

THE

# CANCER LETTER INTERACTIVE

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## NCI Asks Centers To Limit Increases In Applying For Support Grant Renewals

NCI has placed a cap on budget increases for Cancer Center Support Grants, the grants that fund the scientific infrastructure of the nation's most prestigious cancer centers.

The cap will be calculated individually for each center applying for renewal after Oct. 1. The Cancer Centers Program expects eight centers to apply for renewal in fiscal 2002.

The cap on CCSGs will be calculated by dividing the center's budget request by the amount of NCI research funding it holds (the NCI-funded  
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### In Brief:

#### **Cancer Researchers Share 2001 Nobel Prize For Cell Cycle, Chromosome Discoveries**

**2001 NOBEL PRIZE** in Physiology or Medicine was awarded to cancer researchers **Leland Hartwell**, director of the Fred Hutchinson Cancer Research Center in Seattle, **R. Timothy Hunt**, of the Imperial Cancer Research Fund in Hertfordshire, England, and **Paul Nurse**, also of the ICRC, London, for discovering key regulators of the cell cycle and how chromosome defects arise in cancer cells. Beginning in 1970, Hartwell used baker's yeast to identify more than 100 genes that control the cell cycle, so-called CDC-genes. He also studied the sensitivity of yeast cells to irradiation and produced the concept "checkpoint." This means that the cell cycle is arrested when DNA is damaged, allowing DNA repair before the next phase. In the early 1980's, Hunt used sea urchins to discover the first cyclins, proteins that form and degrade during each cell cycle. Cyclins bind to and regulate the activity of cyclin-dependent kinases. Hunt discovered cyclins in other species; so far 10 have been found in humans. In 1987, Nurse followed Hartwell's approach in using genetic methods for cell cycle studies, but used a different type of yeast. He discovered CDK1, the human version of a cell cycle gene and showed that the gene regulated different phases of the cell cycle. At least half a dozen different CDK molecules have been found in humans because of his work. "The CDK molecules can be compared with an engine and the cyclins with a gear box controlling whether the engine will run in the idling state or drive the cell forward in the cell cycle," the Nobel Assembly said. Although the application of research is still in the early stages, it could be important for all kinds of cancers, said the prize committee. The award, which carries a shared  
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## NCI Places Cap On Amount Centers Can Seek On Renewal

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base) for the last full fiscal year before the application deadline. The ratio must be 0.2 or less.

If a center's grant already exceeds the 0.2 ratio, it will be able to apply for a 3 percent budget increase.

"We're worried about funding for next year," Brian Kimes, director of the NCI Office of Centers, Training and Resources, said at a meeting of the National Cancer Advisory Board's Cancer Centers Subcommittee last month. "The nice thing about a ratio cap is that it doesn't inhibit growth. As long as the center's NCI research base grows, the center grows."

The ratio cap will remain in place until the NCI director decides to remove it, Kimes said.

Earlier this year, NCI placed a 20 percent cap on budget increases for most research grants. Institute officials said the restrictions were necessary to avoid a sharp drop in the number of grants that would be funded in fiscal 2002.

NCI officials also had expected to place a 25 percent cap on CCSGs, but met strong resistance from cancer center directors, Kimes said.

"We received a lot of flak from that immediately," Kimes said to **The Cancer Letter**. "The argument that several centers gave us was that their research base has grown tremendously over the past few years,

because NCI has been funding a lot of grants, and if they couldn't expand their infrastructure commensurately, they couldn't adequately support the science. They felt it was better to go with a ratio, because it doesn't prevent growth."

The CCSG review committee has used the 0.2 ratio as a guide in considering budget requests for the past three years, Kimes said.

In fiscal 2001, NCI provided \$198 million in funding for the Cancer Centers Program. Of that, about \$180 million funded the CCSGs. Each institution receiving a CCSG award is recognized as an NCI-designated Cancer Center. Currently, there are 60 NCI-designated cancer centers.

The NCAB Cancer Centers Subcommittee voted Sept. 10 to recommend support for the ratio cap. However, for centers that are already over the 0.2 percent ratio, the subcommittee recommended a 20 percent cap on the budget increase, rather than a 3 percent cap.

