

THE

CANCER LETTER INTERACTIVE

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

Vol. 28 No. 3
Jan. 18, 2002

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Price \$305 Per Year

Roswell Park's Future "Bright" As Center Snares Leading Scientists, Hohn Says

After recruiting 43 faculty members, two vice presidents, and four department chairmen in less than two years, Roswell Park Cancer Institute has begun to turn around a decline in clinical and translational research, center officials said in a press conference last week.

Two years ago, the 104-year-old institution and the world's first cancer center received a jolt when NCI cut its grant in half, and threatened to eliminate funding entirely. NCI reviewers cited the 30 faculty vacancies, (Continued to page 2)

In Brief:

ACS Finds 1 In 4 US Deaths From Cancer; Weiss Named NCI Centers Branch Chief

CANCER accounts for about one in four deaths in the U.S., said **Ahmedin Jemal** and colleagues of the American Cancer Society, in the Jan./Feb. 2002 issue of *CA: A Cancer Journal for Clinicians*. An estimated 555,500 Americans will die from cancer in 2002 and over half will be due to one of the following four cancers: lung, colorectal, prostate, and breast. Other findings in *Cancer Statistics, 2002*, indicate that since 1991, overall cancer incidence and mortality rates declined at a rate of approximately 1.1 percent per year. "This progressive reduction in cancer incidence and mortality, now almost a decade in duration, is a triumph by any standard and a product of cancer prevention, early diagnosis, screening, and improved cancer treatment programs widely utilized throughout the country," said **Robert Young**, president of ACS and president of Fox Chase Cancer Center. A disturbing gap in the progress made is the fact that African Americans have the highest incidence and death rates for cancer and a poorer probability of survival once diagnosed with cancer. This year, however, African-American men showed the largest decline in both incidence and mortality of any subgroup in the analysis. In part, this is because there was substantial room for improvement, Young said. . . . **LINDA WEISS** has been named chief of the NCI Cancer Centers Branch. Weiss was a program director in the NCI SPORE grant program for the past two years. She replaces **Margaret Holmes**, who was named head of the Office of Grant Program Coordination in the NCI Office of the Deputy Director for Extramural Sciences. . . . **CAROLYN STREET** was appointed chief of the NCI Training Branch. Street served in the National Institute of Mental Health for the past 10 years. **Brian Kimes**, director of the (Continued to page 8)

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Roswell Park Recruits 2 VPs, Four Chairmen, 43 Faculty

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resulting in a weakening of clinical research, as the center's largest problem (**The Cancer Letter**, Jan. 19, 2001, Vol. 27 No. 3).

Failure to renew the NCI Cancer Center Support Grant and losing the comprehensive cancer center designation would mean substantial loss of prestige and a major embarrassment for the center. The NCI grant, of \$750,000 a year, supports research administration and helps attract other grants and philanthropy.

David Hohn, president and CEO of Roswell Park, said the center's recent recruitments and a reorganization put the institute well on its way to improving research and patient care.

"We are very consciously shaping the organization into a dynamic translational research place," Hohn said to **The Cancer Letter**. "We are meeting our milestones in building our science. The turnaround is going very well, very rapidly."

The center held a press conference in Buffalo on Jan. 10 to publicize the recruitment efforts, which Hohn described as the culmination of the center's strategic plan developed two years ago to address governance and hiring problems that led to a long decline.

"Roswell Park has been on a mission to rebuild

its stature as one of the world's leading research facilities in the quest to cure cancer," Hohn said at the press conference. "With our commitment to enacting change and recruiting top-tier clinicians and scientists, we believe that Roswell Park will continue to play an increasing leadership role in research advances."

Experts who have advised the center say they are pleased with Hohn's recruitment of several well-known senior scientists.

"David is doing everything he said he would do, and doing it a lot faster than anyone expected," Joseph Pagano, chairman of an advisory group to the center and director emeritus of the University of North Carolina Lineberger Comprehensive Cancer Center, said to **The Cancer Letter**. "The hardest thing I felt he had to do was the recruitment, but he set his sights high and has done well. Once you have some of those senior people in, it will fall into place. A lot of juniors will come."

