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Congress To Hold Hearing On NIH Ethics, Zerhouni Pledges Greater Transparency

After nearly a decade of treating biomedical research as the federal government's best investment, Congress is investigating allegations of conflict of interest and other ethical breaches by NIH and NCI officials.

On Jan. 22, the Senate Labor, HHS and Education Appropriations Subcommittee will hold a hearing on conflict of interest at NIH.

The hearing is triggered by a news story that appeared in the Los Angeles Times Dec. 7, which reported that several NIH intramural researchers received consulting fees from pharmaceutical companies.

NIH is also facing an expanding investigation by the House Committee
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In Brief:

Neurosurgeon Chiocca To Leave Harvard To Lead Ohio State's New Department

OHIO STATE UNIVERSITY Comprehensive Cancer Center has recruited **E. Antonio Chiocca**, associate professor of neurosurgery at Massachusetts General Hospital and Harvard Medical School, as chairman of the new Department of Neurological Surgery and holder of the Dardinger Family Endowed Chair in Oncological Neurosurgery. Chiocca is considered a leading investigator in gene therapies for brain tumors and other central nervous system disorders. "The benefits of establishing this new department will positively influence disciplines ranging from anesthesiology to rehabilitation, and the resulting multidisciplinary research will increase partnership opportunities with industry to convert research discoveries into new therapeutics and technologies," said **Fred Sanfilippo**, senior vice president for health sciences and dean of the College of Medicine and Public Health. The new department and appointment of Chiocca is made possible by the Esther Dardinger Fund, a \$14.1 million award to the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. The fund established the Dardinger Family Endowed Chair in Oncological Neurosurgery to be held by Chiocca, as well as the Esther Dardinger Endowed Chair in Neuro-Oncology, held by **Herbert Newton** of the Department of Neurology. The Esther Dardinger Neuro-Oncology Center was established from the award to provide expanded research and treatment for cancer patients. The center will be co-directed by Chiocca and Newton. Also at Ohio State, **Saul Suster** received the Joanne Vandenberg Hill Award and William O. Russell Lectureship in Anatomical Pathology from the M.D. Anderson Cancer Center. Suster, vice chairman of the Department
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Congress Investigating NIH Conflict of Interest, Ethics

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on Energy and Commerce. The committee began with a probe of former NCI Director Richard Klausner's acceptance of lecture fees from institutions funded by NCI and his handling of a \$30 million research contract to Harvard University (**The Cancer Letter**, Nov. 14, 2003). In an interview, Klausner denied impropriety.

Following publication of the LA Times story, the committee's investigation branched out to that issue as well. Rep. James Greenwood (R-Penn.), chairman of the Energy and Commerce Subcommittee on Oversight and Investigations, said recently that the subcommittee expects to hold one or more hearings on the controversies at NIH.

The hearings would be held within the next three months, Greenwood said to the LA Times Dec. 29. No date has been set.

Facing an onslaught from Capitol Hill, NIH Director Elias Zerhouni has approached the Klausner ethics inquiry and the LA Times conflict of interest inquiry as a single problem that has to be corrected by increasing transparency at NIH.

"I want to assure you that I take these concerns extremely seriously," Zerhouni wrote in a Dec. 23 letter to Energy and Commerce Chairman Billy Tauzin (R-La.). "Our mission is too important to the public health of the nation to have it be undermined by any real or

perceived conflicts of interest."

Zerhouni wrote that his review of files describing outside activities by NIH employees revealed "no evidence that patients were harmed or that decisions were influenced by compensated outside activities."

Also, the NIH director asked to meet with Tauzin. "I request the opportunity to meet with you at your earliest convenience to brief you personally about my plans to respond to concerns about the implementation of ethics rules at NIH," Zerhouni wrote.

In a Nov. 20 memorandum, which was triggered by the inquiry into Klausner's conduct, Zerhouni urged the NIH staff to use "prudence" in accepting compensation from outside sources, even when such compensation is technically allowable.

Also, Zerhouni wrote that he is forming the NIH Ethics Advisory Committee that will advise on all requests to receive compensation for outside activities that has a potential for conflict of interest.

Meanwhile, the prospects for continuing increases in funding for NIH seem bleak. At this writing, Congress is deadlocked on the Labor-HHS spending bill for the current year, and the Administration is about to propose a miniscule two to four percent increase for NIH.

Also, Congress is considering a recent recommendation by the Institute of Medicine that NCI should lose its special status within NIH, including the Presidential appointment of the NCI director.

