THE CANCER LETTER INTERACTIVE

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ASCO Ends Early Distribution Of Abstracts To Halt "ASCO Effect" On Stock Market

One of the cherished rites of spring for oncologists worldwide comes to an end this year. The American Society of Clinical Oncology will no longer distribute its abstract book a month in advance of its annual meeting.

Leafing through the book to decide which sessions to attend has been an important planning tool for the 27,000 or so people who attend the society's conference. However, in recent years, the abstracts also became a source of market-moving information among Wall Street's institutional investors.

The wild fluctuations in biotech and drug company stocks in the

(Continued to page 2)

In Brief:

Bush Appoints Eric Lander To NCAB; ASTRO Hires Three For Policy Staff

ERIC LANDER was appointed to the National Cancer Advisory Board by President George W. Bush last week. Lander, a geneticist, molecular biologist, and mathematician, is a member of the Whitehead Institute and the founder and director of the Whitehead Institute-M.I.T. Center for Genome Research. He is also a professor of biology at the Massachusetts Institute of Technology. He was an assistant and associate professor of managerial economics at the Harvard Business School from 1981 until 1990. He earned his bachelor's degree in mathematics from Princeton University and his Ph.D. in mathematics from Oxford University. Lander was appointed to the board for the remainder of a six-year term, expiring March 3, 2006. . . . **AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY** has added three staff members in the government relations and healthcare policy and economics departments. **Brad Gruehn** has been hired as a governmental relations representative. His responsibilities include influencing legislative and regulatory initiatives on cancer policy (specifically radiation oncology), payment, research and treatment. Gruehn was assistant director of advocacy and member communications at the American Hospital Association. **Roshunda Drummond** has joined ASTRO as a government relations coordinator. She will assist in developing legislative and regulatory analysis and activities. Drummond was an intern with **Rep. Sonny Callahan** (R-Ala.). **Trisha Crishock,** of the American College of Radiology, has been hired as assistant director of healthcare policy and

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ASCO: Abstracts Don't Tell The Whole Story, Can Do Harm

(Continued from page 1)

weeks prior to the ASCO meeting were so evident that one market analyst gave it a name: The ASCO Effect.

Last week, ASCO announced a strict new policy intended to eliminate the ASCO Effect: the abstract book will not be released until the first day of the annual meeting, on Saturday, May 31, in Chicago. Attendees will pick up the "Meeting Proceedings" at McCormick Place, the convention hall.

"In the last few years, the Proceedings have been used by members of the financial community as a crystal ball to anticipate market changes on the basis of the content of abstracts," said Charles Balch, ASCO executive vice president and CEO. "The purpose of abstracts is not to provide a crystal ball for the financial community, but to provide education to oncologists."

The annual meeting is intended to put a vast amount of information into context for oncologists, Balch said. "The concern we have always had is that abstracts are submitted six months ahead of time, the information is not up-to-date, and conclusions can change by the time the information is presented," he said. "If we did not have a policy like this, premature reporting of data could have an adverse effect on patient safety."

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Last year, ASCO attempted to control abstract leaks by including a "confidentiality notice" on the inside cover of the Proceedings, forbidding members and meeting registrants from releasing information in advance of the meeting (**The Cancer Letter**, April 19, 2002, Vol. 28 No. 16).

That method didn't work, because some meeting attendees, including some ASCO members, either work as market analysts or are willing to share information.

Analyst reports, sometimes including full text of abstracts, circulated around Wall Street prior to public release. The leaks put individual investors at a disadvantage, critics said.

Stocks of Genentech, ImClone Systems, Cell Therapeutics, and Millennium Pharmaceuticals experienced heavy trading in advance of the 2002 meeting. Some of the early trading was partly as a result of a flaw in the ASCO Web site which temporarily allowed access to some abstracts. ASCO corrected the problem prior to the meeting.

"The Securities and Exchange Commission has been looking closely at scientific information that is not yet publicly available but could potentially influence financial markets," ASCO said in a Jan. 17 statement. "In that light, advance mailings of abstract books for scientific meetings such as ASCO's, which include preliminary results from clinical trials of investigational and approved treatments, have been the subject of growing concern and debate."

SEC's Regulation Fair Disclosure, which requires that publicly traded companies disclose material information to all potential investors at the same time, does not apply to nonprofit associations.

