

THE

# CANCER LETTER INTERACTIVE

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## NCI Must Limit Grant Payments For Now, Until Congress Approves FY 2003 Budget

Research grant payments will be significantly restricted until Congress approves an appropriation for NCI, Institute officials said this week.

NCI is operating under a continuing resolution through Jan. 11 that provides a flat budget limited to fiscal year 2002 funding levels. To keep research going, currently funded awards will be paid their full amount, which takes \$122 million off the top of the Institute's budget.

Grantees who were successful in recompetition of their awards will  
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### In Brief:

## Ohio State Comprehensive Cancer Center Wins P01 Grant To Study Immune System

**OHIO STATE UNIVERSITY** Comprehensive Cancer Center has won a \$9.5 million grant from NCI to study the immune system and its relationship to cancer. The Program Project Grant will support dozens of investigators over the next five years on defining rational immunotherapy for the treatment of cancer. **Michael Caligiuri**, associate director for clinical research at OSUCCC, is the principal investigator. The grant will support activities across four fully integrated projects. The lead investigators for the projects are: **John Byrd**, an expert in blood malignancies and the D. Warren Brown Professor in Leukemia Research; **Clark Anderson** and **Susheela Tridandapani**, both members of the Department of Internal Medicine; **Caligiuri**; and **Yang Liu**, professor of pathology. The infrastructure to support the work over the past two years, culminating in the \$9.5 million award, came from a new program at the center that brings scientists with cancer expertise together to form teams that focus on one particular cancer question. "The competition for Program Project Grants is intense; we feel the award is a clear reflection of the talent and energy in the OSU Cancer Center's Immunology Program," said **Clara Bloomfield**, director of the OSUCCC. The mix of basic science and clinical exploration will be supported by a core Cancer Center facilities at Ohio State, including biostatistical support led by **Stanley Lemeshow**, clinical correlates directed by **William Carson**, animal facilities led by **Yang Liu**, and administrative support from the Clinical Trials Office. . . . **VANDERBILT-INGRAM Cancer Center** awarded six faculty with Ingram Cancer Research Professorships. Ingram Professors of Cancer Research are: **Jennifer Pietenpol**, associate  
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## Paylines 17% And 12%, No New RFAs To Be Funded For Now

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have their budgets held at FY 2002 levels. Scheduled increases will be restored once NCI gets an appropriation.

This will mean a temporary payline of 17 percent for competing continuation (type 2) R01 grants. New (type 1) R01 grants will be paid only up to the 12<sup>th</sup> percentile, with a 10-percent cut in peer-review recommended budgets.

No new grants submitted in response to Requests for Applications will be funded.

“Stewardship of our resources is critically important,” NCI Director Andrew von Eschenbach said at a Dec. 4 meeting of the National Cancer Advisory Board. “In the past we were able to be expansive. We have to be much more realistic about what we can do and what we can’t do.”

John Niederhuber, NCAB chairman, said he received phone calls from applicants whose scores were just below last year’s paylines and wondered what to do.

Marvin Kalt, director of the Division of Extramural Activities, said applicants will not place themselves at a disadvantage if they decide to resubmit an application. “We will pick the better score” for making a later funding decision, he said.

If the \$4.642 billion budget for NCI proposed

by President Bush and approved by the Senate is passed, NCI plans to pay R01s up to the 20<sup>th</sup> percentile, for a total of 819 competing awards, compared to 772 awards at the 22<sup>nd</sup> percentile in FY 2002.


Under the President’s budget, the payline for first-time R01s would be 22 percent, compared to 24 percent last year.

Again this year, NCI plans to cut 10 percent off the top of all new R01 and P01 budgets. Renewal R01s and P01s will have their budgets cut by 6 percent, the same as last year. This process used to be called “downward negotiation,” although there was little negotiation involved. Now NCI favors the term “policy reductions.”

### The text of the document, “Fiscal Year 2003 Interim Initial Funding Policy for NCI Research Project Grant Applications,” follows:

The National Cancer Institute (NCI), as a part of the National Institutes of Health, Department of Health and Human Services, currently is operating under a continuing resolution for the first part of Fiscal 2003 (which began October 1, 2002). While the NCI is hopeful that the final FY 2003 appropriation will be at or near the level of the President’s request for the full FY 2003 funding period (see <http://www.nih.gov/news/budgetfy2003/2003NIHpresbudget.htm>), we must establish an initial RPG funding policy for FY 2003 within the level set by the continuing resolution that will apply until a final budget is passed. The current continuing resolution extends into January 2003, and limits the NCI budget to Fiscal 2002 dollar levels. Compared to the President’s budget, this lower interim level of funding will have a significant impact on anticipated new and competing RPG paylines.