The subcommittee never had the chance to present its report to the NCAB. The board's Sept. 11 meeting ended abruptly after government buildings were closed due to the terrorist attacks.

The subcommittee also approved a revision to the CCSG Guidelines specifying when centers that no longer merit funding can retain the "comprehensive" designation. If a center meets the standards set by the parent review committee, but does not receive a fundable priority score, the center can continue calling itself "comprehensive" for as long as NCI maintains "active" status of the CCSG administratively.

Also, the subcommittee approved guideline revisions that update wording on prevention, control, and population research, and make the guidelines "friendlier" to small institutions.

The centers applying for renewal in FY 2002 include: American Health Foundation; St. Jude Children's Research Hospital; University of California, Davis; University of Chicago; Massey Cancer Center at Virginia Commonwealth University; CTRC Research Foundation, San Antonio; University of California, Irvine, and University of California, San Francisco.

NCI projects that those centers will apply for about \$27 million in funding.

A list of centers and their FY 2000 CCSG amounts is contained in the NCI Fact Book (page 56), available at: <http://www.nci.nih.gov/admin/fmb/Factbook2000.pdf>.

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NCI awarded 1,200 new and competing grants in FY 2001, a 7.5 percent increase over the previous year and another record for the Institute, Richard Klausner said to the NCAB last month prior to announcing his departure.

Of the \$442 million in new funds that were available in FY01, two-thirds went into research grants, and two-thirds of the amount of new funds for research grants went to non-competing awards, Klausner said.

Ticking off a list of new research grant programs that were begun in FY01, Klausner said that with appropriate planning and careful budgeting, "each year we are able to create extremely popular initiatives."

### Philanthropy:

## **Avon Awards \$50 Million To NCI And Three Centers**

Avon Products Foundation said it will award \$50 million raised by the Avon Breast Cancer Crusade to NCI and leading national cancer centers to fund breast cancer research and access to care.

NCI will receive \$20 million, Avon's largest single award, and the largest corporate foundation award ever bestowed on the Institute.

The NCI funds will advance breast cancer research and expand early phase clinical interventions, Avon said.

Three cancer centers will each receive \$10 million. They are: Massachusetts General Hospital/Harvard Comprehensive Cancer Center, University of California, San Francisco Comprehensive Cancer Center, and Robert H. Lurie Comprehensive Cancer Center of Northwestern University.

"As the company for women, Avon is committed to corporate social responsibility and to the breast cancer cause, one of the most important issues in women's health," said Andrea Jung, chairman and CEO of Avon Products Inc. "We are committed to helping find a cure for breast cancer while providing access to care for all women, and helping end historic disparities in health care. With this latest gift, we are especially proud to initiate a unique public-private partnership with the National Cancer Institute."

The funds to the cancer centers will support biomedical research, clinical care for medically underserved women and construction of new state-of-the-art facilities focusing on breast cancer research and care at each institution.

"The Avon Products Foundation award comes

at a great time in the history of breast cancer research," said Robert Wittes, NCI deputy director for extramural sciences. "Advances in cancer biology have made it possible for the first time to begin drawing a molecular picture of cancer cell behavior, which will form the basis for a generation of informative diagnostic tests and the discovery of much more effective drugs aimed at treating and preventing cancer. We are just at the beginning and are thankful to the Avon Products Foundation for its generous commitment that will help accelerate our efforts tremendously."

At an fundraising gala Oct. 9 in New York, Avon also recognized individuals and corporations for their work in breast cancer:

—Medical Advancement Award: Karen Antman, director, Herbert Irving Comprehensive Cancer Center at Columbia Presbyterian Medical Center.

—Corporate Leadership Award: Genentech Inc., of San Francisco.

—Media Leadership Award: SELF Magazine, co-creator of the pink ribbon, symbol of the breast cancer cause.

—Community Advocate Award: Zora Brown, founder and president, Breast Cancer Resource Committee, Washington, DC.

