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NCI To Cut CIS By $6 Million, Reduce Call Centers From 14 To 4 In Recompetition

NCI plans to reorganize its Cancer Information Service to reduce the number of service centers that answer telephone calls to NCI's 1-800-4-CANCER information line.

The consolidation would save about $6 million over the next five years, Institute officials said. In fiscal 2002, NCI spent $20.9 million for the CIS contracts. Under the recompetition, NCI would spend $17.8 million on CIS contracts in fiscal 2004. The budget would increase by about $1 million a year through 2009.

Currently, 14 CIS offices—most located at cancer centers—answer

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In Brief:

NCI Names PR Executive To Lead Institute's "Strategic Dissemination" Of 2015 Goal

EDWARD MAIBACH was appointed NCI associate director for strategic dissemination by NCI Director Andrew von Eschenbach. Maibach will join NCI on Aug. 11 to "coordinate NCI-wide efforts to create awareness and enhance understanding of the progress we are making toward our goal of eliminating suffering and death due to cancer by 2015," von Eschenbach wrote in a memo to NCI staff. Maibach also will lead a "research initiative to engage the public to fully participate in the biomedical revolution," von Eschenbach wrote. Maibach was worldwide director of social marketing for Porter Novelli, a marketing and communications firm, where he worked on public health issues including cancer and tobacco control, diet and nutrition, physical activity promotion, vaccine education, clinical trials, premature birth prevention and adolescent substance abuse prevention. Maibach also is an adjunct associate professor in the McDonough School of Business at Georgetown University. Prior to joining Porter Novelli, Maibach was an assistant professor of public health communication at the Rollins School of Public Health at Emory University, where he founded the Center for Health and Risk Communication. From 1984 to 1986, he was a member of the staff of the former NCI Division of Cancer Prevention and Control. While at Emory, he served as a member of the Advisory Council for National 5-a-Day for Better Health Campaign and was a 5-a-Day grantee. "Over the past several months, he has been consulting and working closely with me and other members of our Executive Committee on a variety of important issues critical to our agenda," von Eschenbach wrote. Maibach received

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Cut May Harm Cancer Control Research, CIS Contractors Say

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phone calls to the information service, conduct outreach to special populations, and coordinate research on cancer communications. Some cancer centers have held CIS contracts since the program began in 1976.

Under the recompetition, four regional "coordinating centers" will answer phone calls to the information service. NCI also will award 15 contracts for a regional "Partnership Program" for communications research and outreach.

The number of Spanish-language call centers will be cut from three to one under the reorganization, because only 2 percent of calls are conducted in Spanish, said Mary Anne Bright, CIS acting associate director.

The reorganization will not affect the quality of service of the 26-year-old program, NCI officials said.

"We are not talking about downsizing capacity to be responsive," NCI Director Andrew von Eschenbach said at a meeting of the National Cancer Advisory Board. "It's not downsizing capacity. It's realigning resources in a more responsible way."

For the CIS recompetition in 1999, NCI reduced 19 CIS offices to 14, in response to a 1998 report by the HHS Office of the Inspector General criticizing the CIS busy signal rate and number of offices. Nationwide, almost 29 percent of attempted calls resulted in a busy signal, the report said. The report also said the regional structure of CIS "does not contribute to a consistent and efficient phone service" (**The Cancer Letter**, July 24, 1998, Vol. 24 No. 29).

Since then, phone technology has improved so that if one CIS office is unusually busy, calls bounce to a nearby office. "It is seamless to the caller," NCI's Bright said. "Currently, CIS has a zero busy rate."

In a presentation to the NCAB at its June 10 meeting, Bright said a recent review found that some CIS staff are idle. "We have not been operating with the most efficiency over the past few years," she said.

Elmer Huerta, director of the Cancer Risk Assessment and Screening Center at Washington Cancer Institute, said he opposed the reduction in the number of Spanish call centers. The low percentage of Spanish calls means that CIS should do more outreach to Spanish-speaking populations, Huerta said. NCI relies on radio and television public-service announcements to reach the public, and these are few and far between, he said.

