

THE

# CANCER LETTER INTERACTIVE

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

Vol. 29 No. 6  
Feb. 7, 2003

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Price \$305 Per Year

## Bush Proposes \$27.9 Billion For NIH, Plus \$1.4 Billion Reprogram From FY03

The Bush Administration proposed a \$27.9 billion budget for NIH for fiscal year 2004, an increase of \$549 million, or 2 percent, over the \$27.3 billion budget the Administration requested for the current fiscal year.

The administration also proposed to redirect into research \$1.4 billion of FY 2003 funding that was allocated to NIH for facilities construction and anthrax vaccine procurement. As a result, the net increase in the NIH research budget would total \$1.9 billion, or 7.5 percent.

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### In Brief:

## Schwetz Replaces Koski As Director, HHS Office Of Human Research Protections

**BERNARD SCHWETZ** was appointed acting director, HHS Office for Human Research Protections. He replaces **Greg Koski**, who stepped down as the first director of OHRP last November. Schwetz is the senior advisor for science at FDA and is a distinguished scientist at the University of Maryland, College Park. He served as acting principal deputy commissioner of FDA in 2001. . . . **MARK ROHRBAUGH** has been appointed director of the NIH Office of Technology Transfer, in the Office of the Director. Rohrbaugh will oversee the patenting and licensing of NIH inventions and contribute to intramural and extramural technology transfer policy at NIH and in the Department of Health and Human Services. He joined the OTT in May 2001 as deputy director and has served as acting director since September 2001. He represents DHHS and NIH on the National Science and Technology Council Technology Committee. Rohrbaugh began his career at NIH in 1991 as the scientific review administrator for the Allergy, Immunology, and Transplantation Research Committee within the National Institute of Allergy and Infectious Diseases. In 1995 he moved from the NIAID extramural program to the Office of Technology Development, serving as director of that office from 1997 to 2001. . . . **DAVID NATHAN**, president emeritus of Dana-Farber Cancer Institute, has been named the 2003 recipient of the John Howland Medal by the American Pediatric Society. A hematologist and the Robert A. Stranahan Distinguished Professor of Pediatrics at Harvard Medical School, Nathan is known for his work in thalassemia, a condition in which the body fails to make hemoglobin correctly. The award will be presented at the annual meeting of the society May 4 in Seattle. . . . **IRWIN**  
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## Bush Proposes \$4.7 Billion For NCI, A 3.4 Percent Increase

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The President's budget proposal for NIH includes \$4.771 billion for NCI, a \$162 million, or 3.4 percent increase, over the Institute's assumed current budget of \$4.609 billion.

"This is a challenging time for the federal budget, with the need to strengthen our economy, protect the homeland, and prepare for the possibility of war," Secretary of Health and Human Services Tommy Thompson said at a Feb. 3 press conference to unveil the budget proposal.

Fiscal 2003 began four months ago, but Congress has yet to approve final spending bills. Federal agencies have been operating on "continuing resolution" budgets held to fiscal 2002 levels, which in effect constitute budget cuts as agencies put programs and hiring on hold.

On Jan. 23, the Senate finally passed an omnibus appropriations bill that met the White House spending targets. The Senate approved a 1.3 percent cut in spending in programs including NIH. The House and Senate will have to reach agreement on a 2003 spending plan over the next month.

Capitol Hill sources said it's not clear whether NIH will end up with the full \$27.3 billion, which represents the final installment of the five-year budget doubling. Biomedical societies are hoping that NIH

supporters in Congress will be in a position to push for the full amount.

### Fiscal 2004 President's Budget Proposal

The administration is proposing a new "bioshield" initiative to develop and stockpile vaccines against biological weapons, which President Bush spoke of in a visit Feb. 3 to the NIH campus in Bethesda, MD.

Under the proposal, HHS and the Department of Homeland Security would have appropriations authority of \$6 billion over 10 years to fund research and buy vaccines. The proposal would give NIAID Director Anthony Fauci greater authority to award grants and contracts, and expedite peer review.

"America's scientists have been called to a different kind of challenge: The challenge of man's effort to use diseases as weapons of war and terror," Bush said in his remarks at NIH. "These threats have placed America's scientists at the center of our mission to defend the American people. It has put the NIH squarely in midst of our the war to defend America and defeat international terrorism."