"Nonetheless, the perception that ASCO may be inadvertently facilitating selective disclosure, and that those with access to the abstracts may be using the information for purposes other than planning their meeting attendance, threatens to erode public trust in the scientific establishment and should be of concern to all those in the oncology community," ASCO said.

Policy Debated By ASCO Board

Balch said the decision to embargo the abstract book was reached after several rounds of discussion by the ASCO Board of Directors and the society's communications committee.

"The purpose of the meeting is to present the up-to-date information to peer experts and to put the information in context of how it might affect the

practice of oncology," Balch said. "Here you have abstract material that is only the starting point in planning the meeting. At the meeting, abstracts on same topics are presented together, with experts interpreting the information."

Letting abstract information out early that becomes reported in the financial media for the purpose of stock trading can spill over into the general media and cause undue concern among physicians and patients, Balch said.

"As we reviewed this, our concern was that what we did last year allowing the information to go forward to attendees, might have risk of allowing information to get out to the public that might adversely affect patient care," he said. "Doctors might change what they are doing on the basis of abstract content, when the information presented at the meeting might not warrant a change."

The decision "came down to either have no embargo policy and make the abstracts available to all, or to have an embargo policy saying that the contents are not available until the start of the meeting," Balch said. "After a lot of debate and discussion, the board decided to have an embargo."

In the Jan. 17 statement, the society said: "ASCO's Board of Directors believes these changes recognize the society's leadership position in the professional oncology community, and reflect ASCO's long-standing commitment to the highest standards in cancer care. As a result of this new process, the information that is communicated from the ASCO meeting will reflect the full and complete data presented at the meeting. The Board believes that physicians and patients will be able to make fully-informed decisions based on the best peer-reviewed information available to date."

Meeting Program Enhanced

The abstracts will not be publicly available on the ASCO Web site until the conclusion of the meeting. ASCO members will have access to the abstracts in a password-protected area of www.asco.org, with a "double-click confidentiality policy," at the beginning of the meeting, ASCO said.

The ASCO Web site is likely to get heavy traffic on Saturday, May 31, and Sunday, June 1, as Wall Streeters with access to passwords prepare for trading on Monday, sources said. Stock volatility will likely take place in the week following the meeting.

ASCO said it has enhanced other meeting materials to help participants plan their conference schedules. Registrants will receive the Meeting Program and the Educational Book one month before the start of the meeting. The program was expanded to include the schedule of sessions by track, including abstract titles and authors, and session location.

ASCO's Online Meeting Program, scheduled to be made publicly available in mid-April, "will allow users to prepare an optimal meeting experience by creating a customized schedule according to day, time, and/or track," ASCO said. "Searches by abstract titles and authors will be part of the site's capability, and users will be able to download the full Meeting Program to their personal digital assistants."

News Media Must Agree To Embargo

ASCO's news media policy also will change slightly. All information to be presented at the meeting is embargoed until the beginning of either the scientific session containing the research, or an ASCO press conference highlighting the research. Last year, the embargo extended to the end of the session.

Balch said even that time lag of a few minutes or an hour or two gave some traders an advantage, and had the potential to put some companies at risk of violating Regulation FD.

To obtain press credentials for the meeting, reporters have to sign a statement pledging to abide by the embargo, even if information is released by a third party.

Two years ago, TheStreet.com, a financial news service, reported on abstract information contained in Wall Street analysts reports. For that offense, ASCO banned the reporter, Adam Feuerstein, from receiving press credentials to cover that meeting.

Feuerstein's coverage of the ASCO Effect over the past two years brought the phenomenon—and the term—to a wider audience. "TheStreet.com position was that we were trying to stick up for the average investor," Feuerstein said to **The Cancer Letter.** "If there was market-moving information, we were going to do a story on it. This year, if those fund managers don't have access, then our coverage will change. I'm going to be just as vigilant in the month before ASCO to see if things do leak."

Feuerstein said that in cases when abstract information appears in analyst reports, and if he can verify it with sources, he will report it. "We just fundamentally disagree with ASCO on that," he said.

Balch said the new policy was designed so that wouldn't happen. "We want to try to put that aside," he said.

Institute of Medicine:

Report Links Agent Orange To Chronic Leukemia

A re-evaluation of evidence now supports an association between exposure to herbicides used during the Vietnam War and the development of a specific form of leukemia in veterans, according to a report from the Institute of Medicine of the National Academies.

