THE CANCER LETTER

Vol. 18 No. 2
Jan. 10, 1992

Price $215 Per Year US, Canada.
$240 Per Year Elsewhere

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

'Meta-Analysis' Of Early Breast Cancer Trials Finds Adjuvant Therapy Significantly Prolongs Life

The largest analysis of breast cancer patients ever conducted has found that systemic adjuvant therapy, particularly tamoxifen, significantly prolongs life. The study, a compilation of data on 75,000 women who participated in 133 trials worldwide, showed that the benefit of systemic therapy increases each year during the first 10 years after treatment, and

(Continued to page 2)

In Brief

McDonnell Foundation Awards Four Fellowships; UCLA's Kenneth Shine Is Next IOM President

JAMES MCDONNELL Foundation has named four physician-scientists to receive three-year, $412,500 fellowships to set up new laboratories for research in cancer and AIDS. The awards are the foundation's fourth in a five year, $10 million series designed to attract new investigators to cancer research. This year the foundation also selected researchers whose work will contribute to knowledge about HIV. The recipients are **Eric Fearon,** Yale Univ. School of Medicine, who will study tumors for mutations in the DCC gene; **David Wilson,** Harvard Univ., who will continue research on cell differentiation proteins and their role in cancer; **Arturo Casadevall,** Albert Einstein College of Medicine, who will further his investigations into opportunistic infections in immunocompromised patients; and **Jeremy Luban,** Columbia Univ., who will develop a new laboratory to study the gag molecule of HIV. The selection panel was chaired by **Philip Majerus,** Washington Univ. . . . **KENNETH SHINE,** dean of the UCLA School of Medicine, will be the next president of the Institute of Medicine, National Academy of Sciences. Shine will join IOM full time in July, succeeding **Samuel Thier,** who left IOM last September to become president of Brandeis Univ. Shine, a heart specialist, was president of the American Heart Assn. from 1986-87. . . . **ALAN DAVIS,** director of government relations for the American Cancer Society, has been elected chairman of the Coalition on Smoking or Health for a two-year term. Davis succeeds Fran DuMelle of the American Lung Assn. Scott Ballin of the American Heart Assn. is chairman-elect. Chairmanship of the coalition rotates between representatives of the three health societies. . . . **JAMES GLENN,** chairman of the tobacco industry-supported Council for Tobacco Research and executive director of the Markey Cancer Center at the Univ. of Kentucky, has been elected president of the International Society of Urology.

Adjuvant Therapy For Breast Cancer Is Effective, Oxford Analysis Finds

(Continued from page 1)

that benefits are more noticeable at 10 years than five.

The analysis supports NCI's 1988 recommendation that all breast cancer patients should receive adjuvant hormone therapy or chemotherapy, even if the cancer has not spread to the lymph nodes.

"We think its confirms what we have been saying all along," Bernard Fisher, chairman of the National Surgical Adjuvant Breast & Bowel Project, told **The Cancer Letter.** "I think the overall findings in that paper demonstrating the value of tamoxifen and chemotherapy are very convincing and supportive. I was happy to see it."

Fisher said the NSABP trial of tamoxifen as a breast cancer preventive agent is "coming along" and will begin soon.

The analysis was conducted by the Imperial Cancer Research Fund's Cancer Studies Unit at Oxford Univ., led by Richard Peto, and published in the Jan. 4 and Jan. 11 issues of the journal "Lancet."

The Oxford team examined only trials involving women whose cancer was limited to the breast or the breast and local lymph nodes. Women had been randomized to undergo surgery alone or surgery and adjuvant therapy. The adjuvant treatments included tamoxifen, ovarian ablation, combination chemotherapy, and immunotherapy.

Highly significant risk reductions in the annual recurrence and death rates were produced by tamoxifen, by ablation for those under age 50 and by chemotherapy, but not by ablation among older women or by immunotherapy, according to the study.