—Pink Ribbon Award: Jackie Williams, Avon Leadership Representative, Sinton, TX, and a breast and ovarian cancer survivor.

### NIH News:

## **NIAID, Vaccine Center Begin Phase I Trial Of AIDS Vaccine**

National Institute of Allergy and Infectious Diseases researchers at the Dale and Betty Bumpers Vaccine Research Center began a clinical trial testing the first AIDS vaccine invented at the new facility.

The vaccine was produced only one year after the building housing the new center opened in September 2000.

"To have taken this vaccine from concept to clinical-grade product in such a short time is an extraordinary accomplishment," said Anthony Fauci, director of NIAID. "The trial provides a tangible example, along with our outstanding group of scientists and their productive research programs, that the NIAID is moving at an unprecedented speed to try to make an AIDS vaccine a reality."

VRC Director Gary Nabel said, "We are absolutely committed to advancing AIDS vaccines from concept to the clinic, where we can begin the



urgent task of evaluating their immune effects in people.”

Nabel and two research fellows, Yue Huang, and Wing-Pui Kong, began developing the HIV DNA vaccine a little more than a year ago.

While traditional vaccines usually contain a weakened or killed form of a disease-causing agent or its proteins, DNA vaccines instead contain only portions of the genetic material for such.

The new vaccine contains the DNA blueprint for two pieces of HIV called “gag” and “pol.” Gag is HIV’s core protein. Pol includes three enzymes crucial for HIV replication, all of which have been modified for the vaccine to render them nonfunctional. Gag and pol remain relatively constant across different HIV strains, and together they make up about half of HIV’s total protein.

Once inside the body, the DNA in the vaccine instructs certain cells to make small amounts of these HIV proteins. The purpose of this phase I study is to determine if the vaccine is safe and if the body makes an immune response to these proteins. Because the vaccine does not contain genetic material for the whole virus, it is impossible for someone to become infected with HIV or to develop AIDS from the vaccine.

Through a contract with Vical, Inc., of San Diego, the VRC had the laboratory product made into clinical grade DNA used in the vaccine.

The Phase 1 trial is recruiting 21 healthy men and women aged 18 to 60 who are not infected with HIV and who are at low risk for becoming so. Participants will be assigned at random to receive either the experimental vaccine or a placebo.

Increasing doses of vaccine will be tested in a stepwise manner in three groups of seven volunteers. At each step, five people will receive vaccine while two other people receive placebo. The study will last about 12 months from the first injection.

The trial is being conducted at the NIH Clinical Center under the direction of Jorge Tavel. For further information about the trial, call 866-833-5433 or read a description of the trial at <http://www.niaid.nih.gov/vrc/clinstudies.htm>.

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The Web site for the National Institute of Biomedical Imaging and Bioengineering is now operational at <http://www.nibib.nih.gov/>.

Information on all aspects of NIBIB structure and operations and on activities related to biomedical imaging and bioengineering in general is available on the site, including information about the NIH

Bioengineering Consortium. BECON consists of representatives of all NIH research institutes and centers and other federal agencies, serves as a focus for bioengineering activities at the NIH, and is administered by the NIBIB.

The NIBIB is the newest of the NIH research institutes.

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U.S. scientists are reducing the number of rodents in chemical safety testing to a fraction of the 50 to 200 animals used in the old LD50 test for toxicity, but the use of human or animal cell lines could immediately reduce the number of animals further— as much as 30 percent more—the National Institute of Environmental Health Sciences said in releasing two new federal interagency reports on alternative testing methods.

The old LD50 test rated the toxicity of chemicals by finding the dose that killed half the test animals. As now being modified by three more humane alternatives, only eight to 12 rodents are needed to estimate the lethal dose. The tests at issue determine if a chemical or product will cause illness or death in animals after ingestion of a single dose. Restrictions, warning labels and special packaging, such as child-proof containers, are based on the results.

The two new reports suggest that cell lines may eventually replace much animal testing but that even today cells can be used to screen chemicals for their relative toxicity, thereby further reducing the need for animals by nearly a third.

