THE CANCER LETTER

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As Von Eschenbach Prepares For New Assignment, 2015 Goal Faces Uncertainty

By Kirsten Boyd Goldberg and Paul Goldberg

The Bush administration and its friends have started telling the media that next week, Andrew von Eschenbach would be nominated for the post of permanent FDA commissioner.

The news first appeared in this publication last week (The Cancer Letter, March 3), and has since been floated continuously in the press.

"He's already Senate-confirmed," Peter Pitts, a former FDA official who is now associated with a conservative think tank, said to Drug Industry Daily. Von Eschenbach "has done a good job so far" and would "drive [FDA] toward

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In Brief:

City of Hope Receives Gifts; Mayo Clinic Wins Breast Cancer SPORE Grant

CITY OF HOPE Cancer Center received two gifts for its center. The first, a $1.5 million donation from the estate of Marcelle S. Schwartz, is earmarked for the Division of Cancer Immunotherapeutics and Tumor Immunology to develop protocols for cancer treatment, said **Theodore Krontiris**, executive vice president, medical and scientific affairs. The second donation is a $2 million gift from the Sheri and Les Biller Family Foundation to create a comprehensive center for supportive care to patients who have cancer and other diseases and their families. The Les & Sheri Biller Patient and Family Resource Center will house patient support services including health education, psychological services, healing arts programs as well as end-of-life and bereavement care programs. Specially trained staff will serve as patient navigators to give one-on-one attention and assistance during treatment. The center will begin operation in May. . . . **MAYO CLINIC Cancer Center** received a three-year $7 million NCI Specialized Programs of Research Excellence grant for breast cancer research. **James Ingle**, professor and program co-leader of the Women's Cancer Program, is the principal investigator. The SPORE is made up of four projects: the role of Chfr in tumorigenesis and paclitaxel-sensitivity in breast cancer; BRCA2 missense mutations and breast cancer; preclinical and clinical studies of MUC1 glycopeptide vaccine strategies in breast cancer; and aromatase inhibitors, breast density and plasma steroid hormones. The SPORE also funds a developmental research program and a career development program. The grant brings together 24 investigators from Mayo Clinic and four other

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Nobelist Paul Nurse: 2015 Goal Results In Loss Of Public Trust

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change, which it requires," Pitts said. According to supporters, von Eschenbach is a strong choice for FDA because he wasn't involved in its controversial handling of Plan B, a "morning-after" birth control pill.

Pitts wasn't entirely right. Von Eschenbach's current job—NCI director—is a presidential appointment that doesn't require Senate confirmation and the quality of von Eschenbach's service at NCI is questioned by some of the world's most prominent scientists.

Nobel laureate Paul Nurse, president of Rockefeller University, recently expressed dismay over von Eschenbach's pledge to "eliminate the suffering and death due to cancer by 2015."

"Scientists need to earn the trust and confidence of the public if we are to retain our 'license to operate.' But to do that we have to be accurate about what science can do," Nurse wrote in the January issue of the journal Cell. "It is no good exaggerating what science can deliver, as happened when the director of the National Cancer Institute, Dr. Andrew von Eschenbach, announced the Institute's challenge goal in 2003 as 'to eliminate the suffering and death due to cancer by 2015.' This cannot be justified even as a statement of aspiration because when we fail to deliver, as we surely will with such a claim, we will lose the confidence and trust of both the politicians and the public."

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Von Eschenbach's alibi on Plan B is also being eroded as he publicly defends the agency's apparent inaction on the contraceptive criticized by the anti-abortion and abstinence movements closely tied with the Bush administration. At a recent Congressional hearing, von Eschenbach described Plan B as an issue of "enormous complexity."

The agency's critics counter that the issues aren't complex at all.

"FDA has justified its indefinite delay of the Plan B decision by citing the 'difficult and novel' issues raised by the scientifically unsupported age restrictions that it urged be added to the amended application," Rep. Henry Waxman (D-Calif.) wrote in a March 9 letter to von Eschenbach. "But the internal agency documents I have obtained reveal that the supposedly 'novel' regulatory questions raised by the application had been under consideration by the agency for over a year. It appears that the Office of Chief Counsel simply failed, despite repeated requests, to produce a dispositive analysis." The letter is posted at http://www.democrats.reform.house.gov/Documents/20060309124932-06797.pdf.