Pooled data from 17,000 women, half of whom received tamoxifen, found the probability of surviving 10 years was 50 percent for those who received tamoxifen, compared to 42 percent for those who did not. An analysis of data from 13,000 women with earlier breast cancer showed that 75 percent of those treated with tamoxifen survived 10 years, compared with 71 percent who did not receive tamoxifen.

Women took tamoxifen for approximately two years, providing the strongest evidence to date that even a relatively short treatment time with the drug can have a tremendous benefit.

Peto said that for every million women receiving adjuvant therapy, 100,000 would live 10 years longer than they would have lived without the treatment. Breast cancer affects an estimated 500,000 women worldwide each year.

For stage 1 breast cancer, about 12 women will survive another 10 years for every 200 who receive adjuvant therapy. However, Peto speculated that with much longer followup, the absolute benefits for stage 1 disease, particularly in younger women, "may become substantial."

For stage 2 breast cancer, about 8 to 12 women will live an extra 10 years for every 100 given endocrine therapy (ablation in women under 50 and tamoxifen in those aged 50 or over) and about 12 or more per 100 middle-aged women treated with combined chemo-endocrine therapy. "The effects for women under 50 are of somewhat uncertain size, but are likely to be at least as great as for older women," Peto wrote.

Adjuvant therapy could saves the lives of at least 3,000 women in the U.S. each year, Peto said.

A 1990 NIH consensus conference on treatment of early stage breast cancer made only general recommendations on adjuvant treatment of node negative breast cancer, suggesting that patients "should be made aware of the benefits and risks of adjuvant systemic therapy," and noting that the rate of local and distant relapse is decreased by both combination cytotoxic chemotherapy and by tamoxifen (**The Cancer Letter,** June 29, 1990).

In its conclusion, the Oxford team said the analysis should generate many new trials. "Even among older women the optimal duration of tamoxifen remains uncertain (as, among younger women, does the effect of adding tamoxifen to ablation) and for chemotherapy the range of unanswered questions about drugs, duration and, particularly, dose intensity is almost limitless. Finally, endocrine and chemotherapy are not mutually exclusive, so may not need to be randomly compared, but the combination (given concurrently or consecutively in a wide range

THE CANCER LETTER

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Subscription rate $215 per year North America, $240 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc., also publisher of The Clinical Cancer Letter and AIDS Update.

of patients) may need further comparison against each separately.

"The most important research implications, however, are not about what questions to ask but about how to answer them, both in breast cancer and other diseases," the study continued. "Reliable assessment of moderate survival differences requires not only proper randomization of large numbers but also proper collaboration between those who randomize.... Randomized methods can avoid biases and are, with the growth of large overviews, now capable of avoiding not only false positive but also false negative results.

"Every decade millions of women are treated for early breast cancer, and in the treatment of just one million women mortality reductions such as those now demonstrated could well prevent or substantially delay 100,000 deaths."

The Oxford team is planning a followup report on its findings for surgery and radiotherapy.

FDA Urges Voluntary Moratorium On Sale, Use Of Silicone Implants

The Food & Drug Administration this week urged manufacturers, doctors and patients to accept a voluntary moratorium on selling and implanting silicone gel breast implants.

The agency cited evidence that the implants pose a greater health risk than previously thought. Dow Corning Wright Corp., the largest manufacturer of silicone implants, agreed to the moratorium and suspended shipment and sales of the devices, though company officials said they disagree with the FDA's findings.

FDA Commissioner David Kessler said the agency wants surgeons to stop implanting the devices until the new evidence can be evaluated.

Last November, an FDA advisory panel recommended that the agency continue to allow the use of implants, though it found that manufacturers had failed to demonstrated that the devices are safe. Kessler said he will reconvene the panel within 45 days and ask it to examine more evidence and consider reversing its opinion.

Kessler said that since the November panel meeting, he had received "new information about the implants that increases our concerns about their safety." He said there have been reports from joint-disease specialists that women with silicone breast implants have a higher rate of autoimmune disorders.

