THE CANCER LETTER

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NCAB 'Incredulous' Over Proposed Ethics Rules, Board Members Threaten Resignation In Letter

Proposed federal ethics rules for government employees could spell disaster for the many NIH advisory boards and committees that help government officials make major decisions concerning the scientific and programmatic direction of the Institutes. The rules, which were released

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In Brief

Ross McIntyre To Retire As Center Director; Lasker Awards Honor O'Neill, Three Scientists

ROSS MCINTYRE, director of the Norris Cotton Cancer Center for the past 17 years, announced he plans to retire from that position in February, when he turns 60. The center received comprehensive designation in June "and things are going exceedingly well for us. This is a good time to make a change," McIntyre told **The Cancer Letter.** He will continue to serve as chairman of Cancer & Leukemia Group B "and will devote some time to numerous interests which I have put on hold for the last 17 years." He is a member of the NCI Div. of Cancer Biology, Diagnosis & Centers Board of Scientific Counselors. . . . **ALBERT AND MARY** Lasker Foundation announced the winners of its 1991 Albert Lasker Awards: **Thomas (Tip) O'Neill,** former speaker of the House, won an Albert Lasker Public Service Award for his "tireless" work guiding some of the "most important national health legislation in history through Congress, including the National Cancer Act." **Robin Chandler Duke** received a public service award for her promotion of health education and family planning. Winners of the Albert Lasker Medical Research Awards were **Edward Lewis,** emeritus professor of biology at California Institute of Technology, and **Christiane Nusslein-Volhard,** director of the Max Planck Institute for Developmental Biology. **Yuet Wai Kan,** a Howard Hughes investigator and professor of hematology at Univ. of California (San Francisco), won the Albert Lasker Clinical Research Award. . . . **APPROXIMATELY 17** state health departments will receive grants of about $5 million each to conduct the American Stop Smoking Intervention Study (ASSIST). HHS Secretary **Louis Sullivan** is scheduled to announce the grantees on Oct. 4. ASSIST will cost at least $116 million and is the federal government's largest antismoking effort ever. . . . **GERTRUDE ELION,** scientist emeritus with Burroughs Wellcome and a former member of the National Cancer Advisory Board, was inducted into the National Women's Hall of Fame recently. She also received a National Medal of Science from President Bush.

NCAB 'Incredulous' Over Ethics Rule, Board Members Threaten Resignation

(Continued from page 1)

for comment by the Office of Government Ethics, would forbid government employees--including "special government employees" such as advisory committee members--from receiving pay for teaching, speaking or writing on subjects related to their government employment.

"The rule borders on being preposterous," NCI Director Samuel Broder said to the National Cancer Advisory Board at its meeting last week.

"Most members of this board would be disqualified or would have to change life considerably--or would resign," NCAB Chairman Paul Calabresi said.

The ethics rules establish standards relating to the receipt of gifts, use of official time, and involvement in nongovernment activities. The rule on outside compensation would prohibit, for example, an NCAB member who participates in a discussion of gene therapy to receive later payment for an article or speech on that subject. Or, a Board of Scientific Counselors member who helped NCI formulate a new research initiative on surgical oncology could not receive pay for speaking or writing about that subject later, even though surgical oncology might be his medical specialty.

Each institute's ethics official would have to scrutinize the publishing and speaking arrangements of hundreds of agency advisors, said NCI Assistant Director Elliott Stonehill, who serves in that capacity for NCI. Stonehill said HHS had strongly objected to the rules regarding special government employees.

"When I read this I was incredulous," said NCAB member Fred Becker. "I wrote [the Office of Government Ethics] that I would be obliged to instantly resign and the 220 members of our faculty [Univ. of Texas M.D. Anderson Cancer Center] that serve on various committees and boards also would have to resign--and would be instructed to do so."

The NCAB has drafted a letter to the OGE stating that most Board members would be unable to serve under the new rules, Stonehill said. The letter was to be sent this week.

The NCAB's letter will be one of hundreds of protest letters. The tempest seemed to take OGE by surprise. OGE Director Stephen Potts told "The Washington Post" last week that the rules probably would be reconsidered in light of the negative comments.

'Tremendous Loss' Of Scientists

The proposed rules would adversely affect NCI's intramural scientists who take part in professional associations or who are paid by nongovernment sources for teaching, speaking, or writing.

If the rules go into affect as they are proposed, "We would have a tremendous loss of people who want to work in government who are publishing books or lecturing," Calabresi said.

The American Society for Clinical Oncology, in a letter to OGE signed by ASCO President Martin Abeloff, said "We believe that restrictions on educational activity imposed on employees of the National Cancer Institute and perhaps the other National Institutes of Health will undermine the fruitful cooperation of government researchers and their counterparts in academic and community medicine."

ASCO made the following points about the ethics rules:

▶**Participation in professional associations:** The rule allows participation by government employees in professional associations, but ASCO said it was concerned that "the procedures for obtaining permission to participate" in association programs would be overly restrictive. "There should be no question that an NCI employee can use official time, with permission of his supervisors, to participate in or attend annual meetings or educational programs of groups like ASCO dedicated to the advancement of scientific or medical knowledge."

In addition, the regulation would prohibit participation of government employees in internal or business affairs of professional associations unless specifically authorized by statute, executive order, or regulation. "A substantial part of the internal and business affairs of ASCO is very pertinent to the mission of NCI, and establishing an artificial wall

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between educational and internal/business matters could inhibit both ASCO and NCI in achieving their goals for cancer treatment and research."

The ethics office should consider amendments that "would take into account the special circumstances of federal government scientists or other employees of agencies with a principally scientific mission," ASCO said. "Government employees should be permitted to participate as officers or committee members in the internal and business affairs of educational societies or associations so long as this participation does not interfere significantly with the employees' official duties. Such participation...should be dependent simply on authorization by one's supervisor."

▶**Teaching, speaking and writing:** The regulation prohibits a government employee, including a special government employee, from receiving compensation from nongovernment sources for teaching, speaking, or writing that relates to the employee's official duties. The major exception is teaching a regular course at a school or university. ASCO objected to this provision on the grounds that such compensation is important to government scientists whose salaries "do not begin to approximate the income which might be derived from private employment."

Many NCI scientists, including Div. of Cancer Treatment Director Bruce Chabner, NCI Surgery Branch Chief Steven Rosenberg, and Pediatric Branch Chief Phillip Pizzo, to name a few in DCT alone, have authored major textbooks or contribute chapters to books. Money is not the sole motivation for these authors; the opportunity to engage in scientific discussion and debate, and the prestige this brings, are probably just as important. However, ASCO noted, without compensation, "there is no reason to believe that activities of this sort will continue.... Aside from the negative incentive to government employment which this restriction supplies, cancer patients may be directly harmed by the loss of this important source of current information."

ASCO recommended the proposed rule be changed to permit paid speaking, teaching and writing by government scientists.

▶**Special government employees:** The same restrictions apply to special government employees and would restrict their ability to be paid for teaching, speaking or writing that deals with the subject matter reviewed by them in their advisory capacity.

ASCO said it regarded participation in advisory committees "a public service which is essential for the free flow of knowledge and for informed decisionmaking by government agencies. Often the subject matter discussed in advisory committee meetings relates directly to areas of medical specialty of the advisory committee members. Given that, overlap between their government and private work is almost inevitable. Furthermore, much of the information from the meetings is readily available to the public. To restrict the ability of advisory committee members to teach, speak or write for pay will serve as a significant deterrent to participation in advisory committee proceedings. Both the government and science will suffer as a result."

ASCO urged that special government employees be exempted from this prohibition.

The $25 Lunch

The proposed rules also establish a $25 maximum that a government employee can accept as a gift from an outside source. The rules published in the "Federal Register" (Vol. 56 No. 141) discuss the various scenarios under which gifts may be accepted. Mentioned are gifts such as sandwiches, bottles of wine, theater tickets, acrylic paperweights with company logos, golf shirts, and country club fees--the whole range of potential influence-buying souvenirs.

NCAB Approves 8 Cancer Centers For Comprehensive Status, 4 New

The National Cancer Advisory Board has approved eight cancer centers for status as NCI designated comprehensive centers. Four are clinical cancer centers that received comprehensive designation for the first time, while the others had their status reaffirmed under NCI's two-year-old comprehensiveness guidelines.

The four new comprehensive centers and their directors are:

▶Lombardi Cancer Research Center, Georgetown Univ., Mark Lippman.

▶Univ. of Michigan Cancer Center, Max Wicha.

▶Kaplan Cancer Center, New York Univ., Vittorio Defendi.

▶Vermont Cancer Center, Univ. of Vermont, Roger Foster.

Lombardi at one time was a comprehensive center in conjunction with Howard Univ., but when Howard lost its core grant, that designation was removed. Vermont was known as Vermont Regional Cancer Center, but recently dropped "Regional" from its name.

The four reaffirmed comprehensive centers are:

▶Jonsson Comprehensive Cancer Center, Univ. of California (Los Angeles), Richard Steckel.

▶Comprehensive Cancer Center, Arthur James

Cancer Hospital, Ohio State Univ., David Schuller.

▶Pittsburgh Cancer Institute, Ronald Herberman.

▶Univ. of Texas M.D. Anderson Cancer Center, Charles LeMaistre.

The total number of comprehensive cancer centers is now 28.

55 NCI Grantees Win Shannons; Institute Gets Back $5.2 Million

Fifty-five NCI grantees were among the 310 scientists who received funds from the first round of James Shannon Director's Awards. The new NIH awards provide nearly $30 million in support to grants that otherwise would not have been funded.

Applicants for the awards were nominated by NIH program staff with the concurrence of the institute directors. NIH Director Bernadine Healy established the awards in order to maintain investigators who just missed the funding cutoff this fiscal year.

NIH was able to provide for the awards through the NIH director's discretionary fund and authority to tap up to 1 percent from each institute's budget.

As it turned out, NCI got back, through its grantees, more than it contributed. NCI provided $4.8 million to the Shannon awards program and received back $5.2 million for its grantees.

The studies "cover the full range of the topics NCI supports," Marvin Kalt, deputy director of the Div. of Extramural Activities, told **The Cancer Letter.** "There was a concentration on picking the best science, not picking particular topics."

Following are the names of the NCI grantees:

Bonnie Asch, Eric Barklis, Donald Beezwold, Rosalyn Blumenthal, Alton Boynton, Robert Clarke, Marila Corderio-Stone, David Coy, Manuel Diaz, Albert Donnenberg, William Dynan, Alan Eastman, Bernard Erlanger, Susan Fischer, Michael Freeman, Robert Geahlen, John Groffen, Patrick Hanna, George Harrison, Sam Leland Helgerson, Kathy Helzlsouer, George Iliakis, Jonathan Izant, Marian Jackson, Edward Johnson, Madeleine Kane, Carlyn Keever, Jonathan Li, Elizabeth Luna, Timothy Macdonald, James McCarthy, Donald Miller, Jennifer Nyborg, Lester Packer, Gary Pasternack, John Peterson, Kathryn Radke, Timothy Ratliff, John Rinehart, Joseph Rosenblatt, Heidegard Schuller, Robert Sklarew, Michael Small, Kendric Smith, Peter Steck, Tsumeo Suzuki, Mary Tevethia, Thomas Tedder, Eric Von Hofe, Richard Wahl, Nancy Wang, George Weiner, Jayantha Wimalasena, Walter Wolf, Paul Yaswen.

NCI Advisory Group, Other Cancer Meetings For Oct., Nov., Future

Annual Cancer Symposium--Oct. 3-5, San Diego, CA, Scripps Memorial Hospital Cancer Center. Contact Meeting Management, Cancer Symposium, 5665 Oberlin Dr. #110, San Diego, CA 92121, phone 619/453-6222.

Environmental Carcinogenesis & Its Prevention--Oct. 6-8, Hershey, PA. Contact Carol Harreld, M.D. Anderson Cancer Center, phone 713/792-2222.

Pharmacy Symposium on Cancer Chemotherapy--Oct. 6-9, Houston, TX. Contact Jeff Rasco, Conference Services, phone 713/792-2222.

International Assn. for Comparative Research on Leukemia & Related Diseases--Oct. 6-11, Venice, Italy. Contact Prof. L. Chieco-Biachi, Ist. di Oncologia, Via Gattamelata 64, 35128, Padova, Italy.

Biometry & Epidemiology Contract Review Committee--Oct. 7, NIH Executive Plaza North, Rm H, Bethesda, MD, open 9-10 a.m.

Breast Cancer Course--Oct. 7-11, Orta San Guilio, Italy. Contact European School of Oncology, Via Venezian 18, 20133, Milan, Italy.

Current Concepts in Psycho-Oncology--Oct. 10-12, New York. Contact Dr. Lynna Lesko, Psychiatry Service Box 421, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York, NY 10021.

Oncologic Surgery & Perioperative Management--Oct. 11-12, Patras, Greece. Contact Public Relation Centre, 56, Hippocratous Str. 10680, Athens, Greece.

Biological Agents in Cancer Therapy--Oct. 13-15, Jerusalem, Israel. Contact European School of Oncology, Via Venezian 18, 20133, Milan, Italy.

Osteosarcoma Research Conference--Oct. 16-18, Pittsburgh, PA. Contact Sandra Johnston, Allegheny General Hospital, phone 412/359-4952.

NCI Div. of Cancer Prevention & Control Board of Scientific Counselors--Oct. 17-18, NIH Bldg. 1 Wilson Hall. Open 8:30 a.m.-5 p.m. on Oct. 17 and 8:30 a.m.-1 p.m. on Oct. 18.

Western Neruoradioloigcal Society Annual Meeting--Oct. 17-20, Laguna Niguel, CA. Contact Ryals & Associates, phone 404/641-9773.

Primary Chemotherapy--Oct. 17-18, Venice, Italy. Contact European School of Oncology, Via Venezian 18, 20133, Milan, Italy.

Oncology Nursing Society Annual Fall Institute--Oct. 18-20, Atlanta, GA. Contact ONS, 1016 Greentree Rd., Pittsburgh, PA 15220-3125, phone 412/921-7373.

Negative Controls on Cell Growth & Breakdown During the Pathogenesis of Cancer--Oct. 20-24, Chatham, MA. Contact American Assn. for Cancer Research, Public ledger Bldg. Suite 816, 6th & Chestnut Sts., Philadelphia, PA, phone 215/440-9300.

Uterine Malignancies--Oct. 20-22, Budapest, Hungary. Contact European School of Oncology, Via Venezian 18, 20133, Milan, Italy.

Immunobiology of Renal Cell Carcinoma--Oct. 21, Cleveland, OH. Contact the Cleveland Clinic Education Foundation, PO Box 94977, Cleveland, OH 44195, phone 800/762-8173 or 216/444-5696.

NCI Div. of Cancer Biology, Diagnosis & Centers Board of Scientific Counselors--Oct. 21, NIH Bldg. 31 Rm 10, open 8:30 a.m.-4 p.m.

NCI Div. of Cancer Treatment Board of Scientific Counselors--Oct. 21-22, NIH Bldg. 31 Rm 6, open 8:30 a.m.-5:45 p.m. Oct. 21 and 9:15 a.m.-12:30 p.m. on Oct. 22.

International Nursing Research Conference/American Academy of Nursing Annual Meeting--Oct. 22-26, Los Angeles. Contact American Nurses Assn., 2420 Pershing Rd., Kansas City, MO 64108, phone 816/474-5720.

Acrylonitrile Study Advisory Panel--Oct 23, NIH Executive Plaza North Conf. Rm H, open 10:30 a.m.-adjournment.

Family Medicine for the '90s--Oct. 23-26, Houston, TX. Contact Amy Zandy, Texas Academy of Family Physicians, 8733 Shoal Creek Blvd., Austin, TX 78758, phone 512/451-8237.

NCI Div. of Cancer Etiology Board of Scientific Counselors--

Oct. 24-25, NIH Bldg. 31 Rm 10. Open 1 p.m.-adjournment on Oct. 24 and 9 a.m.-adjournment on Oct. 25.

Frederick Cancer Research & Development Center Advisory Committee--Oct. 25, Bldg. 549, Executive Board Rm, FCRDC, Frederick, MD. Open 8:30-10 a.m.

Prostatic Cancer and Benign Hypertrophy--Oct. 26-30, The Cloister, Sea Island, GA. Contact Dr. Gerald Murphy, American Cancer Society, 1599 Clifton Rd. NE, Atlanta, GA 30329, phone 404/320-3333.

6th European Conference on Clinical Oncology & Cancer Nursing--Oct. 27-31, Florence, Italy. Contact Conference Secretariat, OIC Medical Press, Via G. Modena, 19-50121 Firenze, Italy, phone 0039-55-5000631.

Skin Carcinogenesis in Man & in Experimental Models--Oct. 29-31, Heidelberg, Germany. Contact Symposium Secretariat, DKFZ, Inst. Fur Biochemie, Im Neuenheimer Feld 280, 6900 Heidelberg, Germany.

Medical Oncology: Principles of Patient Management Review Course--Oct. 30-Nov. 2, Dearborn, MI. Contact American College of Physicians, 1-800-523-1546 ext. 2429; in Canada, 1-800-344-0527, ext. 2429; ask for course D14.

National Coalition for Cancer Survivorship Annual Assembly--Oct. 31-Nov. 3, Denver, CO. Contact LaMarr Bomareto, phone 303/466-7551.

Leukemia Society of America Medical Symposium--Nov. 1-2, St. Louis, MO. Contact the society, phone 212/573-8484.

Therapy of Acute Leukemias--Nov. 1-6, Rome, Italy. Contact Haematology, Univ. La Sapienza, Via Benevento 6, 0016 Rome, Italy.

European Assn. for Cancer Research 11th Meeting--Nov. 3-6, Genova, Italy. Contact Ist. Naz. per la Ricerca sul Cancero, V. le Benedetto XV, 10, 16132 Genova, Italy.

Hormone Replacement Therapy & Endometrial Hyperplasia--Nov. 4, Holiday Inn Crowne Plaza, Rockville, MD. Contact Technical Resources Inc., 301/770-3153.

Application of Basic Science to Hematopoiesis & Treatment--Nov. 4-5, Seattle, WA. Contact Stephanie Curran, Convention Services Northwest, 1809 7th Ave. Suite 1200, Seattle, WA 98101, phone 206/292-9198.

American Society of Cytology Annual Meeting--Nov. 5-10, Los Angeles, CA. Contact Dr. Yener Erozan, 1015 Chestnut St., Ste. 1518, Philadelphia, PA 19107, phone 215/922-3880.

Concepts & Molecular Mechanisms of Multistage Carcinogenesis--Nov. 6-9, Santa Margherita, Italy. Contact American Assn. for Cancer Research, phone 215/440-9300, fax 215/440-9313. Outside North & South America, contact EACR Secretariat, c/o Italiana Congressi, Via Bensa 2, 16124 Genova, Italy, phone 10-202541, fax 10-299382.

Colon Cancer: Diagnosis In an Era of Cost Containment--Nov. 7, Chicago. Contact American College of Radiology, 703/648-8900.

Advances in Innovative Oncology: Biomodulation & Chemotherapy--Nov. 7-9, New York City, Holiday Inn Crowne Plaza. Contact Jaclyn Silverman, Div. of Medical Oncology, Box 1178, Mount Sinai School of Medicine, One Gustave Levy Place, New York, NY 10029, phone 212/241-6772.

Cancer Education Review Committee--Nov. 8, Holiday Inn, Chevy Chase, MD. Open 8:30-9 a.m.

Cancer Management Course--Nov. 8-9, Knoxville, TN. Contact Dr. John Bell, American College of Surgeons, Cancer Dept., 55 E. Erie St., Chicago, IL 60611, phone 312/664-4050.

World Conference on Lung Cancer--Nov. 10-14, Melbourne, Australia. Contact Dr. D. Ball, Peter MacCallum Cancer Inst., 481 Little Lonsdale St., Melbourne 3000, Victoria, Australia.

Women & Cancer: Early Detection & Follow Up Care--Nov. 13, Berkeley, CA. Contact Mary Grim, Alta-Bates Herrick Hospital, phone 415/540-1420.

Prostate Cancer: Screening and Treatment Controversies--Nov. 15, Chapel Hill, NC. Contact Office of CME, CB #7000, 231 MacNider Bldg., UNC School of Medicine, Chapel Hill, NC 27599, phone 919/962-2118 or 919/962-1664.

Advances in Biology and Clinical Management of Melanoma--Nov. 19-22, Houston, TX. Contact M.D. Anderson Cancer Center, 713/792-3030.

Current Issues in Pediatric Hematology/Oncology--Nov. 21-23, Orlando, FL. Contact Nancy Pollock, FAPTP, PO Box 13372, Gainesville, FL 32604, phone 904/375-6848.

National Cancer Advisory Board--Nov. 25-26, NIH Bldg. 31 Conference Rooms. Open meeting, schedule not yet available.

International Symposium on Cervical Cancer--Nov. 27-29, 1991, Saint Lucia, Windward Islands. Contact Dr. Jean Paul Ryst, Ministry of Health, Chaussee Rd., Castries, Saint Lucia, W.I., phone 80945-32668.

Future Meetings

Antisense Strategies--Jan. 12-15, Philadelphia. Contact New York Academy of Sciences, 2 East 63rd St., New York, NY 10021, phone 212/838-0230.

Radiation Therapy Oncology Group Semi-Annual Meeting--Feb. 7-9, Philadelphia. Contact Nancy Smith, RTOG, 1101 Market St., Suite 1400, Philadelphia, PA 19107, phone 215/574-3205.

Molecular Oncology as a Basis for New Strategies in Cancer Therapy--Feb. 10-14, Honolulu, HI. Contact American Assn. for Cancer Research, Public Ledger Bldg., 620 Chestnut St. Suite 816, Philadelphia, PA 19106, phone 215/440-9300.

RFAs Released For Specialized Programs Of Research Excellence

RFA CA-91-33

Title: Specialized Programs of Research Excellence in Breast Cancer

Letter of Intent Receipt Date: Oct. 25

Application Receipt Date: Jan. 17

The Organ Systems Coordinating Branch of the Div. of Cancer Biology, Diagnosis & Centers at NCI announces the availability of an RFA for grants to establish Specialized Programs of Research Excellence in Breast Cancer (P50) at institutions that will make strong commitments to the organization and conduct of these programs. Each SPORE must be dedicated to translational research on prevention, diagnosis, and treatment of human breast cancer. Translational research moves basic research findings to applied innovative research with patients and populations. This may include areas such as the development of new diagnostic and prognostic tests, the conduct of innovative therapeutic protocols, the development of new primary and secondary prevention measures, as well as control studies and studies that encompass rehabilitation and quality-of-life research.

Each SPORE must (1) provide career development opportunities for independent investigators who wish to pursue active research careers in translational breast cancer research; (2) develop and maintain human breast cancer tissue resources that will benefit translational research; (3) develop extended collaborations in critical areas of research need with laboratory and clinical scientists in the parent institution and in other institutions; and (4) participate with other SPOREs on an annual basis to share information, assess scientific progress in the field, and identify new research opportunities for reducing breast cancer incidence and mortality, and for increasing and improving survival. Each SPORE must support a mix of basic and clinical research. The SPORE mechanism is not intended to support basic research to the exclusion of clinical or applied research; it

must focus on human disease and effectively move basic research findings into applied research settings with patients and populations, as well as take advantage of observations from applied research to stimulate new basic research.

Domestic non-profit and for-profit organizations, institutions, and government agencies are eligible to apply. To be eligible, applicant organizations must have a minimum of three independent investigators who are successful in obtaining peer-reviewed research support directly related to breast cancer, and who combined represent experience in both laboratory and clinical research; access to a patient care and service facility that serves breast cancer patients. Applications may be submitted from a single institution or may include arrangements with multiple institutions, e.g. consortia, as appropriate. The total project period for applications submitted in response to the present RFA may not exceed three years. The anticipated date will be September 30, 1992.

NCI anticipates making up to three awards for initial project periods of three years and anticipates that a total of $7.5 million will be set aside for the initial year's funding. NCI policy for SPORE grants establishes the following limits to the requested budgets: up to $1.5 million direct costs in the 01 year with a maximum four percent annual escalation in the remaining years proposed.

The goal of this RFA is to establish three SPOREs, which will assemble critical masses of laboratory and clinical scientists working together to focus on human breast cancer and the translation of basic findings into applied, innovative research with patients and populations. The ultimate objective is to reduce incidence and mortality, and to increase and improve survival to the disease. The essential characteristics of a SPORE include (1) a strong scientific program that will have a clear impact on the disease, (2) a strong innovative pilot research program that can respond quickly to new research opportunities, (3) a strong career development program to develop and expand the scientific cadre of investigators dedicated to translational research on human breast cancer, and (4) a human breast cancer tissue procurement resource and other resources specifically dedicated to translational research objectives.

Copies of the complete RFA may be obtained from: Dr. Andrew Chiarodo, Chief, Organ Systems Coordinating Branch, Div. of Cancer Biology, Diagnosis, and Centers, NCI, Executive Plaza North Suite 316, Bethesda, MD 20892, phone 301/496-8528, fax 301/402-0181.

RFA CA-91-34

Title: Specialized Programs of Research Excellence in Lung Cancer

Letter of Intent Receipt Date: Oct. 25

Application Receipt Date: Jan. 17

The Organ Systems Coordinating Branch of the Div. of Cancer Biology, Diagnosis and Centers at NCI seeks to establish Specialized Programs of Research Excellence (P50) in Lung Cancer at institutions that will make strong commitments to the organization and conduct of these programs. Each SPORE must be dedicated to translational research on prevention, diagnosis, and treatment of human lung cancer. Translational research moves basic research findings to applied innovative research with patients and populations. This may include areas such as the development of new diagnostic and prognostic tests, the conduct of innovative therapeutic protocols, the development of new primary and secondary prevention measures, as well as control studies and studies that encompass rehabilitation and quality-of-life research.

The SPORE must (1) foster basic and clinical research collaborations; (2) provide career development opportunities for independent investigators who wish to pursue active research careers in lung cancer research; (3) develop and maintain human lung cancer tissue resources; (4) participate with other lung SPOREs on an annual basis in sharing information and assessing scientific progress; (5) develop extended collaborations and interactions with scientists and clinicians in other institutions. It is expected that each SPORE will support a mix of basic and clinical research. The SPORE mechanism is not intended to support basic research to the exclusion of clinical or applied research. It must focus on human disease and the application of basic research to patients and populations as well as take advantage of observations from applied research to stimulate new basic research.

Domestic non-profit and for-profit organizations, institutions, and government agencies are eligible to apply. To be eligible, applicant organizations must have a minimum of three independent investigators who are successful in obtaining peer-reviewed research support directly related to lung cancer and who as a group represent experience in both laboratory and clinical research; access to a patient care and service facility that serves lung cancer patients. Applications may be submitted from a single institution or may include arrangements with several institutions, e.g. consortia, as appropriate. The total project period for applications submitted in response to the present RFA may not exceed three years. The anticipated date will be September 30, 1992.

NCI anticipates making up to three awards for initial project periods of three years and anticipates that a total of $7.5 million will be set aside for the initial year's funding. NCI policy for SPORE grants establishes the following limits to the requested budgets: up to $1.5 million direct costs in the 01 year with a maximum four percent annual escalation in the remaining years proposed.

The goal of this RFA is to establish three SPOREs that will assemble enough laboratory and clinical scientists working together on human lung cancer to be able to translate basic findings into applied, innovative research with patients and populations. The ultimate objective is to reduce incidence and mortality and to increase and improve survival to the disease. The essential characteristics of a SPORE include (1) a strong scientific program that will have a clear impact on the disease, (2) a strong innovative pilot research program that can respond quickly to new research opportunities, (3) a strong career development program to develop and expand the scientific cadre of investigators dedicated to translational research on human lung cancer, and (4) a human lung cancer tissue procurement resource and other resources specifically dedicated to translational research objectives.

Copies of the complete RFA may be obtained from: Dr. Andrew Chiarodo, Chief, Organ Systems Coordinating Branch, Div. of Cancer Biology, Diagnosis, and Centers, NCI, Executive Plaza North Suite 316, Bethesda, MD 20892, phone 301/496-8528, fax 301/402-0181.

RFA CA-91-35

Title: Specialized Programs of Research Excellence in Prostate Cancer

Letter of Intent Receipt Date: Oct. 25

Application Receipt Date: Jan. 17

The Organ Systems Coordinating Branch of the Div. of Cancer Biology, Diagnosis, and Centers at NCI announces the availability of an RFA for grants to establish Specialized Programs of Research Excellence in Prostate Cancer at institutions that will make strong commitments to the organization and conduct of these programs. Each SPORE must be dedicated to state-of-the-art research in the biology of prostate cancer as well as

prevention, diagnosis, and treatment of the disease; rehabilitation and quality-of-life research may also be pursued.

The SPORE must (1) foster basic and clinical research collaborations; (2) develop and maintain human prostate cancer tissue resources; (3) develop and improve animal models for prostate cancer research; (4) provide career development opportunities for independent investigators who wish to pursue active research careers in prostate cancer research; (5) participate with other SPOREs on an annual basis to share information, assess scientific progress, and identify new research opportunities for reducing incidence and mortality, and for increasing and improving survival; and (6) develop extended collaborations in critical areas of research need with laboratory and clinical scientists in the parent institution and in other institutions. Each SPORE must support a mix of basic and clinical research. The SPORE mechanism is not intended to support basic research to the exclusion of clinical or applied research; it is expected to effectively move basic research findings to applied research with patients and populations and to use observations from applied research to stimulate new basic research.

Domestic non-profit and for-profit organizations, institutions, and government agencies are eligible to apply. To be eligible, applicant organizations must have a minimum of three independent investigators who are successful in obtaining peer-reviewed research support directly related to prostate cancer, and who as a group represent experience in both laboratory and clinical research and access to a patient care and service facility that serves prostate cancer patients. Applications may be submitted from a single institution or may include arrangements with several institutions, e.g., consortia, as appropriate. The total project period for applications submitted in response to the present RFA must not exceed three years. The anticipated award date will be September 30, 1992.

NCI anticipates making up to three awards for initial project periods of three years and anticipates that a total of $7.5 million will be set aside for the initial year's funding. NCI policy for SPORE grants establishes the following limits to the requested budgets: up to $1.5 million direct costs in the 01 year with a maximum four percent annual escalation in the remaining years proposed.

The goal of this RFA is to establish three SPOREs that will assemble critical masses of laboratory and clinical scientists working together to expand the research base in prostate cancer and to translate the basic research findings to applied innovative research with patients and populations. The ultimate objective is to increase and improve survival and to reduce incidence and mortality to the disease. The essential characteristics of a SPORE include (1) a strong scientific program that will have a clear impact on the disease, (2) a strong innovative pilot research program that can respond quickly to new research opportunities, (3) a strong career development program to develop and expand the scientific cadre of investigators dedicated to research on prostate cancer, and (4) a human prostate cancer tissue procurement resource, an animal model resource, and other resources specifically dedicated to prostate cancer research.

Copies of the complete RFA may be obtained from Dr. Andrew Chiarodo, Organ Systems Coordinating Branch, Div. of Cancer Biology, Diagnosis, and Centers, NCI, Executive Plaza North Suite 316, Bethesda, MD 20892, phone 301/496-8528, fax 301/402-0181.

Other RFAs Available

RFA CA-91-32

Title: Clinical Oncology Research Career Development Program
Letter of Intent Receipt Date: Oct. 25
Application Receipt Date: Dec. 31

NCI, through its Cancer Training Branch, announces the availability of an RFA for institutional physician scientist program grants that will prepare medical doctors for clinical research careers in medical, surgical, and radiation oncology, as well as other clinical specialties with a focus on cancer. The RFA is intended to stimulate the recruitment and research career development of clinicians who will be oriented and skilled in the translation of accumulated research results into new clinical procedures and approaches that are of direct benefit to cancer patients. NCI is initiating this new 'program'/career grant (K12) mechanism to provide excellent clinical departments and/or cancer centers with greater flexibility in selecting and sustaining young physicians for the critical three- to five-year period during which they will learn the skills needed for the successful transition to independent grant support.

Applications may be submitted by domestic, nonprofit organizations, public or private. All candidates must be physicians holding the MD or DO degree. Proposed programs must demonstrate the potential to provide research career development opportunities in a range of clinical oncology research disciplines and not be limited to a single discipline.

Total costs of $2.7 million will be available for the first year, $3.6 million the second year, and $4.5 million per year for the third, fourth, and fifth years to support approximately ten awards.

The objectives of this RFA are to increase the number of clinical oncologists who are motivated and properly prepared to: (1) interact and coordinate clinical research activities with basic research scientists in order to expedite the translation of basic information into patient-oriented research; (2) perform independent clinical research that develops and tests rational, scientific hypotheses, based on fundamental and clinical research findings, for improving the medical care of cancer patients; and (3) design and test innovative clinical protocols and manage all phases of clinical trials research.

Applicants must propose a program that is designed to provide clinician candidates with the research skills that deal directly with aspects of cancer detection, diagnosis, prognosis, and treatment of cancer patients. It is expected that these programs will include both a didactic component (e.g. formal courses, lecture series, seminars, and journal clubs) and a research component that focuses on the skills necessary for translating basic cancer research results into clinical experiments, procedures, and trials directly involving cancer patients in a clinical environment.

The proposed program must have the flexibility to accommodate clinical candidates with different levels of research competence. While the end goal of this program is to prepare physicians for dedicated careers in clinical oncology research, not basic research, candidates must be or become competent in the fundamentals of the scientific method, particularly hypothesis development, experimental design, and biostatistical methods that are usually gained through a significant hands-on basic research experience. In most cases, candidates would acquire both basic and clinical research skills that will prepare them to become dedicated clinical researchers able to interact and communicate effectively with basic research scientists in the design and implementation of collaborative research involving patients.

An active institutional (T32) National Research Service Award (NRSA) supporting a surgical or other clinical oncology research training program already exists. The applicant must address the relationship between the existing T32 and proposed K12 programs.

Written and telephone inquiries are encouraged and should be directed to Dr. Vincent Cairoli, Chief, Cancer Training Branch, NCI, Executive Plaza North Rm 232, Bethesda, MD 20892, phone 301/496-8580, fax 301/402-0181.

RFA CA-91-28
Title: Vaccines for Human Cancers of Viral Etiology
Letter of Intent Receipt Date: Oct. 11
Application Receipt Date: Dec. 11

The purpose of this RFA is to stimulate basic and applied research leading to the development of vaccines for human cancers of known, or strongly suspected, viral etiology, including cancers associated with human papillomaviruses (HPVs) Epstein-Barr viruses (EBV), and hepatitis C virus (HCV). Examples of research on HPVs include: (1) determining whether polyvalent vaccines are necessary for the prevention of cancer caused by multiple HPV types; (2) development of animal models of infection and oncogenesis and development of bioassays for infectious virus. Examples of research objectives for EBV include: (1) studies of the pathogenesis of EBV-induced lymphomas in the severe combined immunodeficiency (SCID) mouse, and the use of immune reconstitution by selected human lymphocyte populations to control the lymphomas; (2) development and assessment of Epstein-Barr viral mutants and their use as inactivated vaccines for cancer. Examples of research objectives for HCV include: (1) development and/or use of sensitive and specific assays for blood-borne HCV to determine the etiologic role of this agent in primary hepatocellular carcinoma; (2) studies of pathogenesis of HCV infections and determinants of oncogenesis.

