

THE

CANCER LETTER INTERACTIVE

PO Box 9905 Washington DC 20016 Telephone 202-362-1809

Vol. 27 No. 38
Oct. 19, 2001

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Price \$295 Per Year

Feinstein Slams Cancer Act Proposal, Calls White Paper Vague And Unrealistic

A rollout of the long-awaited report of the National Cancer Legislation Advisory Committee lost its celebratory spirit when Sen. Dianne Feinstein (D-CA), the patron of the effort to rewrite the National Cancer Act of 1971, said the committee's 12 recommendations were vague, unrealistic, and not prioritized.

"When you get down to the actual recommendations, they get pretty vague, in terms of what we are used to, which is a piece of legislation that
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In Brief:

Mark Israel To Direct Norris Cotton Center; Foundation For COG Is New Name Of NCCF

MARK ISRAEL was named director of the Norris Cotton Cancer Center at Dartmouth-Hitchcock Medical Center and professor of pediatrics and of genetics at Dartmouth Medical School. He is the Kathleen M. Plant Distinguished Professor and director of the Preuss Laboratory of Molecular Neuro-oncology at the University of California at San Francisco and former head of molecular genetics at NCI. Israel succeeds **E. Robert Greenberg**, NCCC director since 1994, who is returning to cancer prevention research. Israel, whose interests include pediatric nervous system cancers, has become a leader in studies of the Id (inhibitor of differentiation) genes that play key roles in abnormal growth and differentiation of human brain tumors. Israel uses gene profiling to characterize difficult to distinguish tumors and is extending his discoveries on developmental tumors to common tumors of adults. His appointment coincides with a planned major expansion for the NCCC. . . . **FOUNDATION FOR THE CHILDREN'S ONCOLOGY GROUP** is the new name of the National Childhood Cancer Foundation. The foundation supports the Children's Oncology Group, a network of researchers at 235 institutions. **Gregory Reaman**, COG chairman, was elected chairman of the foundation. **Robert Pannoni** is the COO and interim CEO of the foundation. The new Web site address is <http://www.ConquerKidsCancer.org>. . . . **ASSOCIATION OF COMMUNITY CANCER CENTERS** presented its annual Clinical Research Award to **G. Denman Hammond** and **Sharon Murphy** for promoting clinical research in pediatric oncology and supporting education and advocacy for children with cancer. Hammond, professor of pediatrics and associate vice president of health affairs, University of Southern
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Feinstein Tells Committee To Bring Back Specifics

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costs X, that does Y, within Z amount of time,” Feinstein said at a hearing of the Senate Cancer Coalition Oct. 10.

The panel’s recommendations to fund NCI at the Bypass Budget level and extend Medicare coverage to all cancer patients were unrealistic, Feinstein said.

Urging the cancer groups to formulate a consensus plan, Feinstein said, “I need the cancer community to be in agreement with it. Otherwise, I have to fight the fights with each of you, and I don’t have the time to do that. So, if there is a unified—even if it’s a four-pronged plan—but in your options... it’s such a big grab bag, that it’s almost impossible to cope with it all at one time.

“I haven’t been able to cope with it,” Feinstein said at the hearing.

Several observers said they were surprised to hear Feinstein express her criticism in an open meeting. After all, the committee held its meetings in Feinstein’s conference room, and the Senator’s staff members worked closely with the panel as it developed the white paper.

There is no question that Feinstein had ample opportunities to express her frustration privately. Public criticism may represent a dramatic turnaround for the Senator who has been the chief proponent of

the American Cancer Society-funded effort to rewrite the National Cancer Act and place a greater emphasis on interventions.

In fact, it was Feinstein who initially suggested rewriting the 1971 legislation. At a meeting of the leadership of the National Dialogue on Cancer, another ACS-funded initiative, Feinstein asked for what she described as a “specific battle plan.” Feinstein is the vice chairman of the Dialogue. George and Barbara Bush are chairmen of the ACS-funded effort to create an overarching platform for all cancer organizations.

According to detailed notes taken by an individual present at the Dialogue steering committee meeting Nov. 10, 1998, at the George Bush library at College Station, TX, Feinstein urged the cancer groups to come up with specific recommendations for the new cancer legislation.

