DRS 2/25/87 ✓

THE CANCER LETTER

Vol. 13 No. 8

Feb. 20, 1987

Subscription: $160 year North America, $175 year elsewhere

P.O. Box 2370 Reston, Virginia 22090 Telephone 703-620-4646

Congressional Appropriations Committee Leaders Blast White Plans To Slash NIH FY 1987 Budget

Opponents of the Administration's plan to move $334 million of the 1987 NIH budget to 1988 (called "extended availability" by the Office of Management & Budget) have found powerful support in Congress. Both the chairmen and ranking minority members of the Senate and House Health

(Continued to page 2)

In Brief

George Burton Retires After 23 Years At NCI; MDA Names Bodey Head Of Medical Specialties

GEORGE BURTON, 33 year veteran of the Public Health Service, 23 with NCI, has retired from his position as special assistant to Environmental Epidemiology Branch Chief Robert Hoover. The most senior scientist in the PHS Commissioned Corps, Burton is known throughout PHS for his knowledge in epidemiology as well as his expertise in contracts management. He was the primary developer and coordinator of the Epidemiology Branch's contract based research program. . . . **GERALD BODEY**, chief of the section of infectious diseases at M.D. Anderson Hospital & Tumor Institute, has been named chairman of the Dept. of Medical Specialties there. . . . **MICHAEL PERRY**, chairman of the Dept. of Medicine at the Univ. of Missouri (Columbia), was not listed as a member of one of the review committees for the Community Clinical Oncology Program (**The Cancer Letter**, Feb. 6). Perry is a member of Special Review Committee E, which is reviewing those applications which have the Eastern Cooperative Oncology Group as a research base. . . . **CLARIFICATION:** If cancer education programs are moved either into a new NCI division or into the director's office (**The Cancer Letter**, Feb. 6), it would involve moving the entire Cancer Training Branch. The article on possible move of the Training Branch, Cancer Centers Branch, Research Facilities Branch and Organ Systems Programs (the latter a section in the centers branch) indicated the Training Branch might be split up. NCI Director Vincent DeVita is considering some consolidation, either into a new division or into his office, of those programs which cut across all of NCI's divisions. . . . **ROBERT BROWNING**, chief of the Grants Review Branch in the Div. of Extramural Activities, on Div. of Cancer Prevention & Control Director Peter Greenwald's comment that the budget for NIH in its first year, 1887, was $300: "I wonder what the payline was?"

GAO Asked If White House Violated Law By Withholding NIH '87 Funds

(Continued from page 1)
Appropriations Subcommittees sent strongly worded letters to HHS Secretary Otis Bowen objecting to the cuts, which include $64 million from NCI's budget.

The Assn. of American Medical Colleges and possibly other organizations may decide this week to take legal action against the Administration. Another organization, the Ad Hoc Group for Medical Research Funding, joined in the fray with letters to members of Congress. That group's membership includes the American Society of Clinical Oncology and the Assn. of American Cancer Institutes.

Lawton Chiles, Florida Democrat who has assumed chairmanship of the Senate Labor-HHS-Education Appropriations Subcommittee, and the ranking Republican, Lowell Weicker of Connecticut, noted in their letter to Bowen that carrying forward $334 million of the NIH appropriations for 1987 into 1988 would reduce the number of new and competing grants by 700, and that it would also reduce the size of many grants.

"It is our understanding that the Administration has requested statutory authority to implement this proposal in the first supplemental appropriations bill considered by Congress," the Chiles-Weicker letter states. "However, it is also our understanding that, without statutory authority, NIH is currently reducing the amount of its research grant awards in order to accommodate the carry forward proposal.

"We would request that until such time as the Congress specifically revises the current appropriations law, the Department and NIH take no action to restrict the availability of NIH funds, and that NIH and the Department spend these funds consistent with current law," the letter demanded.

Chiles and Weicker also said that they have requested the General Accounting Office for an opinion on whether the Administration is in violation of the Impoundment and Control Act "by failing to submit a rescission or deferral request with its proposal."

