THE CANCER LETTER INTERACTIVE

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Senate Bill Gives NIH $23.7 Billion, NCI $4.25 Billion, Better Than House

The Senate Appropriations Committee approved legislation earlier this month that would provide NIH with $23.7 billion, a $3.4 billion increase over last year, keeping the Institutes on track for its five-year budget-doubling.

The Senate bill provides NIH about $800 million more than the $22.9 billion included in the House bill passed Oct. 11.

The Senate legislation includes $4.258 billion for NCI, $105 million more than the Bush Administration's budget request, $542.45 million more than the fiscal year 2001 appropriation, and $112 million more than the

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In Brief:

Michael Friedman To Head PhRMA's Office Of Biomedical Preparedness

MICHAEL FRIEDMAN was named chief medical officer for the Office of Biomedical Preparedness of the Pharmaceutical Research and Manufacturers of America, said **Alan Holmer**, president of PhRMA. Friedman is a board certified internist and medical oncologist who served 12 years at NCI from 1983-1995. In 1995, Friedman began a four-year career FDA, including more than one year as acting commissioner from 1997-1998. He will be a hands-on coordinator, ensuring the industry works closely and effectively with all federal agencies, including HHS, the Office of Homeland Security, Department of Defense, FDA, NIH and CDC, said Holmer. Friedman and the PhRMA team will work with pharmaceutical companies on bioterrorist threat agents such as anthrax and smallpox. "This is an extraordinarily challenging time for the nation and our public health system," Friedman said. "I believe we can make a substantial contribution to combating these public health threats through our medicines, our research and our technological capabilities." He holds the rank of rear admiral and assistant surgeon general in the Public Health Service and remains a reserve officer. He will continue to serve as vice president of Pharmacia Corp., but will devote a significant amount of time and attention to the pharmaceutical preparedness initiative. Friedman, whose term with PhRMA will begin immediately, will report directly to Holmer. . . . **ASSOCIATION OF AMERICAN CANCER INSTITUTES** elected officers at its annual meeting in Chicago, Oct 2-3. **John Niederhuber**, director of the University of Wisconsin Comprehensive Cancer Center, was elected to a two-year

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Senate Bill Keeps NIH On Track For Doubling

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House bill's provision of $4.146 billion.

The report accompanying the Senate bill urges NCI to conduct more research on brain tumors and cancer disparities among African-Americans and native Hawaiians, and to expand the Cancer Centers Program.

The full text of the report is available at ftp://ftp.loc.gov/pub/thomas/cp107/sr084.txt.

Excerpts of the report follow:

National Institutes Of Health

The fruits of medical research have proved to be among this Nation's greatest achievements. Countless saved lives, new cures and treatments, and a thriving biomedical research industry are all the result of a long-standing Federal investment in improving people's health. Americans today are living longer than ever. Life expectancy at birth was less than 50 years in 1900; it is 77 years today. Life expectancy at age 65 was about 11 years in the first half of the 20th century; today, it is 17. Medical research has also improved the quality of those added years of life, as reflected by the steady decline of disabilities and other impairments among the elderly population. By another measure, basic research has stimulated immeasurable economic dividends in the form of new products, skilled jobs, and increased productivity. In sum, the Nation's investments in this area have directly benefited the lives of millions of Americans while reaffirming the central tenet of our democratic society: to protect the value and the sanctity of every individual.

The unparalleled scientific advances of the past, however, are not self-sustaining—nor is the promise of future breakthroughs self-fulfilling. Despite remarkable progress, there are new and growing challenges to confront. Infectious diseases are now the second-leading cause of death worldwide. At least 20 well-known diseases—including tuberculosis, malaria, and cholera—have reemerged as major threats to health, while 30 previously unknown disease agents have been identified. On another front, while society's overall health status has improved, troubling disparities persist among African Americans, Hispanics, Native Americans, Alaskan natives, Asians, and Pacific Islanders. The graying of America is another area of concern. Ten years from now, 75 million baby boomers will begin to turn 65. By 2050, the number of Americans over 65 will more than double, and the number of individuals over 85 will grow five-fold. With that demographic explosion comes greater risk of disease and disability, as well as enormous strain on Medicare, Medicaid, and the Nation's health care infrastructure.