“Sen. Feinstein... stressed the need for clear goals and a specific battle plan,” the notes state. “Without such specificity, it will be very difficult for national policy makers, such as herself, to make a clear case for increased support.”

It appears that Feinstein expected the report to cover a wide range of issues. “She discussed the need for national strategy to increase investment in research and clinical trials, improved support for investigators and educational programs, mechanisms to address quality of care and patient protections, and better ways of addressing issues of the poor and the underserved,” the notes state.

In the summer of 1999, Feinstein formally named ACS Chief Executive John Seffrin and Yale Cancer Center Director Vincent DeVita as co-chairmen of the advisory committee (**The Cancer Letter**, Jan 21, 2000). Other members of the committee were picked by Seffrin and DeVita.

Feinstein and her staff kept close watch on the process. At one point, the committee presented an earlier version of the report to the full meeting of the National Dialogue on Cancer in an effort to build that group’s support for the legislation effort. ACS and Dialogue officials describe NCLAC as a spin-off of the Dialogue (**The Cancer Letter**, March 17, 2000).

NCLAC is unlike any other advisory committee in the U.S. government. The group is advisory to Feinstein alone. Since it’s funded by ACS, the panel is exempt from the Senate’s open meetings rules, which made it free to meet behind closed doors.

Last spring, in a move that generated great controversy, DeVita floated a proposal to create a White House level office of the Cancer Czar. An e-



Member,
Newsletter and
Electronic Publishers
Association

World Wide Web: [http://
www.cancerletter.com](http://www.cancerletter.com)

Editor & Publisher: Kirsten Boyd Goldberg

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PO Box 40724, Nashville TN 37204-0724

E-mail: info@cancerletter.com

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mail from DeVita indicated that the plan was formally presented to Feinstein, and that she agreed with it (**The Cancer Letter**, June 1).

The committee report, “Conquering Cancer: A National Battle Plan to Eradicate Cancer in Our Lifetime,” was released last month (**The Cancer Letter**, Sept. 28).

The report is available at <http://www.cancersource.com/nclac/>.

Hearing Begins On Congratulatory Note

Feinstein began the Oct. 10 hearing by lavishing praise on the committee.

“Today, I salute you, the members of this advisory committee, 21 experts who worked so hard, who labored many long hours—for your dedication and vision and for preparing this report,” Feinstein said in a prepared statement. “I know the American people will thank you.”

In her remarks, Feinstein drew on the optimistic view advanced by the American Cancer Society and the National Dialogue on Cancer that the cure is around the corner. “I now believe that in my lifetime we can find a cure for cancer,” Feinstein said.

These advances require that the cancer program should be broadened beyond research, Feinstein said. “Along with the scientific advances, we must move ahead on all the other fronts that this report presents: translational research, training of researchers and a cancer workforce, accelerating drug approvals, access to care, quality of care, preventing cancer.”

Following this salutation, the five-member panel presented the NCLAC vision of the cancer program of the future.

In addition to Seffrin and DeVita, the panel included Anna Barker, president and CEO of BIO-NOVA, an Oregon-based biotechnology firm and an activist with the National Dialogue on Cancer and the American Association for Cancer Research; George Vande Woude, director of Van Andel Institute of Grand Rapids, MI; and Amy Langer, executive director of the National Alliance of Breast Cancer Organizations.

In his testimony, Seffrin said the expansion of the cancer program must proceed despite America’s new priority, the war on terrorism.

“Taking our lead from the President and Congress, we will not be deterred from our important work,” Seffrin said. “The members of NCLAC have responded to the recent events with a renewed sense of purpose to our goal of preserving and protecting human life.

“It is in that spirit that we submit to you NCLAC’s final report,” Seffrin said.

Feinstein’s Lament

After the panel members presented their prepared statements, Feinstein’s tone became less congratulatory.

“I’ve spent a considerable amount of time going over these recommendations, and let me tell you what I think,” she said. “The cancer community is enormously contentious and territorial. It’s very difficult to pull people together, and get everyone on one sheet. Because they all have specific interests. I am not saying they are bad interests. But there is a natural competitiveness. When you get down to the actual recommendations, they get pretty vague, in terms of what we are used to, which is a piece of legislation that costs X, that does Y, within Z amount of time. If you came in, for example, with a recommendation that, based on need, we believe there should be 750,000 research grants specifically directed for research in these areas of X amount for X period of time, it’s something specific that we can assess cost effectiveness of.”

