

## NCI To Hold 5% of Division Budgets In Reserve For “Strategic Priorities”

NCI Director Andrew von Eschenbach has instructed the Institute’s divisions, including his own office, to cut their budgets by five percent from fiscal 2003 levels.

The reduction will enable von Eschenbach to create a reserve of about \$70 million to \$90 million to fund the Institute’s “strategic priorities,” sources said. These priorities could include grants, contracts, or in-house projects in areas such as bioinformatics, nanotechnology, imaging, energy balance, and cancer health disparities.

Research Project Grants are funded through a separate budget pool  
(Continued to page 2)

### In Brief:

#### **Barker Gets New, Longer Title At NCI; Clanton Named Deputy for Care, Delivery**

**ANNA BARKER**, NCI deputy director for strategic scientific initiatives, has been named deputy director for advanced technologies and strategic partnerships, NCI Director **Andrew von Eschenbach** said at a staff meeting earlier this week. **Mark Clanton**, who has been working as a consultant to NCI, has been named deputy director for cancer care and delivery systems. Clanton, former chief medical officer of Blue Cross Blue Shield of Texas, was president-elect of the American Cancer Society. Negotiations are underway with candidates for the position of deputy director for translational and clinical sciences, von Eschenbach said. Eventually, four deputy directors will “help to organize and orchestrate the entire NCI portfolio,” von Eschenbach said. . . . **NCI-FREDERICK** officials said an outbreak of mouse hepatitis virus occurred in the Animal Production Area in Building 1029 and was identified on Jan. 30 by the University of Missouri diagnostic lab. All shipments of mice were halted, and the building was cleared and decontaminated. Organizations that received mice from the building since Dec. 15 were notified on Feb. 4. All recipients of APA animals from other buildings were notified of the outbreak on Feb. 6. Other NCI facilities that received mice from Building 1029 have been quarantined and shipments stopped. Further testing to determine the extent of the outbreak is being conducted, NCI said. MHV is easily transmitted and highly contagious in mouse facilities. . . . **MARYANN GUERRA** was appointed vice president of research operations at Translational Genomics Research Institute, of Phoenix, Ariz. Guerra was executive vice president at Matthews Media Group Inc., of Rockville, Md. She served as deputy director for management at NCI from 1995 to 2001. . . .

(Continued to page 7)

### NCI Programs:

18% Budget Cuts  
Planned For RPGs

. . . Page 2

To Nurture Staff,  
NCI Plans Classes

. . . Page 3

NCI Document Says  
2015 Goal Formed  
In 2001, Two Years  
Before Announcement

. . . Page 3

### Professional Societies:

AACR To Honor  
Eight Scientists

. . . Page 4

### Funding Opportunities:

RFPs, PAs Available;  
New NCI Policy  
On Large R01s

. . . Page 5

### In the Cancer Centers:

M.D. Anderson Signs  
Agreement With  
French Institute

. . . Page 6

## NCI: 18% Average Budget Cuts Planned For Competing RPGs

(Continued from page 1)

and will not be affected by the 5 percent operating budget cut, sources said. However, von Eschenbach said last week that under his plan to fund competing R01 grants through the 20<sup>th</sup> percentile, the recommended budgets for competing RPGs will be cut by 18 percent on average, a greater reduction than he projected last November.

RPGs include R01s and P01s, as well as R03, R21, R33, R37, R55, SBIR, STTR, U01 and U19 grants.

Von Eschenbach called the creation of the reserve a "redeployment of internal operating funds." However, the cut will affect more than NCI's in-house budget. Contracts and grants other than RPGs also could be affected.

This could mean cuts in Cancer Center Support Grants (P30), Specialized Programs of Research Excellence (P50), other specialized centers grants (U54), training and career grants (K01 through K30), clinical trials cooperative groups (U10), conference grants (R13, U13), and cancer education grants (R25).