**This policy is temporary.** The interim NCI funding policy will be in effect for new (type 1) and competing continuation (type 2) research project grants with start dates of December 1, 2002 or later, on a month-to-month basis until a final FY 2003 appropriation is signed and distributed. Once the full FY 2003 appropriation is known, a revised full year funding policy will be established. At that time, NCI will, insofar as possible, retroactively readjust the paylines for Type 1 (new) and Type 2 (competing continuation) awards across the whole year. For the most part, the immediately affected competing awards are grant applications submitted in February/March 2002, reviewed over the summer, and



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approved by the National Cancer Advisory Board at its meeting in September 2002.

In developing an interim plan, NCI has prioritized its commitment to fund type 5 non-competing continuations at previously agreed levels, and has elected to minimize immediate disruption of existing ongoing competing continuation (type 2) research projects that ultimately are likely to be continued under a potentially larger final FY 2003 appropriation.

Until further notice, NCI funding policy for FY 2003 research project grant awards is as follows:

**Non competing (Type 5) continuations (all mechanisms):** All non-competing continuation awards will be paid at full committed levels on their regular anniversary dates.

**Competing continuation RO1s (Type 2 awards):** Type 2 RO1 applications up to the 17.0 percentile will be paid under the continuing resolution. All awards within interim paylines will be paid initially at the level of the last non-competing budget period. Upon receipt of a final appropriation, funding will be restored to standard policy levels, if possible.

**New (Type 1) competing RO1 applications:** Competing type 1 RO1 applications up to the 12.0 percentile will be paid at an average of 90 percent of peer reviewed, recommended levels.

**New (Type 1) Competing RO1 applications from first time RO1 investigators:** Applicants eligible for consideration as first time RO1 investigators will be paid at the same payline as T-2 RO1s (17.0 percentile).

**Program project (P01) applications (new and competing continuation):** P01s will be paid on a case-by-case basis. P01 applicants will be notified of their status by the NCI program staff.

**Amended applications (all mechanisms):** Applicants who do not expect to be eligible for funding under this interim plan should consult their respective program directors for the most current advice about whether and how to submit an amended application. When the final FY 2003 appropriation and payline is established, NCI automatically will look at previous as well as amended scores in determining eligibility for awards.

**Requests For Applications (RFAs):** At this time, only those RFAs that have competing continuations falling within provisional paylines will be considered for award. All purely new (type 1) RFA competitions will be considered for payment on a case by case basis as funds become available. Please consult the program director listed on your summary

statement if you have any questions.

General Questions: As more information is developed, it will be posted on the NCI website: [http://www.nci.nih.gov/research\\_funding/policies](http://www.nci.nih.gov/research_funding/policies).

## *NCI Programs:* **Barker Named NCI Deputy For Strategic Initiatives**

Anna Barker was appointed NCI deputy director for strategic scientific initiatives, a new position, NCI Director Andrew von Eschenbach said to the National Cancer Advisory Board at its Dec. 4 meeting.

Barker, president and CEO of BIO-NOVA Inc., has served as a consultant to von Eschenbach for the past several months. Barker has known von Eschenbach for many years, particularly through their participation in the National Dialogue on Cancer. Barker served on the National Cancer Legislation Advisory Committee.

“Anna’s role in the Institute will be one of critical importance,” von Eschenbach said. “In the concept of discovery to development to delivery, there are many activities and many initiatives that are underway in the Institute, but often, it’s extremely important for us to be able to facilitate and nurture the trans-institute interactions and collaborations that are necessary to drive thematic programs. What I’m looking forward to Anna Barker bringing to this leadership team that we are creating and developing along with the division heads and others is to help facilitate the acceleration of the transition between discovery and development.

“Our goal and our objective is to expand and intensify our effort of being able to discover and understand the fundamental mechanisms and processes that are associated with the problem of cancer, within the cancer cell, within the person affected by cancer, and within populations,” von Eschenbach said. “That understanding of fundamental principles and mechanisms needs to be translated into the development of interventions that can then impact upon those processes. And that transition from discovery to development is one that requires significant emphasis and leadership, and we are looking forward to Anna providing that, in addition to the many other contributions she will bring to the Institute as we move along a much more comprehensive agenda.”

Barker said she plans to work two days a week at NCI.



