THE CANCER LETTER

Vol. 17 No. 39
Oct. 11, 1991

Price $205 Per Year US, Canada.
$230 Per Year Elsewhere

P.O. Box 15189 Washington, D.C. 20003 Telephone 202-543-7665

NCI, ACS, Health Departments Launch ASSIST, Goal To Cut US Smoking Rate In Half By Yr 2000

NCI last week formally launched the federal government's largest antismoking program designed to implement community-based cessation and prevention with the ultimate goal of cutting in half the prevalence of smoking in the U.S. Seventeen state health departments were selected out of 37 that competed for seven-year contracts to conduct the American Stop Smoking Intervention Study. The program will cost NCI

(Continued to page 2)

In Brief

Breast Cancer Coalition Delivers 175,000 Letters To Congress; IL Cancer Council Has New Name

BREAST CANCER Coalition, which reprensents more than 130 organizations, this week delivered 175,000 letters to Congress seeking increased federal funding for breast cancer research and greater access to treatment for women with breast cancer. The letters, which represent the number of new female breast cancer cases that will be diagnosed in 1991, were written by patients and their friends, families, and physicians. The letters were collected state by state in proportion to each state's incidence of breast cancer. The letter campaign marked the beginning of Breast Cancer Awareness Month in October. . . . **ICI PHARMACEUTICALS** Group, founding sponsor of Breast Cancer Awareness Month, and Susan Ford Bales, national spokesman, received awards from the Susan Komen Foundation marking their service in promoting awareness of the disease. . . . **UMBERTO VERONESI,** director general of the National Institute for the Study and Cure of Tumors in Milan, Italy, will be awarded the Griffuel Prize from the French Assn. for Cancer Research later this month. The prize honors his "seminal contributions to the research and treatment of breast cancer." . . . **ILLINOIS CANCER CENTER** is the new name of the former Illinois Cancer Council, an NCI designated consortium cancer center, in Chicago. In spite of a large state budget deficit, ICC Director **Shirley Lansky** said, the legislature recently provided the center with funding for year seven of its State Cancer Plan. . . . **VIVIAN PINN,** head of the pathology department at Howard Univ., has been appointed director of the NIH Office of Research on Women's Health. Pinn will start her new job next month, succeeding National Institute of General Medical Sciences Director **Ruth Kirschstein,** who has been acting director of the office since it was established last year. . . . **HILARY KOPROWSKI** has been elected a foreign member of the Polish Academy of Sciences. He served as director of the Wistar Institute from 1957 until April of this year.

NCI, ACS Launch Antismoking Study, 17 States Selected For Contracts

(Continued from page 1)

a total of $135 million. The American Cancer Society will provide an estimated $25 to $30 million in support and volunteer services.

HHS Secretary Louis Sullivan announced the awardees at a Washington press conference last week. Following are the states awarded, the name of the project director in each state, first year funding and total funding:

Colorado--Walter Young, $443,000; $7 mil.
Indiana--Roger McClain, $432,000; $6.6 mil.
Maine--Randy Schwartz, $264,000; $4.6 mil.
Massachusetts, Gregory Connolly, $386,000; $7.3 mil.
Michigan--John Beasley, $586,000; $9.6 mil.
Minnesota--Kathleen Harty, $363,000; $6.3 mil.
Missouri--James Davis, $355,000; $6.2 mil.
New Jersey--John Farrell, $486,000; $7.4 mil.
New Mexico--Maria Romero-Facey, $318,000; $5 mil.
New York--Lloyd Novick, $668,000; $11.2 mil.
North Carolina--Georjean Stoodt, $548,000; $8.5 mil.
Rhode Island--Judith Feldman, $352,000; $5 mil.
South Carolina--Fran Wheeler, $317,000; $5.5 mil.
Virginia--Myra Shook Desacade, $330,000; $4.6 mil.
Washington--Jo Wadsworth, $467,000; $7.1 mil.
West Virginia--Alan Holmes, $291,000; $4.8 mil.
Wisconsin--Patrick Remington, $414,000; $6.6 mil.

Three of the successful states--North and South Carolina and Virginia--are tobacco industry states. The fact that they were among those selected "is a measure of the quality of the commitment of state health officials in those states to improve the health of their citizens," Sullivan said.