But there is also good cause to hope for the future. The Human Genome Project has revolutionized our understanding of the fundamental mechanisms of life. As scientists learn more about how to decipher our DNA code, 95 percent of which has now been sequenced, we can look forward to a day when genetic tests will routinely predict a person's susceptibility to disease; diagnoses will be far more precise; treatments will attack diseases at the molecular level; and drugs will be matched to a patient's likely response.

The Committee has a long tradition of support for the NIH, the single largest source for medical research funding. In 1998, the Committee played a lead role in launching an effort to double funding for the NIH by fiscal year 2003. That decision was rooted in the firm belief that sustained and sufficient funding is essential to accelerate the pace of research advances, ensure the timely application of new discoveries into clinical practice, and maintain the Nation's research infrastructure. At the same time, the Committee notes that an investment of this magnitude demands accountability. The NIH must preserve a rigorous system for determining research priorities and for

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selecting those most qualified to pursue those priorities. And it must monitor research conducted with taxpayer dollars to ensure it is carried out ethically, responsibly and consistent with the research funding award.

The Committee recommends $23,695,260,000 for the NIH, an increase of $3,400,000,000 over the fiscal year 2001 appropriation and $748,358,000 more than the budget request. This amount maintains the goal of doubling funding for the NIH by fiscal year 2003.

National Cancer Institute

The Committee recommends an appropriation of $4,258,516,000 for NCI. This is $105,118,000 more than the budget request and $542,452,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

The Committee continues to regard scientific investigation into the cause, cure, prevention, and treatment of cancer as one of the Nation's top priorities. Research offers the only hope for putting a stop to a disease that wastes precious human resources and contributes to spiraling health care costs.

Behavioral science research—The Committee commends NCI for expanding its infrastructure to fund behavioral and population research in cancer prevention, treatment, and control. NCI is encouraged to expand its investigation of the effective provision of mental health services to improve the course of cancer treatment and to aid in the adjustment to cancer survivorship. NCI is also encouraged to build upon its collaborations with the National Institute on Drug Abuse to more thoroughly investigate issues of youth tobacco use. In particular, the Committee is interested in expanding health promotion research focused on children and youth, and interdisciplinary research on tobacco addiction and cessation. The Committee also encourages NCI to expand its research on adherence to treatment regimens and to health-promoting behaviors such as physical activity and healthy diet.

Blood cancers—The Committee is interested in NCI's upcoming Progress Review Group report on leukemia, lymphoma, and multiple myeloma, and it is eager to know what research strategies NCI is pursuing to improve treatments for these blood cancers. In particular, the Committee urges NCI to expand its research on myelodysplasia, a serious blood disorder affecting primarily older adults and individuals who have previously undergone radiation or chemotherapy treatment for cancer.

The Committee has listened to testimony about the devastating effects that multiple myeloma has on its victims and recognizes that, despite recent advances, median survival for patients responding to treatment is only 3 to 5 years. The Committee urges continued research and effort to seek new and better treatment for this disease. The Committee also requests that the NCI and NIEHS develop a joint report by April 1, 2002, on the progress of lymphoma and hematological cancer research. The report should address how the PRG has determined funds will be expended to expand the current base of lymphoma and hematological cancer research.

Bone metastasis—The Committee encourages NCI to conduct research to develop a better understanding of the unique role the bone microenvironment plays in metastatis of cancer to bone, in particular, breast cancer, prostate cancer and myeloma. The Committee also encourages NCI to support research on the development of animal models of bone metastasis and the identification of novel therapeutic targets and modalities to prevent and treat bone metastases.

Brain tumors—The Committee is concerned that insufficient attention is being given by NCI and the National Institute for Neurological Diseases and Stroke to brain tumor research. The recently issued report of the NCI/NINDS-sponsored Brain Tumor Progress Review Group has called for substantially greater effort into this little-understood area of tumor research and treatment. The Committee encourages NCI to fund at least three Specialized Program of Research Excellence in Brain Tumors grants in the upcoming fiscal year, with particular emphasis on those proposals which include both basic research and clinical treatment applications.

Breast cancer—The Committee continues to be concerned over the disparity in breast cancer mortality and morbidity among African-American women. The Committee therefore encourages the NCI to report to Congress by April 1, 2002, about existing efforts, as well as planned future efforts, to better understand and respond to this disturbing phenomenon.