"What you need is a comprehensive, but consistent message, not just PSAs," Huerta said.

"We don't have an advertising budget to do promotion nationwide, and that's why we rely on the regional offices for outreach," Bright said.

The one Spanish-language call center will cover all Spanish calls in all U.S. time zones. That office will have to be open for about 14 hours, or two shifts, a CIS manager said to **The Cancer Letter** on condition of anonymity. "There would be no place else to take Spanish-language calls if an emergency comes up at that office," the manager said. "That, to me, says NCI doesn't feel it is important, or don't see that as a priority. It seems we ought to do reasonably equivalent service in Spanish."

Bright said the call capacity would not be reduced. "We really want to reaffirm our commitment to provide service to Spanish-speaking people," she said to **The Cancer Letter**. The recompetition would strengthen the Partnership Program, which would be able to conduct more outreach to increase Spanish call volume, she said.

CIS managers said the consolidation may eliminate a certain amount of necessary redundancy in the system.

"The bottom line is, they are trying to do it for less money," a CIS manager said to **The Cancer**

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Letter. "It's not clear to me how much they can cut without making the service less responsive. That's what I worry about. When we look at our call statistics now, there is virtually no busy signal rate—callers are getting through right away. The accessibility of service has improved tremendously."

CIS contractors said that separating the information service from the Partnership Program could harm the cancer control research and outreach functions of the service, which has developed synergy by working within the same institutions. CIS is currently conducting more than 30 research projects.

The CIS offices work with researchers to develop studies of health communications, and the information specialists test these interventions. "The information service has the ability to reach people and implement an intervention while on the phone," a CIS manager said. "They know how talk to people. How will the researchers and information service maintain those personal relationships that it takes to do that kind of work? It would seem as though the reorganization is breaking up something that's working well."

Bright said CIS research would improve under the recompetition. "We have a strong commitment to research, and intend to build on and strengthen the Partnership Program," she said.

At the NCAB meeting, board chairman John Niederhuber said that when he directed the University of Wisconsin Cancer Center, "having a CIS office at our center was a very big plus and contributed to a significant part of our outreach. I would see the loss of that to be a huge loss to the center."

Cancer center officials have generally viewed CIS contracts as desirable, one CIS manager said to **The Cancer Letter**. "Centers got some extra staffing through the CIS contracts and in exchange, NCI got more dissemination," the manager said.

Because the contracts were desirable, centers have helped support them through cost-sharing, either by direct payments, sharing of employees, in-kind contributions, or reducing overhead costs.

NCI "encouraged cost sharing with institutions, but it was not a requirement," Bright said. "I think we looked favorably on proposals that included cost sharing."

Bright said the recompetition will continue to make CIS popular with centers. "They have the opportunity to work with the Partnership Program to supplant some of their outreach and cancer control efforts," she said.

Under the recompetition, contractors will bid on one of 15 Partnership Program awards. In addition, they can propose to operate one of the coordinating centers, the Spanish-language services, or LiveHelp, NCI's email response service.

The NCI Executive Committee approved the concept for the recompetition last May, and it was circulated to CIS contractors for comment. NCI received about 40 comments, Bright said. "We don't see making changes based on the comments," she said. "We put this out for comment not with the intent to respond to comments, but to gather information from people and see what their thoughts were. We found it beneficial to review people's feedback."

The final Request for Proposals will be made public in November, and contract awards are scheduled to be made in October 2004.

The text of the RFP concept issued June 17 is available at www.eps.gov/servlet/Documents/R/220272.

Congress Should Reassess NCI's Special Status, IOM Says

Congress should "reassess" the provisions of the National Cancer Act of 1971, according to a report from the National Research Council and Institute of Medicine of the National Academies.

Because the Act made the NCI director a Presidential appointee and allowed the NCI director to submit a budget request directly to the President, "it is possible that an unnecessary rift is created between the goals, mission, and leadership of NIH and those of NCI," the report said.

NCI is the largest of the 27 Institutes and Centers at NIH, with a $4.6 billion budget. "It is not in the interests either of NIH's overall research and training programs, or of NCI, for the NIH director to have such limited authority," the report said.