Tobacco use accounts for one of every five deaths in the U.S.; more than 434,000 Americans per year, or 50 each hour, die from smoking related diseases such as lung cancer, heart disease, and emphysema, Sullivan said. Each American pays a "hidden tax" of $260 each year for the consequences of smoking, which adds up to $65 billion per year.

"I cannot conceive of a more deplorable, more senseless waste of our human and economic resources," Sullivan said.

"The statistics speak for themselves. If we could only do one thing to improve the health of our citizens and decrease health care costs, it would be to get people to stop smoking."

Sullivan said he established as a "personal commitment and goal" of HHS "to do everything possible to have a smoke-free America in sight by the year 2000. The ASSIST program is a major step in that direction."

NCI estimates that ASSIST will reach about 90 million Americans including 18 million smokers. It will try to help more than 4.5 million adults to stop smoking and convince 2 million young people not to start. The goal is to reduce smoking prevalence to less than 15 percent of adults, down from the current 28 percent. NCI officials say ASSIST could prevent 1.2 million Americans from dying prematurely of smoking related diseases.

"I consider ASSIST nothing less than a life and death effort," said Peter Greenwald, director of NCI's Div. of Cancer Prevention & Control, which is in charge of the program. "Through research we have learned the most effective ways to help people break this tenacious addiction. Don't underestimate this challenge. Tobacco use is imbedded in our society and the industry spends about $3.6 billion a year to keep it that way."

During the first phase of ASSIST, from now through 1993, the state health departments will develop community based tobacco control coalitions and work with them to plan specific smoking control programs. The plans will identify high risk smoking population groups in each state and determine the best approaches for reaching these groups. In the second phase, 1993 to 1998, coalitions in each state will carry out smoking control activities through the mass media, worksites, schools, health care facilities, and community organizations.

"ACS is ready to marshall full volunteer support of ASSIST," said Walter Lawrence, vice president and president elect of the ACS Board of Directors. "There will be a volunteer coordinator in each state, and 1,000 ACS units will be mobilized."

"NCI has a strong and vigorous commitment to

THE CANCER LETTER

Editor: **Kirsten Boyd Goldberg**
Associate Editor: **Lisa M. O'Rourke**
Contributing Editor: Jerry D. Boyd

Editorial/Subscriptions Office
PO Box 15189, Washington, DC 20003
Tel: (202) 543-7665 Fax: (202) 543-6879

Subscription rate $205 per year North America, $230 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc., also publisher of The Clinical Cancer Letter and AIDS Update.

research on smoking cessation," NCI Director Samuel Broder told the National Cancer Advisory Board at its meeting last month.

"It is true that smoking prevalence rates are at their lowest level in 30 years and are declining by about 1 percent a year. However, it is hoped that ASSIST will accelerate the current downward trend, particularly among heavy smokers and groups that are displaying slower rates of decline, including women, the medically underserved, the less educated, and several ethnic minority populations."

Based On A Decade Of Research

ASSIST is based on more than 60 smoking cessation or prevention research studies over the past decade, which have resulted in proven intervention methods that can be applied in communities, Greenwald said.

The most recent of these trials was the Community Intervention Trial for Smoking Cessation, or COMMIT, a $50 million study which applied these methods in 11 small communities, with 11 other sites as "controls." It was designed to have the greatest effect on heavy smokers, according to Donald Shopland, coordinator of NCI's Smoking & Tobacco Control Program.

"A lot of what we are learning in COMMIT will be applied in ASSIST, in setting up the coalitions, getting people to work together, doing a site analysis. Those things have been a real eye opener," Shopland said. "ASSIST phase 2 won't start until COMMIT is finished."

While COMMIT is "very heavily oriented toward evaluation, ASSIST is a demonstration, so there is less emphasis on evaluation," Shopland said. "Most of the efficacy will have already been demonstrated." In ASSIST, about 5 percent of the funding is slated for evaluation, while under COMMIT, about 40 percent of the funding was for evaluation, Shopland said. ASSIST represents "probably the first really serious money the government has ever put into smoking."