As part of its biennial update, the committee that wrote the report reassessed six studies of herbicide exposure that provided information on chronic lymphocytic leukemia, among other health effects. The re-examination revealed sufficient evidence of an association between exposure to chemicals sprayed in Vietnam and risk of developing CLL.

In previous updates on the health risk to veterans posed by exposure to Agent Orange and other chemicals used in Vietnam, IOM had considered all forms of leukemia collectively when examining research on links between herbicide exposure and risk of cancer.

The combined evidence was found to be inadequate or insufficient to determine whether any association exists between leukemia and exposure to the herbicides or their contaminants. However, although classified as a form of leukemia, CLL shares many traits with Hodgkin's disease and non-Hodgkin's lymphoma, both of which previously have been found to be associated with herbicide exposure. Both CLL and lymphomas originate from malignant B-cells, and CLL can transform into an aggressive non-Hodgkin's lymphoma known as Richter's Syndrome.

"The similarities between CLL and lymphomas—which we have long known to be associated with exposure to the types of chemicals used in Agent Orange and other defoliants—began to raise questions about whether CLL should be considered separately from other forms of leukemia," said committee chairwoman Irva Hertz-Picciotto, professor of epidemiology, University of North Carolina, Chapel Hill, and University of California, Davis. "At the request of the Department of Veterans Affairs, we looked into the matter, and our reassessment indicates that CLL is indeed a special case. The data are sufficient to support a link between herbicide exposure and this type of cancer."

The committee's new assessment is based on evidence from six studies of cancer rates, including specific forms of leukemia, and other health effects among agricultural workers exposed to herbicides, as well as individuals who resided in agrarian settings. The risk for CLL was found to be elevated in those whose occupations involved handling of or exposure to the types of herbicidal chemicals also used during the Vietnam War.

The ability of researchers to pinpoint the health risks faced by veterans is hampered by inadequate information about exposure levels of troops. Most information comes from studies of civilians exposed on the job or in industrial accidents to herbicides.

Most veterans probably experienced lower levels of exposure than people who worked with these chemicals over long periods in occupational or agricultural settings, the report said.

CLL is the most common form of leukemia, with about 7,000 cases diagnosed in the U.S. last year. It is among the rarer forms of cancer, making it difficult to do large-scale studies to determine causes. There are no accurate estimates of how many Vietnam veterans have been diagnosed with CLL.

The congressionally-mandated report also reaffirms findings from previous IOM updates. In addition to non-Hodgkin's lymphoma, Hodgkin's disease, and now CLL, there is sufficient evidence of a link between exposure to chemical defoliants or their contaminants and the development of soft-tissue sarcoma and chloracne in veterans.

Also, scientific studies continue to offer limited or suggestive evidence of an association with other diseases in veterans, including Type 2 diabetes, respiratory cancers, prostate cancer, and multiple myeloma, as well as the congenital birth defect spina bifida in veterans' children.

U.S. forces sprayed Agent Orange and other defoliants over parts of south Vietnam and Cambodia beginning in 1962. Most large-scale sprayings were conducted from airplanes and helicopters, but considerable quantities of herbicides were dispersed from boats and ground vehicles or by soldiers wearing back-mounted equipment.

A 1969 scientific report concluded that one of the primary chemicals used in Agent Orange could cause birth defects in laboratory animals. The U.S. military suspended the use of Agent Orange in 1970 and halted all herbicide spraying in Vietnam the following year.

Copies of the report, "Veterans and Agent Orange: Update 2002," will be available this spring from the National Academies Press and online at http://www.nap.edu.

Clinical Research:

FDA Places Temporary Halt On Gene Therapy Trials

FDA last week placed on "clinical hold" all active gene therapy trials using retroviral vectors to insert genes into blood stem cells.

The agency took action after learning that a second child treated in a French gene therapy trial has developed a leukemia-like condition. Both this child, and another who had developed a similar condition last August, had been successfully treated by gene therapy for X-linked severe combined immunodeficiency disease (X-SCID), also known as "bubble baby syndrome."

In early results of the French study in which a normal gene is inserted into blood stem cells of patients with X-SCID, nine of the 11 children had promising results and could leave the hospital and lead relatively normal lives.