The report, requested by Congress to study the organization of the Institutes, said the NIH director's influence should be enhanced through an increased budget to the director's office and funding for trans-NIH initiatives, and by giving the director the authority to hire and fire directors of the Institutes.

Among the panel's recommendations:

—Congress should establish a formal process to review and act on proposals for changes in the number of NIH institutes and centers, and that process should be used to study two mergers favored by the committee: merging the National Institute on Drug

Abuse with the National Institute on Alcohol Abuse and Alcoholism, and the National Institute of General Medical Sciences with the National Human Genome Research Institute.

—Efforts to centralize NIH management functions, such as the HHS "One Voice" plan, "should be considered only after careful study of circumstances unique to NIH."

—NIH-sponsored clinical research in the intramural and extramural programs should be consolidated under a new entity called the National Center for Clinical Research and Research Resources, which would build upon the current National Center for Research Resources.

—The Presidentially-appointed NIH director should serve a six-year term unless removed sooner by the President. Whether the director should serve a second and final six-year term should be determined after a review by outside experts and be based on the recommendation of HHS Secretary.

—Directors of NIH Institutes and Centers should be appointed to five-year terms with the option for a second and final five-year appointment. Their performance should be reviewed annually by the NIH director.

—Congress should increase funding for the research management and support budgets of each Institute.

The committee also took issue with the appointment process for the 140 NIH advisory committees. To avoid any perceived politicization of the committee appointment process, participation should be based solely on a person's scientific or clinical expertise, or his or her involvement in relevant issues. Also, a substantial proportion of each Institute's advisory council should consist of people whose primary source of research support is derived from a different Institute, or from outside NIH.

The report, "Enhancing the Vitality of the National Institutes of Health: Organizational Change to Meet New Challenges," can be read at http://search.nap.edu/books/0309089670/html/.

Zerhouni Forms Steering Committee

NIH Director Elias Zerhouni formed an NIH Steering Committee, with a rotating membership of 10 directors representing the 27 NIH Institutes and Centers.

The new committee will help develop and oversee policies common across the NIH.

"Leading the NIH requires a team approach that advances the agency's mission as efficiently as possible," Zerhouni said. "Over the past nine months, through extensive consultation with all of the Institute and Center Directors at NIH, we have looked carefully at how to better organize ourselves. As a result, I established the steering committee to address the complex issues facing us."

The three largest institutes of NIH will have permanent seats. These will be taken by NCI Director Andrew von Eschenbach; Claude Lenfant, director of the National Heart, Lung, and Blood Institute; and Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases.

The other seven members will be chosen to represent the remaining institutes, and will serve three-year terms. The initial membership is: Francis Collins, National Human Genome Research Institute; Richard Hodes, National Institute on Aging; Stephen Katz, National Institute of Arthritis and Musculoskeletal and Skin Diseases; Donald Lindberg, National Library of Medicine; Stephen Straus, National Center for Complementary and Alternative Medicine; Lawrence Tabak, National Institute of Dental and Craniofacial Research; and Nora Volkow, National Institute on Drug Abuse.

NIH Deputy Director Raynard Kington will serve as ex-officio member and chair the committee in Zerhouni's absence.

In another development at NIH this week, Kenneth Olden, director of the National Toxicology Program and the National Institute of Environmental Health Sciences for the past 12 years, said he plans to step down to devote more time to his family and his research.

Olden said he will remain in the positions until a replacement is found.

New NCI Grants Program In Molecular Profiling Approved

Advisors to NCI have approved the Institute's plan for a new grants program to support research to move discoveries of molecular profiles into clinical practice applications.

NCI would fund three to four U01 cooperative agreements for a total of $10 million in the first year, under the program, titled Strategic Partnering to Evaluate Cancer Signatures. The NCI Board of Scientific Advisors approved the program in concept at its June 26 meeting.

The program is designed to "build on the progress

resulting from" the Director's Challenge: Toward a Molecular Classification of Cancer, established by former NCI Director Richard Klausner, that was the first NCI grants program to fund the development of molecular profiles for tumor classification. That Request for Applications will not be reissued.