NCI officials agree. "Dr. Hohn has made very good recruitments to strengthen the center in the areas needed," said Brian Kimes, director of the Institute's Office of Centers, Resources and Training, which oversees the cancer centers program.

Senior leaders recruited recently include:

—**Donald Trump**, senior vice president for clinical research, chairman of the Department of Medicine, and co-principal investigator of the Cancer Center Support Grant. Trump was formerly the deputy director for clinical investigations and the chief of hematology/oncology and medical oncology at the University of Pittsburgh Cancer Center.

—**Candace Johnson**, senior vice president for translational research and a senior faculty member in the Department of Pharmacology and Therapeutics. Johnson served as deputy director for basic research at University of Pittsburgh and worked extensively with Trump as a research collaborator. Johnson also is a member of the NCI committee that reviews Cancer Center Support Grants.

—**Michael Brattain**, chairman of the Department of Pharmacology and Therapeutics. Brattain was associate director for basic research at San Antonio Cancer Institute, another NCI-designated comprehensive cancer center.

"Drs. Trump, Johnson and Brattain all have extensive experience with new drug development and the formation of biotech companies—experience that will be an invaluable asset as we work to promote economic development through biotechnology," Hohn

THE **CANCER**
LETTER

Member,
Newsletter and
Electronic Publishers
Association

World Wide Web: <http://www.cancerletter.com>

Editor & Publisher: Kirsten Boyd Goldberg

Editor: Paul Goldberg

Editorial Assistant: Shelley Whitmore Wolfe

Editorial: 202-362-1809 Fax: 202-318-4030

PO Box 9905, Washington DC 20016

E-mail: news@cancerletter.com

Customer Service: 800-513-7042

PO Box 40724, Nashville TN 37204-0724

E-mail: info@cancerletter.com

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said at the press conference.

Three other department chairmen appointed in the last year and a half include:

—**John Cowell**, chairman of the newly-formed Department of Cancer Genetics. He was formerly the director of the Center for Molecular Genetics at the Cleveland Clinic Foundation's Lerner Research Institute.

—**Soldano Ferrone**, chairman of the Department of Immunology. He was formerly professor and chairman of the Department of Microbiology and Immunology at New York Medical College.

—**Michael Kuettel**, chairman of the Department of Radiation Oncology. Kuettel served as professor in the Department of Radiation Medicine and the Department of Anatomy and Cell Biology at Georgetown University Hospital.

Aggressive Recruitment

Until 1999, Roswell Park was an institution of the New York Department of Health, and was subject to a hiring freeze that lasted more than a decade. Under a new governance structure approved by the New York state legislature, the center is controlled by a public benefit corporation run by a board of directors appointed by the governor and the leadership of the legislature. The arrangement gives the center greater autonomy in hiring and making contracts.

"We've been implementing that governance flexibility very aggressively," Hohn said to **The Cancer Letter**. However, it wasn't until August 2000, when the new structure was complete, that Hohn was able to begin recruitment.

"He's done well getting Trump and Johnson," Pagano said. "Now he's really scoring."

Hohn said he hopes in the next few months to appoint a new chairman of surgery and a new chairman of population science and cancer prevention.

"Going forward, Skip [Trump] and Candace [Johnson] and I want to have flat-out excellence in our core grant programs," Hohn said. NCI's review was "a constructive challenge to the organization," he said.

The center reorganized its patient care clinics from the traditional specialty-oriented model (surgery, radiation, etc.) to a multidisciplinary model based on disease site. Now at the Roswell Park breast center, for example, patients can see a team of physicians on the same visit, Hohn said.

"It's a great way to run clinical trials, get faculty

working together, and bring science from the lab to bedside," Hohn said.

In fact, said Hohn, the decline in the number of grants held by faculty that the NCI reviewers noted two years ago has been reversed. "Most of my established faculty are now funded," he said. "We rank 16th among institutions funded by NCI, with an average per-project award of \$329,000. We're right behind University of California, San Francisco."

The problems in research stemmed mainly from the inability to recruit, Hohn said. "When you have attrition without replacement, you have declines in number of grants and publications," he said. "The key to turning that around is to bring in people who are comfortable bringing in grants, and who publish. This last year we had four or five publications in Nature and Science."