Feinstein said she had trouble interpreting the report’s recommendation to enhance the NCI Cancer Centers Program, turning it into a network of “translational centers” that would emphasize clinical research, spearhead clinical trials, and develop partnerships with the private sector.

“It’s hard for me, when you say, set up these translational centers,” Feinstein said. “I don’t know how many. I don’t know what the cost is. It’s a vague kind of concept out there.”

DeVITA: “It’s easy...”

BARKER: “Twenty. Allocate \$1 billion. Fund 20. And pay some attention to geographic distribution.”

FEINSTEIN: “But are these private sector centers?”

BARKER: “They are combinations. I think you are going to have to give these centers enough resources to build the public-private partnerships in areas like drug development or device development, but it’s a different sort of paradigm than we are currently dealing with in cancer centers. They will not all be translational centers. Let’s say we start with 20, and it’s not going to be cheap.

“These are doing preclinical development, devising the animal models. We don’t have animal models that are predictive for human cancer. We have very few things that are predictive for human cancer.”



FEINSTEIN: “Wouldn’t it be better to say, all right, we will create a grant program of X to go to institutions either in the public, such as university systems, or in the private sector, for those who will develop these centers, provide the basic guidelines for these centers, but to say that federal government should go out there again with brick, mortar, people?”

BARKER: “I don’t think we are talking about bricks and mortar. No bricks and mortar. Just basically, exactly what you just said: empower NCI, give them the funds, but set this up as something that would be different and new in terms of pulling together resources for translational research. That could be virtual, actually.”

Sen. Sam BROWBACK (R-KS), the second member of the two-member Senate Cancer Coalition: “My only question, as we hope to put legislation forward is when... When is it that if we do those things by X date, we really should be able to look and say that these types of cancer [are] no longer [a threat.] We work best when we shoot at targets. When do we get the product?”

DeVITA: “May I address the issue of centers again. We have a centers program. I am a center director. Leland Hartwell, who won the Nobel Prize is a center director. It’s \$150 million a year, period, which is woefully inadequate to do what Anna Barker has suggested.

“But it does provide the structure to build on to make these new centers of the future. It’s running on the program structure that was invented in 1970, and is no longer accurate today. It would not be an insuperable task to take the existing product and reshape them into the product that we talk about in the report, and we could also do the necessary accounting to come up with the actual cost. It’s there, it’s just that we didn’t feel that we were in a position to do that.”

FEINSTEIN: “I am going to ask you to go to the next step. Sit down and say, okay, we need a medical school repayment of debt program. A stipend program for X years for X number of research scholars, costing X, and present it in that form, so it is tangible.

“Okay, cancer screening today—we spend \$175 million and we cover 12 percent of women. We’d like to raise that to 20 percent. Here is the cost, and here is how we would do it. Now, this is concise, it’s specific, instead of vague. If you are really serious about extending Medicare to cover cancer—I have no idea what we are talking about.

“I wouldn’t get out on a limb and say that. I don’t know how to pay for it, either. That’s where we have to take this next, because I have now been through this four or five times.

“Each time, I got more questions. Each time they appear to me more vague and more difficult to deal with in the practical terms that we need to deal.

“Let’s say you have four compartments, and the total is X, and you look at the doubling over a period of time—you go over the budgets—and find out that isn’t enough, then a methodology for funding the remainder. This is really what I need for the next step.

“I need the cancer community to be in agreement with it. Otherwise, I have to fight the fights with each of you, and I don’t have the time to do that. So, if there is a unified—even if it’s a four-pronged plan—but in your options... it’s such a big grab bag, that it’s almost impossible to cope with it all at one time. I haven’t been able to cope with it.”

DeVITA: “This is a cost-accounting job. It can be done. We didn’t feel, and I don’t feel, that the committee was constituted to be able to do that themselves. It’s not a difficult task.

