

THE

# CANCER LETTER

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## **Budget Falls Flat: Bush Proposes 0.68% Raise for NIH, 0.35% for NCI**

*By Kirsten Boyd Goldberg*

President George W. Bush requested a 0.68 percent funding increase for NIH in his FY 2006 budget proposal sent to Congress earlier this week.

Under the proposal released Feb. 7, the Administration seeks \$28.845 billion for NIH, \$196 million over the FY 2005 appropriation. With the inflation rate at 2.3 percent, the proposal would give NIH a flat budget. If enacted by Congress, and subjected to funding taps from HHS, the NIH operating budget is likely to end up smaller than the current year's level.

It would seem a final and ignominious end to the five-year doubling of  
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### NIH Ethics:

## **New Rules Stir Anger, Disaffection At NIH, Scientists To Prepare A Legal Challenge**

*By Paul Goldberg*

A week after NIH announced sweeping changes in conflict of interest rules, the scandal that has set the tone for Elias Zerhouni's stewardship over the government's research in life sciences has not gone away.

To begin with, scientists have organized to challenge some provisions of the regulations, which they describe as excessive. And, in an unusual move, NIH officials declined to discuss the appropriateness of top NCI officials continuing to serve on the board of a non-profit that receives Institute funds and has business before HHS.

One NCI scientist let his colleagues know how much he resented having to pay the price for the actions of NIH officials who allowed—or failed to detect—abuses of the past. "It's our fault that you are a laughing stock in the press?" NCI scientist Dean Hamer wrote in an angry email message that circulated widely at the Institute.

Late last month, before the new regulations were announced, NIH scientists organized and formed an "assembly of scientists" to challenge the new rules. The group's 17-member executive committee is currently drafting bylaws, said Ezekiel Emanuel, an oncologist and chairman of the Department of Clinical Bioethics at the NIH Warren G. Magnuson Clinical Center.

"We are looking at legal action," said Emanuel, chairman of the group. "I think the [NIH] objective is legitimate. We want to protect people from conflicts of interest that can distort results or can endanger patients. The simple question is, do these regulations do this? And they appear to overreach."

The group of scientists is critical of abuses of the past. "People should  
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## Leavitt: "We Have Planted, Now It's Time To Harvest"

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the NIH budget, which Congress carried out from FY 1999 to FY 2003. Advocates for biomedical research were outraged when President Bill Clinton proposed a 2 percent increase for the Institutes for FY 2000 (**The Cancer Letter**, Feb. 5, 1999). Now, a 2 percent raise would constitute a 100 percent improvement. Not since Ronald Reagan occupied the White House has a President requested a flat budget for NIH, sources said.

With NIH sullied by controversy over apparently lax ethics procedures that allowed scientists to moonlight for biomedical firms, and the ongoing debate over public access to research papers, some of the luster seems to have worn off the place that former NIH Director Bernadine Healy declared the "crown jewel" of the federal government.

Now, NIH finds that its Bush Administration overseers expect results. "NIH's budget has recently been doubled in a commitment that the President supports and I support and the nation supports," newly confirmed HHS Secretary Michael Leavitt said at a press conference Feb. 7.

"We have planted," said Leavitt, the former EPA administrator and governor of Utah. "It's now time for us to harvest the fruit. We will, in fact, work hard to assure that the funding is used in the best possible way,

with an eye toward results."

Leavitt said the President's budget proposal would enable NIH to increase funding for "research in developing bioterrorism countermeasures."

HHS has other pressing priorities, Leavitt said. "The main event at HHS this year will be the implementation of the Medicare Prescription Drug Benefit," he said.

### 400 Fewer Research Project Grants

Under the budget proposal, NIH would fund 38,746 research project grants, 402 fewer than last year. Of those, 9,463 would be new and competing grants, an increase of 247 over the current year.

About 54 percent of the NIH budget, \$15.5 billion—a 0.4 percent increase from the current year—would fund research project grants.

Biomedical research advocates criticized the Administration's request as inadequate and shortsighted. "We are concerned that the President's budget request will not even allow NIH to sustain its current research program, because the biomedical inflation rate is 3.2 percent," said Jon Retzlaff, director of legislative relations for the Federation of American Societies for Experimental Biology.

