THE CANCER LETTER

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# NCI Expects Improved Communications To Result From Consolidation Of Offices

NCI has consolidated the three offices that represent the Institute to the public: the Office of Cancer Communication, the Office of Cancer Information, Communication and Education, and the Office of Liaison Activities.

The new entity will be known as the Office of Communication.

"I believe this reorganization will improve our ability to communicate accurately and effectively," said NCI Director Richard Klausner. "We are strengthening our communications, reconfiguring the management

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*In Brief:*

## Senate Subcommittee Includes $2.7 Billion Increase For NIH In Budget Bill Markup

**SENATE LABOR, HHS, EDUCATION** Appropriations Subcommittee included a $2.7 billion increase for NIH in mark up of the fiscal 2001 budget bill May 10. The increase would give NIH an appropriation of $20.5 billion. Subcommittee Chairman **Sen. Arlen Specter** (R-PA) said the increase for NIH is the minimal amount necessary to keep pace with the goal of doubling NIH funding over a five-year period, which began in 1998. "As a capital investment in the health of America, there is no better investment," Specter said. "As a capital investment on cutting down costs for Medicare and Medicaid, there is no better investment." . . . **BREAST AND CERVICAL** Cancer Treatment Act (HR 4386) was passed by the House on a 420 to 1 vote on May 9. The legislation would give states the option of providing Medicare coverage to low-income women who are screened and diagnosed with breast and cervical cancer through the Centers for Disease Control and Prevention's Breast and Cervical Cancer Early Detection Program. The National Breast Cancer Coalition called passage of the legislation one of its top priorities and urged the Senate to approve the bill. . . . **UNIVERSITY OF PENNSYLVANIA** researchers received a $6.3 million grant from the National Library of Medicine and the Department of Health and Human Services to design and develop an integrated confidential database prototype that will instantly retrieve and store digital mammograms from facilities across the country. "This generous grant will help us revolutionize the way that digital mammograms are currently accessed and archived," said **Mitchell Schnall,** associate professor of

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## NCI Communications Director's Role Elevated In Hierarchy

(Continued from page 1)

structure, incorporating new and emerging technologies, and consolidating similar functions."

About 140 employees and contractor staff are involved in the consolidation, said Susan Sieber, Klausner's choice for director of the Office of Communications. No staff cuts are anticipated, Sieber said. Klausner gave the new office a higher profile within the Institute by appointing Sieber as NCI deputy director for communications.

Sieber, who came to NCI in 1971 as a staff fellow in the Laboratory of Chemical Pharmacology, was among a group of top Institute officials who planned the communications restructuring over the past six months. Since 1998, Sieber has been the NCI associate director for special projects, a job that involved managing controversy over special populations and childhood cancer issues.

Klausner did not conduct a national search to fill the position. "As the breadth and variety of her activities at NCI indicate, Dr. Sieber is uniquely qualified to lead our new communications office," Klausner said in a memo dated May 2 and circulated to Institute staff.

"This is a major move for the Cancer Institute," Sieber said to **The Cancer Letter.** "It is also connected with an effort to develop an NCI 'brand.'"

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**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**

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

Sieber said NCI would like to foster the public name recognition for leading cancer research similar to NASA's for space exploration. "More than a logo or a tag line or a slogan, we are trying to develop an overall platform that we want to present to the world about what we are and what we do," Sieber said. "We hope to put a unique face on the Institute."

**Five Units In New Structure**

Under the reorganization, the Office of Communications will consist of five units:

—**Cancer Information Products and Systems**, a unit that incorporates the International Cancer Information Center, the CANCERLIT and PDQ databases, and the CancerNet Web site. Anne Thurn was named acting associate director of the new unit.

—**Outreach and Partnerships**, a unit that includes the Office of Liaison Activities and the Health Promotion Branch. Nelvis Castro serves as acting associate director of the unit as well as head of the Health Promotion Branch. Elaine Lee heads the Office of Liaison Activities.

—**Media and Public Communications,** a unit that incorporates the public inquiries office, the Mass Media Branch, and the Cancer Information Service. James Mathews serves as the unit's acting associate director.

—**Technologies and Services**, a unit that includes the Information Resources Branch and new sections for Web Services and Emerging Technologies. Sieber will serve as acting associate director of the unit.

—The reorganization also creates the **Communications Coordination** unit, a new function which will include a Division Liaison section to link the OC to the NCI scientific divisions, and a Topic Management section that would coordinate the Institute's response to emerging scientific issues through "issue management teams." The position of associate director for communications coordination is vacant.

