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R01 Payline To Increase From 21st To 22nd Percentile, Von Eschenbach Tells NCAB

The NCI payline for investigator-initiated R01 grants will increase from the 21st percentile to the 22nd percentile for the current fiscal year, Institute officials said this week.

NCI expects to fund 816 competing R01s, of which 195 will be first-time grantees. Last year, NCI funded 182 first-time grantees.

NCI Director Andrew von Eschenbach announced the payline increase June 11, at a meeting of the National Cancer Advisory Board. The increase was possible because funds were left over after the final

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In Brief:

Barcelona Hospital Wins Five-Year Grant From Bristol-Myers For EGF Research

VALL D'HEBRON UNIVERSITY HOSPITAL of Barcelona, Spain, received a five-year $500,000 Unrestricted Cancer Research Grant from Bristol-Myers Squibb Co. for epidermal growth factor receptors as targets for cancer treatments. **Jose Baselga**, who pioneered the clinical application of trastuzumab, will serve as the administrator and principal investigator of the grant. Baselga is professor of medicine at the Universidad Autónoma de Barcelona, chief of the Medical Oncology Service and director of Medical Oncology, Hematology and Radiation Oncology at the Hospital General Universitari Vall d'Hebron, and medical director of the Instituto Oncologico Teknon in Barcelona. The institute is affiliated with Memorial Sloan–Kettering Cancer Center, where Baselga was clinical assistant from 1994 to 1996. . . . **KUMLE ODUNSI**, attending physician in the Division of Gynecologic Oncology at Roswell Park Cancer Institute, has been awarded a three-year, $700,000 Cancer Vaccine Collaborative Grant from the Cancer Research Institute for a phase I/II trial to evaluate the dose, toxicity and immunological effectiveness of NY-ESO-1, an ovarian cancer antigen, for epithelial ovarian cancer. The Cancer Vaccine Collaborative Program is a partnership between CRI and the Ludwig Institute for Cancer Research. . . . **GILBERT BEEBE** has retired as head of the Chornobyl Research Unit of the NCI Radiation Epidemiology Branch. Beebe, 89, will remain at NCI as scientist emeritus. In his 60-year career, he worked for the National Committee on Maternal Health, the Milbank Memorial Fund, the U.S. Army's Office of the Surgeon General, the Hoover Commission, the Atomic Bomb Casualty Commission, the National Research Council, and,

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OMB Plan For NIH FY04 Budget May Severely Limit New Grants

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grant funding round of FY2002 this month.

Nearly half of NCI's $4.2 billion budget for FY02 has been obligated to research project grants (RPGs). The Institute expects to fund a total of 4,600 RPGs, about a 10 percent increase over last year's 4,362 RPGs. Of the 4,600 RPGs, 1,280 are new (competing) awards, compared to 1,172 new awards funded last year.

NCI also will fund 35 competing program project grants (P01s). About $37 million will fund grant applications submitted in response to Requests for Applications.

Also, the Institute will provide $37 million to fund "exceptions," grant applications that just missed the payline, but were deemed to be important or whose investigators adequately responded to reviewer critiques.

"We are continuing to see a very significant increase in the number of applications, and although that presents a great challenge to us with regard to maintaining the payline, in fact, it's very gratifying, because what we are experiencing is that there have been a variety of efforts to begin seeding the field, especially for new investigators, and that's creating a larger pool," von Eschenbach said to the NCAB.

"We believe that our slope of increase at NCI is in fact greater that what has generally been experienced at the NIH level," he said. "We are looking at that very carefully and modeling that carefully in terms of what will happen in out-years. We are really blessed that we have been experiencing increases in our budget. What we are beginning to have to pay a great deal attention to is that the growth curve is going to ultimately drop down."

President Bush proposed $4.7 billion for NCI in FY2003 as part of the completion of the five-year doubling of the NIH budget. However, the White House Office of Management and Budget has said that for FY2004, it plans to propose only a 2.2 percent increase for NIH and its institutes.

"That begins to carry significant implications as to what will happen with regard to our out-year commitments," von Eschenbach said. "At the present time, the general philosophy that's being discussed at NIH is to maintain commitment to the non-competing renewals…. That significantly impacts on available dollars for new awards or other programs."

Committee To Study Centers, SPOREs

NCI has formed a panel of external advisors charge with reviewing the Cancer Centers Program and the Specialized Projects of Research Excellence Program. The P30/P50 Working Group will be co-chaired by Arthur Nienhuis and Joseph Simone.