“In fact, it’s an easier task than what we had to go through. Sit down, and take these programs, and do the cost-accounting, using vehicles Congress has its disposal to tell us how much it would cost if Medicare was extended to all the cancer patients.

“That could be done. It’s a task that should be done. All of us feel that way. It’s just that it should be done in a slightly different way than the process that we went through.”

FEINSTEIN: “And I will tell you what will happen. Then you will have diabetes, which is a huge problem out there... it’s difficult. And you will have virtually every other disease and saying, you are doing it for them, do it for us as well.

DeVITA: “You know, my own feeling about that is... cancer is different. Cancer is life. When you understand cancer, you understand how the process of life developed. The whole developmental biology has derived all its information from cancer research. It’s a different disease.

“Also, it’s the most feared disease in the minds of the American people. While we should attack all health problems, it does not seem to me to be illogical to tackle cancer and show how it’s done, and then go on from there. The report from Funding First, which is a stunning report, [states] that if we reduce cancer mortality by 20 percent, we will bring \$10 trillion into the economy.”



FEINSTEIN: "I know that, but after you've said that, we all want to do it. The question is how? You know, I've thought a lot about it, and I keep coming back to Ground Zero. How do you put something together that's practical... And I will tell you, the minute you go to Medicare, I know what's going to happen...."

SEFFRIN: "The question ought to be asked, though... The numbers could be run, and one might be shocked to find out what benefits could be derived... We have to acknowledge that how cancer develops is no longer a mystery. It was, in 1971, by-and-large. We don't have all the answers. But we have many, many answers, Sen. Feinstein, that are not now being applied. That's wrong.

"We know that research is not a good bet anymore; it's a sure bet.

"We can't name the day, and the week, and the month, and the time, but we—NCLAC—can offer a virtual guarantee that if we redouble the nation's commitment to biomedical research, the return will come. We can also say that the gaps are growing. And this is why it becomes such an extraordinarily important systems and public policy issue.

"We can say that more people were saved from cancer last year than ever before because of progress. The NCLAC report—the 12 goals—are very ambitious. And one can take one goal at a time, one sub-piece of one goal, or you can take the whole thing, and look at the omnibus approach. It does take a lot of fleshing out.

"We all agree with that. There are second and third steps. But as a first step, we haven't come up with a battle plan you asked for earlier, but at least we have a battle outline of the kind of things that ought to be done."

FEINSTEIN: "Well... Let me... I've got to... I have other commitments, but... is this in priority order? Now, realistically, the Bypass Budget is how much this year?"

BARKER: "\$5.02 billion."

FEINSTEIN: "Realistically, it's not going to happen."

BARKER: "Right."

FEINSTEIN: "You have to be realistic. \$4.1 billion in 2002. If we hang on to that, we will be doing well. But if those things that are clearly on this list of 12, if you could put together two or three and cost it out, maybe we could proceed along the lines of some of those..."

"Right now, Medicare is very difficult. Because,

as you know, we are going into the red downstream. And I doubt very much that there is a willingness to take on more. I am not going to delve into the Sept. 11 aftermath. But I think that within this amount that we are increasing, if you could put together programs that would strengthen research, that would better coordinate care—those kinds of things—they would be very well received.

VANDE WOUDE: "I would encourage funding of the Bypass Budget, which is a consensus document. I am especially concerned about what would happen in 2004, when the plateau [occurs], and how we can prepare for that.

"There was some understanding that the Bypass Budget would become a vehicle for sorting out what areas we can exploit, what needs to be done. That would be a great benefit to the research community. Our investment in research is a continuum. We can't have shortfalls and then hope to recover from them in a short period of time. So, let's insure that research—which in principle the process by which the promise of tomorrow for cancer and treatment comes from—really has to be supported."

FEINSTEIN: "Well, let me say, you've given 12 areas, all of which need further exploration. Any help you can provide in that exploring will be appreciated. And I just want to thank you so much for the tremendous effort.

"I recognize that."

HHS News:

AHRQ Funds Research To Reduce Medical Errors

HHS released \$50 million to fund 94 new research grants, contracts, and other projects to reduce medical errors and improve patient safety.

The initiative represents the federal government's largest single investment to address the estimated 44,000 to 98,000 patient deaths related to medical errors each year, HHS said.

