

Cancer Webmasters Seek To Develop Tools For Greater Use Of NCI Cancer Information

It's safe to say that IPO fever has bypassed every one of the Web information geeks who gathered at NCI last week to talk about the future of cancer communications.

As new oncology "dot-coms" launch Web pages with high-tech streaming video and audio, and high bravado to match, the leaders of the cancer patient "dot-orgs" reaffirmed their commitment to providing free, easily accessible, high-quality information, and the tools to help patients make sense of that information.

What the "dot-orgs" lack in stock options, they make up for in
(Continued to page 2)

In Brief:

GM Cancer Research Foundation Awards Three Prizes To Five Cancer Researchers

FIVE CANCER SCIENTISTS will receive the General Motors Cancer Research Foundation awards for their contributions to cancer research at the conclusion of the GMCRF Annual Scientific Conference at NIH June 7. The awards are valued at \$250,000 each. The recipients of the Alfred P. Sloan Prize, which honors the most outstanding recent basic science contribution to cancer research are **Avram Hershko**, professor of biochemistry, Technion-Israel Institute of Technology, and **Alexander Varshavsky**, professor of cell biology, California Institute of Technology, "for their discovery of the ubiquitin system for protein degradation and the crucial functions of this system in cellular regulation." Recipients of the Charles F. Kettering Prize, which recognizes the most outstanding recent contribution to the diagnosis or treatment of cancer, are **Monroe Wall**, chief scientist, and **Mansukh Wani**, principal scientist, both of Research Triangle Institute, "for the discovery of two chemotherapeutic compounds—Camptothecin and Taxol." The recipient of the Charles S. Mott Prize, which honors the most outstanding recent contribution to the discovery of the cause or ultimate prevention of human cancer, is **Bert Vogelstein**, professor of oncology, Johns Hopkins University and investigator, Howard Hughes Medical Institute, "for his role in defining the molecular pathogenesis of colorectal cancer." . . . **PATRICIA GOLDSMITH** has been named vice president for institutional and business development at the Moffitt Cancer Center, which she joined in 1995 as vice president of managed care and business development. She will be responsible for overseeing the managed care, public relations,
(Continued to page 8)

Cancer Information:

W3Ca Members Build
Online Communities
For Information-Seekers
... Page 2

FDA To Launch Site
With Cancer Drug Info
... Page 3

NCI Web Tools
... Page 4

In the States:

AZ Law To Cover Costs
In Cancer Clinical Trials
... Page 4

Research:

No Increase In Cancer
At Three Mile Island
... Page 5

Funding Opportunities:

DOD Ovarian Cancer
Research Program
... Page 5

ACS Cancer Control
Research Grants;
NCI PAs, RFAs, & RFPs
... Pages 5-6

UPCI Puts Cancer Letter
On Its Intranet
... Page 7

"Revenge Of The Nerds" Meets War On Cancer: W3Ca And NCI

(Continued from page 1)

"eyeballs," reaching millions of information-seeking cancer patients. NCI, a government agency that has a mandate to inform people about cancer, wants to work with these people.

"Think of it as 'Revenge of the Nerds' meets the War on Cancer," said Bernard Glassman, NCI special expert in informatics. "It's not about dot-com get-rich-quick motives. Cancer has touched the lives of these Web wizards, and they're going to fight it by building powerful tools for turning information into knowledge."

At the April 28 meeting of the World Wide Web Consortium on Cancer, or W3Ca, an organization of about 20 activists, the Web wizards said NCI could help them build better sites and provide high-quality, current cancer information to patients.

Most of the W3Ca activists have built Web sites designed to help people find information and communicate with others on mailing lists or in discussion areas. Together, the sites serve hundreds of thousands of cancer patients and other individuals.

The consortium met with an internal NCI group called Joining Organizations with Leading Technologies (also known as Operation J-O-L-T), an effort to help the Institute learn about emerging communication technologies.

"What people want most is someone who can tell them what the best options are," said W3Ca member Steve Dunn, founder of Steve Dunn's CancerGuide (<http://www.cancerguide.org>). "People ask basic questions you would think doctors would explain. NCI could help us build tools not only to raise the awareness of patients, but also to help physicians gain knowledge, which would raise the confidence of patients."

Members of the consortium said the development of three new tools would speed the establishment and improve the content of cancer-specific Web sites:

—A source for "Web-in-a-box" templates that organizations or individuals could modify slightly to create their own Web sites for specific cancers or groups of patients.

