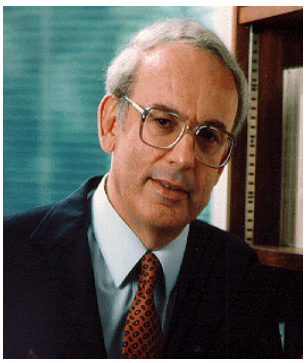
Dceg LINKAGE

Division of Cancer Epidemiology & Genetics
National Cancer Institute
September 1997, No.1

Director's Page

Publish or Perish?



A post-doctoral fellow in DCEG recently asked me how many publications are needed for tenure-track and for tenure. The question was not surprising, since it is a prevalent misconception that quantity of publications is of paramount importance in determining these critical career-related actions. Actually, the formula is more complex. It thus seems worthwhile to mention some of the elements that I think are especially important in evaluating a candidate's career potential. I recognize that these elements do not apply equally to tenure-track and tenure candidates, but rather they are parts of a continuum that fit together in the development of a researcher's career.

1. The scientific, medical, or public health impact of the published work.
2. The quality of studies, particularly their scientific rationale and methodologic rigor.
3. Evidence of creativity, innovation, and originality and importance of ideas.
4. Contribution to the development of research programs in the Division and Institute, and evidence of a collaborative spirit.
5. Quality and prestige of the journals in which articles are published, providing evidence that the research is important and can withstand rigorous peer review.
6. Capacity for scientific independence and leadership.
7. Ability to forge interdisciplinary collaborations.
8. Ability to design and complete projects in a timely and efficient manner, and to move on to the next stage of a scientific problem.
9. Recognition as a leader in a research field for a body of work that has a unifying theme.
10. Corollary indicators of scientific stature in the form of honors and awards, as well as invitations to give lectures and serve on national and international committees and editorial boards.
11. Ability to mentor less experienced colleagues.
12. Ethical conduct in directing and conducting research.
13. Participation in scientific and administrative committees, working groups and other bodies that promote the mission of the Division and Institute.

The *Guidelines for the Conduct of Research in the Intramural Research Program at NIH*, a publication that every researcher in the Division is asked to read, emphasizes that "tenure appointments should be based on the importance of the scientific accomplishments and not on the number of publications in which those accomplishments were reported." Thus, the driving consideration is the significance of the discoveries and insights that contribute to the base of scientific knowledge. It also follows that tenure candidates should demonstrate a potential for sustained intellectual growth and leadership. When all is said and done, it is the demonstration of these qualities, not the number of publications or length of time in a career-path position, that determines readiness for tenure-track or tenure.

.....by Joseph Fraumeni

A Message from the Office of Division Operations and Analysis

Welcome to the first issue of *DCEG Linkage*. The goal of this newsletter is to foster communications within the Division by making everyone more aware of recent scientific advances made by DCEG staff members, providing information about projects or resources that offer research opportunities, and announcing professional and personal news about our co-workers. *Linkage* also serves as a forum for you to speak out on issues, share ideas, and ask/answer questions of general interest. *Webster's New Collegiate Dictionary* defines "communications" as "a process by which information is exchanged ..." The exchange of information is the crucial element for our newsletter to succeed. So please, do not be shy about contributing to this venture by either providing your correspondent with some news or writing an article yourself.

Although we can't promise columns by regular contributors or on specific topics in every issue of *Linkage*, we will try for a *Director's Page* from Dr. Fraumeni, *Information Technology* news from a byte expert, an *Administrative Update* from the ARC, and a spot for *Q&As*. There will also be space for a *Feedback* column, where you can voice your opinion. And, of course, we hope that each Branch will contribute an article to every issue. We welcome your suggestions for other regular or occasional features, such as interviews or commentaries.

We plan to publish *Linkage* quarterly--in March, June, September, and December. We are fortunate to have Ms. Pat Evans as the newsletter's Editor. She is particularly well qualified for this job, since she is experienced in both the writing and production aspects of publications. In the "business" box of the newsletter are the names of your co-workers who have volunteered to be *Linkage* correspondents. Please provide them with your newsletter material or send it directly to Ms. Evans, whose e-mail address is pe20z@nih.gov.

.....by Jim Sontag

NCI/DCEG Reorganization Effects

Dr. Klausner recently announced further reorganization changes to strengthen NCI's cancer control and prevention programs and to complete the separation of the intramural and extramural research programs. As part of these changes, the Extramural Epidemiology and Genetics Program (EEGP), headed by Dr. Iris Obrams, will be transferred from DCEG to the new Division of Cancer Control and Population Science, whose Director will be Dr. Barbara Rimer. DCEG and its predecessor entities have had an extramural component for close to two decades. Although EEGP will no longer be part of the Division's organization as of October 1, to ensure continued close communication, Dr. Obrams will remain a member of the DCEG Senior Advisory Group. We all wish our colleagues in EEGP well in their new home.

What's in a Name?