The Committee is aware of the importance of restoring sensitivity of tumor cells to standard chemotherapy drugs by reversing the effects of low oxygen stress on the cells. Cancer researchers have developed methods of achieving this important scientific tool, and the Committee encourages the NCI to consider this important research.

Breast implants—The Committee encourages the NCI to continue to collect and analyze data from the women in its three recent studies of the health risks of breast implants, to determine whether there is a link between breast implants and breast cancer, other cancers, or mortality from all causes.

Cancer and minorities—The Committee remains concerned over recent statistics citing higher incidences of cancer among the native Hawaiian population. In comparison to other ethnic and racial groups, native Hawaiians have the highest incidence of the most common forms of cancer such as breast, colon, and lung cancer. The Committee encourages continued research in the areas of prevention and detection, utilizing nurse practitioners in community-based centers for screening and education for the underserved populations.

Cancer centers—The Committee recognizes the high quality of care provided by NCI-designated Cancer Centers, but notes that many cancer patients must travel great distances to receive care from these centers. In addition, many other smaller institutions provide excellent patient care, perform high-caliber basic research, address unique cancer prevention and treatment issues, and lend great expertise to cancer treatment and control. The Committee encourages the NCI to further expand the Cancer Centers Program and give full consideration to applicants that care for a large number of underserved patients from rural and economically distressed areas.

Cancer gene therapy—With the sequencing of the human genome nearly complete, the challenge is no longer to identify genes but to understand the functions of these genes in order to find cures and treatments for cancer—especially prostate, breast and pancreatic cancer. As a result, the Committee and the NCI have previously supported cancer genomics projects that investigate the role of oncogenes in the CaSm, Ets 2 and ESF genes. The Committee expects the NCI to continue these projects with the goal of identifying potential cancer therapies.

Chronic lymphocytic leukemia—The Committee, during its fiscal year 2002 hearings, heard compelling testimony from patients regarding the devastating effects of chronic lymphocytic leukemia. This disease has evaded a satisfying cure, as only 50 percent of patients with CLL survive 6 years and only 25 percent survive 10 years. The Committee urges the NCI to increase research on CLL, its underlying cause, and improved therapies. The Committee is pleased to learn that the NCI awarded a program project grant last year to establish and lead a multidisciplinary national research consortium to study CLL at both the cellular and clinical levels. The Committee strongly encourages the NCI to give full and fair consideration to expanding the scope of research activities funded through the CLL Research Consortium and the participating partners involved.

Complementary and alternative cancer therapies—The Committee expects NCI to expand its work and its collaborative efforts with the National Center for Complementary and Alternative Medicine to support research on promising complementary and alternative cancer therapies as well as on their integration with traditional therapies. Thousands of Americans are turning to these therapies, and consumers will benefit from a rigorous scientific review of them.

DES—The Committee continues to strongly support increased efforts to study and educate the public and health professionals about the impact of exposure to the synthetic hormone diethylstilbestrol. The Committee expects NCI to continue its support of research in this area. In addition, the Committee urges NCI to continue its agreement with CDC to implement a national education program for consumers and health professionals. The Committee expects NCI and these other agencies to continue to consult with organizations representing individuals impacted by DES as they carry out DES research and education efforts.

Gynecologic cancer—Ovarian cancer remains one of the deadliest cancers for women, in part due to the lack of effective early screening methods. The Committee strongly urges NCI to expedite current research on screening methods to detect, diagnose, and identify staging of ovarian cancer. The Committee is pleased that NCI has fully funded four ovarian cancer SPOREs, and it encourages the Institute to consider issuing a new request for applications for additional ovarian cancer SPOREs. The Committee also believes that identification of a cost-effective screening strategy could result in earlier diagnosis for women and higher cure rates. NCI is strongly urged to accelerate research in this area.

Healthy eating—The Committee commends the NCI's national 5-A-Day program. The Committee recognizes that a diet including a minimum of five servings of fruits and vegetables is a critical factor in reducing cancer risk. The Committee encourages NCI to fund behavioral research on how best to promote healthy eating, especially fruit and vegetable

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consumption. New research projects could include, but not be limited to (a) children and adolescents, the general adult population, policymakers, and low-income and disparate groups, especially African Americans and Latinos; (b) program channels such as the mass media, restaurants, supermarkets, schools, and faith organizations; and (c) transfer of already-developed technologies to other units and levels of government and to non-profit, civic, and other organizations.

