

THE

CANCER LETTER

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Cancer Society, With Level Budget, Counts On More Money To Fund "Pay Ifs" In FY92

The American Cancer Society, like NCI, is proceeding on the assumption that it will have a flat budget for the 1992-93 fiscal year that starts this fall. While NCI and its constituents will have to wait until the appropriations process has been completed before learning if there will be additional money, ACS will know by the end of the summer what its budget status is for the upcoming year. Meantime, each department at the ACS national office has planned on not getting any more money
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In Brief

Search Narrows For ACS Head; Selections For Breast Cancer Commission Still At HHS

AMERICAN CANCER Society's search committee trimmed the field of candidates for the position of executive vice president from 15 to 10 following interviews conducted last weekend in Atlanta. All five of those dropped were prospects from outside the Society, leaving two in that category. Of the eight others still in the running, five are executives of ACS state divisions, two are members of the national staff, and one is a volunteer long active in the Society. The search committee will meet again May 4-5 to interview the remaining candidates. . . . **PRESIDENT'S CANCER Panel Special Commission on Breast Cancer** now has an official name, but its 17 members still have not been officially approved by HHS, though the names were submitted in January. A March 6 "Federal Register" notice served as the official announcement of the panel's establishment, chartered for two years to assist and advise the Vice President, NCI director, and Cancer Panel chairman on breast cancer research. . . . **JAMES HOLLAND**, Mt. Sinai Hospital, will be honored by the Israel Cancer Research Fund at a luncheon April 6 marking the fund's 15th anniversary. Holland will be recognized for his leadership of the ICRF, the largest source of private funds for cancer research in Israel. The fund has given over \$12 million to 690 scientists since its inception. FDA Commissioner **David Kessler** will receive the fund's President's Medal, and television correspondent **Betty Rollin** will receive the ICRF Woman of Valor Award. . . . **THOMAS WALDMANN**, chief of NCI's Metabolism Branch in the Div. of Cancer Biology, Diagnosis & Centers, was selected to receive the 15th annual Bristol-Myers Squibb Award for distinguished achievement in cancer research. . . . **JUDAH FOLKMAN**, Harvard Medical School, will receive the 3M Life Sciences Award given by the Federation of American Societies for Experimental Biology.

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ACS, With Level Budget, Counts On More Money To Fund "Pay Ifs"

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than it is getting in the current year. However, each is also compiling a list of "pay if" projects--those that are in line to be funded, if more money becomes available.

How to determine which of the "pay ifs" will be funded was a concern of the ACS board's Planning Advisory Council at the board's recent meeting in Atlanta.

"Each department prioritizes the projects that aren't initially funded," said PAC Cochairman Larry Fuller. "But if we do have a limited amount of extra money, how do we decide which among the departments gets any of it? We've said to the departments, 'If you save some money this year [from the initial budget], you'll be given serious consideration on the use of that money.'

"If the priorities are equal among the departments, we'll probably let the guy whose good management saved the money have it for his pay ifs. But we won't know if we have any extra until August."

Fuller said that PAC had been charged with getting more volunteer involvement "early on in the budget process." That was done, at a two day meeting prior to the board meeting. "Everyone heard everyone else's presentation. In some ways, it was a fiasco. Every presentation followed a different format. This time, however, it was the difference between having a coach ticket or not going at all. Previously, volunteers had no part in the process. We need somehow to get the divisions involved. National is here to serve the divisions."

James Bell, ACS acting executive vice president, said that the two day meeting may have "blurred the distinction" between the Planning Advisory Council

and the Budget Committee. "Don't confuse the purposes of the two committees."

Other criticisms of the new process involved charges of "micromanagement" and "over involvement of the constituency."

Fuller acknowledged that "those are good points and we may have gone too far in volunteer influence." Getting back to the issue of the pay ifs, Fuller said, "Priorities should tell us which way to go."

"Should this committee have an impact on those decisions? PAC member Gerald Mueller asked. "I'm not sure having everyone around the table is the best way. Maybe the hard decisions should be made by people without a vested interest."

"I had the feeling we were micromanaging, and I felt the staff did, too," said ACS President Walter Lawrence. "We should take a look at this. We were acting as a mini board of directors."

Lawrence suggested that PAC was established "to look at long trends" rather than details. But ACS board Chairman Stanley Shmishkiss said that "the budget should be a joint effort between staff and volunteers."

PAC member Denman Hammond, "I don't hear any concern for flexibility and new trends. I think we should look at the priorities from time to time."

"I thought PAC was established to look at broad priorities and strategy," Lawrence said. "We've spending the whole meeting on the budget. If we do this again in August, I may be sick then."

"If we have some money for some pay ifs in August, do you want to take this to a 200 member board?" Fuller asked. "If we have some money in August, how do we decide who among the departments gets it?"