On average, faculty members see patients two to three days a week, leaving the remainder of the time for research, Hohn said. "I think we are competitive in that regard," he said.

Trump said further recruitments will be made in the clinical sciences. "We will recruit established individuals who bring their protected time with them in the form of research grants," he said. "This is a really exciting place and Dr. Hohn is a really good recruiter."

Johnson said her task is to strengthen translational research. "The only way to make translational research work is to bring different groups of individuals together, give them time, and build a bridge between the clinical world and the basic world," she said.

Johnson said she is not worried that the NCI grant funding may be constricting over the next few years, after several years of growth. "The tightening of research dollars happens in cycles," she said. "You have to work harder, submit applications to more places, and ratchet up your awareness. We've all lived through this before."

On the business side, the center also has made substantial financial improvements, Hohn said. New York state has provided the center with \$90 million to \$100 million in funding for the past four years. The center has financial reserves and no longer has operating debt, and is bringing in \$8 million a year in philanthropy, he said.

"We have a pretty bright-looking future," Hohn said.

The center is on schedule to submit its core grant renewal application to NCI this year, for review late



this year or early next year, Hohn said.

Even the Buffalo weather has cooperated with a mild winter. "We've had only four days of heavy snow," Hohn said. "But I think snow is great. In California, I worried about my house sliding into cracks in the ground caused by earthquakes. In Houston, there are bugs, and the recent floods."

Pagano called recent developments at the center "exciting," but said Hohn's turnaround effort isn't complete. "What I'm holding out for is that he not only make the place good, but outstanding," Pagano said. "I think that's what he wants to do."

Pagano also credited NCI's long history of support for cancer centers for helping to lift Roswell Park from its decline. "It's possible for this to happen not only because of David's leadership, but also because NCI has done a good job on the leadership system in cancer centers, and made it possible to have really good cancer centers," Pagano said. "Without that, you wouldn't have the talent to recruit from, and all the people coming in to advise and critique the center. It means the cancer research enterprise and cancer care are not only alive, but prospering, in this country."

List of New RPCI Faculty

The new faculty members are:

Arif Alam, MD, recruited to the Department of Medicine from City of Hope National Medical Center in Los Angeles.

Sudhaker Ammanamanchi, PhD, recruited to the Department of Pharmacology & Therapeutics from the University of Texas Health Science Center at San Antonio.

Naveen Bangia, PhD, recruited to the Department of Immunology from Howard Hughes Medical Institute, Yale University School of Medicine.

Joseph Bauer, PhD, recruited to the Department of Cancer Prevention, Epidemiology & Biostatistics from the University at Buffalo School of Medicine and Biomedical Sciences.

Ziya Bilén, MD, recruited to the Department of Anesthesiology & Pain Medicine from Buffalo General Hospital.

Asher Chanan-Khan, MD, recruited to the Department of Medicine from New York University Medical Center.

James Clements, PhD, recruited to the Department of Immunology from the University of Pennsylvania.

Ian Cohen, MD, recruited to the Department

of Anesthesiology & Pain Medicine from Buffalo General Hospital.

Joseph Geradts, MD, recruited to the Department of Pathology & Laboratory Medicine from the University of Oxford and John Radcliffe Hospital, United Kingdom.

William Giese, MD, JD, recruited to the Department of Radiation Oncology from Progressive Oncology Medical Corporation of California.

Jorge Gomez, MD, recruited to the Department of Radiation Oncology. Dr. Gomez worked at the Oneonta Regional Cancer Center in Oneonta, NY.

David Goodrich, PhD, recruited to the Department of Pharmacology & Therapeutics from MD Anderson Cancer Center in Houston.

Leslyann Hawthorn, PhD, recruited to the Department of Cancer Genetics from the Lerner Research Institute at the Cleveland Clinic Foundation.

Michael Higgins, PhD, previously worked in the Department of Human Genetics and was brought on by Cowell to be a member of the newly-formed Department of Cancer Genetics.

Gillian Howell, PhD, recruited to the Department of Pharmacology & Therapeutics from the University of Texas Health Science Center at San Antonio.

Yurij Ionov, PhD, recruited to the Department of Cancer Genetics from the University of Colorado Health Sciences Center.

Milind Javle, MD, recruited to the Department of Medicine from Cancer Treatment Services in Geneseo, New York.

