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we need to v/c hers ASAP —
I had understood Dwss to
be introducing the other two
rather than giving a speech —
- if they want 10-15 min, I'll do it —
- it will just be a day or ~~two~~ to
get organized —

THE AMERICAN SOCIETY FOR CELL BIOLOGY

NATIONAL OFFICE: 9650 Rockville Pike • Bethesda, Maryland 20814-3992 • TEL: 301/530-7153 • FAX: 301/530-7139

August 24, 1993

Ms. Christine Gebbie, R.N.
National AIDS Policy Coordinator
750 17th Street NW
Suite 1060
Washington, DC 20503

Dear Ms. Gebbie:

Dr. J. Michael Bishop has notified me of your willingness to address the Congressional Biomedical Research Caucus on Monday, September 20, 1993 on Preventing AIDS. Thank you for agreeing to participate.

In order to prepare publicity for the event, and to allow our congressional co-chairs to invite their colleagues, we will need the following materials from you by September 2:

1) the title of your talk;
2) a paragraph summarizing your remarks;
3) your curriculum vitae;
4) any audio-visual needs.

In addition, please provide a prepared transcript (by no later than the day of the Caucus program) of your presentation which will be printed in the *Congressional Record*.

Dr. Warner Greene, of the Gladstone Institute of Virology and Immunology at the University of California at San Francisco (tel:415/695-3800); and Dr. Jonathan Mann, of the Harvard School of Public Health (tel: 617/432-0656) will speak on the same program. Each of your presentations should last ten to fifteen minutes to allow questions from the audience. I encourage you to contact Drs. Greene and Mann to coordinate your presentations.

I am sending today via mail for your information transcripts from several past Caucus programs, and videotapes of recent Caucus programs. Also enclosed will be lists of Caucus programs given to-date and Congressional members of the Caucus. The September 20 Caucus will also be professionally videotaped.

I will let you know of the exact location of the Caucus on Capitol Hill as soon as it is determined. It will begin at 12:00 noon, and lunch will be served. Please let me know if I can provide more information or be otherwise helpful.

Sincerely yours,

Elizabeth Marincola

Elizabeth Marincola
Executive Director

cc: Mr. James Bernstein
Dr. J. Michael Bishop
Dr. Warner Greene
Dr. Marc Kirschner
Dr. Jonathan Mann
Dr. Samuel Silverstein
Dr. Harold Varmus

Congressional Biomedical Research Caucus

September 20, 1993	*Preventing AIDS* Dr. Jonathan Mann, Harvard University Dr. Warner Greene, Gladstone Institute of Virology & Immunology Christine Gebbie, R.N., National AIDS Policy Coordinator
July 26, 1993	*Gene Therapy and Its Applications* Dr. Inder Verma, Salk Institute Dr. Fred Gage, University of California at San Diego Dr. Ronald Crystal, Cornell Medical Center
June 28, 1993	*Technology Transfer* Dr. Paul Berg, Stanford University Professor Rebecca Eisenberg, University of Michigan School of Law
May 17, 1993	*Targeted and Basic Science Research and Their Contributions to Disease Prevention and Cures* Dr. Robert Weinberg, Massachusetts Institute of Technology Dr. Mary-Claire King, University of California at Berkeley
September 21, 1992	*Diabetes* Dr. Daniel Foster, University of Texas-Southwestern Medical Center Dr. Ronald Kahn, Harvard Medical School
September 18, 1992	*Depression* Mr. Tony Dow, Actor Dr. Susan Blumenthal, National Institutes of Health Dr. Joseph Coyle, Harvard Medical School
June 19, 1992	*Alcohol and the Brain* Dr. Steven Paul, National Institutes of Health Dr. Ivan Diamond, University of California at San Francisco
May 15, 1992	*Maintaining Integrity in Science Requires Vigilance Not Vigilantes* Dr. Marc Kirschner, University of California at San Francisco Dr. Howard Schachman, University of California at Berkeley Ms. Estelle Fishbein, General Counsel, Johns Hopkins University
April 10, 1992	*Alzheimer's Disease* Dr. Dennis Selkoe, Harvard University Dr. Guy McKann, Johns Hopkins University
March 16, 1992	*The Fragile X Syndrome* Dr. Hilary Worthen, Internist in Boston Dr. David Housman, Massachusetts Institute of Technology
October 28, 1991	*New Frontiers in Cancer Research* Dr. Walter Lawrence, American Cancer Society Dr. Samuel Broder, National Cancer Institute Dr. J. Michael Bishop, University of California at San Francisco Dr. Bert Vogelstein, Johns Hopkins University