Von Eschenbach was appointed acting FDA commissioner under the federal Vacancies Reform Act, which limits the interim appointees' term of service to 210 days. In von Eschenbach's case, the deadline was to expire April 21. If he is nominated to the post of permanent commissioner, von Eschenbach would be able to stay at FDA while the Senate considers his candidacy. If the Senate rejects him, he would be able to stay on for another 210 days.

In the Senate, his future would likely be determined by whatever happens to Plan B and another agent currently before the agency: the vaccine against the human papillomavirus, the primary cause of cervical cancer.

One version of the vaccine, which works best when given to girls before they become sexually active, is going through review at FDA and could be up for approval this summer. However, the same political forces that oppose Plan B say that the vaccine would encourage premarital sex. In a recent interview with The New Yorker, von Eschenbach declined to comment on the vaccine. A story about the Bush administration's "war on the laboratory" was published in the March 13 issue of the magazine.

One Man, Two Messages

Addressing a pharmaceutical industry group last week, von Eschenbach back-pedaled from his 2015 goal.

"What do we want the health care delivery system to be in 2015? I personally would like it to be a system in which no one suffers or dies from cancer," he said March 6, appearing as acting FDA commissioner before the Personalized Medicine Coalition.

Von Eschenbach was taking a view beyond cancer.

"What does it mean for diabetes? Cardiovascular disease? We can decide," von Eschenbach said. "People in this room, we have the vision, and I think it's a vision we have to continue to speak to, and recruit others into, and then make it happen. But we've done it before. We've changed the world before; putting man on the moon, splitting atom. Why not this? Why not now? Why not healthcare?"

In recent months, von Eschenbach has had two public personae. As the head of FDA, he refrains from mentioning the 2015 goal, but speaks about the promise of biomarkers and "personalized medicine." As head of NCI, he has been escalating his rhetorical assault on cancer, promising victory within the next nine years.

At an "all-hands" meeting at NCI March 7, von Eschenbach gave what NCI staff members describe as "his usual sermon" about the 2015 goal. "There was no substance," a staff member said. "It's wearing to hear it over and over."

Then, the staff was shown a "very slick, professional" video about NCI's efforts to help cancer patients displaced by Hurricane Katrina. Some staff members wondered which program funds were tapped to make the video, and, for that matter, what hurricane relief had to do with the 2015 goal.

Following the presentation, von Eschenbach handed out his "Director's Gold Star" recognition awards.

He gave no indication that he would be leaving for FDA.

Even his most vocal supporters acknowledge that von Eschenbach's candidacy at FDA would not be viable unless he relinquishes his post at NCI. If he does, the 2015 goal would face an uncertain future. The goal has never been embraced by the administration, which focuses on the NIH Roadmap and FDA's Critical Path as its programs in biosciences. The Roadmap is a problem for NCI, since it taxes the institute's budget.

Von Eschenbach's top lieutenants lack his connections to the Bush family, and may not be in a position to defend the 2015 goal from scientists and advocates who have begun to openly denounce it as unattainable, dishonest, and misleading.

NCI's Chief Operating Officer John Niederhuber is an ardent supporter of the 2015 goal and is seen as the most likely candidate to succeed von Eschenbach as NCI director. However, he was fired from his last two administrative jobs, at Stanford University and at the University of Wisconsin Comprehensive Cancer Center (The Cancer Letter, Oct. 7, 2005).

Anna Barker, von Eschenbach's top scientific visionary, rose through the political structure of the American Association for Cancer Research. Her scientific publications are few, and her past business ventures include a company that sought to sell dietary supplements on the Internet (The Cancer Letter, May 30, 2003).

NCI "Strategic Plan" Seeks to Cement Legacy

In recent months, as von Eschenbach shuttled between the executive offices at FDA and NCI, the institute's staff was working on a "strategic plan" for achieving his controversial goal to "eliminate suffering and death due to cancer by 2015."