Kessler also said there are studies that Dow Corning had not provided to the agency but were obtained by lawyers who won a $7.3 million malpractice verdict against the company for a plaintiff who argued that the implants caused disabling autoimmune disease. In the case, a San Francisco federal jury concluded that the company knew that the implants posed risk but failed to warn doctors or patients.

Kessler said he had received documents from the trial which he could not make public because they were closed by court order.

"The information we've acquired since the last panel meeting, rather than dispelling doubts, has increased our concern about the safety of these products," Kessler told a news conference this week. He said women who have the implants already should not have them removed unless they are having symptoms.

Lumpectomy Justification

Bernard Fisher, chairman of the National Surgical Adjuvant Breast & Bowel Project, told **The Cancer Letter** that the uncertainties about implants is further justification for the use of lumpectomy rather than mastectomy. "While implants are important, I haven't heard anybody state that the more lumpectomies that are done mean less reason for implants," he said.

A study of his published in "Lancet" demonstrated that recurrence following lumpectomy is a marker for distant disease, rather than a cause of distant disease. Even if a patient had a mastectomy, her risk for distant disease would have been the same, he said.

NCI Advisors OK $20 Mil. Set Aside For Grant Program In Gene Therapy

NCI advisors have approved the set aside of $20 million over the next four years to expand gene therapy research around the country. The Institute plans to issue an RFA later this month seeking applications for program project grants from groups who would collaborate on preclinical and clinical gene therapy studies. Six to eight awards would be made.

The funding set aside represents the union of two historic events: The rapidly advancing development of gene therapy to the point where investigators at other institutions are successfully using the techniques pioneered at NIH by Steven Rosenberg, Michael Blaese and French Anderson, and NCI's 16 percent budget increase for fiscal 1992, enabling the Institute to fund more than 1,000 new and competing grants.

NCI's Div. of Cancer Treatment Board of Scientific Counselors gave concept approval by mail ballot to the RFA statement. The Board is not scheduled to meet until February 24-25; so that the awards could be made by September of this year, the early concept approval was necessary, said Michael Friedman,

director of NCI's Cancer Therapy Evaluation Program.

CTEP is planning a meeting for the end of February to discuss the approval process for gene therapy clinical trials and answer questions from potential applicants. Interested investigators may contact Diane Bronzert at 301/496-8866 to be included on the RFA mailing list and for information on the meeting.

The due date for applications is May 15. Following is the concept statement:

Implementation grants for gene therapy programs in cancer treatment. Proposed first year award $5 million; four years; total $20 million; six to eight awards.

Although practical and theoretical limitations currently exist for the application of gene therapy in cancer patients, clinical trials have already been initiated. Substantial preclinical data has been obtained in research centers throughout the country to support beginning additional clinical trials either immediately or within the near future.

The purpose of this RFA is to promote the design and implementation of clinical trials of gene therapy, to support the requisite preclinical studies establishing the scientific and technical basis for human studies, and to foster the development of interactions between basic scientists and clinical researchers necessary for bringing gene therapy to patient trials. The program project grant mechanism will support the establishment of multidisciplinary and multi-institutional research programs centered around this goal. As a "Special Emphasis Initiative" in the NIH Strategic Plan, this research area has the highest priority within NCI and with NIH Director Bernadine Healy.

The Cancer Therapy Evaluation Program is seeking applications for research program project grants (P01) to establish interactive Gene Therapy Programs (GTP) with the goal of conducting clinical trials for cancer treatment. The applications should be focused on a specific clinical therapeutic approach. These awards are envisioned to serve as "implementation grants" for the development of a collaborative effort between a multidisciplinary, and possibly a multi-institutional, group of investigators to rapidly move forward new approaches in gene therapy of cancer into the clinic.