—An area on the Internet where the on-line cancer community and computer programmers who work with "open source" software could come together to create new tools that would help patients find and use information and communicate with others. Open source software, such as the Linux operating system and the Perl programming language for the Web, is free or low-cost and can be modified by knowledgeable users.

—A service bureau for cancer Web sites. Web service bureaus act as hosting services and provide software that helps people build Web sites. Some examples include Cybercities, Yahoo! Geocities, or Homestead.com. Generally, the software is centrally managed by the service bureau, which in this case could include tools for using NCI's CancerNet and CancerTrials resources, or for more efficient searching of Medline.

Online Communities For Information-Seekers

W3Ca member Gilles Frydman, president of the Association of Cancer Online Resources (<http://www.acor.org>), which has about 47,000 subscribers to 150 mailing lists on different types of cancer, said NCI's support could help activist cancer patients create online "communities" that would have access to high-quality cancer information.

"As the number of mailing lists grow, there are more requests from people to build Web sites," Frydman said. "Many people don't have the expertise and don't know where to start. It almost is a duty for us to create an entity to create tools for these people."

NCI's support also would enhance the



Member,
Newsletter and Electronic
Publishers Association

World Wide Web: <http://www.cancerletter.com>

Editor & Publisher: Kirsten Boyd Goldberg

Editor: Paul Goldberg

Editorial Assistant: Shelley Whitmore Wolfe

Editorial: 202-362-1809 **Fax:** 202-362-1681

PO Box 9905, Washington DC 20016

E-mail: kirsten@cancerletter.com or paul@cancerletter.com

Customer Service: 800-513-7042

PO Box 40724, Nashville TN 37204-0724

Subscription \$275 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, mechanical, photocopying, facsimile, or otherwise) without prior written permission of the publisher. Violators risk criminal penalties and \$100,000 damages.

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

adaptation of open source software to the information needs of cancer patients, Frydman said. "Once you provide those tools to people, they will come back and learn how to write code and become part of this larger community of open source software," he said.

Frydman began ACOR in 1995 as a result of his search for information relevant to his wife's diagnosis of early-stage breast cancer. He built the site, which does not contain advertising, using primarily open source software.

Frydman said the online discussions provide crucial information and help people make the right medical decisions. "I'm convinced the combined intelligence of hundreds of people is sufficient to debunk any bad medical advice," he said. "The members of our communities have the ability to digest any information. They become micro-specialists in their medical condition."

ACOR and NCI's Division of Clinical Sciences are testing whether providing information on phase I trials at NCI is useful to the members of the mailing lists, Frydman said.

W3Ca member Barbara Lakritz, founder of Granny Barb and Art's Leukemia Links (<http://www.acor.org/leukemia/>) operates 20 mailing lists related to leukemia. A survivor of chronic lymphocytic leukemia, she also put her entire medical history and documents online. She said NCI is using the documents to help train physicians.

Another W3Ca member, Jeff Patterson, founded the Melanoma Patients' Information page (<http://www.mpip.org>) in 1995 after his sister-in-law was diagnosed with melanoma. The site grew out of his attempts to keep all the family members abreast of the situation and the latest medical information. It now gets 5,000 visitors a week, delivers 30,000 pages a week, and gets 30,000 unique visitors a year.

Patterson found that many Web sites contain superficial information or too much information. He developed tools for the site that helps visitors make sense of medical information, he said.

Improving cancer communications is one of six 'extraordinary opportunities' that NCI has identified for special attention in its Bypass budget, or professional judgment budget. The document requests \$43 million for cancer communications initiatives for fiscal year 2001, including \$1.5 million to "identify, create, and support promising communications technologies."

"The W3Ca decided to pursue these ideas and didn't ask NCI to give them anything more than high-

quality information, but NCI is going to decide how we can help make this happen," said NCI's Glassman, who serves as chairman of Operation J-O-L-T. "The reason we should do this is that we take the 'digital divide' extremely seriously, and if we can make it less onerous for responsible individuals to build these online communities, we can help create an environment that is more accommodating. It helps provide access to information for more of the population.

"These kinds of Web sites bring something that the government can't do, like having an online chat room, or discussion groups where people can talk about their personal situations," Glassman said.

Glassman said the first two tools the W3Ca would like, the "Web-in-a-box" and the open source code development area, would be very inexpensive to develop. "The third model is going to cost more than the other two," he said. "The decision to go forward with a service bureau would mean contracting with an organization to set it up and maintain it, and it might be something the consortium could support. We would hope that we could contribute to such a thing."