Hepatocellular carcinoma—The Committee is aware that the incidence of hepatocellular carcinoma in the U.S. has increased by more than 70 percent in the last two decades. Given the limited treatment options available, most cases are fatal. Viral hepatitis is the leading predisposing factor contributing to this affliction. With 4 million Americans infected with hepatitis C virus, it is predicted that the incidence of hepatocellular carcinoma will continue to increase. The Committee is aware that too little is known about the mechanisms and natural history of this disease. The Committee, therefore, strongly encourages the NCI to work closely with the NIDDK to develop a comprehensive liver cancer research initiative to investigate prevention, diagnosis, and therapy.

Imaging systems technologies—The Committee is encouraged by progress made by NCI following its August 1999 conference on biomedical imaging, and it urges NCI to continue to take a leadership role with the Health Care Financing Administration and the Food and Drug Administration to avoid duplicative reviews of new imaging technologies that may prevent their benefits from reaching patients on a timely basis. The Committee is aware of the great potential for improved patient care and disease management represented by molecular imaging technologies, especially positron emission tomography. The Committee continues to support NCI's increased emphasis on examining the molecular basis of disease through imaging technologies such as PET and MicroPET. The Committee continues to encourage the large-scale testing of women for breast cancer and of men for prostate cancer to demonstrate and quantify the increased diagnostic and staging capabilities of PET relative to conventional diagnostic and staging technologies, including mammography.

Melanoma—The Committee is aware of numerous epidemiologic accounts and personal stories of melanoma. The Committee believes that public knowledge of overexposure to sunlight and its connection with melanoma may be lacking. The Committee urges the NCI to continue seeking new therapies for melanoma as well as educate the public through campaigns that encourage appropriate protection from sunlight.

National cancer registries—The Committee encourages the Registries program to establish, with the States, high-risk registries for the digestive cancers (liver, pancreatic) and other cancers with significantly low survival rates following diagnosis.

Neurofibromatosis—Neurofibromatosis research has significant potential for cancer patients since NF genes have been implicated in the signaling process that determines cell growth and cell differentiation. The Committee encourages NCI to strengthen its NF research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation and clinical trials.

Neurological cancer—The Committee is pleased to learn of innovative research on the uniformly fatal brain cancer glioblastoma multiorme. Investigators have developed a transgenic mouse model in which tumor growth can be reduced by replacing a new gene that helps transport the brain chemical glutamate. The Committee is also aware of the importance of this research in the study of epilepsy. The Committee encourages the NCI to take note of these exciting developments.

Pancreatic cancer—The Committee commends NCI for its report on the Pancreatic Cancer Progress Review Group. The Committee urges the NCI to develop a professional judgment budget in line with the Progress Review Group for the period from fiscal year 2003 to fiscal year 2008. This budget should be presented to the Committee by April 1, 2002. In addition, the Committee encourages NCI to develop an initiative to raise the awareness of pancreatic cancer in the general public and the research community.

Population health—The Committee congratulates the NCI for building and nurturing an infrastructure to support rigorous community-based research. Community-based research makes it possible for interventions developed at taxpayer expense to reach the greatest number of people. The National Research Council has called attention to the need for additional research at multiple levels of analysis (individual, family, community) that integrates population health dynamics with behavioral, psychosocial, and environmental factors. One challenge is the development of methodologies that can enable such multilevel analyses. The Committee encourages NCI to continue its leadership in this area.

Primary immunodeficiencies—The Committee notes that NCI held a symposium in March 2000 concerning the relationship between primary immunodeficiencies and cancer. The symposium showed, among other things, that PI patients have a 200 times greater risk of developing cancer (including lymphomas) than someone without PI. The Committee strongly encourages the Institute to develop a comprehensive research portfolio on the basis of the data generated at that conference and to supply the Committee with a report concerning its research plans not later than April 1, 2002. In addition, NCI is urged to greatly expand its role in the national education and awareness campaign sponsored by the Jeffrey Modell Foundation.