PAC member and immediate past President Gerald Dodd said, "I would like to disagree with my eminent successor--that's you, Walter. We need to be familiar with the process. If we do have some money left over in August, it would be appropriate for the department heads, in a collegial process, to decide among themselves, and present it to the board."

"Check guns and knives at the door," Fuller commented. "That may be the way it should be done."

The "pay ifs" referred to in the PAC discussion do not include that category of conditional research grants and awards in the long established practice of the Research Dept. That practice, also called "pay ifs," involves earmarking for funding grants and awards which were scored just over the payline. Those are funded with money recaptured from those who decline the awards, usually because they in the

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meantime had been successful in getting NIH funding. All of that money goes back into research and is not available to the other departments.

The board approved a budget of \$93 million for research grants and awards for 1992-93, a small increase over the current year but still the largest amount ever budgeted for this category by ACS. A number of high priority pay ifs could push that amount higher, if more money becomes available.

Another \$3.8 million is in the budget to operate the research program. John Laszlo, senior vice president for research, pointed out that that amounts to only four percent of the research budget.

The Epidemiology & Statistics Dept. is budgeted for \$1.6 million to conduct intramural research, the large Cancer Prevention Study II of risk factors on cancer in 1.2 million Americans, and other statistics and epidemiologic analyses.

Members of the Research & Clinical Investigations Committee, in reviewing the budget, were dismayed by the decreasing percentage of grants the Society is funding. In 1991, it was 21.6 percent of grants reviewed, down from 23.3 percent in 1990 and 31.1 percent in 1989. However, there were significant increases in the number of grants received in 1990 and 1991, going up from about 1,700 in 1989 to 2,100 in 1990 and 2,400 in 1991.

More worrisome is the decline in percentage of first time applicants funded--down from 16 percent in 1980 to 12 percent in 1991.

"If we don't fund those young investigators, you can forget about everything else," committee member Henry Pitot said.

The Research & Clinical Investigations Committee approved one of the high priority pay ifs, establishment of a new Behavioral Research & Evaluation Unit in the national headquarters. The unit, which has been approved by all other board committees that would be affected, would cost an estimated \$183,000 a year. It will be established only if additional funds are forthcoming.

Purposes of the unit were described as:

--To provide availability of expert impartial systematic guidance in program design and evaluation for new initiatives of the national office, including assisting with evaluating outcomes.

--Conceiving original behavioral research (not marketing or other surveys) with the purpose of developing practical new program opportunities for the Society, some of which might best be conducted by volunteers with population based studies.

--To evaluate extramural behavioral research being conducted in cancer prevention (and other priority areas), with the intent of facilitating and integrating relevant research accomplishments into existing American Cancer Society programs (technology transfer) via its committees.

--Coordinate this in house unit with the new extramural Psychosocial and Behavioral Research Units now being created via competing grants at cancer centers under the Special Institutional Grants which will relate to the ACS mission, as well as with the ad hoc Technology Transfer Committee and the Psychosocial and Behavioral Research Scientific Advisory Committee. It would benefit greatly from the expertise in population and risk factor studies and analytic capabilities which currently exists in the Epidemiology & Statistics Dept. It would also benefit for practical relationships with the field to have active participation from the Field Services and Communications Depts.

--To provide consultation to divisional programs, as resources permit.

The new unit will report to Clark Heath, vice president for epidemiology and statistics. The staff initially will consist of the director, a PhD behavioral scientist trained in population sciences with cancer control orientation and a strong background in quantitative methods; a PhD evaluation-technology specialist in quantitative methodology, program evaluation, and translation of scientific information into programs; and a secretary-data technician.

The Research & Clinical Investigations Committee also approved a staff recommendation to end ACS support of conferences that do not originate within the Society--with one exception.

ACS actually had already begun phasing out its support of conferences, and had budgeted for the 1992-93 year only for the Gordon Conference on Cancer. Staff proposed that this be the last year, and the committee agreed.

Not in the 1992-93 budget was support for the Mary Lasker Conference on Gene Therapy. However, committee member Saul Gusberg objected and convinced the committee to approve ACS' continued commitment. His motion to that effect included the directive to trim the \$40,000 for the Lasker conference from elsewhere in the research budget. That was accomplished by reducing from \$130,000 to \$90,000 the national support for a symposium, with the California Div., celebrating the 10th anniversary of the Society's Psychosocial & Behavioral Research Program.

New Grants In Ovarian Cancer Get Concept Approval From DCBDC

Ovarian cancer accounts for 6 percent of cancer deaths among women, but little is known about its biology or development. However, recent advances in molecular biology could shed light on this "silent killer."

NCI advisors last week gave concept approval to a new four-year grants program and committed a total of \$6 million for individual research project grants (R01s or R29s) on ovarian cancer biology research.