BIO-NOVA, which Barker co-founded with her husband Anthony Dennis in 1988, is a privately held company which provides management, analytical and financial resources to support the discovery of new chemopreventives and therapeutics.

Barker has served in several capacities for the American Association for Cancer Research, including two terms as a member of the Board of Directors. She is a member of the AACR Public Science Policy and Legislative Affairs Committee, and has served as its chairman since 1993. Barker is also a member of the Boards of Directors of the National Coalition for Cancer Research, the Ohio Cancer Research Associates, the Oregon Medical Laser Center and the Oregon Biotechnology Association. She has been a member of the Integration panel of the Department of Defense Breast Cancer Research Program since 1993 and is immediate past chairman of the IP.

### **NCI Vacancies, Recruitments**

In his director's report to the NCAB, Von Eschenbach said the "next most important recruitment of senior leadership" is to find what amounts to a replacement for Robert Wittes, who served as deputy director for extramural sciences, although von Eschenbach did not use that title.

This deputy "will fill the role that provides the impetus for the transition from development to delivery, in the context of going from translational research to clinical research, where we are applying and testing these new, innovative strategies in the community to all patients who need the intervention," von Eschenbach said.

Other staff vacancies that von Eschenbach listed as priorities for recruitment:

—Deputy director for management, a post that was held by MaryAnn Guerra, who left last year. John Hartinger will continue to serve as the NCI chief financial officer.

—Director of the Division of Cancer Treatment and Diagnosis. Ellen Feigal serves as acting director of the division.

—Director of the Division of Cancer Control and Population Sciences. Barbara Rimer, division director for the past five years, left recently to become professor of health behavior and health education at the University of North Carolina School of Public Health and deputy director for population science at the Lineberger Cancer Center. Her former deputy, Robert Hiatt, also announced his plans to leave in February for a position at University of California,

San Francisco. Robert Croyle is serving as acting director of the division.

—Director and deputy director of the Office of Communication. Mary McCabe, who served as director for a year, moved to the Office of Education to return to her previous work on clinical trials issues. Deputy Director Jill Bartholomew transferred to a position at HHS on Dec. 1. Nelvis Castro serves as acting director of the office, and Mary Anne Bright serves as acting deputy director.

"We have been working very hard with regard to reorganization based on a real consolidation of function within the Office of Communication and looking at the various implications of that particular function within the organization and its long-term strategic agenda," von Eschenbach said. "We are in the process of recruitment of key leadership in that area."

Within the NCI Office of the Director, Dorothy Foellmer is chief of staff, and Susan Persons and Kathleen Schlom are project coordinators and managers working directly with von Eschenbach on intramural and extramural activities, von Eschenbach said.

In other recent recruitments at NCI:

—Nadarajen Vydelingum was appointed deputy director of the NCI Center to Reduce Cancer Health Disparities, which is headed by Harold Freeman. Vydelingum has worked at the NIH Division of Research Grants (now Center for Scientific Review) since 1991, where he headed a Scientific Review Group on peer review in bioengineering and physiology in the SBIR/STTR and other programs. Vydelingum earned a Ph.D. in clinical biochemistry from London University. In 1977, he began his career in the U.S. at the Medical College of Wisconsin in the departments of Medicine and Pharmacology and as director of the lipid laboratory in the General Clinical Research Center. He moved to Memorial Sloan-Kettering Cancer Center where he led a group on the study of cancer cachexia and the influence of cytokines on lipid/protein stores in cancer patients

—Edward Trapido became associate director of the Epidemiology and Genetics Research Program. Trapido was professor and vice chairman of the Department of Epidemiology and Public Health, University of Miami School of Medicine. He also was associate director for cancer prevention and control at the Sylvester Comprehensive Cancer Center. As a principal investigator, he directed several major cancer control research and education programs at





the University of Miami, including the NCI Cancer Information Service, Florida Cancer Data System, Florida Comprehensive Cancer Control Initiative, and the Southeast Region of *Redes En Action*, which focuses on Hispanic cancer prevention and control activities. Before joining the University of Miami as an epidemiologist in 1984, Trapido was a staff fellow for three years in NCI's intramural epidemiology program. From 1977 to 1981, he was a research fellow and then a research associate in the Department of Epidemiology, Harvard School of Public Health.