Also, NCI has to reduce its staffing level, or full-time-equivalents, by about 5 percent by 2005, the Institute said last week. NCI officials have not publicly discussed how the staff reduction will be accomplished (**The Cancer Letter**, Jan. 30).

The divisions were told that they will have to cover staff salary increases, a measure that also constitutes a

budget cut. Normally, the budgets allocated from the NCI director to the divisions cover cost-of-living and other salary increases, sources said.

### A Cut Four Months Into FY 2004

It was not until after President Bush signed the omnibus appropriation bill late last month that von Eschenbach informed NCI division directors that their fiscal 2004 operating budgets will be 95 percent of last year's level, sources said.

That was already four months into the fiscal year. As late as last November, when the omnibus bill had been passed by the House and awaited Senate action, NCI officials were projecting a tight budget, with average cuts to RPGs of 11 percent to 16 percent, but no mention was made of an operating budget cut (**The Cancer Letter**, Nov. 28, 2003).

Sources said the operating budget cut was only briefly mentioned to NCI advisors who participated in a Jan. 26 "Joint Boards retreat," called by von Eschenbach to discuss budget issues. The meeting, which was not open to the public, included members of the National Cancer Advisory Board, the Board of Scientific Advisors, and the Board of Scientific Counselors.

For fiscal 2004, NCI received an appropriation of \$4.77 billion, an increase of \$178 million, or 3.9 percent, over fiscal 2003.

However, the omnibus bill contained a 0.59 percent across-the-board reduction and another rescission for administrative expenses, which together removed \$31 million from NCI's increase.

Then, NIH hit NCI with a \$16 million tax to help pay for NIH Roadmap activities.

NCI was left with an increase of \$131 million. Out of that, the Type 5 non-competing continuation RPGs will require \$113 million, since NIH policy is not to make cuts in previously-awarded grants. NCI plans to fund more than 5,000 RPGs this fiscal year. Of these, more than 1,430 will be competing applications.

This left NCI with about \$18 million in new money, a sum that is far from sufficient to pay for the projects von Eschenbach has in the works in his pursuit to "eliminate suffering and death" from cancer by the year 2015. The shortage of funds apparently caused von Eschenbach's decision to take what was left of the fiscal 2004 increase and squeeze another 5 percent out of the divisions, insiders said.

"As we move forward, we are undertaking a strategic review of all current programs and activities at NCI to determine which should be terminated or scaled back and, in turn, how to redeploy those funds to more



Member,  
Newsletter and Electronic  
Publishers Association

[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)

Subscription \$315 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc. Other than "fair use" as specified by U.S. copyright law, none of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form (electronic, photocopying, or facsimile) without prior written permission of the publisher. Violators risk criminal penalties and damages. Founded Dec. 21, 1973, by Jerry D. Boyd.

strategically focused areas,” von Eschenbach wrote in a Feb. 3 communication to staff.

“This will provide division directors with more flexibility to shift resources into areas of compelling need and/or that are more closely aligned with achieving our 2015 challenge goal of eliminating the suffering and death due to cancer,” he wrote.

The news of the reduction began to filter down to the NCI branches and offices early this week. Managers were told to examine every program for non-priority areas that could be trimmed, sources said.

The 18 percent budget cuts to RPGs—as well as the still-to-be-determined cuts to other grants--will send grantees scrambling for private and institutional support for their projects, sources said.

“Eighteen percent is an enormous cut to take on a grant,” said a scientist who spoke on condition of anonymity. “You can’t possibly do the work you said you were going to do for 18 percent less. So the NCI grant becomes more of a grant-in-aid and now you have to find other support. For future grants, people will simply increase their budgets. Is it better to fund the best projects at 100 percent and fund fewer projects? There’s no good solution.”

### Strategic Priorities

The NCI Bypass Budget (<http://plan.cancer.gov>) and the FY 2004 and FY 2005 Congressional Justification (<http://www3.cancer.gov/admin/fmb/>) provide lists of the Institute’s budget priorities, and, thus, presumably, the programs that are likely to receive portions of the \$70 million to \$90 million produced by cuts in the operating budget.