Zerhouni's Memorandum to the Directors

The excerpted text of Zerhouni's Nov. 20 memo to NIH staff follows:

Recently, Congress and the media have been scrutinizing the implementation of ethics rules at the NIH.

They are reviewing a wide range of activities that are allowed under federal regulations, including lecture awards, outside activities, consultant arrangements, and financial holdings.

Care must be taken to ensure that we continue to adhere to strict ethical practices and that we avoid the perception of conflicts of interest, even in situations where remuneration or awards are considered permissible.

As you know, NIH employees cannot accept compensation from outside entities for the performance of activities that are part of our official responsibilities. Even in cases where we are permitted to accept compensation for teaching, speaking, and writing on subjects within our field of expertise, or to accept awards recognizing our achievements, I urge you to exercise



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cautious judgment in accepting such honors.

Although the applicable rules permit us to accept these rewards, they also encourage us to exercise sound judgment, noting “it is never inappropriate and frequently prudent for an employee to decline a gift.”

Each of us must ultimately assess whether the risk of adverse perception counsels against accepting the financial benefits associated with various honors. Please consider the greater good of the NIH when deciding whether to accept financial benefits offered in recognition of your work or public service.

As the Director of NIH, I will not accept any financial or travel benefit offered as part of any award from an entity that does business with the NIH.

Although I am confident that our system of managing conflicts of interest at NIH has been successful in preventing breaches of federal ethics rules, I believe we can improve our performance by subjecting ethics deliberations to a more transparent process of peer review.

Therefore, I will establish a committee to provide advice to the NIH Deputy Ethics Counselors on specific activities such as the acceptance of lecture awards and consulting arrangements. This committee will provide NIH Deputy Ethics Counselors with valuable deliberative information to ensure final ethics decisions are consistent with Federal rules and avoid the perception of conflicts.

The committee will also help NIH officials determine the appropriateness of engaging in activities that are not part of their official duties.

Finally, in order to coordinate better the efforts of the ethics program staff and the Office of Management, effective immediately, copies of approved official duty clearances (required by our manual issuance for all IC Directors and staff) must be attached to travel paperwork when it is submitted to OM for approval.

Please remind your employees that timely prior approval is required for official duty and most outside activities prior to the start of such activities.

Letter to Rep. Tauzin

Excerpted text of Zerhouni’s Dec. 23 letter to Tauzin follows:

Recently, the media and Congress have expressed concerns about compensation received by a few NIH scientists from non-governmental sources, such as private companies and non-profit research institutions. I want to assure you that I take these concerns extremely seriously. Our mission is too important to the public health of the Nation to have it undermined by any real

or perceived conflicts of interest....

I believe that collaborations between public and private scientists and institutions are essential to translating our discoveries into effective treatments and in attracting and retaining outstanding scientists to government service.

However, I advised NIH managers in my Nov. 20 memorandum to use prudence in accepting outside compensation, even where the compensation is permissible. Further, the memorandum announced my plan to establish a new NIH Ethics Advisory Committee to advise on all requests to receive compensation for outside activities that have any potential for real or apparent conflict of interest as opposed to purely academic outside activities.

All employees at NIH have the obligation to disclose these arrangements to their supervisors and the agency’s ethics officers. To the best of our knowledge, they have done so. To date, my ongoing review of outside activity files shows no evidence that patients were harmed or that decisions were influenced by compensated outside activities.

Because, however, we are responsible for the safety of human research subjects as well as the integrity of biomedical research, it may not be sufficient to comply with the existing government-wide rules in order to maintain the public trust. Therefore, I have come to the conclusion that certain immediate steps are necessary.

To that effect, I have taken the following actions:

--I have initiated the collection and review of all instances of NIH employees receiving compensation from non-governmental sources for outside activities such as consulting arrangements since January 1, 1999. Recommendations for appropriate action for each of these arrangements will be completed within the next few weeks.

--I am implementing the new NIH Ethics Advisory Committee to advise ethics officials and employees on conflicts of interest and to ensure that activities involving acceptance of compensation from outside sources receive uniform oversight at the NIH. I have ordered the immediate development of guidance and other material to educate the Committee about government-wide conflicts of interest and areas of potential conflicts specific to NIH personnel.