Prostate cancer—The Committee believes that prostate cancer research has not kept pace with the scientific opportunities and the proportion of the male population who are afflicted with the disease. This has resulted in significant gaps in scientific and clinical knowledge that contribute to the ongoing impact of prostate cancer on patients and their families. NIH has begun to address this shortcoming in the 5-year prostate cancer research strategy presented to Congress in June 1999. The Committee strongly urges the NIH to renew its commitment to prostate cancer research with special emphasis on accelerating new avenues for basic research, drug development and clinical research. The Committee further requests that NIH submit a prostate research plan for fiscal year 2003 to fiscal year 2008 by April 1, 2002. In developing this plan, the Committee urges the NIH to consult and work closely with the research community, clinicians, patient advocacy groups and the Congress.

The Committee is aware of a novel DNA-based tumor vaccine that has proven effective in pre-clinical, phase I and phase II studies for the treatment of advanced prostate cancer. The Committee is also aware of complementary research in prostate cancer treatment using Cox-2 inhibitors. The Committee encourages NCI to explore the use of these important research initiatives.

Transdisciplinary tobacco use research centers—The Committee commends the Institute for its collaboration with the National Institute on Drug Abuse and private foundations in establishing seven new Transdisciplinary Tobacco Use Research Centers. These Centers establish critical links across diverse scientific disciplines in order to evaluate new models of nicotine addiction; heredity factors in vulnerability, treatment success, and deleterious consequences of tobacco use; cultural determinants of successful prevention efforts; treatment-resistant populations; and determinants of relapse.

National Institute of Environmental Health Sciences

Breast cancer—The Committee recognizes the serious lack of research on the relationship between the environment and breast cancer, and believes that it is essential for the Institute to support such research. The Committee understands that the Institute will establish a Breast Cancer and Environmental Research Advisory Board to make recommendations to the Director with regard to the development of Breast Cancer and Environmental Research Centers. The Committee is aware of the tremendous success of the DOD Breast Cancer Research Program and its grant process. The Committee expects the Advisory Board to integrate a peer review and planning process along the lines of the DOD integration panel. The Committee is pleased that the Advisory Board will include representatives from the breast cancer community who have had breast cancer. The Committee further strongly urges the NIEHS to establish centers to conduct multi-disciplinary and multi-institution research on environmental factors that may be related to breast cancer.

Lymphoma—The Committee encourages NIEHS to expand its research on investigating the potential of environmental, bacterial, and viral factors that are associated with the development of lymphoma and other hematological cancers. The Committee also encourages NIEHS to collaborate with NCI and CDC to conduct research that will lead to a better understanding on how environmental factors contribute to the development of lymphoid malignancies. The Committee requests that NIEHS and NCI submit a joint report to the Committee by April 1, 2002, on their current research portfolios on lymphoma and the direction of future research.

Centers For Disease Control and Prevention

The Committee provides $4,418,910,000 which is $300,591,000 above the fiscal year 2001 level and $413,402,000 above the budget request.

Cancer Prevention and Control—Cancer is the second leading cause of death in the U.S. Since 1990, 13 million new cancer cases have been diagnosed—including over 1.2 million new cases in 2000 alone. Cancer costs the Nation $107,000,000,000 annually in direct and indirect costs. Screening tests for breast, cervical and colorectal cancer reduce the number of

deaths from these diseases, and screening tests for cervical and colorectal cancer can actually prevent the development of cancer through the early detection and treatment of pre-cancerous conditions.

The Committee commends CDC for its efforts to begin to build a coordinated focus for cancer efforts at the State level, CDC funds five States and an Indian health board to develop comprehensive cancer control programs. These States are building the foundation for a nationwide, comprehensive cancer control program. Comprehensive cancer programs integrate the full range of cancer prevention activities including research, evaluation, health education and communication, program development, public policy development, surveillance, and clinical services.

The Committee has included increased funding for comprehensive cancer control programs. Particular attention should be paid to raising public awareness and enhancing professional education on cancers not currently addressed by a CDC program. For example, CDC is encouraged to develop an awareness campaign to educate patients and practitioners about the symptoms associated with lymphoma and the challenges of correctly diagnosing this complicated cancer.

The Committee also urges CDC to plan and implement awareness programs for orphan cancers for patients and community oncologists. Patients diagnosed with these cancers, such as esophageal, kidney, liver, multiple myeloma, pancreatic, and stomach, currently have the lowest life expectancy rates of all diagnosed cancers, yet community oncologists generally lack specific knowledge about these malignancies. The Committee also encourages CDC to establish, with the States, high-risk registries for the digestive cancers and other cancers with significantly low survival rates following diagnosis.