Among other items in the budget proposal:

—FDA: The FY 2004 budget request for the FDA is \$1.7 billion, an increase of \$59 million over the FY 2003 President's budget. Within this total, there are program increases of \$115 million, partially offset by \$56 million in management savings. Of the funds requested, \$307 million will be derived from industry-specific user fees. Program increases are focused on biodefense activities that ensure a safe food supply, accelerating the availability of generic and over-the-counter drugs; improving information on safety and efficacy of drugs for children; providing quick access to new, safe and effective drugs and medical technologies; and improving patient safety.

—Centers for Disease Control and Prevention: The FY 2004 budget requests \$6.5 billion for CDC, an increase of \$61 million above the FY 2003 President's budget.

—Breast and Cervical Cancer Screening: The FY 2004 budget provides an increase of \$10 million for the breast and cervical cancer program. CDC's breast and cervical cancer program supports screening services for low-income, underinsured, or uninsured women.

—Hospital Information Technology: The FY 2004 budget provides AHRQ with an increase of \$24 million to help health networks implement and evaluate hospital-based information technology investments designed to enhance patient safety.

THE **CANCER**  
LETTER

Member,  
Newsletter and Electronic  
Publishers Association

World Wide Web: [http://  
www.cancerletter.com](http://www.cancerletter.com)

**Editor & Publisher:** Kirsten Boyd Goldberg

**Editor:** Paul Goldberg

**Editorial Assistant:** Shelley Whitmore Wolfe

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

**PO Box 9905, Washington DC 20016**

E-mail: [news@cancerletter.com](mailto:news@cancerletter.com)

**Customer Service:** 800-513-7042

**PO Box 40724, Nashville TN 37204-0724**

E-mail: [info@cancerletter.com](mailto:info@cancerletter.com)

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AHRQ will dedicate \$50 million to this initiative in FY 2004, with an emphasis on small community and rural hospitals.

—Generic and Over the Counter Drugs: The FY 2004 budget provides FDA an increase of \$13 million to accelerate review of drug applications, fund research to expand drugs available in generic form, and improve information available to consumers.

—HIV/AIDS: The administration proposed spending \$15 billion over five years to fight AIDS in Africa and the Caribbean. Bush also proposed to expand access to medication with an increase of \$100 million for the Ryan White AIDS Drug Assistance Program. The budget includes \$150 million to prevent mother-to-child transmission of HIV. Total HHS spending on AIDS next year would be \$14.2 billion.

## National Institutes of Health

### Overview by Institute

	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2004</u> <u>+/- 2003</u>
Institutes:				
National Cancer Institute.....	\$4,113	\$4,609	\$4,771	+\$162
National Heart, Lung, & Blood Institute.....	2,554	2,762	2,868	+106
National Institute of Dental & Craniofacial Research.....	342	369	382	+13
Natl Inst. of Diabetes & Digestive & Kidney Disease....	1,563	1,703	1,820	+117
National Institute of Neurological Disorders & Stroke...	1,309	1,416	1,469	+53
National Institute of Allergy & Infectious Diseases.....	2,526	3,981	4,335	+354
National Institute of General Medical Sciences.....	1,698	1,849	1,923	+74
Natl Inst. of Child Health and Human Development.....	1,109	1,195	1,245	+50
National Eye Institute.....	580	625	648	+23
National Institute of Environmental Health Sciences:				
Labor/HHS Appropriation.....	563	609	631	+22
VA/HUD Appropriation.....	81	76	79	+3
National Institute on Aging.....	891	958	994	+37
Natl Inst. of Arthritis & Musculoskeletal & Skin Dis.....	447	485	503	+17
Natl Inst. on Deafness & Communication Disorders.....	341	366	380	+15
National Institute of Mental Health.....	1,234	1,333	1,382	+50
National Institute on Drug Abuse.....	885	960	996	+36
National Institute on Alcohol Abuse & Alcoholism.....	383	415	430	+15
National Institute for Nursing Research.....	120	130	135	+5
National Human Genome Research Institute.....	428	458	478	+20
Natl Inst. for Biomedical Imaging & Bioengineering.....	262	270	282	+12
National Center for Research Resources.....	985	1,065	1,054	-11
Natl Center for Complementary & Alternative Med.....	104	112	116	+4
Natl Center for Minority Health & Health Disparities.....	157	186	193	+7
Fogarty International Center.....	56	62	64	+2
National Library of Medicine.....	274	306	316	+10
Office of the Director.....	253	274	318	+44
Buildings & Facilities.....	296	769	80	-689
ONDCP Drug Forfeiture Fund Transfer (NIDA).....	<u>7</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Total, Program Level.....</b>	<b>\$23,561</b>	<b>\$27,343</b>	<b>\$27,893</b>	<b>+\$549</b>
Less Funds Allocated from Other Sources:				
ONDCP Drug Forfeiture Fund Transfer (NIDA).....	-\$7	\$0	\$0	\$0
Type 1 Diabetes Research .....	<u>-100</u>	<u>-100</u>	<u>-150</u>	<u>-50</u>
<b>Total, Budget Authority.....</b>	<b>\$23,454</b>	<b>\$27,243</b>	<b>\$27,743</b>	<b>+\$499</b>
<b>Labor/HHS Appropriation.....</b>	<b>\$23,373</b>	<b>\$27,168</b>	<b>\$27,664</b>	<b>+\$496</b>
<b>VA/HUD Appropriation.....</b>	<b>\$81</b>	<b>\$76</b>	<b>\$79</b>	<b>+\$3</b>
FTE.....	17,250	17,693	17,526	-167



