THE CANCER LETTER INTERACTIVE

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Cancer Cases To Double By 2050 As U.S. Population Ages, Annual Report Says

By 2050, the number of cancer cases in the U.S. is expected to double if incidence rates remain steady, according to a new federal report released this week.

That could mean 2.6 million Americans diagnosed each year with cancer, up from the current 1.3 million cases per year, due to population growth and aging, according to the "Annual Report to the Nation on the

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In Brief:

Harold Varmus To Receive National Medal Of Science; Gates Foundation Hires Klausner

HAROLD VARMUS, president of Memorial Sloan-Kettering Cancer Center and director of NIH from 1993-1999, has been named a 2001 National Medal of Science winner for his career accomplishments. Varmus was awarded the 1989 Nobel in Medicine or Physiology with J. Michael Bishop, chancellor of the UC-SF, for their discovery that normal human and animal cells contain genes capable of becoming cancer genes, which lead to the search for the genetic origins of cancer. During his tenure at NIH, Varmus initiated changes in the conduct of intramural and extramural research programs, recruited leaders for many of the institutes, and increased the annual budget from under $11 billion to nearly $18 billion. Established by the 86th Congress in 1959 as a Presidential Award, the National Medal of Science is the nation's highest science honor, bestowed on individuals "deserving of special recognition by reason of their outstanding contributions to knowledge in the physical, biological, mathematical, or engineering sciences." **President George W. Bush** will award National Medals of Science to Varmus and 14 others at a White House ceremony on June 13. . . . **RICHARD KLAUSNER** has been named executive director of global health for the Bill & Melinda Gates Foundation, based in Seattle, WA. Klausner, former NCI director, is currently senior fellow and special advisor to the presidents of the National Academies for counter terrorism and liaison to the White House. Klausner will report to the foundation's co-chairmen, **Patty Stonesifer** and **Bill Gates Sr**. The foundation's three priority areas are: infectious disease and vaccines; HIV/AIDS and tuberculosis; and reproductive and child health. The goal of the foundation's global health program is to increase global health equity by accelerating the development, deployment, and sustainability of tools and technologies that will save lives and

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Proportion Of Elderly Patients To Increase 30-40 Percent

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Status of Cancer, 1973-1999," published in the May 15 issue of Cancer.

Also, the number and proportion of older persons with cancer are expected to increase "dramatically," said the report, by statisticians at NCI, the American Cancer Society, the North American Association of Central Cancer Registries, the National Institute on Aging, and the Centers for Disease Control and Prevention.

In 2000, an estimated 389,000 people age 75 and older were expected to be diagnosed with cancer. By 2050, 1.102 million people age 75 and older could be diagnosed with cancer, an increase of 30 percent to 42 percent of that segment of the population.

"The number of cancer patients aged 85 years and older is expected to increase by more than four-fold between 2000 and 2050," the report said. "Of more immediate concern, within the next 30 years, the absolute number of cancers occurring in persons aged 65 years and older is expected to double."

Challenge for Treatment, Research

Older cancer patients are likely to present different challenges to physicians, the report said. They may have co-morbid conditions such as vascular disease, or may be taking many different medicines that interact with anti-tumor therapy, putting them at higher risk for drug interactions, overlapping toxicities, or decreased tolerance for standard regimens.

"Barring major breakthroughs in cancer prevention, projected U.S. population growth and aging are expected to contribute to a progressive and substantial increase in the cancer burden, doubling the total number of persons diagnosed with cancer within the next half century as well as the number of cancer patients aged 75 years and older," the report said.

"Thus, the number of persons who require cancer treatment and require it at older ages also will increase, placing a growing demand for more supportive, palliative, and general medical services."

Older patients are under-represented in cancer clinical trials, the report said. Only 25 percent of the 177,000 patients enrolled in NCI-sponsored phase III studies since 1998 were age 65 or older at time of study entry.