Nienhuis, director of the St. Jude Children's Research Hospital in Memphis and an NCAB member, and Simone, clinical director emeritus of the Huntsman Cancer Institute at University of Utah, have planned about six meetings for the full panel, von Eschenbach said.

"The charge to the group is a fairly aggressive one," von Eschenbach said. "To look at the optimal alignment and unique features of the centers and SPORE mechanisms as we project them out into the future and in response to what we think will be the evolving and changing landscape; to look at what we expect what might be required with regard to future growth, need and expectations, as well as opportunity; how we might be able to augment the roles of these two areas, to help coordinate and integrate the two programs—because, in fact, most of the SPOREs are being developed in cancer centers, so the question is can we find synergies in the two programs that can further leverage their interaction and impact.

"We also want to look at their ability to impact and network in the community, to integrate into a larger network of delivery, and in augmenting clinical

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trial activity," von Eschenbach said. "And, the interaction and relationship with NCI and how we might more effectively coordinate and integrate our support of these programs."

The working group, which will hold its meetings under the auspices of the NCAB's Cancer Centers Subcommittee, will include representatives from centers, SPOREs, the NCAB, the Board of Scientific Advisors and the Board of Scientific Counselors, von Eschenbach said. Ellen Stovall, president and CEO of the National Coalition for Cancer Survivorship, who recently completed her term on the NCAB, also will serve on the committee.

NCI Transfer to Biomedical Imaging Institute

In FY02, NCI transferred 61 grants worth $21 million to the new National Institute of Biomedical Imaging and Bioengineering.

The total NIH allocation to the new institute "fell short of what their needs and expectations were with regard to program initiation and development," von Eschenbach said.

In renegotiation with the new institute and its proponents, NCI was assed an additional transfer of $60 million for FY03.

After a detailed analysis of the NCI grants portfolio, NCI came up with 122 grants worth $35 million that could be transferred to NIBIB—still $25 million short.

Rather than transferring more grants that could result in "impairment" of research programs, NCI will give NIBIB $25 million, von Eschenbach said. "We believe we have arrived at a compromise that will maintain the integrity of our own portfolio, while at the same time meeting the needs and expectations that are associated with the creation of this new institute," he said.

NIBIB's area of emphasis will be on the development of new imaging technologies, while NCI will continue to fund grants on the application of imaging in oncology, von Eschenbach said.

NCI Swaps Land With Army

NCI has almost concluded negotiations with the U.S. Army to swap parcels of undeveloped land adjacent to the NCI-Frederick cancer research facility located within the Ft. Detrick Army base in Frederick, MD, von Eschenbach said to the NCAB.

As a result of needs for response to the Sept. 11 tragedy, the Army asked for 22 acres on the North side of the campus that previously were committed to NCI. President Nixon gave part of Ft. Detrick to NCI in 1972 for the development of NCI-Frederick (formerly known as the Frederick Cancer Research and Development Center).

In exchange for the North parcel, NCI will receive a parcel of land on the South side of the campus. "That is actually much more optimal for us with regard to our expectations regarding future growth," von Eschenbach said. "We will get immediate access to that land so that we can begin a process for refurbishing and redevelopment of the Frederick facility."

NCI, the National Institute of Allergy and Infectious Diseases, and the Army will collaborate on a vaccine development facility.

In other developments von Eschenbach discussed with the NCAB:

—**NCI Lung Cancer Screening Trial** comparing spiral CT to chest x-ray has added 10 more sites, bringing the total number of sites to 30. Von Eschenbach suspended the planning process for the trial earlier this year so that he could review the implementation for the trial, which was planned prior to his appointment as director.

The trial was estimated to cost NCI $200 million over about 10 years. "So before launching that study, I wanted to be absolutely certain that there would be careful due diligence to be sure that all issues would be thoroughly addressed," he said.

The trial will use 10 accrual sites through the Prostate, Lung, Colorectal and Ovarian Screening study, as well as 20 sites through the American College of Radiology Imaging Network. The addition of 10 ACRIN sites will widen the geographic accessibility of the trial may result in faster accrual of the 50,000 subjects needed, von Eschenbach said.

"We have also removed any kind of allocation with regard to accrual so that all sites can accrue as many patients as possible, and can close study as soon as we get to 50,000 subjects," he said.