As director for special projects, Sieber developed a model plan for responding to controversial public issues, such as the results of studies of high dose chemotherapy. The new Topic Management Section will use her plan to bring together on an ad hoc basis staff from across the Institute to work on these issues, she said.

Sieber said a national search is underway to hire a deputy for the OC, as well as staff for the

Communications Coordination unit.

"It has long made sense to have all of these disparate units combined into one group," Paul Van Nevel, who retired last fall as director of the NCI Office of Cancer Communications and served as a consultant to NCI on the reorganization, said to **The Cancer Letter**. "It should provide more effective service to NCI and the people outside NCI.

"If everything works well, people outside the Institute should see a very responsive organization from a number of standpoints: from working with media and advocacy organizations; anticipating issues that affect cancer research and cancer control; and responding to those issues," Van Nevel said.

The decision to raise the position of director of communications to the Institute deputy director level is an important move that reflects the increasing emphasis on communications at NCI, Van Nevel said. "The position couldn't be higher," he said. "This is as it should be, because the product of cancer research is information that has to be communicated."

"Elevating the position to the deputy level is Dr. Klausner's way of indicating how important communication has become to the Cancer Institute and how committed he is to directing resources to communications to do things we are looking to do, to become a more proactive, public facing institute and to adapt new communications techniques more effectively," Sieber said.

**"More Integrated Approach"**

Planning for the reorganization began last October, Sieber said, after a consultant presented a reorganization plan to the NCI Executive Committee. Then an NCI "design group" consisting of Klausner, Sieber, NCI Deputy Director Alan Rabson, Office of Management Director MaryAnn Guerra, Deputy Director for Extramural Science Robert Wittes, and Director of the Division of Cancer Control and Population Science Barbara Rimer modified the plan to better fit NCI's needs, Sieber said.

"People will see a more integrated approach to communications," Sieber said. "We have some projects in the development stage which will indicate how we are going to adopt new approaches to communication with tailored messaging and so forth."

"Tailored" communication provides individualized information to people, such as birthday reminders to get a mammogram.

The 2001 NCI Bypass Budget proposal for "extraordinary opportunities" in cancer research requests $43 million for cancer communications, including initiatives to incorporate communications research into the practice of communication, particularly in the area of cancer control.

"We want to be at the forefront of a movement to accelerate knowledge about cancer communications and to translate that knowledge into benefit for people," said DCCPS Director Rimer, who leads an internal committee to further develop the Bypass Budget communications initiatives. "Probably more than any other area, NCI's extraordinary opportunity in communications represents the intersection of research and practice. In the area of practice, communication is at the core of the patient-clinician encounter, and we know that communication is one of the most valued aspects of medical care when rated by patients. We also know that most patients want more information from their doctors than they receive.

"Yet, there is a great deal we still need to know about the basic mechanisms of communication, how to communicate about risk as well as to develop evidence-based communications interventions, especially for diverse populations," Rimer said to **The Cancer Letter**. "This calls for more research.

"In both practice and research, we need to expand use of new communications technologies in order to enhance cancer communications," Rimer said. "Cancer could be a model for overcoming the digital divide. People need information to make good cancer-related decisions and part of the NCI's responsibility is to link people to information so they can get what they need, when and how they need it."

*Research Policy:*

## NIH Trials Don't Enroll Enough Women To Allow Analysis, GAO Says In Report

A study by the General Accounting Office is likely to re-ignite the controversy over inclusion of women in clinical research at NIH.

The GAO study released last week said that phase III trials conducted by NIH fail to enroll sufficient numbers of women to determine whether gender differences influence outcomes.

"A number of clinical trials whose files we reviewed were designed to include women, but not in numbers large enough to allow analysis that would

definitively measure different outcomes in men and women," the GAO report states.

The report immediately triggered a considerable cannonade on Capitol Hill. A press release issued by Sens. Tom Harkin (D-IA), Olympia Snowe (R-ME), and Barbara Mikulski (D-MD), and Rep. Henry Waxman (D-CA), said that the NIH performance was "troubling and inadequate."

The press release said the three senators have requested hearings on the matter and planned to ask GAO to investigate the inclusion of women in clinical trials submitted to FDA.

"When it comes to research, this study and others show that women may have made it to the line-up, but they are still warming up the bench," said Harkin, the ranking member of the Labor, HHS and Education Subcommittee of the Senate Appropriations Committee. "This is unacceptable. NIH must do more to ensure that women's health gets the priority it deserves."

