

PreventionPOST

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NEWSLETTER OF THE NCI DIVISION
OF CANCER PREVENTION



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From the Top

LESLIE G. FORD

Associate Director for Clinical Research, DCP



We can (and should) learn the science of cancer prevention from textbooks and lectures. However, the passion for prevention is equally critical for advancing the field. I developed a passion for prevention when I met participants in our first Breast Cancer Prevention Trial (BCPT) in the early 90's. These women put a human face on an abstract concept. Their sacrifices and experiences help to explain why I am so committed to the concept of cancer prevention. In discussions with them, I heard how families are ravaged by the consequences of breast cancer, how mothers, sisters, and daughters suffer and die. The women were grateful for the opportunity to help find an answer to preventing this disease. When we opened the second breast cancer prevention trial, the

Study of Tamoxifen and Raloxifene (STAR), 1,126 of the women from the placebo arm of the first study (BCPT) enrolled. I was humbled by the commitment and resolve of these women.

Like many of us, I am far from the "trenches" in my daily administrative activities. However, it is important to keep our eye on the real reason for our diligent efforts. Meeting the people whose lives we ultimately affect helps bring our ultimate purpose into better focus. While our individual responsibilities may vary, the goal of our work is the same, to advocate for the pioneering field of cancer prevention science across the entire research spectrum, and to bring prevention into community clinical and public health practice. If we approach these responsibilities with the same energy as our research participants, we will be well on our way to turning the passion for prevention into reductions in cancer incidence and mortality. ■

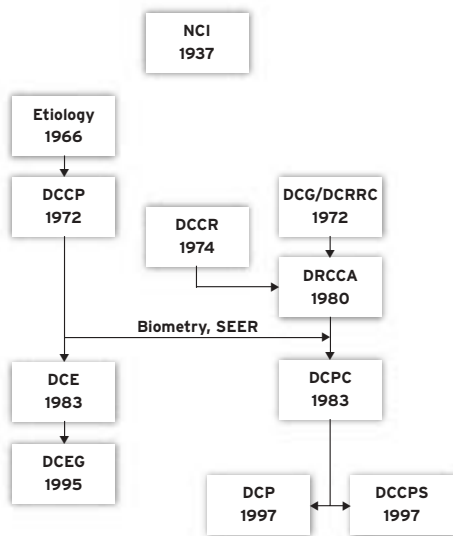
Of Heritage and History

PAMELA MARCUS

DCP, DCPC, DRCCA, DCCR, DCRRC, DCG, DCCP... what do these initials stand for? The first two are easy: our very own Division of Cancer Prevention and its immediate predecessor, the Division of Cancer Prevention and Control. The others may seem like random strings of letters to most of us, but some probably recall that they refer to past NCI divisions. All represent DCP's ancestors, and therefore, our heritage and our history.

In a sense, DCP dates back to 1937 – the year FDR signed The National Cancer Institute Act. Back then, NCI wasn't organized the way it is now. There were no divisions in 1937; a solid organizational structure didn't appear until 1966. In that year, NCI coordinated related activities by establishing 4 directorships, including the Scientific Director for Etiology. "Etiology" housed three Associate Scientific Directors: one for Demography, one for Carcinogenesis, and one for Viral Etiology. Demography housed the Epidemiology Branch and Biometry Branch, the forerunner of DCP's Biometry Research Group. Robert Miller, who today is Scientist Emeritus in the Division of Cancer Epidemiology and Genetics (DCEG), headed Epidemiology; William Haenzel, who passed away in 1998, headed Biometry.

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With the signing of the National Cancer Act of 1971, NCI was transformed into a smaller version of what it is today. Under the 1971 reorganization, four divisions were established: the Division of Cancer Biology and Diagnosis, the Division of Cancer Treatment, as well as the two Divisions

which laid the groundwork for today's Community Clinical Oncology Program (CCOP). DCCR's alumni include Win Malone of DCP's Basic Prevention Science Research Group and Dick Costlow, who today provides consulting to the on-going PLCO Cancer Screening Trial.

In 1980, the Division of Resources, Centers and Community Activities (DRCCA) was formed through a merger of DCCR and the majority of DCRRC. DRCCA, with Peter Greenwald at the helm, continued the commitment to cancer control, developing programs in education (for both physicians and the lay public) and other aspects of community outreach. During its existence, DRCCA funded at least sixty-two CCOPs, allowing cancer patients access to clinical research in their own communities. DRCCA established its Prevention Program to initiate cancer prevention research in the areas of diet, chemoprevention, early detection, and occupational exposures. Dick Costlow, who headed DRCCA's Preventive Medicine Branch, says that DRCCA "...set the stage for future research including clinical trials, epidemiology, nutrition, chemoprevention, and applied and basic research. Dr. Greenwald brought the Division to the forefront of research and development of cancer control measures."

that figure prominently in DCP's lineage: the Division of Cancer Cause and Prevention (DCCP) and the Division of Cancer Grants (DCG), which soon after became the Division of Cancer Research, Resources and Centers (DCRRC).

For all intents and purposes, DCCP was only a name change for Etiology. Demography changed its name too, to Field Studies and Statistics. Many familiar faces around DCP today were part of DCCP, including Don Corle, Jenny Gaegler, Gary Kelloff, Dave Levin, and Phil Prorok. Some of today's members of DCEG and the Division of Cancer Control and Population Sciences (DCCPS) also could be found in DCCP – Aaron Blair, Sue Devesa, Joe Fraumeni, Ben Hankey, Connie Percy, and Debra Silverman. John Bailar and Fred Li, two well-known extramural researchers, also are DCCP alumni. DCCP's claims to fame include the 3rd National Cancer Survey, the establishment of SEER, and publication of the 2nd edition of Cancer Rates and Risks (the 4th edition was published in 1996). In addition, DCCP administered the Veterans Administration Cooperative Urological Research Group (VACURG), a network through which prostate and bladder cancer treatment trials were conducted.