After notification of the first case last year, FDA identified the three U.S. gene therapy studies that most closely resembled the French trial and stopped enrollment of human subjects in those trials. They remain on clinical hold.

FDA said its review of adverse event reports from all U.S. studies involving retroviral vectors has to date found no evidence of leukemia caused by the gene therapy.

FDA's action includes a temporary hold on the enrollment of new patients in a subset of gene therapy trials that involve the use of retroviruses to insert new genes in blood stem cells, irrespective of the disease condition.

The agency said it will consider specific requests for clinical indications for fatal or life-threatening disorders for which there are no viable alternative treatments.

NIH's Recombinant DNA Advisory Committee postponed its Jan. 17 meeting until the analysis of the French studies are completed, NIH said.

Letter to the Editor:

US Oncology Clarifies Role Of Pharmacy Committee

To the Editor:

Re: "As Amgen, Johnson & Johnson Battle Over Anemia Market, Medicare Enters The Fray," The Cancer Letter, Dec. 13, 2002, Vol. 28 No. 46.

US Oncology works in partnership with more than 850 network-affiliated physicians to deliver high-quality cancer treatment to patients in the community-based setting. We have a goal of assisting our affiliated oncologists in providing their patients access to a complete complement of capabilities and treatment options. This includes the use of erythropoietin therapies for the treatment of chemotherapy-induced anemia.

In an effort to assist affiliated physicians in making informed pharmacologic decisions for their patients, US Oncology works with the National Policy Board—a physician-governed advisory board designed to provide guidance and recommendations to US Oncology-affiliated practices.

The NPB oversees several physician advisory committees that also make recommendations throughout the US Oncology network. US Oncology promotes active involvement in advisory committees in which input is encouraged and best practices are shared. This approach is widely implemented in health care, both in the outpatient and hospital settings.

One of the NPB committees is the Pharmacy & Therapeutics Committee, which conducts clinical evidence reviews of new agents for cancer care to compare the clinical utility of newer molecules to existing alternatives in the same pharmacologic or therapeutic class.

When no differences in safety and efficacy are demonstrated in clinical trials or the practices' own experience, the agents may be subjected to a price competition process seeking to minimize cost to payors and patients, who share in the drug cost, and to physician practices.

The P&T Committee, led by oncologists and assisted by pharmacists within the US Oncology network, serves in an advisory role to affiliated physicians.

It was noted in the article that the P&T Committee made a decision to place Aranesp in the formulary of Texas Oncology, P.A., a US Oncology-affiliated practice.

However, neither US Oncology nor the committee maintains a formulary. Individual network physicians and practices retain unrestricted ability to make prescribing decisions that are in the best interests of their patients. In fact, US Oncology does not even have an exclusive contract for Aranesp, which is also inferred in the article.

We have negotiated purchasing contracts for Aranesp and Procrit, both of which are used to treat chemo-induced anemia, which we believe represents

more than 65 percent of erythropoietin use.

Individual practice decisions to implement internal formularies or other measures are not under US Oncology's authority in any way. Each practice maintains its own separate governance structure, with patient decisions residing completely with the clinicians at each practice.

US Oncology is committed to increasing access to and advancing the delivery of high- quality cancer care in a convenient, community-based setting. That means providing our affiliated physicians with the guidance and insight they need to make clinical decisions with complete autonomy at the practice level.

Peter Ellis
Chairman
US Oncology P&T Committee

Funding Opportunities:

RFA Available

RFA CA-04-001: Consortium Therapeutic Studies of Primary Central Nervous System Malignancies in Adults

Letter of Intent Receipt Date: Feb 21, 2003

Application Receipt Date: March 28, 2003

The purpose of the RFA is for the Cancer Therapy Evaluation Program and the Radiation Research Program of the Division of Cancer Treatment and Diagnosis at NCI to invite the members of the North American Brain Tumor Consortium and the New Approaches to Brain Tumor Therapy Consortium to submit new or competing continuation cooperative agreement applications. Each consortium of institutions will be referred to as a Central Nervous System Consortium for the purpose of the RFA. Members from both CNSCs will again be expected to perform phase I and II evaluations of promising therapeutic agents or approaches for the treatment of primary CNS malignancies in adult patients, especially glioblastoma multiforme and other high-grade gliomas, and to perform ancillary laboratory studies of aspects of CNS tumor biology with potential clinical implications. The NCI anticipates continued funding of two CNSCs.