Cheryl Marks, project officer for the proposed grants program, told the Div. of Cancer Biology, Diagnosis & Centers Board of Scientific Counselors that the need for basic biological research in ovarian cancer is so great that research in "almost any specific area would be appropriate."

Board Chairman Albert Owens asked whether the concept's "lack of definition" would result in poorly defined research applications. "We won't spend \$1.5 million [per year] if we can't fund meritorious projects," Marks replied. "If we could get eight solid proposals, we would be quite pleased."

The division's Organ Systems Program is sponsoring a workshop on ovarian cancer next month in Annapolis, MD. Some specific recommendations or proposals might grow out of that meeting, Marks said.

Following is the concept statement, which was unanimously approved:

Contemporary approaches to ovarian cancer biology research.

Proposed new RFA, total cost \$6 million, four years; approximately 10 awards (R01s or R29s).

The Cancer Biology Branch proposes to promote research on the basic tumor biology of ovarian cancer of epithelial and non-epithelial origin. Although interest in research on these malignancies has increased somewhat in the past several years, there remains a significant lack of understanding about the underlying factors, both intrinsic (genetic or cellular) or extrinsic (epigenetic), which contribute to the development of ovarian cancer. The aim of this proposed RFA is to foster application of recent advances in molecular and cellular biology, particularly using cells derived from samples of normal and malignant human tissues, and in development and use of animal models to study the generation and spread of ovarian malignancies.

Ovarian cancer accounts for approximately 6 percent of cancer deaths among women and 47 percent of deaths from female genital malignancies; more than 20,000 new cases of ovarian cancer will be diagnosed this year. If detected at an early stage, these malignancies respond well to therapy. However, because early detection is difficult, the malignancies are frequently at an advanced stage when discovered; consequently, about two-thirds of affected women succumb to the disease.

The Cancer Biology Branch supports a spectrum of basic research on how cancer cells differ from their normal counterparts and how they progress from early neoplastic changes to greater degrees of malignancy. These studies range from investigation of

the molecular biology of human or animal tumor cell behavior to analysis of cells in the context of their tissue of origin or the tissue in an animal model. This research may ultimately help to pinpoint steps in the malignant process where therapeutic intervention is possible and to identify markers for diagnosis and prognosis.

There is a limited amount of information about the biology of ovarian cancer, and few facts about its development are known. For example, are there aberrations in the array of hormonal, autocrine, and paracrine factors which otherwise maintain the integrity and function of normal ovarian tissues? What are the early genetic or epigenetic changes in ovarian cancer, and what are the functional results of these changes? Are there early, malignancy-associated alterations in normal surface or adhesive properties of ovarian cells that promote the usual dissemination characteristics of the disease? Is there a defined pre-malignant or latent state in the formation of ovarian cancer, and, if so, what factors contribute to malignant progression? These are but a few of the possible lines of inquiry that might be fruitful ones for understanding this disease.

NCI Awards 12 Planning Grants To Unfunded Cancer Centers

NCI's Cancer Centers Program has awarded 12 planning grants designed to help institutions improve their cancer centers in order to apply for Cancer Center Support (core) Grants.

The grants went to institutions in 12 states: Hawaii, Indiana, West Virginia, Kansas, Oregon, New Mexico, Georgia, New Jersey, South Carolina, California (northern), Iowa and Florida. The names of the institutions have not been released. Eighteen institutions applied for the grants.

A total of \$2 million was awarded for a three-year period; each grant was about \$175,000 or less per year, and is renewable.

The goal of the program is to help cancer centers in areas not served by centers currently receiving an NCI core grant, said Brian Kimes, director of the Centers, Training & Resources Branch in NCI's Div. of Cancer Biology, Diagnosis & Centers. In three to six years, the institutions would be ready to submit applications for core grants.

The Cancer Centers Program received \$125 million in the FY92 appropriation, allowing NCI to fund the core grants "much closer to 100 percent of peer review recommendations," Kimes said last week. About \$1 million will fund a center for retrovirus research, as mandated by Congress, he said. In addition, many centers have applied for the new Specialized Programs of Research Excellence grants in breast, prostate and lung cancer.

Of the 19 applications in breast cancer received, 14 were from cancer centers. Of the nine applications received in lung cancer, seven were from cancer centers; and of 20 applications in prostate cancer, 11

were from centers. Four prostate applications and one breast application have been rejected for not responding sufficiently to the RFA. Thus, a total of 43 applications will go on to peer review.

Kimes told the DCBDC Board of Scientific Counselors last week that NCI expects to fund nine SPORE grants. In addition, NCI Director Samuel Broder "wants us to use every creative means we can to maintain the momentum developed by these institutions." Kimes said this means that "small chunks of money" may be doled out to fund projects contained in applications that do not receive SPORE grants.