These projects include:

--Signatures of the Cancer Cell and its Microenvironment.

--Nanoscience and Nanotechnology: Innovative Molecular Analysis Technologies, the Unconventional Innovations Program, the Biomedical Imaging Program, and the NASA/NCI Program on Fundamental Technologies for Development of Biomolecular Sensors.

--A new Center for Biosensors in Oncology to promote research on the integration of new biosensors systems.

--Cancer Survivorship.

--The Immune System and Cancer.

--Centers for Integrative Cancer Biology. NCI plans on funding several centers in integrative cancer biology to promote the analysis of cancer as a complex biological system, with the ultimate goal of developing

reliably predictive *in silico* models for development of cancer interventions.

--Cancer Biomedical Informatics Grid (caBIG), an informatics platform that will integrate diverse data types and support analytic tools that can “talk” to one another.

--Optimizing Energy Balance to Reduce the Cancer Burden

--Strategic Development of Cancer Interventions

--Reducing Cancer-Related Health Disparities

--Building Capacity through Cohort Consortia

--Exploring the Interface of Aging and Cancer.

### NCI Staff Development

As he ordered the budget cuts, von Eschenbach had this to say about nurturing NCI staff:

“A workforce of highly motivated and loyal employees is one of the most reliable predictors of organizational success,” he wrote in a memo to employees. “I believe that when staff feel that management truly values and supports them, success is inevitable.”

To accomplish this, the NCI Office of Diversity and Employment Programs will be renamed the Office of Workforce Development and will have broader responsibilities for diversity and outreach, he said.

The office plans to form an “Academy for Career Excellence” (ACE) for professional development and for training needs that had been coordinated in the former Human Resource Management Branch, he said. Also, the office is considering creating an “administrative mentoring program.”

“I am firm in my belief that together, and by focusing on our dedicated NCI staff, we will continue to build talent and a strong NCI culture while we meet the exciting challenge of a sustained commitment to the NCI goal of eliminating the suffering and death due to cancer,” von Eschenbach wrote.

Christina Bruce will continue to direct the office.

### A Head Start on 2015?

NCI’s FY 2005 Congressional Justification, made public earlier this week (<http://www3.cancer.gov/admin/fmb/FY05CJ.pdf>), contains a puzzling statement about the Institute’s 2015 goal.

According to the document, NCI established this target in 2001. This is either a mistake, or a startling indication that the goal was established long before it was announced.

Von Eschenbach, who was appointed NCI director in January 2002, announced the goal in February 2003,

at a meeting of the National Cancer Advisory Board (**The Cancer Letter**, Feb. 14, 2003).

An excerpt from the CJ follows:

“In 1971, the National Cancer Act proposed a goal to find the ‘cure’ for cancer. Since then, scientists have developed a far greater understanding of how cancer develops and progresses within the human body... In 2001, the National Cancer Institute issued to the nationwide cancer community a Challenge Goal: to eliminate the suffering and death due to cancer by 2015. While the ultimate goal of eliminating cancer continues to be our long-term commitment, the capacity to eliminate suffering and death will be achievable over the short-term.”

It is possible that (a) The CJ writers preferred the parallel between 1971 and 2001; (b) von Eschenbach had the goal in mind months before his appointment, one-upping the American Cancer Society’s goal to reduce cancer mortality by half between 1996 and 2015.

How, exactly, does NCI plan to meet this goal?

The CJ contains a brief answer:

“We must nurture our investment in infrastructure, scientific tools and technologies, and biomedical knowledge to power our ability to reach this Challenge Goal. NCI will concentrate future research investments on preempting the process of cancer by preventing its initiation; detecting it early; and eliminating, slowing, or reversing the cancer process so that it cannot progress to a lethal phenotype. We will also work to ensure that emerging knowledge is used immediately to develop, test, and deliver new interventions for public health programs, medical practice, and policy making. Our success will depend on our ability to seamlessly integrate activities both within NCI and with our partners, provide essential infrastructure, and ensure that all new activities are informed by lessons learned along the way....