The reports say effective testing—including some requiring animals—remains necessary to reduce the risks of death, disfigurement and injury facing adults and children from chemicals in the workplace and in the home.

NIEHS released the “Report of the International Workshop on In Vitro Methods for Assessing Acute Systemic Toxicity” and an accompanying “Guidance Document on Using In Vitro Data to Estimate In Vivo Starting Doses for Acute Toxicity.”

The National Toxicology Program, headquartered at NIEHS, and the Environmental Protection Agency co-sponsored the workshop, which produced the documents.

Much of the work to reduce animal test requirements has been fostered by the Interagency Coordinating Committee on the Validation of Alternative Methods which was organized by NIEHS in 1997 to evaluate new test methods. ICCVAM is composed of representatives from 15 federal agencies.



*National Academies:*  
**Number Of Uninsured  
To Increase, Report Finds**

The high cost of health insurance, along with public policies, prevents tens of millions of Americans from obtaining health care coverage, says a new report from the Institute of Medicine of the National Academies.

A dip in the number of uninsured in 1999 and 2000 can be attributed in part to a stronger economy, but an increase is expected in the future because of rising health care costs and insurance premiums, a weakening economy, and a growing population.

“More than the state of the economy, the rising cost of health care services and insurance premiums, combined with a hodgepodge of policies and practices, undermines affordability for employers, their workers, and the public at large,” said Mary Sue Coleman, co-chair of the committee that wrote the report and president of the Iowa Health System and the University of Iowa. “Unless health insurance is made more affordable, the number of uninsured Americans is likely to continue growing over time.”

Pervasive misperceptions about the uninsured also present obstacles to addressing the issue constructively, the committee found. In addition, the report confirms research findings that people without insurance are less likely to seek health care when needed.

The report is the first of six that will constitute an extensive review of public policy, economic, and health services research intended to paint an accurate portrait of who lacks health insurance and why, along with the personal, social, and economic consequences.

Because health insurance in the United States is largely provided through employment, two-thirds of people under age 65 are covered through their job or that of a spouse or parent. An estimated one out of seven Americans goes without coverage for an entire year, at some point in life, while many more do so for shorter periods of time.

With the cost of health care services and insurance premiums increasing, more employers and consumers may view coverage as prohibitively expensive, the committee concluded. Many employers absorbed premium increases during the economic boom of the 1990s, but they are not expected to continue this trend in the current, softening economy. On average, workers pay 14 percent of the cost of individual coverage and 27 percent of family coverage.

The report sets out to debunk a range of popular misconceptions, as measured through surveys, about the scope of the problem.

Copies of the report, “Coverage Matters: Insurance and Health Care,” are available from the National Academy Press at tel: 202-334-3313 or 800-624-6242, or online at <http://www.nap.edu>.

\* \* \*

New studies strengthen the evidence of a link between bladder and lung cancer and exposure to arsenic in drinking water, says a new report from the National Academies’ National Research Council.

“Even very low concentrations of arsenic in drinking water appear to be associated with a higher incidence of cancer,” said Robert Goyer, chairman of the committee that wrote the report and professor emeritus of pathology, University of Western Ontario, now living in Chapel Hill, NC. “We estimated the risk of developing cancer at various arsenic concentrations, and now it is up to the federal government to determine an acceptable level to allow in drinking-water supplies.”

The report’s findings are consistent with those of a 1999 Research Council report that found high risks of cancer at EPA’s maximum allowable level for arsenic in drinking water, which at the time was 50 micrograms per liter, or parts per billion.

The agency lowered its standard to 10 parts per billion in January, but in March put the new rule on hold and asked the Research Council to review research findings from the last two years on the health effects of arsenic. In particular, it asked for an evaluation of the cancer risk posed by daily consumption of water with arsenic levels of 3, 5, 10, and 20 parts per billion.

The committee found that men and women who daily consume water containing 3 parts per billion of arsenic have about a 1 in 1,000 increased risk of developing bladder or lung cancer during their lifetime. At 5 parts per billion, the risk is about 1.5 in 1,000; at 10 parts per billion, it is greater than 3 in 1,000; and at 20 parts per billion, it is close to 7 in 1,000.