September 23, 1991	*Why Hearts Attack* Dr. Virgil Brown, Emory University Dr. Michael Brown, University of Texas at Dallas Dr. Robert Lefkowitz, Duke University Dr. Howard Morgan, Geisinger Clinic
July 29, 1991	*Women's Health Research* Dr. Bernadine Healy, Director, National Institutes of Health Dr. Mary-Claire King, University of California at Berkeley Dr. Zena Stein, Columbia University College of Physicians & Surgeons
May 20, 1991	*From Bench to Bedside: The Biotechnology Revolution* Dr. Dan Nathans, Johns Hopkins University Dr. Tom Maniatis, Harvard University Dr. David Golde, UCLA
March 13, 1991	*The Cloning of the Cystic Fibrosis Gene: An American Biomedical Research Success Story* Dr. Bill Brinkley, University of Alabama Mr. Robert Dresing, Cystic Fibrosis Foundation Dr. Francis Collins, University of Michigan Dr. Richard Boucher, University of North Carolina
January 15, 1991	*Why is There No Vaccine for the AIDS Virus* Dr. Thomas Pollard, Johns Hopkins University Dr. Malcolm Martin, NIAID
October 3, 1990	*Why is the U.S. Number One in Biomedical Research: How Do We Maintain Our Status* Dr. Leon Rosenberg, Yale University Dr. Harold Varmus, University of California at San Francisco Dr. Cori Bargmann, Massachusetts Institute of Technology

May 27, 1993

CONGRESSIONAL BIOMEDICAL RESEARCH CAUCUS

House Members

Mike Andrews	D-TX
Tom Bevill	D-AL
Lucien Blackwell	D-PA
Thomas Bliley	R-VA
Sherwood Boelhert	R-NY
Henry Bonilla	R-TX
Rick Boucher	D-VA
Glen Browder	D-AL
Dan Burton	R-IN
Sonny Callahan	R-AL
Benjamin Cardin	D-MD
William Coyne	D-PA
Rosa DeLauro	D-CT
Ronald Dellums	D-CA
Norman Dicks	D-WA
Dick Durbin	D-IL
Lane Evans	D-IL
Bob Filner	D-CA
Floyd Flake	D-NY
Barney Frank	D-MA
George Gekas	R-PA
Ben Gilman	R-NY
Rod Grams	R-MN
Fred Grandy	R-IA
Gene Green	D-TX
Ralph Hall	D-TX
George Hochbrueckner	D-NJ
E.B. Johnson	D-TX
Joseph Kennedy	D-MA
Barbara Kennelly	D-CT
Sander Levin	D-MI
Marilyn Lloyd	D-TN
Edward Markey	D-MA
Robert Matsui	D-CA
Frank McCloskey	D-IN
Jim McCrery	R-LA
Jim McDermott	D-WA
Michael McNulty	D-NY
Marty Meehan	D-MA
Kweisi Mfume	D-MD
Joseph Moakley	D-MA
Constance Morella	R-MD
Jerrold Nadler	D-NY

Ron Packard	R-CA
Ed Pastor	D-AZ
Nancy Pelosi	D-CA
Pete Peterson	D-FL
James Quillen	R-TN
Bill Richardson	D-NM
J. Roy Rowland	D-GA
Richard Santorum	R-PA
Steve Schiff	R-NM
Karen Shepherd	D-UT
Louise Slaughter	D-NY
Floyd Spence	R-SC
Cliff Stearns	R-FL
Lou Stokes	D-OH
Gerry Studds	D-MA
Peter Torkildsen	D-MA
Walter Tucker	D-CA
Jolene Unsoeld	D-WA
Tim Valentine	D-NC
Peter Visclosky	D-IN
Craig Washington	D-TX
Alan Wheat	D-MO
Don Young	R-AK