In NCI-sponsored phase I, I/II, and II trials since 1998, 28 percent of 52,000 patients enrolled were 65 or older.

"Although efforts are underway to implement and evaluate several key pilot studies designed to improve access to the nationwide clinical trials system, specific strategies are needed to increase the proportion of older patients on appropriately designed clinical trials," the report said.

A barrier to access for clinical trials for the elderly may be the organ function eligibility requirements. NCI and the clinical trials cooperative groups are beginning to look at ways of evaluating therapies in frail older patients, the report said.

Oncologists Will Need Geriatrics Training

Oncologists are just beginning to recognize that they will need additional training in geriatrics, said B.J. Kennedy, Regents Professor of Medicine Emeritus and Masonic Professor of Oncology Emeritus at University of Minnesota Medical School.

Many oncologists now in clinical practice probably never learned to take care of cancer patients over age 75, said Kennedy, who is cheduled to lead a four-hour symposium on "Cancer Care in the Older Population" at the annual meeting of the American Society of Clinical Oncology on May 17.

"This is going to be a big, big problem," he said to **The Cancer Letter**. "The elderly have not been well-treated or well-studied."

Kennedy serves as chairman of ASCO's

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Geriatric Oncology Task Force and is the editor of an ASCO curriculum on cancer in the elderly, scheduled for publication in September. As ASCO president in 1988, Kennedy advocated for more research and education on the topic.

"Cancer in the elderly has been under-screened, under-detected, under-staged, and under treated," Kennedy said. "People over age 75 haven't been included in many clinical trials. Only now are the cooperative groups beginning to look at this problem."

According to the Report to the Nation, the data also underscore a need for expanded cancer control for an aging population. Recommendations will need to be made for cancer screening and early detection for older age groups. Further study will be needed of social support used by the elderly to cope with cancer, as well as quality of life and access to care, the report said.

Due to the lack of research, little is known about the responses of older people to cancer treatment. "Age alone is not a reason to modify the standard of care for persons diagnosed with cancer; cancer survival is less a function of age than of general health status or the presence of other diseases," the report said.

As cancer survivors live for longer periods of time, the demand for other health services will grow, the report said. These will include oncology nursing, home care, assisted living, home health services, palliative services, and end-of-life care.

Age-Adjusted Mortality Rate Continues Decline

Across all ages, overall cancer death rates decreased at a rate of more than 1 percent per year from 1993 through 1999, while cancer incidence rates stabilized from 1995 through 1999. Age-specific trends varied by cancer site, sex, and race.

The first Report to the Nation on cancer incidence and mortality, issued four years ago, documented the first sustained decline in cancer death rates. This trend was a notable reversal from increases that had been seen since national record keeping began in the 1930s.

"The continuing decline in the rate of cancer deaths once again affirms the progress we've made against cancer, but the report also highlights the need for an acceleration of research as the population of the United States ages," said NCI Director Andrew von Eschenbach.

The estimated number of cancer survivors in the U.S. is 8.9 million, based on data from NCI's Surveillance, Epidemiology and End Results Program. About 60 percent of the survivors are over age 65, and 32 percent are over age 75.

"Advances in cancer control and the application of effective interventions, as well as improved access to state-of-the-art cancer care, should lead to further reductions in cancer death rates," the report said. "However, even with these improvements, the aging of the U.S. population alone will increase the number of persons who are diagnosed and treated for cancer and who will survive longer at increasingly older ages."

The overall cost of cancer has been estimated by NCI at $156.7 billion for 2001.

Other highlights of the report:

—Lung cancer is still the leading cause of cancer death in the U.S., accounting for almost one-third of cancer deaths in men and about one-fourth of cancer deaths in women. Lung cancer mortality decreased during the 1990s in men for each age group and in women under age 65. Lung cancer incidence rates increased for women aged 65-74 years.

—Colorectal cancer, the second leading cause of cancer death overall, was the leading cause of cancer death for persons aged 75 years and older.