Investigators may already have funding for preclinical studies in other cancer treatment areas for which gene therapy is relevant. Funds should be used to conduct the necessary preclinical studies to prepare a clinical product or procedure for human trials and to gain regulatory approval to conduct such trials. CTEP will provide assistance in gaining regulatory approvals. NCI is encouraging investigators to forge new collaborations with other research institutions and private industry to obtain the necessary expertise in all aspects of the research program.

Initial approaches to gene therapy would involve the alteration and administration of human somatic cells. Future techniques may include approaches such as the direct administration of genetic material to patients. Examples of gene therapy for the treatment of cancer include implantation of tumor cells transfected with functioning cytokine genes to elicit an immune response; insertion of genes into host effector cells that will enhance their ability to recognize and bind tumor specifically and/or will potentiate the inflammatory response of the host at the site of tumor; insertion of genes into normal cells of the host, such as bone marrow stem cells, that will increase their resistance to the toxic effects of chemotherapy; or in vivo introduction of genes into cancer cells that will restore suppressor gene function or neutralize the function of activated oncogenes that maintain the neoplastic phenotype. Investigators are not restricted to the above studies; however, all studies must be therapeutic in design and not merely diagnostic.

Each GTP should have a minimum of three projects with at least one project focused on clinical studies. In addition, an administrative core will be needed to coordinate research activities and to obtain approvals through the regulatory channels. Examples of areas of research for subprojects would include development of the appropriate high efficiency retroviral vectors, helper viruses, or producer cell lines; establishment of animal models for efficacy studies; preclinical toxicology in cell culture systems and animal models; and the initial clinical trials.

The time table for the conduct of clinical studies should be reflected in the individual budgets with a larger proportion of funds for preclinical studies, if necessary, in years 1 and 2. The initial set aside is not expected to completely fund the clinical trials but to provide monies for the initiation of clinical trials or fore preclinical studies necessary for development of the clinical product and/or procedure and for regulatory approvals.

Investigators can request up to four years of support, and budgets should average $450,000 direct costs per year as the initial awards are for implementation of the program. The expectation is that competitive supplements, which will also be peer reviewed, will be submitted as soon as GTPs are ready to initiate or expand the clinical trials.

FASEB Calls For $10 Bil. NIH Budget For FY 1993, 30% Success Rate

The Federation of American Societies for Experimental Biology called for a $10.47 billion appropriation for NIH in fiscal 1993.

According to a report of a consensus conference called by FASEB, that appropriation would be sufficient to fund 6,233 new and competing grants.

"The 30 percent success rate to be achieved by this level of funding is far less than desirable or merited, it is necessitated by present fiscal constraints," the conference recommended.

While the conference report supported the strategic plan currently under development at NIH, it cautioned that to be meaningful, such a plan would foster an "uninterrupted flow of unsolicited, investigator initiated research proposals.

"If the strategic plan being developed provides for new research initiatives, the NIH budget will require funds beyond the $10.47 billion appropriation proposed [by FASEB] for fiscal 1993," the report said.

Other recommendations included:

--That funding of noncompeting grant continuations be increased annually by the Biomedical Research and Development Price Index (BRDPI). Competing renewals should not be limited to an arbitrary percentage increase above the last year of noncompeting support.

--That NIH increase the number of pre- and postdoctoral trainees by 7.5% and 2.5% per year, respectively, in accordance with the recommendations

of the National Academy of Sciences and the National Research Council.

--That training stipends be at levels recommended in the report of the FASEB Consensus Conference on NIH Funding for fiscal year 1992 ($14,000 for National Research Service Award predoctoral stipends; and betWeen $25,858 and $36,176 for NRSA postdoctoral stipends.)

--That the Medical Scientist Training Program receive sufficient funds to support a total of 200 to 250 additional trainees over the next five years until a steady state of 1,000 MD/PhD trainees is reached.

--That the approach taken by the National Institute of General Medical Sciences to limit the rate of growth of tuition paid by training grants be supported. The conferees said tuition can be regarded as a legitimate expense of predoctoral training. However, given the variation in these costs among institutions, it is important for NIH and ADAMHA to set limits on the percentage of tuition covered by training awards, the report said.