FASEB recently recommended a 6 percent increase for NIH (**The Cancer Letter**, Jan. 28).

"NIH has been treated very well. Some believe nothing else needs to be done now," Retzlaff said. "The problem is that new investigators came into the field. To have the growth stop will affect the new investigators and the young investigators the most. We could lose these researchers."

Over 300 health organizations, including the American Society of Clinical Oncology, the American Cancer Society, and other cancer professional and advocacy groups, signed a letter sent Feb. 1 to President Bush and members of Congress urging an increase of \$3.5 billion, or 7 percent, for Function 550 in the FY 2006 budget resolution. Function 550 funds the discretionary health activities of HHS.

Advocates say that this year's appropriations process could be more difficult than most.

"There's no question that it is going to be a very tough year," said FASEB's Retzlaff. "We are hoping that we will be able to go to the Hill and convince them that medical research should continue to be a priority. We can continue to build on the massive amount of new information that has been generated during the doubling."



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Founded Dec. 21, 1973, by Jerry D. Boyd.

### **NCI Fares Even Worse**

Faring worse than all of NIH under the President's budget proposal, NCI would receive an increase of \$17 million, or 0.35 percent.

The proposal requests \$4.842 billion for NCI in FY 2006, compared to the Institute's current budget of \$4.825 billion.

NCI continues to lead NIH as the institute with the largest budget, but the National Institute of Allergy and Infectious Diseases is close behind and closing the gap quickly. The Administration's FY 2006 request for NIAID is \$4.46 billion, an increase of \$57 million, or 1.2 percent, over the current year.

Funding for bioterrorism and infectious disease research has boosted Congressional appropriations to NIAID about 120 percent in the past five years, from \$2 billion in FY 2001 to \$4.44 billion in FY 2005.

Over the same period, the NCI appropriation increased about 30 percent, from \$3.7 billion to \$4.8 billion.

If the trend in Congressional appropriations continues, NIAID's budget would surpass NCI's in five to six years. It would take about 11 years, to FY 2016, for NIAID's budget to catch up to NCI's if the percentage increases in the President's budget proposal were extended that far forward.

Bioterrorism funding would increase at HHS under the President's proposal, Leavitt said. "Including the 2006 budget request, we have spent or requested nearly \$19.2 billion [for bioterrorism] since Sept. 11, 2001," Leavitt said. The Administration is proposing to spend \$4.3 billion for "public health preparedness," an increase of almost 1500 percent since 2001, he said.

Under the budget proposal, NIH biodefense work would receive \$1.8 billion, an increase of \$56 million, or 3.2 percent, over FY 2005. The funds would support basic research on microbial agents and applied research for the development of diagnostics, vaccines, and therapies.

The budget requests \$30 million to support construction of an additional Regional Biocontainment Laboratory to support extramural investigators.

NIH would use \$47 million to continue nuclear/radiological research begun in FY 2005 to improve methods for measuring radiological exposure and contamination and develop drugs to prevent injury from radiological exposure or to restore injured tissues. Another \$50 million would be used to develop "new medical countermeasures for chemicals that can be used as weapons of mass destruction."

Other NIH priorities include the Roadmap for

Medical Research, HIV/AIDS research, and the NIH Blueprint for Neuroscience Research.

The proposal would provide \$333 million for the Roadmap, an increase of \$98 million. The Roadmap funds a variety of research in broad areas expected to enhance the work of all of the institutes.

NIH would receive \$2.9 billion for HIV/AIDS research, an increase of \$12 million. Vaccine development would get the top priority for HIV/AIDS research.

The Blueprint for Neuroscience Research, a collaboration of 15 NIH institutes and centers, would receive \$26 million.

In a departure from previous funding policy, NIH would increase the number of new and competing grants "in lieu of providing inflationary adjustments" to non-competing grants, the budget proposal said.

New and competing RPGs would increase by 247 grants, for a total of 9,463. The number of non-competing RPGs would decrease by 658, from 27,750 to 27,092.

Last year, Congress rejected a similar proposal by the Bush Administration to fund more grants by cutting increases to grant commitments.