DCEG Linkage sounds good to some of us. Suggested to Dr. Fraumeni, the name captures the essence of epidemiology in striving to link causes to cancer outcomes and in the collaborative approach that is typically used. It also evokes the methods of genetic linkage and record linkage that are emphasized in DCEG studies. Finally, it reflects the goal of the newsletter to improve communication linkages among DCEG staff members and other groups at NIH and elsewhere. However, if you think of a better name, please let us know.

DCEG Intramural Retreat

The first DCEG Intramural Retreat was held on July 31, and was attended by the voting members of the Division's Senior Advisory Group. Its main purpose was to discuss the research vision of each Program Director and Branch/Laboratory Chief for their respective organizational units. Retreat participants overwhelmingly indicated that the exchange of ideas had been extremely valuable in thinking about and shaping their long-range plans, especially at this exciting time of ever increasing interdisciplinary research.

Particularly interesting were the research visions of the two newest units in the Division: the Human Genetics Program (HGP) and its Laboratory of Population Genetics (LPG). Important research areas noted by Dr. Al Knudson, the Acting Director of the HGP, included identifying genes responsible for hereditary cancer; understanding gene-environment interactions; formulating strategies of detecting, preventing and treating hereditary cancer; and developing appropriate counseling methods to deal with the ethical, psychosocial and behavior issues that impact upon affected families. Dr. Ken Buetow, who has been selected to head the LPG, described his plans for genetic mapping to identify cancer genes and phenotyping dissection to examine their contributions to cancer risk at a population level. He also spoke about the NCI Advanced Technology Center (ATC), which is being developed in conjunction with the Division of Clinical Sciences and the Division of Basic Sciences. The heart of DCEG's initiative in the ATC will be a core facility for high-throughput genotyping and sequencing, complemented by an informatics component to capture data electronically.

Dr. Fraumeni described his vision for the Division, touching on strategic planning, special areas of research emphasis, collaborative research opportunities, resource development and training/mentoring needs. Presentations were also made by Dr. Bob Hoover (Epidemiology and Biostatistics Program), Dr. Peggy Tucker (Genetic Epidemiology Branch), Dr. Mitchell Gail (Biostatistics Branch), Dr. Louise Brinton (Environmental Epidemiology Branch), Dr. Regina Ziegler (Nutritional Epidemiology Branch), Dr. Aaron Blair (Occupational Epidemiology Branch), Dr. Elaine Ron (Radiation Epidemiology Branch), and Dr Jim Goedert (Viral Epidemiology Branch). At the end of the Retreat, Dr. Fraumeni asked Branch Chiefs to consult with their staff members to discuss and refine their research visions for presentation at a later forum. In the December issue of *Linkage*, we plan to devote a major section to a description of these research visions.
.....by Jim Sontag

Scientific Highlights

In recent months, DCEG scientists have reported a variety of important findings, some of which are summarized below.

Biostatistics Branch

In collaboration with the Radiation Epidemiology Branch (REB) and the Children's Cancer Group, investigators in the Biostatistics Branch found that residential magnetic field exposures were not associated with risk of childhood leukemia. The risk of leukemia was neither significantly related to quantitative time-weighted measures of residential magnetic fields, nor with exposures estimated by wire code category of the homes *(Linet MS, Hatch EE, Kleinerman RA, Robison LL, Kaune WT, Friedman DR, Severson, RK, Haines CM, Hartsock CT, Niwa S, Wacholder S, Tarone R. Residential exposure to magnetic fields and acute lymphoblastic leukemia in children. N Engl J Med, 337:1-7, 1997).*

In collaboration with REB, a meta-analysis of summary data from several case-control studies of lung cancer revealed an excess risk associated with exposure to indoor radon at the level predicted by extrapolation of data from underground miners (*Lubin JH, Boice JD Jr. Lung cancer risk from residential radon: meta-analysis of eight epidemiologic studies. JNCI, 89:49-57, 1997*). To clarify these findings, further studies

are underway, including one in Gansu province, China, where over half the population live in underground housing as so-called "cave dwellers," and where radon levels are high enough to overlap with those found in uranium mines.

In collaboration with groups from Columbia University, University of Washington, and Yale University, Branch scientists are conducting a population-based case-control study in the U.S. to assess reasons for the rapidly rising incidence rates for adenocarcinomas of esophagus and gastric cardia, especially among white men. Analyses thus far have shown associations with cigarette smoking, with little reduction in risk until 30 years after smoking cessation -- a finding consistent with an early-stage effect (*Gammon MD, Schoenberg JB, Ahsan H, Rishch HA, Vaughan TL, Chow WH, Rotterdam H, West AB, Dubrow R, Stanford JL, Mayne ST, Farrow DC, Niwa S, Blot WJ, Fraumeni JF Jr. Tobacco, alcohol, and socioeconomic status and adenocarcinomas of the esophagus and gastric cardia, JNCI, 89:1277-84*, 1997), and an excess risk related to adiposity (*Chow WH, Blot WJ, Vaughan TL, Risch HA, Gammon MD, Stanford JL, Dubrow R, Schoenberg JB, Mayne ST, Farrow DC, Ahsan H, West AB, Rotterdam H, Niwa S, Fraumeni JF Jr. Body mass index and risk of adenocarcinomas of the esophagus and gastric cardia, JNCI, in press*). These findings suggest that the rising rates for these tumors may be due to smoking trends in past decades as well as the increasing prevalence of obesity in the population.