Applications will not be accepted that propose research on the hepatitis B virus, the human T-cell lymphotropic viruses (HTLV-1, HTLV-2), human immunodeficiency virus (HIV-1, HIV-2), or animal models for any of these latter agents.

Non-profit and for-profit organizations and institutions, governments and their agencies are eligible to apply. Foreign institutions are also eligible. Support of this program will be through the NIH R01 grant. The total project period may not exceed four years. The earliest feasible start date for the initial awards will be July 1992.

Approximately $2 million in total costs per year for four years, will be committed to this RFA. It is anticipated that eight to 10 awards will be made.

Requests for the complete RFA may be directed to Dr. Jack Gruber, Chief, Biological Carcinogenesis Branch, Div. of Cancer Etiology, NCI, Executive Plaza North Rm 540, Bethesda, MD 20892, phone 301/496-9740. Telephone communications specifically relating to proposed studies of the hepatitis C virus are to be directed to Dr. John Cole, 301/496-1718. Inquiries about investigations of human papillomaviruses are to be directed to Dr. Tom Nightingale, 301/496-1953. Questions on Epstein-Barr virus studies are to be directed to Dr. Gretchen Hascall, 301/496-4533.

RFA CA-91-21
Title: Epidemiologic Study of Adenocarcinomas of the Esophagus and Gastric Cardia
Letter of Intent Receipt Date: Nov. 15
Application Receipt Date: Dec. 11

The Epidemiology and Biostatistics Program of the Div. of Cancer Etiology invites cooperative agreement applications from investigators to participate, with the assistance of NCI, in an epidemiologic study to identify risk factors for adenocarcinomas of the esophagus and gastric cardia and contrast them with risk factors for other cancers of the esophagus and stomach. Subjects for study will be patients newly diagnosed with these cancers and appropriate controls.

Recent analyses of incidence data from the Surveillance, Epidemiology and End Results (SEER) program of cancer registration have revealed sharply rising rates during 1976-87 for adenocarcinomas of the esophagus and gastric cardia. The increases among males in this period ranged from 4 to 10 percent per year, outpacing rises in skin melanoma, non-Hodgkin's lymphomas, and other cancers. In contrast, there were relatively stable trends for squamous cell carcinoma of the esophagus and slight declines for adenocarcinoma of more distal portion of the stomach. The adenocarcinomas of the esophagus and gastric cardia disproportionately affected white males and rarely occurred among women. The male:female ratios for these cancers exceeded five, the greatest relative excess for any cancer except lip cancer. By the mid-1980s, among white males, adenocarcinomas accounted for about one-third of all esophageal cancers, while cardia cancers accounted for about one-half of all stomach cancers with subsite specified.

This initiative proposes new research into the etiology of these emergent cancers. It will be the first systematic analytic epidemiologic study or adenocarcinomas of the esophagus and gastric cardia and enable exploration of associations with a variety of possible environmental and host determinants. Its objectives are to identify risk factors for adenocarcinomas of the esophagus and gastric cardia and contrast them with risk factors for other cancers of the esophagus and stomach.

Cooperative agreements will be sought to enable the conduct of a multi-center, case-control study. Cases will be patients newly diagnosed during a recent period with adenocarcinoma of the esophagus or gastric cardia. To compare characteristics of these patients with those of persons with other esophageal and stomach cancers, it is anticipated that approximately equal numbers of squamous cell carcinomas of the esophagus and adenocarcinomas elsewhere in the stomach of similar age, sex and race will also be included. Controls from the populations from which the cases arose would be selected for comparison with the cancer patients. To ensure sufficient numbers of cases for pooled statistical analyses of a variety of environmental and host factors, it is anticipated that, across all centers, at least 250 patients recently or newly diagnosed with esophageal adenocarcinoma and at least 250 with gastric cardia cancer will need to be enrolled.

Support of this program will be through the cooperative agreement. Approximately $750,000 in total costs per year for three years will be committed. Three to four awards will be made. The total project period should not exceed three years. The earliest start date will be June 1, 1992.

Non-profit and for-profit organizations and institutions, governments and their agencies are eligible to apply. Foreign institutions are also eligible.

Written and telephone inquiries concerning the scope and objectives of this RFA are encouraged and may be directed to Administrative Coordinator, Dr. G. Iris Obrams, NCI, EPN Rm 535, Bethesda, MD 20892, phone 301/496-9600, fax 301/496-9146; or Scientific Coordinator, Dr. William J. Blot, NCI, EPN Rm 431, Bethesda, MD 20892, phone 301/496-4153, fax 301/402-0081.

NCI Contract Awards

Title: Synthesis of cogeners and prodrugs
Contractor: Purdue Research Foundation, $1,136,993.

Title: Technical & logistical support services for the Div. of Cancer Etiology
Contractor: Birch & Davis Inc., $347,622.

Title: Plant collections and taxonomy
Contractors: New York Botanical Garden, $1,264,012; Missouri Botanical Garden, $1,159,228; Univ. of Illinois, $1,349,797.

Title: Second cancer following treatment for cervical cancer
Contractors: Danish Cancer Registry, $36,523; Finnish Cancer Registry, $30,480; Univ. of Iowa, $14,753.