Excluding HIV/AIDS trials, the average cost of a competing RPG in FY 2006 will be about \$347,000, approximately the same level as in FY 2005, according to the proposal.

The President's FY 2006 budget proposal for HHS is available at: <http://www.hhs.gov/budget/docbudget.htm>.

### **FDA: 4.5 Percent Increase**

The President's budget request allocates \$1.9 billion for FDA, an increase of \$81 million, or 4.5 percent, over the FY 2005 level. The budget proposes \$1.5 billion in budget authority, while \$381 million will be derived from industry user fees.

The increase provides \$30 million to improve FDA's network of food contamination analysis laboratories and support research on technologies to prevent threats to the food supply.

The budget includes \$747 million for Human Drugs and Biologics, of which \$288 million would be from user fees--an increase of \$19 million for drugs and \$7 million for biologics.

Funding for the Office of Drug Safety would increase by \$6.5 million, including \$1.5 million in user fees, for a total of \$33 million. With the increase, FDA would hire more staff to evaluate and communicate drug safety risks to practitioners and the public, and to set policy for safety reviews and risk management.

The additional funding also would be used for the

Center for Drug Evaluation and Research to access “a wide range of clinical, pharmacy, and administrative databases” to assess drug safety.

“FDA will also increase the use of external experts in evaluating post-marketing safety issues,” the proposal stated. “The agency’s actions will be harmonized with the emerging results of an Institute of Medicine study of the Drug Safety System.”

The budget provides \$289 million, an increase of \$12 million, for the medical devices program. The funds would enable FDA to meet a goal of reviewing 80 percent of all original premarket medical device applications with 150 days and making decisions on them in 320 days.

The FY 2006 budget request includes \$22 million for completion of the next phase of FDA’s new headquarters in White Oak, Md.

The FY 2006 General Services Administration budget includes \$128 million for construction of the second of two Center for Drug Evaluation and Research buildings to be occupied in FY 2007.

The budget also requests \$7 million for repair and maintenance for FDA-owned facilities nationwide.

The proposal also states that FDA will “seek management efficiencies through a \$5 million streamlining of information technology efforts and a \$1.5 million administrative reduction.”

### **CDC Budget Decrease**

President Bush proposed a 6 percent cut in the budget for the Centers for Disease Control and Prevention. The agency would receive \$7.54 billion, a net decrease of \$491 million, from last year.

The CDC proposal drew criticism from the American Public Health Association, which noted that the President’s budget would cut the agency’s chronic disease prevention and health promotion program by 6.5 percent, or \$60 million.

The chronic disease program includes most of the agency’s cancer portfolio.

“While controlling federal spending is critical, the Administration’s failure to adequately invest in prevention means that any perceived short-term savings will result in greater health and medical expenditures in the long-term,” said Georges Benjamin, executive director of APHA. “It’s like owning a car, but never taking it in for service. Without prevention, catastrophic failure is imminent.”

According to the request, the decrease is attributable to completed facilities and other one-time projects, “internal management efficiencies,” and one-time

costs for pediatric vaccines. Also, the proposal would cut spending on preventive health and health services block grants.

CDC’s programs to counter bioterrorism would receive \$1.6 billion, an increase of \$56 million. The agency would “ensure a sufficient supply of countermeasures and portable treatment units are available to protect and care for victims of an attack,” according to the budget proposal.

Funding for the Strategic National Stockpile for storage of medicines and vaccines would increase by \$203 million, to \$600 million.

### **Specter Stays As Labor, HHS Chairman**

Biomedical research advocates were relieved when Sen. Arlen Specter (R-Pa.) recently decided to remain chairman of the appropriations Subcommittee on Labor, HHS, Education and Related Agencies. Specter had been contemplating a move to the newly created appropriations Subcommittee on Intelligence.

“The President’s budget puts at risk critical funding for the National Institutes of Health and other important priorities of the subcommittee,” Specter wrote in an article in *The Washington Post* on Feb. 8. “For more than a decade, Sen. Tom Harkin (D-Iowa) and I have alternated on the subcommittee chairmanship with a seamless transfer of the gavel. We have more than doubled funding for NIH, which has made enormous progress on working toward cures for Parkinson’s, Alzheimer’s, cancer, heart disease and other deadly or debilitating diseases. Those gains may be nullified unless increases in funding continue....”