## Overview by Mechanism

	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2004</u> <u>+/- 2003</u>
<b>Mechanism:</b>				
Research Project Grants.....	\$13,016	\$14,298	\$15,204	+\$906
[ # of Non-Competing Grants ].....	[24,856]	[26,195]	[26,958]	[+763]
[ # of New/Competing Grants].....	[9,471]	[10,165]	[10,509]	[+344]
[ # of Small Business Grants].....	[1,894]	[1,949]	[2,053]	[+104]
[ Total # of Grants ].....	[36,221]	[38,309]	[39,520]	[1,211]
Research Centers.....	2,117	2,422	2,589	+167
Research Training.....	653	693	715	+22
Research & Development Contracts.....	1,793	2,430	2,779	+349
Intramural Research.....	2,234	2,549	2,630	+81
Other Research.....	1,933	2,149	2,214	+65
Extramural Research Facilities Construction.....	118	457	0	-457
Research Management and Support.....	786	920	969	+49
National Library of Medicine.....	274	306	316	+10
Office of the Director.....	253	274	318	+44
Buildings and Facilities.....	296	769	80	-689
NIEHS VA/HUD Appropriation (Superfund).....	81	76	79	+3
ONDCP Drug Forfeiture Fund Transfer (NIDA).....	7	0	0	0
<b>Total, Program Level.....</b>	<b>\$23,561</b>	<b>\$27,343</b>	<b>\$27,893</b>	<b>+\$549</b>
<b>Less Funds Allocated from Other Sources:</b>				
ONDCP Drug Forfeiture Fund Transfer (NIDA).....	-\$7	\$0	\$0	\$0
Type 1 Diabetes Research 1/.....	-100	-100	-150	-50
<b>Total, Budget Authority.....</b>	<b>\$23,454</b>	<b>\$27,243</b>	<b>\$27,743</b>	<b>+\$499</b>
<b>Labor/HHS Appropriation.....</b>	<b>\$23,373</b>	<b>\$27,168</b>	<b>\$27,664</b>	<b>+\$496</b>
<b>VA/HUD Appropriation.....</b>	<b>\$81</b>	<b>\$76</b>	<b>\$79</b>	<b>+\$3</b>
FTE.....	17,250	17,693	17,526	-167

### Following is the text of the President's budget request for NIH:

This Administration continues its strong commitment to biomedical research. In FY 2003, the President's Budget completed the five-year doubling of the NIH budget. As a result of the doubling, NIH will be funding nearly 10,000 more research grants than it did before the doubling began—10,000 more ideas that could lead to vaccines, cures, and treatments, as well as fundamental scientific breakthroughs, that could open up even more new opportunities for improving human health. NIH can also now support the training of over 1,500 more scientists each year than it could in FY 1998. This investment will help ensure there are enough trained professionals ready to turn today's research advances into tomorrow's medical success stories.

Building on the research momentum generated

over the past five years, the FY 2004 budget provides \$27.9 billion for NIH. This is a net increase of \$549 million, or 2.0 percent, over the FY 2003 President's Budget. However, as a result of converting approximately \$1.4 billion from one-time non-recurring costs in FY 2003 for facilities construction and anthrax vaccine procurement, NIH research programs and support will have a robust increase of over \$1.9 billion, or 7.5 percent.