Genetic Epidemiology Branch

Investigators in the Genetic Epidemiology Branch analyzed data from a case-control study of melanoma, which involved collaborators from the University of Pennsylvania and the Northern California Cancer Program. A strength of the study was having the interview data supplemented by dermatologic exams. Individuals with a single dysplastic mole had a two-fold risk for melanoma, with the risk rising to twelve-fold among those with 10 or more moles, indicating the central role of precursor nevi in the development of this cancer (*Tucker MA, Halpern A, Holly EA, Hartge P, Elder DE, Sagebiel RW, Guerry D IV, Clark WH Jr. Clinically recognized dysplastic nevi: a central risk factor for cutaneous melanoma, JAMA, 27:1439-1444*, 1997).

In collaboration with the Laboratory of Human Carcinogenesis, a case-control study was conducted to evaluate reasons for the high rates of oral cancer in Puerto Rico. The risk among heavy drinkers was found to be greatest among persons homozygous for the 1-1 genotype of alcohol dehydrogenase-3 (ADH3). This genotype metabolizes ethanol to acetaldehyde, a carcinogen in laboratory animals. This work illustrates the potential for genetic studies to generate insights into environmental carcinogenesis (*Harty LC, Caporaso NE, Hayes RB, Winn DM, Bravo-Otero E, Blot WJ, Kleinman DV, Brown LM, Armenian HK, Fraumeni JF Jr, Shields P. Alcohol dehydrogenase 3 genotype and risk of oral cavity and pharyngeal cancer, JNCI, in press).*

A study of BRCA ½ mutations in volunteers from the Metropolitan Washington, DC, Jewish community found that the prevalence of mutations was 2.3%. By age 70, the penetrance was 56% for breast cancer and 16% for ovarian cancer, which is lower than previous estimates based on high-risk families, but much higher than the comparison group of non-carriers. In addition, the penetrance for prostate cancer was elevated at 16%. These findings show the importance of considering family history as well as mutation status during genetic counseling (*Struewing JP, Hartge P, Wacholder S, Baker SM, Berlin M, McAdams M, Timmerman MM, Brody LC, Tucker MA. The risk of cancer associated with specific family history along with mutations of BRCA1 and BRCA2 among Ashkenazi Jews, N Engl J Med, 336:1401-8, 1997*).

Nutritional Epidemiology Branch

In collaboration with the Fred Hutchinson Cancer Research Center, DCEG organized a workshop entitled "Diet, Nutrition, and Genetic Susceptibility," which was held in January in Washington, D.C. The workshop was designed to provide a forum for discussing the interplay of diet, genes, and cancer risk, and to shed light on dietary and nutritional determinants through the use of genetic markers. Participants were asked to: (1) address issues surrounding the use of

genetic markers in epidemiologic studies of diet and cancer; (2) identify strengths/weaknesses in current research and gaps in our knowledge base; and (3) propose new research strategies, tools, and hypotheses. The major technical issues discussed related to study design, analytic methods (both laboratory and population), and the need for expertise in quality control and data management.

The participants concluded that a variety of research methods need to be developed to better assess environmental and genetic interactions, with input from both laboratory and population scientists. In addition, studies of genetic susceptibility to cancer in population settings will require approaches beyond those that have been used for the first generation of investigations. Suggestions for future studies included: structure/function relationships, genotype/phenotype correlations, complex genetic pathways and their rate-limiting steps, and gene-environment interactions. The need to examine unreported findings prompted a suggestion to establish a database for null studies that have sufficient power to detect associations between specific genes and disease outcomes. Another idea was to develop a coherent population-based approach to characterize the spectrum of variability in polymorphic genes. A more complete summary of the workshop can be found in an article by Rashmi Sinha and John Potter, entitled "Diet, Nutrition, and Genetic Susceptibility," which recently appeared in *Cancer Epidemiology Biomarkers and Prevention (6:647-649, 1997).*

Occupational Epidemiology Branch

In a cohort of 74,000 benzene-exposed workers in China, the risk of hematologic neoplasms was increased two- to three-fold at average levels of <10 parts per million (ppm), with the risk rising to 7.1 at levels of 25 ppm or more. These risks were linked mainly to recent benzene exposures. In contrast, a four-fold excess risk of non-Hodgkin's lymphoma was seen among workers with at least 10 years of exposure (*Hayes R, Dosemeci M, Wacholder S, Travis L, Rothman N, Hoover R, Linet M. Benzene and the dose-related incidence of hematologic neoplasms in China, JNCI, 89:1065-71, 1997*).

