state's portion of the $11.3 billion from the tobacco Master Settlement Agreement.

Funds are to be distributed to institutions based on grants received from NIH and should provide substantial funding to the state's cancer centers. Eight cancer centers in the state joined together to form the Pennsylvania Cancer Alliance to petition the state to allocate a significant percentage of the tobacco money for biomedical research.

The Alliance is made up of the eight academic cancer centers in Pennsylvania including: Fox Chase Cancer Center, the Wistar Institute, Kimmel Cancer Center of Thomas Jefferson University, MCP-Hahnemann Cancer Center, University of Pennsylvania Cancer Center, University of Pittsburgh Cancer Institute, Penn State University Cancer Center, and Temple University Cancer Center.

Pennsylvania's academic centers will also benefit from the establishment of a Regional Biotechnology Research Center or "bio-tech greenhouse." The

spending plan allows for a one-time payment of $100 million plus $60 million in seed money to launch three regional biotech greenhouses in Pennsylvania.

The program establishes biomedical and life science centers at which collaborative research would occur through the sharing of funds, equipment, personnel and other resources.

These "bio-tech greenhouses" would become self-sufficient by requiring the for-profit partners to make financial or other substantial contributions to the collaborative research.

HHS News:

Nine More States To Pay For Cancer Treatment Of CDC-Screened Women

HHS Secretary Tommy Thompson has approved nine new states' requests to extend Medicaid benefits to uninsured women who are diagnosed with breast or cervical cancer through a federal screening program.

Alabama, Georgia, Iowa, Mississippi, Missouri, North Dakota, South Carolina, Virginia, and Washington are the most recent states to take advantage of the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000, which allowed states to expand Medicaid coverage to these women who otherwise would not have health coverage.

To date, HHS has approved this expanded Medicaid eligibility in a total of 19 states.

Under the new law, states can extend the full Medicaid benefit package to women who were screened through the National Breast and Cervical Cancer Early Detection Program run by the Centers for Disease Control and Prevention and found to need treatment for breast or cervical cancer. Since the CDC program began in 1990, more than 3 million breast and cervical cancer screening tests have been provided to more than 1.8 million women.

To qualify for Medicaid coverage under the program, women must be under age 65, not eligible for Medicaid and without creditable health care coverage. Under the law, these women may now be eligible for Medicaid benefits for the duration of their cancer treatment. States that choose to extend these Medicaid benefits will receive a federal match of up to 85 percent of the costs of treatment.

Details about this Medicaid option are available at http://www.hcfa.gov/medicaid/bccpt. Information about the CDC screening program is at http://www.cdc.gov/cancer/nbccedp/index.htm.

* * *

HHS has proposed regulations to give Medicaid beneficiaries in managed care plans the same types of protection that participants in managed care plans would receive under patient rights' legislation now pending in Congress.

The regulations, which Secretary Thompson pledged to have in place by early next year, will guarantee Medicaid beneficiaries access to emergency room care, a second opinion, a timely right to appeal adverse coverage decisions, and other patient protections.

The proposed regulations build on protections for Medicaid beneficiaries that were created under the Balanced Budget Act of 1997.

The proposed rule retains and expands upon all the protections already available to Medicaid beneficiaries under the 1997 statute. Under the rule, beneficiaries will have the following rights:

--Emergency Room Care. Health plans must pay for a Medicaid beneficiary's emergency room care whenever and wherever the need arises.

--Access to second opinion. All beneficiaries will be allowed to get a second opinion from a qualified health professional.

--Direct access for women's health services. Women will be allowed to directly access a woman's health specialist in the network for the care necessary to provide routine and preventive health care services as already available in Medicaid fee-for-service.

--Patient-Provider Communication. Managed care plans will be prohibited from establishing restrictions, such as gag rules, that interfere with patient-provider communications.

--Network Adequacy. Managed care plans will be required to assure that they have the capacity to serve the expected enrollment in their service area.

--Marketing Activities. States will be required to approve marketing materials used by the managed care plans to enroll Medicaid beneficiaries.