NIH is the world's largest and most distinguished organization dedicated to maintaining and improving health through medical science. Its budget is composed of 27 appropriations for its Institutes and Centers, Office of the Director, and Buildings and Facilities. In FY 2004, over 80 percent of the funds appropriated to NIH will flow out to the extramural community, which supports work by more than 50,000 researchers affiliated with about 1,700 university,



hospital, and other research facilities. About 9-10 percent of the budget will support an in-house, or intramural, program of basic and clinical research activities managed by world-class physicians and scientists. This intramural program, which includes the NIH Clinical Center, gives our nation the unparalleled ability to respond immediately to health challenges nationally and worldwide. Another 3 percent will provide for research management and support.

**Research Priorities in FY 2004:** In fulfilling its mission, NIH strives to maintain a diverse portfolio of research founded on both public health need and scientific opportunity. The FY 2004 budget request will allow NIH to address imperative requirements in biodefense; continue progress in promising arenas of science related to specific diseases such as cancer, HIV/AIDS, diabetes, Parkinson's disease, Alzheimer's disease; and pursue whole new avenues of post-genomics research.

**Biodefense Research:** Our Nation's ability to detect and counter bioterrorism ultimately depends heavily on the state of biomedical science. In FY 2004, the number one priority for the program increases requested in the NIH budget is supporting research needed for the war against terrorism. To guide this research, NIH last year developed a Strategic Plan for Biodefense Research and a Biodefense Research Agenda for CDC Category A Agents, with short-, intermediate-, and long-term goals. These plans stress two overarching, complementary, and urgent components: a) basic research on the biology of microbial agents with bioterrorism potential and the properties of the host's response to infection and defense mechanisms; and b) applied research with predetermined milestones for the development of new or improved diagnostics, vaccines, and therapeutics. NIH will continue to consult with the new Department of Homeland Security, the HHS Assistant Secretary for Public Health Emergency Preparedness, and the Department of Defense to ensure full coordination with other Federal agencies in the war against terrorism.

On Jan. 7, the President submitted a budget amendment to reallocate \$225 million within the \$1.7 billion FY 2003 biodefense budget request for NIH in order to accelerate construction of specialized biosafety laboratories at universities and research institutions across the country that must be built first in order to carry out priority biodefense and infectious disease research. This budget amendment increases

the FY 2003 request for extramural biodefense laboratory construction from \$150 million to a total of \$375 million. The first six or seven of these biosafety level (BSL) 3 or 4 research facilities would be financed with FY 2003 funds, instead of the three or four originally proposed.

For FY 2004, the President's budget proposes a total of \$1.6 billion for NIH biodefense efforts. While this is a net overall decrease of \$121 million, it is the result of significant one-time, non-recurring biodefense expenses in FY 2003, including \$746 million in intramural and extramural laboratory construction and \$250 million for anthrax vaccine procurement costs. By retaining these prior-year one-time expenditures in the research program, NIH's biodefense research activity will effectively expand by \$875 million in FY 2004. Examples of planned research initiatives for FY 2004 include developing novel therapeutic strategies for blocking the effects of botulism toxin; establishing animal models and standardized reagents, microarray panels, and other materials for the study of priority pathogens; expanding research to discover how the two main cell types of the immune system, B and Y lymphocytes, help regulate immune responses to dangerous microbes; and further accelerating the testing of new biodefense therapeutics, vaccines, and diagnostic tools. NIH is currently testing a range of candidate vaccines in clinical and pre-clinical studies, including third-generation vaccines against smallpox; a second-generation vaccine to prevent anthrax; a DNA vaccine to prevent Ebola virus; and a new vaccine for plague.

NIH will continue to provide support for advanced research and early-phase clinical trials needed to develop new biodefense vaccines and other countermeasures. However, the NIH budget for FY 2004 does not include resources for vaccine procurement. Once a determination is made that these NIH-developed countermeasures are licensable and industrial-scale production is feasible, subsequent procurement contracts would be financed from a new mandatory account in the Department of Homeland Security. Legislation is also being proposed to give NIH more flexible management tools to further accelerate its biodefense research.