That act, passed in the mid-1970s after a series of impoundment actions by the Nixon Administration, prohibits withholding of appropriated funds except through either rescissions or deferrals, which must be approved by Congress.

William Natcher, Kentucky Democrat and chairman of the House Labor-HHS-Education Appropriations Subcommittee, and the subcommittee's ranking Republican, Sjlvio Conte of Massachusetts, wrote to Bowen:

"The Subcommittee has recently been informed by your staff that officials of the Department have taken specific actions to withhold from obligation $334 million of funding provided in P.L. 99-591 (the FY 1987 appropriations bill) for biomedical research grants at the National Institutes of Health. While the President's fiscal year 1988 budget proposes legislation to extend the availability of these funds into fiscal year 1988, no rescission or deferral has been submitted. It is clear under these circumstances that the deliberate withholding of funds as proposed by NIH violates both the letter and the spirit of the impoundment provision of the 1974 Budget and Impoundment Control Act. It is also in direct contradiction to the unequivocal assurances of the President in his message of Jan. 8, 1987, that 'There will be no Executive Branch action to defer or otherwise restrict the funds currently available until after Congressional enactment of this proposal.'"

"Acting Unilaterally"

John Sherman, chairman of the Steering Committee of the Ad Hoc Group for Medical Research Funding, wrote in a letter to members of Congress that "notwithstanding clear, bipartisan Congressional support for biomedical and behavioral research, the Administration is now acting unilaterally to undermine the terms of last year's appropriation."

Sherman noted that in addition to eliminating 700 grants, the Administration's action would reduce by as much as 20 percent from levels recommended by scientific peer review groups the budgets of surviving grants.

"Despite the fact that in its formal request for 'extended availability' of FY 1987 funds the Administration pledged not to implement this proposal unless and until it was approved by Congress, cuts are now being made in research grants as though the proposal had in fact been enacted," Sherman wrote. "These cuts are enormously disruptive to research activity, and once a research project is cut back in scope, even a restoration of funds oftentimes cannot easily return the research to its originally anticipated scale."

It is clear now that the Administration's

strategy, orchestrated by OMB, has been cleverly developed to get around the anti-impoundment law. The White House has had no luck in getting rescissions and deferrals by Congress. But by making the cuts, then ostensibly moving that money into the next fiscal year, OMB hoped that the normal Congressional process of not completing appropriations bills until just before or even after the start of the next fiscal year would result in de facto approval of the cuts.

By labeling the money moved from this fiscal year to the next as "extended availability" money, the Administration gives the impression that it is merely delaying release of that money for a few months. In fact, the President's budget request for NCI in FY 1988 is $100 million less than Congress appropriated for 1987 when the "extended" money is left out.

The result of this sleight of hand maneuver is that NCI would be cut $64 million in 1987 and $36 million (under the 1987 level) in 1988.

Cuts Planned In December

HHS has been planning since early December to implement the cuts. In a memo to institute directors, NIH director James Wyngaarden reviewed actions taken and decisions on where the cuts would be made:

The budget proposal "includes an FY 1987 reduction of approximately 700 competing research project grants at a cost of $120 million in addition to a reduction of $214 million to lower the average cost of noncompeting and competing research project grants from the level they would be funded at under the FY 1987 appropriation," Wyngaarden's memo states.

Actions to date include:

*"After receipt of the FY 1988 OMB passback (early December 1986) and until the release of the President's budget Jan. 5, NIH made only those awards necessary to avoid disruption. This action was taken in order not to prematurely release the decisions contained in the President's budget.

*"With the release of the President's budget on Jan. 5, NIH issued initial operating guidance to (the institute directors). The main points are as follows:

--"The (institutes) should continue to review and negotiate each grant and reflect on the award document the level based on the FY 1987 revised budget.

--"Reduction in average cost will only apply to research project grants awarded after Jan. 1. No adjustments will be made to research project grants already awarded.

--"The following statement will be included on the award document or in a covering letter:

"'The President has submitted a legislative proposal to revise the FY 1987 budget with the objective of ensuring a stable source of funds for biomedical research. We have awarded the grant for this budget period in an amount consistent with the proposal that was submitted to Congress for its consideration. The amount awarded may be increased prior to the end of the fiscal year.'