CONGRESSIONAL BIOMEDICAL RESEARCH CAUCUS

Senate Members

Hank Brown	R-CO
Thad Cochran	R-MS
Charles Grassley	R-IA
Mark Hatfield	R-OR
Howell Heflin	D-AL
John Kerry	D-MA
Paul Simon	D-IL
Slade Gorton	R-WA
Harris Wofford	D-PA
Daniel Moynihan	D-NY
Dan Akaka	D-HI
Pete Domenici	R-NM
Richard Shelby	D-AL

TRIBUTE TO THE INDUCTEES TO THE SOUTH RANGE HIGH SCHOOL ATHLETIC HALL OF FAME.

HON. JAMES A. TRAFICANT, JR.

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 31, 1991

Mr. TRAFICANT. Mr. Speaker, It is my utmost pleasure to pay tribute to the class of 1991 inductees to the South Range High School Athletic Hall of Fame in my 17th District of Ohio.

These distinguished young people have proven their expertise in the field of football, basketball, track, baseball and cross-country. It is my great pleasure to introduce these individuals and to congratulate them on their outstanding performances.

They are, In football; Wayne Gaither, Chris Madeline; Bob Sahli, Dick Dillon; Ken Wellendorf; In baskelball, Rich Arnold, Bon Cook, Bob Jefferies; Sarah Harris Bennett; Jim Perry, Bruce Plaskett; Bill Yoho, Curt Kaiser and Todd Sauerwein; In track, Mark Bush, Alan Thornton and Jacob "Buster" Eshler; In baseball, Don Work; In cross country, Terry Kenny; and honorary members Joe Dickey, Jr., and Coach Dick Rezek.

Mr. Speaker, I rise to pay tribute to this great people and wish them the best on their journey.

CONGRESSIONAL BIOMEDICAL RESEARCH CAUCUS

HON. GEORGE W. GEKAS

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 31, 1991

Mr. GEKAS. Mr. Speaker, I would like to share with my colleagues some remarks made by Dr. Samuel Broder, Director of the National Cancer Institute, before the Congressional Biomedical Research Caucus on Monday, October 28, 1991. But first, I would like to say a few words about our caucus.

As a cofounder of the Biomedical Research Caucus, I want to thank everyone who attended the Biomedical Research Caucus' last briefing for this year, "New Frontiers in Cancer Research." Since our inception in August of 1990, our membership has grown to include 66 Members of Congress. I think we can be proud of the caucus events thus far, and the service we have provided to Congress through seven substantive briefings which offered opportunities for health policy staff to meet.

One highlight of our first full year was the July 29 briefing entitled "Research on Women's Health Issues for the 90's." At that briefing, Dr. Bernadine Healy, the first female Director of the National Institutes of Health [NIH], outlined her efforts to focus NIH's attention on the particular health needs of women. C-SPAN's coverage of this briefing enabled us to educate not only Members of Congress and their staff, but millions of viewers across the Nation. When Representatives BILL RICHARDSON, J. ROY ROWLAND, SONNY CALLAHAN and I found the caucus, we only hoped for such a wide audience.

On October 28, we finished out the year with a briefing on cancer. Perhaps the most dreaded and prevalent health problem faced by the American public. Our speakers shared with us their remarkable findings on the quest for greater understanding of this ruthless killer. They rejuvenated the idea that one day, with a strong Federal investment and eager young scientists, America will find a cure for cancer.

I would like to thank Dr. George Mandel from George Washington University, Medical School, who has organized the "Chairman's Caucus," a biomedical research promotional group consisting of biomedical research department chairmen from schools throughout the United States. It was good to have Dr. Mandel at the Caucus briefing.

Two groups have been leaders on this new frontier, in cancer research, the American Cancer Society and the National Coalition for Cancer Research. They were represented by Dr. Walter Lawrence and Julia Sullivan, respectively, both of whom made brief introductory remarks. Dr. Walter Lawrence, president-elect of the American Cancer Society, is from the Massey Cancer Center at the Medical College of Virginia. Julia Sullivan is the executive director of the Candlelighters Childhood Cancer Foundation and board member of the National Coalition for Cancer Research. She substituted for Dr. Albert Owens, chairman of the National Coalition for Cancer Research from Johns Hopkins University, who could not be with us.

