

PreventionPOST

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OF CANCER PREVENTION



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New Era in Cancer Prevention Research

PETER GREENWALD
DIRECTOR, DIVISION OF CANCER PREVENTION



Teamwork, a primary commitment to cancer prevention science, and effective communication are hallmarks of our reconfigured Division of Cancer Prevention. This newsletter energizes and broadens the scope of our communication with the scientific and healthcare communities and the public. On behalf of the Division, I wish to thank Doug Weed and his colleagues, who have worked so hard to launch this lead issue.

Advances in basic sciences, new biomedical technologies, and sound clinical prevention research methods led to and will continue to provide exciting opportunities for progress in cancer prevention. Carefully designed approaches to training and career development are providing a new generation of prevention scientists from a broad array

of disciplines, scientists who contribute enthusiasm and innovation to current research efforts.

Our Division brings such scientists together in a matrix structure that is unique at NIH, and our success in implementing this structure may foretell its adoption by others in the research community. The matrix features a Coordinating Unit and implementation of initiatives through project teams composed of members from multiple research groups. It provides a structure for participatory scientific management and should help us in our aims to develop leadership at all levels, to give primary roles to those at a less senior level, and to try new ideas and new techniques. The formation and operation of interdisciplinary project teams receive major emphasis. Our Foundations of Prevention Research Groups—chemopreventive agent development, community oncology and

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DCP Transforms into a Matrix-based Organization

JENNIFER FLACH

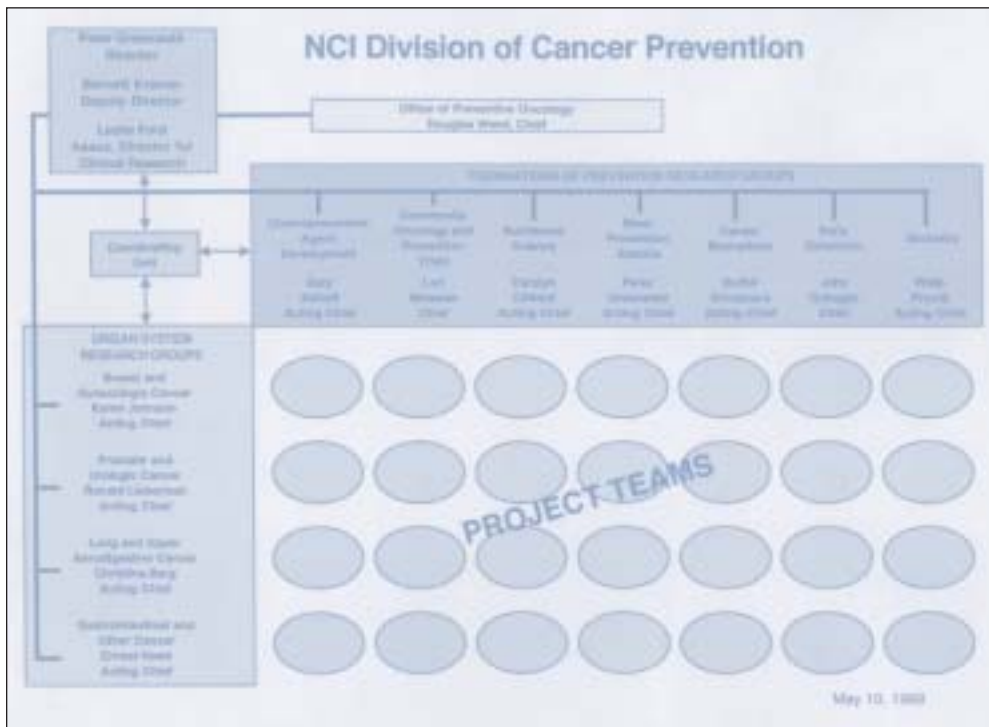
"How's the matrix treating you?" has become a common greeting among staff in the Division of Cancer Prevention (DCP). Here the matrix is not a virtual-reality computer program like in the blockbuster movie; rather, it is a new management structure created to harmonize division-wide efforts in cancer prevention.

Reorganization of DCP

When the Division of Cancer Prevention and Control was split into DCP and Division of Cancer Control and Population Sciences, Peter Greenwald, M.D., Dr.P.H., the Director of DCP, consulted with management experts, members of the research community, and NCI staff to determine how best to build for the future.

In particular, the recommendations of the Chemoprevention Implementation Group (CIG), a group of extramural scientists that advise the division, helped to direct the restructuring of the division. The CIG encouraged DCP to build the basic science programs, strengthen agent development efforts, establish infrastructure and planning

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Organization chart of the DCP new matrix structure
<http://dcp.nci.nih.gov/dcp/matrix.html>

processes for clinical chemoprevention studies, and develop chemoprevention expertise in the research community. “Since the function of the division is translational in nature,” said Dr. Greenwald, “we recognized a need to bridge the basic science and the clinical programs.” The idea of a matrix-based organization emerged as a solution to this gap.

Forming the Matrix Structure

In May of 1999, DCP adopted a matrix-based approach consisting of two arms of research groups, represented as the boxes on the top and left side of the organization chart (above). The foundations-of-prevention-science groups provide the research functions of the division, including: chemopreventive agent development, community oncology and prevention trials, nutritional science, basic prevention science, cancer biomarkers, early detection, and biometry. The four mission-oriented, organ-system groups target: breast and gynecologic, prostate and urologic, lung and upper aerodigestive, and gastrointestinal and other cancers. “The basic scientists relate to the foundations of prevention science, whereas the organ systems reflect the categories of expertise seen in clinical settings,” said Dr. Greenwald.