"Actions that will be taken to adjust project grant budgets:

*"Under the FY 1987 revised budget, the NIH average downward negotiations for noncompeting grants would increase from approximately 4 to 10 percent and for competing grants from approximately 6 to 14 percent. The average cost reductions will vary from institute to institute.

*"After adjusting for normal negotiations, an across the board reduction will generally be applied to the grant portfolio. There will be exceptions for programmatic reasons and the reduction will vary between noncompeting and competing awards.

*"AIDS grants would not be affected by the revised budget proposal.

No General Notice

"Procedures and schedule for informing grantees:

"NIH does not plan to issue a general notice to the extramural community. The community will be made aware by the following actions:

*"Release of the President's budget and the media coverage.

*"Responses to inquiries from scientific societies, interest groups, grantees and potential grantees by the NIH director, institute directors and NIH staff.

*"Letters normally issued by the institute directors informing an applicant of the status of his/her application after Counsil review.

*"A statement included on the award document or in a covering letter.

"Policy and procedures if the proposal is denied (by Congress):

*"This is a complicated matter heavily dependent on when the proposal is rejected. This requires a careful review of the issues such as the ability of the individual project

grants to utilize the funds and the future commitments that may be generated.

*"NIH has begun internal discussions, but no final decisions have been made.

*"The most likely approach will be to return the funds to the grantees in the same way they were taken. We are currently investigating the feasibility of preparing the paper work for two awards: one at the current authorized level and the other restoring the reduction if the proposal is rejected by Congress.

NCAB Approves Plan For "Public Participation Hearings" Around U.S.

The National Cancer Advisory Board approved plans at its meeting this month to conduct hearings in as many as six cities around the U.S. as part of a two year program to stir up public interest in early detection and prevention of cancer.

Board member Nancy Brinker, founder and chairman of the Susan B. Komen Foundation of Dallas, suggested last year that the Board could assume a more active role in reaching the public. The Board's Information Committee, working with Office of Cancer Communications Director Paul Van Nevel, drew up detailed plans for the program, which also includes an update of the publication, "Decade of Discovery," which NCI published on the 10th anniversary of the National Cancer Act.

The public participation hearings will start with two pilot hearings, first in Los Angeles and then in Atlanta. If those prove successful, additional hearings will be held in Dallas, Philadelphia, Chicago and Seattle.

"The National Cancer Advisory Board believes it is now appropriate and timely to issue a call to the public to join with the Board in responding to opportunities for the prevention and early detection of cancer," the introduction to the plan states. "Across the nation, people can meet the challenge of cancer with increased awareness of the informational and medical resources now available.

"To best assess and encourage informed individual response to the cancer challenge, and to sensitize everyone more effectively to their personal stake in the goals and advancement of the National Cancer Program, it is recommended members of the NCAB, with the assistance of NCI staff, conduct open public participation hearings in selected cities across the United States, beginning with a targeted two city hearing program. The hearings would reach the public directly, and through their personal testimony, would involve citizens in achieving the year 2000 goals. The hearings would provide NCAB members with a meaningful composite picture of individual and community involvement, emerging knowledge and practices of both providers and consumers, as well as areas of strength, progress and public perspectives as they relate to the National Cancer Program.

"A published summary of the findings of these public participation hearings would, moreover, enable NCAB members to better perform the function of advising NCI on its cancer control efforts and assist in achieving the objective of enlisting active participation in meeting the cancer challenge, especially through increased efforts in preventing and early detection."

The three step, two year program would allow the NCAB, in cooperation with regional and local organizations to:

*Conduct regional hearings in two pilot locations. NCAB members would conduct the hearings, collecting testimony on relevant issues, opening opportunities for local, regional and national media comment. Preparatory training will be provided for the NCAB members, so as to best utilize time available.

*Based on knowledge gained from the pilot hearings, conduct four additional hearings to acquire the full, composite profile required for a meaningful national summary of public knowledge, and interest in and ability to respond to, the cancer challenge.