--I am in the process of appointing a special Blue Ribbon Panel to fully review ethical policies and practices at NIH and propose recommendations for improving such policies and practices within 90 days. The panel will operate in connection with the existing

Advisory Committee to the NIH Director and will include independent experts in the field of ethics management. I will ask the Blue Ribbon Panel to consider the need for and shape of additional ethics regulations besides those currently applicable to NIH under Federal law. Upon receiving these recommendations, I am prepared to seek special rules for the NIH from the Office of Government Ethics and, if necessary, suggest appropriate legislative changes.

--I have ordered a review of financial disclosure requirements for NIH personnel, and after this review, I will act to increase appropriate public financial disclosure. Where necessary, I will seek the cooperation of the Office of Government Ethics in this effort.

I believe that the public's interest is best served by complete transparency, full disclosure, independent review, and proactive management and monitoring of all outside relationships. It is my goal, through the steps outlined above, to erase any doubts in the minds of Congress or the public that we remain worthy of the trust and confidence you have placed in us.

I have discussed these steps with all of the NIH Institute and Center directors, who reaffirm that NIH's duty is first and foremost to serve the American public. They are committed to helping me implement the necessary steps to ensure that we eliminate real and apparent conflicts of interest. Our goal is to maintain the public trust in medical research, a trust that is essential for meeting our common goal of making discoveries that improve human health.

I request the opportunity to meet with you at your earliest convenience to brief you personally about my plans to respond to concerns about the implementation of ethics rules at NIH.

NCI Programs:

Clinical Trials Working Group To Begin Program Review

NCI has appointed 17 outside experts and two Institute officials to the Clinical Trials Working Group of the National Cancer Advisory Board.

The group's charge from NCI Director Andrew von Eschenbach is to advise the NCAB and its Subcommittee on Clinical Investigations "on the development, conduct, infrastructure and support necessary for the optimal coordination and future progress of the entire range of intramural and extramural clinical research trials" supported by NCI, according to an email sent Jan. 7 from von Eschenbach's office to the working group members.

The working group is scheduled to begin its review later this month. In addition, the chairmen of the clinical trials cooperative groups are preparing a white paper about their organizations that is expected to be presented to NCI on March 17.

Last year, von Eschenbach said he intended to appoint a committee to study NCI's clinical trials system. In his remarks over the past few months, von Eschenbach has said that NCI hopes to develop an "integrated" clinical trials system that would accelerate the development of interventions.

Last November, von Eschenbach announced the recruitment of James Doroshow, of City of Hope Comprehensive Cancer Center, as director of the Division of Cancer Treatment and Diagnosis. Doroshow has not yet moved to NCI (**The Cancer Letter**, Nov. 14, 2003, Vol. 29 No. 42).

The Clinical Trials Working Group review will be the second programmatic examination to take place at NCI since von Eschenbach's appointment as director two years ago. Last February, a committee released a report on the cancer centers and the Specialized Programs of Research Excellence, but NCI has not taken any further action on the recommendations. Last October, von Eschenbach apologized to center directors, saying the pace "has been a little slow."

The Jan. 7 email, a copy of which was obtained by **The Cancer Letter**, listed the following members of the working group:

James Abbruzzese, of University of Texas M.D. Anderson Cancer Center.

Martin Abeloff, director of the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins.

Peter Adamson, of The Children's Hospital of Philadelphia and chairman of developmental therapeutics for the Children's Oncology Group.

David Alberts, director of cancer prevention and control, Arizona Cancer Center.

Colin Begg, member of the Department of Epidemiology and Biostatistics, Memorial Sloan-Kettering Cancer Center.

George Bosl, chairman, Department of Medicine, Memorial Sloan-Kettering Cancer Center.

Kenneth Buetow, director of the NCI Center for Bioinformatics and chief of the Laboratory of Population Genetics.

Jean deKernion, chairman of the Department of Urology, University of California, Los Angeles.

Howard Fine, chief of the NCI Neuro-Oncology Branch.

David Johnson, deputy director, Vanderbilt-Ingram

Cancer Center.

Michael Katz, of the International Myeloma Foundation and former member of the NCI Director's Consumer Liaison Group.

Theodore Lawrence, professor of radiation oncology, University of Michigan.

David Parkinson, vice president and head of the clinical oncology therapeutic area at Amgen Inc.

Richard Pazdur, director of the FDA Division of Oncology Drug Products.

Edith Perez, director of clinical investigations, Mayo Clinic, Jacksonville.

Mark Ratain, professor of medicine, University of Chicago.

Richard Schilsky, associate dean for clinical research, University of Chicago Division of the Biological Sciences, and chairman of the Cancer and Leukemia Group B.

Mitchell Schnall, associate professor, Department of Radiology, University of Pennsylvania.