Released on March 7, the document seeks to cement the von Eschenbach legacy in cancer policy while the institute's unusually political director is being redeployed to a new, more political, mission at FDA.

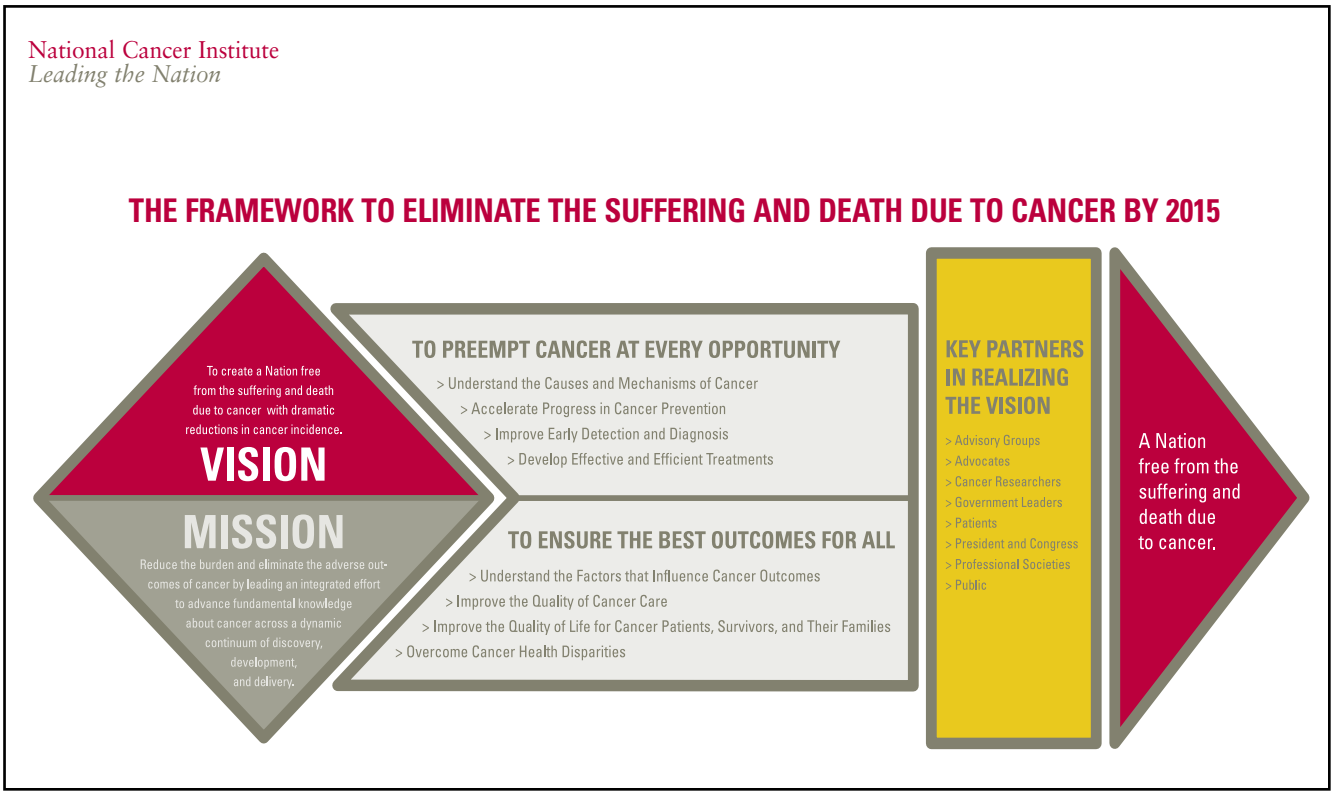
The plan lists 50 intermediate steps that von Eschenbach claims will lead to the fulfillment of what he described as his "Vision." (The word is spelled with a capital V throughout the document.)

"This Challenge has become the Vision for the Nation's Cancer Program," von Eschenbach wrote in an introduction to the 81-page strategic plan. "We believe that the Vision is within our grasp, and we are prepared to stretch the boundaries of science, imagination, and human will to achieve it."