Funded by the Agency for Healthcare Research and Quality, the projects will address key unanswered questions about how errors occur and provide science-based information on what patients, clinicians, hospital leaders, policymakers and others can do to make the health care system safer.

AHRQ Director John Eisenberg said the grants mark "the first coordinated effort to begin compiling the best evidence on how to reduce medical errors and share that evidence with the clinicians and patients



who can use it to improve health care.”

The projects reflect the input of consumers, health care providers and policymakers from a national research summit last year led by AHRQ and its partners on the Quality Interagency Coordination Task Force. There are six major categories of awards:

—Supporting Demonstration Projects to Report Medical Errors Data: These activities include 24 projects for \$24.7 million to study different methods of collecting data on errors or analyzing data that are already collected to identify factors that put patients at risk of medical errors.

—Using Computers and Information Technology to Prevent Medical Errors: These activities include 22 projects for \$5.3 million to develop and test the use of computers and information technology to reduce medical errors, improve patient safety, and improve quality of care.

—Understanding the Impact of Working Conditions on Patient Safety: These activities include eight projects for \$3 million to examine how staffing, fatigue, stress, sleep deprivation and other factors can lead to errors.

—Developing Innovative Approaches to Improving Patient Safety: These activities include 23 projects for \$8 million to research and develop innovative approaches to improving patient safety at health care facilities and organizations in geographically diverse locations across the country.

—Disseminating Research Results: These activities include seven projects for \$2.4 million to help educate clinicians and others about the results of patient safety research.

AHRQ will use the remaining \$6.4 million for 10 other projects covering other patient safety research activities, including supporting meetings of state and local officials to advance local patient safety initiatives and assessing the feasibility of implementing a patient safety improvement corps.

For further information about the grants and projects, see <http://www.ahrq.gov/qual/newgrants/>.

* * *

HHS awarded a series of grants and contracts totaling more than \$27.4 million to increase the number of qualified nurses and the quality of nursing services across the country.

The awards will help to ease the emerging shortage of qualified nurses available to provide essential health care services in many communities nationwide, HHS said.

The Health Resources and Services

Administration will award 94 grants totaling more than \$20.1 million to 82 colleges, universities, and other organizations to increase the number of nurses with bachelor's and advanced degrees, help diversify the nurse workforce, and prepare more nurses to serve in public health leadership roles.

Another \$7.3 million will go to repay educational loans of clinical care nurses who agree to work for two years in designated public or nonprofit health facilities facing a critical shortage of nurses. This funding for HRSA's Nursing Education Loan Repayment Plan includes an extra \$5 million that HHS transferred to HRSA this summer in order to address the emerging nursing shortage.

The funds will allow HRSA to more than double the number of repayment contracts available to nurses practicing in designated shortage facilities. For further information, see: <http://www.bphc.hrsa.gov/programs/NELRProgramInfo.HTM>.

The lists of grant recipients is available at: <http://www.hrsa.gov/newsroom/releases/2001%20Releases/nursesshortage.htm>.

* * *

Cigarette use among teens and young adults appears to have declined, according to the 2000 National Household Survey on Drug Abuse.

New use of cigarettes on a daily basis has decreased since its recent peak in 1997 at 1.9 million new users to 1.4 million in 1999. Translated to a per-day basis among youth under age 18, the number decreased from 3,186 youths per day who became daily smokers in 1997 to 2,145 per day in 1999—a 33 percent decline.

Current cigarette use declined between 1999 and 2000 among youths aged 12-17 and young adults aged 18 to 25. For youths, the rate of cigarette use declined from 14.9 percent in 1999 to 13.4 percent in 2000. This decrease was primarily a result of a decline among boys. Among youths, the rate of smoking was higher for females, 14.1 percent, than males, 12.8 percent, in 2000. The young adult rates of cigarette use declined from 39.7 percent in 1999 to 38.3 percent in 2000.

Approximately one-third of youth smokers (33.8 percent) reported buying cigarettes at a store where the clerk hands out the cigarettes. About two-thirds (65.2 percent) of youth smokers aged 12 to 17 reported that friends or relatives bought cigarettes for them at least one time in the past month.