Sean Tunis, director of the Office of Clinical Standards and Quality and chief medical officer, Centers for Medicare and Medicaid Services.

* * *

At a Dec. 12 meeting of the NCI clinical trials cooperative group chairmen, CALGB Chairman Richard Schilsky described a meeting the group chairmen had with NCI Director Andrew von Eschenbach two months earlier.

"The chairs have been requesting an opportunity to meet with Dr. von Eschenbach essentially from the time he took office, and we didn't have the opportunity until Oct. 15 of this year," Schilsky said. "All the chairs came to Bethesda and met with Andy for about an hour and a half. It was a very cordial and useful meeting. Several of the senior leaders of CTEP were present as well.

"It was an open and cordial exchange," Schilsky said. "Our primary goal was to express our views to Andy about the importance of the cooperative group program to the overall National Cancer Program and the scientific goals we all share to develop better therapies for patients as well as prevention strategies. I think Andy shared those views. He was very forthright in reaffirming his support for the cooperative group program.

"It's not inaccurate to repeat his statement that, I believe it is a direct quote, that he would be an 'idiot to tamper with the cooperative group program.' I don't think there was any sense from him that he had any such intentions and he was clearly supportive in his views," Schilsky said. "He did say that he felt the cooperative group program was like a Ferrari running at about 160

horsepower, and it was clearly his view that some things needed to be done differently. Many of us felt that all we need is a full tank of fuel. In any event, I think it was a useful exchange of views. The primary action item that came from the meeting was a commitment by the group chairs to develop a white paper that would express our views about the ways in which the cooperative group program could be improved and ways in which we could enhance the relationship between the groups, the centers, the SPOREs, and other NCI-sponsored activities that are engaged in clinical trials."

Charles Coltman, chairman of the Southwest Oncology Group, said he agreed with Schilsky's description of the meeting, with one exception. "I would like the minutes to reflect that Dr. von Eschenbach affirmed, not reaffirmed, because this was the first time that he made such a statement affirming the need and value of the cooperative groups," Coltman said. "If you read the [National] Dialogue on Cancer document and the National Cancer Act of 2002 in its first iteration, there is no mention of cooperative groups."

Recissions In Bill Would Cut NCI FY04 Increase By \$28M

More than three months into fiscal 2004, NCI still has little idea what its final appropriations will be for the year that began Oct. 1.

Since the Senate failed to pass an appropriations bill for the Department of Health and Human Services, the Institutes are currently are operating under a continuing resolution that expires Jan. 31.

The resolution provides \$4.592 billion for NCI, the same budget level as last year. An omnibus bill, passed by the House, and scheduled for a vote in the Senate on Jan. 20, would provide \$4.771 billion for NCI, an increase of 3.9 percent, or \$178 million.

The omnibus bill includes two recissions that would cut \$28 million from the increase for NCI.

Non-competing commitments to research project grants awarded in previous years will require an increase of 8 percent, or \$113 million, the Institute said. The tight budget will increase pressure on NCI managers, grantees, and contractors to defend their programs, or risk having funds re-deployed.

On Jan. 26, NCI plans to convene a "retreat" of the members of the National Cancer Advisory Board, the Board of Scientific Advisors, and the Board of Scientific Counselors to review funding scenarios.

The Bush Administration budget proposal for fiscal 2005 is scheduled to be sent to Congress by Feb. 2.

NCI Seeks Nominations For Consumer Liaison Group

NCI is seeking nominations for new members to the NCI Director's Consumer Liaison Group.

The DCLG consists of 15 consumer advocates involved in cancer advocacy. The group makes recommendations to the NCI director and serves as a channel for consumer advocates to voice their opinions. The new members will be appointed by July 2004.

To be eligible for the DCLG, a nominee must:

--Demonstrate involvement in the cancer experience as a cancer survivor, a caregiver to someone who has cancer, or as a professional or volunteer who works with cancer survivors, patients, or caregivers; and

--Have a constituency with which the nominee regularly communicates on cancer issues and with which the nominee is able to serve as a conduit for information, both to and from NCI.

Nominees who meet the minimum eligibility requirements will be further assessed based upon their cancer advocacy experience; ability to represent all cancer survivors; possession of strong leadership, communication, and collaboration skills; knowledge or expertise in cancer research, cancer health disparities, and/or cancer survivorship; and ability to facilitate dialogue between NCI and the cancer advocacy community.

Nominations can be made by organizations, including local/regional and national groups, or individuals, including self-nomination.