Snowe said that at a time when the NIH budget is being dramatically increased, "it is troubling that the agency has still failed to fully implement its own guidelines for sex-based analysis."

"The result: women continue to be short-changed by federal research efforts," she said.

**Hot Issues: Race And Gender**

The question of whether women have made it to lineup involves two of hottest issues in American politics: race and gender. The two issues are indivisible because the 1993 NIH Revitalization Act addressed the question of enrollment of women *and* minorities in clinical trials. Considering that the law may be a good case study in the hazards of codification of clinical trials, legislative efforts to look at the question of enrollment of women is causing considerable discomfort in Bethesda.

The 1993 law states that government-funded trials should "provide for valid analysis" of data on women and minorities, including "subpopulations."

This could be interpreted as a directive for NIH to generate data on women, who constitute the majority of the US population, as well as comparative data on hundreds of subpopulations, such as Native American tribes. Shortly after the law was enacted, House and Senate Labor and Human Resources committees agreed to a less stringent interpretation of the law, in effect exempting NIH from producing statistically significant data.

The NIH 1994 implementation guidelines were limited to phase III trials, and defined "valid analysis" as "unbiased assessment," which does not imply statistical significance. Since statistical significance is not required under the guidelines, women and minorities are enrolled in trials as a matter of social justice and in order to reflect the composition of the U.S. population.

NIH officials say they are doing well on enrolling women in trials. Overall, in 1997, women accounted for about 74.8 percent of enrollment in phase III clinical trials. In diseases that affect both sexes, women accounted for 52.1 percent of overall enrollment. Women and men have about equal participation in intramural studies. At NCI, enrollment of women was 70.9 percent, the highest at NIH.

"With this being the case, how can anyone say that NIH is not giving attention to women?" said Vivian Pinn, director of the NIH Office of Research on Women's Health.

**GAO: Improvements Needed**

The GAO study, which did not look at data on minorities, found that while enrollment of women has improved, additional improvements are needed:

—"NIH needs to expand its focus beyond simple inclusion and ensure that, when scientifically appropriate, researchers conducting clinical trials enroll populations and analyze study data in ways that enable them to learn whether interventions affect women and men differently," the GAO report said.

—The report said NIH should improve its tracking of data on the inclusion of women and minorities. "We recommend that the NIH Director ensure that NIH staff who transmit data to the tracking system receive ongoing training on the requirements and purpose of the system."

NIH concurred with both recommendations, saying that the Institutes are improving their extramural programs to make researchers better aware of the requirement for "valid analysis" of sex differences. The electronic data systems are being refined, too, NIH officials said in a response to GAO.

The report fails to note that studies are typically written in the final year of the multi-year grants, after they have been fully funded by NIH. By law, the institutes are allowed to audit the data for accuracy, but precluded from performing scientific analysis.

The final data and the conclusions are owned by investigators and their institutions. To get the final data, including the final analysis by gender, one has to obtain the permission of those investigators and

institutions.

Pinn said the NIH role in collecting enrollment data is limited by law: investigators submit projected numbers for enrollment of women and minorities, and later submit the numbers of subjects actually accrued in the studies. In addition to having this information on each study, NIH tracks these data in the aggregate, across all institutes.

"The law says to make sure that women and minorities are included in clinical studies, and we have put in place a system to document that they are, and to track it," Pinn said to **The Cancer Letter**. "We can provide the number of clinical trials and the number of men, women and minorities. And that's the most we can say looking at the aggregate system across NIH."

That's all the system is designed to do, Pinn said. "We have to recognize that there are limitations to how much you can interpret these data," she said. "The data are there for those who want to analyze this further."

**Few Published Papers Include Gender Analysis**

Political pressure on NIH may intensify next month, when the Journal of Women's Health and Gender-Based Medicine publishes an analysis of articles published by four medical journals between 1993 and 1998. The paper found that data were analyzed by sex in one-quarter to one-third of NIH-funded studies of diseases that affect men and women.

As a funding agency, NIH has no control over journal publications.

Also, observers point out that: (1) subset analyses are not held in high esteem among clinical trialists; (2) negative results are rarely reported; and (3) it may be premature to measure the impact of a guideline written in 1994.

Only four NCI-funded phase III trials initiated since 1994 have been completed, and three of them have been published, Institute officials said.

Phyllis Greenberger, executive director of the Society for Women's Health Research, an advocacy group, acknowledged these potential objections.

"The research community, including journal editors, clearly doesn't see this as significant," Greenberger said to **The Cancer Letter**. "Inclusion of women should be accepted as generally important. I think that's the whole issue."