The survey findings are available at <http://www.samhsa.gov>.



The Cancer Letter Provides Full Text Of Publications To University of Kentucky

The University of Kentucky, in Lexington, KY, has contracted with The Cancer Letter Inc. to provide the full electronic text of three newsletters to the university's Medical Center Library and the Markey Cancer Center.

The contract enables all university employees, students, and staff to access by computer at no individual charge the electronic editions of **The Cancer Letter**, including the monthly business section, **Business & Regulatory Report**, and **The Clinical Cancer Letter**, a monthly newsletter covering clinical cancer research.

Access is controlled through recognition of Internet Protocol addresses of university computers, the first such arrangement **The Cancer Letter** has made. Any computer user on the campus is able to view the newsletters without needing a unique user name or password.

Four cancer centers previously contracted with **The Cancer Letter** to post the newsletter on their Intranets. They are Roswell Park Cancer Institute, University of Pittsburgh Cancer Institute, Barbara Ann Karmanos Cancer Institute, and Dana-Farber Cancer Institute.

"Through electronic site licensing with these institutions, we have greatly expanded our readership in the past year," Publisher Kirsten Boyd Goldberg said. "Readers benefit by not having to wait for days as paper editions are passed around by hand. Institutions benefit by having more staff members knowledgeable about national developments in oncology and research funding opportunities."

Infocon America Corp., of Newport Beach, CA, developed and maintains **The Cancer Letter's** Web-based newsletter fulfillment system.

Funding Opportunities: Program Announcements

PAS-02-009: Cohort Studies in Cancer Epidemiology

Letter of Intent Dates: Jan. 18, 2002, and Jan. 17, 2003

Application Receipt Dates: Feb. 21, 2002, and Feb. 21, 2003

NCI Division of Cancer Control and Population Sciences announces an annual receipt date for R01 grant applications to competitively supplement, or

competitively renew epidemiologic cohort studies of human cancers. The purpose of the PA is to coordinate the submission, review, and funding of epidemiologic cohort studies, and covers applications characterized by their cohort design and direct costs of \$500,000 or more in any study year.

The PA represents a change in NCI policy, in that NCI will no longer accept unsolicited applications at these budget levels for epidemiologic cohorts. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PAS-02-009.html>.

Inquiries: Sandra Melnick, chief, Analytic Epidemiology Research Branch, Epidemiology and Genetics Research Program, Division of Cancer Control and Population Sciences, NCI, Executive Plaza North, Room 5100, MSC 7324, Bethesda, MD 20892-7324, phone 301-435-4914; fax 301-402-4279; e-mail sm33k@nih.gov

PAR-02-010: Bioengineering Research Partnerships

Notice of Intent Receipt Dates: Dec. 21, 2001 and July 12, 2002

Application Receipt Dates: Jan. 24, 2002 and Aug. 12, 2002

NCI and participating institutes and centers of NIH invite applications for R01 awards to support basic and applied multi-disciplinary research partnerships for biological or medical research problems. A BRP may propose hypothesis-driven, discovery-driven, developmental, or design-directed research at universities, national laboratories, medical schools, large or small businesses, or other public and private entities or combinations of these entities. The mechanism of support is the NIH R01 research grant. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PAR-02-010.html>.

Inquiries: Edward Monachino, NCI, Bldg. 31, Rm. 10A49, Bethesda, MD, phone 301-496-1550; fax 301-496-7807.

PA-02-011: Bioengineering Research Grants

NCI and participating institutes and centers of NIH invite applications for R01 awards to support Bioengineering Research Grants for basic and applied multi-disciplinary research that addresses important biological or medical research problems. The BRGs support multi-disciplinary research performed in a single laboratory or by a small number of investigators that applies an integrative, systems approach to develop knowledge and/or methods to prevent, detect, diagnose, or treat disease or to understand health and behavior. The mechanism of support will be the NIH R01 research grant. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-02-011.html>.

Inquiries: See preceding PA.