In collaboration with investigators at Johns Hopkins School of Hygiene and Public Health, CDC, and Georgetown University, Branch scientists analyzed a 1974 blood sample collection to determine the association between levels of organochlorines, including DDT and PCBs, and risk of non-Hodgkin's lymphoma. An increased risk was related to PCB levels, but not to any of the other oganochlorines. The association with PCBs should be interpreted cautiously, since additional studies are needed to clarify this finding (*Rothman N, Cantor KP, Blair A, Bust D, Brock JW, Helzlsouer K, Zahm SH, Needham LL, Pearson GR, Hoover RN, Comstock GW, Strickland PT. A nested case-control study of non-Hodgkin's lymphoma and serum organochlorine residue, Lancet, 350:240-244, 1997).*

Radiation Epidemiology Branch

In a cohort study of children with the hereditary type of retinoblastoma, Branch scientists found that over half developed second cancers by 50 years of age. The cumulative risks were 58% in the ones treated with radiation, and 26% in those who did not receive radiotherapy. In contrast, the cumulative risk of a second cancer was only 5% by 50 years of age among children with the non-hereditary type of retinoblastoma. These data indicate that even with highly penetrant genes associated with hereditary cancers, environmental interactions may affect cancer risk (*Wong FL, Boice J, Abramson DH, Tarone RE, Kleinerman RA, Stovall M, Goldman MB, Seddon JM, Tarbell N, Fraumeni JF Jr, Li FP. Cancer incidence after retinoblastoma: radiation dose and sarcoma risk, JAMA, in press*).

In the first definitive study to quantify the risk of cancer following bone marrow transplantation, REB scientists, in collaboration with the International Bone Marrow Registry and the Fred Hutchinson Cancer Center, evaluated 20,000 bone marrow transplant recipients. Significantly elevated risks were found for melanoma and cancers of the buccal cavity, brain, liver, thyroid, bone, and connective tissue. The excess risk rose sharply with time since transplantation, with an estimated cumulative

incidence of 6.7% at 15 years. The study showed that bone marrow transplantation survivors have a substantial increased risk of solid cancers, and that lifelong surveillance for new tumors is essential (*Curtis RE, Rowlings PA, Deeg HJ, Shriner DA, Socie G, Travis LB, Horowitz MM, Witherspoon RP, Hoover RN, Sobocinski KA, Fraumeni JF Jr, Boice JD Jr. Solid cancers after bone marrow transplantation, N Engl J Med, 336:897-904,1997).*

Viral Epidemiology Branch

To better define the spectrum of AIDS-related malignancies and focus on their etiology, the Branch carried out a record-linkage study by matching population-based registries for cancer and AIDS in the United States. In addition to markedly elevated risks for Kaposi's sarcoma and non-Hodgkin's lymphoma, VEB scientists found that the risk for certain other cancers was significantly elevated and increased with severe immune deficiency. These included Hodgkin's disease (8-fold), multiple myeloma (5-fold), brain cancer (4-fold), and seminoma (3-fold). Excesses also were found for anal and cervical cancers (*Goedert JJ, Cote TR, Virgo P, Scoppa SM, Kingma DW, Gail MH, Jaffe ES, Biggar RJ. The spectrum of AIDS malignancies for the AIDS-cancer match study group, submitted).*

Studies of Kaposi's sarcoma, conducted in collaboration with investigators from the Divisions of Clinical and Basic Sciences, found that all the tumors in a given patient share the same inactivated X chromosome. This finding suggests that Kaposi's sarcoma is a disseminated monoclonal cancer, and that the changes permitting clonal outgrowth of spindle cells occur before the disease spreads (*Rabkin CS, Janz S, Lash A, Coleman AE, Musaba E, Liotta L, Biggar RJ, Zhuang Z. Monoclonal origin of multicentric Kaposi's sarcoma lesions, N Engl J Med, 336:988-93, 1997).*

The Branch is conducting a series of epidemiologic studies to evaluate the long-term risks of cancer in cohorts exposed to simian virus 40 (SV40), which contaminated certain lots of poliovaccine administered in the early years of vaccination. Since there are some reports of SV40 in brain tumors, sarcomas, and mesotheliomas, a search for this virus is underway in various tumors. To develop cooperative projects on this issue, DCEG, the Food and Drug Administration, and the National Institute of Child Health and Human Development recently co-sponsored a workshop. In addition to laboratory projects, Dr. Strickler along with other DCEG collaborators analyzed incidence and mortality rates for malignancies putatively associated with SV40, comparing cohorts born during the poliovirus vaccine contamination era with those born earlier and later. The results show no increased risk for the SV40-exposed cohort (*submitted).*

Committee of Scientists Update

The Committee of Scientists (COS), appointed to advise the Division Director about the concerns of DCEG scientists, submitted to Dr. Fraumeni a report based on responses to a questionnaire about scientific, administrative, and quality of life issues. The report attempts to capture the tone of the responses, to convey the areas of frustration and satisfaction, and includes recommendations. While some of the recommendations are as simple as putting up a bulletin board near the elevator, others require discussion and elaboration, rather than immediate action. Dr. Fraumeni prepared a detailed response to the COS report, and will meet with the group to discuss various issues. Both the report and response is available on the Division's intranet site at:
http://intranet-dceg.ims.nci.nih.gov/ index.html.