The application package is available at: <http://deainfo.nci.nih.gov/advisory/dclg/call4nomination/ApplicationPkg23jan04.pdf>.

Applications must be postmarked by Jan. 23, and send to: 2004 DCLG Selection Process, c/o Palladian Partners, Inc., 1010 Wayne Avenue, Suite 1200, Silver Spring, MD 20910, Phone: (301) 650-8660, Fax: (301) 650-8676.

Funding Opportunities:

Program Announcements

PA-04-047: NCI Competing Continuation SBIR/STTR Phase II Grants for Cancer Diagnosis, Prevention and Treatment

Letter of Intent Receipt Dates: March 1, July 1, Nov. 1

Application Receipt Date(s): April 1, Aug. 1, and Dec. 1

The PA will provide competing continuation funds for up to three additional years to phase II grantees

that have developed promising anticancer agents or biologics, new diagnostic or treatment devices, or biological assays for diagnosis or treatment, etc. The funds will help businesses to complete the necessary preclinical research and development needed for IND or IDE filing and other processes needed to meet the requirements and expectations of Federal regulatory agencies prior to clinical evaluation for safety, toxicity, and effectiveness. The products may include, but are not limited to: drugs, vaccines, radioligands, medical implants, imaging protocols proposed for clinical use, instrumentation software, medical devices, etc. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-04-047.html>.

Inquiries: Rosemary Wong, Radiotherapy Development Branch, Division of Cancer Treatment and Diagnosis, phone 301-496-9360; fax 301-480-5785; e-mail rw26f@nih.gov.

PAR-04-041: Practice-Based Research Networks and the Translation of Research Into Practice

Agency for Healthcare Research and Quality and NCI invite research proposals for PBRNs to (1) evaluate scientifically-based strategies for translating evidence into sustainable improvements in clinical practice and outcomes, and/or (2) develop, improve, and/or validate research dissemination methods applicable to cancer control in primary care practice. A PBRN is a group of ambulatory practices devoted to the primary care of patients, affiliated with each other in order to investigate questions related to community-based practice. The PAR will use the R21 (Exploratory/Developmental Research) award mechanism. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PAR-04-041.html>.

Inquiries: For NCI--Stephen Taplin, Outcomes Research Branch, Applied Research Program, Division of Cancer Control & Population Sciences, phone 301-496-8500; fax 301-435-3710; e-mail taplins@mail.nih.gov.

PAR-04-040: NCI Transition Career Development Award

The award provides protected time through salary and research support for up to three years to: 1) postdoctoral individuals (who are not required to have a sponsoring institution at the time of application) transitioning into their first independent position, and 2) investigators within the first two years of their first independent cancer research position, to develop and initiate their first independently-supported cancer

research programs. The award targets clinicians pursuing basic science cancer research careers, careers in patient-oriented cancer research, or careers in cancer prevention, control, behavioral or population sciences; and doctorally degreed (e.g., Ph.D., D.Sc.) individuals pursuing research careers in cancer prevention, control, behavioral or population sciences. The PA will use the K22 funding mechanism. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-04-040.html>.

Inquiries: David Eckstein, program director, Cancer Training Branch, phone 301-496-8580; fax 301-402-4472; e-mail eckstein@mail.nih.gov.

PA-04-035: Circulating Cells in Cancer Detection

The PA would develop novel technologies for capturing, enriching, and preserving exfoliated abnormal cells and macromolecules in body fluids or effusions and to develop methods for concentrating the enriched cells for biomarker studies. Exfoliation means not only the cellular materials, but also subcellular materials, such as DNA and proteins. The PA will use the NIH exploratory/developmental R21 award mechanism. The PA is available at <http://grants1.nih.gov/grants/guide/pa-files/PA-04-035.html>.

Inquiries: Mukesh Verma, Division of Cancer Prevention, NCI, phone 301-96-3893; fax 402-8990; e-mail mv66j@nih.gov.

PAR-04-036: Colorectal Cancer Screening in Primary Care Practice

Letter of Intent Receipt Dates: Jan. 23, Sept. 22, 2004; Jan. 24, May 23, 2005.

Application Receipt Dates: Feb. 23, Oct. 22, 2004; Feb. 23, June 23, 2005.

NCI and the Agency for Healthcare Research and Quality are interested in promoting health services, social and behavioral, and outcomes researchers to develop innovative research projects to increase the knowledge base for enhanced translation of effective colorectal cancer screening techniques into community practice. Both R21 and R01 projects will be supported by this program.

