

THE **CANCER** LETTER

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Cancer Program Critic Epstein Invited To NCAB To Make Argument: 'We're Losing War On Cancer'

Who is Samuel Epstein and why does he say to anybody who will listen that "we're losing the war on cancer"?

Epstein, a professor of environmental medicine at Univ. of Illinois School of Public Health, is a gadfly to some, a crusader for cancer prevention research to others.

"He's a throwback to the late 1970s," said one NCI executive. "The
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In Brief

Murphy To Head Pediatric Oncology Group; DeVita To Receive ACCC Research Award

SHARON MURPHY, head of hematology/oncology at Children's Memorial Hospital in Chicago and professor of pediatrics at Northwestern Univ. School of Medicine, has been elected chairman of the Pediatric Oncology Group. Murphy will take over next year when the current term of Chairman **Teresa Vietti** expires. Bylaws prohibit Vietti from running for another term, although she will remain active in the group. **Joseph Simone** had been elected to succeed Vietti, but he resigned from POG when he accepted the position of physician in chief at Memorial Sloan-Kettering Cancer Center. Prior to her move to Northwestern, Murphy worked with Simone at St. Jude Children's Research Center. She has served as an officer of both ASCO and AACR and as a member of the Board of Scientific Counselors of NCI's Div. of Cancer Treatment. . . . **VINCENT DEVITA** will receive the Assn. of Community Cancer Centers Clinical Research Award at the organization's fall meeting Sept. 27-30 in San Diego. While he was director of NCI, DeVita initiated, with ACCC's help, the highly successful Community Clinical Oncology Program. He also established PDQ, designed primarily to make easily available to community oncologists up to date information on all clinical research protocols. . . . **SPECIAL COMMISSION** on Breast Cancer, of the President's Cancer Panel, will hold its first meeting May 28, 9 a.m.-noon, on the NIH campus. . . . **ERIC HALL**, director of the Center for Radiological Research, College of Physicians & Surgeons, Columbia Univ., was awarded the Janeway Medal, the highest honor given by the American Radium Society. . . . **CORRECTION:** President's budget for FY 1993 is \$2.01 billion, a \$30 million increase (not \$60 million as reported last week) over the FY92 Congressional appropriation of \$1.98 billion. It is a \$59 million increase over the FY92 operating level of 1.951 billion.

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Samuel Epstein: Gadfly Or Crusader? Says 'Cancer Establishment' Losing

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ends justify the means. Attribute any level of cancer incidence to the environment to get everyone to clean up the environment. He says we're not spending enough on chemical research, then he throws in other things--radiation risk of mammography, for example."

"It's no fun to debate him," said John Laszlo, ACS vice president for research, who did just that on "Good Morning America" recently. "He makes half a dozen accusations in 15 seconds, knowing full well there's no opportunity to respond. He completely misrepresents ACS. All I could say was, 'He's wrong, he's simply wrong.'"

"He's concerned about food irradiation, pesticides, occupational exposures," said Michael Colby, public relations director for Food & Water Inc., the New York-based nonprofit group that sponsored Epstein's press conference in Washington last February, including paying for the services of Fenton Communications, a public relations firm. "Any type of pollutants in the air, food or water have to be looked at and have to be stopped. One in three [estimated lifetime risk of cancer incidence] is very startling. Something's wrong."

At the press conference Epstein released a statement titled "We're Losing the War on Cancer, Experts Say," signed by 60 "top authorities in preventive medicine, public health and cancer" (see below). Also speaking were Eula Bingham, Univ. of Cincinnati Medical Center and former Assistant Secretary of Labor, and former senator Gaylord Nelson, now with the Wilderness Society (*The Cancer Letter*, Feb. 14).

Colby told *The Cancer Letter* that the press conference was the launch of Food & Water's "cancer prevention campaign." Until then, the group had

campaigns against irradiated foods.

At the same press conference Epstein charged that NCI and the American Cancer Society--in league with the chemical and pharmaceutical industries and the nation's cancer centers--downplay the importance of environmental hazards, exaggerate gains in cancer treatment, and invest only a small proportion of their budgets in cancer prevention.

He also charged that mammography is "dangerous" for women under 50 because radiation from mammographic exams causes cancer. NCI and ACS officials debated those claims, and NCI released a seven-page statement (see below).

Five years ago, Epstein made similar charges in an article inserted in the Sept. 9, 1987, "Congressional Record." The article was submitted by a staff member for Rep. Henry Waxman (D-CA) (*The Cancer Letter*, Nov. 6, 1987). At that time, NCI issued a 26-page document countering Epstein's charges point by point.