COS is sponsoring a DCEG-wide town meeting on October 9, in which COS anticipates additional feedback regarding important issues and at which Dr. Fraumeni will answer questions.

.....by Sholom Wacholder

News from the TRENCHES

Environmental Epidemiology Branch

In January, investigators in the Environmental Epidemiology Branch (Dr. Allan Hildesheim & Dr. Mark Schiffman) and the Viral Epidemiology

Branch (Dr. Howard Strickler), in collaboration with investigators in DCPC (Dr. Diane Solomon) and DCS (Dr. Jay Berzofsky), have initiated a prospective study to investigate the role of immunological and other host factors in the natural history of human papillomavirus-related cervical neoplasia. The study is being conducted in the context of a large multicenter clinical trial underway to examine the potential role of human papillomavirus (HPV) DNA testing in the management and treatment of low-grade and equivocal cervical lesions (the ALTS Trial - **A**SCUS, **L**SIL, **T**riage **S**tudy).

Over a 21-month period, 7,200 women will be enrolled into ALTS. Peripheral blood lymphocytes from 1,200 of these women will be tested for *in vitro* response to HPV-specific peptides, cervical cells for HPV DNA, and plasma for HPV antibody levels. The women will be actively followed with repeat gynecological exams and Pap smears every six months for a period of 2-3 years. Individuals with cytological evidence of progression to high-grade cervical lesions during follow-up will be sent for colposcopic evaluation, biopsy, and treatment. A subgroup of 300-400 women will be selected for follow-up as part of the immunology study. For this group of women, peripheral blood and cervical secretions will be used to assess both systemic and local immune response over time.

The major goals of this project are to correlate immune function at enrollment with cervical disease status during follow-up, to examine immune response to HPV over time, and to correlate local and systemic measures of both humoral and cellular immune response to HPV. Additional objectives include the examination of susceptibility genes and genes involved in the immune response genes as well as hormonal factors potentially linked to progression or regression of low-grade cervical lesions.
.....by Allan Hildesheim

Extramural Epidemiology & Genetics Program

New Suite is Open for Business

The EEGP has a sunny new suite in EPS/214. Staff members located in this office are: Dr. Ruth Allen, Dr. Susan Nayfield, Dr. Daniela Seminara, Dr. Amy Sheon, and Mr. Julian Smith. ***Cancer Genetics Network RFA On-line***

The EEGP announced the availability of the Cancer Genetics Network RFA on May 23. The official NIH Guide, Vol.26, No.17, is online at: http://cancernet.nci.nih.ov/grants/gopherguide.htm.

Interdisciplinary RFA Grantees

Drs. Sheon and Seminara convened a meeting of grantees participating in the Interdisciplinary Collaborative Studies in Genetic Epidemiology of Cancer, March 6-7 in Bethesda. This initiative was developed to encourage interdisciplinary approaches to studying genetic epidemiology. The meeting was the first time the investigators have gotten together as a group to discuss their progress and future directions. After hearing talks on statistical analytic methods, presentations were made by two groups of investigators studying colorectal cancer and two groups studying breast/ovarian cancer. A web site with additional materials from the meeting should be online by October.

Human Genetics Program

The Cancer Genetics and Epidemiology Training Program (CGETP)

The CGETP of the Human Genetics Program (HGP) was initiated this spring. In addition to participating in interdisciplinary research, fellows in this program rotate through several cancer genetics clinics and spend time in a laboratory to learn about molecular techniques. They also take courses in cancer genetics and epidemiology, which will be given in EPN beginning in January.

The course is open to all DCEG investigators. More information on the courses and training program will be provided in future newsletters. Applications for the next round are due November 15 for a July 1, 1998 start date. Further information about the CGETP can be obtained from Dr. Dilys Parry, who is the program's Director.

HGP's first fellow, Dr. Saranjit Chhabra, joined the program on May 12. She is a biochemist who has completed a three-year postdoctoral fellowship in the Laboratory of Comparative Carcinogenesis, NCI-FCRDC. Through her training with HGP, Dr. Chhabra will acquire genetic and epidemiologic skills to complement her laboratory expertise. Dr. Naoko

Ishibe, HGP's second fellow, received her D. Sc. in epidemiology and environmental health from the Harvard School of Public Health in June. Dr. Ishibe is interested in gaining experience in analytic methods in genetics to complement her epidemiology training. Drs. Chhabra and Ishibe are located in EPN/400F.

The training program will have two additional fellows by November: Dr. Andrew Bergen, a molecular geneticist who is a postdoctoral fellow at NIAAA; and Ms. Emily Devoto who will soon receive her Ph.D. in epidemiology from the University of North Carolina School of Public Health.