*Provide a new report and related communications materials to update "Decade of Discovery." These materials would be used in conjunction with the public participation hearings and other NCI information efforts.

*Gather the hearing findings into a unique print format, "The Hearings Report: How Americans Meet the Challenge of Cancer," an action oriented summary of the testimony gathered in the public participation hearings. "The Hearings Report" combined with NCAB's overall assessment of progress in the National Cancer Program, especially dealing with prevention and early detection, would be publicly released as part of the Board's 1988 biennial report to the President and Congress.

"Thoughtful, purposive and visible outreach by the NCAB is the essential element in this overall plan," the description of the

plan states. "While various NCAB members may be called upon to address a range of public forums and meet with representative media in the months to come, the overriding need to develop increased public commitment to the National Cancer Program and the year 2000 goals and to enhance NCAB's insight into the public's response to the National Cancer Program consistent with its advisory responsibilities, has led to the recommendation that a strong, positive public hearing strategy be the first priority, accompanied by ad hoc spokesperson placements.

"As it is NCAB's obligation to advise on NCI policy and programs, the public hearings outlined here will provide an important mechanism for NCAB to focus public participation in achieving the year 2000 goals and elicit feedback that will lead to recommendations regarding implementation of those goals.

"The presence of the NCAB in selected communities, and the particular involvement of NCAB members (some of whom are recovered cancer patients) will acquaint the American public with the human side of the National Cancer Program and those involved in its success.

"The association of the NCAB with targeted local hearings organized at the community level will both create a better understanding of the National Cancer Program and enlist citizen participation in it, while reinforcing awareness of the crucial relationship between NCI and local efforts, particularly in the areas of research, prevention and early detection.

"The presence of NCAB members as visitors to local communities will offer opportunities to speak and to meet with the media, and occasions beyond the hearing forum itself both to underscore messages and to absorb information. These occasions will also allow for accelerated identification of recipients and distribution of the NCI research report and related materials.

"The public testimony heard during the course of the program will be summarized in a composite "Hearings Report" that will chronicle public input to the National Cancer Program. This will add an important and unprecedented dimension of public opinion as part of the NCAB's 1988 biennial report to the President and Congress."

Board member Helene Brown, codirector of the Div. of Cancer Control in the Jonsson Comprehensive Cancer Center at UCLA, will chair the Los Angeles meeting. Louis Sullivan, president of Morchouse School of Medicine, will chair the Atlanta meeting.

The plan drawn up by the Information Committee called for the Los Angeles hearing to take place in June "as a direct, major followup activity to May's beginning celebration of NCI's 50th anniversary." However, Brown will be away from Los Angeles during much of the spring, delaying start of the organizational work. The Los Angeles hearing probably will not be held before September.

ACS Board Allocates $37.5 Million To Research, Half Of 1987 Total

The American Cancer Society's Board of Directors has allocated $37.5 million for research and clinical investigations, personnel for research, and special purpose grants. That amount will fund 345 scientific projects, of which 205, amounting to $26.1 million, are new grants, and 140 renewals totaling $11.4 million.

John Laszlo, ACS vice president for research, said that represents about half the total the Society intends to allocate to research during the 1987 fiscal year. Additional funds will be awarded to other investigators at the Board's June meeting.

Included in the awards was $5 million for microbiology and virology; $4.5 million for cell and developmental biology; $5.7 million for investigations of DNA and proteins made by both normal and cancer cells; and $4.9 million for research in biochemistry and chemical carcinogenesis.

Ninety clinical research studies were approved by the Board. These include testing of new anticancer drugs and research aimed at reducing side effects of cancer treatment. Psychological and behavioral factors affecting cancer risk and the patient's ability to deal with the disease also will be investigated.

The Board approved award of a research professorship to Thomas Cech, Boulder, CO, bringing to 25 the total number of ACS professorships in effect. Cech holds a joint appointment as professor of molelcular, cellular and developmental biology at the Univ. of Colorado.

ACS research professor awards provide financial support for gifted scientists for the remainder of their research careers. They are subject to review by the Board every five years.