With the new document, titled "The NCI Strategic Plan for Leading the Nation To Eliminate the Suffering and Death Due to Cancer," the institute has completed a "trilogy" of planning documents, according to Niederhuber, NCI COO and deputy director for translational and clinical science. These include an annual progress report and NCI's bypass budget.

"The strategic plan is a result of many months and hundreds of hours of work by NCI scientists, as well as consultation with advisory committees and the research and advocacy communities," Niederhuber wrote in the March 7 issue of the NCI Cancer Bulletin. "This plan is intended to guide the efforts of the entire cancer community."

The planning process began with 200 strategic priorities in 2004. The document seems to have been developed almost entirely internally, in contrast to



A graphic from NCI's new strategic plan points the way to the 2015 goal.

other plans NCI has developed through its Progress Review Groups, which involve many experts outside the institute.

A draft of the document was sent for review last fall to members of the National Cancer Advisory Board, the Board of Scientific Counselors, the Board of Scientific Advisors, the President's Cancer Panel, and the Director's Consumer Liaison Group.

Leaders of patient advocacy groups not represented on the DCLG told The Cancer Letter they hadn't seen the plan before its release.

"I don't believe that this is a fundamentally new plan, but rather a narrative outline of the various strategies they have in place or want to have in place in the future to address the challenge," BSA Chairman Robert Young, president of Fox Chase Cancer Center, said to The Cancer Letter.

"As they say, it is one of three interlocking documents: first, the report card on progress; second, this one on what they are doing and want to do to address the problem; and third, the bypass budget," Young said. "That's my take on it. I have not seen the plan before in this form."

The plan lists 50 general goals, including, "Gain a full understanding of genetic susceptibility and cancer causation."

No specific details on NCI programs or recommended funding are included. Listed under each strategy are areas of cancer research that would be supported or expanded.

By comparison, the NCI bypass budget for FY 2007 proposes specific dollar increases required to expand programs. For example, the bypass budget proposes an annual increase of $164 million a year for five years to support 15 new cancer centers.

Over the past few years, von Eschenbach has shifted more funding toward "strategic priorities"—such programs as nanotechnology, proteomics, and bioinformatics. For the past two years, von Eschenbach ordered a 5 percent cut in funding to the NCI divisions to create a pool of money to "redeploy" to areas addressing the 2015 goal.

"Never before have so many scientific tools and so much biomedical knowledge been assembled to power our ability to reach our Vision to eliminate the suffering and death due to cancer by 2015," the strategic plan states.

"We as a Nation will achieve this Vision by optimizing new approaches in interdisciplinary collaboration and transdisciplinary science and by applying proven interventions in basic science, medical practice, public health programs, and policy."

The strategic plan is available at http://strategicplan.nci.nih.gov/.

In Brief:

GMU, Italian Institute, Sign Agreement On Proteomics

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institutions. Mayo Clinic also holds SPORE grants in brain, pancreatic and prostate cancer and partners with other institutions on SPORE grants for lymphoma and myeloma. . . . **GEORGE MASON UNIVERSITY** and the Instituto Superiore di Sanita of Rome have signed a three-year agreement to develop a proteomics research program for cancer diagnostics and therapies. Implemented through the GMU Center for Applied Proteomics and Molecular Medicine,the research is led by **Lance Liotta** and **Emanuel Petricoin III**, co-directors of the center. Before joining Mason last year, Liotta and Petricoin worked with ISS in Rome as part of a National Cancer Institute collaboration to develop and test proteomics technologies for analysis of cancer and other diseases. The agreement represents a continuation of that work. Under the agreement ISS would provide Mason with human tissue samples retrieved during surgery and blood samples collected from both cancer and healthy patients; funding for Italian scientists to work with Mason scientists at the CAPMM laboratories; and access to ongoing research in a large consortium of cancer centers in Italy. ISS is the scientific arm of the Italian National Health Service, and encompasses the functions of the NIH, FDA, said **Daniele Struppa**, dean of the College of Arts and Sciences. Mason and ISS will share in any financial gains that result from the commercialization of new technologies, said Struppa. Specific collaborative initiatives include nanotechnology development; identification of bloodborne biomarkers for early detection of ovarian, colorectal, lung and breast cancers; discovery of new drug targets for advanced stages of colorectal, lung and breast cancers; and discovery of drug targets for childhood leukemia, childhood cancers and brain cancers. . . . **JONATHAN LICHT** was appointed associate director for clinical sciences and chief of the Department of Hematology & Oncology at the Feinberg School of Medicine, Northwestern University. Licht is known for his research in the understanding of leukemia at the molecular level. He also studies kidney development and signal transduction as an outgrowth of studies of the WT1 tumor suppressor. Licht was the chief of the Division of Hematology & Oncology at the Mount Sinai School of Medicine. He is a charter member of the NIH Cancer Molecular Pathology Study section. . . . **CHRISTOPHER EVANS** was appointed chairman of the Department of Urology at the University of California, Davis, School of Medicine. Evans is director of Urology Research Laboratories, co-director of the Genitorurinary Oncology Clinical Trials Group and member of the UC Davis Cancer Center. Evans succeeds **Ralph deVere White**, who stepped down after 21 years as head of the department. DeVere White continues as assistant dean for cancer programs at UC Davis School of Medicine and Medical Center, a post he assumed last year, and as director of the UC Davis Cancer Center, a job he has held since 1996. . . . **WILLIAM MARTIN** was named associate director for Translational Biomedicine at the National Institute for Environmental Health Sciences. He will develop new clinical research programs, as well as interdisciplinary training initiatives to extend the influence of environmental health sciences into the clinical arena. He also will be liaison between NIEHS and academia, professional societies, and other NIH institutes. Establishing the Office of Translational Biomedicine is in line with the NIEHS mission to understand how the environment influences human health and disease, said **David Schwartz**, director of NIEHS. Martin was dean of the University of Cincinnati College of Medicine and is a past president of the American Thoracic Society. Some of the new interdisciplinary initiatives that he will oversee include the new Disease Investigation for Specialized Clinically Oriented Ventures in Environmental Research program, said Martin. DISCOVER supports teams of researchers to integrate environmental health research with patient-oriented and population-based studies. . . . **ROBERT MILLER**, scientist emeritus at NCI, died Feb. 23 at his home in Bethesda, Md. He was 84. Trained in pediatrics, radiation medicine, and epidemiology, Miller joined NCI in 1961 as chief of the Epidemiology Branch. He conducted research on childhood cancers, discovering that the relationships between birth defects and certain tumors such as Wilms' tumor provided insights into the genetic mechanisms underpinning cancer. He worked at NCI for 45 years. A memorial service will be held April 29 at 1 p.m. at the NIH Clinical Center. . . . **CALL FOR PAPERS**: The Journal of the Society for Integrative Oncology, the official journal of SIO, welcomes original research, reviews and commentaries for peer review. SIO is a non-profit organization for the scientific study of adjuvant complementary therapies and botanicals in cancer care. JSIO is Index Medicus listed and offered quarterly. The editor-in-chief is **Barrie Cassileth**, of Memorial Sloan-Kettering Cancer Center. Instructions are available at http://mc.manuscriptcentral/jsio or at Cassileth@mskcc.org or editor@jsio.org. . . .

AGING IN THE U.S. is changing dramatically and rapidly, according to a new U.S. Census Bureau report, commissioned by the National Institute on Aging. Today's older Americans are very different from their predecessors, living longer, having lower rates of disability, achieving higher levels of education and less often living in poverty. And the baby boomers, the first of whom celebrated their 60th birthdays in 2006, promise to redefine further what it means to grow older in America. The report covers a wide range of topics and timelines, pulling together data from Census 2000 and previous censuses, nationally representative surveys and recent population projections. The report, "65+ in the United States: 2005," is available at http://www.census.gov.