Prostate Cancer—The Committee is aware that prostate cancer is the second leading cause of cancer death among men in the U.S., and that the CDC's prostate cancer awareness campaign plays a key role in screening, outreach, education, and treatment of men with this disease, especially those at high risk. The Committee is pleased with these efforts and encourages CDC to expand this program to include the broader at-risk male population.

The Committee recognizes that early detection of prostate cancer by the prostate specific antigen test is likely to reduce disease mortality and therefore believes it is important to accelerate programs that can benefit Americans at special risk of this disease. In particular, the Committee encourages CDC to improve outreach for early detection to populations at special risk. The Committee requests that CDC prepare a report describing how it plans to accelerate opportunities for early detection of prostate cancer as well as linkages to appropriate and accessible treatment for the medically underserved. It is further expected that CDC will consult closely with the research community, public health community, clinicians, patient advocacy groups, and the Congress in preparation of this report.

Thyroid Cancer—The Committee has included sufficient funds to continue the next phase of a study on radioactive Iodine-131 and thyroid cancer. This study will look at individuals exposed to fallout from the Nevada Nuclear Weapons Test Site.

Funding Opportunities:
RFAs Available

RFA: Early Clinical Trials Of New Anti-Cancer Agents With Phase I Emphasis (Reissued)

The RFA invites the formation of teams of investigators and support staff to study investigational agents in comprehensive dose finding and proof of principle trials with appropriate laboratory, imaging and anatomic clinical correlations. The teams should include clinical investigators with expertise in the performance of early clinical trials, collaborating with researchers with expertise in clinical pharmacology and translational correlative studies as well as support staff. Single institution phase I studies are preferred, although laboratory studies may be conducted with collaborators at other institutions. Strong justification, evidence of well-established collaborations and clearly described procedures must be supplied for multi-institutional applications.

Inquiries: Louise Grochow, Division of Cancer Treatment and Diagnosis, NCI, phone 301-435-9118; E-mail: grochowl@ctep.nci.nih.gov

RFA-CA-02-002: Cooperative Planning Grant for Cancer Disparities Research Partnership

Letter of Intent Receipt Date: Feb. 6, 2002

Application Receipt Date: March 13, 2002

NCI invites applications to strengthen the national cancer program by developing models to reduce negative consequences of cancer disparities seen in certain U.S. populations. This grant will support the planning, development and conduct of radiation oncology clinical research trials in institutions that care for a disproportionate number of medically underserved, low income, ethnic and minority populations but have not been traditionally involved in NCI-sponsored research. The grant will also support the planning, development and

implementation of nurturing partnerships between applicant institutions and committed and experienced institutions actively involved in NCI-sponsored cancer research.

All approaches to planning are encouraged, as long as they address the following essential features: a focus on cancer disparities, radiation oncology clinical research, institutional commitment, organizational capabilities, facilities, and interdisciplinary coordination and collaboration. The administrative and funding instrument used for this program is a cooperative agreement U56. The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-02-002.html

Inquiries: Frank Govern, deputy chief, Radiation Oncology Sciences Program, NCI, Executive Plaza North, 6015A, 6130 Executive Blvd, MSC 7440, Bethesda, MD 20892-7440, phone 301-496-6111; fax 301-480-5785; e-mail governfr@mail.nih.gov; or Norman Coleman, chief, ROSP, NCI, RRP, Executive Plaza North, 6015A, 6130 Executive Blvd, MSC 7440, Bethesda, MD 20892-7440, phone 301-496-6111; fax 301-480-5785; e-mail ccoleman@mail.nih.gov

RFA-GM-02-003: Limited Competition for Competing Supplemental Applications for Communications Technology Infrastructure at Minority Access to Research Careers and Minority Biomedical Research Support Grantee Institutions

Letter of Intent Receipt Date: Nov. 28, 2001

Application Receipt Date: Dec. 28, 2001

The initiative provides an opportunity to develop or upgrade an institution-wide communications infrastructure that includes a LAN, an Intranet, and access to the Internet. Access to the latter provides faculty, students, and administrators a means of accessing remote databases, libraries, researching/sharing scientific information, transferring files and images, interacting with the NIH and communicating with colleagues throughout the world.