The BSA also approved concepts for:

—Three new RFAs that will form the Innovative Molecular Analysis Technologies Program, for high-risk technology development;

—A new program to fund specialized center grants for Integrative Cancer Biology Programs.

—Concurred with NCI staff recommendation to reissue three RFAs: Cancer Intervention and Surveillance Modeling Network, Transdisciplinary Tobacco Use Research Centers, and Small Animal Imaging Research Program.

Excerpts of the text of the concept statements for the new programs follow:

Strategic Partnering to Evaluate Cancer Signatures. Concept for a new RFA for U01 cooperative agreements, $10 million per year for five years, three to four awards, total cost $50 million. Division of Cancer Treatment and Diagnosis Program directors: James Jacobson, chief, Technology Development Branch, 301-402-4185, jacobsoj@mail.nih.gov; and Barbara Conley, chief, Diagnostics Research Branch, Cancer Diagnosis Program, 301-496-1951, conleyb@mail.nih.gov.

The purpose of this RFA is to build upon the progress resulting from funding of RFA CA-98-027, The Director's Challenge: Toward a Molecular Classification of Cancer, which will not be reissued, as well as that of other projects that have discovered prognostic and/or predictive profiles in malignancies. This new initiative will support projects that bridge the gap between discovery of molecular profiles and their integration into clinical practice. The applicants will be asked to propose projects that address clinical needs in a specific cancer or a closely related set of cancers. They will be asked to have established the collaborations necessary to bring together all of the expertise and clinical resources required achieve project goals. It is anticipated that these will be multi-institutional projects involving investigators with expertise in technology development and application, cancer biology, oncology, pathology, clinical cancer research, biostatistics, and bioinformatics. The collaborations are expected to involve already existing organizations with access to patients or patient specimens.

Applicants will be asked to propose to work with molecular profiles that already have been shown to address a clinical question or need. The proposed studies should be designed to confirm and refine these signatures to demonstrate that the signatures potentially are clinically useful. They may propose to define critical components in the signature and to develop modified assays for measuring those components. Applicants must identify the resources required for advancing these molecular profiles toward clinical application. Continued development and/or modification of analytical technologies and algorithms for data analysis may also be required to meet the goals of the proposed projects. However, these should be secondary goals that are proposed only to be able to meet the translational goals of the projects. Applications proposing only profile discovery or technology development projects will not be considered responsive to this RFA.

Applicants will be asked to describe the clinical question or need to be addressed in one or a closely related set of tumors. These questions include, but are not limited to:

—Risk of progression in early stage disease.

—Prognosis at the time of diagnosis.

—Identification of subsets within a tumor stage or grade where there is known heterogeneity in clinical behavior including differential response to standard therapies and/or radiation response.

—Selection of appropriate patients for or prediction of response to targeted therapies.

The questions posed should address a well-defined clinical need so that, if the project is successful, molecular profiles or their derivatives can be considered in management decisions for individual patients.

Applicants will have to describe the analytical platforms that will be used to address the clinical questions. Applicants can, but will not be required to, propose the use of more than one technical approach such as using combinations of gene expression microarrays, SAGE or any of a large number of protein analysis technologies. Genomic analysis technologies such as array CGH, comprehensive mutational analysis technologies, SNP analysis and analysis of epigenetic events would also be appropriate. Approaches using multiple analytical strategies are encouraged. However, if multiple analytical platforms are proposed, the integration of data from the individual platforms to build clinically useful profiles must be a focus of the project.

The availability of tissue resources with appropriate clinical annotation is critical to the successful completion of the projects. Applicants will be required to present appropriate statistical designs for the proposed studies that will justify the numbers of specimens required. Applicants must have established collaborations to ensure availability of the clinical materials required. Demonstrated access to the tissues will be critical to the success of the application. It is recognized that tissue needs may change as new data are generated during projects. NCI staff will work with investigators to help identify tissue specimens to meet unanticipated needs.