.....by Lea Harty

Information Technology

SUN UltraSPARC Workstation Arrives

DCEG recently purchased a SUN UltraSPARC server that will be added to the inventory of computing equipment supporting the analysis of DCEG's studies. The SUN workstation will be maintained in the Silver Spring office of Information Management Systems (IMS), the Division's current computer support services contractor. Access by the IMS Rockville office and DCEG investigators will be through Bell Atlantic's Fiber Network Services (FNS) lines connecting IMS to the NIH campus. Use of the SUN should reduce DCRT costs and provide an additional platform for developing software for DCEG researchers. Based on a preliminary analysis, the cost of the SUN configuration will be amortized in four to six months.

The SUN workstation is in the process of implementation. It will include SAS, BMDP, COBOL, and Fortran software. The system is capable of handling up to 20 simultaneous users. The portability of tasks depends primarily on the size of the files being processed. Data files currently stored online at DCRT rarely exceed 50 megabytes, and would not present a problem. Tape jobs are not an available option for the SUN, since it functions without an operator. Tapes are used for backup and archiving only. In addition, printing will still be performed at DCRT. The output from SUN jobs will be transferred to DCRT over the FNS line for central printing. The large printing capacity and print operator support available at DCRT is far more cost-effective than could be provided on-site at IMS.

The DCRT to SUN transition will require a phase-in period of up to one year. In order to maximize savings, the most costly IBM mainframe jobs currently being run by the IMS staff will be targeted initially for off-loading to the SUN. These jobs include the large iterative analyses, special modeling, and large database runs. In anticipation of more widespread use, IMS is developing an internet site that will provide basic user information, give helpful hints on using the SUN efficiently, and define system procedures/standards such as directory structures and naming conventions. Prior to the start of the SUN operation and the actual transfer of the targeted projects, hands-on training is also planned on how to access the SUN, move files to/from the SUN, and execute and print jobs.

After several months of operation, the SUN configuration will be evaluated primarily on the basis of the amount of DCRT cost savings. The evaluation will influence whether there is sufficient capacity to transfer significant investigator-initiated jobs to the SUN and whether this or a similar configuration would be beneficial for use by other DCEG support contractors.

.....by Michael Stump

Core Services is Coming to Computer Support Center Near You

For several months, NCI computer support services has been undergoing a change. On-site technical support is being replaced by core services, which is centralizing all NCI computer support services. "Standardizing resource management will allow NCI to manage its resources more efficiently and more cost-effectively," says Dr. Jed Rifkin, Chief, Information Systems and Technology Branch (ISTB), OIM. The new system is scheduled to be implemented on a branch-by-branch basis, and consultations will be provided before it is put in place. NCI customers are assured that inconvenience will be minimal, and there will not be a decrease in the level of services. In fact, the Help Desk is available 7 am to 7 pm, 5-days a

week, and major equipment monitored and maintained 24-hours a day. In addition, says Dr. Rifkin, the implementation of core services will allow on-site computer service staff to concentrate more on science-specific projects and not on the technical problems.

Base applications, such as the Word Perfect Suite, Microsoft Office, and administrative and scientific applications, says Dr. Rifkin, will be accessible from the network for both MACs and PCS. Dr. Rifkin adds that specially requested applications will be provided on a case-by-case basis, and that ISTB is working with each division to ensure that both local and core services are integrated for maximum benefit.

ISTB is conducting two-hour seminars to aid in the transition. The seminars cover: 1) Overview of core services; 2) Migrating to Windows 95; 3) Overview of the Internet/Intranet and Netscape; and 4) Overview of Word Perfect 7.0. Once the system is installed, ISTB will provide individual on-site assistance for users on the first day.

To inquire about seminars, contact Mr. Carl Prosperi or Ms. Tina Felix at 496-1038. User support is available from the Help Desk at 496-0268. All other questions should be addressed to ISTB at 496-1629.

.....by Pat Evans

Administrative Updates

VISA has positive I.M.P.A.C.

Purchasing is now easier with use of the International Merchant Purchase Authorization Card (I.M.P.A.C.). The new government-wide VISA credit card is proving more efficient and cost-effective than other purchasing methods. For example, using the VISA card and buying directly from the vendor eliminates the costs of the "middleman."

I.M.P.A.C. VISA cards are being provided to designated employees to make purchases for official business, such as tuition for employee training courses and office supplies and equipment. However, purchases must still be made from mandatory sources whenever possible, and personal items (e.g., business cards, cameras, or wrist straps) require a justification. DCEG cardholders can purchase up to $2,500 per transaction, with a 30-day total limit set by the approving official in each branch or program.

"Step-by-Step Guide Through Purchase Process" can be accessed on the web at: http://camp.nci.nih.gov/ admin/arc/ purchcard/ step_pur.html.

To discover the many uses of the I.M.P.A.C. VISA card, talk to your Branch Chief, or contact Ruth Arnold, Senior Purchasing Agent, at 496-1282, in EPN/539.