—Breast cancer, the third most common cause of cancer death overall, occurred most frequently among persons aged 50-64 years. Breast cancer incidence rates increased for black and white women aged 50-64 years.

—Prostate cancer, the fourth most common cause of cancer death, was the cause of 20 percent of cancer deaths in men aged 75 and older.

—Black men had the highest cancer incidence and death rates for each age group, except black men under age 20, during 1995-99.

The report used the year 2000 population standard for age-adjustment of cancer rates, adopted by all federal agencies, rather than the 1970 population standard used in previous Reports to the Nation. Due to the change, the age-adjusted rates in the new report cannot be compared with earlier reports, the authors said.

The authors of the report are Brenda Edwards (NCI), Holly Howe (NAACCR), Lynn Ries (NCI), Michael Thun (ACS), Harry Rosenberg (CDC), Rosemary Yancik (NIA), Phyllis Wingo (CDC), Ahmedin Jemal (ACS), and Ellen Feigal (NCI).

The full text of the report is available at: http://www.seer.cancer.gov/reportcard/.

Politics & Policy:

Bush Signs Bill To Increase Blood Cancer Research

President George W. Bush last week signed a bill that requires NIH to increase research in blood cancers and boost education programs aimed at patients and the public.

The bill, S.1094, which was signed into law Tuesday, doesn't authorize specific sums for the programs and doesn't mandate that any agencies besides NIH get involved in combating blood cancers.

The bill, titled the Hematological Cancer Research and Education Investment Act, was introduced by Sen. Kay Bailey Hutchison (R-TX), whose brother has multiple myeloma. The House version of the bill was introduced by Rep. Phil Crane (R-IL), whose daughter died of non-Hodgkin's lymphoma.

"While there is much progress being reported in our war on cancer, deaths from blood-related cancers are still increasing, Hutchison said in a statement. "Although these diseases account for 11 percent of all cancer deaths, they receive less than five percent of the research funding from the National Cancer Institute."

The Hutchison-Crane bill is part of a broader legislative agenda pursued by the blood cancer advocacy groups. Two weeks ago, these groups, operating as the Blood Cancer Coalition, sent about 300 members to Capitol Hill.

The coalition's agenda includes:

—Obtaining Medicare reimbursement for oral drugs (S.913 and H.R.1624), a measure that is gathering momentum on Capitol Hill.

—Reimbursement for patient care costs for patients with private insurance who enroll in clinical trials (H.R. 967) is part of a larger debate over the Patient Bill of Rights, and appears to be a slow mover.

—The proposal to launch a breast cancer program at the Department of Defense hasn't been incorporated into any legislation.

—Also awaiting bill language is a proposal to require NCI to develop a plan for implementing the recommendations of the Progress Review Group report on the Institute's programs in leukemia, lymphoma, and myeloma.

An earlier version of the Hutchison-Crane bill authorized at least $250 million for NCI research in blood cancers, as well as $25 million for Centers for Disease Control and Prevention. These figures confounded observers, since the NCI target was actually $5 million lower than the $255 million the Institute reported spending on blood cancers. The CDC role was also unclear, because screening for blood cancers is not feasible (**The Cancer Letter**, July 6, 2001).

The final version of the bill authorizes the appropriation of "such sums as may be necessary" and doesn't specifically mention CDC. Authorization is a largely symbolic process that doesn't always translate into actual appropriations.

The new law establishes:

—The Joe Moakley Research Excellence Program at NIH, named for a Massachusetts House Member, who died of leukemia last year. "The Director of NIH shall expand, intensify, and coordinate programs for the conduct and support of research with respect to blood cancer, and particularly with respect to leukemia, lymphoma, and multiple myeloma," the law states. "The Director of NIH shall carry out this subsection through the Director of the NCI and in collaboration with any other agencies that the Director determines to be appropriate."