“As the United States faces enormous deficits, discretionary spending has taken hits year after year,” Specter continued. “Congressional budgeteers and appropriators have not sufficiently recognized that education and health care are capital investments. Harkin and I, putting partisanship aside, have successfully fought for more funding for our subcommittee. Fiscal 2006 looks like an especially tough year, so I’ve decided to stay and fight rather than switch.”

Committees of interest to NIH and NCI for the 109<sup>th</sup> Congress and their chairmen and ranking members are as follows:

#### **Appropriations:**

**House,** Chairman Jerry Lewis (R-Calif.), ranking member David Obey (D-Wis.).

**Subcommittee on Labor, Health and Human Services, and Education:** Chairman Ralph Regula (R-Ohio), ranking member David Obey (D-Wis.).

**Senate:** Chairman Thad Cochran (R-Miss.), ranking member Robert Byrd (D-W.Va).

**Subcommittee on Labor, HHS, Education, and Related Agencies:** Chairman Arlen Specter (R-Pa.), ranking member Tom Harkin (D-Iowa).

**Authorizing:**

**House Committee on Energy and Commerce:** Chairman Joe Barton (R-Tex.), ranking member John Dingell (D-Mich.).

Subcommittee on Health: Chairman Michael Bilirakis (R-Fla.), ranking member Sherrod Brown (D-Ohio).

**Senate Health, Education, Labor, and Pensions Committee:** Chairman: Mike Enzi (R-Wyo.), ranking member Edward Kennedy (D-Mass.).

**Oversight:**

**House Committee on Government Reform:** Chairman Tom Davis (R-Va.), ranking member Henry Waxman (D-Calif.).

**Senate Committee on Homeland Security and Governmental Affairs:** Chairman Susan Collins (R-Maine), ranking member Joseph Lieberman (D-Conn.).

Subcommittee on Oversight of Government Management, Restructuring and the District of Columbia: Chairman George Voinovich (R-Ohio), ranking member Richard Durbin (D-Ill.).

**Congressional Advocacy:**

**House Working Group on Cancer:** Deborah Pryce (R-Ohio), Sue Myrick (R-N.C.), Steve Israel (D-N.Y.), and Lois Capps (D-Calif.).

**Senate Cancer Coalition:** Sam Brownback (R-Kan.) and Dianne Feinstein (D-Calif.).

## Scientists Organize To Fight New NIH Ethics Regulations

(Continued from page 1)

behave ethically, and they shouldn't have conflicts of interest, and they shouldn't go out and be shills for companies," Emanuel said.

However, NIH appears to have taken excessively heavy-handed action before studying the extent of the problem, and employees whose activities were legal and ethical are forced to pay the price, Emanuel said.

"We need to have information, and Building 1 [the NIH Director's office] has to be responsible for collecting reliable information," Emanuel said. "We

need to know whether it is three, four—or 50 people—who broke the rules. We have accusations, and we have proof in a very small number of cases."

Emanuel said the new conflict rules don't protect the public or NIH. "We are carefully examining the legal status of the regulations, because we think that it's important to protect the NIH integrity, and the general sentiment is that they don't," he said.

The requirement that NIH employees divest of stocks in biomedical and pharmaceutical companies is puzzling, Emanuel said.

"Issue 1 is the stock sale—the requirement to not have anything, even when it doesn't affect your judgment—seems unrelated to conflict of interest," Emanuel said. "It also seems to be a contradiction to the President's notion of an 'ownership society.' To apply that not just to scientists, and have a threshold of \$15,000 that applies to secretaries, to the cleaners, to the elevator operators, to the electricians, somehow just doesn't seem related to scientific protection."

"It's very hard to see how this protects the public from conflicts of interest or restores trust," he said. "What sense does it make?"

To institute regulations that make sense would require better information systems, Emanuel said. "As Dr. Zerhouni has said in Congressional testimony, the NIH central administration doesn't have the information system to track all the activities of scientists," he said.