As described by Arnold D. Kaluzny, Ph.D., from the University of North Carolina at Chapel Hill School of Public Health, who has worked with the Division in a number of capacities over the years, “The matrix design provides the opportunity to adapt to a complex and changing environment at the same time providing an infrastructure to facilitate the interdisciplinary work of the various group within the division.”

Team Work

In the matrix, most of the day-to-day planning, decision-making, and implementation are carried out by project teams—the “eggs” on the DCP organizational diagram. Project teams are created by pulling together individuals from the foundations-of-prevention-science and organ-systems research groups to carry out specific goal-oriented projects. The teams may collaborate with other NCI staff, DCP’s advisory groups, extramural scientists, and others outside the Institute.

The goal of a given project determines the team’s composition and life span, which may be short- or long-term, depending upon the nature of its aims and tasks. The **PreventionPOST** newsletter is the result of one of DCP project teams.

Other projects are underway, and new ones are developing all the time. For example, the Non-Scientific Staff Project Team meets regularly to address projects related to the unique functions and needs of the non-scientific administrative staff in the division. A Protocol Review Process Project Team was formed to develop a standard process for coordinating the reviews of extramural, clinical protocols of interest to DCP.

A coordinating unit oversees the activities of research groups and projects teams. Dr. Greenwald leads the coordinating unit which is made up of the chiefs of the research groups and additional support staff. The Office of the Director, Office of Preventive Oncology, and Office of Management Administrative Resource Center are positioned to interact directly with both the research groups and project teams.

Strengths of the Matrix

The matrix approach to management has been around for decades, but is on the cutting edge at the National Institutes of Health. Versions of the matrix structure have been used successfully in universities, government organizations, and private industries, such as Motorola, Intel, and Quintiles. The matrix-based approach is praised for motivating and empowering employees, fostering communication and collaboration, and improving an organization’s ability to respond to its environment.

Employees are empowered because team membership gives them “ownership” of projects, explained William Sollecito, Dr.P.H., Public Health Leadership Program, University of North Carolina. Instead of performing tasks for the same supervisor all of the time, they are part of a team working together to carry out a function. “Yet they

still belong to a department [of colleagues with similar expertise], where sharing can occur," he added.

The matrix encourages leadership throughout the division—not just at the higher levels, as in most traditional management systems. The organizational structure and guiding principles of the DCP matrix were developed in a participatory manner from all levels of staff through division retreats and all-hands meetings. "It's like a soccer team," said Dr. Greenwald, "Everyone has a role and has to do something." Team members—whether oncologists, nurses, statisticians, or non-scientific medical professionals—are considered equals and are able to learn from each other.

Working in teams promotes both internal and external communications. "Better communication—though at first hard to achieve—is facilitated because there are a smaller number of people all interacting to achieve a common goal," said Dr. Sollecito. Rose Mary Padberg, R.N., M.S., O.C.N., Clinical Trials Nurse Specialist, feels that, because staff are able to get to know one another better, working in DCP has become not only more productive but more enjoyable. Until the new structure was created, "I would pass people in the hall and didn't even know they were in this division," she said.

The team-based design of the matrix allows the organiza-

tion to be aware of and responsive to the needs of the community it serves. Outsiders working with the organization can go straight to a smaller unit or project manager instead of having to go through a bureaucracy, which helps in providing high-quality, continuous service, explained Dr. Sollecito.

Challenges in the Matrix

"In a matrix, the challenges directly relate to the benefits," said Dr. Sollecito. When work is done by teams, more time is spent in meetings and decision-making can become slower. The increased number of meetings can be a source of frustration to DCP staff, but management experts say that such "excess" communication is vital to the success of matrix organizations. Dr. Sollecito stressed, "The key is that meetings must be problem-solving, action oriented."

Prudent and fair distribution of resources can become more of a challenge when responsibility and power are diffused throughout the organization as in a matrix structure. "Support from the leadership is essential to the success of any project," said Barbara Dunn, M.D., Ph.D., of the Basic Prevention Science Research Group, who is faced with finding ways to share resources with established programs. The coordinating unit must give careful attention to allocating staff and funds across the various projects, and must

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DCP Newsletter Project Team



Above. From left to right: D. Sullivan, J. Flach, D. Henson, P. Marcus, S. Winer, E. Graves, D. Weed, and M. Nestorio.

Inset. L. Bremerman, T. Cornelison, and R. Lubet

EDITORIAL GROUP:

Douglas L. Weed (Editor-in-Chief), Eric Graves, Dorothy Sullivan

GRAPHIC ARTS GROUP:

Linda Bremerman, Terri Cornelison, Jennifer Flach

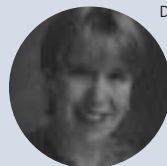
DISTRIBUTION & INTERNET GROUP:

Ron Lubet, Michelle Nestorio, Susan Winer

CONTRACT & LIAISON GROUP:

Don Henson, Pamela Marcus

DR. CHRISTINE BERG RECEIVES THE GOOD HOUSEKEEPING AWARD



DON HENSON

One of the top 318 cancer specialists for women recognized by *Good Housekeeping* magazine is a member of DCP. Christine Berg M.D., currently Acting Chief of the Lung and Upper Aerodigestive Organ System Group, was recognized for her contributions to the treatment of breast cancer while at Georgetown University Medical Center. At Georgetown, Dr. Berg was an Associate Professor in the Department of Radiation Oncology. She treated patients referred from all parts of the United States.

As a service to its readers, *Good Housekeeping* provides an exclusive guide for women to the country's most respected experts in lung, breast, and colon cancer. Selection for the award is rigorous. *Good Housekeeping* asks 280 departmental heads at major medical centers to recommend physicians who provide the most expert care. To eliminate favoritism, recommendations from the department heads may not come from their home institution. Of 1,200 names submitted for 1999, *Good Housekeeping* selected 318, and Dr. Berg was among them.