Many online cancer Web sites lack high-quality, authoritative, and current content about cancer, clinical trials, and treatment, Glassman said. "We are already packaging this information in CancerNet and CancerTrials, and by working with these groups, we can come up with better ways to package and deliver information," he said. "It's an opportunity too good to be missed."

NCI has done "thousands of hours" of usability testing for its Web sites, Glassman said. "This is evidence-based Web design for health information," he said. "Janice Nall, a W3Ca member and head of NCI's usability testing group, is prepared to help webmasters and tool designers take advantage of what we've learned, and we are learning from them, every bit as much."

The NCI usability test information is available at <http://www.cancernet.nci.nih.gov/usability/>.

Glassman said for additional information about the W3Ca, he may be contacted at jolthq@nih.gov.

FDA's Cancer Site: "Astounding"

FDA also is interested in providing better cancer drug information to patients and online activists; Steven Hirschfeld, a medical officer in the Division of Oncology Drug Products, said at the W3Ca meeting.

Hirschfeld, with the help of Carol Assouad, Gail Chotoff, and the team at the Center for Drug Evaluation and Research library, gathered much of the agency's information on the approval process for cancer drugs and put it online on the FDA intranet a year ago.

Hirschfeld said he developed the site with no budget and did most of the Web page content development on his own at nights, with the consultation of colleagues in government, academia, and industry.

The site has been redesigned and is moving to the Internet at the tentative URL of <http://www.fda.gov/cder/cancer> sometime in the coming week. (Editor's note: if the URL changes, **The Cancer Letter** will notify readers of the change in an upcoming issue.)

Hirschfeld described the site as "a new port of entry for all cancer-related information at FDA." It provides access to the catalog of approved drug products with links to the product labels, the approval summary, and the minutes of the relevant FDA advisory committee meetings.

"The product label is a marketing license," Hirschfeld said. "We don't approve a drug, we approve a claim about a drug. The information we can present will be focused on the claim that's being made. It's not intended as a thorough discussion of all the uses and nuances of using a drug. But we can facilitate making that information available."

The site includes all the relevant guidance documents on cancer drug development and links to the source literature. The site also provides links to clinical trial listings, cancer centers and professional groups, information about evidence-based medicine, the FDA Cancer Liaison Program, and the centers and divisions that regulate cancer products. It includes tools to calculate doses, for humans and for animals, as well as staging manuals, tables of adverse events and performance status.

"The entire oncology development process should be open and evidence-based," Hirschfeld said. "FDA can provide information which would describe those drugs and other products that are approved, provide the approved claim and provide the evidence that was used to support that claim, and recognizing that in oncology, many products are used off-label, provide resources to put this information in the context of cancer care."

The next enhancement of the site will be to provide less technical descriptions of cancer drugs

for the general public, Hirschfeld said.

NCI's Glassman gave the new FDA site a rave review. "It's astounding the amount of stuff they've got on cancer drugs," he said.

More Cool Tools

—One example of the kinds of tools that NCI and programmers in the online cancer community are starting to develop for cancer webmasters is "coNCIerge," an online "glossifier" of Web pages that hyperlinks a page's health-related words to an NCI glossary. It is available for beta-testing at <http://research.acor.org/nci/concierge.html>.

—NCI has completely revamped its home page to provide better access to information: <http://www.cancer.gov>.

—NCI put its Bypass budget online to make it more usable for researchers, activists, and Congressional staff. Unlike previous versions which simply transferred the text to the Web, in this version, the document has been deconstructed and redesigned with the online user in mind: <http://2001.cancer.gov>.

—A year ago, NCI Director Richard Klausner called for the creation of a "Whole Earth Catalog" of NCI resources available for cancer researchers. "Resources, reagents, tissue banks—just on and on. If you rummage around the attic of this Institute, you'd be amazed at how much is there," he said (**The Cancer Letter**, April 30, 1999). NCI's catalog is available at <http://www.cancer.gov/resources>.

—To rummage around NCI for money, find out about new funding initiatives at <http://www.cancer.gov/initiatives>.

In the States:

Arizona Approves Legislation On Patient Care Costs In Trials

Arizona Gov. Jane Hull signed legislation April 24 that will give Arizona's cancer patients access to new therapies through cancer clinical trials.