--Grievance Systems. All managed care plans must have a system in place to accommodate enrollee grievances and appeals. Grievances must be resolved within state established timeframes that may not be longer than 90 days and must be resolved by managed care organizations within 45 days.

Managed care plans serving Medicaid beneficiaries also must provide consumers with comprehensive, easy-to-understand information about

the managed care plan in which they are enrolled.

The proposed regulations would replace a rule put forth by the Clinton administration last January.

"The previously issued rule went far beyond what Congress intended with the Balanced Budget Act, and its excessive mandates actually threatened beneficiaries' access to care under Medicaid," Secretary Thompson said. "The new proposed rule will ensure that states have the flexibility they need to protect patients while protecting the programs they may already have established."

The proposed regulation is available at http://www.hcfa.gov/medicaid/omchmpg.htm. The 60-day comment period will end on Oct. 19.

* * *

HHS Secretary Thompson has made 21 appointments to the Advisory Committee on Organ Transplantation.

Thompson increased the committee from 20 to 41 members and amended its charter to expand the scope of its responsibilities to include advising the Secretary on ways to increase organ donation nationally. Nancy Ascher, liver transplant surgeon and professor and chairman of surgery, University of California, San Francisco, was named chairman of the committee. The committee is scheduled to meet Dec. 3-4, in Washington, DC.

New members include: **Phil Berry Jr.**, orthopedic surgeon, Dallas, Tex.; **Robert Charrow**, attorney, Crowell & Moring, LLP, Washington, DC; **Catherine Crone**, Inova Lung Transplant Center, Falls Church, Va.; **Roger Evans**, associate editor, Journal of Heart and Lung Transplantation; **Susan Gunderson**, CEO, LifeSource OPO, St. Paul, Minn.; **Larry Hagman**, liver transplant recipient; **Robert Higgins**, Medical College of Virginia; **Son-Ja Robet Jones**, a double organ, kidney-pancreas transplant recipient; **Barry Kahan**, University of Texas Medical School; **Arlene Locicero**, donor mother; **Diana Lugo**, St. Vincent's Medical Center, Los Angeles; **Amadeo Marcos**, University of Rochester; **James Perkins**, University of Washington School of Medicine; **Deborah Rodriguez**, kidney recipient; **Michael Seely**, Pacific Northwest Transplant Bank; **James Shanteau**, Kansas State University; **Hans Sollinger**, University of Wisconsin School of Medicine; **Deborah Surlas**, kidney-pancreas recipient; **Katherine Turrisi**, University of South Carolina; **Michael Williams**, Johns Hopkins University; and **Carlton Young**, University of Alabama at Birmingham.

In Brief:

Arbuck Leaves NCI To Guide BMS Oncology Pipeline

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and founding chairman of the National Comprehensive Cancer Network. He was an associate editor of the Journal of Clinical Oncology for 18 years.

* * *

Susan Arbuck, head of the Developmental Chemotherapy Section in the Investigational Drug Branch at NCI, has joined Bristol-Myers Squibb Co. as vice president, Oncology Clinical Research. Arbuck will guide the company's pipeline of anticancer drugs through clinical development. The company has eight investigational compounds, including a novel epothilone, novel taxanes, a ras-fernasyltransferase inhibitor, and antiangiogenic agents in clinical development. Arbuck joined NCI in 1991 and directed drug development of more than 80 anticancer agents among NIH grantees and national cooperative groups. Arbuck received her medical degree in 1977 from McMaster University Medical School and trained in medical oncology at Roswell Park Cancer Institute. She received a Master of Science degree from the State University of New York in Buffalo. Arbuck served on the faculty of the SUNY School of Medicine from 1977-1991. . . . **ANTHONY HAYWARD** was named associate director of clinical research of National Center for Research Resources at NIH. Hayward is Hayward is professor of pediatrics, microbiology, and immunology at the University of Colorado Health Sciences Center and associate director of the Pediatric General Clinical Research Center. Hayward will oversee the General Clinical Research Centers, the National Gene Vector Laboratories, and the new Human Islet Cell Resource Centers, and clinical research career development programs for physicians and dentists. The GCRC Program supports a network of 80 clinical research centers at major academic medical centers across the U.S. The GCRCs offer clinical investigators access to specialized technologies, Web-based networks for collaborative research, along with professionally staffed facilities to conduct patient-oriented studies. More than 9,000 investigators use the GCRC network annually to carry out approximately 8,600 individual research projects. "I anticipate his working closely with the scientific community to better position clinical investigators to take advantage of unprecedented research tools and technologies," said **Judith**