RFPs Available

Requests for proposals described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs, citing the RFP number, to the individual named, the Executive Plaza South room number shown, National Cancer Institute, Bethesda MD 20892. Proposals may be hand delivered to the Executive Plaza South Building, 6130 Executive Blvd., Rockville MD. RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CP-21095-21

Title: A Prospective Cohort Study of Cancer Among Men and Women in Agriculture (Coordinating Center)

Deadline: Approximately April 27

The NCI Occupational Studies Section, Environmental Epidemiology Branch, is seeking a contractor to perform the above named project. This contract will create a Coordinating Center to assist the NCI project office monitor and schedule the work of two or more state-wide Field Stations. It is anticipated that at least two field stations will be necessary to create a large cohort (approximately 156,000 persons) that can be followed prospectively for 10 years or more to obtain detailed information on agricultural exposures, diet, cooking practices and other factors of etiologic interest for cancer and other diseases. The study is designed so that we can also investigate biomarkers of exposure and disease. The entire cohort will include farm owner/operators (70,000), their spouses (56,000) or commercial and noncommercial applicators (30,000). The cohort will be assembled by enrolling applicators as they come to obtain or renew a pesticide application license at the Agricultural Extension Service Offices. The spouses of farm applicators will be invited to enroll in the cohort when their spouse is enrolled.

It is anticipated that it will take three to four years to assemble the entire cohort since licenses are renewed on a three-four year cycle in many states. The types of support to be provided by the Contractor in the conduct of the studies include: study initiation and liaison, preparing, pretesting and producing optically-scannable questionnaires, retrieving data from optical scanning, training field interviewers, developing an appropriate database to achieve study objectives, quality control for all aspects of this study, and to provide laboratory resources to prepare, store and analyze urine and blood samples obtained from Field Stations. These tasks may vary. Communication between the Contractor and the NCI will often be on a daily basis with regularly scheduled meetings to review and adjust procedures for reassigning work. Personal computers shall be used wherever possible for data

processing and manipulation. The NIH/DCRT computer facility (which has IBM computers) shall be accessed by remote terminals to be provided by the Contractor on their own premises. The Contractor shall provide monthly and annual progress reports, monthly budget reports and a final technical progress report. Other deliverables shall include computerized data and raw data. The required level of effort to be provided is 91,091 total direct labor hours for the entire period of performance. The contract will be a cost-reimbursement, level-of-effort type for a 60-month period. The proposed contract is a 100% small business set-aside. The SIC Code is 7379 with a size standard of \$12.5 million.

Contract specialist: Barbara Shadrick
RCB Executive Plaza South Rm 620
301/496-8611

RFAs Available

RFA CA-92-10

Title: National Black Leadership Initiative on Cancer

Letter of Intent Receipt Date: April 10

Application Receipt Date: May 21

NCI through the Div. of Cancer Prevention and Control, Cancer Control Science Program, National Outreach Initiatives Branch, invites cooperative agreement applications from organizations to participate, with the assistance of the NCI, in establishing a cancer prevention and control community outreach program. This project will involve planning, developing, and implementing cancer awareness activities with lay and professional Black Americans to reduce cancer incidence and mortality rates, increase survival rates, address risk behaviors, and improve screening use and early detection rates within the U.S. Black American community. The benefits that will accrue from implementation of the objectives of this RFA will also be applicable to other populations that reside within the specified geographical areas of the Black community.

Applicants may be domestic for-profit and non-profit organizations, public and private such as universities, colleges, hospitals, laboratories, units of State and local governments, health boards, public health departments, territorial health departments (including the District of Columbia), volunteer organizations, clinics, coalitions, and consortia. Women and minority investigators are encouraged to apply. Teams of applicants are encouraged. Among a team of applicants, one must be designated as the lead applicant and assume responsibility for the conduct of the project. Foreign organizations are not eligible to apply, and applications from domestic organizations may not include international components.

Support of this program will be through the cooperative agreement (U01), an assistance mechanism in which substantial NIH programmatic involvement with the recipient during performance of the planned activity is anticipated. This RFA is a one-time solicitation. The total award period for applications submitted in response to the present RFA may not exceed five years.

Approximately \$1 million in total costs per year for five years will be committed to fund one award.

There are substantial data that show that Black Americans have higher overall incidence and mortality rates than do whites for all but 3 of 25 primary cancer sites. Even for certain types of cancers that occur less frequently in Black Americans, i.e., cancers of the bladder and corpus uteri, Black Americans have poorer survival rates than whites. Fewer Black Americans have adequate health insurance coverage, thereby decreasing the likelihood of access to early detection methods and state-of-the-art treatment.