--Although the BRDPI has been used to measure price inflation in the biomedical field, the conferees are concerned as to whether it underestimates the true cost of the complexity of conducting biomedical research. BRDPI should be reevaluated as soon as possible.

"The funds requested by FASEB for research and training in fiscal 1993 and beyond are realistic, and, in view of the myriad of contemporary health needs and new opportunities, are quite conservative," the report said. "They reflect the minimum requirement needed to support excellent research in institutions across the nation and to maintain our international leadership in biomedical research."

Copies of the report are available from the Federation at 9650 Rockville Pike, Bethesda, MD 20814, phone 301/530-7075.

New Publications

Pezcoller Symposium Proceedings On Breast Cancer Published

"The Therapeutic Implications of the Molecular Biology of Breast Cancer," consists of the complete proceedings of the second annual Pezcoller Symposium of the same title, held in Rovereto, Italy in June 1990 under the auspices of the Pezcoller Foundation. Editors of the volume are Marc Lippman and Enrico Mihich.

The symposium presentations covered a wide ranging area of investigation, including the value of prognostic variables, molecules contributing to invasiveness, pathogenetic molecules, advances in understanding mechanism of hormone action and signal transduction, and new growth factors.

The Pezcoller Foundation is supported by the estate of Alessio Pezcoller, an Italian surgeon who desired to support and stimulate medical research. The foundation has instituted a major prize for oncology which is expected to be given every three years. An international committee chaired by Umberto Veronesi and managed by the European School of Oncology selected Vincent DeVita as the first awardee. The foundation has also established a series of annual symposia on topics at the frontiers of laboratory or clinical cancer research, organized by Enrico Mihich.

Copies of the volume are $75 and are available from John Libbey CIC, Via L. Spallanzani 11, 00161 Roma, Italy. Also available is the proceedings of the first annual Pezcoller symposium, "Drug Resistance: Mechanisms and Reversal." Further information is available from Dr. Enrico Mihich, Roswell Park Memorial Institute, Elm and Carlton Streets, Buffalo, NY 14263.

Miami HIV Clinical Trials Unit Forced To Turn Some Patients Away

In Miami, Florida, one of this country's largest cultural melting pots, the facility that conducts AIDS clinical trials sponsored by NIH is often overwhelmed, and many HIV-infected persons are uninformed about or are turned away from clinical trials, said speakers at the meeting of an NIH advisory panel last month.

The National Institute of Allergy and Infectious Diseases' AIDS Research Advisory Committee (ARAC) met in Miami in December as part of its continuing effort to address problems with enrollment that have plagued NIAID's AIDS Clinical Trials Group (ACTG). The committee held a similar meeting in Brooklyn, NY last March to hear testimony about access to NIAID-sponsored clinical trials in New York City area (**AIDS update**, April 5, 1991).

In Miami, HIV-positive persons and community health professionals outlined several examples of lack of access to the clinical trials conducted at the Univ. of Miami's Jackson Memorial Hospital, site of the region's only adult and pediatric AIDS Clinical Trials Units (ACTUs).

Benjamin Herrera, an official from Liga Contra SIDA, an AIDS outreach organization for Hispanics, said there was "no regular communication" between organizations such as his and the Miami ACTU. Overall, he said, community health care and social service organizations in Miami do not hear about

trials going on at Jackson Memorial.

Rita Volpita, a services coordinator of an AIDS prevention, education, and treatment project for the Dade County Public Health Unit, said she had referred approximately 150 of her clients to ACTU trials; however, fewer than 10 of them were eventually enrolled in a study. Volpita attributed this to the fact that many of her clients are in the early stages of HIV infection, but the ACTG conducts few trials of therapies for this patient group.

Larry Schwartz, a social services coordinator at Miami's Body Positive Resource Center, told ARAC members that "as well connected as I feel I am in the HIV community, I am dumbfounded by the insufficient information about trials," he said. "People who are HIV-positive are getting in touch with these trials on a catch-as-catch-can basis."