The applicant must establish the collaborations necessary to bring together all of the expertise needed for the project. Applicants must request sufficient resources

to ensure that they will be able to collect, manage, and analyze the data generated. This includes obtaining, managing, and controlling the quality of the clinical data needed for specimen annotation. It is anticipated that funded projects will cooperate to more effective address the issues of data management and analysis.

Sharing of the data between projects where appropriate and public release of data after publication will be a requirement for this initiative. Gene expression data will be shared through the NCICB Gene Expression Database using the Gene Expression Data Portal and database.

The confirmation and evaluation of clinical useful molecular profiles is the primary goal of this initiative. Further validation of the profiles in a clinical trial setting may be needed before profiles are recommended for integration into clinical practice, depending on the results of the confirmation of the signatures, the availability of other, possibly more robust or easily performed methodology, or particular clinical questions. Some of the projects may be ready to move profiles into clinical trials as early as the midpoint of the project period. The Steering Committee, with NCI staff, will help identify and prioritize profiles ready for evaluation. It is anticipated that these projects would partner with other clinical resources and clinical trial activities supported by NCI, including the clinical cooperative groups, the Program for the Assessment of Clinical Cancer Tests, the SPORE programs and the NCI cancer centers to carry out the proposed trials.

Staff of the NCI Technology Transfer Branch will provide their intellectual property expertise to the investigators funded under this initiative. However, all applicants will be expected to have addressed IP issues with their proposed collaborators before they apply and to have documented the status of those discussions by signed agreement, a Memo of Understanding between parties, or a letter of collaboration that describes the IP issues.

Innovative Molecular Analysis Technologies Program. Concepts for three new RFAs, first-year set-aside $7 million, three years, six awards, total cost $24 million. Program director: Gregory Downing, Office of the Director, Office of Technology and Industrial Relations, 301-496-1550, downingg@mail.nih.gov.

Three RFA concepts form the basis of a trans-NCI technology program that enables the development of technologies to enable and accelerate cancer research and impact clinical diagnosis and treatment. The three concepts would be initiated in FY04. The linking of these RFA concepts formed a programmatic means to establish a technology development pipeline that will continue to contribute toward achieving the 2015 goal of eliminating suffering and death due to cancer.

The program involves the issuance and integration of three separate RFAs:

1. Innovations in Cancer Sample Preparation: This RFA concept is intended to cover the development and significant enhancement or adaptation of sample preparation methodologies and technologies, the development of assays to assess sample quality and studies designed to elucidate the criteria by which to judge sample quality. Samples may originate from residual material not necessary for patient care or from cell lines, model organisms, or other sources relevant to cancer research.

Sample preparation methods and technologies may be developed for sample isolation, storage, purification, preservation, and, in the case of stored tissues, reversal of adverse events from retrieval, storage, and preservation. Methods may be for preparation of molecules, fluids, tissues, or other samples necessary for cancer research. Researchers may propose to develop methods to isolate cells or sub-cellular components, such as classes of molecules, organelles, or sub-cellular structures. They may propose to isolate specific classes of molecules, such as membrane-bound proteins. This RFA will allow R21, R21/33, and R33 applications.

2. Innovative Technologies for the Molecular Analysis of Cancer. The purpose of the program will be to fund highly innovative, high-risk, cancer-relevant technology development projects. The RFA will solicit R21 applications for three rounds of review each over two years. In the first phase, applicants will submit a modified R21 grant application which will include a description of the proposed feasibility study followed by a set of quantitative milestones which will be used to judge feasibility. They will also provide a one-page description of their vision for the application of the technology to cancer. Funded R21 projects that prove to be feasible will be eligible to apply for an R33 grant. The R33 application will include the final set of negotiated milestones with an adequate description of the completion of the milestones.

3. Applications of Emerging Technologies for Cancer Research. This proposed RFA will solicit proposals to adapt, refine, and utilize only those technologies which have achieved technical feasibility and technical functionality, but have not yet been shown to function reproducibly in the biological context proposed in the grant application. The RFA will use the R21/33 mechanism.

Integrative Cancer Biology Programs. Concept for a new RFA, first-year set-aside $10 million, three P20s and three P50s, five years, total estimated cost $50 million. Program director: Dan Gallahan, Division of Cancer Biology, 301-496-7028, dg13w@nih.gov.