"For instance, since I arrived in 1988, I've been pushing for NIH to establish an information system to track how many people are enrolled on NIH-funded clinical research trials and to track the rate of adverse events in order to get a picture of the safety of clinical research in the U.S. We simply don't have that information. NIH scientists aren't the ones to blame for this."

### "Our Fault?"

On Jan. 31, NCI officials sent out a group email telling the staff to refrain from taking outside work.

The urgent tone of the memo was understandable, because on Feb. 1, the following day, NIH was slated to publish a rule banning most outside activities.

"The NCI Ethics staff realizes that some of these activities have been pending from as early as February of 2004, but the sheer volume and the poor quality of the submissions has caused the review process to be severely prolonged," said the memo addressed to a large number of recipients at the Institute. "If you are engaging in any personal activity that is not yet approved, please cease all outside work until you are

notified either by the NIH or the NCI that your request has been approved.”

This apparently infuriated scientist Hamer, who fired off a response:

“So now it’s our fault that you are a year behind in your duties? It’s our fault that you gave permission for an NCI scientist to take money from a company for a project already under a [CRADA]? It’s our fault that you couldn’t provide Congress with an accurate list of approved activities? It’s our fault that you allowed scientists to take big pharma money without declaring it? It’s our fault that you permitted a former director to take large prizes from universities depending on NCI grants? It’s our fault that you are a laughing stock in the press?

“I was always taught that the best way to determine if something is ethical is to see how it looks in a newspaper. I am sure the Washington Post and LA Times will be interested in this memo.”

Meanwhile, NIH officials, in an uncharacteristic move, declined to provide a substantive answer to a question from **The Cancer Letter** about appropriateness of NCI Director Andrew von Eschenbach’s and deputy director Anna Barker’s participation as board members of C-Change.

The new regulations prohibit NIH officials with authority from serving as fiduciaries of organizations that have business before HHS. However, in the past, NIH officials said that von Eschenbach and Barker serve on C-Change not as part of an extracurricular activity, but in their capacity as government officials. Last summer, NIH officials said von Eschenbach and Barker had executed waivers for conflict of interest to allow them to represent NCI on C-Change (**The Cancer Letter**, June 25, 2004).

Would waivers granted in the past be re-examined in light of the new regulations?

“All I am saying is talk to NCI,” said NIH spokesman Don Ralbovsky to a reporter after consulting with NIH officials. “That’s all I’ve got at this point.”

NCI officials didn’t respond to questions by deadline.

Under the new regulations, “prohibited outside activities” include membership on the boards of organizations “significantly involved in advancing the interests of persons or entities engaged in activities related to or affected by the health, scientific, or health care research conducted or funded by NIH.”

C-Change is funded by a group of pharmaceutical companies, the American Cancer Society, and the American Legacy Foundation. The organization has

received NCI funds, and has been used by NCI to develop a plan for the “National Biospecimen Network,” a costly tissue-banking program that C-Change proposed to run. On two occasions, the organization hired public relations firms that also represented tobacco clients.

Under the new regulations, waivers can be granted in cases where participation in an activity can secure “necessary and uniquely specialized services.”

### *In Brief:*

## **Cicerone To Succeed Alberts As Academies President**

**RALPH CICERONE**, chancellor of the University of California at Irvine, the Daniel G. Aldrich Jr. Chair in Earth System Science and professor of chemistry, was elected president of the National Academy of Sciences for a six-year term. Cicerone succeeds **Bruce Alberts**. Alberts, a cell biologist at the University of California, San Francisco, is completing his second term as president of NAS. **Barbara Schall**, the Spencer T. Olin Professor in Arts and Sciences, Department of Biology at Washington University, St. Louis, was elected vice president for a four-year term. Four members were elected to the governing council: **Claude Canizares**, Bruno Rossi Professor of Experimental Physics and associate provost, MIT; **Gerald Fischbach**, executive vice president for health and biomedical sciences and dean, faculty of medicine, Columbia University College of Physicians and Surgeons; **Jerry Gollub**, JBB Professor in the Natural Sciences, Haverford College, and adjunct professor of physics, University of Pennsylvania; and **Joyce Marcus**, Elman R. Service Professor of Cultural Evolution and curator of Latin American archaeology, University of Michigan, Ann Arbor. . . . NAS will honor 17 scientists at the annual meeting of the academy May 2. Among them are: **John Kuriyan**, investigator, Howard Hughes Medical Institute, and Chancellor’s Professor, Department of Molecular and Cell Biology, University of California at Berkeley, will receive the Richard Lounsbery Award for his work in DNA replication and the regulation of tyrosine kinases. The NAS Award for Chemistry in Service to Society will go to **Marvin Caruthers**, Distinguished Professor, Department of Chemistry and Biochemistry, University of Colorado, Boulder, for his research into DNA oligonucleotides. **David Cartel**, member, Whitehead Institute for Biomedical Research, and professor, Department of Biology, Massachusetts Institute of Technology, will receive the NAS Award in Molecular Biology for research into the