Dr. Berg provides leadership at DCP in the early detection and prevention of lung cancer.

At the Forefront of Training

SUSAN WINER

Did you ever wonder who those people are coming and going from EPS Suite T-41? They're "fellows": Cancer Prevention Fellows to be precise. The dictionary defines *fellow* as "being of the same kind, group, occupation, society or locality; having in common certain characteristics or interests." And this is certainly what the Cancer Prevention Fellowship Program (CPFP) is all about. CPFP fellows share a common interest in cancer prevention and they are a talented group of clinicians and scientists, having successfully sailed through (some say "survived") a rigorous and competitive application process in the Office of Preventive Oncology, DCP. Most fellows begin their training by obtaining a Masters in Public Health (MPH) at the school of their choice. Fellows then come to the NCI and launch a research program working with mentors on prevention and control projects. Their research can be in various areas, such as statistics, survivorship, clinical trials, special populations, nutrition, early detection, chemoprevention, and molecular epidemiology.

The CPFP also provides to the fellows an intense summer academic course on the principles and practice of cancer prevention and control. Course attendees are not only current fellows just completing their MPH; in recent years, scientists and clinicians from many foreign countries representing varied medical disciplines have attended in increasing numbers. The summer academic course is also open to the public.

Two other activities for the fellows are the weekly Colloquia Series and the CPFP Fellows' Research Meetings. The former is a series of formal research seminars on all aspects of cancer prevention and control; the latter are more informal gatherings for the fellows to present research, hear speakers on topics pertinent to prevention, and discuss a journal article. The year 2000 Cancer Prevention Fellowship Program will add two new activities: a course in molecular prevention and a hands-on experience in grant writing. Both activities will be of great benefit to the fellows as they continue on their research career, either at the NCI, academia, or in the private sector.

In addition to our staff of fellows, we have recently added new permanent staff to provide for this growth. Stephen D. Hursting, PhD, MPH, RD, joined our staff as the Deputy Director for the Cancer Prevention Fellowship Program. Steve is a former fellow who recently worked at the MD Anderson Cancer Center in Houston, Texas. As a former principal investigator of successfully funded grants in mechanism-based nutrition and prevention science, he will be able to furnish much insight into the many intricacies of writing a successful grant as well as heading up the new molecular prevention course.

Heide Weaver joined our staff in the capacity of a Cancer

The dictionary defines fellow as "being of the same kind, group, occupation, society or locality; having in common certain characteristics or interests." And this is certainly what the Cancer Prevention Fellowship Program (CPFP) is all about.

Prevention and Control Career Development Specialist. Most recently she has worked for National Institute of Mental Health (NIMH) in the Office of the Director. She has terrific computer and organizational skills!

To complete our staff, we have hired an Administrative Program Assistant, Lisa Poe, a jack-of-all-trades...procurement, organizational abilities, and attention to detail just to name a few.

With all of the various projects and activities, our office needed a very special student to assist us with our many projects. We found that person in Charles Dinh. He is a wonderful worker with a great sense of humor.

We have a terrific staff, stop by and visit! ■

In October, Dr. Douglas Weed, (Director of the Fellowship

Program), was honored to present the Samuel Harvey Lecture

at the annual American Association of Cancer Education meet-

ing held in Cleveland. In that lecture, entitled, "Our Future is not

Education.calm," Dr. Weed discussed three major issues con-

fronting the future of cancer education: the *complexity* of can-

cer (ranging from molecules to society), the need for a renewed

commitment to the highest scientific and ethical standards, and

finally, the ever-present challenge of *communication*.



Top Row, left to right: Charles Dinh, Mary Ellen Wewers, Heng Xie, Lisa Colbert, Charisee Lamar, Qing Lan, Beth Dixon, Rita Misra, Deirdre Lawrence, Kevin Knopf, Philip Castle

Bottom Row, left to right: Stephen Hursting, Christine Sweeney, Barbara Redding, Christian Abnet, Heide Weaver, Ann O'Mara, Bill Anderson, Kathy Radimer, Susan Winer, Lisa Poe, Douglas Weed

Not Pictured: David Berrigan, Maria Canto, Graça Dores, Mollie Howerton, Kathleen Jennings-Dozier, Claudine Kavanaugh, Christopher Kennedy, Jackie Lavigne, Paul Limburg, Volker Mai, Pamela Mink, Samir Sauma, Pothur Srinivas, Rachel Stolzenberg-Solomon, Ellen Velie

Fellows' Corner

Our second year fellows have attended a variety of schools to obtain an MPH:

Christian Abnet, University of Minnesota
 Bill Anderson, Tulane University
 Lisa Colbert, University of South Carolina
 Beth Dixon, University of California, Berkeley
 Charisee Lamar, University of North Carolina, Chapel Hill
 Rita Misra, Johns Hopkins University School of Public Health
 Ann O'Mara, Uniformed Services University of the Health Sciences
 Christine Sweeney, Johns Hopkins University School of Public Health
 Mary Ellen Wewers, Harvard School of Public Health
 Heng Xie, Johns Hopkins University School of Public Health

Our first year fellows and their choice of schools include:

David Berrigan, University of California, Berkeley
 Philip Castle, Johns Hopkins University School of Public Health
 Graça Dores, University of Alabama
 Mollie Howerton, Johns Hopkins University School of Public Health
 Claudine Kavanaugh, Johns Hopkins University School of Public Health
 Christopher Kennedy, Tulane University
 Jackie Lavigne, Johns Hopkins University School of Public Health
 Volker Mai, Harvard School of Public Health
 Pothur Srinivas, Johns Hopkins University School of Public Health

Pamela Mink, with a PhD in Epidemiology from the University of Minnesota, currently working at the NCI
 Rachel Stolzenberg-Solomon, with a PhD in Epidemiology from the Johns Hopkins University School of Public Health, currently working at the NCI

Recently three of our fellows took positions in the NCI. They are Pamela Marcus, Biometry Research Group, DCP; Luke Ratnasinghe and Karen Woodson, both in the Cancer Prevention Studies Branch, DCS.