“We must ensure that results of basic research are continuously evaluated for practical application and quickly moved into arenas of developmental research. Throughout all of our efforts in discovery and development, we must have an eye toward the delivery of validated interventions to clinical practice and public health settings. Likewise, the impact of interventions on individual and public health can inform future research and development.”

#### **Plans For Fiscal 2005**

For fiscal 2005, the Bush Administration’s budget requests \$4.87 billion for NCI, an increase of \$134 million, or 2.8 percent over the FY 2004 level.

Under the budget proposal, NCI would be able to

use up to \$8 million for repairs and improvements at the NCI-Frederick Research and Development Center, in Frederick, Md.

Also included in the request is NCI’s support for the trans-NIH Roadmap initiatives, estimated at 0.63 percent of the FY 2005 budget.

The Administration proposal gives an aggregate 1.3 percent increase in average costs for RPGs, which is consistent with the Gross Domestic Product deflator. NIH is providing an average cost increase of 1.9 percent for “direct recurring costs” in noncompeting continuation awards. Competing RPGs are based on an average cost increase of 1 percent.

The budget request also includes funding of \$672,000 for a portion of the NIH obesity clinical research initiative.

\* \* \*

NCI is in the final stages of redesigning its Web site, [www.cancer.gov](http://www.cancer.gov). The new design is scheduled to be posted in June. “Stakeholders” in the cancer program will get to preview the design before that time, the Institute said.

### ***Professional Societies:*** **AACR Annual Lecture Awards Honor Eight Scientists**

The American Association for Cancer Research will recognize leading scientists whose work is helping to understand cancer at its annual meeting March 27-31, in Orlando, Fla.

The recipients of the AACR annual meeting lecture awards follow:

**Frederick Alt**, investigator, Howard Hughes Medical Institute, The Children’s Hospital of Boston; senior investigator, CBR Institute for Biomedical Research; Charles A. Janeway professor of pediatrics and professor of genetics, Harvard Medical School, will receive the 44th AACR-G.H.A. Clowes Memorial Award for his major discoveries involving genomic stability and cancer.

**David Sidransky**, professor of otolaryngology, oncology, urology, genetics, pathology, and cellular and molecular medicine; and director of head and neck cancer research at the Johns Hopkins University School of Medicine, won the 28th AACR-Richard & Hinda Rosenthal Foundation Award for pioneering translational research in molecular oncology.

**Dennis Carson**, professor in the department of

medicine and director of the Rebecca and John Moores University of California, San Diego Cancer Center, will receive the 23rd AACR-Bruce F. Cain Memorial Award for developing and seeing through to its clinical use an effective therapy for hairy cell leukemia, as well as discovering a number of cancer-producing mutations that have led to other, specifically targeted patient therapies.

**Malcolm Pike**, professor and formerly Flora L. Thornton Chair, Department of Preventive Medicine, USC/Norris Comprehensive Cancer Center, Keck School of Medicine, University of Southern California, won the 13th AACR-American Cancer Society Award for Research Excellence in Cancer Epidemiology and Prevention for his contributions to the prevention of hormone-related cancers, particularly breast cancer.

**Clara Bloomfield**, William G. Pace III professor of cancer research; OSU Cancer Scholar and senior advisor to The Ohio State University Comprehensive Cancer Center, Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, will be given the 9th AACR-Joseph H. Burchenal Clinical Cancer Research Award, which recognizes outstanding achievements in clinical cancer research. Bloomfield has done pioneering work in adult leukemia and lymphoma over three decades. Her groundbreaking contributions have dramatically improved patient treatment, especially through her demonstration that older patients can be cured with appropriate therapy.

**Xiaodong Wang**, George L. MacGregor distinguished chair in biomedical science at The University of Texas Southwestern Medical Center at Dallas, will receive the AACR Award for Outstanding Achievement in Cancer Research as an accomplished young investigator in the field who is no more than 40 years old at the time the award is conferred. Wang is being recognized for important discoveries concerning the biochemical mechanisms of apoptosis.