Vaitukaitis, NCRR director. "This will lead to more effective prevention strategies, diagnostic tools, and therapies for many diseases that currently have no effective treatments.". . . **JOSEPH DERADTS**, of the Nuffield Department of Clinical laboratory Sciences, University Oxford and John Radcliffe Hospital, Oxford, UK, was appointed to the Department of Pathology & Laboratory Medicine at Roswell Park Cancer Institute by **David Hohn**, president and CEO of Roswell Park Cancer Institute Corp. His research interests include molecular pathology of breast and lung cancer; the pathobiological and clinical significance of differential gene expression in solid tumors; and application of modern techniques, including microarrays, in diagnostic pathology. . . . **DANIEL HAYES**, professor in the Department of Internal Medicine of the University of Michigan Medical School, was named clinical director of its Breast Oncology Program. His responsibilities will include directing clinical services and overseeing the translation of basic breast cancer research into clinical trials. . . . **AMERICAN SOCIETY** for Therapeutic Radiology and Oncology elected the following officers who will begin their terms in November. **Joel Tepper**, professor and chairman of the Department of Radiation Oncology at the University of North Carolina School of Medicine in Chapel Hill, was appointed president elect. He is associate director for clinical research at the UNC Lineberger Comprehensive Cancer Center and chairman of the protocol review committee. **Timothy Williams**, member of the Department of Radiation Oncology for the Lynn Regional Cancer Center of Boca Raton Community Hospital, was elected secretary. **Kenneth Russell**, professor in the Department of Radiation Oncology for the University of Washington School of Medicine in Seattle., was named board member-at-large (academic). **William McBride**, professor and vice chairman for research in the Department of Radiation Oncology at UCLA Medical Center, was elected board member-at-large (biology). Named to the nominating committee were **Mary Austin-Seymour**, vice chairman of the Department of Radiation Oncology at the University of Washington School of Medicine, and **Moody Wharam Jr.**, professor of oncology at the Johns Hopkins University School of Medicine. . . . **Maggie Bartlett**, a visual information specialist at NCI since 1986, has moved to the communications office of the National Human Genome Research Institute. . . . **LELAND HARTWELL**, president and director of the Fred Hutchinson Research Center at the University of Washington, will present the University of Pittsburgh School of Medicine 82nd Mellon Lecture Sept. 13 as part of the Science2001-A Research Odyssey, a three and a half-day showcase of research at UP. His lecture, "From Yeast Cell Division to Human Cancer: The Unity of Biology," will focus on his work using yeast to study fundamental biological processes such as cell division and growth. Also as part of the research showcase, **Robert Roeder**, professor and head of the Laboratory of Biochemical and Molecular Biology at Rockefeller University, will receive the 2001 Dickson Prize in Medicine. . . . **BARUCH BLUMBERG**, 1976 Nobel laureate in medicine for his 1967 discovery of the hepatitis B virus and the development of the hepatitis B vaccine, will receive the 2001 Fries Prize. He is a Fox Chase Cancer Center Distinguished Scientist. Blumberg was director of the National Aeronautics and Space Administration Astrobiology Institute headquartered at NASA Ames Research Center until last year when he was named senior advisor to the NASA administrator. The prize is sponsored by the Healthtrac Foundation. . . . **BARBARA ANN KARMANOS** Cancer Institute will host four scientists from Gray Laboratories, London, England, at its Gershenson Radiation Oncology Center in Detroit to collaborate on treatments for brain and pancreatic cancer. **Michael Joiner**, group leader and microfractionation researcher will be the only scientist in the U.S. doing such research, said **Jeffrey Forman**, chairman of the department of radiation oncology. The four scientists are Joiner, **George Wilson**, **Brian Marples**, and **Simon Scott**. The group is focusing on three new major research areas: targeted gene therapy using radiation-controlled switches; low-dose hyper-radio sensitivity; mechanisms and clinical applications; and biological determinants of cancer progression and response to therapy. . . . **THOMAS PHILLIPS**, associate director for medication error prevention, Office of Post-Marketing Drug Risk Assessment, FDA, was re-elected chairman of the National Coordinating Council for Medication Error Reporting and Prevention. Phillips is a practicing pharmacist and a commissioned officer in the U.S. Public Health Service. **John Combes** was elected vice chairman of the council. Combes is senior medical advisor at the Hospital and Healthsystem Association of Pennsylvania and for the American Hospital Association. Phillips and Combes develop initiatives to determine the appropriateness of using medication