RFPs Available

Requests for proposals described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs, citing the RFP number, to the individual named, the Blair building room number shown, National Cancer Institute, NIH, Bethesda MD 20892. Proposals may be hand delivered to the Blair building, 8300 Colesville Rd., Silver Spring MD, but the U.S. Postal Service will not deliver there. RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CP-71081-56

Title: Support services for genetic factors in persons at high risk of cancer--genetic markers for linkage analysis

Deadline: Approximately March 25

The Clinical Epidemiology Brach of the Epidemiology & Biostatistics Program in NCI's Div. of Cancer Etiology is seeking contractors to provide support for epidemiologic research study to identify mapping genes causing cancer to specific chromosome regions through the analysis of familial segregation patterns of cancer or preneoplastic syndromes in conjuction with those of polymorphisms of protein (usually in erythrocytes and serum and of DNA (i.e., RFLPs) with known chromosomal locations.

Families appropriate for these studies are ones in which living persons in at least three generations have a known or suspected autosomal dominant trait which causes or is associated with cancer. In such families blood and sera will be obtained from both affected and unaffected members and assayed for at least 30 different protein polymorphisms distributed throughout the genome. DNA for each person will be assayed for about 50 DNA polymorphisms which, in total, cover every chromosomal arm. Genetic linkage analyses of the assay results and pedigree data will be carried out by NCI staff to determine if the results provide evidence for the chromosomal localization of the condition under study.

Because two different types of laboratory approachs are required for this project, the work is separated into two categories. Respondents can propose to do either or both categories of work.

Assa A: assays of protein polymorphisms.

Assay B: assays of DNA polymorphisms.

Assay A is a recompetition of an existing contract. It is anticipated that in incrementally funded, cost reimbursement, completion contract will be awarded for a five year period.

Contract Specialist: Donna Winters
RCB Blair Bldg Rm 114
301-427-8888

RFP NCI-CM-87208

Title: Clinical trials monitoring service

Deadline: April 27

The Cancer Therapy Evaluation Program of NCI's Div. of Cancer Treatment is requesting organizations to submit proposals which will provide a clinical trials monitoring service for phase 1 CTEP and Biological Response Modifier Program investigators and for all other investigators using DCT sponsored investigational agents. The service shall have four components:

1. Provide a central data management resource to both CTEP and BRMP for clinical investigators conducting phase 1 and selected NCI designated phase 2 clinical trials.

2. Provide an on site monitoring resource for DCT to assure that phase 1 contractors and other clinical investigators conducting phase 1 and phase 2 clinical trials are in compliance with federal regulations, policies and procedures and to verify submitted data.

3. Assure DCT that clinical trials 'cooperative groups and certain cancer center research bases with quality assurance programs are actively monitoring their investigational agent studies for the quality of clinical data and compliance with federal regulations, policies and procedures for clinical trials.

4. Assure DCT that all other investigators or institutions, not covered in items 2 or 3, who are participating in clinical trials using DCT sponsored agents are in compliance with federal regulations, policies and procedures.

This acquisition is a recompetition of an existing contract currently held by Theradex Systems Inc. The government anticipates that one award will be made and that the contract will be incrementally funded for 60 months.

Contract Specialist: Odessa Henderson
RCB Blair Bldg Rm 228
301-427-8737

RFP NCI-CN-75423-43

Title: Architectural/engineering services for laboratory, clinical and animal care space renovations and construction

Deadline: To be determined

The Research Facilities Branch of NCI's Div. of Cancer Prevention & Control is seeking sources to perform an indefinite contract to provide technical (architectural and engineering) review of design submittals for grant projects involving new construction, complettion of shell space, and alteration and repair.

The three stages for which review services are required are schematic design, design development and construction documents (final design). The objective is to provide NCI/RFB staff with review comments and recommendations concerning deficiencies and errors in design submittals which will be transmitted to the grantees for correction and action by their A/E. Submittals will be reviewed for compliance with laboratory safety and health standards, accessibility for the handicapped, HHS/NIH criteria. A bibliography of those standards is available on request. Review of submittals shall be made by the various disciplines (architectural, structural, mechanical, electrical, etc.) and comments provided for transmittal to the grantees.