—Geraldine Ferraro Cancer Education Program, named after a former New York House Member and vice presidential candidate, who has multiple myeloma. The law directs the HHS Secretary to "establish and carry out a program to provide information and education for patients, and the general public with respect to blood cancer, and particularly with respect to the treatment of leukemia, lymphoma, and multiple myeloma."

The HHS Secretary would collaborate with "private health organizations that have national education and patient assistance programs on blood-related cancers," the document states.

"This is a tremendous achievement for blood cancer advocates," said Leukemia & Lymphoma Society President & CEO Dwayne Howell, who attended the signing. "This puts blood cancer solidly on the federal government's agenda and we are deeply indebted to Rep. Crane and Sen. Hutchison for their dedication and commitment for this landmark accomplishment."

The White House signing ceremony was attended by NIH Director Elias Zerhouni, NCI Director Andrew von Eschenbach, Rep. James McGovern (D-MA), Howell, Kathy Giusti, President, Multiple Myeloma Research Foundation, Geraldine Ferraro, and Patty Hamlin, niece of Rep. Moakley.

FDA Policy:

FDA Spells Out Requirements For INDs For Cancer Drugs

In an effort to cut the number of unneeded Investigational New Drug filings, FDA has spelled out its IND requirements for studies involving cancer drugs and biologics that are already on the market.

A draft guidance document, which is distributed for public comment and is not yet in force, is available at http://www.fda.gov/cder/guidance/3760dft.pdf.

"It is the responsibility of the investigator to determine whether or not an IND is necessary," the draft document states.

The proposed guidance, titled IND Exemptions For Studies of Lawfully Marketed Cancer Drugs and Biological Products, is an effort by FDA to clear up the apparent confusion that results in investigators filing INDs when none are needed.

FDA currently ends up granting exemptions for one in three applications.

According to the new document, studies should be considered exempt from the IND requirement if they involve a new use, dosage, schedule, route of administration or new combination of approved drugs.

Studies are exempt if the following five conditions apply:

1. The studies are not intended to support FDA approval of a new indication or a significant change in product labeling.

2. The studies are not intended to support a significant change in advertising.

3. Investigators and their Institutional Review Boards determine that, based on the scientific literature and generally known clinical experience, there is no significant increase in the risk associated with the use of the drug product.

4. The studies are to be conducted in compliance with IRB and informed consent regulations.

5. The studies will not be used to promote unapproved indications.

According to FDA, many investigators unnecessarily submit INDs for applications supporting off-label indications because their IRBs erroneously direct them to make the filings, or because sponsors who provide the drug at no charge to trial participants mistakenly believe that FDA would regard this as promotion of off-label use.

"With the intent of clarifying the agency's policy and decreasing the burden on investigators, the Agency emphasized that it would no longer accept INDs considered exempt," the draft document states.

"Furthermore, FDA stated that providing a drug for study would not, in and of itself, be viewed as a promotional activity if the manufacturer or distributor provides the product for a physician-initiated, bona fide clinical investigation."

HHS News:

Radiation Dose Reconstruction Methods For Compensation Cases In Final Rule By HHS

The Department of Health and Human Services issued two final rules under which the department will provide scientific expertise to assist decision-making under the Energy Employees Occupational Illness Compensation Program Act of 2000.

The U.S. Department of Labor will use these regulations in processing claims by current and former employees of nuclear weapons production facilities and their survivors who seek compensation for certain cancers caused by occupational radiation exposures but who are not requesting compensation under the "Special Exposure Cohort" provisions of the Compensation Act. The Special Exposure Cohort includes workers who were employed at specific production or test sites designated in the Act.

"Today's rules establish strong scientific methodologies to help carry out this complex and important program," HHS Secretary Tommy Thompson said. "These methodologies, which have been reviewed by the public, by scientific experts, and by the independent Advisory Board on Radiation and Worker Health, will help to provide the civilian veterans of the Cold War or their survivors with claims assessments that are as fair, timely and equitable as possible."