A grant was awarded to one of our fellows—Kathleen Jennings-Dozier. The grant was awarded by the Oncology Nursing Society for a two-year study. Congratulations, Kathleen!

Recently, Maria Canto spoke before a task force that was established by Maryland Governor Parris Glendening on the subject of the allocation of funding from the Tobacco Settlement in the state of Maryland. Dr. Canto spoke on Oral Cancer Incidence and Mortality—National Trends and Perspective. Congratulations on the presentation!

Congratulations also go to two of our fellows! Samir Sauma and his wife Michelle had a baby girl in May and named her Chloe. Another fellow, Lisa Colbert, and her husband Ken welcomed a baby girl in February and named her Sheila.

Did you know that 66 fellows have graduated from our program? 42% have positions in the Federal government; 20% are at universities; 16% work in research firms; 12% are in private practice; and 6% are at cancer centers. ■

An Introduction to the Research Groups

PAMELA MARCUS AND RON LUBET

You may have seen the new organization chart—foundations-of-prevention-science on the top, organ systems on the side...words like “prevention,” “nutrition,” and “biomarkers” heading up the columns, and “breast,” “lung,” and “prostate” beginning the rows. But what does it all mean? What are people working on in the Division of Cancer Prevention? Here's a synopsis, by research group...

Breast and Gynecologic Cancer RG

With the charge of promoting research to prevent breast and gynecologic malignancies, the **Breast and Gynecologic Cancer Research Group** is focused on three priority areas: surrogate endpoint validation for breast cancer incidence, HPV vaccine development, and the ASCUS/LSIL Triage Study (ALTS) which will evaluate management strategies for low grade and equivocal cytology results in the cervix. On the horizon are workshops related to research in these areas including an international conference in the year 2000 regarding the Bethesda system for reporting cervical cytology screening results.

Prostate and Urologic Cancer RG

The **Prostate and Urologic Cancer Research Group (PUCRG)** designs, develops, implements, and monitors clinical trials in prostate and other urologic cancers (bladder and kidney). A number of chemopreventive agents for prostate cancer are currently under investigation, including selenium, antiandrogens, antioxidants, antiestrogens, DFMO, soy isoflavones, vitamin D analogs, and COX-2 inhibitors. The PUCRG also sponsors major clinical trials for chemoprevention of bladder cancer using 4-HPR and DFMO. In August, 1999, the PUCRG held a national workshop entitled “Strategies for New Clinical

Trials for Prostate Cancer Chemovention,” at which experts from industry, academia, government (NIH, FDA), and the public reviewed major issues regarding promising new agents, high risk populations, biomarkers, and clinical trial designs. The recommendations from the Workshop are being integrated into an action plan that addresses critical issues identified in NCI's Prostate Cancer Progress Review Group report.

Lung and Upper Aerodigestive Cancer RG

The **Lung and Upper Aerodigestive Cancer Research Group (LUACRG)** fosters innovative research efforts in the areas of chemoprevention and screening to lower mortality from tobacco-related cancers. The prevention of lung and upper aerodigestive cancers is a major focus of the Extraordinary Opportunity in Tobacco proposal included in the next Bypass Budget. The LUACRG also is involved in examining anti-inflammatory drugs as chemoprevention agents, with an inhalation trial of the aerosolized steroid budesonide underway and a trial of a lipoxygenase inhibitor being developed. The LUACRG is currently considering a major trial to assess the usefulness of spiral Computerized Tomographic (CT) scans in the detection of early adenocarcinoma of the lung.

Gastrointestinal and Other Cancer RG

The **Gastrointestinal and Other Cancer Research Group (GOCRG)** designs, supports, implements, and monitors prevention studies for colorectal, esophageal, liver, hematology-lymphoid organs, and skin cancer. The GOCRG strives to stimulate clinical investigations in cancer prevention, including studies of Celecoxib, a COX-2 selective inhibitor that has shown substantial preventive activity in preclinical studies.

HISTORY OF CANCER PREVENTION

Cancer Prevention in the “Roaring Twenties”

DOUGLAS L. WEED



Mention the 1920's and cancer prevention is not the first thing that comes to mind. Yet midway through the “Roaring Twenties,” research on the etiology and prevention of breast cancer made a giant leap forward. In 1926, a study of

500 breast cancer cases and 500 cancer-free hospital and clinic controls comparable with respect to nationality, age, civil status (i.e. marital status) and social status (i.e. occupation), was published by the Ministry of Health, Whitehall, London. The study's author, Janet E. Lane-Clayton, M.D., D.Sc. (Lond.)—shown in insert—turned to the study of breast cancer after a highly successful career as a reproductive physiologist, physician,

and Dean of the London School of Medicine for Women (1916-1923). Lane Clayton's methodologically astute study is one of the earliest to investigate an association between age at menarche and the risk of breast cancer. Also published in 1926 was her study examining survival rates of patients undergoing breast cancer surgery. An early 20th Century advocate for the health of women and children, Lane-Clayton studied the impact of welfare laws on infant mortality, the so-called “poor-law” babies, the effects of boiled milk on infant growth, and midwifery practices. Born in 1877 and educated at the University of London, Janet Lane-Clayton embodied the pioneering spirit and dedication to science and humanity crucial to effective cancer prevention. She died in 1967. ■

“Preventive work is at all times more difficult, and in some ways less attractive than curative, but its importance can hardly be exaggerated: it is the essence of public health work.”

Lane-Clayton JE. The Child Welfare Movement. London:G. Bell and Sons Ltd., 1920, p.6. Acknowledgment: Warren Winkelstein, M.D., M.P.H. (Berkeley, California)

A trial of adenoma regression using Celecoxib in persons with familial adenomatous polyposis (FAP) has recently been completed with positive results, and several additional studies involving a wide range of target organs are in development. Future plans of the GOCRC include improvement and standardization of relevant Phase II clinical trial designs, testing of a broader range of potential chemoprevention agents, investigation of targeted agent delivery systems and endpoint assessments, participation in the upcoming Colorectal Cancer Progress Review Group, and collaboration with the Division of Clinical Sciences in on-campus prevention studies.

Chemopreventive Agent Development RG

The **Chemopreventive Agent Development Research Group (CADRG)** provides scientific and administrative oversight for chemopreventive agent research including discovery, preclinical agent development, and Phase 1 clinical trials. CADRG acts as a Division of Cancer Prevention liaison with the FDA for chemopreventive agent development and initiates and maintains industry collaborations. A new program, Rapid Access to Preventive Intervention Development (RAPID), will provide technical support and research resources to extramural investigators to help them bridge the gap between identifying promising agents and moving them into clinical testing.

Community Oncology and Prevention Trials RG

The **Community Oncology and Prevention Trials Research Group (COPTRG)** approves, funds, and supports clinical trial protocols in cancer prevention and control. Protocols are developed by cooperative groups, such as ECOG, CALGB, and NSABP, and by four leading US cancer research institutions (MD Anderson, University of Michigan, University of Rochester, and Wake Forest University) that have received peer-reviewed grants to develop and implement cancer prevention and control clinical trials. CCOPs, clinical community oncology programs, enroll patients in the trial, allowing persons throughout the country to participate in cutting-edge cancer research. COPTRG currently oversees many trials including the STAR trial (Study of Tamoxifen and Raloxifene) and the PCPT trial (Prostate Cancer Prevention Trial).

Nutritional Science RG

The **Nutritional Science Research Group** plans, develops, implements, and coordinates an extramural research program in diet and nutrition with the ultimate goal of providing more definitive data for the development of dietary guidelines that may reduce diet-related cancers. Dietary factors under investigation include eating patterns, specific foods and food groups, and constituents of foods, including both nutritive and non-nutritive components. Currently underway are clinical trials designed to evaluate the usefulness of low-fat dietary patterns, including increased vegetable, fruit, and grain-product intake, in prevention or recurrence of cancers of the breast, skin, head, and neck. New methods for assessing nutritional status, metabolic patterns, and genetic predisposition also are being evaluated.

Basic Prevention Science RG

The **Basic Prevention Science Research Group (BPSRG)** is developing "Cyber-Prevention Grand Rounds". The idea is simple—provide researchers with the opportunity to hear talks given by cancer prevention specialists using the Internet! Broadcasts may begin as early as fall of 2000. BPSRG researchers also are investigating and documenting molecular characteristics of pre-neoplastic lesions (known as "fingerprinting"), and are exploring the importance of SNPs—single nucleotide polymorphisms—in affecting cancer risk.

Cancer Biomarkers RG

The **Cancer Biomarkers Research Group** is creating a national multi-disciplinary, multi-institutional consortium, the Early Detection Research Network (EDRN), to establish resources for translational research. The network will foster systematic discovery and coordination of the pre-clinical development, evaluation, and application of biomarkers and reagents for risk assessment and earlier detection of cancer. The scientific community at large will be encouraged to use the resources and infrastructure of the EDRN to formulate new research questions and hasten discovery. Approved in late 1998 with an initial funding of \$61 million for five years, the Network will support 12 to 14 biomarker developmental labs, 5 or 6 clinical and epidemiologic centers, 2 or 3 biomarker validation labs, and a data management and coordinating center.

Early Detection RG

The **Early Detection Research Group (EDRG)** conducts clinical trials of screening technologies and practices, and fosters other research relating to early detection. EDRG, in conjunction with the Biometry RG and the Division of Cancer Epidemiology and Genetics, directs and manages the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial (PLCO), and also publishes the annual PLCO newsletter. The modeling group of EDRG is working on problems associated with evaluating and assessing multiple biomarkers as well as modeling the process of carcinogenesis. A study of virtual colonoscopy using CT technology is also in the works.

Biometry RG

The **Biometry Research Group (BRG)** focuses on methodologic issues in cancer prevention and control. A focus of the BRG is clinical trial methodology, including biomarkers and surrogate endpoints, the impact of non-compliance, and monitoring of events to determine whether trials can be stopped early. BRG researchers also are involved with modeling of dietary data, including dietary intake and nutrient metabolism. Cancer screening research includes modeling the spread of screening technology within communities, modeling the effects of screening without the use of control subjects, and assessing the usefulness of case-control methodology. A number of BRG researchers are involved with the PLCO trial, concentrating on aspects of study design, data collection and statistical analyses. ■

DCP's ARC Weathers the Seas of Change

ERIC C. GRAVES

Jackie Havens, Manager of the Division of Cancer Prevention's Administrative Resource Center (ARC), explains that the ARC "needs to be responsive, resourceful and creative in carrying out our duties to our peers and the scientific community. One of these duties is to assist the division staff in getting what they want and need to facilitate their activities." A seemingly simple statement until you consider how diverse and extensive each research group's needs are.

Take into consideration the fact that the entire Division of Cancer Prevention and the administrative staff will be moved and consolidated in the Executive Plaza North building by Memorial Day and you begin to understand the depth of this task. Everything from new chairs and filing systems to paint and carpet must be taken into consideration when assessing people's needs.

It is the ARC's responsibility to make sure that DCP's needs are met during this tumultuous journey. The ARC must also look beyond the horizon and anticipate what lies ahead so that people's future requests can be addressed. This takes a lot of planning and a good staff.



Joy Osborne



Mary Palmer



Carole Watson

Fortunately, DCP's ARC is staffed by some of the best. Newly on board the ARC is Carole Watson. Carole came from the FDA and is our new Personnel Management Specialist. She says she "is excited by the enthusiasm and passion of the research scientists here at the National Cancer Institute." Carole likes the fact that her work "promotes public health issues."

There are two other fairly new faces to the Executive Plaza North (EPN) building. Both Joy Osborne and Mary Palmer have already made the transition from the campus. Joy is the Deputy ARC Manager. Mary is the Administrative Officer for DCP's Organ Groups and the Office of the Director.

Whether the ARC's staff is making small voyages to and from the campus, working to facilitate a large pilgrimage of people and supplies, approving personnel actions, performing procurement activities, or toiling over the budget, they are stoutly weathering the seas of change.

The ARC is also here to help you along whatever voyage you're on. Please feel free to contact us at 301-496-8571 (EPN) or 301-496-9606 (Building 31). ■

SPECIAL EVENTS

Susan G. Komen Race for the Cure

SUSAN WINER

On a very hot, humid Saturday, June 5, 1999, several employees of DCP participated in the Susan G. Komen Race for the Cure. David Levin of the Biometry Research Group and his wife, Fran; Rachel Stolzenberg-Solomon, a Cancer Prevention Fellow, and her baby, Julianna; Ann O'Mara, another Cancer Prevention Fellow, Pamela Marcus of the Biometry Research Group; Denise Boyer, Hillary Winer, and Lindy Wong of the Community Oncology Branch; and Susan Winer of the Office of Preventive Oncology participated in this race to raise funds for breast cancer research. This is the 10th year for the race and it was held downtown in Washington, DC near the Washington Monument. Over 70,000 participants ran, walked or used a wheel chair to compete in the race. Vice President and Mrs. Gore, staunch supporters of the Race, were both keynote speakers and runners. Many families participated in honor of survivors and in memory of those who lost their lives to breast cancer. It was truly a moving experience. ■



Pictured, left to right: Susan Winer, Rachel Stolzenberg-Solomon holding Julianna, Pamela Marcus, Denise Boyer, Lindy Wong, Ann O'Mara, and Hillary Winer

Not Pictured: David and Fran Levin

Congratulations!

TERRI L. CORNELISON

Congratulations to Claudette Varricchio for the winning entry of **PreventionPOST** in the DCP Name That Newsletter Contest! Claudette Varricchio is a nurse oncologist who was born and raised in Fall River, Massachusetts. She completed undergraduate studies at Boston College, completed masters studies at the University of Maryland, received her doctorate in nursing from the University of Alabama in Birmingham, and spent twelve years on the graduate faculty at Loyola University in Chicago. Dr. Varricchio is Program Director and Nursing Consultant in the Community Oncology and Prevention Trials Research Group in the Division of Cancer Prevention. Her area of interest is what happens to the person (and not the disease) when cancer is diagnosed and her current portfolio includes studies on symptom management, psychosocial responses, and quality of life.



Claudette Varricchio

Who was your most influential teacher? A dean who saw potential in me that I did not realize I had, and convinced me that the potential was there.

What event had the most effect on your work? Working at Memorial Sloan Kettering after my children were in nursery school, I realized that the role and status of nursing had not changed in my six-year absence. In order to change it I would have to initiate change in new nurses, and I therefore would have to get a doctorate.

What made you decide to come to the National Cancer Institute (NCI)? I came here on sabbatical from Loyola on an IPA, and after returning to Chicago, decided to accept an offer to join the NCI staff.

What do you like most about your work? It lets me satisfy my need to teach. By mentoring investigators through grant development, I help people achieve their goals.

How do you relax? Knit, read mystery novels.

What are you currently reading? Tom Clancey's *Executive Order*.

Who is your favorite composer? Chopin.

What is your favorite sound? Crickets and tree frogs in the summer night.

What is your favorite journey? The three years my husband and I lived in Germany and France during his post-doctorates there.

What place have you never been to that you would like to visit? Greece and the Greek Isles.

What is the first thing you want to do in the year 2000?

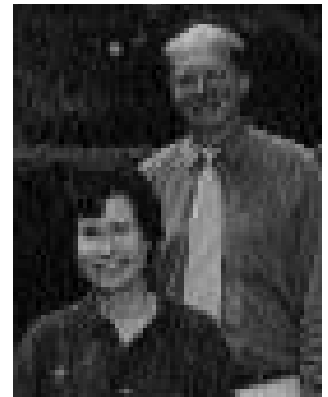
Wake up in some interesting exotic capital city.

What is your proudest moment? I do not know. They keep happening.

How did you come up with PreventionPOST for your contest entry? It was a joint effort. The name emerged from the notion of pre-testing and post-testing in research design and in discussion with my creative daughter.

Honorable Mention goes to Jaye Viner for her entry of *Endpoints* in the DCP Name That Newsletter Contest. Endpoints will become the name of a permanent editorial section in the newsletter. Jaye Viner is a medical oncologist and native Washingtonian. She was a medical student at the University of Virginia, resident at the University of Maryland, and oncology fellow at the National Cancer Institute. Dr. Viner is now Program Director and Project Officer in the Gastrointestinal and Other Cancer Research Group of the Division of Cancer Prevention. Her areas of interest are skin and hematolymphoid cancers.

Jaye Viner acknowledges that her colleagues Dr. Julia Lawrence, Program Director in the Breast and Gynecologic Cancer Research Group, and Dr. Ernest Hawk, Acting Chair of the Gastrointestinal and Other Cancer Research Group, are co-contributors to *Endpoints*. Together they are a creative force, as evidenced by the following interview.



Jaye Viner, Ernest Hawk
Not Pictured: Julia Lawrence

Who was your most influential teacher? Experience.

What do you like most about your work? Teamwork.

What has been your favorite journey? It's not the journey, it's the destination.

What is your favorite film? Anything from the Mel Blank oeuvre.

What is your favorite sport? Competitive parking.

What are you currently reading? Title 9, CFR1-1, Section 2.126 - Access and inspection of records and property.

What is your greatest accomplishment to date? Honorable Mention in this contest.

How did you come up with "Endpoints" for your contest entry? We put on our thinking caps. ■

News from the Contracting Arena

JEANNETTE JOHNSON

The Prevention, Control and Population Sciences Section (PCPSS) of the Research Contracts Acquisition Branch (RCAB) is composed of four contracting teams dedicated to support the contract requirements of the Division of Cancer Prevention and the Division of Cancer Control and Population Sciences. The section provides guidance and assistance to the project officers in preparation of project plans, the development of statements of work, reporting requirements, technical proposal instructions, evaluation criteria, and any other assistance necessary to bring a research concept to contract award. PCPSS will also assist with any special requirements such as a Justification for Other than Full and Open Competition (JOFOC), when a sole source procurement is appropriate. PCPSS will then track the project through the various pre-award stages to include release of a request for proposal, receipt and review of proposals, source selection determination, and ultimately contract award. Once the contract for the project is awarded, the contracting staff will help the project officer in tracking both contract expenditures and progress.

Support is provided to the program area through a wide array of contracting mechanisms including master agreement orders. Contracts are both for biomedical research (N01 contracts) and support services (N02 contracts).

PCPSS currently supports the following areas: pre-clinical and clinical trials in support of the chemoprevention drug research program, a bio-repository contract in support of DCP clinical trials, a major early detection trial for prostate, lung, colorectal and ovarian cancer (PLCO), and major clinical management trial atypical squamous cells of undetermined significance/low grade squamous intra-epithelial lesion (ASCUS/LSIL Triage Study).

Some breaking news on the horizon is the development of a new contracting arrangement whereby NCI/DCP, with the assistance of PCPSS/RCAB, is forming a partnership between our clinical trials principal investigators, the pharmaceutical industry, and the NCI to test promising new chemopreventive drugs on different target organs. Already several meetings have been held to ensure that all issues are addressed, such as data rights, patent rights, control over the trial, etc. NCI is breaking new ground by using this type of arrangement and it appears that we will see more multiple partnership initiatives in the future. PCPSS is a service organization ready to work with the DCP project officers in all their endeavors. The Chief of PCPSS, Ms. Jeannette Johnson, can be contacted at (301) 435-3838, Fax (301) 402-8579 and E-mail johnsonj@rcb.nci.nih.gov. ■

Electronic Access to NCI Official Grant Files Coming to Your Very Own PC or Mac!

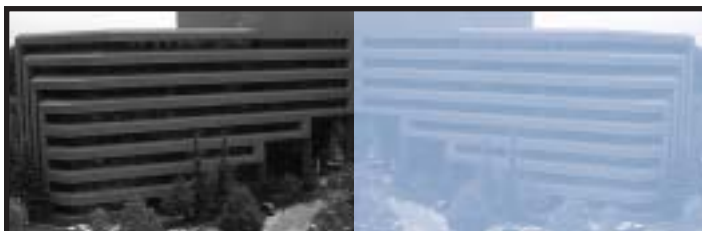
DONALD COURTNEY

Whether responding to correspondence or a telephone call, any grants-related action taken by a grants management specialist or program director generally requires that the official paper grant file be physically obtained and reviewed from the Grants Administration Branch (GAB) Records Management Center located in Executive Plaza South, on the Terrace Level. For a large institute like National Cancer Institute (NCI), the management of 20,000 official grant files is a major undertaking. The movement and tracking of thousands of paper files to and between specialists, program

directors and other support staff is time consuming and expensive.

GAB, NCI is launching an Electronic Image Management System (**eGrants**) on November 1, 1999. Thus far more than two million grant document images have been converted to indexed electronic images. **eGrants** will enable authorized users to access official grant file multi-page documents (notices of grant award, progress reviews, other support listings, grant related correspondence, the research application itself, etc.) via the NCI Intranet through an indexing scheme or through full text search. Once accessed, documents and sets of documents can be paged through, printed, annotated (but not changed in storage), inserted as images into text documents (e.g., Word, Word Perfect, spread sheets, etc.), and transmitted electronically to another user.

Internet Explorer or Netscape will be required to access and use **eGrants** from any authorized PC or Mac workstation. Stay tuned for further details. ■



DCP home base: Executive Plaza North and South

The reorganization of the Division of Cancer Prevention has brought about many changes and new faces. To introduce these new faces we have set aside a special place in our newsletter.