The American Cancer Society has committed $1 million a year for the first five years of the study. Also, ACS will participate in promotion of the study. NCI also is in discussions with the Tobacco Legacy Foundation "that may also result in additional financial contribution to the study," von Eschenbach said.

—**NCI Division of Cancer Treatment** has developed a collaboration with five pharmaceutical companies—Aventis, Bristol-Myers Squibb, Novartis, Eli Lilly, and GlaxoSmithKline—to fund research grants examining barriers to clinical trials. The

companies will provide $1.5 million a year for two years to the Foundation of the National Institutes of Health Inc., and NCI will set aside the same amount, to fund the grants, which would be in the form of supplements to NCI cancer centers.

The RFA was published in the May 24 issue of **The Cancer Letter**, and is available at *grants.nih.gov/grants/guide/notice-files/NOT-CA-02-017.html*.

"Not only does this provide us the opportunity to address a very important question that's challenging all of us, but we have been able to begin to work through a mechanism that will ultimately serve as a vehicle for other kinds of public-private partnerships," von Eschenbach said. "Because one of the things that's very obvious as we look at the challenges facing the NCI, is that there are so many things that need to be addressed that we need to look for opportunities to leverage the investments the NCI can make and partner whenever possible with others."

—**NCI internal operations**. Von Eschenbach said he continues to study the management structure in the director's office and plans to complete an analysis within the next month or two on needed reorganization and recruitment. He said the office needs to function more like an office of the CEO, "because no one single individual can possess all of the skill sets, all the time, and all the energy that's required to be fully present and fully responsive to all of the needs of a very large, complex organization like this one."

"We'll work around [a corporate] model and create within the office of the director a very tight, cohesive working team that provides very significant management and decision-making opportunity for the operational units" within the office, he said.

—**Strategic planning** is underway for the next version of the Bypass Budget. The NCI Executive Committee plans to hold three retreats to discuss progress in oncology and projections of what will be required to meet scientific opportunities, and NCI operational issues.

"By the fall, we will have gone through a very intensive kind of interactive process within the organization so that we will then go forward with what I believe will be a very well-developed and organized management and leadership structure," von Eschenbach said.

—**Speeches at professional societies**. In his first four months as NCI director, von Eschenbach has made speeches at the annual meetings of the American Association for Cancer Research, American Society of Clinical Oncology, American Urologic Association, National Conference of State Legislators, and a meeting of the National Dialogue on Cancer.

"At every one of those venues, there was acceptance of the message that we must continue to accelerate, nurture, affirm and develop the ability to discover the very important basic research agenda, while at the same time, work toward developing and accelerating translational research so that we are able to deliver to people the fruits and benefits of the progress we've made in biomedical research," von Eschenbach said to the NCAB.

"That theme of really beginning to fulfill the promise—to see the fruits of the investment in research being realized by patients—has been a theme that is being consistently pointed out in any venue that I've been with," he said. "It was an area of emphasis during the Congressional appropriations hearings.

"There is clearly an expectation for us to be able to deliver on the promise, so we can demonstrate that we are doing things that are truly impacting on people's lives. That's going to be a very important part of my agenda going forward, to make sure that NCI is continuing to drive the research agenda so that discovery is giving us the answers that we need to these fundamental questions, while at the same time we need to continue to work collaboratively and cooperatively with the rest of the cancer community to make sure that we are translating that knowledge to interventions that can detect, predict, treat, and prevent cancer, and that those interventions are delivered to people who are in need.

"That has been the theme that has emerged over the past few months. That is in fact the direction that this nation expects us to pursue."

ImClone's Troubles Continue:
Samuel Waksal Charged With Securities Fraud, Perjury

Samuel Waksal, the controversial former president and CEO of New York-based ImClone Systems Inc., was arrested on June 12 and charged with criminal conspiracy, securities fraud, and perjury.

In related developments:

—Securities and Exchange Commission on June 12 filed a civil suit against Waksal.

—The Subcommittee on Oversight and

Investigations of the House Committee on Energy and Commerce was preparing to hold a hearing June 13 on development of the ImClone drug C225, and ImClone's nearly $2 billion transaction with Bristol-Myers Squibb.

Waksal, who resigned from his ImClone position last month, was arrested by four FBI agents in his SoHo loft early on June 12. He was freed later that day, after posting $10 million bond. In a statement, Waksal's attorneys said evidence against him was "entirely circumstantial." Mark Pomeranz and Lewis Liman, the attorneys, said the authorities had "misread the evidence" and "overreacted in deciding to make today's arrest."