**Paul Talalay**, John Jacob Abel distinguished service professor in the department of pharmacology and molecular sciences, Johns Hopkins School of Medicine, was chosen to deliver the 9th AACR-DeWitt S. Goodman Memorial Lecture for his seminal and continued contributions to basic and translational aspects of chemoprevention research.

**Titia de Lange**, Leon Hess professor at Rockefeller University in New York City, has been invited to deliver the 7th AACR-Women in Cancer Research Charlotte Friend Memorial Lecture for her body of scientific work elucidating the role of the telomere in chromosome structure, cellular growth and cancer.

## Funding Opportunities:

### **RFPs Available**

#### **RFP N01-CM-47015-45: Preclinical Pharmacological Studies of Antitumor and Other Therapeutic Agents**

Response Due Date: March 8, 2004

NCI Developmental Therapeutics Program is soliciting organizations for preclinical pharmacokinetic and other pharmacology studies in animals on agents having demonstrated antitumor or other therapeutic activity and considered by DCTD to merit further development. The RFP is available at [www.fbodaily.com/archive/2004/01-January/18-Jan-2004/FBO-00505245.htm](http://www.fbodaily.com/archive/2004/01-January/18-Jan-2004/FBO-00505245.htm).

Inquiries: Kathy Giuliano, contract specialist, phone 301-435-3821, fax 301-402-6699, or MaryAnne Golling, contracting officer, phone 301-435-3819; fax 301-402-6699; e-mail [kg109o@nih.gov](mailto:kg109o@nih.gov), [mg345x@nih.gov](mailto:mg345x@nih.gov).

#### **RFPN02-CN-45004-39: Regulatory Support for Cancer Prevention Agent Development**

NCI Division of Cancer Prevention is seeking a contractor to provide regulatory and technical support in gathering, interpreting and summarizing a vast amount of preclinical and clinical data associated with cancer preventive agents. The RFP is available at [www.fbodaily.com/archive/2004/01-January/16-Jan-2004/FBO](http://www.fbodaily.com/archive/2004/01-January/16-Jan-2004/FBO).

Inquiries: Theresa Shroff, contracting officer, phone 301-435-3796; fax 301-402-8579; e-Mail Address [ts44t@nih.gov](mailto:ts44t@nih.gov), [ts44t@nih.gov](mailto:ts44t@nih.gov)

### **Program Announcements**

#### **PA-04-057: Improving Care for Dying Children and Their Families**

National Institute of Nursing Research, NCI, and National Institute of Child Health and Human Development invite applications for research that will improve the quality of life for children who are approaching the end of life, the quality of the dying process, and bereavement following the death for the children's families, friends and other care providers. Family is defined as traditional families and non-traditional families including children being cared for in foster situations, by distant relatives, or friends. Children are defined according to NIH as individuals below 21 years of age. Attention to children of all developmental stages, infancy through adolescence, is highly encouraged. The initiative fits with the overall NIH Roadmap activities, particularly the two goals of increasing the interdisciplinary research teams of

the future and re-engineering the clinical research enterprise. The PA will use the NIH R01 and R21 award mechanisms. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-04-057.html>.

Inquiries: For NCI--Ann O'Mara, Division of Cancer Prevention, phone 301-496-8541; fax 301-496-8667; e-mail [omaraa@mail.nih.gov](mailto:omaraa@mail.nih.gov).

## New NCI Policy on Large R01s

NCI is seeing an increase in unsolicited R01 applications submitted with direct cost requests in excess of \$700,000, and has established a new policy for funding these large grants.

The new policy states that 1) A separate payline will be established at each round for unsolicited R01 grants with direct costs in excess of \$700,000; 2) Every effort will be made to maintain the large R01 payline as close as possible to the general R01 payline.

Large R01s submitted in response to RFAs or PARs, which are not reviewed by CSR, are currently not percentiled and are not affected by this policy. Full text of this notice is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-CA-04-004.html>.