The bill requires insurers to cover routine patient care costs for individuals who choose to participate in all phases (I-IV) of approved clinical trials.

"This is a big day for Arizona patients with cancer and their families," said Daniel Von Hoff, director of the Arizona Cancer Center in Tucson. "We salute Governor Jane Hull for signing this important legislation and Sen. Ann Day for sponsoring this bill."

Arizona becomes the first Western state to have

clinical trials legislation and only the second state with legislation that provides coverage for all phases of clinical trials. The law is similar to one passed by Maryland in 1998.

Clinical trials covered by this legislation include those studies approved by one of the following: NIH, an NIH Cooperative Group or Center; the U.S. Food and Drug Administration in the form of an Investigational New Drug Application; the U.S. Department of Defense, the U.S. Department of Veterans Affairs; an institutional review board or panel of experts in clinical research from an academic institution or institution in Arizona.

The law goes into effect in January 2001.

Research:

No Increase In Cancer Deaths Found At Three Mile Island

No apparent increase in cancer deaths can be found among residents living within a five-mile radius of Three Mile Island, according to the findings of researchers at the University of Pittsburgh Graduate School of Public Health.

The 1979 nuclear accident, which occurred as a result of a nuclear power plant leak near Harrisburg, PA, released small amounts of radioactive gas into the community, prompting public health concerns and several follow-up studies. The University of Pittsburgh study is considered the most extensive because of its comparably long 13-year time frame, use of lifestyle information and daily background radiation exposure not caused by the accident.

The study findings will be published in the June issue of *Environmental Health Perspectives*, a journal of the NIH National Institute of Environmental Health Sciences. For subscribers, the article is available at the journal website: <http://ehis.niehs.nih.gov>.

Non-subscribers can access the abstract at <http://ehpnet1.niehs.nih.gov/docs/2000/108p545-552talbott/abstract.html>.

Funding Opportunities:

Department of Defense Ovarian Cancer Research

Proposals Receipt deadline: Sept. 13, 4 p.m. ET

OCRP is seeking meritorious research focused on epithelial ovarian carcinoma and/or primary peritoneal carcinoma. Emphasis on one or more of the following research areas is encouraged: (1) etiology, (2) early

detection/diagnosis, (3) preclinical therapeutics, and (4) quality of life.

Funding of proposals will be through two research award mechanisms: Ovarian Cancer New Investigator Awards and Program Project Awards.

The OCNI Awards are designed to prepare independent investigators (assistant professor or equivalent with no more than 6 years of experience in the field of ovarian cancer research) for careers in ovarian cancer research and to attract more senior investigators new to the field of ovarian cancer research. PP Awards are designed to establish new synergistic multidisciplinary research programs consisting of a minimum of two and a maximum of four individual research projects and a minimum of one and a maximum of two supporting core facilities.

Detailed descriptions of each award mechanism, evaluation and eligibility criteria, and proposal submission requirements can be found in the FY00 Program Announcement and downloaded from the CDMRP web site at <http://cdmrp.army.mil/?/announce>

Inquiries: Chuck Dasey, phone 301-619-2739; fax 301-619-3320.

ACS Cancer Control Research Grant Programs Available

Deadlines for the three grants: April 1 and Oct. 15

American Cancer Society is offering three new programs in cancer control research for beginning investigators, psychosocial/behavioral scientists and health services/health policy researchers to be conducted outside of the laboratory. Cancer control research may be categorized as behavioral, psychosocial, epidemiologic, preclinical, clinical or health policy/health services-related. In recognition of the lack of junior investigators trained in these fields, these areas will be open to investigators at all stages of their careers with the strong encouragement that a junior researcher be included as a co-principal investigator. The new grant categories include the following:

—Research Scholar Grants for beginning investigators for basic, preclinical, clinical or epidemiologic research projects initiated by investigators in the first eight years of their independent research careers. Initial awards are made for up to four years and up to \$250,000 per year, including 25 percent indirect costs. The grants may be renewed for up to four years.

—Research Scholar Grants in psychosocial and behavioral research for projects centered on the psychosocial and behavioral aspects of cancer. These awards are for independent investigators at any stage in their career. Applications are encouraged in which an individual at an early career stage is co-principal investigator with an established researcher. Initial awards are made for up to five years and up to \$500,000 per year, including 25 percent indirect costs. The grants may be

renewed once for up to five years.