The final rules, "Methods for Radiation Dose Reconstruction" and "Guidelines for Determining the Probability of Causation," address comments from the public and an independent advisory board, and draw on scientific models developed by NCI.

The final rule on dose reconstruction establishes the methods that will be used by the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health in estimating claimants' past occupational exposures to radiation, in cancer cases referred to CDC/NIOSH by DOL.

Under an interim final rule issued for public comment last October, CDC/NIOSH began to

conduct dose reconstructions for initial claims referred by DOL, pending public comment and completion of a final rule. Issuance of the final rule allows CDC/NIOSH to begin transmitting dose reconstructions to DOL, when completed, for use in processing claims.

The final rule on probability of causation specifies the scientific guidelines that DOL will use in determining whether it is at least as likely as not that an energy employee's cancer was caused by occupational exposure to radiation at nuclear weapons production sites. To the extent that the science and data involve uncertainties, those uncertainties will be handled to the advantage of the claimant, HHS said. The final rule follows a proposed rule that also was issued for public comment last October.

Both the interim rule on dose reconstruction and the proposed rule on probability of causation also were reviewed by the Advisory Board on Radiation and Worker Health, which was established by the Compensation Act to advise HHS on its duties under the Act. The Advisory Board found that the rules were fair, that they make the best use of current science, and that they meet the expressed intent of Congress to give the benefit of the doubt to claimants in instances where scientific uncertainties exist and radiation records are limited or do not exist.

The methods and guidelines rely on well-established scientific procedures and principles for estimating radiation exposures and determining radiation-related cancer risks, HHS said. They take into account available radiation exposure and health data, including information obtained from the work sites and from parties with expertise on exposure conditions at the work sites, which includes the employees themselves.

Under the final rule, HHS also will obtain reviews by the Advisory Board on Radiation and Worker Health, with public input, for the purpose of keeping the implementation of the rules in step with scientific progress on dose reconstruction and probability of causation.

The two final rules were published in the May 2 Federal Register and online at http://www.cdc.gov/niosh. Copies may be obtained by calling 1-800-35-NIOSH (1-800-356-4674).

U.S., Canada To Collaborate On Indian Health Services

HHS Secretary Tommy Thompson signed a Memorandum of Understanding with Canadian Minister of Health A. Anne McLellan to improve the health status of indigenous communities.

The signing ceremony took place during the first day of the 55th World Health Assembly in Geneva, Switzerland.

The MOU will focus on improving health care, delivery and access to the American Indians and Alaska Natives of the U.S., and to the First Nation and Inuit people of Canada.

The agreement allows for a more efficient exchange of information and personnel between the U.S. and Canada, and calls for establishing workshops, seminars and meetings on issues surrounding indigenous health. A comprehensive work plan will be developed to address specific health management factors such as financial health management systems, telemedicine and tele-health capabilities, chronic disease collaboration, indigenous health support mechanisms, coordination with outside agencies and approaches to health care delivery.

The department's Indian Health Service will administer the activities under the MOU for the U.S.

The President's fiscal year 2003 budget request for IHS is $3.5 billion, an increase of $61 million over fiscal year 2002.

For Canada, the First Nations and Inuit Health Branch is the IHS counterpart.

Three Experimental Beamlines To Be Built For Research

The National Center for Research Resources, a component of NIH, announced an agreement between the Argonne National Laboratory's Advanced Photon Source and the NCRR-supported Northeastern Collaborative Access Team, or NE-CAT, to build three experimental stations, known as beamlines, at the APS for synchrotron radiation research.

These beamlines will harness X-rays generated at the APS and apply them to the study of protein complexes and other biomolecular structures. The NE-CAT research team comprises faculty from six academic institutions: Cornell University, Columbia University, Harvard University, Memorial Sloan-Kettering Cancer Center, Rockefeller University and

Yale University.

The NE-CAT director is Stephen Ealick, professor of chemistry and chemical biology at Cornell University.