DCRRC oversaw NCI's grant-supported activities, including programs focused on treatment, education and training, cancer centers, and biological research. DCRRC's Cause and Prevention Branch headed by Thaddeus Domanski was housed in the Biological Research Program.

In 1974, NCI added a new division – the Division of Cancer Control and Rehabilitation (DCCR). DCCR's mission was to develop and oversee an integrated program of cancer control and rehabilitation activities, with the goal of reducing cancer incidence, morbidity, and mortality. DCCR was involved extensively in outreach and community activity. In 1976, DCCR began a program to allow patients in community hospitals to participate in clinical trials (later known as the Cooperative Group Outreach Program); in 1978, the Division made plans for the Community Hospital Oncology Program (CHOP),

In July of 1983, the SEER Program and the Biometry Branch, both housed at that point in DCCP, were transferred to DRCCA. Later that year, DCCP changed its name to DCE – the Division of Cancer Etiology. DCE changed again in 1995 – this time to its present-day name of DCEG.

And DRCCA, on December 5, 1983, changed its name too – to the Division of Cancer Prevention and Control (DCPC). Prevention was a new concept when DCPC came into existence, and relatively little research had been done to determine the best way of conducting and implementing prevention and control programs. Throughout its history, DCPC made important contributions in prevention and control, too many to mention by name and in detail. Briefly, DCPC is known for establishing the Breast and Prostate Cancer Prevention Trials, the PLCO Cancer Screening Trial, the 5 A Day for Better Health Program, and the COMMIT and ASSIST Programs. DCPC's Cancer Prevention Fellowship Program, started in the mid-1980s, remains today one of the premier resources for education and training in cancer prevention and control.

October 1997 marked the end of DCPC. Control activities were shifted to DCCPS, and prevention activities to DCP. And there we remain – the Division of Cancer Prevention.

What will the next 60 years bring? It's hard to know, but without a doubt, there will be more research, more lives saved, and more initials! ■

[Author's note: This article would not have been possible without the substantial contributions of Aaron Blair, Don Corle, Dick Costlow, Sue Devesa, Jenny Gaegler, Peter Greenwald, Judy Grosberg, Ben Hankey, Dave Levin, Robert Miller, Gloria Rasband, and Doug Weed.]

Early Detection Research Network

RON LUBET

The recent unveiling of details of the human genome will undoubtedly result in new ways to treat, prevent and diagnose disease. This information may help cancer researchers in their efforts to detect tumors before they become life-threatening. The Early Detection Research Network (EDRN), was created with the primary objective to identify, characterize, and validate biomarkers that identify precancerous changes or individuals at high risk of specific neoplasias.

Biomarkers (for example, genes, gene products or metabolites of gene products) that may help in the diagnosis or prognosis of cancer have been examined for many decades. Certain markers, for example, estrogen receptor status, have proven clinically useful in determining sensitivity to hormonal manipulation in breast cancer. Most marker studies however have involved small numbers of clinical samples, furthermore, replication of results by other laboratories has often been lacking. The NCI saw a need to develop a network of laboratories and researchers, as well as collections of clinical samples, that could examine potential biomarkers of early neoplasia, refine and optimize methods for examination, and validate markers. Thus, ERDN was born.

A New Paradigm

EDRN represents an unprecedented level of collaboration among investigators nationwide. It is investigator driven and investigator managed. The staff members of the Division of Cancer Prevention are heavily involved in logistical and administrative aspects of EDRN. The overarching rationale behind EDRN is the idea that groups of excellent extramural investigators, when given financial and logistical support, can effectively and quickly explore an area of research, in this case, early detection opportunities.

Scientific Components Of EDRN

The EDRN network consists of four major components. The components are 1) Biomarker Development Laboratories (BDL): The eighteen BDLs consist of specific investigators examining specific types of cancers. The BDLs employ a wide variety of the most technically advanced genomic and proteomic techniques to identify proteins, genes, or metabolites whose expression may be altered during tumor development. Biomarker development involves examination of lesions as well as blood, serum, urine and saliva. 2) Biomarkers Validation Laboratories (BVLs):

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PreventionPOST



DCP Newsletter Project Team

EDITORIAL GROUP

Doug Weed (Editor-in-Chief)
Don Henson, Pamela Marcus, Dee Sullivan

DISTRIBUTION & INTERNET GROUP

Kathleen Foster, Judy Smith, Susan Winer

CARTOONIST

Graça Dores

LAYOUT & CONTRACT GROUP

Terri Cornelison (not pictured),
Jennifer Flach, Ron Lubet

FIRST ANNUAL LECTURE ON CANCER PREVENTION

On August 3rd, the First Annual Lecture on Cancer Prevention was held in Lister Hill auditorium on the NIH main campus. Dr. Richard Klausner, Director of the NCI, introduced our speaker, Bernard Levin, MD, Vice President for the Division of Cancer Prevention, M.D. Anderson Cancer Center, The University of Texas, in Houston, Texas. The title of Dr. Levin's lecture was *Cancer Prevention: What is the Future?*



Richard Klausner, Bernard Levin, and Douglas Weed

Dr. Levin, a renowned expert in the area of colorectal cancer research, serves on many committees. He is chairman of the American Cancer Society's National Advisory Task Force on Colorectal Cancer and was recently appointed Chair of the National Colorectal Cancer Roundtable.

As part of the introduction, Dr. Levin was presented with a certificate in appreciation of his participation in this newly created lecture series. ■

At the Forefront of Training

SUSAN WINER

On July 5th, the 15th NCI Summer Curriculum in Cancer Prevention began with its course, "Principles and Practice in Cancer Prevention and Control". We had a record 75 attendees. Because of the large size, lectures were held at the Neuroscience Building, located on Executive Boulevard near our office. For next summer's course, we plan to have space for 100 participants.