Danuta Kozbor, PhD, recruited to the Department of Immunology from the Center for NeuroVirology and Cancer Biology, Temple University.

Rita Kramer, MD, recruited to the Department of Medicine from the University of Kentucky Medical Center.

Fengzhi Li, PhD, recruited to the Department of Pharmacology & Therapeutics from Yale University.

Ping Liang, PhD, recruited to the Departments of Cancer Genetics and Cancer Prevention, Epidemiology & Biostatistics from the Marine Biological Laboratory in Woods Hole, Massachusetts.

Athena Wen-Chuan Lin, PhD, recruited to the Department of Pharmacology & Therapeutics from Cold Spring Harbor Laboratory, in Maine.

Mirjana Lovrinevic, MD, recruited to the Department of Anesthesiology & Pain Medicine from



the University at Buffalo School of Medicine & Biomedical Sciences.

Martin Mahoney, MD, PhD, recruited to the Department of Cancer Prevention, Epidemiology & Biostatistics from local private medical practice. He is both an epidemiologist and physician.

Shannon McCarthy, DDS, recruited to the Department of Dentistry & Maxillofacial Prosthetics from Mount Sinai Hospital in New York.

Hiroki Nagase, MD, PhD, recruited to the Department of Cancer Genetics from RIKEN Institute of Tsukuba, Japan.

Chukwumere Nwogu, MD, recruited to the Department of Surgery, Thoracic Division, from Brigham & Women's Hospital, Harvard Medical School.

Adekunle Odunsi, MD, PhD, recruited to the Department of Surgery, Division of Gynecologic Oncology, from Yale University School of Medicine.

Gary Proulx, MD, recently re-joined the faculty after a short absence. He is chief of the Division of Gastrointestinal and Genitourinary Services, Department of Radiation Oncology.

Nithya Ramnath, MD, recruited to the Department of Medicine from Medina Community Hospital, Hondo, Texas.

Nestor Rigual, MD, recruited to the Department of Surgery, Head and Neck Division, from local private practice.

Kerry Rodabaugh, MD, recruited to the Department of Surgery, Division of Gynecologic Oncology, from Ellis Fischel Cancer Center, Columbus, Missouri.

Rajinder Sawhney, PhD, recruited to the Department of Pharmacology & Therapeutics from the University of Texas Health Center at San Antonio.

James Schwarz, MD, recruited to the Department of Medicine from Ellis Fischel Cancer Center.

Brahm Segal, MD, recruited to the Department of Medicine from the National Institute of Allergy and Infectious Disease, NIH.

Protul Shrikant, PhD, recruited to the Department of Immunology from the Center for Immunology, University of Minnesota.

Joaquin Silva, MD, recruited to the Department of Radiation Oncology from the University of Toronto, Princess Margaret Hospital, Ontario, Canada.

Ivan Still, PhD, recruited to the Department of Cancer Genetics from the Lerner Research Institute at the Cleveland Clinic Foundation.

Paul Tomljanovich, MD, recruited to the Department of Surgery, Head and Neck Division, from private practice in Puerto Rico.

Lori Ullman, MD, recruited to the Department of Dermatology from the University of Massachusetts Medical Center.

Hans van den Broek, MD, recruited to the Department of Dermatology from Buffalo General Hospital.

Janet Winston, MD, re-joined the staff in June 2001 as chief of surgical pathology, Department of Pathology & Laboratory Medicine.

Zhong Yu, MD, recruited to the Department of Medicine from Mt. Sinai School of Medicine, in Jamaica, New York.

Generic Paclitaxel Saga: **Two Court Rulings Conflict In Paclitaxel Patent Battle**

With future availability of generic paclitaxel hanging in the balance, two federal courts over the past two weeks issued rulings that appear to contradict each other:

—A U.S. District Court in California Jan 11 invalidated a Taxol-related patent held by American Bioscience Inc. of Santa Monica. The patent could have stopped the sale of the generic version of the drug.

—However, on Jan 14, the U.S. Court of Appeals for the Federal Circuit reaffirmed its earlier ruling, stating that FDA acted improperly when it decided to disregard the ABI patent claims and approved the generic version of the drug.