NCRR supports the NE-CAT resource with a $19.6 million, five-year, competitive renewable grant. In addition, NE-CAT will receive $6.6 million from member institutions and $1.5 million from the APS. Construction of the three stations will be incrementally completed between 2002 and the beginning of 2006.

Funding Opportunities:

Multiple Myeloma Research Foundation Offers Grants

2002 MMRF Collaborative Program Grant

Preliminary Applications Due Date: June 15

Final Grant Submissions Due Date: Sept. 15

The award provides $1.5 million to researchers over a 3-year period. MMRF is seeking cohesive and synergistic grant proposals that involve several research projects across one or more scientific core laboratories.

MMRF Senior Research Awards

Application Due Date: May 31, 2002

The grants provide $100,000/year to investigators with an interest in myeloma who have been working in blood cancer research for a minimum of five years. Award recipients will have a competitive opportunity to renew their grants for a second year of funding.

To download MMRF grant applications go to http://www.multiplemyeloma.org/research/research3.html.

Inquiries: MMRF, phone 203-972-1250; e-mail themmrf@themmrf.org.

RFAs Available

RFA-HS-02-010: Partnerships for Quality

Letter of Intent Receipt Date: June 20,2002

Application Receipt Date: July 17, 2002

Agency for Healthcare Research and Quality invites applications designed to accelerate the pace with which research findings are translated into improved quality of care and the health care system's ability to deliver that care. The unifying goal is a strong commitment to the improvement of health care services and their security, safety, outcomes, quality, effectiveness, and cost-effectiveness.

Partnership projects may target conditions or diseases, population or patient groups, processes, care sites, components of quality or a combination of these. Improvement grants may focus on priority health conditions, including cancer, diabetes, heart disease, chronic kidney disease, or respiratory disease, as well as priority health issues, including maternal and child health, mental health, long-term care and bioterrorism.

The RFA will use the cooperative agreement U18 award mechanism under which the principal investigator retains the primary responsibility and dominant role for planning, directing, and executing the proposed project, with AHRQ staff being substantially involved as a partner with the principal investigator.

The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-02-010.html.

Inquiries: Mary Cummings, Center for Outcomes and Effectiveness Research, Agency for Healthcare Research and Quality, 6010 Executive Blvd., Rm 300; Rockville, MD 20852; phone 301-594-2417; fax 301-594-3211; email: mcumming@ahrq.gov

RFA-CA-03-013: Molecular Interactions Between Tumor Cells and Bone

Letter of Intent Receipt Date: Oct. 17, 2002

Application Receipt Date: Nov. 21, 2002

NCI, the National Institute of Diabetes and Digestive and Kidney Diseases solicit investigator-initiated applications to promote a better understanding of the pathophysiology of bone metastasis, especially as it relates to tumor cell-bone interactions.

The overall goal is to delineate the role of bone microenvironment on tumor cell survival, and colonization. Collaborative interactions between bone biologists, clinical oncologists and cancer biologists are highly encouraged. These studies should contribute towards a better understanding of the molecular events that account for homing of tumor cells to the bone, and generating novel therapeutic reagents.

The RFA will use NIH R01 and R21 award mechanisms.

The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-03-013.html.

Inquiries: For NCI—Suresh Mohla, Division of Cancer Biology, NCI, 6130 Executive Blvd., EPN 5038, Bethesda, MD 20892, phone 301-435-1878; fax 301-480-0864; e-mail mohlas@mail.nih.gov

In Brief:

John Durant Is Chosen "Cancer Fighter of the Year"