Each summer, Dr. Federico Welsch, Director of the Office of International Affairs, NCI, sponsors a group of international researchers who attend the course. This year, eight researchers, representing Egypt, Vietnam, Republic of Korea, Kenya, Armenia, Hungary, and Gaza Governates, participated. They provided valuable information on cancer activities within their countries.

This summer, a new course, Molecular Prevention, was added. This course was limited to 45 participants and had a waiting list nearly as long. Next year we will be able to accommodate a larger number of interested researchers.

The grant writing workshop continues to move ahead. Several of our Fellows have submitted grants and are awaiting the outcome.

Recruiting for the Cancer Prevention Fellowship Program has been in full swing. During the summer of 2000, we could be found at the Office of Special Populations' Cancer Control Academy in Bethesda, Maryland and at the American Psychological Association Meeting held in Washington, DC. This was a large meeting of approximately 13,000 people. Sharing the booth was the Division of Cancer Control and Population Sciences, Applied Research Branch. Literature and brochures about the Fellowship Program are displayed at the major association meetings including, the World Tobacco Conference in Chicago, American Public Health Association (APHA), and American Society of Cell Biology (ASCB).

Fellows Corner

Most of our first year fellows spend their initial year in master of public health programs.

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Top Row: Charles Dinh, Charisee Lamar, Susan Winer, Christian Abnet, Philip Castle, Claudine Kavanaugh, Steve Hursting, Mollie Howerton, Volker Mai, Lauren Hughes, David Berrigan, Doug Weed, Jackie Lavigne, Lisa Colbert, Heng Xie.

Bottom Row: Susan Steck, Ann O'Mara, Barbara Redding, Graça Does, Heide Weaver, Beth Dixon, Rachael Stolzenberg-Solomon, Deirdre Lawrence, Pothur Srinivas, Rita Misra, Elizabeth Jones, Pam Mink



Summer course



AWARDS

Congratulations go to the recipients of the first Cancer Prevention Research Training Merit Award - Bill Anderson and Kathleen Jennings-Dozier. Bill and Kathleen received certificates and cash awards.



Bill Anderson



Kathleen Jennings-Dozier

Recently, Rachael Stolzenberg-Solomon along with senior investigator, Dr. Rashmi Sinha, received a grant from the Division of Cancer Epidemiology and Genetics. ■

ON THE PERSONAL SIDE

We would like to congratulate Lisa and Sean Poe on the birth of their second son, Keith Joseph, as well as Elizabeth Jones and her husband, William Pritchard, on the birth of their third child, David. Best wishes go to Volker Mai and his bride, Vinata Vedam. ■

INVITED LECTURE

Doug Weed gave a lecture at Grand Rounds in the Clinical Center, NIH. The title of his July 11 lecture was "Science, Ethics, and the Future of Preventive Oncology".

The Protocol Information Office

JENNIFER FLACH

The Protocol Information Office was created to provide a standardized approach to the administration and review of clinical studies in the Division of Cancer Prevention. After the Division reorganized into a matrix structure, a project team examined the historical clinical protocol review practices in the former Chemoprevention Branch and Community Oncology and Rehabilitation Branch. The project team recommended the establishment of a centralized office for the review of clinical study concepts and protocols across the clinical Research Groups. “The goal of the PIO is to provide a transparent and seamless process for the review of clinical protocols and management of protocol-related information,” said Leslie Ford, Associate Director for Clinical Research.

The PIO existed as a virtual office until it was officially established in Fall 2000 in the Office of the Associate Director for Clinical Research, Office of the Director, DCP. Three individuals make up the PIO. Linda Parreco, Clinical Trials Nurse Specialist, heads the office. She joined DCP from Georgetown University in August 1999, and had worked in the Wichita CCOP prior to Georgetown. Jennifer Flach, Clinical Research Program Specialist, moved to the PIO in 1999 from COP-TRG, where she was located for 5 years. D’Annie Gunter, Pharmacology Specialist, worked at the Food and Drug Administration before coming to NCI. The PIO relies on the talents of a number of DCP and other NIH personnel in the review of protocols and other



Linda Parreco

activities. In addition, the PIO receives administrative, scientific, and regulatory assistance from CCS Associates, a DCP technical support contractor.

DCP conducts reviews of scientific, programmatic, statistical, safety, and regulatory aspects of the clinical protocols it sponsors. To accomplish this, the PIO interacts most often with the Community Oncology and Prevention Trials, Chemoprevention Agent Development, Organ Systems, and Biometry Research Groups. Studies come from a variety of funding mechanism including contracts, cooperative agreements, and grants. The PIO coordinates such reviews for a spectrum of DCP-supported clinical studies, including all phases of clinical research.

“The PIO has provided a needed extra set of eyes for reviewing protocols. This effort has shortened the protocol approval process which in turn has made the process more efficient. It’s also nice to have a one stop information office for the current status of Phase I and II Clinical Trials,” explained Schuyler Eldridge, Contracting Officer, who manages the contracts for many of DCP’s early phase chemoprevention studies. The PIO abstracts and maintains protocol-related information that is used for internal oversight, decision-making, reporting, and responding to queries from Contracts and Grant staff, Congress, extramural investigators, PDQ, the NCI Office of Communications, and other DCP constituents. The PIO is developing a way to track milestones in protocol development, implementation, and completion. When this process is put in place, it will help allow DCP prevent languishing studies and help utilize resources more carefully.