The goal of this initiative is to promote the analysis of cancer as a complex biological system, with an ultimate goal of developing reliably predictive models for in silico development of cancer interventions.

NCI recognizes that biomedical research is entering an era in which computational approaches will be

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increasingly used to deepen our understanding of biological behavior. Building upon mechanistic descriptions of individual biological constituents, there will be an increasing emphasis on concepts and methods that target systems and their integrated behavior and increasing dependence of cancer biologists on expertise from computational sciences as well as other fields of science that consider complex systems. This initiative is intended to facilitate the establishment of research programs in integrative cancer biology, which bring together cancer biologists and scientists from fields such as mathematics, physics, information technology, computer science, as well as technology development to work on a common cancer biology problem. These Integrative Cancer Biology Programs will fund multi-investigator teams capable of addressing questions of cancer complexity with a wide scope of research activities, using the P50 grant mechanism. It is expected that training and education activities will be established within the programs and should include areas appropriate to the scope of research.

NCI interests include analysis of genome-scale data sets, understanding signal-transduction networks that maintain and promote the malignant process, computationally-based modeling of critical cancer-related cell processes such as proliferation, apoptosis, and differentiation, and understanding the cell and molecular interactions within the cancer microenvironment that facilitate tumor development and progression. NCI will support ICBPs in any research area that has the potential to enhance understanding of human cancer.

NCI mission areas for which these programs would be particularly appropriate include, but are not limited to, the following:

—Metabolic networks and the control of the flux of substrates, intermediates, and products in cell physiology and cancer-related pathology.

—Signaling networks and the regulatory dynamics of cellular processes such as cell cycle and apoptosis, and response to environmental stress, as they relate to cancer.

—Supramolecular machines, such as the replisome, spliceosome, molecular motor assemblies in cell division and motility, and those related to DNA repair, as they are altered in cancer.

—Cell-cell and cell-matrix interactions that are critical to the functioning of the tumor microenvironment.

—Gene expression, including epigenetic, transcriptional and translational control systems.

—Temporal processes cancer initiation and progression.

High priority will be given to projects that integrate multi-investigator, multi-disciplinary approaches with a high degree of interplay between cancer biological experimental approaches and computational and theoretical approaches. Planning grants (P20) will be awarded to assemble teams and small pilot projects.It is anticipated that two to three P50s will be awarded with budgets not to exceed $15 million for the duration of the award, or an average of $3 million per year. However, overall annual budgeting will be flexible according to the needs and maturity of individual programs. It is anticipated that two to three planning grants from the first solicitation will be awarded, at a maximum of $250,000 per year.

NCI Funds Consortium Of Cohorts Initiative

NCI funded an initiative to pool data and biospecimens from 10 large study populations to conduct research on gene-environment interactions in cancer etiology.

The investigators will collaborate on studies of hormone-related gene variants and environmental factors in breast and prostate cancer. Data will be drawn from 8,850 patients with prostate cancer and 6,160 patients with breast cancer.

This initiative is the first research project of the Consortium of Cohorts, a group formed by NCI in 2000 to address the need for large-scale collaborations in the genetic and molecular epidemiology of cancer.

The consortium, which currently includes 23 cohorts, is a joint initiative between NCI's Division of Cancer Epidemiology and Genetics and Division of Cancer Control and Population Sciences. The cooperative agreements provide a total of $17 million in funding over four years.

The cohorts, their principal investigators, and funding are:

—David Hunter, Channing Laboratory, Harvard School of Public Health, Mass.Physicians' Health Study I and II, Nurses' Health Study, Health Professionals Follow-up Study, Women's Health Study, $1,303,157.

—Michael Thun, American Cancer Society, Cancer Prevention Study-II, $404,229.

—Elio Riboli, International Agency for Research on Cancer, European Prospective Investigation into Cancer and Nutrition, $1,056,889.

—Brian Henderson, University of Southern California, Norris Comprehensive Cancer Center, Multiethnic Cohort, $2,251,994.