The committee’s risk estimates are greater than those on which EPA based its pending rule because the committee used different estimation methods and assumptions. For example, it compared cancer rates between people exposed to arsenic in southwestern Taiwan and a large, mostly unexposed Taiwanese population, whereas EPA only compared cancer rates within the study population itself.

The report, “Arsenic in Drinking Water: 2001 Update,” is available at <http://www.nap.edu>.



Funding Opportunities:  
**2002 AACR-Pezcoller  
International Award for Cancer**

Nominations Deadline: Oct. 20, 2002

The award recognizes a major scientific discovery in basic or translational cancer research. As this is an international award, nominations of outstanding cancer researchers who are affiliated with a research institute anywhere in the world are welcome.

The winner will give an award lecture during the 93rd AACR annual meeting in San Francisco from April 6-10, 2002, and will officially receive the award at a ceremony in Trento, Italy, where the Pezcoller Foundation is located. The award consists of 75,000EUR and a commemorative plaque. Information about the nomination package is available under honorary awards at <http://www.aarc.org>.

Inquiries: American Association for Cancer Research, AACR-Pezcoller International Award for Cancer Research, Public Ledger Building, Suite 826, 150 South Independence Mall West, Philadelphia, PA 19106-3483, phone 215-440-9300, ext. 108; fax 215-440-9372; e-mail [clark@aarc.org](mailto:clark@aarc.org).

## **Program Announcements**

### **PA-02-001: Exploratory Grants for Behavioral Research in Cancer Control**

Division of Cancer Control and Population Sciences and the Division of Cancer Prevention of NCI invite research grant applications to conduct developmental and formative behavioral research in cancer prevention and control through a program of exploratory investigator-initiated R21 grants. The exploratory/developmental R21 grant mechanism is used for pilot projects or feasibility studies to support creative, novel, research that aims to produce innovative advances in science. The goal of this initiative is to promote timely and innovative behavioral, clinical, and culturally appropriate research approaches in cancer prevention and control. Studies may focus on: 1) Assessment (instrumentation methods, measurement development); 2) Intervention (feasibility of new and innovative approaches, appropriateness for use in populations disproportionately burdened with cancer, or other clinical, organizational and community settings), 3) Dissemination (applications, sustainability), 4) Surveillance (issues of inclusion of minority populations, data base linkage studies to monitor progress toward cancer prevention and control), and 5) psychological influences on cancer and the biobehavioral mechanisms underlying cancer related behaviors. The PA will use the NIH exploratory/developmental R21 grant mechanism. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-02-001.html>.

Inquiries: Sabra Woolley, Division of Cancer

Control and Population Sciences, NCI, Executive Plaza North, Rm 4078, MSC 7335, Bethesda, MD 20892-7335, phone 301-435-4589; fax 301-480-2087; e-mail [sw215x@nih.gov](mailto:sw215x@nih.gov)

### **PA-02-002: Clinical Cancer Therapy Research**

NCI seeks grant applications to conduct clinical therapeutic studies/trials of neoplastic diseases in humans. Clinical research, by definition, is research conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize tissues that cannot be linked to a living individual. The PA encompasses a full range of therapeutic studies and clinical trials employing drugs, biologics, radiation, and surgery. The intent of the PA is to encourage clinical researchers to translate insights in cancer biology and the development of new agents into innovative cancer therapeutic studies. The PA will use the NIH research project grant R01. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-02-002.html>.

Inquiries: Roy Wu or Heng Xie, Division of Cancer Treatment and Diagnosis, NCI, Executive Plaza North, Rm 7009, Bethesda, MD 20892, phone 301-496-8866; fax 301-480-4663; e-mail [rw51j@nih.gov](mailto:rw51j@nih.gov) e-mail [xieh@ctep.nci.nih.gov](mailto:xieh@ctep.nci.nih.gov).