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Cancer Prevention Fellowship Program continued from page 4

Our first year fellows and their choice of schools include:

Johns Hopkins University

Erik Augustson
La Creis Kidd
Kerri McGowan-Lowery
Pauline Mysliwicz
Dina Paltoo
Mark Parascandola
Heather Poetschke-Klug
Susan Thomas
Maya Zecevic

George Washington University

Alexis Bakos
Jennifer Eng-Wong

Harvard University

Theodore Marcy
Janet Tooze

University of North Carolina at Chapel Hill

Christopher Kennedy
Leah Mechanic

We wish all of our former Cancer Prevention Fellows the best of luck in their continuing careers. Bill Anderson joined the Gastrointestinal and Other Cancer Research Group, DCP. Kathleen Jennings-Dozier has just accepted a position as an Associate Professor, College of Nursing and Health Professions at MCP Hahnemann University in Philadelphia, PA. Kevin Knopf joined a private oncology practice near Annapolis, Maryland; Deirdre Lawrence is now an Epidemiologist in DCCPS; Ellen Velie took a position as an Assistant Professor, Department of Epidemiology at Michigan State University in East Lansing, MI; and Mary Ellen Wewers returned to Ohio State University as a Professor in the College of Nursing. ■

Elizabeth Jones and Susan Steck have already started their research here at the NCI.

DCP Retreat Yields Project Teams

JUDY SMITH

The Governor Calvert House in beautiful Annapolis, Maryland was the setting for the annual DCP “All Hands Retreat” held May 3-4. This year’s event began with a reception and dinner on Wednesday evening and concluded on Thursday following a full day of sessions. Throughout the day, staff members were assigned to participate in small working groups on a variety of topics relevant to the Division. The assignments were rotated to ensure that each participant had an opportunity to interact with different individuals. Rhey Palmer joined the group as retreat facilitator and kept the discussion lively and on target. Agenda topics open to discussion this year included staff orientation, marketing and communication, recruitment and retention, and the awards process. The topics were developed into project teams and assigned team leaders

by Dr. Greenwald at the conclusion of the retreat. Results and final reports of the project teams were presented to Dr. Greenwald at a Team Leader meeting held on August 2nd.

The Staff Orientation Project Team was charged with developing an orientation plan to facilitate the transition of new DCP employees into the Division. Team members included team leader Judy Smith (LUACRG), Jim Crowell (CADCRG), Jenny Gaegler (BRG), Ann Malner (OD), Barbara Redding (OPO), Ellen Richmond (GOCRG), Sheila Stempler (OD), Eva Szabo (LUACRG), and Lindy Wong (COPTRG). Team members collected, reviewed, and organized information from a number of sources including the NIH general orientation program, DCP materials, government websites, discussions with new employees, notes from the retreat, and staff development literature. The Project Team produced an Orientation Manual that standardizes the structural pathway for the orientation and integration of new staff members into the Division. The team will remain intact to evaluate the effectiveness of the program through a series of surveys to be distributed later this year to group chiefs, orientation preceptors, and new employees.

The Awards Project Team was led by Rose Mary Padberg (OD) and included Iqbal Ali (BPSRG), Martha Basinger (CADRG), Linda Parreco (OD), Gloria Rasband (OD), Vernon Steele (CADRG), Jaye Viner (GOCRG), and Heide Weaver (OPO). In their final report to the Director,

the team presented a review of award principles, the existing award structure, DCP’s award record for civil servants and PHS staff, and recommendations for future award practices. The team stressed that supervisors, new as well as experienced, could benefit from training to better acknowledge staff contributions and excellence.

The Communications and Marketing Project Team, led

by Kara Smigel-Crocker (OD), was developed to assist in sustaining and expanding the prevention research program of DCP and to address DCP-related sections of the Extraordinary Opportunities in Communication. The project team was asked to address several issues regarding the awareness of DCP and prevention science, especially as perceived by the general public, U.S. Congress, and the scientific community. The team



Governor Calvert House

developed a Promotion Plan that details strategies to promote DCP and the prestige of prevention science, and recommends the plan as a guide for the Division’s pursuit of evidence-based, audience-targeted communications strategies. Other team members include Lora Kutkat (CBRG), Jennifer Flach (OD), Andrew Hruszkewycz (PUCRG), Thea Kalebic (CBRG), David Kausal (PUCRG), Levy Kopelovich (CADRG), Pamela Marcus (BRG), Howard Parnes (COPTRG), Dee Sullivan (EDRG), and Claudette Varricchio (COPTRG).

In their final report, the Recruitment and Retention Project Team summarized the steps and timing involved in the current DCP hiring process, identified new NCI-wide initiatives, benchmarked recruiting practices in other NCI Divisions and other NIH Institutes, and reported on integration with the Marketing Project Team to strategize marketing aspects of recruitment. Project Team members include team leader Steve Hursting (OPO), Terri Cornelison (BGCRG), Kathleen Foster (BGCRG), Young Kim (NSRG), John Milner (NSRG), Paul Pinsky (EDRG), Carole Watson (ARC), and Susan Winer (OPO). Long-term plans for the team include identifying, prioritizing, and developing strategies for dealing with critical “environmental” issues related to recruitment and retention, such as options for access to labs and clinics, joint appointments with other divisions or local academia, competitive salaries and benefits, and mentoring and staff development. ■

EPS Library Serves the NIH Community

DON HENSON

Our library in EPS should capture our pride. It is the smallest certified member of the National Network of Medical Libraries. Yet our EPS library serves all of Executive Boulevard.

Under the capable supervision of Gloria Rasband for more than 10 years, the library has continued to grow in size and importance. It has more than 450 journal and newsletter titles, a growing collection of books, and a website (<http://eplibrary.nci.nih.gov>). Through the web, staff can search the book database and directly access articles from more than 160 on-line journals. Most of the books are gifts from other libraries that have duplicate titles. Unique at NIH in providing services for its size, the EPS library maintains two copy machines one of which has color, a computer, and carrels for literature review.

In addition to her management responsibilities and other duties, Gloria has always made herself available to help staff. She offers immediate assistance in research reference emergencies, guides newcomers through literature searches, orders and

exchanges books through the interlibrary loan, returns books to the main library, and renews library cards. Gloria will soon start a new service designated "Current Alert." Staff will be able to receive the latest contents of favorite journals as they appear in electronic form. Katherine Chen of DCEG, who also translates Chinese medical journals, assists Gloria. Eve Axelrod, a student at Barnard College, helps in the summer.