Because cancer prevention and control programs/activities are generally confronted with culturally based traditions and enormous individual resistance within minority populations, it is essential that such impediments be addressed by empowering the Black American community to act on its own behalf through facilitators who understand and are sensitive to Black American cultural traditions.

This RFA will support activities involving the efficacy of existing cancer prevention and control intervention strategies within the Black American population. Results from the evaluation of these activities are expected to influence the development and implementation of new NCI cancer prevention and control interventions that are specific and culturally sensitive for the U.S. Black American population.

It is envisioned that the project will operate in several well-defined geographical regions of the U.S. and will involve three overlapping phases: Planning and Development (Phase I), Program Implementation and Evaluation (Phase II), and Data Analysis and Reporting (Phase III).

The project is national in scope and specifically targets the approximately 30 million Black American males and females of all age groups who comprise approximately 12 percent of the U.S. population. Applicants must demonstrate the ability to access Black American communities and recruit volunteer workers to lead and/or support cancer intervention activities.

Inquiries and letter of intent may be directed to Veronica Brown, NBLIC Program Director, National Outreach Initiatives Branch, NCI, Executive Plaza South, Room 400C, Bethesda, MD 20893-4200, phone 301/496-8680.

RFA CA-92-09

Title: National Hispanic Leadership Initiative on Cancer

Letter of Intent Receipt Date: April 10

Application Receipt Date: May 21

The Div. of Cancer Prevention and Control, NCI, invites cooperative agreement applications from organizational entities to participate, with the assistance of the NCI, in establishing a culturally credible national community outreach cancer prevention and control program for U.S. Hispanic Americans. The program will advance through stages of planning, development, implementation and evaluation and consist of cancer awareness activities aimed at reducing cancer incidence and mortality rates in targeted Hispanic Subgroups. The benefits that will accrue from implementation of the objectives of this RFA will also be applicable to other populations that reside within the specified geographical areas of the Hispanic American community. The range of outreach activities should be multifaceted and include, for example:

- o Mobilization of national, state, and local Hispanic lay and professional leaders to address cancer issues among Hispanics.
- o Building of coalitions between and among established Hispanic health and community organizations, universities with significant Hispanic student enrollments and faculty, private and public cancer care and research projects.
- o Addressing the various cancer risk behaviors and cancer screening practices of specific Hispanic Subgroups and instituting activities to promote change for improved cancer incidence, mortality and early detection rates among Hispanics.
- o Evaluation of the efficacy and effectiveness of outreach activities at the national and regional levels.

Applications may be submitted by domestic for-profit and non-profit organizations that have a substantial number of Hispanic staff and clients, either public or private, such as universities, Hispanic organizations, coalitions of health professionals, or combinations thereof. Teams of applicants are eligible. Support for this program will be through a cooperative agreement (U01).

Approximately \$1 million in total costs per year for five years will be committed to specifically fund one award under this RFA. The total project period for awards under this RFA may not exceed five years. The earliest feasible start date for the initial award will be September 1, 1992.

The National Hispanic Leadership Initiative on Cancer (NHLIC) long-term program goals are to: (a) improve cancer survival rates and reduce cancer mortality rates in Hispanic communities; (b) prevent future cancer incidence and mortality rate increases in Hispanic communities; and (c) address the barriers preventing Hispanics from gaining access to quality health care and referral to appropriate screening, diagnostic, and therapeutic cancer programs.

The specific objectives proposed under this RFA are to: (a) develop a national outreach program to promote and increase cancer prevention and control activities in Hispanic communities; (b) access major Hispanic Subgroups and key community Hispanic lay and professional leaders to organize and mobilize regional and local outreach activities; (c) develop coalitions with health, religious, social, medical, academic, and media groups and the specific Hispanic population that they serve; (d) evaluate the efficacy and effectiveness of the outreach strategies, approaches, methods used, and outcome measures, and (e) measure impact at the national, regional, and local levels.

The targeted population is the approximately 22 million U.S. Hispanic Americans, males and females of all ages and economic status, which includes: Mexican Americans, Puerto Ricans, Cuban Americans, Central and South Americans, and other Hispanic groups. Applicants responding to this RFA are expected to access major Hispanic groups to significantly increase cancer awareness and decrease cancer risk behaviors in these populations.

Inquiries and letter of intent may be directed to: NHLIC Program Director, National Outreach Initiatives Branch, Division of Cancer Prevention and Control, NCI, Executive Plaza South, Room 400C, 9000 Rockville Pike, Bethesda, MD 20892-4200, phone 301/496-8680.

RFA CA-92-II

Title: Appalachia Leadership Initiative on Cancer

Letter of Intent Receipt Date: April 10

Application Receipt Date: May 21

The National Outreach Initiatives Branch (NOIB), Division of Cancer Prevention and Control (DCPC), National Cancer Institute (NCI), invites cooperative agreement applications from organizations to participate in establishing a strong, cancer control outreach program in Appalachia. For purposes of this RFA, Appalachia is defined according to the Appalachian Regional Commission's current definition that includes all of West Virginia and parts of 12 other states: Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee and Virginia. The long-term goals of the program are to achieve reductions in cancer incidence and mortality, increases in cancer survival, and increases in the diagnosis of cancers at earlier stages within the population of the Appalachian region. This RFA invites applications that propose mobilization of community lay and professional leaders to develop and support community cancer control coalitions throughout Appalachia.

These coalitions will design and implement long-range, comprehensive, multi-disciplinary, and community-wide cancer control outreach projects and stimulate greater cancer control data collection and research efforts. As a result, measurable improvements would be expected in knowledge about prevention and early detection of cancer and access and utilization of

diagnostic and treatment services for cancer.

Applications may be submitted by public and private, for-profit and non-profit, organizations serving a substantial number of Appalachian clients such as universities, public health departments, voluntary organizations, research centers, hospitals, consortia of health providers, units of State and local governments, and eligible agencies of the Federal Government. Teams of applicants are encouraged. Note that awards will not be made to foreign institutions and that applications from domestic organizations may not include international components.

Support for this program will be through the cooperative agreement (U01). The total project period for applications submitted in response to the present RFA may not exceed five years.

Approximately \$1 million in total costs per year for five years will be committed to fund applications that are submitted in response to this RFA. It is anticipated that up to four awards will be made. The total project period of these awards may not exceed five years.

This cooperative agreement is intended to improve cancer prevention and control in Appalachia through the formation of community coalitions to design, implement, and support comprehensive cancer control outreach activities. These coalitions will promote systems change in communities and facilitate the development, implementation, maintenance, and evaluation of long-range, comprehensive, multi-disciplinary, and community-wide projects.

The long-term goals of this cooperative agreement are to: (1) reduce cancer incidence and mortality and improve cancer survival rates in Appalachia; (2) prevent future cancer incidence and mortality rate increases; (3) reduce the barriers preventing Appalachians from gaining access to quality cancer control services and referral to appropriate screening, diagnostic, and therapeutic cancer programs; and (4) stimulate greater participation of Appalachians in community cancer control outreach programs.

The specific objectives are to: (1) create a network of cancer control community coalitions throughout Appalachia; (2) develop, disseminate, and support effective cancer control intervention programs and strategies in Appalachian communities; (3) mobilize community lay and professional leaders to develop and support cancer control community coalitions and outreach activities; (4) stimulate cancer control data collection and research efforts in Appalachia; and (5) evaluate the effectiveness of this initiative.

The targeted population intended under this RFA is the approximately 21 million Americans living in the Appalachian region, as defined by the Appalachian Regional Commission. Applicants responding to this RFA are expected to successfully access a significant portion of this population and thereby decrease cancer incidence and mortality, increase cancer survival, and increase the diagnosis of cancers at earlier stages.

Inquiries and letter of intent may be directed to Nancy Simpson, Sc.M., ALIC Program Director, National Outreach Initiatives Branch, NCI, Executive Plaza South, Room 400C, 9000 Rockville Pike, Bethesda, MD 20892, phone 301/496-8680.

Program Announcement

PA-92-52

Title: **International Aids Epidemiology Research**

Application Receipt Dates: January 2, May 1, September 1

The purpose of this Program Announcement is to stimulate international collaborative research and research infrastructure development for the investigation of a broad range of studies on the epidemiology of HIV/AIDS in foreign countries.

Research grant applications may be submitted by domestic

and foreign, for-profit and non-profit organizations, public and private, such as universities, colleges, hospitals, laboratories, units of State and local governments, and eligible agencies of the Federal Government. Both foreign and domestic institutions are eligible to be the grantee institution, although all grant applications must include the participation of both eligible U.S. and foreign institutions. Applications from minority individuals and women are encouraged.

The mechanism of support will be the individual research project grant (R01). Policies that govern research grant programs of the National Institutes of Health will prevail.

Applications are encouraged in areas relevant to the purpose of this Program Announcement. Research may include, but is not limited to:

- o study of the natural history of HIV infection;
- o identification of populations at high risk of HIV infection;
- o establishment of seroprevalence and seroincidence rates in selected population groups;
- o identification of behavioral and biological co-factors associated with HIV transmission and/or disease acquisition;
- o study of the clinical evolution of HIV and associated diseases;
- o assessment of immunological parameters of HIV infection acquisition and disease development;
- o correlation of HIV genetic variants with disease presentation and/or progression;
- o evaluation of biological and/or clinical markers of HIV infection and associated disease development;
- o assessment of HIV intervention strategies; and
- o pilot studies of preventive and therapeutic strategies.

Applicants are encouraged to give high priority to research designs that promote technology transfer, development of foreign research infrastructure, and the development of self-direction and self-sufficiency in the foreign country research team.

Applications for small-scale intervention studies (e.g., clinical trials of behavioral interventions or sexually transmitted diseases treatment programs) will fall within the purview of this Program Announcement if these studies are logically linked to the epidemiology studies, if they can be demonstrated appropriate for the given developing country, and if they are complementary to, and not redundant with, work that is already well supported.

Questions regarding programmatic aspects of this Program Announcement may be directed to: Dr. Robert Fischer, Deputy Branch Chief for International Health Epidemiology Branch, CRP, DAIDS, National Institute of Allergy and Infectious Diseases, 6003 Executive Boulevard, Bethesda, MD 20892, phone 301/496-6177; FAX 301/402-0443.

NCI Advisory Group, Other Cancer Meetings For April, May, Future

Patterns & Mechanisms of Failure After Cancer Treatment--April 1-4, Houston, TX. Contact M.D. Anderson Cancer Center, 713/792-3030.

Radiation Protection in Medicine--April 1-2, Washington, DC. Contact National Council on Radiation Protection & Measurements, 301/657-2652.

Genome Plasticity--April 2, Baltimore, MD. Contact Univ. of Maryland, 301/328-7820.

ACS National Conference on Gynecologic Cancers--April 2-4, Orlando, FL. Contact Andy Cannon, American Cancer Society, phone 404/329-7604.

Diagnosis & Treatment of Neoplastic Disorders, Medical, Surgical, and Radiotherapeutic Aspects--April 2-3, Baltimore, MD, Johns Hopkins Univ. School of Medicine. Contact Office of Continuing Education, phone 301/955-2959.

Pain, Symptom Control, Psychiatric Issues, & Ethical Dilemmas in the Cancer of Patients with Cancer--New York City. Contact Mary Callaway, MSKCC, 212/639-7456.

Federation of American Societies for Experimental Biology Annual Meeting--April 5-9, Anaheim, CA. Contact FASEB, phone 301/530-7075.

Illinois Cancer Center Conference: Issues of Cancer Management in Women & Minorities--April 8, Chicago, IL. Contact Carole Johnson, ICC, 312/986-7033, fax 312/986-0404.

J. Donald Woodruff Symposium on Gynecologic Oncology--April 9-11, Baltimore, MD. Contact Johns Hopkins Office of Continuing Education, 410/955-2959.

Regional Breast Cancer Summit--April 10, Detroit, MI. Contact Meyer Prentis Comprehensive Cancer Center, 313/745-8870.

Advances in Health Care for Older Women--April 10-12, Arlington, VA. Contact John Vargo, Office of CME, George Washington Univ. Medical Center, 202/994-4285.

American Radium Society Annual Meeting--April 11-15, Walt Disney World Swan, Orlando, FL. Abstract deadline Oct. 31. Contact ARS, 1101 Market St. Suite 1400, Philadelphia, PA 19107, phone 215/574-3179.

National Surgical Adjuvant Breast & Bowel Project Annual Meeting--April 12-15, Hilton Head, SC. Contact Joan Dash, NSABP, 3550 Terrace St. Rm 914, Pittsburgh, PA 15261, 412/648-9720.

Biometry & Epidemiology Contracts Review Committee--April 20-21, Executive Plaza North, conference rm. H. Open 9-10 a.m. on April 20.

Transcriptional Control of Cell Growth & Oncogenesis--April 23-24, Chapel Hill, NC. Contact Dianne Shaw, Public Information, UNC Lineberger Comprehensive Cancer Center, 919/966-3036.

Public Health in the Next Millennium--April 23-24, Baltimore, MD. Johns Hopkins School of Public Health 75th anniversary symposium. Contact Office of Continuing Education, 410/955-2959.

Molecular Basis for Cancer Prevention--April 24, Memphis, TN. Contact Dr. James Hamner, Univ. of Tennessee, 901/528-6354.

Breast Cancer: Issues in Prevention & Cure--April 24, Minneapolis, MN. Contact Northwestern Hospital, Virginia Piper Cancer Institute, 612/863-5461.

Current Perspectives & Future Directions in Clinical Flow Cytometry--April 25-28, Baltimore, MD. Contact New York Academy of Sciences, 2 East 63rd St., New York, NY 10021, phone 212/838-0230.

Hyperthermic Oncology International Congress--April 26-May 1, Tucson, AZ. Contact Dr. Thomas Cetas, Arizona Health Sciences Center, 602/626-5055.

Advances in Internal Medicine--April 27-May 1, Ann Arbor, MI. Contact Angela Stewart, Univ. of Michigan, 313/763-1400.

European Assn. for Cancer Education Annual Scientific Meeting--April 28-May 2, Prague, Czechoslovakia. Contact Dr. W. Bender, Centre for Med. Education, Research & Development, Bloemsingel 1, 9713 BZ, Groningen, Netherlands.

Innovations in Oncology Social Work--April 29-May 2, Detroit, MI. Contact Andrea Andriak, Social Work Service, VA Hospital, 708/216-2100, fax 708/832-6945.

Cytometry 2000 Annual Cancer Symposium--April 30-May 1-2, Detroit, MI. Contact Dr. Alexander Nakeff, Wayne State Univ. Div. of Hematology/Oncology, phone 313/577-7923.

Stem Cell Factor & Cytokines in Congenital Bone Marrow Dysplasias--May 1-2, Bologna, Italy. Contact Dr. Ann Murphy, Hipple Cancer Research Center, 513/293-8508, fax 513/293-7652.

World Conference on Tobacco & Health--May 3-7, Buenos Aires, Argentina. Contact Conference Secretariat, Union Antitabaquica Argentina, Riobamba 1124 4 piso, 1116 Buenos Aires, Argentina, phone 814-0342, fax (54-1)814-0342.

National Cancer Advisory Board--May 5-6, NIH Bldg. 31 Rm

10. Open May 5 at 8 a.m., May 6 at 8:30 a.m. [Committee schedules not available.]

NCI Div. of Cancer Prevention & Control Board of Scientific Counselors--May 7-8, NIH Bldg. 31 Rm 10. Open 1-5 p.m. on May 7 and 8:30 a.m.-adjournment on May 8.

American Roentgen Ray Society--May 10-15, Orlando, FL. Contact the Society, 1891 Preston White Dr., Reston, VA 22091, phone 703/648-8992.

Oncology Nursing Society Annual Meeting--May 13-16, San Diego, CA. Contact ONS, phone 412/921-7373

NCI Div. of Cancer Etiology Board of Scientific Counselors--May 14-15, NIH Wilson Hall. Open 11 a.m.-recess on May 14, and 9 a.m.-adjournment on May 15.

Assn. of Biotechnology Companies International Meeting--May 17-20, San Diego, CA. Contact ABC, 202/234-3565.

American Society of Clinical Oncology Annual Meeting--May 17-19, San Diego, CA. Contact ASCO, phone 312/644-0828.

American Assn. for Cancer Research Annual Meeting--May 20-23, San Diego, CA. Contact AACR, phone 215/440-9300.

Advances in Pain Management--May 28-31, Cleveland, OH. Contact Cleveland Clinic Educational Foundation, 800/762-8173, fax 216/445-9406.

Medical Application of Cyclotrons--May 31-June 4, Turku, Finland. Contact Uno Wegelius, Turku Univ. Central Hospital, 20520 Turku, Finland, phone 358-21-612770.

Future Meetings

Prevention of Human Cancer: Nutrition & Chemoprevention Controversies--June 3-6, Tucson, AZ. Contact Arizona Cancer Center, 1515 Campbell Ave., Tucson, AZ 85724, phone 602/626-2276.

Caring, Coping, Conquering Cancer--July 9-10, La Crosse, WI. Contact Lutheran Hospital-La Crosse, 608/791-4744 or 608/785-0530.

Radiation Therapy Oncology Group Semi-Annual Meeting--July 24-26, Philadelphia, PA. Contact Nancy Smith, RTOG, 1101 Market St. Suite 1400, Philadelphia, PA 19107, phone 215/574-3205.

Workshop on Taxol and Taxus--Sept. 23-24, Bethesda, MD. Contact Dr. Matthew Suffness, NCI Div. of Cancer Treatment, phone 301/496-8783.

Urologic Cancer Course--Sept. 24-26, Boston, MA. Contact Harvard Medical School, Dept. of Continuing Education, 617/432-1525.

San Antonio Breast Cancer Symposium--Dec. 9-10, San Antonio, TX. Abstract deadline June 1. Contact Lois Dunnington, symposium coordinator, 512/567-4745.

NCI Contract Awards

Title: Cancer among patients diagnosed with selected conditions and surgical procedures

Contractor: Swedish Cancer Registry, \$446,119; and Danish Cancer Registry, \$421,393.

Title: Early detection research network--tissue bank

Contractor: Univ. of North Carolina (Chapel Hill), Lineberger Comprehensive Cancer Center, \$916,714.

Title: Collection and taxonomy of shallow water marine organisms

Contractor: Coral Reef Research Foundation, Tallahassee, FL, \$2,794,441.

Title: Study of precancerous gastric lesions in relation to stomach cancer

Contractor: Beijing Institute for Cancer Research, \$98,050.