The contract shall provide a one year term with an option for two additional years with the same terms and conditions. The government estimates the annual level of effort for professionals to total approximately 2,500 hours. Interested firms must submit seven copies of completed Standard Forms 254, 255 and any requested supplemental data by the deadline listed above. A form 254 must also be presented for each major consultant. Submittal must provide the names and related experience of the project manager and of each major professional expected to be used in this work.

This project is 100 percent set aside for small business firms. Consideration will be limited to firms able to provide all required services within the Washington metropolitan area.

Firms responding to this announcement before the closing date will be considered for selection, subject to the requirements indicated with respect to size and geographic location of firm, specialized technical expertise and evaluation requirements listed. Following an initial evaluation of the qualifications and performance data submitted, three or more firms considered to be the most highly qualified to provide the required services will be selected for interview.

Evaluation factors will include the following in descending order of importance:

1. Experience of the proposed project manager and key staff in the disciplines of architectural, mech-

anical, electrical and plumbing engineering. Achievements and significant publications.

2. Demonstrated competence in the design and review of design of construction documents for new construction and alteration projects, such as institutional and biomedical research facilities.

3. Demonstrated capability to complete the required reviews within a turn around time of no more than two weeks (10 working days) for routine submittals as specified in the statement of work. Proximity to the central location for this project at the Blair Bldg, 8300 Colesville Rd., Silver Spring, MD, is a key factor in making this evaluation. Availability of the review team for ad hoc review consultation with NCI staff on short notice (one day).

4. Demonstrated recent performance on contracts with government agencies and private industry in terms of quality of work, cost control and compliance with performance schedules.

5. Availability of the necessary facilities, equipment and resources required to perform the proposed work.

Personal visits for the purpose of discussing this action are discouraged. Firms desiring consideration shall submit appropriate data as described along with a letter of interest identifying the project.

Contract Specialist: Diana Wheeler
RCB Blair Bldg Rm 2A07
301-427-8745

Program Announcements

Following are AIDS related program announcements issued by the National Institute on Drug Abuse. Other NIDA announcements appear in this week's issue of **AIDS update**.

DA-87-11

Title: Drug abuse aspects of AIDS
Initial application receipt date: April 1
Subsequent application receipt dates: June 1, Oct. 1, Feb. 1

Purpose of this announcement is to stimulate research on the interrelationships between AIDS and drug abuse. One focus of this research is health education/prevention directed toward minimizing the spread of the AIDS virus among drug abusing populations and, hence, to the general population. A second focus is the identification and study of cofactors that influence the spread and the clinical course of HTLV-3/LAV infection. A third focus is the study of the immunological manifestation of HTLV-3/LAV infection with an emphasis on effects of drug abuse on vulnerability, clinical course and outcome of viral infection. A fourth research focus is the clinical epidemiology and natural history of HTLV-3/LAV infection and associated diseases in drug users, their sexual partners and offspring.

Further information may be obtained from Sander Genser, MD, MPH; Peter Hartsock, DrPH; and Harry Haverkos, MD; Clinical Medicine Branch, NIDA, 5600 Fishers Lane, Rm 10A-08, Rockville, MD 20857, phone 301/443-1801.

DA-87-14

Title: Treatment of intravenous drug abusers to reduce the spread of AIDS
Initial application receipt date: April 1
Subsequent application receipt dates: June 1, Oct. 1, Feb. 1

Purpose of this announcement is to stimulate research in the treatment of intravenous drug abuse, in order to reduce the spread of AIDS among intravenous drug abusers. The research should be aimed at improving effectiveness of existing strategies and abuse; attracting more intravenous drug abusers into treatment; and preventing relapse following treatment. Both pharmacological and behaviorally based interventions are encouraged.

Further information may be obtained from Chief, Treatment Research Branch, NIDA, 5600 Fishers Lane, Rm 10A-30, Rockville, MD 20857, phone 301/443-4060.