Inquiries: Referral Officer, NCI, Division of Extramural Activities, phone 301-496-3428; fax 301-402-0275; e-mail [ncirefof@dea.nci.nih.gov](mailto:ncirefof@dea.nci.nih.gov).

## Other Funding Notices

### NOT-CA-04-006: Addendum—NCCAM Exploratory/Development Grant for Clinical Studies

NCI is interested in research applications on complementary and alternative medical approaches for the prevention, diagnosis, and treatment of cancer as well as to the management of cancer symptoms and side effects due to conventional cancer treatment. The NCI Plan and Budget Proposal (NIH Publication No. 03-4373) is available for additional information about relevant topics at <http://cancer.gov/publications>; phone 1-800-4-CANCER; or e-mail [cisocc@pop.nci.nih.gov](mailto:cisocc@pop.nci.nih.gov). Topics that have been processed through the NCI Best Case Series program are available at [www.cancer.gov/cam](http://www.cancer.gov/cam). Full text of this notice is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-CA-04-006.html>.

Inquiries: Wendy Smith, program director, Research Development and Support Program, Office of Cancer Complementary and Alternative Medicine, NCI, phone 301-435-7980; fax 301-480-0075; e-mail [smithwe@mail.nih.gov](mailto:smithwe@mail.nih.gov).

## *In The Cancer Centers:* M.D. Anderson To Collaborate With Institut Gustave Roussy

M. D. ANDERSON Cancer Center and Institut Gustave Roussy of Villejuif, France, have signed a sister institution agreement to collaborate in clinical, educational and cancer research fields. The agreement encompasses clinical disciplines of both institutions, including prevention, medicine, surgery, radiology, radiation oncology and pathology, as well as translational research programs and basic research laboratories. The institutions also will work together on some patient care services, including diagnosis and consultation on rare malignancies. "Our goals and medical/scientific cultures are similar, driven by our fundamental interest in advancing scientific discovery, together, through focused projects in translational research," said **Thomas Brown**, vice president for extramural programs at M. D. Anderson. Initially, the institutions will focus on research into endocrine malignancies, particularly of the thyroid and plan clinical trials for the multidisciplinary care of lung cancer. The institutions also are working on a joint study on testicular cancer. . . . **GERARD COLMAN** was named vice president of ambulatory operations at M. D. Anderson Cancer Center. He has been administrative director of ambulatory care and patient financial services at Newark Beth Israel Medical Center and Irvington General Hospital since 1997. Colman will be involved in the expansion and renovation of ambulatory treatment facilities. The expansion includes several treatment centers in the Ambulatory Clinical Building, expected to open in late 2004. . . . **I. BENJAMIN PAZ** was appointed director of the Department of General Oncological Surgery at the City of Hope National Medical Center. Paz is also director of the Breast Center at City of Hope's Rita Cooper Finkel & J. William Finkel Women's Health Center and vice-chair of the Division of Surgery, said **Lawrence Wagman**, chairman, Division of Surgery. . . . **SWARTZ FOUNDATION** has established the Computational Neuroscience Center at Cold Spring Harbor Laboratory, said **Bruce Stillman**, president and CEO of Cold Spring Harbor Laboratory. The center at CSHL, which is the sixth established by the foundation, will bring together senior neuroscience faculty system neurobiology and computational neuroscience research. The Swartz Foundation will sustain the research initiative with multi-year, multi-million dollar support. . . . **NATIONAL INSTITUTE** of Environmental Health Sciences and the University of North Carolina at Chapel