.....by Pat Evans

Research Contracts Branch

Annual Contractor Performance Report

In their Annual Contractor Performance Report, Project Officers may sometime be reluctant to be critical of a contractor's performance out of fear of being sued. This concern may lead to inflated ratings. At a recent seminar, it was stated that "Project Officers are protected from personal lawsuits under the Federal Tort Claims Act," unless a contractor evaluation is done in an arbitrary and capricious manner. To enable the past performance system to become a valuable resource, it is important that Project Officers be honest in their contractor evaluations. An average of 3, out of a possible 5, indicates that a contractor is doing satisfactory work. A rating of 5 should be used only when a contractor is an outstanding performer.

If you still have questions about the new reporting format, please call your Contract Specialist or Ms. Sharon Miller (435-3783) and they will be glad to answer your questions. The report format allows you to submit your report to RCB electronically. If you choose this method instead of a hard-copy submission, remember to copy your Branch Chief.

Good News for Project Officer Candidates

Before becoming a Project Officer, you must take a comprehensive four-day class designed to provide a thorough understanding of the Project Officer's role in the contracting process. In FY98, the Basic Project Officer introduction will be available on CD ROM, and will cover the same material as in the four-day class. After completing the CD ROM orientation, a mandatory one-day workshop must be attended, where a pass/fail

examination is given.

To use the CD ROM course, you must have a 486 PC, 150 MB hard disk, CD ROM drive greater than 300 MB, 16-bit sound card with speakers, mouse, and Windows 3.1 or later. Only GS-7 employees or above are eligible for Project Officer training. The tuition fee is centrally funded, and is paid from the NIH General Expense. For details, please contact Linda Littlejohn in the DCEG Administrative Resource Center (496-1282).

.....by Sharon Miller

DCEG People in the News

Way-to-go!

Congratulations to the following people for their significant achievements.

- **Dr. Joseph Fraumeni** received the *1997 James D. Bruce Memorial Award* for distinguished contributions in preventive medicine at the annual meeting of the American College of Physicians in Philadelphia. The award recognizes Dr. Fraumeni as one of the world's foremost scientists in the field of cancer epidemiology. Special mention was given to his integration of clinical, experimental, and population-based approaches that have enabled a better understanding of the genetic and environmental determinants of cancer.
- **Dr. Sholom Wacholde**r received the *1997 Roche Epidemiology Prize* for the paper "The case-control study as data missing by design: estimating risk differences." The annual award, funded by a grant from Hoffmann-La Roche, Ltd. to the journal *Epidemiology*, honors the first author of a paper published by the journal which is judged outstanding in importance, originality, clarity of thought, and excellence in writing.
- *NIH Quality of Life Awards* went to **Dr. Aaron Blair** and to the **DCEG Committee of Scientists**, whose members include **Dr. Sholom Wacholder** (Chair), **Dr. Michael Alavanja**, **Ms. Rochelle Curtis**, **Dr. Angela Manns**, **Dr. Dilys Parry**, **Dr. Rashmi Sinha**, **Dr. Rebecca Troisi**, and **Dr. Shelia Zahm**. These awards are designed to recognize individuals, teams, and organizations that have made outstanding efforts to improve the quality of life for employees at NIH.
- **Ms. Beth Maloney** of VEB and **Ms. Neely Kazerouni** of OEB were accepted into the doctorate program in the Department of Preventive Medicine and Biometrics at the Uniformed Services University of the Health Sciences.

New Faces

Welcome to the following people who have recently joined the DCEG team.

Visiting fellow **Dr. Anssi Auvinen**, who is from Finland, joined REB. He recently received his Ph.D. from the University of Tampere, Finland.

Ms. Bonnie Breeden, Senior Personnel Management Specialist, joins the ARC. She comes to DCEG from the NCI's Building 41 ARC. Ms. Breeden is located in EPN/316 and can be reached at 402-4375.

Visiting scientist **Dr. Srmena Krstev,** joins OEB from the University of Belgrade. She will be analyzing occupational data from the case-control study of prostate cancer among blacks and whites in the United States, as well as data from certain cohort studies. Dr. Krstev is located in EPN/415 at 435-4706.

Ms. Vivian Walton joins the ARC as Purchasing Agent. She comes to the Division from the USDA in Beltsville. Ms. Walton is located in EPN/539 and can be reached at 594-7207.

Someone new is minding the Office of the Director: Meet Ms. Sara J. Hursen

Learning the "ins and outs" of a new job can be daunting, but Ms. Sara Hursen takes it all in stride. Ms. Hursen is the Division's new lead secretary and already she has become an integral part of the fabric that is DCEG. A 10-year veteran of NIH, Ms. Hursen came to DCEG from the Laboratory of Clinical Investigation at NIAID.

By now, many of you have had the pleasure of meeting Ms. Hursen. She is a native of Pittsburgh and one of eight children. In Ms. Hursen's spare time, she visits regularly with her elderly home-bound neighbors. "I help out where

I can, like preparing meals," says Ms. Hursen, "but I most enjoy listening to their fascinating stories."