### **PA-02-005: Economic Studies in Cancer Prevention, Screening and Care**

Division of Cancer Control and Population Sciences, NCI and the Agency for Health Care Research and Quality, invite investigator-initiated grant applications for research directed at increasing the knowledge base in the area of the economic aspects of cancer prevention, screening and care. NCI has an interest in economic and health services studies with particular emphasis on meeting the goals of the NCI Quality of Cancer Care Initiative (<http://plan2002.cancer.gov/infquality.htm>). The initiative requests research applications on new methods development, the synthesis and extension of existing methods, and innovative data gathering strategies. Applications that propose to implement actual data collection on a pilot or full-scale basis as well as analytical studies that use existing data and methodology may also be submitted. Support of this program will be through the NIH research project grant R01 or an exploratory/developmental grant R21. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-02-005.html>.

Inquiries: For NCI—Martin Brown, Applied Research Branch, Division of Cancer Control and Population Sciences, NCI, Executive Plaza North, Rm 4005, Bethesda, MD 20892-7344, phone 301-496-5716; fax 301-435-3710; e-mail [mb53o@nih.gov](mailto:mb53o@nih.gov)



## NCI Contract Awards

Title: Animal Production Services at NCI-Frederick.

Contractor: Charles River Laboratories Inc., Wilmington, MA. Amount: \$25,632,600.

Title: GMP Production of Recombinant Human Melanoma GP100 and NY-ESO-1 Tumor Antigen Vaccines for Phase I Clinical Studies.

Contractor: Novavax Inc. Columbia, MD. Amount: \$345,000.

### *In Brief:*

## NCI Management Director Leaving For Case Institute

(Continued from page 1)

prize of \$943,000, will be presented Dec. 10. . . . **MARYANN GUERRA**, NCI deputy director for management, will leave Oct. 19 to follow former NCI Director **Richard Klausner** to the Case Institute of Health, Science and Technology. Guerra's title will be vice president of the institute. Klausner was named president of the institute last month. Klausner had recruited Guerra to NCI six years ago. She has held several administrative positions at NIH for the past 20 years. . . . **DOUGLAS KAMEROW**, assistant surgeon general in the U.S. Public Health Service, has joined RTI as chief scientist for health, social and economics research. His responsibilities will include research in health behaviors, quality of care, and technology-based approaches to health care delivery and health services. Kamerow will work in the Washington, DC, office and will retain an adjunct faculty position as a clinical professor in the Georgetown University Department of Family Medicine. RTI of Research Triangle Park, NC, is an independent, nonprofit organization working in health and medicine, environmental protection, technology commercialization, decision support systems, and education and training. . . . **SLOAN-KETTERING Cancer Center** appointed two service chiefs. **Peter Cordeiro**, acting chief of the plastic and reconstructive surgery service, was named chief of the service. Cordeiro, who has special expertise in breast and facial reconstruction and microsurgical procedures, is working on refining and expanding the use of tissue transplants for complex reconstructive problems. **W. Douglas Wong**, an authority on endorectal ultrasonography and known for reconstructive surgery of the anal sphincter following surgical removal of a cancerous rectum—a procedure