I would like to thank the American Cancer Society, the National Coalition for Cancer Research, the American Society for Cell Biology and the American Society for Biochemistry and Molecular Biology, for hosting the lunch.

Now I would like to introduce Dr. Samuel Broder, Director of the National Cancer Institute at the National Institutes of Health. Dr. Broder is our Federal general in the war against cancer and he directs our efforts. Dr. Broder is also a respected research scientist, who is largely responsible for developing AZT for use by AIDs patients. Dr. Broder spoke to us about gene therapy, an exciting new cancer treatment being used at NIH. The text of his remarks follow:

REMARKS BY SAMUEL BRODER, M.D.

I am very pleased to be here. You will also be hearing from two very distinguished scientists, Dr. Michael Bishop and Dr. Bert Vogelstein.

Twenty years ago, the national Cancer Act was signed into law, establishing the eradication of suffering and death from cancer as a National priority. There is no question that the basic cancer research funded by the National Cancer Program has made a profound difference. Today, advances at the molecular level are being applied in prevention strategies, new diagnostic tests, and in experimental gene therapies.

For example, we have entered the era of genetic engineering for new vaccines and treatments of cancer. The first gene therapy used to immunize a patient against cancer occurred at NCI on October 8. This vaccine-like approach used genetically altered tissue from the patient's own tumor. An NCI team headed by Dr. Steven Rosenberg received permission from the NIH recombinant DNA advisory committee and Dr. Bernadine Healy to conduct this experimental procedure. The first patient was a 40 year-old man with advanced melanoma. A second patient with malignant melanoma, a 30 year-old woman, was immunized on October 11.

This is the latest in a series of innovative gene therapies that have been developed at NCI. Last September, researchers began gene therapy with two small girls with an inherited immune system disorder caused by the absence of the enzyme adenosine deaminase (ADA). They have since had considerable restoration of their immune function and progress has been very gratifying. These studies are the result of years of basic and clinical research and they blaze the path for treatment of cancer and hundreds of other genetic diseases. While still highly experimental and we cannot give promissory notes of success, such treatments are exciting as they offer hope where none existed.

There are many new and promising approaches to cancer prevention and control. Ultimately, the path to effective prevention is to understand the progressive genetic events that lead to a malignant transformation and the ways that these genetic determinants interact with environmental or lifestyle factors. In a sense all of our basic research is leading to prevention and intervention strategies. More specifically, in the last year, there have been some important new chemoprevention therapies that are quite promising. Recently, one study showed that vitamin A-related compounds can prevent oral cancers and second primary head and neck tumors.

The entire field of adjuvant therapy is considered secondary prevention. Even though no tumor might be seen after it is treated surgically or through chemotherapy or radiation, new treatments are given in many cases to prevent recurrence or to knock out any residual tumor.

Perhaps I should remind you that the most important cancer preventive strategy is smoking cessation. In fact, all our efforts to reduce cancer incidence and morbidity may rest on whether or not we can reduce smoking in our society.

Perhaps we could briefly discuss the incidence and mortality rates associated with cancer. Major progress has been made in reducing deaths from childhood cancers—a reduction of 38 percent between 1973 and 1988. At the time of the enactment of the National Cancer Act, survival of children with cancer was relatively rare. Today, almost two-thirds of children with cancer now survive to the five-year "cure" point. There has also been important progress in preventing or treating many common cancers in adults under age 65. For this group, the overall death rate for cancer has fallen significantly. For example, the death rate for colorectal cancer has fallen by approximately 16 percent in the last 20 years. The death rate for ovarian cancer has decreased by approximately 25 percent and for stomach cancer about 30 percent. For bladder cancer in this age group, we have seen a decline of 30 percent. For cancer of the cervix, there has been nearly a 40 percent decrease.

However, as technology improves, underserved or high risk groups often appear to be falling behind. More logically, they are not improving often because they are not receiving the full benefit of all these advances. The National Cancer Institute is targeting groups, such as women, minorities, the poor, and the older population, as well as specific cancers where increases have occurred, and regarding them as priority areas.