In a nutshell: a court in California states that a patent is invalid while an appeals court in Washington rules that FDA must respect the integrity of that very patent.

Those looking for logic should be reminded that the California decision was based on patent law, while the appeals court decision was made in the tangentially related world of FDA regulations. The place where patent law and FDA regulations intersect has never been known for logic and stability.

Whenever FDA is told that a patent may be breeched, the agency lists the patent in question in its Orange Book, letting the disputing companies to slug it out in courts for as long as three years.

The history of this battle has more twists and turns than a soap opera. The controversy began in



the summer of 2000, when ABI informed Bristol Myers Squibb Co., that the giant pharmaceutical company violated its newly-issue patent. Since that time, the court rulings have gone back and forth on the validity of the patent in question.

Along the way, that summer, a California judge ordered BMS to submit patent No. 6,096,331 to FDA for listing in the Orange Book. The generics vying to enter the market for generic paclitaxel cried foul. They claimed that Bristol had engineered a transparent last-minute maneuver to hang on to market exclusivity for Taxol. The Federal Trade Commission found this claim compelling enough to start an investigation (**The Cancer Letter**, Oct. 20, 2000).

Later, another California judge ordered FDA to pull the patent out of the Orange Book, and the agency complied. Now, ABI cried foul, suing the agency. Last November, the federal appeals court said that FDA had no authority to “delist” the ABI patent from the Orange Book, and failed to provide administrative record supporting its action.

Those interested in final outcomes—such as availability (or lack of availability) of generic versions of Taxol—found that ruling both mysterious and frustrating. “We frankly do not know what recourse is left to the FDA or other government agencies to take that would affect the marketing of generic versions of Taxol,” Senior Circuit Judge Laurence Silberman wrote last November. “But we are convinced that the FDA’s order, in this case, was arbitrary and capricious and must be vacated” (**The Cancer Letter**, Nov. 9, 2001).

Generic Versions Remain On Market

So far, the generic versions of the drugs have remained on the market, while Ivax Corp. of Miami was seeking the federal appeals court to reconsider its November ruling and while a group of generics challenged the ABI patent in the U.S. District Court for the Central District of California.

Giving the generics a partial victory, the California court last week issued a “partial summary judgment,” declaring the ABI patent invalid.

The court said ABI’s claims were anticipated by “prior art,” and therefore lacked novelty. These included three claims involving the “unit dosage form” used by BMS to package Taxol for three-hour infusion and a “pharmaceutically acceptable formulation” of the drug infringed the ABI patent. The court concluded that the inventions claimed by ABI were widely described in scientific publications and even on the

label for the BMS branded version of Taxol.

“The court’s ruling is flawed,” Robert Green, an attorney for ABI said in a statement. “This is yet another example of Ivax leading a trial court astray. We are confident that this ruling will be corrected.”

Green said ABI planned to file a motion for reconsideration.

“The court’s decision is an important triumph for Ivax, and the latest in a series of legal victories we have achieved in order to bring our low-cost drug to thousands of American women battling breast and ovarian cancer,” Neil Flanzraich, Ivax vice chairman and president, said in a statement. “The very fact that our motion for summary judgment was granted and no trial was necessary strongly demonstrates that the patent claims asserted by ABI were frivolous and that Bristol-Myers Squibb improperly listed this patent in the FDA’s Orange Book.”

Commenting on the setback in the appeals court, Flanzraich said his company’s paclitaxel would remain on the market.

“No one is going to take our paclitaxel product off the market based on patent claims which have now been invalidated,” he said. “It would be an absurd and illogical result.”

Other informed observers were less certain of the outcome.

***Cancer Prevention:* Smoking Declines Among U.S. Teens, HHS Survey Finds**

Use of cigarettes by American teenagers decreased from 2000 to 2001, according to the annual Monitoring the Future Survey released by the Department of Health and Human Services.

This decline, observed for 8th and 10th graders, continues a decreasing trend begun around 1996. Decreases have also been found for seniors in recent years. These reductions come on the heels of increases from the early to mid-1990s.

“The finding that fewer teenagers are smoking is very encouraging as more teens are making smart choices that will help them avoid tobacco-related health threats,” said HHS Secretary Tommy G. Thompson.