DA-87-12

Title: Studies of heterosexual and perinatal transmission of AIDS associated with intravenous drug abuse
Initial application receipt date: April 1
Subsequent application receipt dates: June 1, Oct. 1, Feb. 1

Purpose of this announcement is to stimulate research in heterosexual and perinatal transmission of AIDS and HTLV-3/LAV infection among intravenous drug abusers, their heterosexual partners and their offspring. Such research should lead to an improved understanding of the modes of transmission of the virus associated with intravenous drug abuse and possibly lead to improved strategies for prevention of AIDS in drug abusing communities.

Further information may be obtained from Harry Haverkos, MD; and Peter Hartsock, DrPH, Clinical Medicine Branch, Div. of Clinical Research, NIDA; 5600 Fishers Lane, Rm 10A-08; Rockville, MD 20857, phone 301/443-1801.

DA-87-20

Title: Studies of drugs of abuse as potential cofactors in the pathogenesis of AIDS
Initial application receipt date: April 1
Subsequent application receipt dates: June 1, Oct. 1, Feb. 1

Purpose of this announcement is to stimulate research on the effects of drugs of abuse on the outcome of HTLV-3/LAV infection. Such research should lead to an improved understanding of the fundamental interactions of the virus and drugs of abuse in the development of disease. By identifying cofactors, investigators may be able to define additional opportunities for the prevention of AIDS.

Further information may be obtained from Harry Haverkos, MD, and Sander Genser, MD, MPH, Clinical Medicine Branch, NIDA, 5600 Fishers Lane, Rm 10A-08, Rockville, MD 20857, phone 301/443-1801.

Research grants related to pain and analegsia

A Public Health Service Interagency Committee on Pain and Analgesia was established in 1985 to provide for the appropriate exchange of information on pain and related activities. One of the purposes of the committee is to foster collaboration and integration of research programs conducted by the PHS.

A workshop of experts was organized to examine present state of the art in treatment of cancer pain and to determine the status and need for additional research in areas related to the control and management of pain in patients with advanced disease. Their conclusions are relevant to pain relief in other acute and chronic conditions besides cancer. Some of the areas identified as a result of this workshop are described below. Grant applications proposing research in these areas are solicited by the various institutes supporting this announcement.

Much of the material described below deals with chronic pain. In general, chronic pain (especially that arising from deep tissues) and its treatment are poorly understood. Furthermore, there are currently few good models of chronic pain and there is a clear need for more research on chronic pain and its treatment.

A major challenge lies in understanding pain that responds to opiates and in developing therapies to treat this pain. Opiate resistant pain is likely to occur when there is a nervous system insult or injury

caused by trauma, disease process, or therapeutic intervention. Recent studies suggest that there is CNS reorganization following peripheral and central nerve damage. This reorganization may lead to opiate insensitive pain. The extent of these reorganizations, the mechanisms responsible for them, and their relationship to pain need to be examined.

Further research is needed to study the pain that develops following chronic inflammation, peripheral nerve damage, tumor invasion, metabolic disease, or some kinds of trauma. The chemical mediators of such pain have not been identified and the basis for nociceptor activation is not yet clear. Identification of the mediators and mechanisms of activation may permit development of drugs interfering with their actions.

Pain arising in the viscera is not well understood. In order to provide a rational basis for the development of new therapies, the peripheral and central pathways and mechanisms mediating visceral pain need to be studied. Most importantly, therapies to relieve visceral pain, especially the visceral pain due to chronic disease, need to be developed.

The mechanisms of action of available unconventional (i.e., nonopiate) analgesics need to be elucidated and their appropriate use described. Similarly, well controlled studies of nonpharmacological approaches for the activation of the brain's own pain suppressing mechanisms are needed, including hypnosis, behavior modification, biofeedback, transcutaneous electrical stimulation, acupuncture, psychotherapy, etc. In addition, studies that examine the match of various behavioral approaches to particular pain problems are needed. Effects of these measures in augmenting drug action should also be studied.

Further studies are needed to compare and evaluate the effects of opiate drugs during long term repeated use in nonaddict human populations. There is a need to examine the effects of multiple dosing of opiates in cancer patients and chronic pain patients since almost all of the previous analgesia data are based on single dose studies. There is a need to examine the pharmacokinetics of these drugs following long term multiple dosing.