Waksal was subpoenaed to appear before the Congressional hearing June 13, but it was unclear whether he would be able to comply, since the conditions of his bail restricted him to staying in New York area.

Late on June 12, attorneys for the House committee and the U.S. Department of Justice planned to go to court to attempt to lift the travel restriction, a committee spokesman said to **The Cancer Letter**.

Samuel Waksal's brother, Harlan, who stepped into the top jobs at the biotechnology company, is expected to testify. In a statement, the company said it would cooperate with the investigations.

The list of witnesses also includes FDA officials, Bristol executives, and Raymond Weiss, clinical professor of medicine at Georgetown University Lombardi Cancer Center and an auditor of clinical trials.

Weiss directed the audits that uncovered fraud in the South African studies that claimed an advantage of high dose chemotherapy and bone marrow transplantation in the treatment of breast cancer.

Weiss was identified as a special consultant to the committee.

Both the civil complaint filed by SEC and the criminal complaint filed by the Department of Justice describe communications between Waksal and two "tippees," selling of more than $10 million in ImClone stock by these individuals, and an unsuccessful effort by Waksal to transfer to a family member and immediately sell about $4.9 million worth of ImClone shares.

"On Dec. 25, 2001, Bristol-Myers learned from a source at the FDA that the FDA would issue a [refusal to file] letter to ImClone on Dec. 28, 2001," the SEC complaint states.

The refusal to file letter stated that the application was not scientifically complete, and could not be reviewed.

According to the civil complaint, Waksal learned about the imminent arrival of the RTF letter on the evening of Dec. 26.

Bristol holds a stake in C225 and a stake in ImClone. Development of the agent is governed by joint committees of the two companies.

Informal communications between FDA and sponsors are commonplace, and sponsors can often predict their drugs' prospects for approval based on communications with the agency. Confidentiality of communications with FDA is indented to shield the companies' trade secrets from competitors. It does not address the potential of insider trading.

On the evening of Dec. 26, Waksal tipped off two family members, who then proceeded to sell their shares, court documents state. The FDA document was sent to the company at 4 p.m. Dec. 28.

The criminal complaint lists Waksal's telephone calls to the two tippees, one of whom was in Florida, and another in a hotel in Sun Valley, Idaho. According to the criminal complaint, Waksal attempted to transfer and sell 79,797 shares of ImClone stock to one of the tippees. However, Merrill Lynch, the broker, refused to complete the transaction "absent approval from ImClone's Office of the General Counsel, because the shares were originally owned by Samuel Waksal and were subject to restrictions on trading," the criminal complaint states.

The tippees were not charged in either the criminal or the civil complaint.

The SEC complaint seeks to "disgorge" the losses avoided by the family members as well as civil penalties. The complaint also seeks to bar Waksal from acting as an officer or director of publicly traded companies.

The Department of Justice charges include eight counts of "conspiracy to commit fraud in connection with the purchase and sale of securities" and one count of perjury. The perjury charge stems in part from Waksal's "apparent failure" to disclose in sworn testimony that he had interests in an off-shore account. The criminal complaint mentions Protec Advisory Group, a British Virgin Islands corporation.

The complaint states that Waksal's business telephone records show calls to a number in Switzerland on Dec. 27 and 28. In sworn testimony, Waksal said the calls were related to funding a company called V-Target. Court documents don't

challenge this statement.

Based on information that has emerged in recent months, many warning signs suggested that FDA would refuse to file the ImClone application for C225. The RTF letter itself refers to repeated communications in which ImClone officials were warned about shortcomings of the Biologics License Application for C225 (**The Cancer Letter**, Jan. 4, Jan. 11).

The Cancer Letter obtained a copy of a proprietary protocol for the ImClone pivotal trial of C225 in combination with CPT-11 and asked three independent experts to evaluate the quality of the trial. The three said the trial was appropriate for generating hypotheses, but could not have been expected to support drug approval (**The Cancer Letter**, Feb. 15).

NIH Consensus Conference:

Panel Urges Wider Treatment Of Hepatitis C, More Research

A panel convened by NIH said treatment for hepatitis C should be made routinely available for patients previously not considered eligible for treatment, including those who use injected drugs, consume alcohol, suffer from co-morbid conditions such as depression, or who are coinfected with HIV.