error rates between and among health care institutions, and to open a dialog on emerging models and approaches for medication errors and practitioner accountability. Both Phillips and Combes are serving one-year terms of office. . . . **MESOTHELIOMA APPLIED RESEARCH FOUNDATION** added three experts to its science advisory board: **Hedy Kindler**, medical oncologist, University of Chicago, chairman of the Mesothelioma Program of the Cancer and Leukemia Group B; **Raphael Bueno**, thoracic surgeon and assistant professor of surgery, Harvard Medical School; and **W. Roy Smythe**, assistant professor of surgery at MD Anderson Cancer Center.

A Note To Our Readers

With this issue, **The Cancer Letter** has begun accepting advertising within its pages, for the first time since its inception in 1973.

Last year, the newsletter began accepting single-sheet advertising inserts mailed with the newsletter or placed at the back of the electronic edition. Now ads may appear either as inserts or within the newsletter. When necessary, the number of pages will be expanded.

By offering organizations and companies the opportunity to communicate with readers via advertising, **The Cancer Letter** can enhance its value to subscribers while maintaining a subscription rate that is average for a weekly, Washington-based, specialized publication.

It has often been thought that newsletters, by definition, must not accept advertising in order to maintain accountability only to subscribers. This definition has more to do with the historical development of early newsletters, as well as practical considerations of space, staff time, and production capabilities. The newsletter industry has become as widely varied as other forms of media in the U.S. Many newsletters carry advertising. Computerization has made production methods faster and simpler.

While we will remain vigilant, **The Cancer Letter's** strong editorial voice will not weaken, our news pages will not diminish, and our service to subscribers and the cancer research community will not lessen by the appearance of advertising. To the contrary, we hope advertising will help inform our readers, and expect the additional income to strengthen our editorial product. We retain the right to reject ads that are misleading, inaccurate, or unsuitable to our readership.

--Kirsten Boyd Goldberg, editor and publisher

Funding Opportunities:

RFA Available

RFA-AG-02-003: Aging, Race and Ethnicity in Prostate Cancer

Letter of Intent Receipt Date: Nov. 13, 2001

Application Receipt Date: Dec. 12, 2001

National Institute on Aging invites research applications for R01 research projects that lead to better prevention, diagnosis, prognosis, and treatment of prostate cancer in the age range in which prostate cancer most frequently occurs in the diverse population groups at risk (i.e., in men 65 years and older). Proposals may be focused on genetic and environmental risk factors, pre-malignant changes, tumorigenesis, detection of localized and advanced disease, prognostic indicators, disease progression, and response to treatment. Studies to evaluate or refine the ability of existing diagnostic, screening, or follow-up methods of persons of different age, race, and ethnicity are also responsive to this RFA. All proposed studies should address aging- or age-related factors. The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-02-003.html.