The RFA provides the information needed to prepare applications for grants to support the purchase and installation of equipment for an institutional Local Area Network and/or the hiring of technical personnel for institutional network development/improvement.

The RFA is a one-time solicitation and awards are not renewable. Support will be offered for a maximum of two years through competing supplements to existing MARC U- STAR T34, MBRS SCORE S06 or MBRS RISE R25 grants. The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-GM-02-003.html.

Inquiries: Hinda Zlotnik, Program Director, MORE Division, National Institute of General Medical Sciences, 45 Center Drive, Rm # 2As.37, MSC 6200, Bethesda, MD 20892-6200, phone 301-594-3900; fax 301-480-2753; e-mail hindaz@nigms.nih.gov

Other Funding Notices

NOT-CA-02-001: Notice of Limited Competition—Request for Competing Supplemental Applications: Advanced Technology Radiation Therapy Clinical Trials Support

NCI is announcing a limited competition from the participating institutions of the Advanced Technology Radiation Oncology Clinical Trials Support Centers which were funded through RFA-CA-98-006 (http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-98-006.html).

NCI wants to maintain the ATC with its present structure since any organizational change would require a rebuilding of infrastructure and interruption in the conduct and accrual of ongoing clinical trials. The ATC awardees will continue to maintain and further develop the hardware and software tools that enable credentialing, remote review and archiving of 3D images and dose distributions along with the multivariable treatment records. The notice is available at http://grants.nih.gov/grants/guide/notice-files/NOT-CA-02-001.html.

Inquiries: Richard Cumberlin, Radiation Research Program, Division of Cancer Treatment and Diagnosis, NCI, Executive Plaza North, Rm 6002, 6130 Executive Blvd., Rockville, MD 20892-7440, phone 301-496-6111; fax 301-480-5785; e-mail rc148m@nih.gov

In Brief:

Niederhuber Leads AACI; Anthrax Found At Local P.O.

(Continued from page 1)

term as president. **Harold Moses**, director of the Vanderbilt-Ingram Cancer Center, will serve a two-year term as vice president and president-elect. The board of directors are **Edward Benz Jr**., president, Dana-Farber Cancer Institute; **Daniel Von Hoff**, director, Arizona Cancer Center; and **James Willson**, director, Ireland Cancer Center at Case Western Reserve University. They will serve three-year terms. . . . **U.S. POST OFFICE** serving **The Cancer Letter's** editorial office in Washington, D.C., the Friendship Heights station (Zip code 20016), was closed Oct. 30 due to the detection of anthrax spores, officials said. Mail service to the area has been spotty in the past week, and mail volume light due to the closing of the main D.C. Post Office. **The Cancer Letter** editors suggest that time-sensitive news items be sent by email to: news@cancerletter.com. Please include items as text in the body of the email, not as attachments, if possible. Renewal payment for paper subscriptions may continue to be sent to Customer Service, PO Box 40724, Nashville, TN 37204.

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Physicians' Education Resource (PER), an oncology education company is seeking a medical director to join its publishing team

Physicians' Education Resource (PER) is looking for a board-certified/board-eligible medical oncologist and/or hematologist to join its medical writing and publishing division. The job will involve creating content for medical journals and newsletters, overseeing a group of medical writers, editors and a publishing team. The candidate will also have the opportunity to travel to oncology meetings in the U.S. and abroad and write highlights from these meetings. The ideal candidate will possess a background in clinical or basic research and should enjoy writing and editing papers and other documents in oncology—specifically in the field of solid tumors and hematological malignancies. The applicant will assist in the management and retention of existing business as well as initiate the implementation of new journals and newsletters.

Company Profile:

PER is a medical education company located on the campus of Baylor University Medical Center in Dallas, Texas. PER publishes educational newsletters and peer-reviewed journals, and conducts a number of CME-accredited conferences on various topics in oncology. These publications and conferences present cutting-edge technology related to research and development in the field of oncology. Please visit our web sites at **www.perlp.com**, **www.cancerconferences.com**, and **www.cancerinformationgroup.com** to learn more about our company and to see examples of some of our publications.

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Barb Schmaedeke, HR Manager
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