The PA is available at <http://grants1.nih.gov/grants/guide/pa-files/PA-04-036.html>.

Inquiries: Carrie Klabunde, Applied Research Program, NCI Division of Cancer Control and Population Sciences, phone 301-402-3362; fax 301-435-3710; e-mail ck97b@nih.gov.

RFA Available

NOT-CA-04-003: Rapid Access to Intervention Development

Current Requests Receipt Date: Feb. 1, 2004

Annual Application Receipt Dates, Feb. 1 and Aug. 1

NCI requests applications for RAID, an initiative that will make available the preclinical development contract resources of the NCI Developmental Therapeutics Program. RAID will assist by providing the following preclinical development steps toward clinical translation: production, bulk supply, good manufacturing process manufacturing, formulation, and toxicology. Suitable agents for RAID will include small molecules, biologics, or vaccines. The Notice is available at <http://grants1.nih.gov/grants/guide/notice-files/NOT-CA-04-003.html>.

Inquiries: RAID, Office of Associate Director, Developmental Therapeutics Program, NCI Division of Cancer Treatment and Diagnosis, phone 301-496-8720; fax 301-402-0831; e-mail raid@ntpax2.ncifcrf.gov

Small Business Programs

NOT-OD-04-016: Small Business Innovation Research and Small Business Technology Transfer Grant Programs

SBIR/STTR Grant Application Submission Dates: April 1, Aug. 1, Dec. 1, 2004

AIDS and AIDS-related SBIR/STTR Grant Application Submission Dates: May 1, Sept. 1, 2004; Jan. 2, 2005

NIH, CDC, and FDA invite phase I grant applications to stimulate technological innovation in the private sector, strengthen the role of small business concerns in meeting Federal research and development needs, increase the commercial application of federally supported research results, and promote participation by socially and economically disadvantaged persons and women-owned small businesses in technological innovation. The STTR program further expands the goals through cooperative R/R&D carried out between small business concerns and research institutions. Application forms are available at <http://grants.nih.gov/grants/funding/sbir.htm>. The notice is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-016.html>.

Inquiries: For NCI--Connie Dresser, phone 301-435-2846; fax 301-480-2087; e-mail cd34b@nih.gov.

In Brief:

\$1.5 Million Gift To UPCI Establishes Perfusion Center

(Continued from page 1)

of Pathology at OSU and a member of the OSUCCC Molecular Biology and Cancer Genetics Program, is known for his work in thoracic pathology, including lung, pleura and mediastinal tumors and the role of immunohistochemistry and electron microscopy in the diagnosis of soft tissue tumors. . . . **UPMC CANCER CENTERS and University of Pittsburgh Cancer Institute** annual concert gala featuring Grammy-award winner **Tony Bennett** raised more than \$1.1 million in sponsorships and contributions for patient care and cancer research. In addition, UPCI announced a \$1.5 million gift to establish the David C. Koch Regional Perfusion Cancer Therapy Center, a national center for tumor research. . . . **YVETTE SHENOUDA**, senior health policy advisor to **Sen. John D. Rockefeller (D-W.Va.)**, ranking minority member of the Senate Finance Subcommittee on Health, was named vice president for health policy at the Jennings Policy Strategies Inc., of Washington, DC. Jennings is a policy, legislative strategy and communications consulting firm. . . .

LYMPHOMA RESEARCH FOUNDATION will award \$12.8 million in research funding for mantle cell lymphoma. The award will fund 18 clinical and/or laboratory-based projects worldwide. Nine grants will be awarded immediately, with nine more to be announced later this month. The first awards will be given to: Weill Medical College of Cornell University; Dana-Farber Cancer Institute; University of Texas, M.D. Anderson Cancer Center; University of Washington; British Columbia Cancer Agency, University of California, Los Angeles; and University of Virginia, said **Joseph Bertino**, chairman of the LRF Scientific Advisory Board. . . . **JOHN BENNETT**, known for his hematological malignancies research, received the 2004 Career Achievement in Clinical Hematology Award from Celgene Corp. Bennett is emeritus professor of oncology in medicine, laboratory medicine and pathology at the James P. Wilmot Cancer Center at the University of Rochester Medical Center and is founder of the French-American-British Cooperative Leukemia Working Group. Bennett donated the Celgene Award to the Wilmot Cancer Center to establish the Carol and John Bennett Traveling Fellowship Award, a fund to support fellows or junior faculty members who present research at national and international conferences.

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