Hill are collaborating on a registry that will eventually include 20,000 patients at UNC medical facilities and will allow researchers to study the relationship between environmental exposures, genetic susceptibility, and human disease. The Environmental Polymorphism Registry was begun by NIEHS Director of Clinical Research **Perry Blackshear** and NIEHS Health Scientist Administrator **Patricia Chulada**. Their collaborators at UNC are **Paul Watkins**, director of the General Clinical Research Center, and **Susan Pusek**, director of Training and Career Development. A pilot study launching the registry requested consent from 600 UNC outpatients. About 80 percent agreed to allow a portion of blood drawn for other medical purposes to be used for the isolation of DNA that was placed in the registry depository. The samples are coded to protect the identity of donors and then made available for NIH researchers to screen for the presence of genetic polymorphisms. The registry will maintain patient identifiers in coded form, allowing scientists to contact participants for follow-up studies. . . . **VIRGINIA COMMONWEALTH UNIVERSITY Medical Center** received \$500,000 from the Thomas Palliative Care Foundation for the Thomas Palliative Care Fund at the VCU Massey Cancer Center. "The members of the Thomas Palliative Care Foundation are pioneers in hospice and palliative care in Central Virginia, and helped to create the expectation that the end of life could be symptom free, occur at home, and have importance and meaning," said **Thomas Smith**, medical director of the Massey Cancer Center Thomas Palliative Care Unit and chairman of the VCU Division of Hematology/Oncology and Palliative Care. Massey was one of six national Palliative Care Leadership Centers selected by the Center to Advance Palliative Care, a program of the Robert Wood Johnson Foundation. . . . **CARLO CROCE**, known for developing the first animal model for chronic lymphocytic leukemia, will receive the Herbert and Maxine Block Memorial Lectureship Award for Distinguished Achievement in Cancer from Ohio State University Comprehensive Cancer Center—James Cancer Hospital and Solove Research Institute on Feb. 27. Croce is director of the Kimmel Cancer Institute and Kimmel Cancer Center at Jefferson Medical College of Thomas Jefferson University. . . . **ALFRED GOLDSON**, 57, chairman of the Department of Radiation Oncology at Howard University Hospital, died Feb. 7 in Wausau, Wisc. He had been on sabbatical establishing a radiation-oncology unit at St. Mary's Hospital in Rhinelander, when he slipped into a coma after a heart attack Jan. 28. He was known for reintroducing and modernizing

intra-operative radiation therapy during the 1970s at Howard University, along with his mentor, **Ulrich Henschke**, then chairman of radiotherapy at Howard. He also invented the Goldson Baby Bonder, a terry cloth bib that holds a baby bottle in the nursing position, as a way for men to bond with their newborns.

*In Brief:*

## **NCCS Appoints 4 To Board; Grossman On NIBIB Council**

(Continued from page 1)

**NATIONAL COALITION for Cancer Survivorship** announced the appointment of new members to its Board of Directors: **James Cubbin**, retired executive director of health care initiatives at General Motors; **Becky Krimstein**, co-owner of Beckstein Productions, of North Potomac, MD; **John Rainey**, founding member and president of the Louisiana Oncology Society and adjunct associate professor in microbiology at the University of Southwestern Louisiana and associate professor of medicine at the LSU School of Medicine; and **Brad Stuart**, general internist and lead medical director of Sutter VNA and Hospice, of Northern California. . . . **ROBERT GROSSMAN** was appointed to the National Advisory Council for Biomedical Imaging and Bioengineering, the advisory group to the National Institute of Biomedical Imaging and Bioengineering, of NIH. Grossman is Louis Marx Professor and chairman of the Department of Radiology, and professor of Neurosurgery, Neurology, Physiology, and Neuroscience at NYU School of Medicine. . . . **AMERICAN SOCIETY for Therapeutic Radiology and Oncology** announced staff changes. **Jennifer Padberg** is director of research. She was assistant director of clinical affairs at the American Society of Clinical Oncology. **Steven Smith** is director of the membership department. Smith was director of marketing and educational programs with the National Postal Forum of the U.S. Postal Service. . . . **AMERICAN COLLEGE OF RADIOLOGY** and the **American Roentgen Ray Society** are exploring ways to collaborate to provide radiologists with the best services and offerings from both organizations, the societies said. . . . **NATIONAL CENTER for Complementary and Alternative Medicine** celebrated its fifth anniversary by starting a five-year strategic planning effort, said NCCAM Director **Stephen Straus**. NCCAM will host two public forums on future directions for the center, March 22 at NIH, and April 19 in Seattle. Information is available at <http://nccam.nih.gov>.