A recent study shows that high cancer rates among Black Americans are largely due to the numbers of Blacks in lower socio-economic groups. If poverty or "poverty driven" lifestyles, unrelated to race, are potent factors for cancer; then this raises a very large social issue. NCI is addressing these issues via targeting these high risk groups and embarking on innovative education campaigns and research to find effec-

tive interventions in poor, underserved populations.

I am certain that you are aware of intense activity in the area of women's health. Caner is the second leading cause of death among women in the United States. In 1991, more than 250,000 women are expected to die of cancer and 150,000 to die specifically of lung, breast, and colon cancers, as well as cancers of the reproductive tract. NCI is pursuing a multifaceted and coordinated plan of research and application relating to women's health. Among some areas of high priority for NCI are the development and implementation of prevention clinical trials for breast cancer including dietary studies of reduced fat intake, and the role of tamoxifen chemosuppression.

Studies of access and delivery of health care for women who are medically underserved are currently underway. New therapies, such as taxol, are being developed. In brief, women participate in every phase of NCI-sponsored investigative activity, and the NCI ensures proportional representation of women in all clinical trials.

NCI is a full participant in the new NIH Women's Health Initiative. Dr. Healy, the Director of NIH, has extended the concepts initiated by NCI to develop a comprehensive, trans-NIH effort for intervention and prevention targeting the major causes of morbidity and mortality in women—namely, cancer (particularly breast but also reproductive tract, lung, and colon), heart disease, stroke, and osteoporosis. I should mention that lung cancer death rates in women now surpass death rates for breast cancer.

NCI allocates about half its budget to basic cancer research and we find it exciting that this research is leading to a unified theory of cancer. In many ways, basic laboratory research must be our highest priority. From the prototype discovery of the elucidation of the role of reverse transcriptase in allowing certain viruses to cause cancer to the most recent findings on oncogenes and tumor suppressor genes and cyclins (proteins that regulate cell division); basic cancer research has had unexpected dividends in illnesses other than cancer, yielding important insights into cystic fibrosis and neurofibromatosis and other diseases. This research has played a seminal role in the Nation's thriving biotechnology industry.

Some of the most profound discoveries have started in basic studies of rare conditions. About 10 years ago, it was discovered that the RB gene was missing in familial retinoblastoma, a rare childhood cancer of the eye. The normal RB gene appears to play a role in the suppression of cancer, so, when the gene is missing, cancer can occur. Abnormalities in the RB gene and the protein it produces have been found in acute lymphocytic leukemia, in osteosarcomas and in many of the common "adult" tumors such as lung and breast.

Abnormalities in another important "suppressor" gene, called p53, have been detected as part of somatic mutations in colorectal cancer and other common malignancies, including lung and breast cancers. Losses or mutations in the p53 gene or in its protein product, are clearly critical to the full development of these cancers.

While some cancers are caused by damaged or missing suppressor genes, other cancers appear to be prompted by mutations in growth-regulatory genes called oncogenes which become activated or amplified. Originally discovered in the 1970s in studies of cancer viruses in animals, oncogenes are now known to be part of a normal gene complement and to play a role in a wide range of human cancers, including those of the breast, lung, colon, kidney, bladder, nervous system, and blood.

One oncogene, HER-2/neu, has been found to be involved in the metastatic potential of breast cancer. Other genes, such as the myc or ras, may initiate different cancers which become fully virulent through other genetic mutations as, for example, in the RB or p53 genes.

An understanding of metastasis (the spread of cancer) may be one of the most far reaching basic research achievements. The majority of cancer-related deaths are caused by this spread of cancer cells from the original tumor to other parts of the body. While, in some cases, it is relatively easy to remove the original tumor, it is very difficult to find and treat the far-flung cells. NCI-supported scientists and NCI intramural scientists are now systematically investigating each of the genes and the steps involved in this lethal migration.

A gene has been identified that appears to act as a tumor suppressor; defects in the NM23 gene have been linked with highly metastatic breast cancer. It has recently been shown that introducing the normal NM23 gene into tumor cells prevents metastasis in animal models.