Clinical research opportunities exist with the development of cytotoxic drugs, drug resistance inhibitors, radiation enhancers and radiation delivery technology, radiosurgery, antiangiogenic agents, signal transduction inhibitors, immune modulators, regional delivery techniques, and approaches to gene therapy. Team objectives and approaches will be investigator-originated but consistent with program aims of improving the survival and quality of life for persons with primary CNS malignancies, particularly high-grade gliomas, and providing fundamental insights into the biology of these tumors. The RFA will use the NIH U01 award mechanism. The RFA is available at http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-04-001.html.

Inquiries: Richard Kaplan, (NCI CNSC scientific coordinator) chief, Clinical Investigations Branch, Cancer Therapy Evaluation Program, Division of Cancer Therapy and Diagnosis, 6130 Executive Blvd, Rm 7025, MSC 7436, Bethesda, MD 20892-7436, phone 301-496-2522; fax 301-402-0557; e-mail kaplanr@ctep.nci.nih.gov. Steven Krosnick, (NCI CNSC program director)Clinical Grants and Contracts Branch, CTEP, DCTD, 6130 Executive Blvd., Rm 7009, MSC 7432, Bethesda, MD 20892-7432, phone 301-496-8866, fax 301-480-4663; e-mail krosnicks@ctep.nci.nih.gov.

Program Announcements

PA-03-058: Exploratory/Developmental R21 Bioengineering Research Grants

Participating institutes and centers of NIH invite applications for research grants to support high risk/high impact bioengineering research in areas that are lacking preliminary testing or development. The research can explore approaches and concepts new to a particular substantive area; research and development of new technologies, techniques or methods; or initial research and development of data upon which significant future research may be built.

The EBRG is appropriate for early stages of research or for investigating ideas where risk is high but potential significance is also high and where the research needed to make a decision about proceeding to a larger scale R01 effort is moderate in terms of time and money. The PA is available at http://grants1.nih.gov/grants/guide/pa-files/PA-03-058.html.

Inquiries: Houston Baker, NCI, 6130 Executive Blvd., Bethesda, MD 20892-7412, phone 301-594-9117; fax 301-480-3507; e-mail bakerhou@mail.nih.gov.

PAR-03-05: NIA Pilot Research Grant Program

Application Receipt Dates: March 17, 2003; July 15, 2003; Nov. 17, 2003

National Institute on Aging is seeking small grant R03 applications in specific areas to: 1. stimulate and facilitate the entry of new investigators into aging research, and encourage established investigators to enter new targeted, high priority areas in the research field. The small grant R03 program provides support for pilot research that is likely to lead to a subsequent individual research project grant R01 that is focused on aging and/or a significant advancement of aging research. Research interests include cancer in the elderly. Studies in persons aged 70 years and older regarding incidence, survival, and clinical impact in cancers of the breast, prostate, colorectal, lung, ovarian, and pancreas are encouraged.

Research topics include tumor-related tissue studies, autopsy investigations, characterization of cancer as it interfaces with pre-existing health conditions (i.e., comorbidity), overcoming the practical problems of acquiring data on this age segment of cancer patients, and quality of survival. Studies with a focus on home and/or nursing home settings are appropriate. Another research topic is racial/ethnic differences and health disparities. (a) Research leading to identification of underlying mechanisms, including cellular and molecular mechanisms, linked to racial/ethnic differences in late life function or disease e.g. cognition, Alzheimer's disease, cardiovascular disease, osteoporosis, cancer, infectious diseases, and diabetes. The PA will use the NIH R03 award mechanism. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PAR-03-056.html.

Inquiries: David Finkelstein, Biology of Aging Program, NIA, 7201 Wisconsin Ave., Suite 2C231, MSC 9205, Bethesda, MD 20892-9205, phone 301-496-6402; fax 301-402-0010; e-mail BAPQuery@nia.nih.gov or Michael Bone, Geriatrics and Clinical Gerontology Program, NIA, see preceding address, phone 301-496-6913; fax 301-402-1784; e-mail bonem@nia.nih.gov.