Rates of smokeless tobacco use remained statistically unchanged between 2000 and 2001. In 2001, 4.0 percent of 8th graders, 6.9 percent of 10th graders, and 7.8 percent of 12th graders reported using smokeless tobacco in the past month.



Funding Opportunities:

Fogarty Center Offers Training In Genetics

The Fogarty International Center of NIH announces a new research training program to support international collaborations in human genetic sciences.

FIC, with seven NIH partners and the World Health Organization, issued a call for proposals for the new International Collaborative Genetics Research Training Program. The NIH partners are the National Human Genome Research Institute, National Institute of Mental Health, National Institute on Aging, National Institute of Environmental Health Sciences, National Institute on Alcohol Abuse and Alcoholism, National Institute of Neurological Disorders and Stroke, and National Institute on Drug Abuse.

The combined financial commitment is approximately \$15 million over the next five years.

“Our goal in the International Collaborative Genetics Research Training Program is to help reduce the disparities in health status between developed and developing countries through the use of genetic sciences,” said FIC Director Gerald Keusch. “Through the program’s partnerships, we will advance human genetics research while enhancing the limited but growing technical capacity in genetic science in developing regions of the world.”

In addition to training in genetic science, the program will address the ethical, social, and legal implications of performing genetics research in low- and middle-income countries.

The program will provide educational opportunities at the PhD and Master’s level and will contribute to the capacity of developing country scientists and institutions to conduct human genetics research that is relevant to the health needs of developing countries. Scientists and health professionals from low- and middle-income countries were consulted at all stages of the program’s development.

Applications for the program are due by March 25. The Request for Applications may be found at <http://grants.nih.gov/grants/guide/rfa-files/RFA-TW-02-001.html>.

Other Funding Notices

NOT-CA-02-006: Notice of Limited Competition—RFA: Cancer Research Across Health Care Systems

CRN has developed a valuable research resource

that facilitates access to health services research data, research methods and instrumentation, and collaborative research communications across a network of healthcare provider organizations that represents a national population laboratory for conducting health services and epidemiological research across the cancer control continuum. NCI wants to maintain the CRN with its present structure since any organizational change would require a rebuilding of infrastructure and reduction and interruption in the capacity of this research network to support and conduct health services and epidemiological research studies of high priority to NCI. Interruption of this project would also compromise the resources available to the conduct collaborative studies with NCI staff and intramural researchers, and with other members of the research community. The Notice is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-CA-02-006.html>.

Inquiries: Martin Brown, Division of Cancer Control and Population Sciences, Applied Research Program, NCI, 6130 Executive Blvd., Rm. 4005, Bethesda, MD 20892-7344, phone 301-496-5716; fax 301-435-3710; e-mail mb53o@nih.gov

NOT-CA-02-011: Defining and Validating Biomarkers of Risk for Progressive Cervical Cancer

Division of Cancer Epidemiology and Genetics, Environmental Epidemiology Branch of the NCI is conducting a study to collect and store cervical tissue specimens that will be used for DNA and RNA analyses, in women representative of the four natural history categories in cervical neoplasia: normal, HPV-positive, precancer, and cancer. The focus is to identify and validate biomarkers at different stages of cervical neoplasia that may be predictive of disease. The proposed study will consist of two components: a cross-sectional component and a prospective component. The RFP may be accessed via the NCI Research Contracts Branch Web site at <http://rcb.nci.nih.gov/>. The Notice is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-CA-02-011.html>.

Inquiries: Karen McFarlane, contracting officer, Epidemiology and Support Section, RCB, Executive Plaza South, 6120 Executive Blvd., Rockville, MD 20892-7224, email km63k@nih.gov; phone 301-435-3782; 301-480-0241.

NOT-OD-02-024: NIH Extramural Loan Repayment Program Regarding Clinical Researchers

Deadline: Feb. 28, 2002, 5 PM

NIH announces the availability of educational loan repayment under the NIH Extramural Loan Repayment Program for Clinical Researchers, which provides for the repayment of up to \$35,000 of the principal and interest of the educational loans of extramural grantees



or awardees for each year of obligated service. Also, NIH covers the Federal taxes on the loan repayments, which are considered taxable income to program participants. The purpose of the program is to invite clinical investigators to apply for participation in the NIH Loan Repayment Program for Clinical Researchers at least two years. For eligibility criteria, see <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-024.html>.