repertoire of catalytic RNA and the analysis of micro RNA genes and their targets. The Selman A. Waksman Award in Microbiology will go to **Lucy Shapiro**, Ludwig Professor of Cancer Research, Department of Developmental Biology, Stanford University School of Medicine, for her research into the bacterial cell. . . .

**INTERNATIONAL HapMap Consortium** received \$3.3 million in additional support from a public-private partnership to expand its mapping efforts and accelerate the discovery of genes related to common diseases, including asthma, cancer, diabetes and heart disease. By the end of February, the group will have completed phase I of the human haplotype map, which will consist of 1 million markers of genetic variation, called single nucleotide polymorphisms. The phase II HapMap will give researchers a denser map to allow more precisely narrow gene discovery to specific regions of the genome.

The organizations that contributed to the phase II project include: Wellcome Trust, \$624,000; Genome Canada/Genome Quebec, \$260,000; Bristol-Myers Squibb Co., \$100,000; Pfizer Inc., \$100,000; Perlegen Sciences, \$1.2 million; and National Human Genome Research Institute, \$1 million. . . .

**BARBARA RIMER** was named dean of the School of Public Health at the University of North Carolina at Chapel Hill, effective June 1. Rimer is the alumni distinguished professor in the school's department of health behavior and health education and the deputy director for population sciences at UNC Lineberger Comprehensive Cancer Center. She previously served as director of the NCI Division of Cancer Control and Population Sciences. Prior to her position with NCI, Rimer held joint appointments in the School of Public Health and Duke University Medical Center's community and family medicine department and its comprehensive cancer center. She served as chairman of the National Cancer Advisory Board. Rimer succeeds

**Bill Roper**, who in March 2004 became the dean of the School of Medicine, vice chancellor for medical affairs, and CEO of the UNC Health Care System.

**Margaret Dardess**, adjunct professor of health policy and administration and senior associate dean, has served as interim dean since Roper's departure. . . .

**EDMUND WALLER** was appointed medical director of clinical trials at Winship Cancer Institute, Emory University. Waller, who is associate professor of hematology and oncology and director of the Emory Bone Marrow and Stem Cell Transplant Center, will retain those duties. . . .

**MITCHELL EDELSON**, chief of the gynecologic oncology section, Department of Surgical Oncology, Fox Chase Cancer Center, was named chief of gynecologic oncology. Edelson, who joined Fox Chase

in 2001, is the Fox Chase co-principal investigator for the Gynecologic Oncology Group. . . . **LISA HUBLITZ** was named director of government relations for the American Society for Therapeutic Radiology and Oncology. Shuger was director of government relations and external affairs at the American Orthopsychiatric Association. Prior to that, she served as deputy director of the City of New York's Washington, D.C., office. . . .

**CANCERCARE** announced the 22nd annual Human Services Awards Dinner honorees. The Human Services Award will go to **Karen Katen**, president of Pfizer Global Pharmaceuticals and executive vice president of Pfizer Inc; **Maggy Siegel**, president and CEO of Judith Leiber LLC, will receive the Fashion Leadership Award; and **David Chapman**, president of Ferguson, a CommonHealth Company, will be honored with the Beacon Award. The awards will be presented March 10 in New York City. . . .