—Research Scholar Grants for health services and health policy and outcomes research are awarded to support research projects centered on health services and health policy and outcomes research that are initiated by investigators at any stage of their careers. Initial awards are made for up to four years and up to \$250,000 per year, including 25 percent indirect costs. These grants may be renewed once for up to four years.

Only citizens and permanent residents are eligible. The three new grant programs replace the former ACS Research Project Grants. For an electronic application submission to ACS website: <http://www.cancer.org>.

Other ACS research and health professional training grants and their deadlines include the following:

—Postdoctoral Fellowships, March 1 and Oct. 1

—Clinical Research Training Grants for Junior Faculty, March 1 and Oct. 1.

—Institutional Research Grants, Oct. 1.

—Targeted Grants for Research Directed at Poor and Underserved Populations. Deadline varies with program.

—Research Opportunity Grants. Ongoing; no fixed deadline.

—Clinical Research Professorships, Oct. 1

—Cancer Control Career Development Awards for Primary Care Physicians, Oct. 1

—Masters and Post-Masters Training Grants in Clinical Oncology Social Work, Oct. 1.

—Physician Training Awards in Preventive Medicine, May 1.

—Masters and Doctoral Degree Scholarships in Cancer Nursing, Dec. 15.

—Audrey Meyer Mars International Fellowships in Clinical Oncology, Jan. 15.

—International Fellowships for Beginning Investigators, Oct. 1.

In 1999, the society awarded 375 extramural research grants. Since the research program began in 1946, the society has spent more than \$2.2 billion on research.

NCI Program Announcements

PA PAR-00-089: Development of Novel Imaging Technologies Phased Innovation Award

Letter of Intent Receipt Dates: June 14, 2000 and Feb. 9, 2001

Application Receipt Dates: July 19, 2000 and March 16, 2001

NCI invites applications on the development of novel image acquisition or enhancement methods, incorporating limited pilot or feasibility evaluations using either pre-clinical models or clinical studies. The initiative is intended to facilitate the development of novel imaging technologies for early detection, screening, diagnosis and image guided treatment of cancer and other diseases. The intent is to

stimulate: (a) the development of highly innovative image acquisition and enhancement methods, including high risk/high gain research on technologies that exploit our knowledge of the molecular basis of cancer or other disease, and (b) the integration of these emerging technologies with traditional imaging methods for more effective health care delivery. Support for this program will be through the NIH R21 Exploratory/Developmental Research Grant and the R33 E/DRG phase 2.

PA PAR-00-090: Development of Novel Imaging Technologies SBIR/STTR Initiatives

Letter of Intent Receipt Dates: June 14, 2000 and Feb. 9, 2001

Application Receipt Dates: July 19, 2000 and March 16, 2001

NCI invites applications on the development of novel image acquisition or enhancement methods, incorporating limited pilot or feasibility evaluations using either pre-clinical models or clinical studies. The program will utilize the small business innovation research and small business technology transfer mechanisms, but will be run in parallel with a program of identical scientific scope that will utilize the newly created Phased Innovation Award mechanism PA PAR-00-089.

Inquiries for both of the above initiatives: Barbara Croft, Biomedical Imaging Program, NCI, 6130 Executive Plaza, Suite 800, Bethesda, MD 20892-2590, Rockville, MD, 20852 (for express/courier service), phone 301-496-9531; fax 301-480-5785; e-mail bc129b@nih.gov.

NCI RFAs Available

RFA CA-01-003: Planning Grant for Minority Institution/Cancer Center Collaboration

Letter of Intent: June 8, 2000

Application Receipt Date: July 26, 2000

NCI and the NIH Office of Research on Minority Health invite P20 planning grant applications for the development of formal collaborations between scientists and faculty in minority-serving institutions and scientists and faculty in cancer centers. Both MSIs with medical schools and MSIs with more focused research and education programs are invited to participate in this initiative.

The collaborations would be required to demonstrate a clear mutual benefit and to focus a major portion of their effort on developing collaborative research projects or research training and career development programs; however, planning efforts are also encouraged in the areas of cancer education and outreach to minority communities. The planning grants will become the basis for generating an array of competitively funded grant applications by the NCI and other cancer research funding organizations, multidisciplinary research grants; training and career development grants; and or education grants.