The library started in the 1970s as two separate collections of journals, one from the Division of Cancer Prevention and Control and the other from the Division of Cancer Epidemiology and Genetics. The collections were merged when the library moved to EPS. Because of the dual collection, the library was originally known by the names of the divisions. The name was changed in 1997 to the EPS library.

For convenience, the library is open from 7:30 AM to 6:15 PM. FACS card allows entry at other times. ■

Gloria Rasband



INDIVIDUAL SPOTLIGHT

TERRI L. CORNELISON

GLORIA RASBAND has a passion for libraries and computers, and combines these interests as Technical Information Specialist for the National Cancer Institute (NCI) Executive Plaza South (EPS) Library. She was born in Petoskey, Michigan, a pretty resort town, and grew up in Grand Blanc, Michigan. Ms. Rasband earned her bachelor's degree from The University of Michigan – Flint College, and her masters degree in reading/special education from Eastern Michigan University. After teaching first grade she came to the NCI in the mid 1970's and worked as an epidemiologic research assistant for Dr. Fraumeni, where she readily mastered the then very cumbersome Medline retrieval program. Since then she has served as Social Science Analyst in the National Institute of Mental Health, and as Computer Programmer for both the Division of Computer Research and Technology (where she became Cobol, Fortran, and Pascal literate), and for Dr. Marciniak at the Division of Cancer Prevention and Control (DCPC). In addition to these activities, she stayed home for many years to care for her son, helped friends in their businesses, helped run after

school day care programs in her church and elementary school, and helped a design company produce activity sets that challenge the elderly in nursing homes to think and reminisce.

Knowing that she always wanted to work in a library, Gloria Rasband worked part-time at the Environmental Law Institute Library cataloging books, and became the EPS Librarian 10 years ago when the position opened. Ms. Rasband feels that her guardianship of the EPS library is by providence because this library was created from the merging of her old library in the Landow Building, Bethesda, Maryland with the old DCPC library in the Blair Building, Silver Spring, Maryland. This position "pulls together loose ends from my past, and I am happy to be working with the wonderful people from long ago, as well as all the new ones". As an EPS Technical Information Specialist, Ms. Rasband now has ties with all staff from the Division of Cancer Prevention (DCP), Division of Cancer Control and Population Sciences (DCCPS), and Division of Cancer Epidemiology and Genetics (DCEG). ■

Who was your favorite teacher?

My kindergarten teacher because her classroom had one of those water dispensers with the little cone-shaped cups.

Who was your most influential teacher?

My library science professor from the Library of Congress. She was Chief of the Congressional Reference Service, and was an inspiration.

What is your favorite book, and why?

The Celestine Prophecy by James Redfield. It offers a very positive and hopeful outlook for the future.

How do you relax? I take my dog Sparky for a walk. I also like canoeing and walking in the woods with my husband. My husband and I are planning to start tandem bicycle riding.

What has been your favorite journey?

A trip to Germany, France, and Switzerland with my husband. I was able to live out my Grandmother's dream of visiting her homeland.

What place have you never been to that you would like to visit?

Alaska. I hear it is spectacular.

What is the best meal you have ever had? I have had so many.

What is your favorite color? Green.

What is your favorite number?

Eleven, because I was born on 11/11.

What is your favorite sport?

Ping-pong!

What is your favorite vegetable?

Corn.

What do you hate the most?

Smoking! Smoking! Smoking!

What is your greatest love?

Eating and Sleeping.

If you could change just one thing in the world, what would it be?

That people would say "hello" to each other, and just be kind to one another.

What is your greatest accomplishment to date?

Raising our son who is now in high school. ■

What Information is Available About Me?

CAROLE WATSON

You may ask, “How much information can someone obtain about me, just because I work for the Federal Government?” This is a common question raised by employees caught in the struggle between the legislative requirements of government and their desire, as Federal employees, for personal privacy.

The Privacy Act is the law that protects much of our privacy. Still, as Federal Government employees, Federal regulations make certain information about us available to the public, upon request. The Code of Federal Regulations (CFR) states that, “the following information ... about most present and former Federal employees is available to the public (5 CFR 293.311(a)):

- Name
- Present and past position titles and occupational series
- Present and past grades
- Present and past annual salary rates
- Present and past duty stations, and
- Position descriptions, identification of job elements, and performance standards.”

Title 21 of the Code of Federal Regulations allows for the release of contact information, stating that: “[t]he ... work address, and work telephone number for every employee are available for public disclosure.” However, this same regulation also denies certain information, stating that: “[t]he home address and home telephone number of any such employee are not available for public disclosure.”

The Privacy Act and Exemption 6 of the Freedom of Information Act (FOIA) protects Federal employees from any unqualified release of personal information. Exemption 6 protects information in personnel and medical files from disclosure that would constitute a clearly unwarranted invasion of personal privacy. Information that may **not** be released includes:

- date and place of birth
- age
- marital status
- home address and phone number
- medical records
- details of health and insurance benefits
- the substance of promotion recommendations
- information concerning or provided by relatives and references
- allegations of misconduct or arrests
- military service number
- Social Security Number

Requests are sometimes received for employee resumes. In that instance, the requested documents are provided but the information noted above is deleted, or sanitized, along with the deletion of the following information: license numbers; attachments not specifically referenced in the resume; dates that degrees were earned; and locations of private sector employment.