*Twentieth Anniversary of the Meeting on Oncogenes  
June 16-20, 2004  
Hood College, Frederick, Maryland*

**Organizing Team:**

Tony Capobianco, Wistar Institute  
Debbie Morrison, NCI-Center for Cancer Research  
Bill Muller, Royal Victoria Hospital  
Sheila Thomas, Harvard Medical School  
Tadashi Yamamoto, University of Tokyo

**Sessions On:**

Cancer Models, Cell Cycle, Signal Transduction  
Migration, Angiogenesis, and Metastasis  
Apoptosis, Tumor Suppressors

**Featuring Special Symposia:**

Oncogenes/Tumor Suppressors: A Historical Perspective  
Therapeutics and New Technologies

**Confirmed Plenary/Special Symposia Speakers:**

Joan Brugge, Suzanne Cory, Sara Courtneidge, Carlo Croce, Tom Curran, Robert Eisenmann, Stephen Hughes,  
Tony Hunter, Arnold Levine, Steve Martin, Thomas Parsons, Tony Pawson, Chuck Sherr, Harold Varmus, Inder Verma,  
Peter Vogt, Andrew von Eschenbach, Robert Weinberg, and Michael Wigler

Abstract Submission Deadline – April 12, 2004

[www.oncogenemeeting.org](http://www.oncogenemeeting.org)

NCCN

National  
Comprehensive  
Cancer  
Network®

9th Annual Conference:  
**Clinical Practice  
Guidelines &  
Outcomes Data  
in Oncology™**

March 10-14, 2004  
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

**The National Comprehensive Cancer Network (NCCN),**

an alliance of 19 of the world's leading cancer centers, is an authoritative source of information to help patients and health professionals make informed decisions about cancer care. Through the collective expertise of its member institutions, the NCCN develops, updates, and disseminates a complete library of clinical practice guidelines. These guidelines are the standard for clinical policy in oncology. The NCCN's complete spectrum of programs emphasizes improving the quality, effectiveness, and efficiency of oncology practice.

**The Guidelines updates to be presented may include:**

- Antiemesis
- Breast Cancer
- Cervical and Endometrial Cancers
- Chronic Myelogenous Leukemia
- Non-Hodgkin's Lymphoma
- Melanoma
- Non-Small Cell Lung Cancer
- Prostate Cancer Early Detection

**To attend or sponsor, visit [www.nccn.org](http://www.nccn.org)  
or call 866-788-NCCN (6226).**



## Copying Policy for The Cancer Letter Interactive

The software that comes with your issue allows you to make a printout, intended for your own personal use. Because we cannot control what you do with the printout, we would like to remind you that routine cover-to-cover photocopying of The Cancer Letter Interactive is theft of intellectual property and is a crime under U.S. and international law.

Here are guidelines we advise our subscribers to follow regarding photocopying or distribution of the copyrighted material in The Cancer Letter Inc. publications in compliance with the U.S. Copyright Act:

What you can do:

- Route the printout of the newsletter to anyone in your office.
- Copy, on an occasional basis, a single story or article and send it to colleagues.
- Consider purchasing multiple subscriptions. Contact us for information on multiple subscription discounts.

What you can't do without prior permission:

- Make copies of an entire issue of the newsletter. The law forbids cover-to-cover photocopying.
- Routinely copy and distribute portions of the newsletter.
- Republish or repackage the contents of the newsletter.

We can provide reprints for nominal fees. If you have any questions or comments regarding photocopying, please contact Publisher Kirsten Boyd Goldberg, phone: 202-362-1809, email: [kirsten@cancerletter.com](mailto:kirsten@cancerletter.com)

We welcome the opportunity to speak to you regarding your information needs.