(Continued from page 1)

dramatically reduce the disease burden in the developing world, the foundation said. "We are delighted to have Dr. Klausner join us at an exciting and yet challenging time in global health," said **William Gates III**, co-founder of the foundation. "With nearly three decades of medical and scientific leadership, Dr. Klausner brings clear vision, a dedication to public health and proven results. He is a visionary who knows how to translate science into action." Prior to his appointment as NCI director in 1995, Klausner was chief of the cell biology and metabolism branch of the National Institute of Child Health and Human Development. "I am honored to join the foundation and look forward to working with a team of staff experts and grantees as well as partners in the public and private sectors around the world," Klausner said. "The commitment of Bill and Melinda Gates to reduce global health inequities is one I share wholeheartedly. The direction and sense of urgency in global health is clear." Klausner will reside in Seattle, the foundation said. . . . **JOHN DURANT**, former ASCO executive vice president, former president of Fox Chase Cancer Center, and vice president of health affairs and director of the UAB Medical Center, was chosen U.S. Cancer Fighter of the Year by the National Cancer Fighter of the Year Awards Trust of Pismo Beach, CA. The group cited Durant's leadership in the multidisciplinary implementation of cancer treatment, education, research, and patient care. The award will be presented at the ASCO Presidential Awards Presentation during the annual meeting in Orlando... **MICHAEL O'CONNELL,** deputy director for clinical affairs at the Mayo Clinic Cancer Center, in Rochester, Minn., has been named director of the Allegheny Cancer Center in Pittsburgh, where he will work with **Norman Wolmark**. Academic medical oncologists are being sought to join the expanding clinical cancer program at the renovated 100,000-square-foot facility, scheduled to open in July. O'Connell may be contacted by email at moconnel@wpahs.org. . . . **GARY LYMAN** has been appointed director of biostatistics and associate director for health services and outcomes research at the James P. Wilmot Cancer Center at the University of Rochester Medical Center. He was director of the Albany Medical Center Cancer Center and Research Institute and head of the Center for Health Outcomes and Pharmacoeconomic Research and professor of biometry and statistics at the SUNY Albany School of Public Health. Lyman will join the Comprehensive Breast Care Program and relocate the Coordinating Center for the Awareness of Neutropenia in Chemotherapy Study Group to the Wilmot Cancer Center from Albany. He is a leader of the group, which works to develop prediction models for chemotherapy-induced neutropenia. . . . **ROBERT COOK-DEEGAN**, director of the Robert Wood Johnson Foundation Health Policy Fellowship program at the Institute of Medicine of the National Academy of Sciences and a Robert Wood Johnson Health Policy investigator at the Kennedy Institute of Ethics of Georgetown University, has been named director of the Center for Genome Ethics, Law and Policy at Duke University, effective July 1. Cook-Deegan served as the first director of the IOM's National Cancer Policy Board. Cook-Deegan will bring together biomedical researchers, ethicists, legal scholars and others to consider how advances in genomics will affect society. GELP encourages interdisciplinary research and promotes public debate about genomics. It is one of five centers that comprise the $200 million Institute for Genome Sciences & Policy at Duke. . . . **H. LEE MOFFITT** Cancer Center and Research Institute will almost double its research and clinical space, thanks to the James L. Stevens Act, sponsored in the House by Speaker-Designate **Johnnie Byrd Jr.** (R-Plant City, FL). House Bill 41-E funds the Tower Project expansion of the center, which should be completed in 2003. . . **LYMPHOMA RESEARCH FOUNDATION** is funding two three-year clinical grants and seven research grants. The Three-Year Clinical Investigator Career Development Awards, totaling $225,000 each, have been awarded to **Sherif Farag**, of Ohio State University, and **Sagar Lonial**, of Winship Cancer Institute, Emory University. The recipients of the LRF Two-Year Fellowships, totaling $105,000, are: **Wen-Kai Weng**, Stanford University; **Karen Hass**, Duke University Medical Center; and **Jin Cai Luo**, Columbia University Health Sciences. LRF One-Year Fellowships, totaling $45,000, were awarded to **Paola Fortugno**, Yale University; **Hui Xu**, American Red Cross, Holland Laboratory; **Hirohito Yamaguchi**, H. Lee Moffitt Cancer Center. A One-Year Junior Faculty grant of $75,000 was awarded to **Eduardo Sotomayor**, H. Lee Moffitt Cancer Center.

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