The fact that editors may not require analysis by gender may indicate the absence of emphasis on inclusion of women in research, Greenberger said. Restricting the inclusion criteria to phase III trials similarly indicates an unacceptably narrow approach to the problem.

"We can't just be looking at phase III clinical trials," Greenberger said. "We need to be looking at sex differences in basic science. And it's not just NIH-funded trials. We have no idea what goes on in privately-funded trials."

"By not doing sex analysis we are missing an opportunity to develop a complete understanding of human biology," said Sherry Marts, the society's scientific director and one of the authors of the literature analysis. "According to NIH, they have the enrollment of women. What they need to do is define the endpoints prospectively."

Insisting on statistical significance by gender may present ethical problems, clinical researchers say.

Consider a hypothetical trial that produces a conclusion for men and women in the aggregate. Should that trial be closed, or should it continue until statistically significant outcomes are found for men and women separately?

"Consider the ethics of saying to a woman: I'd like you to going on a trial where we are randomizing women to Treatment A vs. Treatment B, and—by the way—we already know that Treatment A is better than Treatment B in the aggregate and in men," said one NCI clinical trialist. "I would not want to be associated with such a trial."

The GAO report, titled "Women's Health: NIH Has Increased its Efforts to Include Women in Research (HEHS-00-96)," is being printed.

**IOM To Conduct Study**

In a related development, the Institute of Medicine is conducting a study of the role of sex and gender differences in basic, applied and clinical research.

The questions addressed in the IOM study include:

—The knowledge base on and research priorities for animal and cellular models that could be used to determine when sex and gender differences exist and are relevant to biological functioning at the cellular, developmental, organ, organism, and behavioral levels.

—Current and potential barriers to the conduct of valid and productive research on sex and gender differences and their determinants, including ethical, financial, sociological, and scientific factors.

—Strategies for overcoming such barriers and for promoting the acceptance of this research by the scientific community and the general public.

The 16-month study, which was proposed by the Society for Women's Health Research and sponsored by HHS, is scheduled to be completed next year.

*Drug Development:*

## Herceptin Associated With 15 Deaths, Genentech Says

In a letter to physicians, Genentech Inc of South San Francisco reported 62 adverse events, including 15 deaths, associated with the use of Herceptin (trastuzumab), a monoclonal antibody-based treatment for metastatic breast cancer.

Adverse events included hypersensitivity reactions, infusion reactions, and pulmonary events. Nine of the patients who died, the symptoms within 24 hours of infusion, Genetech said in the letter dated May 3.

The company said that based on these new adverse events, which have been reported after the drug's approval, the Herceptin label will be changed to include warnings in the "adverse reactions" and "warnings" sections.

—Hypersensitivity reactions, including fatal anaphylaxis

—Infusion reactions, including some with a fatal outcome

—Pulmonary events, including adult respiratory distress syndrome and death

Altogether, about 25,000 women have been treated with Herceptin worldwide since the drug's approval in September 1998, the company said. Herceptin was approved for use in patients with metastatic breast cancer who have tumors that overexpress the HER2 (human epidermal growth factor receptor 2) protein. The drug is indicated for first-line therapy in combination with paclitaxel and as a single agent in second and third line therapy.

"While some of the serious adverse events mentioned above were observed in clinical trials, some of the events reported in the postmarketing setting were more severe," the letter said. "Additionally, the following observations have not been previously reported: adult respiratory distress syndrome, anaphylaxis, and death within 24 hours of a Herceptin infusion."

The letter said that most patients who died had significant pre-existing pulmonary compromise secondary to intrinsic lung disease or malignant pulmonary involvement.

"Because it appears that patients with significant pre-existing pulmonary compromise may be at greater risk, these patients should be treated with extreme caution," the letter said. "Patients experiencing any of the severe infusion-associated symptoms mentioned above, or in the prescribing information, should have the Herceptin infusion discontinued and appropriate medical therapy administered. Patients should be closely monitored until complete resolution of their symptoms. In addition, patients should be informed of the possibility of delayed severe reactions."

According to the letter, serious adverse events of greater severity than previously reported include: urticaria, bronchospasm, angioedema, hypotension, dyspnea, wheezing, pleural effusions, pulmonary infiltrates, noncardiogenic pulmonary edema, and pulmonary insufficiency and hypoxia requiring supplemental oxygen or ventilatory support.