Schwartz said his center has provided counseling and other social services to approximately 40,000 HIV-positive individuals since 1988. "I have 107 people signed up for case management [and only] 11 of them were signed up for studies.

"A great number of the studies are not offered to people who have highly compromised immune systems or long-term exposure to AZT [or] people who are asymptomatic," he explained.

Conflicting Testimony

Yet despite the testimony from people with AIDS and community health officials, the principal investigators from the adult and pediatric ACTUs described a program that easily recruits participants for its trials, has a strong community outreach component, and employs case management techniques to effectively move patients being treated at Jackson Memorial into appropriate AIDS trials.

Gwendolyn Scott, a physician with the hospital's Pediatric Immunity/Infectious Diseases department and head of the pediatric ACTU, said that 20 to 25 percent of the approximately 250 HIV-infected children who receive their care at Jackson are enrolled in ACTG trials. Of the HIV-infected children who receive care at Jackson, 85 percent are Black, 8 percent Hispanic, and 7 percent white, she said.

To promote the children's participation in clinical trials, the hospital provides extensive case management services, including assistance with transportation and detailed education programs for parents. The pediatric ACTU has even made arrangements to have phones installed in the homes of some disadvantaged children participating in clinical trials, Scott said.

The ACTU serves patients from all over Florida, particularly from Dade County and Broward County, said Margaret Fischl, a physician with the Univ. of Miami School of Medicine and principal investigator for the adult ACTU. Patients are referred from other units in Jackson Memorial, from outpatient clinics operated under the auspices of the hospital, and from community clinics and public health centers.

"We have a huge recruitment effort and a tremendous community outreach program, in fact so much so that it actually overwhelms us at times." she said.

The adult ACTU screens 1,200-1,400 patients and enrolls approximately 200 patients a year. So far, the Miami investigators have opened over 30 studies for adult patients, and follow about 400 patients in trials at any given time, Fischl said.

A team of physicians is assigned to each ACTG protocol that is implemented at the site, and at least one ACTG physician is on site at all times.

In addition, said Fischl, "we focus heavily on our patients to make sure that primary health care issues are addressed, and we will deliver as much health care as we can to on site [for trial participants]. If we don't do this, then clinical trials become too complex for patients."

Efficient But Overwhelmed

What emerged from the conflicting testimonies of speakers at the Miami meeting was a picture of an efficient and comprehensive ACTU, but one that could not alone meet the overwhelming needs of the city's large and ethnically diverse HIV-infected population.

Last July, the Centers for Disease Control reported that through 1990, Dade County ranked seventh among U.S. metropolitan areas in the cumulative total of AIDS cases, with 4,223, and fifth in the annual incidence rate, with 54.7 cases per 100,000 residents. Yet the ACTU at Jackson Memorial is the only one in the region.

Jack Killen, deputy director of NIAID's Div. of AIDS, noted that "the situation here in Miami is different from the situation we saw in New York." He said the Miami ACTU reminded him of "a castle that is functioning very well inside but which a lot of people have difficulty getting into--and for good reason, because it is overwhelmed."

"We were told that [the] Miami [ACTU] was a model center for the ACTGs," said Philip Pizzo, chief of the National Cancer Institute's Pediatric Branch and a member of the committee. "And indeed it is in terms of its comprehensiveness and the effectiveness of the care...and also the sensitivity of the care."

However, he said, "Dr. Fischl has indicated that there are many more adults who can enter into trials than can be served. Any system has its limits, and this one, as elegant as it is, is at its limit."

Fischl said her ACTU could handle more patients. "We would love to expand our enrollment to 300 or 400 patients. We're at a critical mass now in which the enrollment of 150 more patients [a year] would not cost very much," she said.

However, with limited funds available for the 1992 recompetition of the ACTG contracts, NIAID has imposed a cap on the number of patients that a given ACTU can plan to enroll in the course of a year.

That ceiling prevents the Miami ACTU from enrolling more patients in trials. Under these conditions, Fischl said, the ACTU "will continue to face...complaints of lack of access to trials."

Gay Men Excluded from Trials

Advocates for people with AIDS have long complained that the ACTUs in many cities are situated in the wealthier areas and thus have difficulty recruiting HIV-infected children, women, members of minority groups, intravenous (IV) drug users, and the poor into their trials.

However, Jackson Memorial is the only hospital in Miami that receives county funding and is thus responsible for providing care to the area's indigent patients. As a result, said Fischl, its ACTU has been successful in enrolling patients from traditionally underserved populations.

Ironically, this success has meant that gay men and most HIV-infected persons who receive care from private physicians--the groups that traditionally have had the best access to ACTG trials--have been almost completely excluded from clinical trials in Miami.

Twenty-three percent of the patients in the Miami ACTG are women, 50 percent are Hispanic, 27 percent are white, 18 percent are African American, and 5 percent are Caribbean Blacks. Six percent are IV drug users, and 44 percent were infected heterosexually.

"We are addressing the needs of women, minorities, and more recently, adolescents and IV drug users," said Fischl. "Does this mean that we're cutting off gay men with private doctors? It's possible, but we can't be everything to everyone."

James Pruitt, a person with AIDS who testified at the ARAC meeting, noted that Latino gay men in particular have been excluded.

"Out of 200 slots approximately 5 percent are referred by private physicians, and 5 percent by community organizations. So we're looking at 20 slots," he said.

"The Univ. of Miami has done a very admirable job in terms of reflecting in their treatment programs the unique demographics of the disease in this area," Pruitt said. "But what we really need is more funding for [participant] slots. In addition we have few research sites."

In addition, said the principal investigators, the population of patients in ACTG trials still does not adequately represent the number of HIV-infected Hispanics in the region.

Expensive Solutions

Several of the speakers called for greater outreach to Hispanic populations. "Clinical trials staff need to be more sensitive to the needs of poor minority groups," said Mercy Gutierrez, a Project Health Educator for Liga Contra SIDA.

She and several other speakers added that despite the extent to which Miami is a bilingual city, the HIV-infected community still lacked information on trials that is written in Spanish.

The speakers also called on NIAID to provide more financial resources for clinical trials in Miami.

"The other cities that have felt the heaviest impact of the HIV epidemic...seem to have a number of principal investigators and a variety of studies going on," Schwartz said. "I feel that Miami should have several ACTUs to assist with access [to trials]."

However, several members of ARAC agreed that no other health facility in the region had the infrastructure to successfully compete for an ACTG contract. In addition, because NIH's AIDS budget for 1992 increased by a smaller percentage than budgets for other NIH programs overall, ARAC members could not make any promises about NIAID's ability to rectify the problems quickly.

Martin Delaney, head of the AIDS treatment advocacy group Project Inform and an ARAC member, noted that the situation in Miami was "a deja vu" of the situation in San Francisco when the AIDS epidemic first exploded there in 1986. He said people with AIDS and community leaders in Miami would have to take the initiative in order to get the region's medical community to respond to their problems.

NIH AIDS Research Loan Repayment

Application Receipt Date: Jan. 21

NIH announces the availability of educational loan repayment under the NIH AIDS Research Loan Repayment Program. The program provides for the repayment of a sizeable portion of the accumulated educational loan debt of health professionals who agree to conduct, as employees of the NIH, research with respect to AIDS. The program provides for repayment of up to $20,000 of the principal and interest of the educational loans of qualified health professionals for each year of obligated service. The program is limited to qualified health professionals who have a substantial amount of educational loan debt relative to income, and who were not employed by NIH during the period of Nov. 4, 1987 through Nov. 3, 1988. The purpose of the program is to increase the number of investigators conducting AIDS research at NIH.