Ms. Hursen also enjoys a variety of other activities, like hiking, rowing on the Potomac, and shopping in flea markets. But she is most excited about fly-fishing, a sport she became interested in when a friend introduced her to it about five years ago. "The fun is in casting, not in actually catching the fish," says Ms. Hursen. She does, however, catch fish, and it's the lucky fish that gets caught on her line, because she always throws it back.

One thing is certain. Whether it's working on a "Mission Impossible" task, like deciphering Dr. Fraumeni's handwriting, or using the perfect lure on her line, Ms. Hursen has proven that she is the right "catch" for DCEG.

.....by Pat Evans

DCEG Summer Students are Onboard

DCEG always looks forward to meeting and working with the students who participate in the Student Research Training Program (SRTP). For two or three months each year, students from various parts of the country join us in hopes of learning some tricks of the trade. And in exchange for the knowledge and guidance DCEG offers them, they grace us with their enthusiasm and desire to learn. This year, we welcomed the following students to the Division:

Ms. Bridget Atwell (sponsored by Dr. Nayfield) is a law student at the University of Maryland School of Law. She worked with the Extramural Epidemiology and Genetics Program on confidentiality of research, which includes genetic testing and technical methods to assure privacy and confidentiality of research participants' personal information.

Ms. Lesley Butler (sponsored by Dr. Brinton) is a graduate student in epidemiology at the University of North Carolina School of Public Health. Ms. Butler worked in the Environmental Epidemiology Branch on the association between certain menstrual factors and breast cancer among women under 45 years of age. She used data collected from the Women's Interview Study of Health (WISH), a case-control study of breast cancer among young women.

Ms. Eve Clute (sponsored by Dr. Allen) is a doctoral candidate in the Public Health Department at the University of Hawaii. Ms. Clute was involved in planning the environmental exposure portion of the pilot field work in Nassau and Suffolk Counties, New York, for the Long Island Breast Cancer Study Project.

Ms. Zakia Coriaty (sponsored by Dr. Struewing) is a Senior at Columbia University's Barnard College, pursuing an undergraduate degree in biology. Ms. Coriaty hopes to receive M.P.H. and M.D. degrees in the future. She was involved in investigating inherited breast cancer as her project in the Genetic Epidemiology Branch.

Mr. Christian Galindo is a Special Volunteer from Texas A&M University visiting the Epidemiologic Methods Section in the Biostatistics Branch. He is collaborating on developing a statistical test to determine whether genetic inheritance accounts for all the observed familial aggregation observed in small pedigrees, or whether there is evidence of aggregation from non-genetic sources.

Ms. Marilyn Levitt (sponsored by Dr. Nayfield) is a student at the University of Maryland School of Law. Ms. Levitt worked in the Extramural Epidemiology and Genetics Program, where she is did legal research to support the work of the Cooperative Family Registry for Breast Cancer Studies (CFRBCS). She examined proposed federal legislation that might impact the registry and/or researchers using it.

Mr. Adam Mohr (sponsored by Dr. Linet) is majoring in biology and anthropology at the University of North Carolina at Chapel Hill. Mr. Mohr assisted the Radiation Epidemiology Branch with an exploratory study of children's magnetic field exposures from electrical appliances.

Mr. Eric Newman (sponsored by Dr. Rosenberg) is a Ph.D. candidate in the Department of Mathematical Sciences at Johns Hopkins University. He received his B.A. in mathematics from Kenyon College. Mr. Newman collaborated on a project to develop software for analyzing descriptive cancer statistics.

Mr. Anuj Shah (sponsored by Dr. Goldstein) is an undergraduate in physiology at the University of Maryland. He assisted the Genetics Epidemiology Branch in ongoing genetic studies of cancer, including chordoma and malignant melanoma.

Ms. Samantha Toerge (sponsored by Dr. Nayfield) is from Amherst College, where she is majoring in chemistry and psychology. She worked with Ms. Atwell in exploring different technical approaches to assuring confidentiality based on the model of HIV testing and AIDS research.

Ms. Tara Vogt (sponsored by Dr. Ziegler) is in the epidemiology doctoral program at Yale University. She received her M.P.H. in epidemiology/biostatistics from George Washington University. With members of the Nutritional Epidemiology Branch, Ms. Vogt reviewed epidemiologic studies of individual carotenoids in cancer etiology and prevention.
.....by Jennifer Donaldson

Calendar of Events

Following is a schedule of upcoming events of particular interest to DCEG.

DATE	MEETING
Oct. 6-10	NIH Research Festival
Oct. 9	Senior Advisory Group, 2-4, EPN/G
Nov. 6	Senior Advisory Group, 2:30-4:30, EPN/G
Nov. 17-18	Board of Scientific Counselors
Dec. 1-3	National Cancer Advisory Board
Dec. 4-5	Second NCI Combined Intramural Retreat
Dec. 10	Senior Advisory Group, 2-4, EPN/H

DCEG LINKAGE
Published quarterly
Division of Cancer Epidemiology and Genetics
National Cancer Institute

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Lea Harty - GEB	**B. J. Stone - BB**