Inquiries and applications: <http://www.lrp.nih.gov>. Applications are collected electronically, and must be submitted via the LRP Web site <http://www.lrp.nih.gov>.

NOT-CA-02-012: Rapid Access to NCI Discovery Resources

Receipt Dates: April 1 and Oct. 1.

Letter of Interest Deadline: Submitted via email to the Program Coordinator 30 days prior to the application deadline.

The goal of R-A-N-D is to remove the most common barriers between basic research findings and their exploitation for discovery of new molecular entities. R-A-N-D does not fund grants; applications to the program are requests for NCI drug discovery and development resources to conduct specific tasks the applicants themselves are unable to carry out in their efforts to translate basic research findings to the discovery of new drugs and biologics. Examples of tasks that may be requested include: production/characterization of molecular target proteins; high-throughput screening (HTS) assay development; natural product isolation/characterization; synthesis of combinatorial libraries; early pharmacology and in vivo efficacy studies. The notice is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-CA-02-012.html>.

Inquiries: R-A-N-D, Developmental Therapeutics Program, NCI, Suite 8022, 6130 Executive Blvd., Rockville, MD 20852, phone 301-496-8720; fax 301-402-0831; e-mail RAND@dpax2.ncifcrf.gov

NOT-CA-02-01: Inclusion of Additional Receipt Dates for Cancer Prevention Research Small Grant Program Applications (PAR-00-025)

Applications will also be received on March 20, 2002, and July 19, 2002.

This PAR can be accessed at the following URL: <http://grants.nih.gov/grants/guide/pa-files/PAR-00-025.html>. The Notice is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-CA-02-013.html>. All other aspects of the PAR remain the same.

Inquiries: Anne Ryan, Division of Cancer Prevention, NCI, EPN 2045, MSC 7315, Rockville, MD 20852, phone 301-402-0910; fax 301-435-3541; e-mail ar243@nih.gov

NOT-CA-02-015: Change of Receipt Date for

Early Clinical Trials of New Anti-Cancer Agents with Phase I Emphasis (RFA CA-02-011)

The previous receipt date of March 21, 2002 has been changed to March 28, 2002. The RFA can be accessed at the following URL: <http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-02-011.html>.

Inquiries: Louise Grochow, Investigational Drug Branch, NCI, Executive Plaza North Rm 7131, 6130 Executive Blvd MSC 7426, Bethesda, MD 20892-7432, phone 301-496-1196; fax 301-402-0428; e-mail grochowl@ctep.nci.nih.gov

In Brief:

Vanderbilt Recruits Sosman To Lead Tumor Immunology

(Continued from page 1)

Office of Centers, Training and Resources, served as acting director of the branch. . . **JEFFREY SOSMAN** was named professor of medicine in the Division of Hematology-Oncology at Vanderbilt-Ingram Cancer Center Dec. 1. Sosman, who was associate professor of medicine and director of clinical research at the University of Illinois College of Medicine in Chicago, will lead a program in tumor immunology and serve as medical director of the Vanderbilt-Ingram Clinical Trials Office. He is a leading authority on melanoma. His clinical practice will also include kidney cancer patients. Also at the center, **LARRY MARNETT** was named a fellow of the American Association for the Advancement of Science for his work in lipid oxidation, the chemical reactions involving oxygen and fatty molecules in cells. Marnett is Mary Geddes Stahlman Professor of Cancer Research and director of the A.B. Hancock Jr. Research Center at Vanderbilt-Ingram Cancer Center. He and his colleagues have gained international renown for their discovery and characterization of the cox-2 inhibitors. . . . **HAK CHOY**, professor and vice chairman of radiation oncology, was named chairman of the Lung Cancer Committee of the Radiation Therapy Oncology Group. . . . **HEALTH & HUMAN SERVICES** has approved a plan by Delaware to expand Medicaid coverage to women who otherwise would not have health coverage and who have been found to have breast or cervical cancer through the Centers for Disease Control and Prevention's screening program. Delaware is the most recent state to take advantage of the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. To date, HHS has approved the expanded Medicaid eligibility in a total of 33 states.



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