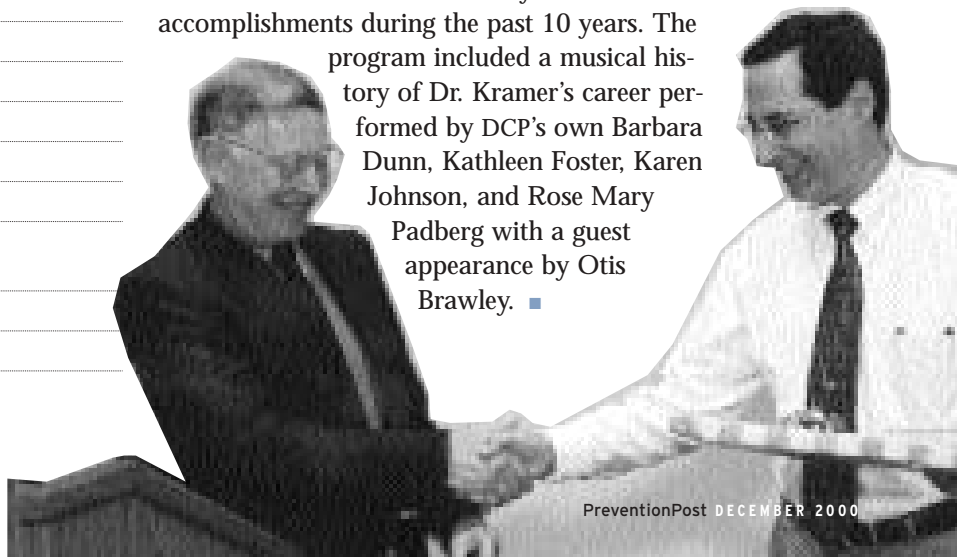
Requests can be made for other information that is not covered by the Privacy Act or the FOIA. These include requests for information to be used in Equal Employment Opportunity and security clearance investigations. In these instances, the officials who receive personal information in the course of their duties are trained to protect the privacy of employees. It is against the law for any employee or Government official to use or share personal information for any purpose other than that associated with official business.

What is the answer to the original question? The answer is that anyone can learn what we do for the Federal Government and where we do it. They can also receive other work-related information. But private information – the information that has no relevance to our jobs – is protected by the Privacy Act and Exemption 6 of the FOIA. This is just as true for Federal employees as it is for the public we serve. ■

Barry Kramer Moves on... But Stays Connected

DCP’s Deputy Director, Barry Kramer, has moved on. He is now the Director of the Office of Medical Applications of Research (OMAR) at NIH. Dr. Kramer will stay connected with DCP however as a Senior Medical Scientist in the Division.

On July 26, 2000, DCP hosted a reception in honor of Dr. Kramer at Wilson Hall in Building 1 on the Main Campus. At the reception Dr. Peter Greenwald, Dr. Leslie Ford and others recounted many of Dr. Kramer’s accomplishments during the past 10 years. The program included a musical history of Dr. Kramer’s career performed by DCP’s own Barbara Dunn, Kathleen Foster, Karen Johnson, and Rose Mary Padberg with a guest appearance by Otis Brawley. ■



Nursing and Cancer Prevention: Paradox or Paradigm?

KATHLEEN FOSTER

A new job title, that of Nurse Specialist, Clinical Trials, has made an appearance of late in the Division of Cancer Prevention. This is a relatively novel experience for many in the Division, as nurses have traditionally been found in clinical settings. The hypothesis is that a nursing background of hands-on experience makes a contribution to the scientific arena of cancer prevention research. Several nurses have accepted the challenge of translating their expertise as clinicians and educators into this pioneering field within oncology. When asked how they view their current positions, the nurses consistently noted that their past experiences have enabled them to create a bridge between the worlds of clinical practice and prevention research.

The Office of the Director has two experienced oncology nurses on its staff, Rose Mary Padberg RN, MA, and Linda Parreco, RN, MS. Before joining the OD, both Rose Mary and Linda worked in clinical and administrative nursing positions. Rose Mary, Special Assistant to the Associate Director for Clinical Research and Program Director, finds that her previous experience with the treatment of cancer patients gives her insight into the informed consent process, making her a strong advocate for clinical trial participants. She finds that her practical experience in the field gives her a perspective on how things work, and aids her in advising others in trial development. Linda's experience in oncology case management has given her a grasp of the importance of quality standards and she is using this experience in heading the Protocol Information Office. Her expertise also contributes to the evaluation of review procedures for the development of new protocols, and in identifying areas where processes can be changed to improve consistency and quality.

Three nurses can be found in the Organ System Research Groups: Judy Smith, RN, MSN, AOCN, Lung and Upper Aerodigestive Cancer Research Group; Kathleen Foster, RN, BA, Breast and Gynecologic Cancer Research Group; and Ellen Richmond, RN, MS, CRNP, Gastrointestinal and Other Cancer Research Group. Judy has worked in clinical research settings in medical and radiation oncology, and as such has insights into administrative as well as functional aspects of conducting clinical trials. She finds that nurses with a broad knowledge base of cancer screening principles and practices can effectively

promote wellness through the dissemination of information that contributes to informed decision-making.

Kathleen, who has worked in the area of breast cancer screening, brings with her a heightened awareness of the concerns of high-risk women and their families. She finds that nurses, in addition to their problem solving skills, have traditionally functioned as a liaison between the patient or

community and the medical establishment. This role can carry over to the present environment as needs emerge for increased communication and knowledge sharing with extramural investigators, and their staff.

Ellen has previously coordinated all phases of a number of clinical trials, with an emphasis on GI cancers. This has served as a motivating factor in Ellen's practice of nursing. Past involvement in the intimate care of cancer patients fos-

ters a desire to prevent cancer. Her additional training as a Nurse Practitioner focused primarily on health promotion, disease prevention and chronic illness.