—K. “Vish” Viswanath, was named acting associate director of the Behavioral Research Program in the Division of Cancer Control and Populations Sciences. He was a faculty member in the School of Journalism and Communication at Ohio State University, with an adjunct appointment in the School of Public Health. Viswanath was also a Center Scholar with Ohio State's Center for Health Outcomes, Policy, and Evaluation Studies. His research interest is in using a macro-social approach to the study of communication with his most recent work focusing on mass communication and social change and health communication in both national and international contexts with particular focus on communication inequities and disparities. He has been involved with guided social change projects in India and the U.S. He co-edited the book, “Mass Media, Social Control and Social Change,” with David Demers. Viswanath received his doctoral degree in mass communication from the University of Minnesota.

### “Leadership Development”

Von Eschenbach said he is spending much of his time on recruitment and development of his senior staff.

“We are paying a great deal of attention to development of the leadership, both from the point of view of filling important positions and vacancies, plus the development of important leadership roles and functions,” he said to the NCAB. “In addition to the recruitment process, we have also been spending a great deal of effort with regard to the creation of an effective management and leadership team.”

NCI has held two retreats for senior staff, von Eschenbach said. “Those retreats have had two purposes: One of which has been for us to specifically address the development of a long-range strategic plan, but in addition to that, we have devoted a lot of time and a lot of effort in terms of leadership and

team development,” he said.

Randy White, a consultant with the Center for Creative Leadership, led the retreats and is serving as a consultant to NCI. “He has been helping to facilitate our development and interaction, not only as individuals, but more importantly, as an effective, cohesive, integrated team,” von Eschenbach said. “That's a process that will get a great deal of attention from me and will be an area of primary focus as we now are filling these positions.”

Von Eschenbach said he and his staff are working on a long-term strategic plan for the Institute that would go beyond the annual professional judgment budget, or Bypass Budget, that is presented to Congress and the President. This plan is being developed in conjunction with an overall NIH strategic plan, he said.

### Cancer Research Policy: **NCI Says \$5.98 Billion Needed In FY 2004, A \$1.3 Billion Raise**

The NCI Bypass budget seeks \$5.986 billion for the Institute in fiscal 2004, a \$1.348 billion increase over the President's budget proposal for fiscal 2003.

The 106-page document reflects the Institute director's professional judgment of scientific opportunities, and is submitted directly to the President, bypassing the NIH director and HHS officials.

The document, the first in Andrew von Eschenbach's tenure as NCI director, retains the brevity of Bypass budgets that his predecessor Richard Klausner used to plead for budgetary increases and to present an easy-to-grasp vision for the Institute. Prior to Klausner, Bypass budgets took up hundreds of pages and may have been as difficult to lift as they were to comprehend.

The von Eschenbach budget appears to retain the areas of emphasis that emerged during the Klausner era, adding to them an emphasis on public health initiatives. While most of these initiatives were described in earlier Bypass budgets, the editorial emphasis on them is new.

“We as a nation stand at that defining moment in history when a surge of new technologies and the fruits of many years of investigation will yield, over the next two decades, unimagined leaps forward in our understanding of cancer and our ability to control and eliminate it,” von Eschenbach wrote in the Director's Message, a foreword to the budget.



“To take full advantage of these opportunities, three themes will dominate NCI’s planning and decision making: discovery, development, and delivery. Our challenge will be to continue to accelerate the engine of discovery; to translate knowledge gained about the genetic, molecular, and cellular basis of cancer into the development of interventions to detect, diagnose, treat, and prevent cancer; and to ensure that these interventions are delivered to all who need them.”

Whenever challenged on questions involving health care, von Eschenbach’s predecessor Klausner argued that NCI is first and foremost a research institution, which means that it’s equipped to play a limited role in solving the enormous problems of health care delivery in the U.S.

The Bypass budget for fiscal 2003 makes a cautious promise that NCI would study disparities in care and their causes. In the 2004 budget, von Eschenbach makes a more ambitious promise: “We will redouble our efforts to eliminate disparities by ensuring that every American, regardless of race, income, and gender, has access to high quality and timely cancer prevention, screening, diagnosis, and treatment. And we will strive to understand and reduce biologic, socioeconomic, and cultural disparities in the incidence of cancer among diverse population groups.”

Dissemination of research appears as a theme in von Eschenbach’s message. “We must ensure the application of our research knowledge to cancer care,” he wrote. “NCI will collaborate with other agencies and private groups to eliminate unnecessary delays, along the pathway of discovery-development-delivery for lifesaving interventions against cancer. While adhering to our NCI mandate, I am committing NCI to rigorously disseminate our research results, with special emphasis on our Comprehensive Cancer Centers, to inform both clinical practice and public health with state-of-the-art science.”

