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Kimes: Centers Need New $$ Sources; Fox Chase, U.Pa Go Separate Ways

"Creative new ways to fund cancer centers" are sorely needed, Brian Kimes has suggested, and he told the National Cancer Advisory Board last week that he is "prepared to come up with some ideas" which he

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In Brief

Thomas, Murray Share Nobel Prize for Medicine; Wynder To Present Carese Memorial Lecture

DONNALL THOMAS, researcher at Fred Hutchinson Cancer Center, Seattle, who perfected the use of bone marrow transplants to treat leukemia, and **Joseph Murray,** kidney transplant specialist at Brigham and Women's Hospital, Boston, received the Nobel Prize for Medicine this week. The awards committee said their discoveries "are crucial for those tens of thousands of severely ill patients who either can be cured or given a decent life when other treatment methods are without success." Committee members also cited their "courage to continue when other scientists said it was impossible." They will share the $703,000 prize. . . . **LECTURE DEDICATED** to the memory of **Lou Carese** will be held Oct. 18 at NIH Wilson Hall, 3 p.m. Carese was NCI's first associate director for program planning and analysis and developed the National Cancer Plan in the early 1970s following the mandates of the National Cancer Act. He planned NCI's virus research program and the drug development program, and before he died in 1986, worked on plans for the diet and cancer, and chemoprevention programs. **Ernest Wynder,** president of the American Health Foundation, will present a lecture titled, "The Scientific and Policy Implications of Primary Cancer Prevention." . . . **NANCY BRINKER,** founder and chairman of the Susan G. Komen Foundation and member of the National Cancer Advisory Board, has written "The Race Is Run One Step At A Time," with Catherine McEvily Harris, published this month by Simon & Schuster. The $18.95 book contains a preface by NCI Director **Samuel Broder.** . . . **NEW OFFICER** for committee management at NCI is Carol Franks. . . . **JOHN COOPER,** chief of the Extramural Programs Branch in the Epidemiology & Biostatics Program at NCI retired Aug. 1, and has been replaced by Iris Obrams. . . . **CORRECTION:** In a story on mammography in **The Cancer Letter,** Sept. 21, a sentence on page 2, third paragraph, should have read, "...the results indicate that as more women have mammograms, the breast cancer mortality rate should begin to decrease," not incidence rate.

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Centers Need New Funding Sources, Kimes Tells NCAB

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will present to the NCI Executive Committee.

Kimes, associate director of the Div. of Cancer Biology, Diagnosis, & Centers and director of the Centers, Resources, & Training Program, updated the NCAB on activities in his domain.

Relative stability in the number of NCI funded cancer centers was achieved this year "because we've short funded" all core grants, Kimes said. Fifty six centers are receiving core grant money this year, although three of them are one year "continuations" which will permit those centers either to prepare new applications for the regular three to five year awards, or to prepare for life after the core grant money stops (**The Cancer Letter**, Sept. 28). The number of center core grants in the early 1980s was as high as 62.

Kimes and his NCI colleagues were gratified that they will lose at most three centers, after earlier predictions of a "precipitous decline" in the number. If all grants had been fully funded, the number would have dropped to 45.

Priority scores of core grant applications are getting closer to each other, Kimes said. "Can we ask peer review to differentiate further? Everyone you lose just can't be jump started again, so we have to be careful.

"We would still have a strong centers program with 45, but what bothers me is that the other 15 are very good centers," Kimes continued. "In fact, we could have more. There are at least 20 more centers now being developed."

Kimes indicated that if, in his opinion, the centers program is to grow rather continue the downward slide, new funding sources will be needed. He did not elaborate on the "creative new ideas" he has in mind. He intends to present them, along with the outline of a five year "forward plan" for centers to the NCI Executive Committee at some future date.

Kimes announced that DCBDC and the Div. of Cancer Treatment's Cancer Therapy Evaluation Program will collaborate on a workshop Nov. 6 which will address four topics of significant interest to centers:

* Providing wider access to phase 1 drugs.
* New considerations in performing phase 1 and pilot studies.
* Expanded access to Group C drugs (with possible distribution through centers).
* How CTEP can be of greater help in fostering innovative therapeutic studies.

The announcement last week that three existing, NCI recognized comprehensive cancers had been the first to successfully undergo peer review for renewal of that recognition marked the end of the joint recognition accorded Fox Chase Cancer Center and the Univ. of Pennsylvania Cancer Center in the early 1970s.

Fox Chase President Robert Young and Director John Glick of the Univ. of Pennsylvania center had agreed to seek separate recognition under the new guidelines for comprehensive status. Each felt his center met the criteria independently. NCI Director Samuel Broder also had determined that such joint recognitions would be discouraged, if not completely avoided, under the new system. The Vincent Lombardi Cancer Center at Georgetown Univ. and the Howard Univ. Cancer Center had been the only other such comprehensive recognition, and that was withdrawn when neither could get core grants renewed. The Lombardi center did get a new core grant this year and is eligible to seek comprehensive recognition on its own.

Kimes made only a brief announcement, that Fox Chase, Yale, and Roswell Park had been approved for recognition as comprehensive cancer centers by the Cancer Center Support Grant Review Committee, without alluding to the separation of Fox Chase and Univ. of Pennsylvania.

He expressed his thanks to Joseph Simone, CCSG chairman, and John Durant, chairman of the NCAB Centers Committee, for carrying out the administrative review which resulted in recognition of five new comprehensive centers. Under the new system, centers could apply for peer review at the time their core grants are being reviewed, or for administrative review if their grants were not due for renewal before

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the end of 1992. After then, all applications for comprehensive recognition will be submitted each time a core grant is being reviewed. Award of a core grant will not depend on comprehensive recognition; but that recognition depends on possession of a funded core grant.

Kimes said that some problems had been encountered in the peer review but did not say what they were. Margaret Holmes, chief of the Cancer Centers Branch, declined to identify them, other than that there may have been some technical problems in the applications.

An intriguing question which has been left unanswered ever since NCI started recognizing centers as comprehensive is: What will happen when a center loses that recognition? That has become an issue which NCI eventually will have to face, with centers required to seek renewal of the recognition every three to five years.

Will NCI issue a press release announcing that Center X no longer is comprehensive? Not likely. Will the center put out its own press release to that effect? Even less likely.

Here's probably what will happen:

--If a center fails in peer review to reestablish itself as comprehensive, it will have one year to get its act together and reapply. If it fails again, or does not reapply, NCI will then notify the center that it may no longer use the term, "NCI recognized comprehensive cancer center" in its logo, stationery, or publications.

--At some discreet time thereafter, NCI will quietly circulate a list of current comprehensive centers. It will not include the center which failed twice in peer review.

--Comprehensive centers which lose their core grants will be treated the same. One year to submit a successful application, or off the comprehensive list.

That, basically, was the process utilized when Georgetown/Howard was removed from the list.

Two major activities in Kimes' charge, which had been considered by some as moribund, if not outright dead, are very much alive and making valuable contributions, he reported.

The Organ Systems Program, which was stripped of its extramural coordinating center and its formal site oriented working groups in the last two years, made the transfer from the Div. of Cancer Prevention & Control to DCBDC along with centers, research facilities, and cancer training. Andrew Chiarodo, who was head of the Organ Systems Section, under the Cancer Centers Branch in DCPC, went along as chief of the upgraded (to branch status) program in DCBDC.

There were two major organ systems workshops this year, in prostate and breast cancer, which produced a plethora of research ideas, Kimes said. Some of these will show up as new research concepts for the appropriate divisional boards of scientific counselors to consider.

The branch also was involved with smaller workshops, including one on the epidemiology of multiple myeloma and black/white differences. "We hooked that to Mike Potter's workshop." Kimes suggested that that was one of the creative things the Organ Systems Program can do, bringing together different workshops with synergistic results. Potter is chief of DCBDC's Laboratory of Genetics.

Another organ systems workshop explored the mechanism of action of levamisole. "No conclusion was reached on how it works, but we dispelled the notion that it is strictly immunological," Kimes said.

Reports on all the workshops are being written and will either be published or made available as monographs.

Kimes said that NIH R13 conference grants are being utilized to support some workshops. One coming up will be on ovarian cancer, a site not previously included in the Organ Systems Program. "This is a good example of the new dimension of the program. Before, it was restricted to the seven (formally, organ specific working groups). Now, there are no restrictions. I've always wondered why there was no working group for ovarian cancer. Next year, we will have a lung cancer workshop, and also one on colo/rectal cancer. R13s also will support workshops on cancer of the upper aerodigestive tract and melanoma.

"All this activity is important," Kimes continued. "It goes on in a problem solving atmosphere, linking basic and clinical science, and bringing NCI program directors together."

The Research Facilities Branch, which had dwindled from a budget of over $40 million in construction and renovation grants to zero, had new life breathed into it by Congress in the 1990 fiscal year appropriations bill. A total of $14.8 million was allocated to NIH for construction grants. Over $4 million went to cancer centers, $9.5 million to Jackson Laboratory for reconstruction of its animal facilities, and $1.1 million for two grants, one through the National Eye Institute and the other the National Heart, Lung & Blood Institute (**The Cancer Letter**, Oct. 5).

Kenneth Brow was named chief of the branch just after it had moved to DCBDC, and he and his staff handled all the NIH construction grants, Kimes

pointed out. "The NIH initiatives could not have been pulled off without Ken Brow," Kimes said. "His is the only construction program at NIH. It's important to recognize that we are doing NIH a service. It is important for us to maintain a strong construction program, and for the NCAB to provide the oversight. It's amazing, the number if construction programs that are going on."

Brow is in the process of revising the branch's handbook for construction grants, a must for those planning to submit construction or renovation grant applications. Copies will be sent to those requesting them when they become available.

The Cancer Training Branch, which administers $45-50 million in cancer education, career development, and NRSA grants, plans to send several new initiatives to the DCBDC Board of Scientific Counselors, Kimes said.

The branch, whose chief is Vincent Cairoli, would like to fund R25 grants for community physicians in special training programs, one in pain management and one in psychosocial services. A pain workshop sponsored by DCPC had determined a "clear need for better physician education" in pain management, Kimes said.

Another initiative will be on career training of preventing and control workers. Still another will be for education programs on community outreach and service. DCPC Director Peter Greenwald and his staff are involved in those, Kimes said.

Emil (Jay) Freireich, who is spending a year as a distinguished visiting scientist from his position at M.D. Anderson Cancer Center, has been looking at the problem of encouraging physicians to enter clinical cancer research. "I think Jay has identified a major problem in training and retaining physicians in clinical research," Kimes said. "Clinical researchers do not have access to RO1s. With RO1s, they can't pursue a research project with the same ease and flexibility that a basic scientist can. We have a plan, which we will present to the board of scientific counselors."

Raub Briefs Councils On Women's Health Issues, Cost Containment

William Raub, who has probably set an all time record for length of time serving as acting director of NIH, told the National Cancer Advisory Board last week that he has requested time at all the advisory councils to discuss two issues:

"Women's health, subtitled, 'How I spent my summer,' and cost containment."

The women's health issue added more than a few degrees to the temperature in Raub's office when the General Accounting Office issued its report which contended that women are inadequately represented in NIH supported clinical trials.

"We were accused of inadequate attention to diseases impacting women," Raub said. "The report triggered rather stressful congressional hearings. It was an indictment of NIH, and if true, unacceptable."

The figures cited by GAO turned out to be based on a flawed assumption: GAO identified only 13.5 percent of the NIH budget as going to research involving women's health. The agency then assumed that the balance, 86.5 percent, was spent on diseases of men. The fact is that the vast majority of the balance is spend on studies of diseases which affect both men and women.

Raub said that the hearings helped get "the factual basis" on the record, and credited Richard Adamson, NCI acting deputy director and director of the Div. of Cancer Etiology, for his testimony which set the record straight.

All the same, NIH has established a new Office of Research on Women's Health (**The Cancer Letter**, Sept. 14). Ruth Kirschstein, director of the National Institute of General Medical Sciences, "has hit the ground running" as acting director of the new office, Raub said. Recruitment of a permanent director is under way.

Raub said that concern over fair representation in clinical trials has demonstrated one thing: "We owe a debt to the AIDS activists, who have got the message out that participants in clinical trials are not guinea pigs, and that clinical trials offer the best medical care. In general, across NIH, participation of women has been good, and NCI ranks near the top."

On the matter of cost containment, Raub summarized criticism leveled at NIH:

1. The cost of research grants has not been adequately controlled by the system. The increase has been greater than inflation, even with the biomedical indicator addition of two percent.

2. Increases in the length of grants have soaked up some money which otherwise would have been available for competitive awards. "On the other hand, there was a bolus [of new grants] increase in the 1980s, which brought more people into the system."

Solutions include "striving for 6,000 grants, holding the average length to 4.0 years [it has risen to 4.8], eliminating downward negotiations, and paying more attention to indirect costs. I'm aware of the shock waves that always sends."

Raub said that "mechanically, 4.0 years can be

done. The philosophical issue is a matter for debate." The average went up because of the initiation of seven year awards for MERIT and NCI's outstanding investigator awards, and the extension of other awards, including centers, from three to five years, largely at the urging of the scientific community. Persuasive arguments were made that investigators should spend more time on research and less on preparing grant applications, and that the best scientists should have the security and freedom of longer awards. Removal of those funds from the competitive pool has played a role in holding down the number of new grant awards.

Raub has been acting director of NIH for more than a year, since James Wyngaarden resigned.

NCI Advisors Ok Recompetition Of Management Support Contract

NCI intends to recompete the support services contract for its Management Information Systems Branch which is estimated to cost more than $2.4 million over five years.

NCI also intends to issue a new contract for monthly updating of the Physician Data Query database that could cost more than $500,000 over five years.

A committee of the National Cancer Advisory Board last week said it had no objections to the recompetition or the new contract proposal and sent the concept statements for the projects on to the full board. Since both of the projects are under the jurisdiction of the NCI director's office, the NCAB conducts the concept review for the proposals.

In a related development, the concept review for the recompetition of the Cancer Information Service offices will come before the NCAB by its meeting in February, Office of Cancer Communication Director Paul Van Nevel told the NCAB committee on Information & Cancer Control for the Year 2000. Although the CIS offices have just been recompeted, NCI decided to award contracts for only three years so that the offices will come up for renewal at the same time as the national CIS.

Following are the concept statements presented to the NCAB committee:

Monthly updating and system maintenance of MUMPS and C versions of PDQ. Concept for a new contract, small business set aside, three years with two one-year options. Estimated start date June 1, 1991, estimated first year cost $98,614, to increase to $119,866 in the fifth year, for a total estimated cost of $544,905.

The International Cancer Information Center is responsible for carrying out NCI's mandate to collect and disseminate data useful in the prevention, diagnosis and treatment of cancer. To this end, ICIC has developed a series of online databases and database systems currently distributed through the National Library of Medicine and private licensed vendors worldwide.

The major emphasis is on the Physician Data Query database which is an easy to use database designed for physicians and other persons who have an interest in cancer treatment. PDQ contains data on prognosis, stage information and treatment options currently considered state of the art for the major types of cancer. These data are linked to the names, addresses and telephone numbers of physicians and organizations that have a special interest in cancer treatment and to detailed summaries of investigational and standard treatment protocols.

After the PDQ system had been operational on the NLM computer for several years, the Div. of Cancer Prevention & Control created a MUMPS version of PDQ from monthly PDQ Integrated Tapes produced by ICIC. The purpose of this version was to facilitate PDQ use by the Veterans Admin. hospitals and other medical facilities using the MUMPS system. This system offered users added flexibility because MUMPS can be run on a wide range of computer equipment. This scenario repeated itself when DCPC developed a C language version of PDQ designed to fun on DOS based personal computers and larger systems running the UNIX operating system.

During the last year, interest in MUMPS and C versions of PDQ has risen significantly. Interested parties include additional VA sites, the Dept. of Defense and independent hospitals or medical facilities. In addition, ICIC is interested in adopting the C version of PDQ as the standard supported version and is investigating replacing the current INQUIRE based version of PDQ at the NLM with the C version.

To accomplish the move of the MUMPS and C versions of PDQ from DCPC to ICIC, the ICIC is currently using a short term contract to move the programs onto ICIC equipment and document the programs. This contract is expected to run for eight to 12 months. At that time (mid-1991) ICIC would like to have in place a three/five year contract that would perform the following functions:

--Recurring tasks: Update MUMPS version of PDQ using monthly Integrated Tapes, update C version using monthly Integrated Tapes, and maintain and update source code libraries for MUMPS and C versions of PDQ.

--As required tasks: Make software and documentation changes to MUMPS version of PDQ retrieval programs or utility programs to correct program bugs, add new features, etc. Test programs to assure logic validity after changes and consistency with other versions of PDQ. Make software changes to C version of PDQ retrieval programs or utility programs to correct program bugs, add new features, etc. Test programs to assure logic validity after changes and consistency with other versions of PDQ. Assist PDQ new or existing vendors implementing MUMPS or C version of PDQ on vendor owned equipment.

Susan Hubbard, director of ICIC, said usage of PDQ at the National Library of Medicine continues to increase by 20 to 30 percent a year. However, ICIC has now taken the Cancer Information Service offices off the NLM system to save online computer charges. The CIS offices have been outfitted with a CD/ROM version of PDQ that is placed on a hard disk. This move will save NCI about $500,000 over the next year, she said.

The CD/ROM version has also been given to some

formerly East Bloc countries. "This is part of our current initiative to provide PDQ to people the way they want it," she said.

Board member Erwin Bettinghaus said he wondered whether the CIS offices would shift their attention solely to PDQ rather than collecting articles and other information that had been their strength in the past.

Van Nevel said the CIS offices "continue to use a wide variety of sources." More than half of the calls the offices receive do not even require the counselor to look into PDQ for information, he said.

PDQ is not self-supporting, Hubbard said, because the licensing fee is low. NCI "felt it was more important to get PDQ out there" serving physicians and their patients than to recover the cost of the program. PDQ makes about $70,000 a year, but its costs exceed $2 million, she said.

PDQ might not have been successful if the licensing fees were higher, Bettinghaus said. But Board member David Bragg asked whether PDQ is successful "because it is subsidized."

Hubbard said ICIC's costs have actually decreased.

The committee voted unanimously that it had "no objection" to the concept.

In another development, an evaluation of PDQ that was to have been administered by the Agency for Health Care Policy & Resources will not be done under contract to NCI, Hubbard told the committee. The project received concept approval by the NCAB at its May meeting (**The Cancer Letter,** June 1).

None of the proposals that were submitted in response to the contract were found to have scientific merit, Hubbard said. The AHCPR invited two of the proposers that had technically sound submissions to submit revised proposals. Hubbard said the problem was an early deadline for submissions that did not allow proposers enough time.

Management information systems support services. Recompetition, estimated first year cost $380,292, to increase to $607,866 by the fifth year, for a total estimated cost of $2,415,428 for the five year period. The current contract is held by Universal High Tech Development.

NCI's Management Information Systems Branch is responsible for the design, implementation, enhancement, maintenance and user support for mainframe, local area network and personal computer based systems which support administrative areas within the Office of the Director and several of the divisions. These systems are designed and developed to help administrators and managers make decisions, meet reporting requirements and perform other duties. system activities are initiated by NCI managers, requirements are developed by MISB in conjunction with system users, and systems are designed to meet the requirements of individual offices and/or the institute as a whole. Current systems vary greatly in size and complexity, and support a wide variety of applications including:

--Facilitating the matching of applicants for laboratory positions with NCI vacancies based on experience and education.

--Projecting personnel costs for the institute and each division by various employment categories.

--Tracking the status of grant applications from receipt of the application in NCI through assignment and review.

--Maintaining and reporting information on minority programs.

--Tracking correspondence in the office of the NCI director.

--Monitoring obligations and projections against ceilings for several divisions.

--Tracking employee training for the Personnel Management Branch with reporting available by division and branch.

--Reporting actual and projecting use of full-time equivalencies by division, program and branch.

The primary purpose of this technical support services contract is to implement, test, document and maintain existing and new systems designed by MISB staff. During the proposed five year period:

--System changes will be necessary to meet new user requirements, to reflect changes in interfacing systems and to take advantage of changes in the operating environment provided by the Div. of Computer Research & Technology or by new technology.

--New systems will be required to support administrative initiatives or to replace existing systems to take advantage of the reduced costs and/or new capabilities provided by LANs.

--Some systems will be discontinued if they are no longer needed or can be replaced with information from other sources.

The contractor may also be expected to provide support for other information processing activities of the branch such as NCI's submissions to the Information Technology Systems Budget and the Automated Information Systems Security Program.

The resources required to maintain the current capabilities and to provide needed enhancements to existing systems consumes most of the current funds; insufficient resources remain to implement new initiatives or to move to the advantages offered by newer technologies. The proposed level of effort would return the contract to the level of effort approved by the five year period which began in 1987 and, if needs grow as expected, to gradually add technical staff to develop new systems or convert existing systems to newer technologies.

Bettinghaus noted that the initial increase in funding for the contract seemed high.

"What we're asking for is a ceiling," said MISB Chief Betty Ann Sullivan. "We have been flat-funded for several years and we're asking for more spending authority if funds become available."

Bettinghaus said he thought the ceiling "may be overly optimistic given the current emphasis on cost of living" budget increases.

The committee had no objection to the concept.

'Stop Cancer' Will Make Good On Funding Promise, Hammer Says

The Stop Cancer foundation intends to present NCI $7.5 million in December, Armand Hammer, founder of the fundraising organization and chairman of the President's Cancer Panel, has said.

The amount represents the remainder of the $12.5

million the foundation has raised for NCI halfway through its four-year fundraising effort. Hammer presented NCI with checks for $2.5 million and $2 million earlier this year, and another $500,000 previously, bringing the total Stop Cancer donation to NCI to $5 million.

At the May National Cancer Advisory Board meeting, Hammer promised the rest, $7.5 million, would be given to NCI by the end of 1990 fiscal year, Sept. 30. The foundation now intends to provide the money in December, Hammer wrote in a letter to President Bush.

The Senate Appropriations Committee provided $12.5 million in matching funds in the FY 1990 budget for NCI.

The federal matching funds are to support all types of cancer research, but the money raised by Stop Cancer is "largely to fund immunological projects," Hammer told the NCAB last week. The funds are to be distributed to projects that have cleared peer review.

Hammer set a goal of raising $500 million in private funds for cancer research between 1988 and 1992.

Hammer said the fundraising efforts continue. Runners in the New York City Marathon this year are being urged to obtain pledges per mile for the benefit of Stop Cancer. The Nov. 4 race involving 25,000 runners is to be held this year in honor of marathon founder Fred Lebow, who has been diagnosed with brain cancer.

Hammer said a "gala" to be broadcast on cable television will be held early next year for the benefit of Stop Cancer.

"It's important to extend even greater efforts" on behalf of raising money for cancer research, Hammer told the NCAB. "We must redouble our efforts if we are to achieve our goals of this decade" of sharply reducing cancer mortality by the year 2000.

"I saw this century come in and I hope to see it go out," said Hammer, 92. "After all, I have a new pacemaker, and it's guaranteed for eight years. After that I get new batteries."

In his annual report to the President on the activities of the Cancer Panel, submitted in August, Hammer wrote that advances made in the past year "were true harvests derived from wise investments made by the federal government in the National Cancer Program."

"Nevertheless, we on the Panel feel there is a renewed sense of urgency to redouble our efforts to ensure that all Americans, regardless of race or ethnic background, share equally in the benefits that are derived from the latest advances in cancer prevention and treatment, both now and in the future.

Hammer included a summary of the FY 1992 bypass budget for NCI along with his report. "The legally mandated NCI bypass budget describes specific funding requirements which would provide this nation the ability to capitalize on scientific opportunities in cancer research and could markedly reduce deaths from cancer within this decade. The Panel strongly endorses its proposals. We hope that this professional needs budget will be helpful in guiding you in preparing the FY 1992 budget. With sufficient resources it is my firm belief that we can make even stronger advances towards eradicating this disease."

Hammer wrote that "this nation should commit three times its present investment in health research, which is now less than 2 percent of the cost of medical care."

In addition, he wrote that "a decade of neglect of our nation's physical facilities for cancer research and medical education has created a dire need for replacement and modernization in the laboratories and hospitals throughout the country."

In the conclusion of the panel's report, which detailed the panel's activities in 1989, Hammer wrote that NCI Director Samuel Broder, appointed in January 1989, "is contributing strongly and effectively to the furtherance of science and the achievement of outstanding clinical results."

Hammer publicly thanked the members of the National Committee to Review Current Procedures for the Approval of New Drugs for Cancer and AIDS, also known as the Lasagna committee after its chairman Louis Lasagna, for its nearly two years of work on a report submitted to President Bush in August (**The Cancer Letter,** Sept. 7).

"We hope the recommendations will be considered carefully and help to reduce delays for approval of new drugs," Hammer told the NCAB. "By no means does the panel feel that the FDA is to take all the blame" for slow drug approvals. He noted that one recommendation the committee made was the expansion of resources for FDA to provide for more personnel and facilities.

The President's Cancer Panel will hold three more meetings this year: Oct. 22 at Brown Univ., Providence, RI, on international information; Nov. 16 at NIH; and Dec. 7 at the Cooper Foundation in San Francisco featuring Nobel Prize winners Michael Bishop and Harold Barnes.

AIDS Discoverer Gallo Cleared Of Charges He Stole The Virus

NIH has in effect cleared NCI researcher Robert Gallo of the allegation that he stole credit for discovery of the AIDS virus from a French researcher.

The finding appears to settle the controversy over Gallo's 1984 discovery, which has been the focus of the longest investigation in NIH history, an 11-month inquiry that was prompted by allegations from press accounts and other scientists.

In a statement released last week, Acting NIH Director William Raub said the NIH Office of Scientific Integrity had "resolved certain of the publicized allegations and issues or shown them to be without substance," including the question of whether Gallo had a motive to steal a French isolate of the virus.

However, Raub said that some remaining issues in the inquiry will now come under a full investigation. The brief statement did not specify those issues, but they are said to involve questions concerning Gallo's laboratory.

Gallo, chief of NCI's Laboratory of Tumor Cell Biology, has been the subject of intense scrutiny since 1985, when genetic analysis of the virus he discovered and a virus discovered by Luc Montagnier, chief of virology at the Pasteur Institute, found the two to be so similar that they could have come from the same blood sample.

Since the Pasteur Institute had sent Gallo a sample of its virus, some questioned whether Gallo's discovery was a copy of the French virus, either by accident or deliberately or by accident.

Gallo and Montagnier reached an agreement in 1987 on their roles in the discovery of HIV. They issued an official chronology of early AIDS discoveries as part of an agreement that granted joint ownership of patent rights for the AIDS antibody test kit to HHS and the Pasteur Institute.

That agreement did little to silence Gallo's critics in the scientific community and the press. Then, last fall, the "Chicago Tribune" weighed in with a 16-page article that was billed as an investigation of Gallo's work between 1983 and 1984.

The article suggested that the laboratory deliberately contaminated blood samples with the French virus isolate. Now, the article and its author have come under fire for accuracy, reporting methods and purpose (**AIDS update,** Sept. 21). But the Tribune article prompted Rep. John Dingell (D-MI), chairman of the House Subcommittee on Oversight & Investigations to request that NIH conduct an inquiry.

All along Gallo has maintained that he had no motive to mix up blood samples because he had identified many other strains of virus which by themselves justify his claim to be discoverer of the AIDS virus.

The NIH investigative panel agreed, after extensive interviews with Gallo and his staff and analysis of hundreds of pages of data.

"The inquiry team has concluded that Dr. Gallo had a substantial number of HIV detections and isolations from several different sources at the critical time that HTLV-IIIB (the principal virus isolated by the Gallo laboratory) and LAV (the virus isolated by the Pasteur Institute) were being grown in Gallo's laboratory," Raub said.

According to Raub, the NIH inquiry will now concentrate on two issues. First, a formal investigation will be made of "several aspects of published reports" from Gallo's laboratory, particularly the first paper of four that were written by the laboratory for the journal "Science" in May 1984. The "Science" paper in question outlined the basic methods for the development of the HIV antibody test.

Second, Raub said the investigation will test biological samples to determine the precise origins of HTLV-IIIB, the virus Gallo used to develop the HIV blood test. Given that Gallo has been cleared of stealing the HIV isolate, the question of where his isolate came from is not crucial.

The investigation will be conducted by the Office of Scientific Integrity, with the assistance of a panel of expert scientific advisors from the extramural research community, Raub said.

A San Francisco based AIDS activist group recently complained that the intense scrutiny Gallo has received has had a "chilling, negative effect" on AIDS research.

In a letter to the "Chicago Tribune," Martin Delaney, executive director of Project Inform, said the group would try to analyze the direct and indirect costs caused by the newspaper's investigation. Over a two-year period, the newspaper made more than 100 requests for documents from NIH under the Freedom of Information Act. Dozens of scientists have had to respond to questions from the Tribune's reporter, John Crewdson. The group said the cost of the paper's inquiry has come out of funds that could have been used for AIDS research.

Most important, however, is the diversion of attention away from finding a cure for the disease, Project Inform said. "Whether [Gallo] is or isn't at fault for past activities, there is a growing sentiment that we would rather see him working in the lab than defending himself to reporters."