Rounding out the complement of DCP nurses are Claudette Varricchio, RN, DSN, FAAN and Ann O'Mara, RN, PhD, MPH. These DCP nurses focus their interests on tertiary prevention and complications arising from cancer. Claudette, Program Director and Nurse Consultant, oversees research activities in the Community Oncology and Prevention Trials Research Group. Her past experience was predominantly in an academic setting as School of Nursing faculty at various institutions around the country. In DCP, Claudette guides other researchers in their evaluation of interventions involving quality of life issues, symptom management and reduction of cancer associated morbidity. Ann is a Cancer Prevention Fellow, and with Claudette as her mentor, continues focusing her research on issues affecting cancer patients at the end of life, including better access to hospice care. Before coming to DCP, Ann worked in acute care oncology and as Program Director at the graduate level Oncology Nursing track, University of Maryland.

Nurses clearly bring a wealth of information and experience to the cancer prevention setting. In addition, all have discovered that their roles are defined by the unique work of the individual groups. As a "value added" factor, the role of Nurse Specialist will undoubtedly continue to broaden just as DCP has grown and changed. ■



Back row: Kathleen Foster, Ann O'Mara, Claudette Varricchio
Front row: Judy Smith, Ellen Richmond, Rose Mary Padberg

Joseph Cullen: Champion of Cancer Prevention and Control

DOUGLAS L. WEED

As readers of this issue of PreventionPOST have learned, NCI's Divisions of Cancer Prevention (DCP) and Cancer Control and Population Science (DCCPS) emerged from the Division of Cancer Prevention and Control (DCPC). Although many scientists and administrators had key roles to play in NCI's efforts to develop and support the science and practice of cancer prevention and control in DCPC, few were as dynamic and effective as Dr. Joseph Cullen, Deputy Director from 1982 through 1989. Joe was a prominent figure in the smoking prevention research scene, prime mover behind the now completed COMMIT and ASSIST projects, and an unapologetic promoter—a champion—of cancer prevention and control. In partnership with Peter Greenwald, he was instrumental in early efforts to design and promote a scientific approach to cancer control.

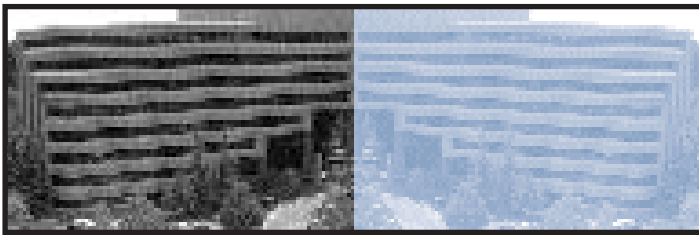
Born in Boston, he was by education and training a behavioral scientist, receiving a masters degree in Clinical



and Experimental Psychology from Boston College, and his Ph.D. in Physiological Psychology from Florida State. At the NCI, Joe built up a strong smoking and tobacco control research program until he was recruited to direct the AMC Cancer Center in the Denver, Colorado area. Hardly a year had passed by in this new position when, on vacation, he was found to have a brain tumor. Three days later, Joe Cullen died.

He will not be forgotten. The American Society for Preventive Oncology has a special achievement award given yearly in Joe's honor. The list of awardees include: Ellen Gritz, Tom Glynn, Tracy Orleans, Don Shopland, Mike Fiore, Ed Lichtenstein, Jack Henningfield, John Pierce, and Susan Curry. He is remembered today by those who knew him and worked for him as a leader and as a mentor, with energy and unbounded enthusiasm for cancer prevention and control. ■

The Protocol Information Office continued from page 5



DCP home base: Executive Plaza

“During the past months, the PIO staff has been busy not only keeping the day to day protocol and concept review work moving, but with learning and understanding the workings of the current system in which protocols are developed and reviewed,” said Linda Parreco. “Discussions with members of the Clinical Research Groups, the Contracts Branch, and others further educated us about those parts of the system that work well and those that need improvement.” This understanding will lay the groundwork on which PIO can create policies, procedures, and tools that are consistent with the values and goals of the division. Jim Crowell, Acting Head of the CADRG, said, “The PIO provides a focal point for the energy and expertise of the Division in clinical protocol development. Consistency of language usage, formatting, and performance measures will clarify communications and expectations within the Division and among the outside investigators.”

To support the work of the PIO, a web-based database system is being developed with the technical help of Oracle,

ScenPro, and the NCI Office of Bio-informatics. This system, called Protocol Information Management System (PIMS), will maintain data associated with the receipt, review, approval, initiation, and tracking of DCP protocol documents. Additional data fields and features will be phased in over time. The initial users of the system will be the PIO staff. In the future, DCP project officers, program directors, and program analysts will have access to system. PIMS is expected to be the first step towards an electronic enterprise system for DCP that will facilitate both internal and external communication.

“The development of a computerized management system will further increase the efficiency of regulatory management and, based on the use of the same software, broaden the data available to the DCP staff to include preclinical and pharmaceutical information.” said Jim Crowell, who has provided valuable input into the design of PIMS. Input from DCP staff and other future users has been crucial in the building and testing of PIMS.

The PIO contributes to the mission of DCP by helping the research groups move ideas from concept into active clinical studies faster and more efficiently. The PIO also improves customer service for the extramural investigators who develop and implement research for DCP. “While the concept and protocol review system needs to work efficiently for the DCP staff involved, the ultimate goal is that it work effectively for the end user, the Principal Investigator or Research Group submitting the clinical trial for review,” said Linda Parreco. ■

DEE SULLIVAN

We would like you to join us in welcoming new staff to DCP:



Twanda Adams
Program Assistant
Cancer Biomarkers Research
Group
From National Navy
Medical Center



William Anderson, MD, MPH
Medical Officer,
Gastrointestinal and Other
Cancers Research Group
From Cancer Prevention
Fellowship Program, DCP



Leah Holmes
Comprehensive Administrative
Technician, ARC
From United States
Department of Agriculture



Izet Kapetanovic, PhD
Program Director
Chemopreventive Agent
Development Research Group
From Antiepileptic Drug
Development Program, NINDS