Funding Opportunities:

RFAs Available

RFA-CA-06-011: Comprehensive Minority Institution/Cancer Center Partnership. Letters of Intent Receipt Date: March 20. Application Receipt Date: April 19. NCI invites cooperative agreement U54 applications for Minority-Serving Institutions and NCI-designated Cancer Centers (or groups of Centers to develop stronger national cancer programs to understanding why there are significant cancer disparities and impact on minority populations. The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-06-011.html.

Inquiries: H. Nelson Aguila 301-496-7344; aguilah@mail.nih.gov.

RFA-CA-06-012: Cooperative Planning Grant for Comprehensive Minority Institution/Cancer Center Partnership. The funding opportunity will use the NIH cooperative agreement specialized center U56 award mechanism. The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-06-012.html.

RFA-CA-06-013: Feasibility Studies for Collaborative Interaction for Minority Institution/Cancer Center Partnership. The funding opportunity will use the NIH planning grant P20 award mechanism. The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-06-013.html.

Program Announcements

PAR-06-132: Understanding and Promoting Health Literacy. Letters of Intent Receipt Date: Sept. 13. Application Submission Date: Oct.13. Applications are invited to develop research on health literacy. The PA will use the R03 award mechanism. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PAR-06-132.html.

Inquiries: For NCI--Sabra Woolley, 301-435-4589; sabra_woolley@nih.gov.

PAR-06-103: Improving Diet and Physical Activity Assessment. Letters of Intent Receipt Date (new submissions): May 1; Jan. 1, 2007; Sept. 1; May 1, 2008; Jan. 1, 2009. Letters of Intent Receipt Date (resubmission revised/amended] applications): June 1; Feb. 1, 2007; Oct. 1; June 1, 2008; Feb.1, 2009. Application Submission Date (new): June 1; Feb. 1, 2007; Oct. 1; June 1, 2008; Feb. 1, 2009 (alternating standard receipt dates). Application Resubmission Date (resubmission applications): July 1; March 1, 2007.

NCI, NHLBI, NIA, NICHD, NIDDK, NIMH, NINR, and the NIH Office of the Director Office of Dietary Supplements would promote research that would assess approaches; better methods to evaluate instruments; assessment tools for culturally diverse populations; across various age-groups including older adults; improved technology or applications of existing technology; or statistical methods to assess or correct for measurement errors or biases to advance the quality of measurements of dietary intake and physical activity pertinent to cancer and/or other pathologies. The PAR will use the R21 mechanism. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PAR-06-103.html.

Inquiries: Amy Subar or Richard Troiano 301-594-0831 or 301-435-6822; subara@mail.nih.gov or troianor@mail.nih.gov.

PA-06-212: Pilot Studies: Oral Complications of Cancer Therapies. NIDCR and NCI invite R21 applications for clinical research directed at reducing the incidence and severity of oral complications from cancer therapies. The studies would collect preliminary data to establish an adequate foundation that may lead to R01-level clinical research grants. The following are research topics for illustrative purposes: 1) Studies to develop and standardize measurements of acute and chronic oral complications of cancer therapy. 2) Studies to develop effective screening tools for early identification of oral complications, such as mucositis or associated pain 3) Studies that clarify the time course of oral complications and differential risks within patient subgroups 4) Studies of the effect of mucositis or other oral complications on nutrition, communication, or other clinical outcomes directly related to oral function or quality of life 5) Studies to document the prevalence, severity, and time course of mucositis and other oral complications associated with various cancer therapies 6) Studies to investigate novel approaches to expand the adoption and implementation of effective measures for preventing and managing oral complications of cancer therapies 7) Studies identifying key characteristics of patients, treatments, or health care environment that influence the effectiveness of the prevention/management of oral complications from cancer therapies 8) Studies to document long term effects of oral cancer complications of cancer therapies among survivors. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-06-212.html.

Inquiries: For NCI--Roy Wu 301-496-8866; jw51J@nih.gov.

PA-06-173: Diet Composition and Energy Balance. NIH invites R01 applications investigating the role of diet composition in energy balance, including studies in both animals and humans. Both short and longer-term studies would be encouraged, ranging from basic studies investigating the impact of micro-or macronutrient composition on appetite, metabolism, and energy expenditure through clinical studies evaluating the efficacy of diets differing in micro- or macronutrient composition, absorption, dietary variety, or energy density for weight loss or weight maintenance. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-06-173.html.