The budget states that the Institute would need \$294 million to continue its commitments into fiscal 2004. The rest of the requested \$1.348 million increase would be used in the following manner:

—An additional \$577.5 million will be used for “Building the Nation’s Cancer Capacity,” a category that includes increases for investigator-initiated research, expansion of cancer centers, the clinical trials program, and development of bioinformatics.

—\$266.25 million would support “Advancing Discovery and Its Application,” which includes

research in the interaction of genes and the environment, work related to molecular targets, cancer imaging, and cancer communications.

—\$210.35 million would fund research “Addressing Areas of Public Health Emphasis,” which includes research directed at improving quality of care, reducing health disparities in some populations, issues related to cancer survivorship, and research on tobacco.

The text of the Bypass budget, “The Nation’s Investment in Cancer Research for Fiscal Year 2004,” is posted at <http://plan.cancer.gov/>.

### ***Funding Opportunities:*** **Program Announcements**

#### **PA-03-020: Molecular Targets for Cancer Drug Discovery: Exploratory Grant**

Application Receipt Date: Feb. 1, 2003

The initiative supports initial preclinical studies that develop novel drugs for cancer treatment and prevention. The focus will be on molecular targets and agents that modulate them. The search for molecules or agents with translational potential that will redirect the behavior of the target and subvert its deleterious effect will be an important component of the PA. The exploration of new targets will include their characterization, and establishment of their relevance to cancer. They may be relevant to any type of cancer, including pediatric cancers and may encompass any cellular process, from cell cycle and apoptosis to angiogenesis and metastasis, and also the components of the immune system. The PA will use the NIH exploratory/developmental R21 grant award mechanism. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-03-020.html>.

Inquiries: Suresh Arya, Development Therapeutics Program, Division of Cancer Treatment and Diagnosis, NCI, 6130 Executive Blvd., EPN 8153, Bethesda, MD 20892-7456 (For express/courier service: Rockville, MD 20852), phone 301-496-8783; fax 301-402-5200; e-mail [aryas@exchange.nih.gov](mailto:aryas@exchange.nih.gov).

#### **PA-03-021: Molecular Targets for Cancer Drug Discovery: SBIR/STTR**

Application Receipt Date: April 1, 2003

See previous PA for content information. Support is through the SBIR and STTR mechanisms that are set-aside programs. Applications can be submitted for support as phase I STTR R41 or phase I SBIR R43 grants; phase II STTR R42 or phase II



SBIR R44 grants; or the SBIR/STTR Fast-Track option. The PA is available at <http://grants1.nih.gov/grants/guide/pa-files/PA-03-021.html>.

Inquiries: See previous PA.

### **PA-03-024: Molecular Epidemiology of Cancers Associated with Acquired Immunodeficiency**

NCI Division of Cancer Control and Population Sciences, the National Institute of Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and National Institute of Child Health and Human Development invite grant applications for interdisciplinary studies in the etiology and pathogenesis of pre-neoplastic conditions and cancers for human immunodeficiency virus, specifically those cancers associated with viruses such as human papillomavirus, Epstein Barr virus, human herpesvirus 8/Kaposi sarcoma associated herpesvirus, and hepatitis viruses B and C. The initiative will also include malignancies arising within the context of acquired immunosuppression from non-HIV sources, such as organ transplants, and include the oncogenic virus, HTLV.

While the primary emphasis is on malignant outcomes, cofactors of interest include host genetic susceptibility and phenotype; gender differences; and the role of endogenous and exogenous hormones; temporal association of acquisition of the oncogenic virus relative to time of HIV acquisition; effect of circulating viral load on the oncogenic virus; and role of behavioral factors such as tobacco use, diet, illegal drug and medication use; and alcohol abuse. The PA will use the NIH research project grant R01 and competing supplements to existing NCI, NICHD, NIAAA and NIDA funded R01 grants, as the award mechanism. The PA is available at <http://grants1.nih.gov/grants/guide/pa-files/PA-03-024.html>.

Inquiries: For NCI—Vaurice Starks, Division of Cancer Control and Population Sciences, NCI, Executive Plaza North, Rm 5103, MSC 7395, Bethesda, MD 20892-7395, phone 301-402-9375; fax 301-402-4279; e-mail [vs38j@nih.gov](mailto:vs38j@nih.gov).