The company said that in the majority of patients, the symptoms occurred with the first dose. While the time of onset of symptoms most often occurred during the infusion or within the first 12 hours following the infusion, events were also reported to have occurred 24 hours or more after the infusion, the company said.

In some cases, patients improved after the initial reaction, but experienced marked clinical deterioration at a later time point. Several of the patients died at home, the company said.

Healthcare professionals should report any serious adverse events suspected to be associated with the use of HERCEPTIN to Genentech at 800-626-3553, extension 57541. This information may also be reported to FDA MedWatch, 800-FDA-1088, by fax 800-FDA-0178, or online ( https://www.accessdata.fda.gov/scripts/medwatch ) or mailed, using the MedWatch form FDA 3500, to the FDA Medical Products Reporting Program, 5600 Fishers Lane, Rockville, MD 20852-9787.

*Clinical Trials:*

## NCI Puts State Of Science Meetings On The Web

NCI has put information about its State-of-the-Science meetings on a Web site.

The meetings bring together small groups of clinical and basic scientists from industry, academia, and the community, as well as patient advocates, for

a discussion on future clinical research opportunities.

Recommendations and presentations made about workshop issues as well as transcripts, presentation slides and summaries of break-out sessions are posted shortly after the meeting. Digital audio makes it possible to hear the presentations while viewing slides and then to listen to the discussions that follow.

Last fall, the NCI Cancer Therapy Evaluation Program held the first workshop on small cell lung cancer. A sample of issues discussed by scientists involved angiogenesis and immunotherapy, molecular genetics and signal transduction and cellular growth. The workshop was the first in a series that include adult leukemia and genitourinary and gastrointestinal cancers. The next workshop on small cell lung cancer is scheduled for June 14-15.

For information on the NCI State-of-the-Science workshops, go to http://www.conference-cast.com/webtie/sots/sots.htm.

*Funding Opportunities:*

## NCI Schedules Meeting On RFA For Pathology Informatics

**Pre-Application Meeting for Shared Pathology Informatics Network RFA-CA-01-006**

The Resources Development Branch of the Cancer Diagnosis Program, NCI Division of Cancer Treatment and Diagnosis, will hold a pre-application informational meeting for investigators planning to submit applications in response to the RFA. The complete text is available at: http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-01-006.html.

The meeting will be held May 22, 2000, from 12:30 p.m. to 5 p.m., in Bldg 31, Conference Rm #6, NIH Main Campus, 9000 Rockville Pike, Bethesda MD 20891. Attendance confirmation is required. A written transcript of the meeting will be posted at http://www-cdp.ims.nci.nih.gov/new.html.

Inquiries: Jules Berman, program director, Pathology Informatics Resources Development Branch, Cancer Diagnosis Program, DCTD, NCI, NIH, EPN 700, 6130 Executive Blvd, Rockville, MD 20892, e-mail bermanj@mail.nih.gov voicemail 301-496-7147; fax 301-402-7819.

## RFP: Sole Source

**RFP N02-PC-05030-20: NAACCR Technical Support of Population Based Registry**

The Cancer Statistics Branch within the Division of Cancer Control and Population Sciences, NCI, plans to negotiate with the North American Association of Central Cancer Registries for a contract for three years to improve standards and technical aspects related to the collection, analysis and use of cancer incidence data from a variety of population-based registries.

The resulting standard processes and procedures developed under this contract will improve the national capacity for collecting, analyzing, and measuring data comparability from multiple population-based cancer registries and their reporting sources, including socio-demographic data elements; advance and codify best practices for consolidating data per cancer case; provide empirical and analytical evidence for assessment of more refined criteria for measuring completeness; provide new resources for conducting distributed technical training, particularly use and understanding of federally required new age-adjustment standards that are being implemented in reports of 1999 health data; improve the efficiency of collecting and reporting cancer data on patients seen in multiple facilities; and initiate further development of more standard and efficient approaches to population-based central registry operations.

Due to the unique role of the NAACCR and support by the public and private sector and their sponsoring member organizations [American Cancer Society, American College of Surgeons - Commission on Cancer, Association of American Cancer Institutes, Centers for Disease Control and Prevention, Laboratory Centre for Disease Control of Health Canada, NCI, National Cancer Registrars Association, and Statistics Canada,] it is the only organization that can perform this work.

Inquiries: Charles Lerner, Contracting Officer, NCI, RCAB, PCPSS; 6120 Executive Boulevard MSC 7226, Executive Plaza South, Room 635, Rockville, MD 20852; phone 301-435-3831; fax 301-402-8579; e-mail: Lernerc@rcab.nci.nih.gov.