RFA CA-01-008: Cooperative Planning Grant for Comprehensive Minority Institution/Cancer Center Partnership

Letter of Intent: June 8, 2000

Application Receipt Date: July 26, 2000

NCI and the NIH Office of Research on Minority Health invite cooperative U56 planning grant applications for the development of Comprehensive Minority Institution/Cancer Center Partnership planning programs between Minority-Serving Institutions and NCI-designated Cancer Centers or groups of centers. Both MSIs with medical schools and MSIs with more focused research and education programs are invited to participate in this initiative.

Inquiries for both of the above initiatives: Sanya Springfield, chief, CMBB, OCTR, ODDES, NCI, 6116 Executive Blvd., Suite 7010, Bethesda, MD 20892-8347, phone 301-496-7344; fax 301-402-4551; e-mail springfs@mail.nih.gov or Brian Kimes, director, OCTR, ODDES, NCI, phone 301-496-8537; fax 301-402-0181; e-mail kimesb@mail.nih.gov

RFA CA-01-010 Planning Grants: In Vivo Cellular and Molecular Imaging Centers (Pre-ICMIOCs)

Letter of Intent Receipt Date: July 14, 2000

Application Receipt Date: Aug. 18, 2000

The Biomedical Imaging Program, Division of Cancer Diagnosis and Treatment of NCI invites applications, using the NIH P20 Exploratory Grant Mechanism, for planning grants that lead to the establishment of In Vivo Cellular and Molecular Imaging Centers.

Applicants should note that NCI anticipates the reissuance of an RFA available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-99-004.html> to invite applications for P50 Center grants.

This initiative is designed to capitalize on the opportunity for studying cancer non-invasively in the living organism, animal or human, and in many cases, quantitatively due to recent advances in molecular imaging modalities, molecular and cellular biology. It will facilitate the interaction of scientists from a variety of fields such as, but not limited to: imaging sciences, chemistry, radiopharmaceutical chemistry, cell and molecular biology, pharmacology, computer science, biomedical engineering, immunology and neuroscience, and provide resources to conduct multidisciplinary research.

Inquiries: Anne Menkens, Biomedical Imaging Program, NCI, Executive Plaza North, Suite 800, Bethesda, MD 20892, phone 301-496-9531; fax 301-480-5785; e-mail am187k@nih.gov

RFPs Available

RFP SOL N02-CM17400: Operation of an Animal Diagnostic Laboratory Contract Announcement

Submission Deadline: June 9, 2000

NCI Biological Testing Branch in the NCI Division of Cancer Treatment and Diagnosis is seeking organizations with the capabilities to monitor the health status of NCI animal production colonies. Each respondent must have existing diagnostic facilities and staff. One cost-reimbursement, completion type contract will be awarded. The contract will be incrementally funded over a five-year period.

Inquiries: Patricia White, contract specialist, Management Operations and Support Branch, Frederick Cancer Research and Development Center, NCI, Bldg. 427, Rm 10, Frederick, MD, 21702-1201, phone 301-846-1113; e-mail whitep@mail.ncifcrf.gov

RFP SOL N01-C0-12400: Recompetition of the NCI-FCRDC System of Contracts in Frederick, MD

Submission Deadline: Aug. 3, 2000

Proposals are being solicited under a single RFP for a period of five years (with one 2-year option) for research, operation and maintenance of the NCI Frederick Cancer Research and Development center, a government-owned contractor-operated facility consisting of more than 100 buildings and structures and approximately 7 acres.

Annual negotiated amounts for the final year of each contact are: operations and technical support, \$121,370,546; animal production, \$4,822,994; computer services, \$3,684,424; scientific library services, \$2,185,497. The current operating level for the Biopharmaceutical Development Program is \$10-12 million. Aside from certain mandatory corporate functions, concerns submitting proposals will be required to structure them so that they will be virtually self-subsistent from day-to-day management, overhead and resource standpoints.

A preproposal conference, to include facility inspection of the NCI0FCRDC, is scheduled to be held June 2, 2000, beginning at 8:30 a.m. in Building 549 Auditorium at NCI-FCRDC. Reading materials will be made available at <http://www.ncifcrf.gov>

Inquiries: Patricia White, contracting specialist or John Baker, contracting officer, phone 301-846-1113; e-mail white@mail.ncifcrf.gov or Baker@mail.ncifcrf.gov; website <http://www.ncifcrf.gov>

UPCI Puts The Cancer Letter On Its Intranet For Employees

The University of Pittsburgh Cancer Institute has contracted with The Cancer Letter Inc. to provide UPCI employees access to **The Cancer Letter Interactive** on the cancer center's intranet site.