### **PAR-03-022: Planning Grants for NCI Cancer Research Centers**

Letter of Intent Receipt Date: Dec. 12, 2002

Application Receipt Date: Jan. 16, 2003

NCI Cancer Centers Branch invites planning grant applications for the development of Cancer

Research Centers in a variety of organizational settings. The purpose is to expand the scientific, geographic and demographic diversity of the Cancer Centers Program of NCI by encouraging research-oriented organizations to develop the qualities of a strong cancer research center and become competitive for a Cancer Center Support Grant. Cancer center planning strategies may focus on a specific research theme (e.g. diagnosis, therapy, epidemiology) or integrate a broader spectrum of research that may include the basic, clinical, prevention and control, or population sciences. All approaches to planning cancer centers are encouraged as long as they take advantage of the full range of the organization's capabilities. Guidelines relevant to these awards are available at: [www.cancer.gov/cancercenters/ccb\\_guidelines.html](http://www.cancer.gov/cancercenters/ccb_guidelines.html). NIH Grants policies apply to these awards. Support will be through the NIH planning grant P20 mechanism, which the NCI refers to in this PA as the Cancer Center Planning Grant. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-03-022.html>.

Inquiries: Linda Weiss, chief, Cancer Centers Branch, NCI, 6116 Executive Blvd., Suite 700, Bethesda, Md, 20892-8345, phone 301-496-8531; fax 301-402-0181; email [lw187q@nih.gov](mailto:lw187q@nih.gov).

### *In Brief:*

## **Vanderbilt Awards Six Faculty Research Professorships**

(Continued from page 1)

director of research programs and faculty member in Biochemistry; **Hak Choy**, professor of radiation oncology; and **Wei Zheng**, director of molecular epidemiology in the VICC and professor of medicine. Ingram Associate professors of Cancer Research are: **H. Alex Brown**, associate professor of pharmacology, and **John Kuttesch**, associate professor of pediatrics. **David Cortez**, assistant professor of biochemistry, has been named Ingram Assistant Professor of Cancer Research. The professorships are awarded for a period of five years and renewable based on outstanding performance by the investigator. "The income from the endowments provides discretionary funding for the investigator's laboratory to allow innovative, cutting-edge research that cannot be easily funded through traditional grants," said **Harold Moses**, VICC director. The



professorships, held by 17 VICC members, are funded by the Ingram Charitable Fund. . . . **LEUKEMIA & LYMPHOMA SOCIETY** presented its Stohlman award to the following five individuals at the Annual Strategic Leadership Conference in St. Louis. The award is given to scholars who hold faculty-level or equivalent positions at research institutions and are in the fifth year of their research scholarship: **Pier Paolo Pandolfi**, professor of molecular biology, pathology and human generics, Memorial Sloan-Kettering Cancer Center and Cornell University and, head molecular and developmental biology laboratory, Sloan-Kettering Institute; **Hyam Levitsky**, faculty member, Sidney Kimmel Comprehensive Cancer, John Hopkins; **Mark Kamps**, associate professor of pathology, University of California, San Diego; **Susan Forsburg**, associate professor of molecular and cell biology, Salk Institute for Biological Studies, La Jolla.; and **James DeCaprio**, associate professor of medicine, Dana-Farber Cancer Institute and Harvard Medical School. . . . **H. LEE. MOFFITT** Cancer Center & Research Institute has signed an affiliate agreement with Bethesda Healthcare System, the parent not-for-profit corporation of Bethesda Memorial Hospital. The association gives the

Bethesda Comprehensive Cancer Care Center an academic association and gives Moffitt an affiliate network of hospitals and physicians in Florida. As part of its legislative mandate, Moffitt has established affiliations with six other hospitals to improve its cancer care capabilities. . . . **MARK KELLEY**, assistant professor of Surgery at Vanderbilt School of Medicine, has been named chief of the Division of Surgical Oncology and Endocrine Surgery at the Vanderbilt-Ingram Cancer Center. Kelley joined the Vanderbilt faculty in 1997 and was one of the first members of the Division of Surgical Oncology and Endocrine Surgery at VICC. Kelley serves as chairman of the Vanderbilt Medical Center Cancer Committee and clinical director of the Vanderbilt Breast Center. . . . **ROBERT WILKENS** was appointed director of development at Ohio State University Comprehensive Cancer Center—Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. He was vice president of development at Memorial-Sloan Kettering Cancer Center. . . . **NEXT WEEK'S ISSUE of The Cancer Letter**, Dec. 13, 2002, is the final issue scheduled for the year. Publication will resume on Jan. 3, 2003. **The Cancer Letter** is published 46 times a year.



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