Get Criticism 'Out In Open'

This time, the proven media tactic Food & Water used--a press conference at the National Press Club--paid off far better than the "Congressional Record" article.

The event generated "hundreds" of newspaper and television stories, Colby said. The Food & Water staff fielded phone calls from "over 100" newspaper, radio and TV stations in the three days that followed, according to the group's post-event statement.

In addition to covering the event, the "Washington Post" followed up with an editorial, and later published an opinion article by Epstein, in effect giving him the opportunity to repeat the arguments he had made at the press conference.

"The 'War on Cancer' press conference was a significant catalyst for change within the status quo of health care policy in the U.S.," the Food & Water statement said. "We are proud to have given leading scientists a platform to demand that cancer research in this country expose the truth about avoidable risks for cancer; those thrust upon us by reckless business interests, an out-of-control profit motive and a mentality which often values 'progress' at any cost. Carcinogens and highly volatile environmental toxins in our workplaces, air, land, food and water have now driven the cancer rate to epidemic proportions."

Rather than engage in a war of escalating statements, the National Cancer Advisory Board decided to take a different tactic. The Board will give Epstein a forum at its May 4-5 meeting. The invitation was controversial at the Institute.

"Dr. Epstein has been critical of NCI and the National Cancer Program, and I feel we should have

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these criticisms out in the open," NCAB Chairman Paul Calabresi told **The Cancer Letter**. "If he has concerns we should be taking action on, then we should be informed. If his concerns are not valid, then we are interested in getting these things out in the open."

Calabresi said he had not talked to Epstein personally. "I've read some of his comments. He is concerned about the causation of cancer. We are also concerned about that."

Asked whether he had formed any opinion of Epstein's views, Calabresi said, "I am very open-minded and I want to hear what he has to say. I think we are on the right track, but we ought to hear all views and get them out in the open."

Laszlo said he agreed with the Board's action. "Epstein ought to make these statements openly, to those he is falsely accusing," he said.

A 'Young Campaign'

Food & Water was founded in 1986 by Walter Burnstein, a family physician who "got tired of running a medical practice and wanted to work on disease prevention, with the focus on cleaning up the environment," Colby told **The Cancer Letter**.

Epstein is a member of the organization's board of directors and directs the "cancer prevention campaign," Colby said.

"It's a young campaign," Colby said. "Our thrust now is to get NCI and ACS to stop being fixated with treatment and give some attention to prevention."

Colby said he didn't feel "knowledgeable enough" about the issues to discuss Epstein's assertions and the responses of NCI and ACS.

Epstein, contacted this week, referred **The Cancer Letter** to Fenton Communications.

Food & Water decided to get involved in cancer prevention following its campaign to prevent the development of a food irradiation industry, Colby said. This is a process for preserving food by treating it with radiation. The organization says the Dept. of Energy came up with the idea to revive the nuclear energy industry and solve the nuclear waste disposal problem. Colby said a food irradiation facility recently opened in Florida, but the food industry and consumers have not accepted the idea.

"That's why we started branching off into cancer prevention," he said. "The food industry is rejecting food irradiation. We thought we would expand our scope."

Epstein Accusations, NCI Response

After Epstein's opinion piece appeared in the March 10 issue of the "Washington Post" NCI issued a response. The text of the response follows:

1. **Epstein:** "Failure of the war against cancer, evidenced by

escalating cancer rates, absence of significant improvement in treatment except for relatively uncommon cancers...repeated claims that we are winning the war against cancer.... Grossly exaggerates treatment successes. Periodic announcements of dramatic advances are based on initial reduction in tumor size rather than on prolonged survival. For most cancer, survival has not changed for decades. Contrary claims are based on rubber numbers."

NCI:

--There has been important progress in preventing or treating many common cancers in adults, particularly in people under the age of 65. For instance, the death rate for colorectal cancer has fallen approximately 18 percent in the last 20 years. The death rate for ovarian cancer has fallen approximately 26 percent, similar to the reduction for stomach cancer, 30 percent for bladder cancer and about 40 percent for cancer of the cervix.

--Many of the new treatments for cancer patients offer an improved quality of life as well as a better chance for living. In breast cancer, for example, treatment has advanced towards earlier diagnosis, less invasive surgery, breast reconstruction, better adjuvant treatments and increased survival. Advances in the diagnosis and treatment of colorectal and bladder cancer are more effective at improving survival, and also in avoiding colostomies and thereby protecting anatomic integrity and preserving independence. New neoadjuvant treatment for cancer of the larynx now allows continued speaking ability for patients.

--There has been less success in reducing the death rate in certain solid tumors, particularly in individuals 65 and over. There are disproportionate rates of cancer mortality in some minority groups as well as in some poor and underserved populations. Reducing cancer incidence and mortality rates in the population aged 65 and over, as well as reducing these rates in minority and underserved populations is a high priority of the National Cancer Institute.

2. **Epstein:** "NCI promised that annual cancer mortality rates would be halved by the year 2000. Now admits that cancer rates are increasing sharply. These are ascribed exclusively to smoking, dietary fat itself (ignoring the tenuous evidence relating this to colon, breast and other cancers) and 'mysterious' causes. NCI discounts substantial evidence incriminating a wide range of chemical and radioactive carcinogens permeating the environment, air, water, food and the workplace."

NCI:

--Regarding the Year 2000 goals, NCI showed that if sufficient changes could be achieved in smoking, diet, screening and treatment, cancer mortality reductions of from 25 to 50 percent could be achieved. Reductions in smoking, increases in screening, healthier diets, and increased survival from cancer have progressed from 1986 to 1990 that will yield at best modest change in mortality. These facts are outlined in an HHS report "Healthy People 2000" setting prevention goals.

--NCI is conducting extensive work on environmental and occupational cancer hazards. For example, viruses are environmental factors that are strongly implicated or are a causal factor in numerous human cancers. Among these viruses are human papillomavirus, hepatitis B virus, hepatitis C virus, HTLV-1 and HTLV-2, HIV and Epstein-Barr virus.

--NCI supports numerous studies on other environmental factors including those present in air and water, and both natural and synthetic carcinogens which occur in foods. NCI also is conducting major studies on the contribution of radon to lung cancer causation.

--Occupational factors need serious consideration in cancer causation, and NCI supports numerous investigations into occupational exposures that may contribute to cancer.

Epidemiologic studies have been conducted in many occupational groups including shipyard workers, pest control operators, truckers, embalmers, agricultural workers, miners, workers in dusty trades, smelter workers, firefighters, plumbers and pipefitters, and beauticians.

--Increased risks for lymphatic and hematopoietic cancer have been found among farmers from several Midwestern states. Investigations have uncovered an elevated risk of soft-tissue sarcoma among farmers using insecticides on livestock; an increase of leukemia among the USDA agents who conduct pesticide application demonstrations and both agents and farmers who conduct pesticide applications. An excess of non-Hodgkin's lymphoma has been found among USDA soil and forest conservationists who work with herbicides.

3. **Epstein:** "Non-mysterious causes of breast cancer, which the establishment ignores let alone investigates, include carcinogenic contaminants in dietary fat, particularly pesticides, PCBs and estrogens (with extensive and unregulated use as growth-producing animal feed additives)."

NCI:

--There are three studies in the literature concerning amounts of DDE, the metabolite of DDT, and PCBs in women with breast cancer and controls. One of the studies indicates higher levels in women with breast cancer; the other two do not. None of these studies had large numbers of women.

--A recent pilot study, supported in part by an NIH grant, and as yet unpublished, indicates that there were elevated levels of PCBs and DDE, but not five other halogenated pesticides, in fat samples for women with cancer compared to those with benign breast disease. Other important risk factors for breast cancer were not controlled for in this study. The investigator has been encouraged to pursue these preliminary research findings with a research project grant and/or to collaborate with other epidemiologists who have biospecimens from breast cancer studies.

--None of the many studies of populations exposed to PCBs reviewed at a recent NCI sponsored workshop, found a clear increase in incidence or mortality of various cancers, including breast cancer.

--To address the relationships between certain occupations and certain cancer risks, NCI has planned workshops to be held soon. One is a joint conference with the National Institute of Environmental Health Sciences on markers of carcinogen exposure; another will address women's health, occupational and cancer.

4. **Epstein:** "Mammography is an important and ominous cause. The high sensitivity of the breast, especially in younger women, to radiation-induced cancer was known by 1970. Nevertheless, the establishment then screened some 300,000 women with x-ray dosages so high as to increase breast cancer risk by up to 20 percent in women aged 40 to 50 who were mammographed annually. Mammography risks persist with lower x-ray doses at modern centers. This is evidence by excess breast cancer mortality in younger women noted in a Canadian study, besides four other published studies."

NCI:

--There is no evidence that mammographic x-ray after age 40 can cause breast cancer. In fact, the overwhelming evidence is that they do not.

--In two large follow-up studies of women with tuberculosis treated in the 1930s and 1940s with a procedure that involved frequent chest fluoroscopy exposures (average number 80 with average dose of 1 rad per fluoroscopy), no risk of breast cancer was found for women exposed after age 40.

--While true that the greatest risk of radiation-induced breast

cancer is following premenopausal exposures, it is women exposed during their teenage years or in their 20s who experience highest risk. Radiation-induced breast cancer risk decreases with age at exposure.

--The breast dose today from mammographic x-rays using film-screen technologies approximately 0.1 rad per film (or 0.2 rads total for the usual 2-film mammogram). This is less than the dose a woman would receive in a year from natural background radiations.

--The breast dose for a chest x-ray ranges from 0.02-0.04 rads.

--The Canadian National Breast Cancer Screening Study has not released any mortality data. In fact, the Canadian investigators have not completed their analysis of mortality. NCI is in contact with the Canadian investigators who report that analysis is under way. Until that information is available, no one will know if that study shows excess risk for the younger women.

5. **Epstein:** "There is no known benefit from screening of younger, as opposed to postmenopausal women--a warning endorsed by the American College of Physicians and Canadian Breast Cancer Task Force. Additionally, the establishment ignores safe and effective alternatives to mammography, particularly transillumination with infrared scanning."

NCI:

--Studies of mammography show that it has the potential to reduce mortality from breast cancer by at least 30 percent in women over 50. Studies in women age 40-49 have not been conclusive, and NCI is continuing to study the issues involved. However, some evidence to date has suggested that breast cancer screening can be a useful regimen for women of this age group. NCI and 12 other scientific and professional organizations have recommended screening every one to two years for women 40-49 and annual screening for women over 50. All screening exams must include physical examination as well.

--NCI does not view mammography as the ultimate technology for detecting breast cancer at an early stage. NCI held a workshop in 1991 to explore developing new technologies. Research is underway on many new technologies including MRI, infrared light scanning, optical imaging, as well as digital mammography. Considerable research also is underway on biomarkers, an area of great promise. Biomarkers may signal the presence of cancer at its earliest developmental stage.

--It is unrealistic both on the basis of costs and patient acceptance to suggest that either an MRI or transillumination be considered as safe alternatives to mammography.

6. **Epstein:** "The establishment is financially interlocked with giant pharmaceutical companies (grossing \$1 billion annually in cancer drug sales), with inherent conflicts of interest."

NCI:

--NCI has traditionally exercised a major role in cancer drug development, mainly because the market for individual anti-cancer agents is so small that industry has not been able or willing to make the necessary substantial research investment. Drugs developed and proven effective and safe by the government are licensed to various drug companies, which then take them to market for the benefit of cancer patients. NCI does not have manufacturing capacity or expertise to undertake large scale production of a wide variety of drugs. Furthermore, drug and biotechnology companies, thanks to new technologies, are developing new cancer diagnostics and therapeutics from scratch.

--When the government is involved in the development of a drug, it must have interaction with industry to take successful compounds to the marketplace. Extensive standards and regulations prevent real and apparent conflicts.

7. **Epstein:** "The establishment devotes minimal resources to research and education on cancer cause and prevention--only 5

percent of the \$1.9 billion NCI budget. Furthermore, the establishment provides no scientific support for legislation and regulation to reduce avoidable exposures to industrial carcinogens."

NCI:

--In fiscal 1992, NCI will spend \$645.2 million (33.1 percent) of its allocated budget on research in the area of cancer causation, prevention, and cancer control. Approximately 50 percent of these resources are directed toward primary prevention. Cancer biology research accounts for 16.7 percent of the NCI budget, and cancer treatment research accounts for 32.5 percent of the budget. These figures indicate the high priority that NCI places on cancer causation and cancer prevention and control research.

--NCI supports research intramurally and extramurally on the environmental factors which contribute to cancer causation, including studies on viruses, on natural and synthetic chemicals, on dietary and nutritional factors, fibers, UV radiation, ionizing radiation, along with host factors such as hormone levels and immunological status and the genetic endowment of the individual.

--NCI cooperates fully with NIEHS, the Occupational Safety & Health Administration, the National Institute of Occupational Safety and Health, the Centers for Disease Control, FDA, and the Environmental Protection Agency. Approximately one-third of NIEHS research targets cancer and environmental carcinogenesis.

--Approximately 80 percent of the compounds tested by the National Toxicology Program are from nominations submitted by NCI. NCI has had and continues to have a good relationship with the NTP and NIEHS.

--NCI supported cancer centers, which comprise some of the most prestigious institutions in the country, are engaged in all aspects of cancer research, including prevention. Over the past two years, new guidelines have been instituted for intensified outreach and prevention programs for comprehensive cancer centers.

Members Of Food & Water Board

Following are members of the Board of Directors of Food & Water Inc.: President, Walter Burnstein; Vice President, Leo Morris Greb; Treasurer, Daniel Goldberg; Ichak Adizes, Rosalie Bertell, Ronald Feldman, Murray Goldman, Sr. Miriam Therese MacGillis, Anthony Mazzocchi, Maura Moynihan, Richard Piccioni, Joseph Wagoner. Members of the Board of Advisors are Dixon Grose, Donald Louria, Mark Mayell, John Powers, Alice Stewart, and George Tritsch.

Following are the group of experts who endorsed Epstein's statement:

Eula Bingham, prof. environmental health, Univ. of Cincinnati Medical Center, former Assistant Secretary of Labor, OSHA; **David Rall**, former director, National Institute of Environmental Health Sciences; **Irwin Bross**, Biomedical Metatechnology, former director of biostatistics, Roswell Park Memorial Institute; **Jerrold Abraham**, Dept. of Pathology, State Univ. of New York (Syracuse); **Dan Abrahamson**, prof. public affairs, Univ. of Minnesota; **Nicholas Ashford**, prof. technology & policy, Massachusetts Institute of Technology; **Louis Beliczky**, United Rubber, Cork, Linoleum & Plastic Workers of America; **Rosalie Bertell**, International

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epidemiology & social medicine, Montefiore Medical Center, NY; **Joseph Skom**, prof. clinical medicine, Northwestern Univ.; **Noel Sommer**, prof. environmental science, Univ. of California (Davis); **Theodore Sterling**, prof., School of Computing Science, Simon Fraser Univ., Burnaby, Canada; **Alice Stewart**, president, Childhood Cancer Research, Boston; **Joel Swartz**, consultant in epidemiology, Emeryville, CA; **David Teitelbaum**, prof. preventive medicine, Univ. of Colorado (Denver); **Vijayalaxmi**, research geneticist, Research Triangle Park, NC; **George Wald**, Harvard Univ.; **Bailus Walker**, dean, College of Public Health, Univ. of Oklahoma; **David Wegman**, prof. of work environment, Univ. of Lowell; **Susan Woskie**, prof. of work environment, Univ. of Lowell; **Arthur Zahalsky**, prof. immunology, Southern Illinois Univ.; **Grace Ziem**, consultant in occupational medicine, Baltimore; **Emanuel Farber**, chairman, Dept. of Pathology, Univ. of Toronto; **D.J.R. Sarma**, Dept. of Pathology, Univ. of Toronto.

Seffrin, Thomas Reportedly Head List Of ACS Executive VP Candidates

John Seffrin, immediate past chairman of the American Cancer Society Board of Directors, and Donald Thomas, executive vice president of the ACS Florida Div., reportedly are the leading candidates for the position of executive vice president of the ACS national staff.

The search committee, chaired by former national executive VP Robert Gadberry, will meet this weekend (May 1-3) in an effort to narrow the list from the 10 that were left after its meeting in March (*The Cancer Letter*, March 27).

No one at ACS is talking for the record, but the names of Seffrin and Thomas led speculation among board and staff members following the last committee meeting.

Seffrin, who served as board chairman from 1989-91, is professor and chairman of the Dept. of Applied Health Sciences at Indiana Univ. He has been a member of the Indiana Div. board since 1977 and served as its chairman from 1982-85.

Thomas joined ACS in 1968 and was appointed executive vice president of the Florida Div. in 1988.

Although Seffrin and Thomas top the current speculation list, search committee members may well feel that the job is still wide open among the 10 remaining candidates, at least going into this weekend. Gadberry hopes to present the committee's recommendation to the Board of Directors at its meeting June 2-6 in Portland, OR.

Others reportedly among the final 10 include two members of the national staff--Allan Erickson, senior vice president for public education and special programs; and Lowell Lueptow, group vice president and chief operating officer.

Division executive vice presidents reportedly among the 10 finalists include George Barker, New York City Div.; John Henderson, Ohio Div.; and Richard McGuiness, Connecticut Div.