Further studies are necessary to compare analgesic levels attained with different routes of administration of opiates. For delivery systems using chronic infusions of opiates, the relative efficacy and tolerance liability of continuous vs. pulsatile injection has yet to be determined. Now in an early stage of development, transdermal delivery of analgesics for acute and chronic pain has promise, particularly for children, but requires further study.

The efficacy and appropriate use of the intrathecal route of administration for both short and long term use has not yet been determined. Appropriate drugs for intrathecal administration are still not known. Morphine, for example, has been approved for intrathecal use under some conditions, but its relatively poor lipid solubility suggests that it may not be the best opiate drug to use by this route. The involvement of noradrenergic, serotonergic and peptidergic systems in analgesia produced by a variety of manipulations suggests that many agents should be tested by intrathecal administration for their short and long term analgesic efficacy. Combinations of analgesic drugs (especially nonopiates) with reduced ability to produce tolerance and dependence are particularly sought.

Continued research into the techniques of the measurement of pain and of its relief in the clinical setting is also encouraged. There have been recent advances in the development of a variety of assessment tools, including verbal descriptor assessment, combined qualitative and quantitative measures, self reporting techniques, and behavioral measurement, among others. Because both research and clinical assessment of analgesic effectiveness depend upon valid and precise measurement tools, continued progress is needed in this area. Thus, studies of measurement drawing upon human clinical, human laboratory, and animal laboratory studies are encouraged. Of further interest are the social and psychological characteristics that may render individuals more vulnerable to pain.

A particular problem appears to be the treatment of children in pain. We have only incomplete knowledge about the actions of analgesic drugs in the very young and further studies are needed in this area. Moreover, we have few tools to assess pain in young children especially those without well developed verbal skills. In order to improve the treatment of pain in this area, it is essential to improve our ability to measure it. Studies of pain management in children with both acute and chronic pain are therefore encouraged.

Although some specific areas of research have been identified, applicants are by no means restricted to these avenues of pursuit; any innovative endeavors in pain or analgesia research with potential clinical relevance are encouraged.

Applications may be submitted for individual research project grants (RO1, R29, etc.) or program project grants (PO1). The usual NIH deadlines for those mechanisms will be observed--Feb. 1, June 1 and Oct. 1. Applications should be submitted to the NIH Div. of Research Grants, Westwood Bldg Rm 240, Bethesda, MD 20892.

Program representatives of the participating institutes may be contacted for further information. They are:

NCI, Dr. Carrie Hunter, Blair Bldg Rm 7A15, Bethesda 20892, phone 301/427-8708; National Institute of Arthritis & Musculoskeletal & Skin Diseases, Dr. Lawrence Petrucelli, Westwood Bldg Rm 405, Bethesda 20892, phone 301/496-7326; National Institute of Dental Research, Dr. Patricia Bryant, Westwood Bldg Rm 506, Bethesda 20892, phone 301/496-7807; National Institute of Neurological & Communicative Disorders & Stroke, Dr. Kenneth Surrey, Federal Bldg Rm 706, Bethesda 20892, phone 301/496-1431; National Institute on Drug Abuse, Dr. David Friedman, 5600 Fishers Lane Rm 10A31, Rockville, MD 20857, phone 301/443-6975; National Institute of Mental Health, Dr. Susan Blumenthal, 5600 Fishers Lane Rm 11C06, Rockville 20857, phone 301/443-4337; and National Center for Nursing Research, Dr. Patricia McCormick, Bldg 38A Rm B2E17, Bethesda 20894, phone 301/496-0526.

NCI CONTRACT AWARDS

Title: Avoidable mortality from cancers in black populations
Contractor: Univ. of Illinois, $4,647,291

Title: Maintenance and development of inbred and congenic resistant mouse strains
Contractor: Hazleton Laboratories, $4,271,171

Title: Epidemiological study of cancer in Utah
Contractor: Univ. of Utah, $1,490,010 (extension)

The Cancer Letter _Editor Jerry D. Boyd Associate Editor Patricia Williams

Published forty-eight times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter.