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Central Europe Faces Massive Public Education, Environmental Problems, Related To Cancer

Although most of Central Europe has been isolated from the West in many aspects since the late 1940s, scientists there have managed to maintain contacts with their colleagues in Western Europe and the United States. Despite travel restrictions, many of them received much of their training in western institutions and have attended international conferences. These countries--specifically Poland, East Germany, Hungary,

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In Brief

Russos Of Michigan Move To Fox Chase; Becker Named To Endowed Chair; NCI's David Byar Dies

JOSE AND IRMA RUSSO, the husband-wife pathology team based for nearly 20 years at the Michigan Cancer Foundation, where they conducted innovative research on causes and potential prevention of breast cancer, have moved to Fox Chase Cancer Center in Philadelphia, where they intend to expand the pathology department and broaden their breast cancer research. Jose Russo was named chairman of pathology and Irma Russo is director of the department's section of surgical pathology. . . . **FREDERICK BECKER,** vice president for research at M.D. Anderson Cancer Center, and a member of the National Cancer Advisory Board, has been appointed to an endowed chair at the center, the Hubert and Olive Stringer Chair in Basic Science. . . . **DAVID BYAR,** chief of the Biometry Branch in NCI's Div. of Cancer Prevention & Control and an expert in the methodology and conduct of cancer clinical trials, died Aug. 8 at Washington Hospital Center. He was 53. He joined NCI in 1968, and in 1972 became head of the Clinical & Diagnostic Trials Section, which divided its efforts between methodological work in biostatistics and applied work in designing, conducting, and analyzing clinical trials and other cancer studies. In 1981 Byar was elected a Fellow of the American Statistical Assn., cited for "an unusual combination of medical and statistical expertise." Byar recently spent much of his time working with the American Foundation for AIDS Research on design of a large scale observational database for following HIV positive patients. . . . **GERALD MURPHY,** American Cancer Society's chief medical officer and group vice president for cancer control, has been awarded the Clinical Research Prize by the Peruvian Cancer Society and will deliver their first Isaac Lindley Memorial Lecture at their annual meeting in Lima in November. . . . **NATIONAL SURGICAL** Adjuvant Breast & Bowel Project group meeting has been rescheduled for April 12-15, at the Hyatt Regency in Hilton Head, SC.

Central Europe Faces Massive Environmental, Prevention Problems

(Continued from page 1)

Czechoslovakia, Rumania, and Bulgaria--began expanding their contacts with the West and relaxing travel regulations years before the dramatic developments which led to the overthrow of their communist dictatorships. Scientists were among the first to take advantage of the changing situations, most of them speak English fluently, and they have kept up quite well with the biological revolution of the last 20 years. In fact, some are at the cutting edge of that revolution.

Yugoslavia is a special case in the region. Although it was ruled by a dictatorship since World War II, Marshall Tito's break with the Soviet Union opened the door somewhat long before the Iron Curtain crumbled. Science there appears to be at least on par with others in the region. However, the present turmoil as the Yugoslavian federation falls apart is occupying much of the attention and energy of the scientific community.

Jasna Soric, an MD/PhD investigator with the Central Institute for Tumors and Allied Diseases in Zagreb, predicted in a private conversation at the International Symposium on Cancer Research in Budapest (held in June) that fighting would break out between Serbians and Croatians. Zagreb is the capitol of Croatia, and that country is now torn by fighting between Serbs who live there and the native Croatians.

Scientists from the other Central European countries, although happy about their new freedom, are depressed by the huge problems they are facing in overcoming 40 years of economic disaster.

They fear that it will be a long time before support for scientific research will rate much of a priority, with so much effort needed to rebuild economies.

One legacy of the neglect and incompetence of state planners, seen primarily in Poland, East Germany, and the industrial areas of Czechoslovakia, is the incredible damage to the environment caused by industrial pollution. Epidemiologists will be following cancer incidence rates there for many years to come.

Epidemiology, prevention, and cancer control have received much attention throughout Europe. Reports on some of those activities were presented at the symposium.

Peter Boyle, with the International Agency for Research on Cancer in Lyon, described cancer patterns and trends in Europe.

"Data are now available regarding cancer mortality from nearly every European country, and cancer incidence data are becoming more widely available as the increasing number of European cancer registries mature. . . For example, oral cancer is commonest in France, and the incidence and mortality rates are increasing throughout Europe. In some countries, the mortality rate has increased 10 fold within one generation in males. Esophageal cancer is also very common in France and is thought to be related to the very high intakes of alcohol in that country. But the reasons for the high rates in Scotland and the Soviet Union are not so obvious.

"There are high rates of stomach cancer in the regions of southern Germany, France, and Italy which border Switzerland. The rates of lung cancer mortality in Poland are now currently higher in males aged 35-64 than they ever were in the United Kingdom in the same age group. Malignant melanoma rates are rising steeply, particularly in northern European populations."

Mieczyslaw Chorazy, of the Center of Oncology of the Maria Asklodowska-Curie Memorial Institute in Gilwice, Poland, carried out an assessment of environmental exposure to mutagens and carcinogens by chromosomal and DNA studies in Silesia, one of the heavily polluted areas of Poland.

He reported that short term lymphocyte cultures from inhabitants of that area exhibited chromosomal aberrations and increased rate of sister chromatid exchange. In DNA, the level of adducts was considerably higher than in controls from nonpolluted areas.

Peter Greenwald, director of NCI's Div. of Cancer Prevention & Control, and **Maureen Henderson**, head of prevention research at Fred Hutchinson Cancer Center, described studies planned or under way in the U.S. These include the new Women's Health Initiative,

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which will test whether dietary fat reduction can reduce incidence of breast and colon cancer and cardiovascular disease, and the 12 center study to test whether high fiber, low fat, vegetable and fruit enriched diet will reduce colorectal cancer incidence.

Henderson also discussed antismoking efforts in the U.S. These include three major thrusts, she said: prevention of the onset of regular smoking; changing smokers to nonsmokers; and chemoprevention of lung cancer in long term heavy smokers.

"Schools are the only place you can measure the effect of antismoking programs," Henderson said. "So far, we've seen only that it delays the start of smoking. There has been no long term evaluation.

"The duration and setting of the program is as important as the material used. The onset of regular smoking is a long term process. The intervention needs to begin some years before regular smoking begins and continue some years after."

Henderson described an eight year old randomized trial of smoking prevention. It begins in elementary school and continues through high school, reaching children age 6 to 17.

"The social environment must exist to support nonsmoking, particular the support of parents and teachers." With 8,000 children enrolled, followup shows that parent support has been achieved, Henderson said.

In changing smokers to nonsmokers, the workplace is the preferred site of intervention. "Every known strategy and technique for smoking cessation is used."

A chemoprevention trial involves 17,000 heavy smokers, randomized to either retinol and betacarotene or placebo. There have been no serious side effects from the treatment, and tests show blood levels of those substances have been increased. "We have learned that long time heavy smokers have a lot of other health problems," Henderson said.

Greenwald added that "if you can postpone the start of smoking until age 20, it is not likely that person will start at all."

Carlo La Vecchia, head of epidemiology at Istituto di Ricerche Farmacologiche Mario Negri in Milan, discussed some aspects of smoking and cancer in Europe.

"The range of variation for lung cancer mortality across various European countries is over a factor of three in both sexes, with the highest rates among males in the UK, Belgium, the Netherlands, and Czechoslovakia, and the lowest ones in southern Europe but also in Norway and Sweden. Thus, the lowest lung cancer rates are observed not only in countries with a later spread of tobacco smoking, but also in those areas (such as Scandinavia) where more comprehensive policies against tobacco have been adopted.

"With the main exception of the UK, lung cancer rates are still relatively low in European females, although trends have recently been upwards. There is, therefore, ample scope for urgent intervention aimed at limiting a major lung cancer epidemic among women in the near future.

"Lung cancer rates in the young (with Hungary showing by far the highest mortality in both sexes age 35-44) suggest that eastern and southern Europe,

U.S.-Soviet Scientific Exchanges Usually Affected By Political Climate

Scientific exchanges between the U.S. and the Soviet Union, almost always affected by the political barometer, have increased dramatically since 1987, when relations between the two countries improved and the Soviets relaxed travel restrictions that had been placed on many of their most able scientists.

As **The Cancer Letter** was going to press this week, it was unclear what result the coup that toppled the reform-minded Soviet President Mikhail Gorbachev would have on U.S.-Soviet relations, and on the ability of Soviet and American scientists to travel and share information.

In the last year, NCI has handled exchanges involving some 25 Soviet scientists who visited the U.S., and about 10 Americans who visited the Soviet Union, according to Wesley Simmons, international programs officer in NCI's Office of International Affairs.

"I don't think anybody can predict what impact [the coup] will have," Simmons told **The Cancer Letter.** "Our relationship with the Soviets always has been like a rollercoaster. When the politics are bad, the science goes down."

NCI has memoranda of understanding with a number of Soviet research institutes, as well as with the Soviet Academy of Medical Sciences regarding scientific exchanges, Simmons said. Some of the agreements have been in place since 1972.

After the Soviet invasion of Afghanistan in 1979 and the shooting down of the Korean Air Lines passenger jet in 1983, "there was almost nothing going on except a few individual exchanges."

where the prevalence of tobacco smoking in the young is higher and high tar dark tobacco is still common, probably will have the highest lung cancer rates at the beginning of the next decade. . . The interaction between tobacco and alcohol will be considered, as the major factors responsible for the elevated rates of upper digestive and respiratory tract neoplasms in France, Switzerland, Italy, and Spain, as a high priority public health issue."

Laszlo Surjan, minister of social welfare in Hungary, wrapped up the symposium by commenting that antismoking messages from his government are ignored by Hungarians, probably because the people learned over the last 40 years not to believe anything the government says. He asked for the West's help in addressing that problem.

Jacques Crozemarie, president of the French Assn. for Cancer Research, summarized the symposium by noting that it brought home the realization "that cancer research cannot be separated from other fields like environment or life style. Cancer research cannot stay insensitive to the irrational problems of toxic waste disposal. . . (or) the worldwide effect of the ozone layer destruction and the greenhouse effect. International organizations are doing important research in this field. We must combine our energies to increase these common research programs."

CDC Funds 8 State Health Agencies' Cancer Early Detection Programs

The Centers for Disease Control has awarded $23 million to eight states to develop comprehensive breast and cervical cancer early detection programs, particularly for low income minority women.

Awards for fiscal year 1991, averaging just under $3 million each, went to California, Colorado, Michigan, Minnesota, New Mexico, South Carolina, Texas, and West Virginia.

The eight state health agencies will now begin routine screening mammograms and Papanicolaou testing for low income women. The agencies also will provide appropriate referrals to ensure medical treatment and followup for women who have a positive screen. The quality of screening procedures will be monitored, and surveillance systems will track breast and cervical cancer incidence, CDC said. Public education campaigns focusing on the benefits of early detection will be directed to health care providers and to all women in each state who should be screened according to the current NCI recommended guidelines.

CDC funds the program under the Breast and Cervical Cancer Mortality Prevention Act of 1990 (**The Cancer Letter,** April 26). States are required to match each $3 of federal funding with $1 of state funds.

NCI Plans Oct. 8 Briefing In St. Louis On New Programs For Three Cancers

NCI is planning a briefing session on its new Specialized Programs of Research Excellence (SPORE) in breast, lung, and prostate cancer. The briefing is scheduled for Oct. 8, at the St. Louis Airport Marriott, I-70 at Lambert Airport, St. Louis, MO, from 8:30 a.m.-noon.

The Requests for Applications (RFAs) to invite P50 grant applications for the SPOREs are expected to be released by mid-September (**The Cancer Letter,** July 5).

The St. Louis briefing is open to interested parties. Rooms for the night of Oct. 7 are available at a special rate of $58 plus tax. Reservations should be made directly to the Marriott at 314/423-9700. To receive the special rate, make the reservation by Sept. 27 and mention the NCI meeting. Free shuttle service is available from the airport to the hotel. Passenger pickup for the Marriott shuttle is at exit 7 in the airport terminal.

For more information, contact Dr. Andrew Chiarodo, Organ Systems Coordinating Branch, NCI Div. of Cancer Biology, Diagnosis & Centers, Bethesda, MD 20892, phone 301/496-8528.

Book For Cancer Survivors Available; New Publications From NCI, Others

NCI, in collaboration with the National Coalition for Cancer Survivorship, has developed a new book that addresses the needs of cancer survivors and their families. "Facing Forward: A Guide for Cancer Survivors" focuses on physical health, emotional concerns, insurance issues, and employment problems. The free guide may be ordered by calling 1-800-4-CANCER.

NCI and the American College of Surgeons also have completed two videotapes on clinical trials, one for patients and one for physicians, in order to increase awareness and understanding among health professionals and the public about cancer clinical trials as a treatment option.

The tapes are available at no cost through NCI's Office of Cancer Communications. The tapes are titled, "Patient to Patient: Cancer Clinical Trials and You," and "Physician to Physician: Perspectives on Clinical Trials." To order, call 1-800-4-CANCER.

Two other new cancer publications for health professionals and educators are available from NCI: "Cancer Patient Education Videotape Directory," and "Cancer Survivorship: An Annotated Bibliography."

Information on cancer patient education programs and resources is available by computer as part of the Combined Health Information Database, developed and managed by the federal health agencies. NCI recently created the cancer subfile of CHID. For information, contact Richard Pike at 301/468-6555.

Other recent publications:

"Understanding Chemotherapy," free booklet, Leukemia Society of America, 733 Third Ave., New York, NY 10017, phone 212/573-8484.

"Tobacco Free Michigan 2000," free, from Michigan Dept. of Public Health, Center for Health Promotion, Cancer and Tobacco Unit, 3423 N. Logan, Lansing, MI 48909, phone 517/335-9161.

New titles from Raven Press, 1185 Ave. of the Americas, New York, NY 10036, phone 212/930-9500:

"Film-Screen Mammography: An Atlas of Instructional Cases," by Lawrence Bassett, Reza Jahanshahi, Richard Gold, and Yao Fu, $120.

"Papillomaviruses in Human Pathology: Recent Progress in Epidermoid Precancers," edited by J. Monsonego, $87.

"Endocrine Dependent Tumors," edited by Klaus-Dieter Voigt and Cornelius Knabbe, $128.

New journal, "Melanoma Research," subscription $295 U.S., launched by Rapid Communications of Oxford Ltd., The Old Malthouse, Paradise St., Oxford OX1 1LD, UK.

New titles from the Oncology Nursing Society:

"Standards of Advanced Practice in Oncology Nursing," compiled by the ONS Clinical Practice Committee. The standards are based on the concepts of specialist practice defined by in the American Nurses Association Social Policy Statement and the Advanced Oncology Nursing Practice section in ONS's Scope of Oncology Nursing Practice. The standards center around four advanced practice roles and six functions. The roles include clinical nurse specialist, educator, researcher, and administrator; the functions are direct care giver, coordinator, consultant, educator, researcher, and administrator.

"The 1991 Bone Marrow Transplant Directory," compiled by the Oncology Nursing Society Bone Marrow Transplant Special Interest Group. The directory includes information about the average number of bone marrow transplant designated beds, number of beds in the institution, approximate number of transplants per year, type of transplant, type of isolation used, decontamination protocol, facilities for adults and children, and types of nursing research, patient education, and outpatient facilities. Both booklets are available through the Oncology Nursing Society, 1016 Greentree Rd., Pittsburgh, PA, 15220-3125, for $6 for members or $7 for non-members.

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 Executive Plaza South room number shown, National Cancer Institute, Bethesda MD 20892. Proposals may be hand delivered to the Executive Plaza South Building, 6130 Executive Blvd., Rockville MD. RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CN-15390-51

Title: Preclinical evaluation of intermediate endpoints and their modulation by chemopreventive agents

Deadline: Approximately Sept. 30

NCI has a requirement for a contractor to conduct animal cancer model studies of biomarkers and intermediate endpoints that might be used in human clinical trials in order to examine, in detail, the biomarker modulating effects of selected chemopreventive compounds. The studies shall improve biomarker sensitivity specificity, assay methodology, and sample handling. The emphasis will be on efficient studies aimed at providing more quantitative and more validating intermediate endpoints for future human clinical trials. This acquisition is for a five year master agreement and is in support of the Div. of Cancer Prevention & Control.

Contract specialist: Christine Ptak
RCB Executive Plaza South Rm 635
301/496-8603

RFP NCI-CN-15391-51

Title: Phase 2 clinical trials of new chemopreventive agents

Deadline: Approximately Sept. 30

NCI is interested in establishing a master agreement pool with the objective of encouraging cancer chemoprevention clinical trials that use biochemical and biological markers as intermediate endpoints. The application of biological markers to clinical prevention trials carries great promise in relation to ultimate cancer prevention. When neoplasia itself is used as an endpoint in studies of this type, a very large number of subjects tested for long durations is often required. The emphasis in phase 2 clinical trials will be on small, short term, efficient studies that will determine the dose of a given chemopreventive agent that exhibits a pharmacodynamic effect on an intermediate endpoint and then to do a dose response study to determine the minimum dose at which this biological effect is observed and to confirm the maximum safe dose. The second state of the phase 2 study will involve a randomized blinded trial in a small group of subjects whose endpoint will be a measurable biological effect of the agent versus the placebo. This acquisition is for a five year master agreement and is in support of the Div. of Cancer Prevention & Control.

Contract specialist: Christine Ptak
RCB Executive Plaza South Rm 635
301/496-8603

RFAs Available

RFA CA/NR/AG-91-24

Title: Breast cancer diagnosis, management, and sequelae in older women

Letter of Intent Receipt Date: Sept. 16

Application Receipt Date: Nov. 27

This RFA invites applications for research directed at breast cancer management in women ages 65 and over. Applications must address diagnostic evaluation, treatment, or followup of older patients with breast cancer. Major objectives are 1) to identify factors that impact on appropriate diagnosis and state of the art cancer care for this age group, and 2) to develop and test interventions to enhance appropriate oncologic care.

Applications may be submitted by for profit or nonprofit organizations, either public or private.

This RFA will use the NIH grant in aid (R01). This RFA is a one time solicitation. Future unsolicited competing continuation applications will compete with all investigator initiated applications and be reviewed by a Div. of Research Grants study section. However, should NCI, the National Center for Nursing Research, or the National Institute on Aging determine that there is a sufficient continuing program need, a request for competitive continuation applications will be announced. The total project period for applications submitted in response to this RFA may not exceed three years. The anticipated award date is July 1, 1992.

Approximately $2.1 million in total costs per year for three years will be committed to fund applications submitted in response to this RFA. Three to four awards by NCI, two awards by NCNR, and at least one award by NIA are anticipated.

Specific objectives are 1) to identify barriers to appropriate diagnosis and treatment of symptomatic breast cancer in this age group and 2) to design and test interventions directed at eliminating defined barriers.

Projects concerning breast cancer diagnosis must address patient attitudes towards symptoms, access to specialized oncologic care, or physician practices in diagnosis and/or staging elderly patients. Treatment projects must focus on physician attitudes and practices in recommending treatment, impact of comorbid medical problems on therapy, patient-physician interactions in decision making, supportive care during cancer treatment, or elderly and late sequelae of disease and treatment. Screening/early detection projects in asymptomatic women and terminal care or hospice interventions for elderly women receiving only comfort measures are excluded.

Potential populations include breast cancer patients ages 65 and older, their families, their physicians, and other health care professionals involved in their care. There must be no upper age limit for patient populations.

Prospective applicants are asked to submit by Sept. 16 a letter of intent to Dr. Susan Nayfield, program director, Community Oncology and Rehabilitation Branch, NCI, Executive Plaza North Rm 300, Bethesda, MD 20892, phone 301/496-8541. Inquiries regarding programmatic issues also may be directed to Dr. Nayfield.

RFA CA-91-27

Title: Breast cancer education summits at NCI designated comprehensive cancer centers

Application Receipt Date: Oct. 11

The purpose of this RFA is to provide support for the planning, implementation, and evaluation of breast cancer education summits. The summits are intended to convey information and educational materials about breast cancer to community organizations and businesses and to stimulate these organizations and businesses to establish breast cancer education and screening programs in the community. The aim is to motivate these entities to reach women in the community, to inform them about the risks of breast cancer and the methods to achieve early detection, and how to seek the best treatment. The summit is intended ultimately to reach all women in the community with special emphasis on women at high risk for breast cancer and populations that are medically underserved and/or hard to reach. Special attention must be given to encouraging the establishment of readily available, low cost, high quality mammograms for underserved populations, such as at the worksite.

The regional summits must follow the model of the national summits, including educational sessions, and panel discussions featuring successful community based programs and worksite screening efforts.

It is expected that the grants awarded under this RFA will be used to partially fund planning, implementation and evaluation of the summit conference. The summits will be cosponsored by NCI and other nonprofit organizations. Centers are encouraged to obtain additional funding from local sources for any costs not met by this grant.

Eligibility for this RFA is limited to NCI designated comprehensive cancer centers. Funding will be through the Conference Grant Award (R13).

Approximately $150,000 in total costs will be committed to fund applications submitted in response to this RFA. It is anticipated that five to six awards will be made. No more than $25,000 direct costs will be distributed to a single cancer center.

Applications will be selected for funding based on merit of the applications. However, location of the cancer centers will also be considered to assure balanced geographic distribution of the five or six summits, allowing the broadest coverage of the U.S. population.

Applicants must budget for a one day meeting to be held at NIH soon after grants are awarded to discuss the summits. The cancer centers that receive grants will negotiate timing of their summit meeting with NCI to ensure that the summits are well spaced within the time frame of Feb. 1992 to Sept. 1992.

The funds and resources provided by NCI must be used for information and education purposes only and not for additional fundraising activities.

Written and telephone inquiries concerning this RFA and requests for the full RFA are encouraged and may be directed to Linda Anderson, Office of Cancer Communications, NCI Bldg. 31 Rm 10A24, 9000 Rockville Pike, Bethesda, MD 20892, phone 301/496-6641, or Dr. Linda Muul, Program Director, Cancer Centers Branch, NCI Executive Plaza North Rm 308, Bethesda, MD 20892, phone 301/496-8531.

RFA CA-91-19

Title: National cooperative drug discovery groups

Letter of Intent Receipt Date: Sept. 15

Application Receipt Date: Nov. 13

In FY1983 and 1984, NCI requested applications for the National Cooperative Drug Discovery Groups whose goal was the discovery of improved cancer treatment on the basis of novel mechanisms of drug action.

In 1986, the program requested applications focused on exploitation of specific and unique characteristics of lung and colon cancer. The NCDDG approach to modern anticancer treatment discovery was broadened further in Aug. 1987 by RFAs inviting applications for the creation and evaluation of both general mechanism of action based and specific disease oriented anticancer treatments as well as for the development of innovative preclinical models for determining antitumor selectivity.

In FY1988, NCI invited applications for the establishment of

establishment of groups whose goal was the selection, isolation, and evaluation of novel anticancer treatments from natural sources. All four RFAs were reissued in FY1989. The present RFA is a combined reissuance of the general mechanism of action based and specific disease oriented RFAs.

NCI announces the availability of an RFA for the funding of NCDDGs to stimulate the scientific community to discover new treatments or strategies for the cure of cancer. This program is designed to assist leading investigators in diverse scientific disciplines to interact as a unit regardless of their individual institutional affiliations or prior direct involvement in cancer related research. The purpose is to mobilize, with NCI support, the outstanding talents required for exploitation and extrapolation of leads from fundamental studies to the discovery of improved cancer treatments. An NCDDG is envisioned as being composed of a principal investigator and a number of program leaders who will conduct interdependent and synergistic preclinical laboratory programs. Areas of research will be broad and could include a variety of scientific disciplines such as biochemistry, cell biology, pharmacology, medicinal chemistry, and immunology. An NCDDG may be made up of scientists in academic, nonprofit research, and commercial organizations.

Awards will be made as cooperative agreements. Assistance via cooperative agreement differs from the traditional research grant in that it anticipates substantial NCI staff programmatic participation during performance. However, the applying group must define its objectives in accord with its own interests and perceptions of approaches to the discovery of improved cancer treatment. The role of NCI as a member of the group is described in the complete RFA. The NCI coordinator from the Grants and Contracts Operations Branch, Developmental Therapeutics Program, Div. of Cancer Treatment, will marshall the appropriate resources to assist and stimulate the realization of group objectives. Active participation of industry is encouraged because it will allow this segment of the scientific community to contribute its considerable intellectual and material resources.

The PI's institution will be responsible for the group application. Awards will be made to the applicant institution on behalf of the group as a whole and not to individual laboratory programs within the group. The PI's institution will provide a central operations office for the group and will be responsible for the performance of the entire group and be accountable for the funds awarded.

NCI plans to make multiple awards for project periods of up to four years and has set aside $4 million for the initial year's funding.

Copies of the complete RFA are available from Dr. George Johnson, Grants and Contracts Operations Branch, Developmental Therapeutics Program, Div. of Cancer Treatment, NCI, Executive Plaza North Rm 832, Bethesda, MD 20892, phone 301/496-8783.

RFA CA-91-20

Title: Education programs in cancer prevention and control

Letter of Intent Receipt Date: Sept. 15

Application Receipt Date: Nov. 13

NCI invites grant applications to support educational programs aimed at developing investigators with new research skills focused on the design and implementation of cancer prevention and/or control intervention research. A major goal of this RFA is to broaden the research infrastructure of cancer prevention and control by increasing the number of well trained scientists in the field. A parallel goal is to develop a cadre of clinical oncologists proficient in the use of public health approaches and behavioral techniques for the development and/or implementation of interventions designed to prevent cancer and to increase the early detection and diagnosis of cancer. Another objective is to orient health professionals already schooled in areas of public health, the behavioral and social sciences, nursing, and biostatistics toward careers in cancer prevention and control research by providing them with basic knowledge in cancer biology, prevention and control, and the skills necessary for intervention trials.

A sufficient number of prevention oriented scientists and practitioners carrying out such interventions on a national scale could make a significant contribution to the reduction of cancer incidence and mortality. There should also be an emphasis on providing the specialized skills needed for interventions in the underserved, elderly, and minority populations that have high cancer incidence and mortality rates.

These cross disciplinary educational programs are likely to involve active collaborations or special arrangements between institutions and/or departments such as those with Cancer Center Support Grants (P30), schools of public health, departments of community and preventive medicine, and other departments and institutions that have the necessary expertise and resources to fulfill the objectives of this RFA.

Applications may be submitted by domestic nonprofit organizations, whether public or private, such as universities, colleges, hospitals, and laboratories. Applications involving minority and women students and investigators are encouraged.

Support for this program will be through the NCI Cancer Education Program (R25). Applicants will be responsible for the planning, direction, and execution of the proposed project. This is a one time solicitation. The total project period for applications may not exceed five years. The earliest award date will be July 1, 1992.

For FY1992, $2.5 million in total costs will be available for approximately 10 awards.

This education program requires the integration of many diverse elements such as: 1) a core curriculum covering topics in cancer biology, cancer prevention, public health, and behavioral sciences, 2) peer reviewed, faculty held cancer prevention and control research projects, 3) the availability of appropriate patient study populations and data bases, and 4) the availability of appropriate laboratory and clinical facilities. Principal investigators and applicant organizations must demonstrate the ability to organize and administer this type of interdisciplinary cancer oriented program whose structure may require linkage to other academic and programmatic components of the parent and/or collaborating institutions.

Proposed programs must provide requisite educational skills in cancer prevention and control through course work, seminars, hands on intervention type projects, and other research experiences. Depending upon the proposed program's educational objectives, faculty, research, target student population, and other available resources, applicants may propose a predoctoral and/or postdoctoral type program. Graduates of the program must have some knowledge of cancer biology, including topics such as models of carcinogenesis and short term intervention endpoints that would allow for monitoring the efficacy of various interventions. They must also have some familiarity with the clinical aspects of the major cancer sites. Finally, they must understand the research methodologies of key prevention related disciplines such as epidemiology and the behavioral sciences, methodologies for the identification of high risk groups, and some exposure to theories of health education and prevention and control.

Research graduates must be able to formulate hypotheses and design and conduct research on the effectiveness of interventions in populations, while practitioner graduates must be able to apply the results of research studies to appropriate populations.

A multidisciplinary Cancer Education Committee is essential to the overall administration of a Cancer Education Program. It must consist of experts representing basic, behavioral, and clinical disciplines concerned with cancer and its prevention. Schools and departments participating in joint applications must be represented on the committee. Evidence must be provided of the committee's function, structure, composition, and frequency of meetings.

Letter of intent may be sent to, and the complete RFA is available from Dr. Robert Adams, Cancer Training Branch, NCI, Executive Plaza North Rm 232, Bethesda, MD 20892, phone 301/496-8580, fax 301/402-0181.

RFA CA-91-22

Title: Phase 1 trials of new cytotoxic and biologic agents in children with cancer

Letter of Intent Receipt Date: Sept. 11

Application Receipt Date: Nov. 26

NCI's Div. of Cancer Treatment invites cooperative agreement applications from consortia of institutions, including DCT Clinical Trials Cooperative Groups, wishing to perform 1) phase 1 clinical trials of new cytotoxic, biologic, and differentiation, including agents in children with advanced refractory cancer, 2) appropriate detailed laboratory studies of new cytotoxic agents to include pharmacokinetics of the parent compound and its important metabolites as well as additional studies when appropriate (e.g., intracellular activation kinetics), and 3) appropriate laboratory correlative studies for new biologic and differentiation including agents.

Nonprofit organizations and institutions and governments and their agencies are eligible to apply. For profit organizations are also eligible unless specifically excluded by legislation. Both domestic and foreign applicants may apply.

Each awardee will be known as a Pediatric Phase 1 Clinical Trials Group (PPICTG), which must be a consortium of medical institutions that agree to work together with a principal investigator and a single administrative focus; however, each PPICTG will be funded by a single cooperative agreement. Each PPICTG will be expected to accrue 40-50 patients per year. Each applicant institution must have a coordinating center/operations office responsible for coordination of protocol development and submission, study conduct, quality control and study monitoring, collection of data, data management and analysis, adherence to requirements regarding investigational drug management and federally mandated regulations, and protocol and performance reporting of data from phase 1 trials. Each applicant institution is responsible and accountable for both the use of the funds provided and for the performance of the cooperative agreement supported activity.

Awards will be made as cooperative agreements (U01) that create an assistance relationship with substantial programmatic involvement of NCI staff. Applicants will be responsible for the planning, direction, and execution of the proposed project. NCI participation, through the staff of the Cancer Therapy Evaluation Program, will provide assistance in the nature of information regarding NCI priorities and ongoing efforts elsewhere in the scientific community and will provide advice (through the protocol review process) regarding methodology, feasibility, and adherence to regulatory requirements mandated by the role of NCI as a drug sponsor. NCI anticipates making two awards for the project period of up to four years. A total of $750,000 in total costs is expected to be set aside for the initial year's funding.

Letter of intent may be sent to, and a complete copy of the RFA obtained from, Dr. Malcolm Smith, Cancer Therapy Evaluation Program, Div. of Cancer Treatment, NCI, EPN Rm 741, Bethesda, MD 20892, phone 301/496-2522, fax 301/480-4663.

RFA CA-91-25

Title: Cancer education programs in pain management

Letter of Intent Receipt Date: Nov. 1

Application Receipt Date: Dec. 6

NCI invites grant applications to support education activities in pain management, rehabilitation, or psychosocial issues affecting cancer patients and their families. These cancer education programs are intended to facilitate the dissemination and application of information regarding state of the art procedures for effective pain control, for improving the rehabilitation of cancer patients and their reentry into the workplace, and for using psychosocial knowledge and techniques to promote the well being of cancer patients.

Applicant institutions with expertise in oncology, nursing, psychology, sociology, and other relevant disciplines must be able to establish interdisciplinary educational programs in one or more of the target areas of cancer pain management, cancer rehabilitation, or psychosocial issues affecting cancer patients and their families. Short training courses, workshops, lectures, small discussion groups, demonstrations, hands on experiences, when suitable, or other useful formats will be employed either locally or regionally to disseminate proper knowledge and skills. It is hoped that these educational and training activities will in turn further prompt physicians and other health professionals to apply effective and innovative procedures and techniques in these subject areas that will be of material benefit to the quality of life of cancer patients and their families.

Applications may be submitted by domestic nonprofit organizations, whether public or private, units of state or local governments, and eligible agencies of the federal government. Applications from minorities and women are encouraged.

Support for this program will be through the NCI Cancer Education Program (R25).

For FY1992, $800,000 in total costs will be available for approximately 10 awards. The project period will be for up to three years. The earliest feasible start date will be July 1, 1992.

Applicants are requested to identify clearly in the application the following aspects of the proposed initiative: 1) the content and scope of the educational activities, 2) the specific populations to be educated and their availability, 3) the procedures to be used to announce these educational activities and to recruit participants, 4) the qualifications of the faculty members who would conduct the programs, 5) the potential benefits to cancer patients and their families likely to arise as the result of these educational programs, 6) the methods of evaluation of the program outcomes, and 7) the specific plans to disseminate aspects of the educational activities that prove to be effective.

Copies of the complete RFA are available from Dr. Robert Adams, Cancer Training Branch, NCI, Executive Plaza North Rm 232, Bethesda, MD 20892, phone 301/496-8580, fax 301/402-0181.

NCI Contract Awards

Title: Synthesis of derivatives of polynuclear aromatic hydrocarbons

Contractor: Eagle-Picher Industries, Inc/Chemsyn Science Laboratories, Lexena, KS; $3,035,335.

Title: Second cancer following treatment for non-Hodgkins lymphoma

Contractor: Ontario Cancer Treatment & Research Foundation, Canada; $119,757.

Title: Second cancer following treatment for non-Hodgkins lymphoma

Contractor: Univ. of Iowa, Div. of Sponsored Programs, $53,254.