The two NCI DCEG cohorts include the etiologic components of the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial, directed by Richard Hayes, and the Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study, directed by Demetrius Albanes.

Funding Opportunities:

RFA Available

RFA OD-03-008: Research on Mind-Body Interactions and Health. Letter of Intent Receipt Date: Nov. 17, 2003. Application Receipt Date: Dec. 17, 2003

NIH invites applications for interdisciplinary collaboration on research on mind-body interactions and health as well as on interventions and clinical practice in the promotion of health and the prevention or treatment of disease and disabilities. The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-03-008.html. Inquiries: For NCI—Paige McDonald, phone 301-496-8776; fax 301-435-7547; e-mail pm252v@nih.gov. For NCCAM—Nancy Pearson, phone 301-594-0519; fax 301-480-3621; e-mail pearsonn@mail.nih.gov.

Program Announcement

PA-03-152: Biobehavioral Pain Research

NIH invites applications to study individual differences in pain responses that may be due to genetic differences, endocrine activity, neural activity, immune function, psychological state, developmental stage, cognitive capacity, disability state, age, gender, social context and cultural background. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-03-152.html. Inquiries: See RFA contacts above.

Health Scientist Administrator

The Department of Health and Human Services (DHHS), National Institutes of Health (NIH), National Cancer Institute (NCI), Office of the Director, Center to Reduce Cancer Health Disparities (CRCHD) located in Rockville, Maryland is seeking two (2) Health Scientist Administrators.

The NCI vacancy announcement for this position contains the salary range, a description of duties, complete application procedures, and lists all mandatory information which you must submit with your application. To obtain the vacancy announcement for this position, posted under announcement number NCI-03-3120, you may visit the NIH Career website at http://careerhere.nih.gov OR you can have it faxed to you by calling 1-800-728-JOBS (for local calls, 301- 594-2953) and entering the FAX ID Number 1933. You will be prompted for your fax machine number. Applications must be postmarked by August 29, 2003. DHHS, NIH, and NCI are Equal Opportunity Employers.

In Brief:

NCI's McCabe Named Director, MSKCC Survivorship Program

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a Ph.D. in communication research from Stanford University in 1990, an M.P.H. from San Diego State University in 1983, and a B.A. from University of California at San Diego in social psychology in 1980. . . . **MARY MCCABE**, director of the NCI Office of Education and Special Initiatives since 1999, has been named director of the Cancer Survivorship Program at Memorial Sloan-Kettering Cancer Center. She will coordinate the development of a center-wide, comprehensive program for adult cancer survivors. The program will contain medical, psychosocial, and informational components that include both service and research, McCabe said. McCabe has served in numerous positions at NCI since 1988, when she joined the Cancer Therapy Evaluation Program as a clinical trials specialist. She became a special assistant to the CTEP associate director in 1994, and was named assistant director of the Division of Cancer Treatment and Diagnosis in 1996. From 1997-99, she was director of the NCI Office of Clinical Research Promotion. She served for a year as acting director of the Office of Communications. McCabe has been a faculty member of the NIH Clinical Center Department of Bioethics since 2002. McCabe worked on NCI's clinical trials system restructuring initiatives and human subjects protection issues, and helped develop NCI's cancerTrials Web site, clinical trials agreements with the Departments of Defense and the Veterans Affairs, and model informed consent documents. Prior to joining NCI, McCabe was director of nursing services for Lombardi Cancer Center. . . . **AMERICAN SOCIETY for Therapeutic Oncology** announced its 2003 Gold Medal awardees: **Lester Peters**, of Peter MacCallum Cancer Institute in Melbourne, Australia, **J. Frank Wilson**, of the Medical College of Wisconsin in Milwaukee, and **Michael Goitein**, of Harvard Medical School. The presentations will take place in October at the ASTRO annual meeting in Salt Lake City. **ASTRO** also announced staff changes. **Michele Cordie,** director of meetings, was exposition manager for VNU Expositions. **Gregorio Hunt**, assistant director, Health Policy and Economics, was with the Delaware Healthcare Association. **Beth Bukata**, communication manager, worked for the American College of Radiology.

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