## Visit The Cancer Letter Editors At ASCO Meeting

**The Cancer Letter** editors Kirsten Boyd Goldberg and Paul Goldberg invite readers attending the American Society of Clinical Oncology annual meeting in New Orleans May 20-23 to visit us at booth number 1762, near the concession stand at the back of the exhibit hall.

*In Brief:*

## Book On National Cancer Act Available At No Charge Online

(Continued from page 1)

medicine and principal investigator. Because of its telemammographic capabilities—the ability to send and receive images instantaneously—the model will create advantages in breast cancer detection, diagnostics—particularly in underserved areas—and will be more controlled and cost effective, said Schnall. He predicts digital mammography will replace the conventional, X-ray type mammogram within the next decade. UP expects to complete the project in 2003. . . . **NORKA RUIZ BRAVO**, deputy associate director of the Division of Extramural Activities at the National Institute of General Medical Sciences and former acting director of the NCI Division of Cancer Biology, was appointed associate director for extramural activities at NIGMS. Ruiz Bravo will manage a $1.3 billion research and research training grant program in the basic biomedical sciences. She will also advise the NIGMS director on the planning, development, and administration of institute grant activities. . . . **HHS SECRETARY Donna Shalala** received the Ballington and Maud Booth Award for leadership in the field of human services from Volunteers of America. Shalala, the longest serving HHS secretary in U.S. history, has worked for initiatives to fight breast cancer, AIDS, and tobacco use by young people. Her efforts have made health insurance available to more than 2.5 million uncovered children and raised child immunization rates to record levels, the organization said. Shalala was honored "for a lifetime of personal and professional commitment as a public servant, peace corps volunteer, teacher and scholar, which epitomizes the spirit of humanitarian commitment an social activism," said **Charles Gould**, president and CEO of the organization. . . . **CANCER CRUSADE:** The Story of the National Cancer Act of 1971, by **Richard Rettig**, originally published in 1977 by Princeton University Press, now is available from the National Academy Press. The book may be read online, searched, downloaded, and printed at no charge from http://www.nap.edu/catalog/9846.html. "In political terms, the Act is of interest because it indicates how a small but powerful elite composed of private citizens mobilized sufficient political resources to secure passage of legislation opposed by the National Institutes of Health and by most of the biomedical scientific community," Rettig wrote. "In policy terms, the Act captures much of the current conflict between the public and its elected representatives eager to see life-saving and life-prolonging results flow from biomedical research and, on the other hand, a scientific community acutely conscious of the long time and great uncertainty characteristic of the process by which medical research is translated into clinical useful results.". . . **AMERICAN BRAIN TUMOR** Association awarded $680,000 to 12 researchers in the U.S. and Canada. One of the grant recipients, **Anita Gainer**, Surgical-Medical Research Institute at the University of Alberta, Canada, received funding for glioblastoma multiforme vaccines, which could be administered within several days of surgery. A second grant recipient, **Maryam Fouladi**, St. Jude Children's Research Hospital in Memphis, Tennessee, will study MGI-114, a potential new treatment for atypical teratoid rhabdoid tumors in children. The drug has shown encouraging results in leukemia, along with colon, breast and lung cancer cells. The grants to Gainer and Fouladi are included in the $680,000 commitment from the ABTA. . . . **RESEARCH CHIMPANZEES** owned by the Coulston Foundation of Alamogordo, NM, and used primarily in hepatitis and AIDS research, will become the property of NIH. The decision to transfer title of the 288 animals to the federal government follows earlier recommendations of the National Research Council and a consent agreement between USDA and Coulston to reduce the number of chimpanzees at the foundation. NIH intramural and NIH-funded extramural investigators are studying a small number of the animals. . . . **NCI** is accepting nominations for the **Eleanor Nealon** Extraordinary Communicators' Lecture Series for advancing the science of communications and promoting the understanding of science. Nominees from the fields of technology, business, academia, and the media are eligible. Nealon, who was an 18-year NCI employee, helped to establish the Office of Liaison Activities. The deadline for the first lecture series nomination is June 1, 2000. For information contact Dianne Needham at phone 301-594-6811; e-mail needhamd@mail.nih.gov. . . . **MAMMOGRAM** and **MOTHER'S DAY** is an opportunistic connection Medicare wants to make to remind women over 40, enrolled in Medicare, that coverage is now available for them. As part of the 1997 Balanced Budget Act, Medicare began covering a yearly screening and paying 80 percent of the approved costs.