**HIV/AIDS Research:** The FY 2004 budget includes a total of \$2.9 billion for HIV/AIDS-related research. This is an increase of \$110 million, or 4.0 percent over the FY 2003 level. The FY 2004 NIH HIV/AIDS research agenda continues the following



overarching themes: HIV prevention research, including development of vaccines, microbicides, behavioral interventions, and strategies to prevent perinatal transmissions; therapeutics research to develop simpler, less toxic, and cheaper drugs and regimens to treat HIV infection and its associated illnesses, malignancies, and other complications; international research, particularly to address the critical research and training needs in developing countries; and research targeting the disproportionate impact of the AIDS epidemic on racial and ethnic minority populations in the United States. All of these efforts require a strong foundation in basic science. The overall budget request for NIH also includes \$100 million in NIAID to continue HHS contributions initiated in FY 2002 to the Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis.

#### **Institutional Development Awards (IDeA)**

**Program:** For FY 2004, the budget proposes \$210 million for the Institutional Development Awards program, an increase of \$25 million or 14 percent, over FY 2003. These funds are included within the request for the National Center for Research Resources. This increase supports NIH's continuing efforts to develop a critical mass of competitive biomedical researchers in States that have not fully participated in NIH research funding in the past.

**Best Pharmaceuticals for Children Act:** The request for NIH includes an additional \$25 million, for a total of up to \$50 million, to continue implementing the Best Pharmaceuticals for Children Act. Under the Act, NIH is responsible for contracting for studies cited by FDA as needed to provide dosage, safety, and effectiveness data in children to permit labeling of off-patent drugs for pediatric use when manufacturers decline to perform the studies. NIH, working cooperatively with FDA and other outside experts, has recently published a list that identified the 12 highest priority drugs needing pediatric review. NIH and FDA have also been working to identify the specific pediatric testing that needs to be done; issue requests for manufacturers to perform the studies; and, if they decline to do the testing, issue requests for proposals from NIH to have these studies conducted under contract. NIH has announced that the first two requests for proposals will cover the drugs sodium nitroprusside, for the controlled reduction of blood pressure; and lorazepam, for the treatment of status epilepticus and for sedation in the pediatric intensive care unit. NIH will also request proposals to establish a BPCA Coordinating Center

which will help those conducting pediatric clinical trials funded under this authority.

**Diabetes and Obesity:** The epidemic of obesity threatens the Nation's health by sharply increasing the incidence of Type 2 diabetes, fatty liver disease, kidney failure, and cardiovascular and other diseases. However, dramatic advances in our understanding of regulation of appetite and weight offer new opportunities to develop methods to treat obesity and to prevent Type 2 diabetes and other obesity-related diseases. The FY 2004 budget includes an increase of \$14 million for expanded trans-NIH research programs in obesity and diabetes. Total NIH diabetes spending in FY 2004 is estimated to be \$946 million. This includes \$150 million, an increase of \$50 million over FY 2003, specifically for research on the prevention and cure of type 1 diabetes. These special diabetes funds were reauthorized in December of 2002, with annual funding increasing to \$150 million through FY 2008.

**"Roadmap" Funding:** As an additional effort to accelerate fundamental discovery and translation of that new knowledge into preventive and therapeutic strategies, the FY 2004 budget request for the Office of the Director includes an increase of \$35 million for strategic "roadmap" initiatives. These funds will be allocated by the NIH Director to the Institutes and Centers to address critical roadblocks and knowledge gaps that currently constrain rapid progress in biomedical research. Three broad initiatives will be stimulated with these funds: 1) new pathways to discovery, which includes a comprehensive understanding of the building blocks of the body's cells and tissues and how complex biological systems operate, regenerative medicine, structural biology, molecular libraries, nanotechnology, computational biology and bioinformatics, and molecular imaging; 2) multidisciplinary research teams of the future; and 3) re-engineering the clinical research enterprise. These efforts will allow the NIH to rethink the technical and human infrastructure required to translate findings from genetics and proteomics into front-line treatments and prevention strategies.

**Research Project Grants:** The support of basic medical research through competitive, peer-reviewed, and investigator-initiated research project grants (RPGs) represents 55 percent of NIH's total budget request for FY 2004. In FY 2004, the NIH budget provides \$15.2 billion, a 6.3 percent increase over FY 2003, to fund 39,520 total projects, the highest



level in the agency's history. This is 1,211 more grants in total than are expected to be funded in FY 2003.