PA-02-013: Pilot and Feasibility Program in Urology

Division of Kidney, Urologic and Hematologic Diseases of the National Institute of Diabetes and Digestive and Kidney Diseases and the NCI Division of Cancer Biology invite exploratory/developmental R21 grant applications to development high-risk pilot and feasibility research by newly independent or established investigators developing a new line of research. These grants are not intended to support or supplement ongoing funded research of an established investigator, or to serve as an alternative mechanism of support for projects not receiving funding as competitive continuation applications. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-02-013.html>.

Inquiries: For NCI—Suresh Mohla, chief, Tumor Biology and Metastasis Branch, Division of Cancer Biology, NCI, 6130 Executive Blvd., 5038 EPN, Suite 5000, Bethesda, MD 20892, phone 301-435-1878; fax 301-480-0864; e-mail sm82e@nih.gov

In Brief:

ACCC Honors Hammond, Murphy; Moses To Lead AACI

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California, was member and principal investigator for the Children's Cancer Group and served as its chairman. Murphy is a founding director of the Coalition of National Cancer Cooperative Groups Inc., member and program leader for pediatric oncology of the Robert H. Lurie Cancer Center of Northwestern University and former chairman of the Pediatric Oncology Group. CCG, POG, and two other cooperative groups merged to form the COG. . . . **HAROLD MOSES**, Benjamin F. Byrd Professor of Oncology and director of the Vanderbilt-Ingram Cancer Center, was named vice president and president-elect of the Association of American Cancer Institutes. He will serve two consecutive year terms in each office, beginning as president-elect. More than 80 centers make up the AACI. . . . **UNIVERSITY OF PITTSBURGH** will present the Spirit of Hope awards at its Annual Leadership Dinner to raise funds for cancer research Oct. 30. The honor is given to cancer survivors who have made exemplary efforts in cancer care, research and public awareness, said **Ronald Herberman**, director of UPCI and associate vice chancellor for research, health sciences. The awardees include **Dan Rooney**, president of the Pittsburgh Steelers; **Rosey Grier**, former football player with the Los Angeles Rams; and **Larry**

Lucchino, president and CEO of the San Diego Padres; **David Roderick**, former chairman and CEO of USX Corp. will be honored with the Lifetime Achievement Award. The Arthur F. McNulty Civic Leadership Award, honoring an individual who has made a significant contribution to defeating cancer, will be presented to Rep. **John Murtha** (D-PA). In recognition of Murtha's support of the region's health care and economic viability, UPMC Health System named The John P. Murtha Cancer Center of the University of Pittsburgh Cancer Institute in his honor in February. Four awards will be given to physicians and staff at UPCI for patient care, research and technical support. Awardees are **Mary Baptiste**, **David Friedland**, **John Lazo**, and **Dorothy Mann**. The awards will be presented Oct. 29. . . . **DANA-FARBER CANCER CENTER** launched two Web sites that offer access to its resources and services and to the latest information about cancers, treatments, clinical trials, and ongoing developments in research. The first Web site, (<http://www.dana-farber.org>), provides detailed information on more than 115 adult and pediatric cancers in collaboration with NCI. The second site, the Jimmy Fund Web site, (<http://www.jimmyfund.org>), is the fundraising arm that provides information about bone marrow, blood and platelet donation as well as entertainment activities for supporters. . . . **GARY GURIAN** and **LINDA PENN** were named to regional representative posts by HHS Secretary **Tommy Thompson**. Gurian will represent region III, which includes Delaware, Maryland, Pennsylvania, Virginia, West Virginia and the District of Columbia. He is the immediate past deputy secretary for public health programs at the Pennsylvania Department of Health, a position he held since 1995. Gurian was director of health positions at the Montgomery County, Md., Health Department and the Allentown, Pa., Health Bureau. Penn was named representative of region IV, which contains Arkansas, Louisiana, New Mexico, Oklahoma and Texas. Since 1992, Penn worked in the HHS regional office as a Head Start early childhood education specialist. . . . **GEROLD BEPLER**, director of the lung Cancer Program at Roswell Cancer Institute, was named program leader of the Thoracic Oncology Program at H. Lee Moffitt Cancer Center & Research Institute. His research interests include predictive molecular and cell biologic markers of lung cancer risk, progression, metastatic spread, response to treatment, and outcome; and the genetics of nicotine addiction and carcinogen metabolism.



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