The recommendation differed from a previous NIH panel's conclusions in 1997.

The panel also cautioned against the exclusion of children and older adults from treatment and further research.

The independent panel issued its statement at the conclusion of a two-and-a-half-day NIH Consensus Development Conference on Management of Hepatitis C earlier this week.

The panel noted that there have been substantial advances in treatment for chronic hepatitis C and a decline in the number of new infections. Nonetheless, a fourfold increase in persons with chronic hepatitis C infection is projected over the next decade, as a result of unsuspected infection from contaminated blood and blood products, occupational exposure, and injection drug use prior to the advent of routine screening in the early 1990s.

These chronic infections are now leading to significant increases in cirrhosis, end-stage liver disease, liver cancer, and are the most common causes of liver transplants.

"However, the good news is that new combination therapies are having a beneficial impact on this disease," said panel chairman James Boyer, Ensign Professor of Medicine and director of the Liver Center at Yale University School of Medicine. "In addition, preliminary research indicates that this approach may prove useful in treating important subgroups of patients including children and injection drug users previously ineligible for treatment. Up to now, the majority of studies have focused on what is actually a narrow segment of the patient population. Thus, we still have a lot to learn."

More than 4 million Americans are infected with hepatitis C, and of this group, the majority experience chronic infection, defined as detection of the virus in blood over at least a 6-month period. The hepatitis C virus (HCV) is the most common blood-borne infection, and transmission now occurs primarily by injection drug use, high-risk sexual behaviors, and occupational exposures such as accidental needle sticks, and mother-to-infant transmission.

Clinical trials are providing persuasive evidence that treating HCV with a combination of pegylated interferon and ribavirin produces a considerably better sustained viral response (SVR) than monotherapy or standard interferon-ribavirin combination.

Unfortunately, patients with genotype 1 HCV, who account for 70-75 percent of infected persons, require longer duration of therapy and have a lower SVR.

Although SVR has not yet been correlated with improved survival because of the need for long-term follow-up, the absence of detectable HCV provides a significant benefit in terms of resolution of liver injury, reduction of liver fibrosis, and a lower likelihood of HCV reinfection. The best treatments are less clear for non-responders and relapsers.

Among its recommendations for future research, the panel gave top priority to the development of reliable and reproducible HCV cultures, which will advance the understanding of its biology, mechanisms of drug resistance, and aid vaccine development.

The panel urged the establishment of a hepatitis research network that would conduct research into the natural history, prevention, and treatment of hepatitis C. Studies to determine the efficacy of alternative medicines are also needed, the panel said.

The panel also recommended the development of strategies to better prevent, diagnose, and treat the disease in injection drug users and the incarcerated population.

The 12-member consensus panel included representation from internal medicine,

gastroenterology, infectious diseases, pediatrics, family practice, oncology and the public.

The panel members heard presentations from 28 hepatitis C experts, and reviewed an extensive body of medical literature, as well as an evidence report prepared by the Johns Hopkins University School of Medicine Evidence-based Practice Center under contract to the U.S. Agency for Healthcare Research and Quality.

The National Institute of Diabetes and Digestive and Kidney Diseases and the NIH Office of Medical Applications of Research sponsored the conference.

The panel's statement is an independent report and is not a policy statement of the NIH.

The full text of the panel's draft statement is available *consensus.nih.gov*.

A summary of the hepatitis C evidence report prepared by the Johns Hopkins University School of Medicine EPC is available at *www.ahrq.gov/clinic/epcix.htm*.

NIH Intramural Research:

Trial Tests Electroacupuncture For Chemo-Related Nausea

The National Center for Complementary and Alternative Medicine has begun a clinical trial of electroacupuncture to determine if it reduces the delayed nausea experienced by cancer patients following chemotherapy.

This study marks the first clinical trial for NCCAM's Division of Intramural Research, which was established in April 2001 at NIH.

Electroacupuncture is a variation of traditional acupuncture. In this process, acupuncture needles are placed at selected points and then pulsed with an electric current to stimulate the acupuncture points, NCCAM said. Electroacupuncture has been studied for a variety of health conditions, including treatment of pain and relief of acute nausea following chemotherapy. Acute nausea occurs within the first 24 hours after chemotherapy. Delayed nausea occurs 24 hours to five days after chemotherapy.