Competing RPGs: Within this total, NIH estimates it will support 10,509 competing RPGs in FY 2004, an increase of 344 over FY 2003 and itself a record high. Of these, 322 will be fully funded in the first year they are awarded, for \$179 million in FY 2004. This includes programs such as Academic Research Enhancement Awards, Shannon Awards, and challenge grant programs, all of which were initially designed with multi-year funding as an intrinsic part of the program. NIH will undertake a study this year to determine the types of grants that can be fully funded from both the point of financial stewardship and scientific accountability. Following this study, other categories of grants may also be considered for multi-year funding. The average cost of research project grants will increase in the aggregate by 2.7 percent.

**Extramural Research Facilities Construction:** For FY 2004, no new funds are requested for extramural research facilities construction grants, a reduction of \$457 million from FY 2003. Of this reduction, \$375 million is from the non-recurring expenditures for extramural biodefense laboratory construction requested for FY 2003, and \$82 million is from non-biodefense research facilities construction. Over the past 10 years, nearly \$500 million has been appropriated for non-biodefense extramural construction projects. In FY 2004, NIH's budget places a higher priority on the support of additional research project grants.

### Funding Opportunities:

## **DoD Breast Cancer Program Seeks Award Applicants**

Proposal Submission Deadline: March 10, 2003, 5 p.m. Eastern time.

Due to the overwhelming response to the fiscal year 1999 Concept Awards, the Department of Defense Breast Cancer Research Program re-announces the award mechanism. There is a \$17 million initiative to support the awards.

Concept Awards are intended to fund an initial concept or theory that could give rise to a testable hypothesis within breast cancer research. The Congressionally Directed Medical Research Programs requests electronic submissions for short (approximately one-page) Concept Award proposals. The awards can be requested for \$75,000 in direct costs over a 12-month performance period, plus indirect costs as appropriate. The

awards will be reviewed and negotiated expeditiously so that research dollars will be available no later than Sept. 30, 2003.

Concept Awards encourage the exploration of untested, innovative questions in breast cancer. Proposals should postulate a new paradigm, challenge existing paradigms, or examine an existing problem from a new perspective. Projects involving human subjects, human cell lines, or human specimens will not be supported unless they are exempt under 32 CFR 219.101(b)(4). Studies that do not qualify for exempt status during review at any level will be administratively withdrawn and will not be funded.

Inquiries: The PA with full details of the FY02 BCRP Concept Awards is available at: <http://cdmrp.army.mil/funding/bcrp.htm>.

## **Program Announcement**

### **PA-03-064: Correlative Studies Using Specimens from Multi-Institutional Prevention and Treatment Trials**

The PA supports correlative studies by using tumor specimens collected during multi-institutional trials funded by NCI. The Cancer Therapy Evaluation Program, the Cancer Diagnosis Program and the Cancer Biomarkers Research Group from NCI will cooperatively sponsor the PA with the following objectives: 1. To provide investigators with support for correlative studies using trial related tumor specimens to compare genetic variations and molecular changes from cell nucleus, cytosol, cell surface and extracellular matrix to tumorigenesis and progression, drug resistance, therapeutic effectiveness of interventions, and various patients' clinical outcomes. 2. To decipher information from the tumor specimens and to discover new cancer interventions by utilizing the tumor tissue resources and accumulated clinical trial results/outcomes for better cancer risk assessment, early detection and prediction for response to various cancer therapies and prevention. 3. To promote translational research and promote collaborations and interactions between basic researchers and clinical investigators from academia, private industry and non-profit organizations to perform correlative studies to ensure that new findings will be rapidly translated into clinical practice. The PA is available at <http://grants1.nih.gov/grants/guide/pa-files/PA-03-064.html>.

Inquiries: Roy Wu, Heng Xie, Steven Krosnick, Clinical Grants & Contracts Branch, Cancer Therapy Evaluation Program, Division of Cancer Treatment and Diagnosis, NCI, Executive Plaza North, Rm. 7009, 6130 Executive Blvd., Bethesda, MD 20892-7432, Rockville, MD 20852 (express mail), phone 301-496-8866; fax 301-480-4663; e-mails [wur@ctep.nci.nih.gov](mailto:wur@ctep.nci.nih.gov); [xieh@ctep.nci.nih.gov](mailto:xieh@ctep.nci.nih.gov); [krosnicks@ctep.nci.nih.gov](mailto:krosnicks@ctep.nci.nih.gov) or Magdalena Thurin, Cancer Diagnosis Program, DCTD, NCI, Executive Plaza North, Rm. 6130/6034, 6130 Executive Blvd., Bethesda, MD 20892, Rockville, MD 20852, (express mail); phone 301-496-8639; fax 301-402-7819; e-mail [thurinm@mail.nih.gov](mailto:thurinm@mail.nih.gov).