The site license agreement enables all UPCI employees to read **The Cancer Letter Interactive** online and print out copies for personal use.

The Cancer Letter Interactive is published

weekly on Fridays, 46 times a year, and includes the same content as **The Cancer Letter** print edition.

UPCI has about 750 employees, 340 of whom are MDs or PhDs.

UPCI is the second cancer center to provide **The Cancer Letter Interactive** to all employees. The first was Dana-Farber Cancer Institute (**The Cancer Letter**, Feb. 11).

UPCI Director Ronald Herberman, a subscriber for about 13 years, has helped the newsletter test every new delivery method.

"Dr. Herberman was one of the first subscribers to our fax edition in 1992, then tried our text e-mail edition in 1997, and beta-tested and subscribed to **The Cancer Letter Interactive** in 1998," Editor and Publisher Kirsten Boyd Goldberg said. "We are pleased that all of UPCI now can share Dr. Herberman's passion for cancer policy news, and we look forward to working with him and the center to help meet the information challenges of the future."

The Cancer Letter is in its 26th year of publication.

In Brief:

Armitage, O'Reilly Lead ASBMT; Rohrschneider Wins Fellowship

(Continued from page 1)

marketing, business development and fund-raising initiatives of the center. . . . **JAMES ARMITAGE**, dean of the University of Nebraska College of Medicine, was elected president of the American Society for Blood and Marrow Transplantation beginning in 2002. **Richard O'Reilly**, chairman of the Department of Pediatrics and chief of the Bone Marrow Transplantation Service at Sloan-Kettering Cancer Center, was elected president-elect and **John Wingard**, director of the Bone Marrow Transplant Program at the University of Florida, was elected vice president. Others elected to office are: **Julie Vose**, University of Nebraska Medical Center, treasurer; **Stephen Forman**, City of Hope National Medical Center, director, **C. Fred LeMaistre**, director; **Beverly Torok-Storb**, Fred Hutchinson Cancer Research Center, director. . . . **LARRY ROHRSCHEIDER**, member of the Basic Sciences Division at the Fred Hutchinson Cancer Research Center and affiliate professor of pathology at the University of Washington, received a John Guggenheim Memorial Foundation Fellowship Award. The \$30,000 fellowship will allow Rohrschneider to

collaborate with researchers at the Claude Bernard University in France on molecular mechanisms for regulating the growth of blood cells. Rohrschneider heads the cDNA Library Core of the Hutchinson Core Center of Excellence in Molecular Hematology, established last fall with a \$4.8 million grant from NIH to facilitate interdisciplinary research into normal and leukemic blood cells. . . . **MEDLINEplus**, the National Library of Medicine authoritative and comprehensive consumer health Web site, has been enhanced with information about more than 9,000 brand name, generic prescription and over-the-counter drugs and includes information about side effects, dosing, drug interactions, precautions, and storage. The drug information comes from U.S. Pharmacopeia, whose publication Drug Information; vol. II, "Advise for the patient" is made available on the site along with other links that are in popular demand. Access the site at <http://medlineplus.gov>. . . **AMERICAN SOCIETY OF CLINICAL ONCOLOGY** launched ASCO Grand Rounds, a new online education resource for cancer professionals, with biweekly lectures on cancer related topics conducted by leading oncologists and cancer care professionals. It will include lectures for CME credit, and a physician-moderated online question-and-answer session for ASCO members. ASCO members can sign up for "Grand Rounds Alert," which will announce upcoming lectures and provide other information via regular e-mail alerts, by visiting <http://www.asco.org>. . . **VAN ANDEL INSTITUTE**, a private medical research institute in Grand Rapids, MI, plans to hold a ribbon-cutting ceremony May 10 for its new \$60 million research headquarters that will house 200 scientists and administrative staff. A benefit fundraiser will also take place to establish a pediatric oncology research fund, for which \$350,000 has already been raised. . . . **JOSEPH SCHLESSINGER**, director of the Skirball Institute of Biomolecular Medicine and Laura and Isaac Perlmutter Professor of Cell Biology at New York University School of Medicine, was elected to the National Academy of Sciences. Schlessinger, who is also Helen and Milton A. Kimmelman Professor and Chairman of Pharmacology at the School of Medicine, is known for his three decades of research in the field of cell signaling and is credited with having a wide-ranging impact on both basic and clinical medicine. One of his most influential contributions is a model he devised to explain how growth factors deliver their messages to a cell's nucleus.