that retains bowel function—was named chief of the colorectal service. . . . **ANTHONY FAUCI**, director of the National Institute of Allergy and Infectious Diseases, received the 2001 Frank Annunzio Award in the Humanitarian Field from the Christopher Columbus Fellowship Foundation, an independent federal government agency. The awards are presented annually to living Americans whose thinking has led to creative work, process, product or other achievement that has had a significant and beneficial impact on society. Besides the Humanitarian Award to Fauci, the foundation will give architect Michael Graves the prize in Arts/Humanities. . . . **MESOTHELIOMA APPLIED RESEARCH FOUNDATION** awarded two \$100,000 grants to improve asbestos-cancer treatment to two researchers. The first awardee, **Raphael Bueno**, is a thoracic surgeon and assistant professor of surgery at Harvard Medical School, at the Brigham and Women's Hospital, and the Dana-Farber Cancer Institute. Bueno works with renowned mesothelioma researcher **David Sugarbaker**, on molecular diagnosis and mechanisms of carcinogenesis of the disease. "We have discovered that mesotheliomas can be classified into three different categories based on the pattern of expression of a small number of genes. The survival of patients after therapy for mesothelioma varies based on which subclass they belong to," said Bueno. His MARF project will validate this predictive test. The second awardee, **Samuel Armato III**, is assistant professor of radiology at University of Chicago and a specialist in computed tomography of the chest and lungs. His MARF project would develop an automated, computerized system that would objectively provide doctors with quantitative measurements of mesothelioma tumor volume. . . . **ED SONTAG**, deputy chief of staff for management and operations at HHS, was named assistant secretary for administration and management, said HHS Secretary **Tommy Thompson**. In the newly created position, Sontag will oversee human resources and grants management operations. He was education advisor to Governor Thompson in Wisconsin. . . . **FOX CHASE CANCER CENTER** made three appointments to its center: **Norman Rosenblum**, was named chief of gynecologic oncology in the department of surgical oncology, **Mitchell Edelson** was appointed to the gynecologic oncology staff and **David Weinberg** was named director of gastroenterology with a dual appointment in the medical science and population science divisions. Rosenblum, who has been with Fox



Chase on and off since 1985, is also clinical associate professor of obstetrics and gynecology at the University of Pennsylvania School of Medicine and a staff member of Lankenau Hospital. His most recent research project—a large regional study in Pennsylvania, New Jersey and Delaware known as SHARE—demonstrated that low-dose oral contraceptives on the market are just as effective as the older, high-dose preparation in protecting women from ovarian cancer. Edelson was a fellow in gynecological oncology at Brigham and Women's Hospital. **Weinberg** was associate professor of medicine and director of clinical research at the Jefferson Medical College division of gastroenterology and on the medical faculty at Thomas Jefferson University in Philadelphia. He was also adjunct assistant member of the Fox Chase division of population science. Weinberg, who will have a special role in the FCCC Gastrointestinal Tumor Risk Assessment Program, will be involved in chemoprevention studies, risk assessment using molecular diagnostics, colorectal cancer screening and research into prevention of polyps. . . . **LEUKEMIA & LYMPHOMA SOCIETY** has formed the Legislative Advisory Committee to develop its advocacy program and bring attention to its patient services and research programs. Comprised of current

and former members of Congress, as well as other government officials, the LAC will offer guidance to the society on advocacy volunteer training, crafting public policy messages and making presentations to government officials. The committee is the first of its kind in the society's 52 year history where elected federal officials will work with society staff and volunteers to advance advocacy issues of importance to the society's mission, which include medical research funding, coverage of routine care in clinical trials and matters dealing with the quality of patient care. The founding members of the LAC include: Sen **Kay Bailey Hutchinson** (R-TX); Representatives **C.W. "Bill" Young** (R-FL), **Phil Crane** (R-IL); **Tony Hall** (D-Ohio); **Marge Roukema** (R-N.J.) and **Mark Foley** (R-FL). Former Congressional members include: **Vic Fazio** (D-CA); **Marty Russo** (D-IL) and **Bob Livingstone** (R-LA). In addition, **Allen Martin**, a leukemia patient who is former chief of staff to Congressmen Livingstone, is joining the founding membership. "We are very grateful to these individuals for their valuable time and commitment to our mission," said **Dwayne Howell**, Society President and CEO. "We firmly believe that their contributions will help inspire our grassroots volunteers and focus attention on the government's contribution to finding a cure for these diseases.

**NCCN**  
National Comprehensive  
Cancer Network

**7TH ANNUAL CONFERENCE**

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and OUTCOMES DATA  
in Oncology**

February 28 – March 3, 2002  
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Hollywood, Florida

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**FEATURING:**

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- Cancer and Treatment-Related Anemia — *NEW!*
- Breast Cancer
- Chronic Myelogenous Leukemia
- Hodgkin's Disease
- Bladder Cancer
- Prostate Cancer Early Detection
- Endometrial/Cervical Cancer
- Colon/Rectal Cancer

**Outcomes Data Presentations:**

- Breast Cancer
- *NEW!* NHL, Cancer Pain



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