Inquiries: For NCI--John Milner 301-496-0118; jm524n@nih.gov.

PA-06-174: Diet Composition and Energy Balance. The funding opportunity will use the R21 mechanism. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-06-174.tml.

PA-06-167 Ubiquitin and Ubiquitin-Like Modifications Regulating Disease Processes. NIDDK, NIA, and NCI invite R01 investigator-initiated research on the roles of ubiquitin and ubiquitin-like modifications in the development, normal physiology and/or disease progression in cells, organs, and tissues of interest to NIDDK, NCI, and NIA. Areas of interest for NCI include the identification of genes, proteins, and signaling networks responsible for the cancer phenotype; investigation of aberrantly modified processes that promote cell proliferation or inhibit cell death; and the exploration of molecular events that determine tumor cell survival and progression. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-06-167.html.

Inquiries: For NCI--Mary Perry, 301-496-7028; mp372j@nih.gov.

PA-06-168: Ubiquitin and Ubiquitin-Like Modifications Regulating Disease Processes. The PA will use the R21 mechanism. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-06-168.html.

PA-06-156: Pilot and Feasibility Program in Urology. NIDDK Division of Kidney, Urologic and Hematologic Diseases, NCI Division of Cancer Biology, and the NICHD Reproductive Sciences Branch invite Exploratory/Developmental R21 grant applications from investigators with research interests in urology. The initiative would promote high-risk pilot and feasibility research by newly independent or established investigators developing a new line of research. Areas of research include, but are not limited to the following: identification of tumor stem cells and their role in development or progression of urologic malignancies; development of novel strategies to target stromal cells in urologic malignancies at primary and metastatic sites; identification and characterization of cells capable of repopulating urologic organs (stem cells). The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-06-156.html.

Inquiries: For NCI--Suresh Mohla, 301-435-1878; sm82e@nih.gov.

PA-06-148: Pilot and Feasibility Program Related to the Kidney. The funding opportunity will use the NIH Exploratory/Developmental Research Grant R21 award mechanism. The PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-06-148.html.

Inquiries: For NCI--Judy Mietz, 301-496-9326; jm166o@nih.gov.

RFPs Available

RFP N02-CM-57030-45: Synthesis of Non-GMP Small Molecules. NCI Developmental Therapeutics Program solicits organizations with expertise in organic synthesis to perform resynthesis of compounds needed for the Rapid Access to Intervention Development, Rapid Access to NCI Discovery Resources programs, other NCI/NIH programs, Exploratory IND Studies or phase 0 clinical trials, and biological evaluations as anticancer agents. The contractor will be responsible for the synthesis of both known and new compounds as requested by NCI, and the shipments of compounds in required amounts to the NCI repository. The synthesis assignments will include syntheses of the target anti-cancer agents of high purity and may include parallel synthesis of selected analogs. The RFP is available at http://rcb.nci.nih.gov/.

Inquiries: Kathleen Giuliano, 301-435-3821; giuliank@mail.nih.gov. or MaryAnne Golling, 301-435-3819, gollingm@mail.nih.gov.

RFP-N02-PC-65008-58 Development and Technical Services for the NCI Applied Research Program. Response Due April 24.

NCI award within the Risk Factor Monitoring and Methods Branch would require the following: development, modification, and updates of general health-related and, specifically, dietary questionnaires that include nutrient databases; provide logistic support for collection and management of biological specimens; development and management of new projects, including surveys and methods in the areas of cancer risk factors (such as diet, physical activity, screening, smoking, family history), health services research, and cancer outcomes research; development and implementation of quality control procedures for data collection and field operations; and, the design and maintenance of computer databases and associated reporting software. The RFP is available at http://www.fbodaily.com/archive/2006/03-March/05-Mar-2006/FBO-00999515.htm.

Inquiries: Virginia DeSeau, 301- 435-3798; deseauv@mail.nih.gov.

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