"The scientific evidence supporting use of electroacupuncture for relief of acute nausea following chemotherapy is very encouraging," said Marc Blackman, director of the NCCAM Division of Intramural Research. "Now we need to look at its potential utility for treating delayed post-chemotherapy nausea, a problem for many cancer patients that needs to be investigated."

The randomized trial will enroll 52 patients, aged 16 to 35 years, who have been diagnosed with pediatric sarcomas and are starting their first course of chemotherapy. Standard treatment for pediatric sarcomas involves chemotherapy regimens that are likely to cause both acute and delayed nausea.

The treatment group will receive electroacupuncture and a control group will receive sham needling—placement of acupuncture needles near acupuncture points, but in sites that are considered to have no treatment effect.

The patients and investigators, except for the acupuncturist, will both be masked as to type of treatment provided. Both patient groups will receive standard anti-nausea drugs. Trial results will be expected in about four years.

"We can treat the acute nausea that accompanies chemotherapy with conventional medications, but delayed nausea is tough to manage," said principal investigator Patrick Mansky, a research oncologist and staff clinician at NCCAM.

To manage delayed nausea, cancer patients are often prescribed glucocorticoids, which can lead to side effects including weight gain, retarding of growth, or susceptibility to infection. Delayed nausea also may contribute to stress in patients.

"Our first intramural clinical trial addresses a significant problem for many cancer patients," said NCCAM Director Stephen Straus. "If electroacupuncture does reduce delayed nausea following chemotherapy, oncologists will have a treatment option that may spare patients from negative side effects associated with certain medications."

Trial participants will receive electroacupuncture or sham needling for seven days (twice daily on days 1 and 2 and once daily on days 3 through 7) starting with the first day of chemotherapy. This will be repeated for a second cycle of chemotherapy.

Three licensed acupuncturists, Jay Shah, Adeline Ge, and Usha Chaudhry, of the NIH Clinical Center's Department of Rehabilitation Medicine, will coordinate and perform all of the electroacupuncture and sham needling procedures. Two acupuncture points, known as P6 (near the wrist) and St36 (near the knee), have been tested in previous trials for nausea relief and will be employed in this trial. Both patient groups will also have an additional needle placed at a sham point common to both groups to serve as an added control.

Further information about the study is available at *nccam.nih.gov/clinicaltrials*.

In Brief:

Nuclear Medicine Society Honors PET Pioneer Phelps

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since 1977, NCI. In collaboration with investigators in Ukraine and Belarus and at Columbia University, he studied the health effects on children exposed to radioiodines, and 88,000 cleanup workers exposed to whole-body gamma radiation following the 1986 nuclear facility accident. . . . **MICHAEL PHELPS**, president of the Academy of Molecular Imaging and Norton Simon Professor and chairman of the UCLA Department of Molecular and Medical Pharmacology, received the Cassen Award at the Society of Nuclear Medicine annual meeting for his contributions to nuclear medicine research. Phelps developed Positron Emission Tomography. Also being honored at the conference are **Jorge Barrio**, professor of molecular and medical pharmacology at the UCLA School of Medicine and Center for the Health Sciences, and **Sanjiv Gambhir**, director of the Crump Institute for Molecular Imaging at the UCLA School of Medicine. Barrio will receive the 2002 Paul C. Aebersold Award for his achievements in the basic sciences. Gambhir will receive the 2002 Taplin Award for his work on molecular imaging and reporter genes. . . . **NEW ASTRO AWARD:** American Society for Therapeutic Radiology and Oncology formed a partnership with the Kidney Cancer Association to fund basic, translational, or clinical research with radiation in kidney cancer and in palliative care. The ASTRO Dr. Ira Spiro Fund will finance a kidney cancer research grant in the name of a young radiation oncologist and staff physician at Massachusetts General Hospital who died last year of kidney cancer. The goal of the research fund is $500,000. Funds will be dispersed by the Kidney Cancer Association annually to an investigator working in basic, translational, or clinical radiation research on kidney cancers. . . . **OFFICE OF MICE ADVICE** is the name of an office in the NCI Center for Cancer Research, where **Susan Silk** "offers assistance with animal issues to NCI investigators, technicians, lab managers, and administrators," according to the office's Web site: *ccr.nci.nih.gov/resources/Mice_Advice.asp*. . . . **CORRECTION: Ronald Herberman** was incorrectly identified in last week's issue of **The Cancer Letter**. He is director of the University of Pittsburgh Cancer Institute.

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