*In Brief:*

## M.D. Anderson Honors Krakoff

(Continued from page 1)

**KRAKOFF** was recognized by M.D. Anderson Cancer Center with the dedication of a conference room named in his honor. His 40-year career includes 10 years at M.D. Anderson as the head of its Division of Medicine. Before coming to M.D. Anderson, Krakoff was involved in the early stages of chemotherapy research at Memorial Sloan-Kettering Cancer Center. "His mentorship and leadership were a source of inspiration to me," said **Waun Ki Hong**, head of the Division of Cancer Medicine at MDACC and a recruit of Krakoff's at Sloan-Kettering and at M.D. Anderson. . . . **DOUG KINGSRITER** has joined the National Childhood Cancer Foundation as chief development officer at its new office in Bethesda, Md. He was executive vice president, business development, for Mothers Against Drunk Driving. Kingsriter was an All Big 10 football player, an All-American, and an Academic All-American, and is a member of the Hall of Fame at the University of Minnesota. He played for the Minnesota Vikings in Super Bowls VIII and IX. The foundation supports

the work of the Children's Oncology Group. . . . **DOROTY RIEHS**, administrator for clinical services at Fox Chase Cancer Center, was appointed vice president for ambulatory care services. She will oversee the hospital information systems. Riehs will keep her administrative responsibility for operations of the ambulatory care, radiation oncology, diagnostic imaging and pathology departments. . . . **WILLIAM CARSON III and YANG LIU** of Ohio State University Comprehensive Cancer Center-Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, will share leadership of the immunology program. Carson, a surgical oncologist, has five active research grants and is principal investigator for a phase II trial testing an immunological approach to melanoma. "We are looking forward to new collaborations, especially in the area of anticancer vaccines and cytokines," said Carson. Liu is the Ralph W. Kurtz Chair in Pathology and director of the Division of Cancer Immunology in the Department of Pathology. He is principal investigator for four research grants from NIH. . . . **CAROLYN CLANCY** has been appointed director of the Agency for Healthcare Research and Quality. Clancy had been acting director since March 2002.

NCCN

National  
Comprehensive  
Cancer  
Network

### Clinical Practice Guidelines & Outcomes Data in Oncology

# Annual Conference

March 12-16, 2003

**Location:**

The Westin Diplomat Resort & Spa  
Hollywood, Florida

**Program Chairs:**

William T. McGivney, PhD,  
Chief Executive Officer, NCCN

Rodger J. Winn, MD,  
Guidelines Steering Committee Chair, NCCN

Conference attendees will receive the NEW 2003 version of the NCCN CD-ROM: "The Complete Library of Clinical Practice Guidelines in Oncology"

Register online at [www.nccn.org](http://www.nccn.org).

For more information, call NCCN at 866-788-NCCN (6226).

Mention priority code "CAN" when registering.

### Conference Agenda

**March 12, 6 p.m.—9 p.m.**

Conference Welcome Reception

**March 13, 8 a.m.—3 p.m.**

NCCN Guidelines Development Process

Update: Cervical Cancer Screening Guidelines

Update: Acute Myeloid Leukemia Guidelines

Roundtable: FDA Approval Process — Meeting the Need for Promising Therapeutics for Patients with Serious and Life-Threatening Disease

**March 14, 8 a.m.—3 p.m.**

NCCN Oncology Outcomes Database

Update: Colorectal Cancer Guidelines

Update: Cancer-Related Fatigue Guidelines

Update: Prostate Cancer Guidelines

Risk Assessment in Prostate Cancer

**March 15, 8 a.m.—3 p.m.**

Update: Gastric/Esophageal Cancer Guidelines

Management of Gastric Cancer: A Japanese Perspective

Applications of Oral Fluoropyrimidines in Colon Cancer: Their Role and New Directions

Reimbursement for Oral Chemotherapy

Update: Breast Cancer Guidelines

Management of Opioid-Induced Bowel Dysfunction

Quality Assurance in Cancer Care: A Managed Care Perspective

Collaboration in the Delivery of Breast Cancer Care Across Institutional Settings

Oncology Business Update

**March 16, 8 a.m.—12 p.m.**

Update: Thyroid Carcinoma Guidelines

Implementation and Application of Anemia Clinical Practice Guidelines

Interactions between Alternative and Complementary Therapies and Conventional Therapies





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