Nor can we forget the need for new therapies. We are working hard to develop a new drug which comes from a natural product. You may have read about taxol which is derived from a Yew tree in the habitat of the spotted owl. Taxol is promising in several cancers where other therapies have failed—refractory ovarian and breast cancer. Taxol is extracted from the bark of yew trees and although, unfortunately, striping the bark kills the tree, several approaches to synthesis and semi-synthesis are being developed.

Just a word about the way taxol seems to work. NCI-supported scientists have shown that a substance called tubulin serves as a major protein component of cells, which interacts with a complex of proteins called cyclins. Cyclins promote movement through the cell cycle. Tubulin is involved in cell division and it is known that several chemotherapeutic agents act upon it. Taxol acts on tubulin and "freezes" it in its polymerized form (microtubules) to prevent the cell from completing the process of cell division, hence stopping the proliferation of cancer.

I can assure you that we are very conscious and respectful of the environmental issues. We have a very good record of developing cancer drugs from natural products and it is very much in our interests to protect biodiversity and the environment.

Just a few words about how to get information from NCI if you, a family member, or friend has cancer. Call NCI's 1-800-4-CANCER phone number. Over 540,000 patients, families, and doctors received information about cancer treatment and clinical trials last year via the NCI Cancer Information Service (CIS).

The CIS covers the entire country, either through a regional office, often at an NCI Cancer Center, or through the National Office. Specific local resources are continually updated so that patients can find out exactly what exists in their own area.

We share our technology, too. Last year, to extend information services abroad, NCI installed a state-of-the-art system using a compact disk technology (CD-ROM) product at demonstration sites in three cancer research institutes in Eastern Europe. The use of this free-standing technology eliminates the expense and problems of telephone access to computer data bases. In 1992, an additional 15 systems will be installed in developing countries and 11 more will be installed in underserved areas in the United States. A number of NCI publications are also being provided free of charge to key medical libraries and academic institutions in Poland, Hungary, and the Soviet Union.

So in summary, as we acknowledge the twentieth anniversary of the National Cancer Act, it is important to take stock of where we have made progress and how much progress remains to be achieved.

IN HONOR OF NATHAN "NAT" DAVIS

HON. JAMES H. SCHEUER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 31, 1991

Mr. SCHEUER. Mr. Speaker, I rise today to recognize and celebrate the life of Nathan "Nat" K. Davis, who lived in my district for many years. This Sunday a stretch of the Boston Post Road in the Bronx will be designated "Nathan K. Davis Walk" in his honor.

As a volunteer for senior citizens, Nat Davis performed many mitzvahs—that is, good deeds. He accompanied seniors on their visits to doctors and hospitals, took them shopping, and provided them with physical therapy.

For more than 14 years, he performed these mitzvot at the Senior Citizen Center at 2440 Boston Road Plaza. It is therefore fitting that the block between Mace and Waring Avenues, in front of 2440 Boston Road, will be designated as the "Nathan K. Davis Walk" this Sunday.

Nat, a New York City civil servant for more than 25 years, was known widely for his physical education instruction at Bronx House for many years. He loved his work, especially with the seniors, and extended his program to the Parkinson's group at Co-op City.

Nat was a wonderful husband and father. His wife, Thal, who survives him, remains active in the community. She continues to live in the Davis house in Pelham Parkway, where Nat lived from 1950 until his passing in 1986.

But Nat did not limit his community service to seniors. He was a scoutmaster of Troop 133, sponsored by the Pelham Parkway Jewish Center, through which he taught youngsters outdoor living.

He gave generously to the United Jewish Appeal-Jewish Federation and other Jewish philanthropies, among other organizations.

Put simply, he was a mensch—a good person—and many will tell of him as a beloved husband and devoted father. It is fitting and appropriate that "Nat Davis Walk" be designated in his honor so that all will remember his mitzvahs and his example.

DONALD SHAFFER RETIRES FROM DUNDALK COMMUNITY COLLEGE

HON. HELEN DELICH BENTLEY

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 31, 1991

Mrs. BENTLEY. Mr. Speaker, It is with great respect and admiration that I congratulate Mr. Donald Shaffer upon his retirement from Dundalk Community College in Dundalk, MD.

Since 1973, Donald Shaffer has served as associate professor of political science and history at Dundalk Community College. In ad-