Individuals wishing to apply to the program must first obtain a firm employment commitment from an NIH institute, center or division personnel department. An initiating official, who may be a laboratory or branch chief, must recommend an individual for application to the program and the ICD scientific program director and director must concurr.

Applicants must be U.S. citizens.

For more information on eligibility criteria and on applying to the program, contact Marc Horowitz, Director, NIH AIDS Research Loan Repayment Program, Office of AIDS Research, NIH Bldg. 31 Rm. 5C12, Bethesda, MD 20892, phone 301/402-0192.

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 NIH-NIAID-DAIT-92-12

Title: Production and characterization of monoclonal antibodies against H-2 cell membrane antigens

Deadline: Approximately Jan. 29

NIH has a requirement for the production and characterization of immunogens and monoclonal antibodies against H-2 cell membrane antigens and determination of their effects in experimental models of human autoimmune diseases.

The Clinical Immunology Branch of the Div. of Allergy, Immunology & Transplantation, National Institute of Allergy & Infectious Diseases, is soliciting contract proposals from organizations having the capabilities and facilities to prepare peptides corresponding to murine Class II MHC antigens using synthetic methods; to prepare monoclonal antibodies against these peptides (immunogens); and to test their effects in the induction, development, or progression of autoimmune disease in experimental animals.

The NIAID sponsored project shall take approximately five years to complete. This shall be a cost reimbursement type contract. It is anticipated that two contracts will be awarded. The project will require a high level of expertise in peptide synthesis, monoclonal antibody production, and characterization and availability of animal models of human autoimmune disease.

RFP is available by written request to the contracting officer named below.

Contracting officer: Sylvia Cunningham
NIAID, The Solar Bldg Rm 3C07
6003 Executive Blvd.
Bethesda, MD 20892

NIH Plans Regional Meetings To Discuss Strategic Plan

NIH has been engaged in a strategic planning process aimed at developing its first corporate long range strategic plan. The purpose of the NIH strategic plan is to: 1) identify areas of research that promise extraordinary dividends for the nation's future health, 2) nurture the itellectual base of biomedical research and the conditions that lead to breakthroughs on the cutting edge of science, and 3) provide approaches for addressing broad administrative and science policy issues that affect the ability of NIH to carry out its mandate.

NIH will convene two regional meetings to provide a forum for the extramural community to comment on the draft strategic plan before it is finalized. The first meeting will take place on Feb. 12 at Occidental College, Los Angeles, CA. The second meeting will be held on Feb. 25, at the Univ. of Connecticut Health Center, Farmington, CT. Each of the meetings will begin at 9 a.m. and end at 3 p.m.

The meetings will begin with NIH Director Bernadine Healy preseting an overview of the strategic plan. Immediately afterwards, representatives of organizations and institutions will be invited to present testimony before a panel of senior NIH officials, to be chaired by Healy. Due to the time constraints, only one representative from each organization should present testimony; oral presentations will be limited to five minutes. Written testimony may be any length and should include a brief description of the organization presenting. Testimony will be scheduled based upon when notification of intent to present testimony is received.

For more information concerning the regional meetings, contact Mary Demory, 301/496-1454.

NCI Seeking CRADA Partners For Suramin, Camptothecin

NCI is seeking a research partner to conduct clinical development of its anticancer compound suramin. Suramin has been effective in treating several types of cancers in preclinical studies, the Institute said.

Pharmaceutical companies interested in obtaining additional information on a Cooperative Research and Development Agreement may contact Dale Shoemaker, executive secretary, CRADA Selection Committee, 301/496-7912.

NCI is also seeking a CRADA partner for clinical development of 9-amino-camptothecin. NCI said the drug is not covered by a U.S. patent and may classify as an orphan drug. The drug's mechanism of action is the inhibition of the topoisomerase I enzyme. NCI expects to begin phase 1 trials sometime this year.

In another announcement, NCI said it is seeking a CRADA research partner to conduct clinical development of BUDR/IUDR, which has been effective for treating several types of cancers in NCI preclinical trials.