Steve Hursting, Ph.D., MPH, RD
Deputy Director, Cancer Prevention Fellowship Program
From the M.D. Anderson Cancer Center in Houston, Texas



Mukesh Verma, Ph.D.
Program Director, Cancer Biomarkers Research Group
From National Institute of Allergy and Infectious Diseases (NIAID) research



Pamela Marcus, Ph.D.
Epidemiologist, Biometry Research Group
From the Cancer Prevention Fellowship Program



David Kausal, M.A.
Program Specialist, Prostate and Urologic Cancer Research Group
From the Food and Drug Administration (FDA)



Heide Weaver
Program Specialist, Office of Preventive Oncology
From the National Institute of Mental Health (NIMH)



Lisa Marie Poe
Administrative Assistant, Office of Preventive Oncology
From the National Archives and Records Administration

Charles Dinh
Office Automation Clerk,
Office of Preventive Oncology

DeBorah Gunter, Pharm.D.
Clinical Research, Pharmacist
Prostate and Urologic Cancer Research Group

Andrew Hruszkewycz, M.D., Ph.D.
Special Expert,
Prostate and Urologic Cancer Research Group

Christine Donati
Administrative Program Assistant,
Cancer Biometry Research Group

Nicole Harris
Secretary, Lung and Upper Aerodigestive
Cancer Research Group

New Era in Cancer Prevention Research continued from page 1

prevention trials, nutritional science, cancer biomarkers, early detection, basic prevention science, and biometry—coordinate their efforts with our Organ System Research Groups—breast and gynecologic cancer, prostate and urologic cancer, lung and upper aerodigestive cancer, and gastrointestinal and other cancers.

This coordinated approach encourages rapid and focused response to research opportunities. It fits our translation research mission to achieve public health benefits based on evidence from a broad range of prevention sciences. Also, it leverages our knowledge and encourages effective communication and networking across the Division, the Institute, our

ever-widening research community, and society. The dynamic, flexible nature of the Division's matrix is a highly suitable framework for facilitating research progress and should serve us well in advancing the frontiers of biomedical science as they relate to cancer prevention research.

I am very pleased to join you in welcoming this first issue of our newsletter. We view the newsletter as an integral part of our overall communication process, one that will encourage an open exchange of information with organizations and individuals who are working to reduce the cancer burden and, thus, one that will help us to open a new era in cancer prevention research. ■

DCP Transforms into a Matrix-based Organization continued from page 3

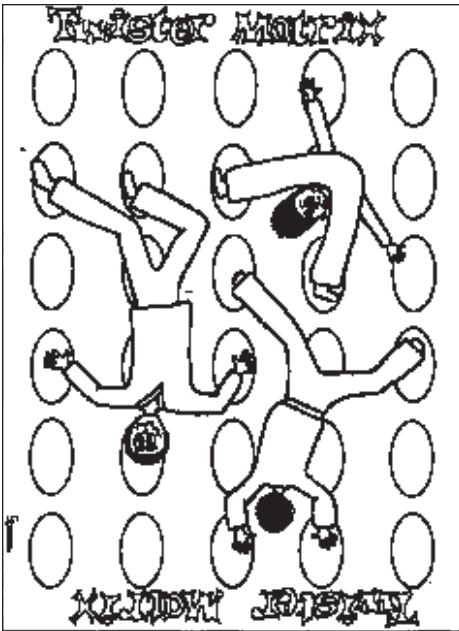
also resolve conflicts between project team leaders and research groups.

The Future of the Matrix

As Dr. Kaluzny indicated, "The challenge will be to overcome the different cultures and perspectives that have emerged within the division and sustain the commitment to the larger division over time. Clearly, the benefits outweigh the risks. Yet as marathon runners like to say, 'the race starts at the 22nd mile'."

In the sci-fi movie, "*The Matrix*," the heroes fought to save the human race from the machine controllers of the oppressive matrix. In DCP, everyone is working hard to make the matrix a success and model for the institute. Although initially some apprehension was apparent, Dr. Greenwald now sees a great deal of enthusiasm about the changes in DCP. When DCP staff are asked "how are things in the matrix?", the answer is usually positive.

An update on life in the DCP Matrix will appear in the next issue of the **PreventionPOST**. Stayed tuned. ■



Graça Dores, M.D.
Dr. Dores is a fellow in
the Cancer Prevention
Fellowship Program.

The DCP Newsletter Team

Douglas L. Weed
Editor-in-Chief



Teamwork: one of the trendy catchwords of our popular business culture, along with leadership, communication, and commitment. You can fill a bookstore shelf with claims about what it takes to be a team player. The topic begets aphorisms, like “Every team needs a coach,” or Knut Rockne’s famous admonition to his players: “no star playing, just football.”

Despite its popular appeal, teamwork is not the usual stuff of biomedical science. We don’t *do* teams. Instead, we talk of “collaborators.” And although collaboration means “working together” it also implies a detached almost sterile set of interpersonal interactions. Collaboration is what spies do. Teamwork is somehow very different. Teams *play* together and celebrate victory together; teammates trust and rely upon one another.

Building effective teams is just as appropriate and important for us in a

government research agency as it is for salespeople and CEOs. We need teams because we are committed to the basic (and indeed, beneficent) goal of cancer prevention and teamwork will help us realize our goals.

Easy to say. And in my short experience as editor of this newsletter, achievable. In six months, the newsletter team—a small all-volunteer army comprised of administrative staff, scientists, and managers representing several components of the newly reorganized Division of Cancer Prevention—put heads and hands together and crafted a fine newsletter. We worked together. We each did our share and relied on the others to do theirs. We argued a bit. But we never took our sights off the common goal: that this first issue would arrive on time and, by all the gremlins that keep government organizations from doing their best, it would be an excellent publication. I believe we have achieved what we set out to accomplish. But don’t take my word for it. Read this first issue of the **PreventionPOST**. Decide for yourselves. Then let anyone on our team know what you think. ■

PreventionPOST

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