PAR-03-059: International Collaborative Oral Health Research Planning Grant

National Institute of Dental and Craniofacial Research will provide grant support for planning and protocol development of biomedical, epidemiological and behavioral studies in priority international research areas as identified in the Institute's Strategic Plan and facilitated by the Office of International Health, in consultation with the international research community. The purpose of this initiative is to bring together international researchers through collaborative partnerships that conduct research according to common protocols.

In the U.S., the treatment of over 1.2 million cancer patients each year can lead to painful mouth ulcers, mucositis, rampant dental caries, fungal infections, impaired taste and loss of function of the salivary glands.

In pursuing scientific opportunities, the NIDCR organizes its work into areas of research including the following within the Immunology and Immunotherapy Program: the program supports basic and translational research on the immune aspects of oral diseases. To this end, the program is composed of six major areas of research: host responses to microbes, head and neck cancer immunology, autoimmunity, antimicrobial agents and immunotherapy, biomarkers, and vaccines. The PA will use the NIH R21 award mechanism(s). The PA is available at http://grants.nih.gov/grants/guide/pa-files/PAR-03-059.html.

Inquiries: Dennis Mangan, Infectious Diseases and Immunity Branch, Division of Basic and Translational Sciences, National Institute of Dental and Craniofacial Research, Bldg. 45, Rm 4AN-12J, Bethesda, MD 20892-6402, phone 301 594-2421; fax 301 480-8319; e-mail Dennis.Mangan@nih.gov.

PA-03-061: Epidemiology of Alcohol Consumption and Alcohol-Related Problems in Older Persons

National Institute on Alcohol Abuse and Alcoholism and the National Institute on Aging invite R01, R03, and R21 applications to enhance understanding of patterns of alcohol consumption and the epidemiology of alcohol-related problems in older populations.

Consumption of over one to two drinks a day poses significant risks for cancer, liver cirrhosis, brain damage, and unintentional injuries. More specifically the objectives of this initiative include, but are not limited to: Examining the relationship of alcohol consumption to the development, course and outcomes of physical illnesses including heart disease, cancer, liver disease and degenerative brain disorders in older and elderly populations. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-03-061.html.

Inquiries: Rosalind Breslow, Biometry and Epidemiology, NIAAA, Bldg. Willco, Rm 514, Bethesda, MD 20892, phone 301- 594-6231; fax 301-443-8614; e-mail rbreslow@mail.nih.gov.

In Brief:

Siteman Cancer Center Recruits Two Scientists

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economics. She is responsible for monitoring and analyzing radiation oncology economic policy issues within Medicare and Medicaid programs and of keeping ASTRO members abreast of regulatory issues. She served as a Congressional Fellow for U.S. **Sen. James Jeffords** (I-Vt.) and former U.S. **Sen. Paul Simon** (D-Ill.). "I believe that a knowledgeable, experienced staff will help us better advocate for those involved in radiation oncology," said **Laura Thevenot,** executive director of ASTRO. "With these excellent additions, ASTRO is now positioned to increase the scope of our government relations and healthcare policy activities to better serve our members." . . . . **R. REID TOWNSEND** and **MING YOU**, have joined the Alvin J. Siteman Cancer Center at Washington University School of Medicine and Barnes-Jewish Hospital in St. Louis. Townsend, of Oxford GlycoSciences in Oxford, England, was appointed associate professor and director of the Washington University Proteomics Center. The center will use state-of-the-art technology to identify protein signatures for early detection of cancer and other illnesses. The center also will evaluate new technologies and help develop software that integrates genomic and proteomics data and that uses proteomic information to identify genes that encode specific proteins. You, of Ohio State University, leads the Chemoprevention Program at the Siteman center. His research interests include lung cancer prevention and carcinogenesis, and identification of lung cancer susceptibility genes. . . . **VICTORIA MOCK** received the Oncology Nursing Society 2003 Distinguished Researcher Award for her work in fatigue management and other cancer symptoms. Mock directs the Center for Nursing Research at Johns Hopkins University, and serves as director of nursing research, Kimmel Comprehensive Cancer Center, associate professor in adult health, School of Nursing, and in oncology at the School of Medicine. . . . **NORA VOLKOW** was appointed director of the National Institute on Drug Abuse at NIH. Volkow is associate director for life sciences at Brookhaven National Laboratory. She replaces **Glen Hanson**, who served as NIDA acting director since December 2001.

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