Lora Kutkat, MS
Program Analyst
Cancer Biomarkers
Research Group
From Cancer Diagnosis
Branch, Division of Cancer
Treatment and Diagnosis



Ellen Richmond, RN, MS, CRNP
Nurse Specialist
Gastrointestinal and Other
Cancers Research Group
From Georgetown University



Sharon Ross, PhD, MPH
Nutritionist
Nutritional Science
Research Group
From Center for Food Safety
and Applied Nutrition, FDA



Harold Seifried, PhD
Program Director
Nutritional Science Research
Group
From Division of Cancer
Biology, NCI



Wendy Wang, PhD, MSc
Program Director
Cancer Biomarkers Research
Group
From Division of Cancer
Epidemiology and
Genetics, NCI

Kara Smigel-Crocker, MS
Communication Manager
Office of the Deputy
Director, DCP
From Office of Cancer
Communication, NCI

Lori Minasian, MD
Chief
Community Oncology and
Prevention Trials Research
Group
From Georgetown University

Caroline Tran
Office Automation Clerk
Community Oncology
and Preventive Trials
Research Group
From the Office of Naval
Research

Mark Zweig, MD
Special Volunteer
Biometry Research Group
From Clinical Center, NIH

CONGRATULATIONS!

Departures:

DCP send good wishes to Christine D. Berg, MD as she begins her position as Director of Surburban Hospital Cancer Center in affiliation with the Johns Hopkins University.

Philip C. Prorok, Ph.D. has recently been appointed Chief of the Biometry Research Group.

DCP will miss Cindy Rooney, who has taken a position with the Office of Medical Applications of Research at NIH.

Early Detection Research Network continued from page 3

The three BVLs will take the potential biomarker tests identified by the BDLs, and standardize these tests to assure reproducibility. If needed the BVLs will modify the test for large scale clinical use. 3) Clinical and Epidemiology Centers: The nine Centers will collect samples blood, tissue, urine and saliva samples from individuals with cancer, precancer or at high risk of cancer. 4) Data Management and Coordination Center: Because biomarker these studies generate vast amounts of data, a group specifically assigned to data collection and data management is required.

What Are The Prospects?

The use of new genomic or proteomic approaches to identify individuals with early neoplasia or those at high risk of

neoplasia is likely to define many potential biomarkers. More importantly, these biomarkers may be able to define early cancer related changes in body fluids (e.g. serum, urine or sputum). Identification of individuals with early cancer or at high risk of developing specific cancers could result in enrollment in cancer prevention trials, further examination using advanced imaging techniques, or watchful waiting.

“With the creation of the ERDN, we are entering a new era of translational research, where the journey from the laboratory to the clinic is a coordinated collaborative effort. Ultimately ERDN will benefit patients by the rapid creation of better tests to find cancer and the discovery of points in time at which to intervene or prevent disease,” said Richard Klausner, NCI Director ■

Heroes and Champions

DOUGLAS L. WEED
Editor-in-Chief



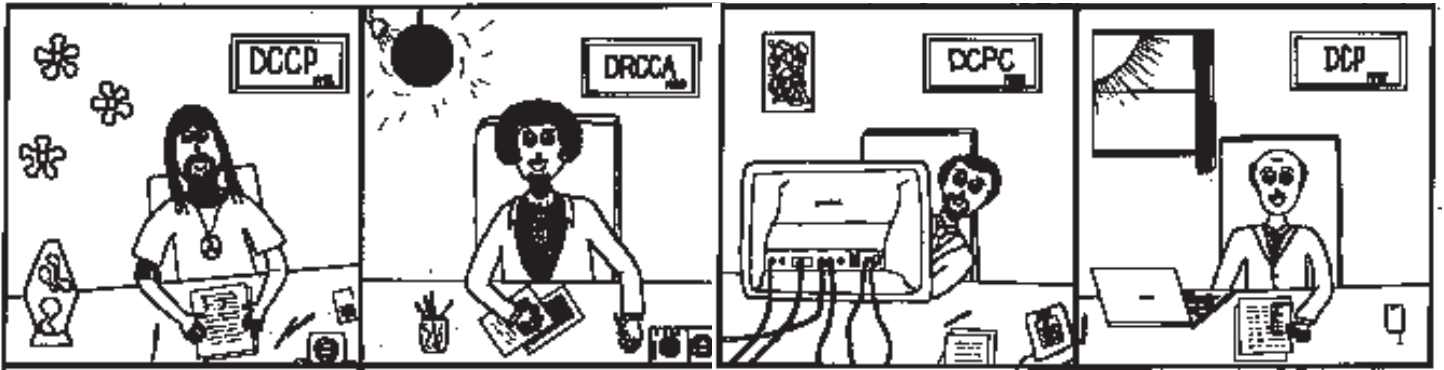
These days there isn't much talk of heroes, not in our line of work anyway. The only epidemiologist given this title in the past 50 years is John Snow for his pump handle diplomacy with V. Cholerae over 100 years ago.

But there *are* others. J. E. Lane-Clayton, who was featured in this newsletter (see Issue #1), is one. Walter Reed and Joseph Goldberger are others. I am not exactly sure what constitutes heroism in this context, although it must involve actions taken to improve public health through prevention, and the impact must be profound. As we have learned to say, heroism is done "against all odds."

We can't all be heroes. As Will Rogers pointed out, someone has to be clapping on the sidelines as the heroes glide by. Champions are another matter. True, only one contestant can win the title in sporting events, but that's not the sort of champion I'm talking about. What I mean by a "champion" is someone who promotes the work and skills of another, who believes in their potential and provides opportunity. A champion is, like a mentor, there to help a co-worker or colleague succeed, not so much against the odds as with them. Joe Cullen who is featured in this issue was such a champion for many of us in the early days of cancer prevention and control at the NCI. This issue of PreventionPOST is dedicated to his memory. May more of us be champions. ■

CARTOON

GRAÇA DORES



PreventionPOST

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