**DEATHS: John Bader**, 73, a cancer and AIDS researcher, died of cancer Jan. 27 at his home in Rockville, Md. Bader, who joined NCI in 1962, is known for two discoveries he made early in his career. His work on the synthesis of DNA led to the discovery of the retrovirus. Bader also was the first to identify the enzyme reverse transcriptase. He was chief of the Antiviral Evaluations Branch at NCI when he retired in 1998. . . .

**H. Donald Putney**, 90, senior vice president emeritus of Fox Chase Cancer Center, died Feb. 3 in Erdenheim, Pa., of respiratory failure following pneumonia. Putney was administrative director of the Fox Chase Cancer Center Institute for Cancer Research until 1966, when he became associate director. He was named vice president and treasurer in 1974 and senior vice president of the center in 1977. During this period, Putney was a consultant to the NCI Division of Cancer Research Resources and Centers, where he helped establish the guidelines for the NCI Cancer Centers Program.

### *Funding Opportunities:*

## **Paul Marks Prize Nominations**

Nominations Receipt Due Date: April 29

Paul Marks Prize for Cancer Research, established by Sloan-Kettering Cancer Center in 2001, recognizes young investigators who have contributed to basic or clinical cancer research. The prize is awarded to up to three investigators every other year. Nominees must be age 45 or younger at the time of the submission deadline. The winners will present their work at MSKCC and share a cash award of \$150,000.

Nomination packets must include a letter from the nominator outlining the significance of the accomplishments for which the candidate should be recognized. This should be accompanied by a one-page scientific biography of the

candidate; a list of up to eight of the candidate's significant published papers with a brief (fewer than 100 words) explanation of the importance of each one; the candidate's curriculum vitae; and up to three supporting letters. Send to Paizhe Pressley, executive assistant, Office of the President, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., N.Y., N.Y. 10021.

## RFA Available

**RFA-AI-05-002: Units for HIV/AIDS Clinical Trials Networks.** Letters of Intent Receipt Date: June 10. Application Receipt Dates(s): July 11.

The RFA solicits applications for CTUs to implement the clinical research plans of one or more of the HIV/AIDS Clinical Trials Networks. Each CTU will be led by a principal investigator, comprised of an administrative component and one or more clinical research sites, and configured to conduct clinical research by recruiting, screening, enrolling and following research participants from the populations most affected and/or endangered by the HIV/AIDS epidemic. The AIDS Malignancy Consortium (URL: <http://www.amc.uab.edu>) is an NCI-supported clinical trials group. NCI will likely recompute the AMC in a timeframe that overlaps this competition. This RFA is available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-AI-05-002.html>.

Inquiries: For NCI--Ann O'Mara, program director, phone: 301-496-8541; e-mail [ao45s@nih.gov](mailto:ao45s@nih.gov).

## RFP Available

**RFP N01-CP-51010-66: Continuation of Follow-Up of DES-Exposed Cohorts.** Response Due Date: April 4.

NCI Division of Cancer Epidemiology and Genetics, Epidemiology and Biostatistics Program is seeking continued follow-up of established DES cohorts to measure the incidence and mortality of cancer, especially cancers of the breast and reproductive system. Each collaborating investigator shall be required to furnish all the necessary services, qualified personnel, material, equipment, and facilities, not otherwise provided by the government, as needed to continue follow-up of surviving members of a cohort of at least 500 women and men exposed to diethylstilbestrol in utero. Disease outcomes will be ascertained by means of questionnaires, medical record review, and tissue sampling as appropriate. The contracts to be awarded will be cost-reimbursement, completion types. The RFP is available at <http://www.fbodaily.com/archive/2005/02-February/04-Feb-2005/FBO-00744308.htm>.

## New Guidelines For SPORES

NCI has revised its guidelines for the P50 Specialized Programs of Research Excellence.

The interim SPORE Guidelines are effective with applications submitted for the May 23, 2004 receipt date. NCI will no longer accept applications in response to previous Guidelines dated June, 2001 (or earlier). The interim Guidelines are available at <http://spores.nci.nih.gov>.



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- Bladder Cancer Guidelines Update
- Targeted Therapies

\* Subject to change



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