through our contracts very carefully and found tens of millions of dollars that we felt we did not need to spend.

What we do now is have a single budget for the whole institution. The executive committee puts on the table all the competing issues, which allows a much more open discussion of the strengths and the weaknesses of different programs. And that's allowing us to make significant shifts from areas that are not as productive to areas that we believe are more productive.

In addition, I felt that it was a very good time to invite the community to work with me on a long-term review of some major programs of this institution. So we have established review groups that will report to me with what I hope will be landmark reports on the major programs. These are not just critiques. They are to be visionary reports as to where we should be going in cancer centers, clinical trials, prevention research, developmental therapeutics, drug discovery, cancer genetics, cancer control, developmental diagnostics, and AIDS malignancies.

One more thing that we're about to set up is progress review groups. We're going to ask individuals with expertise and interest in specific cancers or specific areas, such as minority issues or gene therapy or breast cancer, to formulate committees of internal and external people: scientists, clinicians, and consumers. We will ask them to write a brief annual report on the state of that area, what we're doing, how well we're doing, what are the new opportunities, what could we be doing better. That will become part of our annual planning process. We will set them up this summer and ask them to begin functioning in the fall.

News: How do cancer-specific advocacy groups fit into your plan for running NCI?
R.K.: I have been working very closely with patient advocacy groups. I consider their existence one of the really positive developments in medicine and science. That said, they can be part of politicization. It's the responsibility of me and this institution to make sure...