Inquiries: Rosemary Yancik, Geriatrics Program, National Institute on Aging, 7201 Wisconsin Ave., Suite 3E 327 MSC 9205, Bethesda, MD 20892-9205, phone 301-496-5278; fax 301-402-1784; e-mail ry3e@nih.gov

Program Announcements

PAR-01-134: NCI Transition Career Development Award

The K22 award facilitates the transition of investigators from the mentored to the independent stage of their careers in cancer research. The award applies to clinicians who are pursuing basic science careers; clinicians who are pursuing careers in patient-oriented research; and to individuals pursuing careers in the prevention, control and population sciences. To apply, a candidate must have completed two years or more of postdoctoral, mentored research or have been in an independent position for less than two years at the time the application is submitted. Individuals may apply without a sponsoring institution while they are still in a mentored position. The PAR is available at http://grants.nih.gov/grants/guide/2001/01.09.07/index.html.

Inquiries: In the Clinical Sciences: Lester Gorelic, Cancer Training Branch, NCI, 6116 Executive Blvd., Suite 7025, MSC 8346, Bethesda, MD 20892-7390; phone 301 496-8580; fax 301-402-4472; e-mail lg2h@nih.gov. In the Basic Sciences: Cynthia Pond, Cancer Training Branch, NCI, 6116 Executive Blvd., Suite 7023, MSC 8346; Bethesda, MD 20892-7390; phone 301-496-8580; fax 301-402-4472; e-mail cp32z@nih.gov. In Cancer Prevention, Control, Behavioral, Population Sciences: Brian Kimes, Cancer Training Branch, NCI, 6116 Executive Blvd., Suite 7001, MSC 8346, Bethesda,

MD 20892-8346, phone 301-496-8537, fax 301-402-0181; e-mail bk34t@nih.gov.

PAR-01-135: Cancer Prevention, Control, Behavioral and Population Sciences Career Development Award

The purpose of the award is to provide a mechanism of support for three to five years of specialized didactic study and mentored research for individuals with a health professional or science doctoral degree who are not fully established investigators and who want to pursue research careers in the cancer prevention, control, population and/or behavioral sciences.

Examples of relevant disciplines include any aspect of human cancer prevention (modifiable risk factors, new animal models and extrapolation of these models to human cancer, genetic predisposition to cancer and detection of precursor lesions, chemoprevention trials in human populations, and behavioral research and behavioral intervention trials in cancer prevention), epidemiology (biochemical, genetic, molecular), biostatistics, human cancer genetics, clinical oncology, human nutrition, behavioral and social sciences, health promotion, health services and health policy research; and medical decision analysis, survivorship and quality of life as they relate to cancer.

This PA will use the NIH K07 award mechanism. The PAR is available at http://grants.nih.gov/grants/guide/pa-files/PAR-01-135.html.

Inquiries: Brian Kimes, Cancer Training Branch, NCI, 6116 Executive Blvd., Suite 7001, MSC 8346, Bethesda, MD 20892-8346, phone 301-496-8537, fax 301-402-0181; e-mail bk34t@nih.gov.

Other Funding Notices

Competing Supplemental Applications: Small Animal Imaging Resource Programs Training: Notice of Limited Competition

Application Receipt Date: Oct. 25, 2001.

NCI intends for this supplemental initiative to assist the five originally funded SAIRPs in creating training capabilities in small animal imaging. The initiative is part of a continuing effort to stimulate and strengthen research in small animal imaging techniques and to strengthen the use of small animal imaging techniques in cancer research. NCI-funded SAIRPs possess the infrastructure, organization, leadership, and integrated multidisciplinary research objectives that enable them to build and incorporate new training programs in small animal imaging. NCI staff will contact the current grantees directly regarding application procedures and format. The notice is available at http://grants.nih.gov/grants/guide/notice-files/NOT-CA-01-009.html.

Inquiries: Barbara Croft, program director, NCI, 6130 Executive Blvd., Executive Plaza North Suite 6000, MSC 7440, Bethesda, MD 20892-7383, phone 301-496-9531; fax 301-480-3507; e-mail bc129b@nih.gov

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