However, there are some questions among extramural investigators about ASSIST. A few object to NCI spending precious research dollars on a large demonstration project, but they seem to be in the minority. A more common concern is whether the state health departments and their coalitions will able to make ASSIST work.

Maureen Henderson, a COMMIT investigator at Fred Hutchinson Cancer Research Center, said ASSIST is "banking on belief that COMMIT worked" and might be starting a little early, since the COMMIT results will not be available until phase 2 of ASSIST is about to begin.

"Everyone feels good about COMMIT, but feeling good and actually getting good data are not the same. If COMMIT has had a big effect, and if the people implementing ASSIST really learn from it, then ASSIST could be terrific," Henderson said.

DCPC Staffing Level Questioned

More than a few scientists involved with COMMIT and other programs have been troubled by recent turnover and reorganization of the Div. of Cancer Prevention & Control, and NCI's tobacco program in particular.

First, Joseph Cullen, who built NCI's smoking branch into a premier research and advocacy program, left in 1989 to become director of the AMC Cancer Center in Denver. Cullen died suddenly last year.

Then, Greenwald reorganized the division, splitting the old Smoking, Tobacco & Cancer Branch among several branches in the Cancer Control Science Program. Greenwald said the reorganization would enable the division to place more emphasis on applying research.

Several DCPC staff members left, including Gail Boyd, who was director of evaluation for ASSIST, and Terry Pechacek, who at one time had Cullen's job. David Byar, a statistical expert who worked on many trials managed by the division, died recently. DCPC will lose Jessie Gruman, who was on a one-year appointment to NCI from ACS and was a project officer for ASSIST at one time.

Most recently, Claudia Baquet, director of the Cancer Control Science Program, took a six-month leave to work with Sen. Edward Kennedy on health issues. That left Thomas Glynn, chief of the Prevention & Control Extramural Research Branch, covering Baquet's job.

Henderson has publicly criticized DCPC's staffing. In remarks at the annual meeting of the Assn. for Preventive Oncology earlier this year in Seattle and repeated this week to **The Cancer Letter**, Henderson said, "I think the quality of all of our research is undermined by the very few scientists who are available to staff the [DCPC] program at NCI. There are so very few really good scientists at NCI that all of our research is undermined."

Although Henderson's remarks were aimed primarily at the division's diet and cancer programs, as well as COMMIT, "I wouldn't be a bit surprised if that doesn't apply to ASSIST as well," she said. In DCPC, Henderson said, "We're working with people whose strength is in administration, rather than science. The positions aren't there and the people aren't there."

Pechacek, who recently began a new job as associate professor in the Department of Social & Preventive Medicine at the State Univ. of New York (Buffalo) medical school, said he, too, was concerned

about "the number of scientists with external research experience that are left at the division."

Pechacek told **The Cancer Letter** that, "The question is not the competency of people who are at the division, it is the understanding of the interplay between the extramural research community and the grant and contract process. The Institute needs to meet these staffing needs. It is placing undue stress on the remaining staff. I think that the reorganization and the breaking apart of the smoking program was one negative factor that led to a number of people leaving the division, and quite simply there are a large number of vacancies right now. DCPC has been losing people faster than it has been hiring people."

Pechacek said ASSIST "doesn't demand doctoral level people, but it's a matter of having enough staff with experience. I know that the division is committed to ASSIST. The question is how much can you expect of existing staff, and how quickly will more be hired."

Greenwald indicated he was satisfied with the current staffing. "We could always use more staff and more money," he said. "We are giving priority to ASSIST."

Shopland said the Applied Tobacco Research Section, headed by Robert Marshall, who was hired in July, is actually in charge of ASSIST. Marshall is the project officer, and Shopland said the states would probably be split up among some co-officers. Five people will work full time on ASSIST, with another six to eight people working part-time on the project, Shopland said. There is also a data coordinating center in the contract.

"All of us will be working on it. Almost every one of use in the program have had a hand in it," Shopland said. "I probably spend 20 percent of my time on it. The FTE [full time equivalent] is probably eight or 10 people."

Shopland, like Greenwald, agreed that ASSIST "probably should have more staff, but that's what everyone complains about in government. That's why we developed the coordinating center role. Three people full time running that will be site managers."

"The turnover [in DCPC] is no different than turnover at NIH in general," Harmon Eyre, a member of DCPC's Board of Scientific Counselors and professor of medicine at Univ. of Utah Medical Center, said. Eyre, a past president of ACS, has been closely following the development of ASSIST.

"It has been hard to keep clear-cut qualified people in government," Eyre said. "It's not only related to smoking programs. There's been some reorganization of DCPC, but I don't think there's been a lack of commitment. I was concerned initially, but I see NCI going ahead, and Dr. Greenwald and Dr. Broder are putting their budget behind it. That speaks louder than any reorganization. Money is the bottom line."

Indeed, the entire HHS antismoking effort has experienced major turnover in the past three years. Besides the losing Cullen, antismoking advocates lost a strong voice with the resignation of Surgeon General Everett Koop in 1989. In addition, HHS moved its Office of Smoking and Health from Washington to Atlanta this June, minus its director, Ron Davis, and several other staff who did not make the move. Davis is now Michigan's state health officer. The acting director is Virginia Bales.

The office and its $3.5 million budget seem to be a perennial target of HHS reorganizers. Three years ago, the office was based in Atlanta, but was moved to Washington into the Office of the Assistant Secretary for Health.

Time To 'Make The Big Push'

Regardless of DCPC's staffing and turnover in the government's smoking programs, a majority of COMMIT investigators and other researchers involved in the antismoking effort expressed enthusiastic support for the ASSIST.

"I'm excited about it," Tom Kean, acting director of the AMC Cancer Center in Denver, said. "The timing is outstanding, there's a lot of awareness of the smoking issue and the tremendous unnecessary death. It represents the culmination of a decade of research. This is the right time to do this, to make the big push.

"I think people undersell the health departments," said Kean, who is chairman of the ASSIST coalition advisory board in Colorado. "Who's out there when the rubber meets the road? It's the health departments. They are understaffed and underfunded, but they are the ones out there, particularly at the local level. What NCI is trying to do is integrate science with the health department role."

"It's time that health departments became active on the tobacco issue," agreed Michael Cummings, Roswell Park Memorial Institute and a PI on COMMIT. "Action is not going to come by investigators inventing more cession programs. Action will come when political leaders wake up to the fact that smoking causes death."

Simply the process of applying for the ASSIST funds "probably caused our department to do more on the issue than ever before. We've organized a coalition, which has filtered down to local communities. This is one of the best things NCI has ever done."

Cummings noted that a survey by the Assn. of State

and Territorial Health Offices published this year in "Morbidity & Mortality Weekly Report" found that 27 state health departments spend nothing on the tobacco problem. California is the only state with substantial spending due to Proposition 99, which raised taxes on cigarettes. Part of the money raised is supposed to be spent on antismoking messages.

Last year New York spent $290,000 on tobacco prevention statewide, Cummings said. That represents .027 percent of the health department's budget of $963 million. New York has 4.5 million smokers.

"ASSIST is not going to solve the tobacco problem, but it is going to get states working in the right direction," he said.

Tyler Hartwell, of Research Triangle Institute and a COMMIT PI, said COMMIT "made a big difference in Raleigh (NC). We have a high rate of smoking, so they've got a lot to work with. It would help if [the ASSIST investigators] got as much involvement from those who have done it. I would hope they would use some of what we've come up with. It can be successful."

Norman Hymowitz, Univ. of Medicine & Dentistry, NJ, and a COMMIT PI, said ASSIST will, in time, contribute to significant lowering of the smoking rate. "The COMMIT model where the community actually takes responsibility is the best type of intervention to reach large numbers of people. ASSIST does that on a much larger scale."

In New Jersey, one of the ASSIST sites, "we have a lot of the infrastructure in place. With the infusion of money, we're ready to go with a number of activities."

Not Traditional Academic Research

Regarding the ASSIST design, Hymowitz said, "Most of the academic community, including me, are used to doing research in which we play an active role and oversee all aspects of a trial. But as you get into even a worksite program, and turn it over to the worksite, you are taking a step backwards, and you lose a little control. In a community trial there is even more distance. With ASSIST, you are dealing with a wide range of communities. So I think there is some discomfort among investigators. But the smoking issue has reached the level where the states are better able to handle it than they might have 10 years ago.

"There is no question that when you turn it over to a community, you have to accept that things will not be carried out exactly. But what you gain is generality and long term effectiveness. It can continue after the investigator is long gone. In terms of public health, the smoking issue has reached that point, where the intervention can be long way from the investigator."

He noted that, "There is a history in health departments needing closer monitoring of funds, but between NCI and the Cancer Society, there will be more accountability."

Said Hymowitz, "I'm optimistic about it. As far as the science of the trial, it's not traditional academic, but it gets into public health. We know what to do, now we have to do it."

Rosenberg Team Begins Gene Study To Immunize Patient Against Tumor

NCI Surgery Branch Chief Steven Rosenberg and his research team for the first time used gene therapy to attempt to immunize a terminally ill patient against his own cancer this week.

Use of the therapy began Oct. 7, less than 24 hours after the NIH Recombinant DNA Advisory Committee granted Rosenberg permission to alter the patient's own tumor cells to enhance their vulnerability to immune system attack. NIH Director Bernadine Healy gave final approval for the study.

In the first patient, a 46-year-old man with widespread metastatic melanoma, physicians removed a small piece of tumor and modified a retroviral vector to transport the gene for tumor necrosis factor into the tissue. The recombinant mixture was injected into the patient's thigh where, after three weeks, lymph nodes in the area will be removed to obtain white blood cells. After culturing and expanding them in the laboratory, the cells will be returned to the patient.

The extra TNF secretions should stimulate lymphocytes at the tumor site and attract other lymphocytes from elsewhere in the body to recognize and attack antigens on the surface of cancer cells.

Rosenberg's collaborators are French Anderson of the National Heart, Lung & Blood Institute, and Michael Blaese, Patrick Hwu and John Yannelli, of NCI.

RAC approved the therapy for trials in patients with metastatic melanoma, and advanced colorectal and renal cancer. Five patients with each type of cancer will be treated and results will be reported to RAC before further studies.

RAC also gave Rosenberg the option of augmenting patients' tumors with a gene for interleukin-2. The trial is the second protocol this year begun by Rosenberg to attempt to treat cancer using gene therapy.

In January, the team began injecting tumor infiltrating lymphocytes that had been enhanced with the gene for TNF into four melanoma patients. Rosenberg has not yet discussed results of this study.

Cancer Panel To Establish Breast Committee At Request Of Quayle

Vice President Dan Quayle has asked the President's Cancer Panel to form a committee to study the state of breast cancer research, detection, and treatment in the U.S. and worldwide. Panel member Nancy Brinker will chair the committee.

In a letter to Panel Chairman Harold Freeman, Quayle said breast cancer "has reached nearly epidemic proportions" and noted that nearly 45,000 women are expected to die of the disease this year and one in nine women can expect to be diagnosed with breast cancer in her lifetime.

"I am concerned about these statistics and how we, as a nation, are responding to this serious health threat to the women of our country. I believe there must be greater emphasis on research into the cause and a cure for this disease." Quayle said he is also concerned with speeding approval of new drugs.

Among the issues Quayle listed that could be addressed by the committee include:

--What research is being conducted in the U.S. into the cause of breast cancer, including the genetic, nutritional, environmental, or other lifestyle factors that could influence the incidence of this disease?

--What areas show significant promise for improvement in the treatment of breast cancer?

--What are the newest and best techniques for prognosis? How are the latest advances being promoted and integrated into the mainstream of medicine?

--What is the current status of training and career development in this field?

--Are there new potential methods to provide early detection of nascent cancers which do not involve the use of radiation?

--What is the role of the U.S. biotechnology industry, and how can we support and strengthen this role?

--How can we best facilitate the rapid approval of safe and effective new treatments for breast cancer?

--What issues of quality control and safety for mammography screenings need to be addressed?

--How can we establish better communication among scientists, clinicians and patients about new developments in detection, treatment and research?

--What steps can be taken to promote widespread early screening and detection of breast cancer?

--How can we better address the needs of poor and minority women and ensure that they have access to the latest technology?

Freeman responded in a letter to Quayle that the Panel "will move as quickly as possible" to establish the committee.

NCI Assistant Director Elliott Stonehill, executive secretary of the Panel, invited nominations for the breast cancer committee. Nominations may be sent to him in the Office of the Director, NCI, Bldg. 31 Rm 11A23, Bethesda, MD 20892.

The Panel has tackled such comprehensive studies in the past. Two years ago, then-Vice President Bush asked then-Panel Chairman Armand Hammer to establish a committee to examine the drug approval process. It became known as the Lasagna Committee after its chairman, Louis Lasagna of Tufts Univ. The committee completed its work last year and made several recommendations, which were immediately criticized by FDA.

First Two Meetings On Poverty, Science Education

In a report to the National Cancer Advisory Board at its meeting last month, Freeman said the Panel has taken on two major issues so far this year, cancer and poverty and science education and training.

"I believe in a very strong research program and I think NCI has that program. But I also think research won't cure cancer alone," Freeman said. "Much must be done by Congress in addressing access to health care." The role of the Panel, he said, is "comprehensive."

"The war against cancer has been fought as a research war. It now must be fought on the ground, and it will require transfer of technology and access to health care."

The Panel's next meeting is scheduled for Dec. 9 at M.D. Anderson Cancer Center in Houston to discuss breast cancer. Freeman said the Panel is planning a meeting on technology transfer for sometime this winter. At this meeting, "we will consider the role of cancer centers in particular," he said.

A meeting on lifestyle and its relation to cancer is planned for the spring.

At the Panel's Sept. 20 meeting on training, held at Morehouse School of Medicine, NCI Director Samuel Broder said, "There are clear indications of a crisis in science and medical education in this country and we have good reason to ask who will be the scientists and clinicians of the future. We need quality elementary education, we need to identify and nurture children who show promise in science, we need to be vigilant to watch for late bloomers. We need the best of stimulation in high school and the fostering of talent in college."

He said the title of the meeting should be "Training and Poverty. For there is no doubt that all of the difficulties faced in science training today are

magnified when the future professionals are poor." He noted that, "The training is expensive and the career itself not necessarily one with high financial rewards."

Thus, Broder said, "By definition, students from backgrounds marked by poverty face serious obstacles in financing their studies."

NCAB Okays Contract Concepts For ICIC; Plans For PDQ 800 Number

The National Cancer Advisory Board gave concept approval to two contracts and an interagency agreement to support the International Cancer Information Center. The center gathers and disseminates all of NCI's information services, such as PDQ and Cancerlit, and publications such as the "Oncology Overviews" and Cancergrams.

The concepts commit more than $11 million over five years for support services for ICIC. Following are the concept statements:

Screening, indexing, abstracting and keying of cancer related literature for the International Cancer Information Center. Recompetition of a contract held by Information Ventures Inc. Total amount $2.2 million, five years. The purpose of the SIAK contract is to provide ICIC and Cancerlit with cancer literature citations and abstracts in addition to those supplied from Medline. The project makes Cancerlit unique as it adds citations and abstracts for publications that do not appear in Medline.

After screening the appropriate literature, the remaining tasks involve editing and preparing abstracts when necessary, indexing with the National Library of Medicine's MeSH terms, keying and correcting those records in error, and supplying the information on tape to another contractor for processing into Cancerlit.

The Cancerlit database is one of the 10 most used databases of the NLM's Medlars system of over 40 databases. Cancer lit is also leased to private vendors such as Dialog and BRS which allow access from tens of thousands of additional centers and individuals. It is also available on CD-ROM through four separate vendors. NCI receives royalty revenues collected by the National Technical Information Service from the leasing of Cancerlit that are used to offset some of the costs of an interagency agreement with NTIS.

Production, marketing, customer service and fulfillment services for the International Cancer Information Center. New contract, total $5 million over three years. The purpose of this contract is to improve the effectiveness of dissemination of information to the medical community in support of the NCI congressional mandate, through creation of a mechanism for consolidating marketing and distribution efforts. Specifically this contract would provide for:

A. Development, maintenance, and monitoring of a consolidated services customer base for ICIC information products and services.

B. Production (including typesetting and printing), warehousing, and direct delivery or mailing of all ICIC publications.

C. Limited access for customers to PDQ and Cancerlit through NLM.

D. Marketing activities related to consolidated services, including development, warehousing, and delivery of marketing and promotional materials, maintenance of customer database and associated data and statistics, and activities related to subscription fulfillment (including billing and receipt of monies and distribution of funds).

Through use of the pay-back contract mechanism, NCI will be able to recover part of the dissemination costs by allowing the contractor to charge users a minimal fee. Fees collected would defray contract costs, thereby making it possible for the Institute to expand dissemination of its information services without a substantial increase in the requirement of appropriated funds.

Support for NCI databases on the NLM computer system. Extension of an interagency agreement with the National Library of Medicine. Total $4.075 million, five years. The purpose of the agreement is to provide funds necessary for NLM activities needed for the building, updating, and regenerating of online databases created by the ICRDB and related support activities.

NCAB's Committee on Information & Cancer Control for the Year 2000 also discussed a proposal for a new 800 phone number service that would provide the health professional with PDQ searching support. This would be done through the contract for recompetition of the CIS offices, and would be an added feature of the CIS "super-region." Thus, the proposal did not need concept approval, since the NCAB already approved the CIS recompetition, according to Office of Cancer Communications Director Paul Van Nevel.

RFA Available

RFA NS-92-01

Title: Feasibility Grants for Brain Tumor Research Centers
Letter of Intent Receipt Date: Nov. 15
Application Receipt Date: Jan. 15

The National Institute of Neurological Disorders and Stroke (NINDS) announces the availability of an RFA for feasibility grants for the development of new brain-tumor research centers. The major purpose is to develop additional research capabilities that will lead to improved diagnosis and management of patients with brain tumors and to foster an environment that would enhance the research skills of investigators in specialized methods relevant to the study of brain tumors.

The Center Director or Principal Investigator must be active in a discipline related to the study and treatment of brain tumors, such as neuro-oncology, neurosurgery, neurology, neurology, tumor cell biology, immunology, neurophysiology, neuroanatomy, neuroradiology, radiation oncology or neuropharmacology, and have demonstrated the potential for developing and directing a research program. Interrelated biomedical research projects included in the interdisciplinary research centers should be conducted by scientists who represent a variety of disciplines within basic, applied, and clinical science and who will communicate with each other so that new scientific leads may be readily developed and effectively utilized by others. For purposes of planning, it is important to recognize that the content of the individual components of a research center is critical. The research center program must be organized around a central research theme and must encompass a sufficient number of scientifically meritorious research activities (from a minimum of three to five or more) to permit an effective collaborative effort

among the participating investigators.

To be eligible, applicants must document the existence of, or potential for, ongoing basic, applied, and clinical research related to brain tumors; research resources in the encompassing fields of neuro-oncology and the neurological sciences; clinical facilities that receive and track adequate numbers and types of patients who have brain tumors; cooperation among investigators within the represented disciplines so that scientific leads may be effectively implemented; and a plan for the further development of individual investigators, fellows, or clinicians in specialized techniques or procedures relevant to research on brain tumors.

The support mechanism for this program will be exploratory grant (P20). These grants will be awarded for up to three years (not renewable) and may not exceed annual direct costs of $250,000 for each of three years. NINDS expects to make up to eight awards. Applicants who are beyond the feasibility stage, eligible for center status, for clinical research centers are welcome to apply by submitting an application for any of the three annual receipt dates (February 1, June 1, and October 1).

For a copy of the complete RFA, contact: Dr. George Eaves, Deputy Director, Div. of Stroke and Trauma, National Institute of Neurological Disorders and Stroke, Federal Bldg Rm 8A13, Bethesda, MD 20892, phone 301/496-4226.

Program Announcements

PA-91-87

Title: Preventive Oncology Academic Award

Application Receipt Dates: Feb. 1, June 1, Oct. 1

NCI invites submission of applications from individuals who hold a PhD, MD, or similar professional degree for career development awards in cancer prevention. Subject areas appropriate for awards under this program announcement include cancer-related aspects of human genetics, human nutrition, behavioral and social sciences, biochemical and genetic epidemiology, prevention clinical trials, health education and promotion, nursing, and public health. The proposed research must be directly applicable and relevant to cancer prevention and control.

The scope of the candidate's career training research projects may extend from development and testing of hypotheses concerning cancer prevention, design and implementation of interventions in defined populations, to a large-scale demonstration project.

The primary objective is to train professionals in research techniques necessary for development and implementation of interventions to prevent cancer and to improve early detection and diagnosis. Of special interest is training that focuses on the definition of high-risk groups and on new methods of intervention that will reduce cancer incidence and mortality in these groups.

This program announcement will provide awards through the Preventive Oncology Academic Award (K07). Each award will be made for three to five years. The candidate must be a citizen or permanent resident of the U.S., hold a doctorate level degree, and have at least two years of postgraduate experience.

The major target group for this award includes professionals already proficient in clinical oncology, general epidemiology, psychology, behavioral sciences, or other pertinent sciences who which to make the transition to a career in cancer prevention and control research. Also included are other professionals who already have some training in cancer prevention and control but who need to gain additional professional experience that will permit them to become fully independent investigators.

Applications may be submitted by individuals who are affiliated with public or private entities such as universities, colleges, hospitals, laboratories, units of State or local governments and eligible agencies of the Federal Government. Applications from minority individuals and women are encouraged. This award also provides an optional opportunity to participate in prevention and control research for three months or more.

The candidate must have a teaching or research appointment with the sponsoring institution at the time the award is made and devote full-time (at 80 percent) to this award. An institution sponsoring a candidate for the award must show commitment to developing and improving the teaching of prevention of cancer, commit educational resources for the training, grant time for the awardee to acquire educational skills, and provide facilities for research.

Written and telephone inquires may be directed to: Dr. John Schneider or Dr. Andrew Vargosko, Cancer Training Branch, NCI, Executive Plaza North Rm 232, Bethesda, MD 20892, phone 301/496-8580.

PA-91-96

Title: Reduction of Cancer Risk Behaviors in High-Risk Youth

Application Receipt Dates: Feb. 1, June 1, Oct. 1

NCI invites applications for studies to develop, evaluate, and disseminate effective cancer risk reduction methods and materials, and prevention intervention strategies for populations of high-risk youth, i.e., children or youth aged 10 to 18 years who are living in families or households with incomes below the poverty level.

It is estimated that 20 percent of all American children under 18 years of age live in poverty. Included in this group are approximately 15 percent of all White children, 40 percent of all Hispanic children, and 45 percent of all Black children. These young people are extremely vulnerable to several unhealthy behaviors. Children of poverty often experiment with or are regular users of tobacco and/or alcohol, are sexually active without the benefits of barrier protection, and have nutritional habits that are unhealthful.

This PA has two major research objectives related to the high-risk youth population: (1) Develop and test, through community-level institutions, methods and interventions for the primary prevention of cancers related to poor diet, tobacco use, alcohol use, and early or unprotected sexual activity (applicants must focus interventions on at least two of these four risk factors); and (2) Summarize and publish process and outcome results of these methods and interventions for use by community-level organizations that serve high-risk youth.

Intervention sites may include, but are not limited to: community health centers, the juvenile justice system, community youth organizations, and schools. Two types of evaluation must take place under this PA: (1) outcome evaluation to judge how effectively the intervention has worked, and (2) process evaluation to identify ways of improving the program and to determine how much of the program is being implemented as planned. Investigators will be required to give full details of how they intend to accomplish these types of evaluation, and explain how they will recruit and track what is likely to be a hard-to-reach population. Prevention programs must use a variety of culturally sensitive approaches rather than a single approach, and should be adapted to the special needs of high-risk youth to provide them with skills to make their own decisions to refrain from unhealthy behaviors in spite of peer, advertising, and other pressures endemic to their social environment.

Applications may be submitted by non-profit and for-profit organizations, public and private. Foreign organizations are eligible.

For a copy of the complete PA contact Dr. Michael Anderson, NCI Div. of Cancer Prevention & Control, Executive Plaza North Rm 218, Bethesda, MD 20892, phone 301/496-8577.