ACS, Criticized Over Space Station, Did Not Sign Bumpers Letter

The American Cancer Society did not sign a letter supporting the initiative proposed by Sen. Dale Bumpers to cut funding for the space station, supercollider, and SDI to raise funds for health research, as reported in the April 24 issue of *The Cancer Letter*.

The Society considered signing the Bumpers letter, but decided it was too critical of the space station, according to Alan Davis, ACS vice president for governmental affairs. Instead, ACS is writing its own letter about cancer research funding, he said.

ACS recently was criticized, in a "Houston Chronicle" article, for alleged opposition to the space station. ACS issued a statement that it has "no position" on the space station or its funding.

"We have no expertise, no knowledge, and no credit as a commentator on this project," the statement said. "Our expertise is cancer. We know what the urgent, critical and unmet needs are in cancer research." The Society is among those scheduled to testify in support of NCI's bypass budget before the House Labor-HHS-Education Appropriations Committee this week.

The ACS statement continued:

"Comments have been made and published that vital cancer research can be carried out in space and that is the reason to apply new funds to the development of the space station. Based on the information that we have seen thus far, we do not agree that a strong case has been made for choosing to do cancer research in space over critically needed research here on earth. We believe that if funds are going to be applied to cancer research--and we urge the U.S. Congress to appropriate funds for this purpose--that those funds be applied to the many promising projects that have been approved and that are not carried out because of lack of funds....The Society believes that the critical cancer research, prevention, and control needs deserve immediate attention and priority in national health spending."

News Roundup

'Dying Breed' Of Physician-Scientists Is Subject Of Advisors Discussion

Training of cancer researchers, particularly those who can mesh clinical and basic research experience, was discussed at a recent meeting of NCI's Div. of Cancer Biology, Diagnosis & Centers Board of Scientific Counselors.

Brian Kimes, director of the Centers, Training & Resources Program, provided an update on the training initiatives in his program.

The Training Branch, headed by Vincent Cairoli, "has a difficult job," Kimes said. "This area has not been emphasized over the past two years. With no funding increases, the only option has been to cut down on positions in each training grant."

The branch got 31 applications for its career development awards this year, 24 of them from cancer centers. NCI expects to fund 10 to 12 of these institutional awards.

One major issue has been access to investigator-initiated support: research project grants and program project grants. NCI executives have been encouraging investigators to submit clinical applications in an attempt to compel the main clinical research study section, Experimental Therapeutics 2, to compare clinical applications with one another, rather than against basic research applications, which generally fare better in review, being less risky.

"It's not working that well," Kimes said of the clinical applications campaign. "We should start talking about other options. We need to find some way of inspiring the investigator-initiated pool."

According to Kimes, the Div. of Research Grants said "if we got the number of applications up, they would restructure the committee. The numbers aren't getting up.

"We've formed our whole review structure around basic science. Trying to flood the system with applications may not be the way to go."

Kimes said the issue is directly tied to training. "We should be thinking about how we are educating our PhDs in clinical problems."

"We hear that physicians don't have time to submit R01s," said board member Margaret Kripke. "How do we maintain the dying breed of physician-scientists?"

Kimes said some cancer centers are structured so that the basic and clinical areas are together. "That's where our centers are going."

Board member Ross McIntyre described the "two cultures" of basic and clinical research in his clinical

cancer center: "If you are going to be a surgeon and do clinical research, you need to be in the operating room. If you are an oncologist, how much time should you spend seeing patients? When do you find time to talk to basic scientists?"

"The clinician wants to talk at 7 a.m. over breakfast. The basic scientist wants to talk at 5 p.m., but that's when the clinician gets back to the office and finds 100 phone calls from sick patients.

"The clinician is doing too many other things, he's not focused. I think the problem might be that the leader of the group is not focusing on using tools that are available. Hire other people to serve on academic committees. Hire a nurse practitioner to take the phone calls."

Board member Albert LoBuglio said the problem "can't be solved administratively, procedurally. There must be some attention to this dying breed."

Other education initiatives the Training Branch is conducting include:

--Prevention and control training: 14 applications were received, the branch will fund eight to 10.

--Cancer center outreach education: 20 applications, expect to fund 10-12.

--Pain management and rehabilitation: 55 applications, expect to fund 10. "There must be more interest in this area than we previously thought," Kimes said.

Cairoli noted that a year ago, NCI said, in its bypass budget, that it needed 2,000 training positions, through the National Research Service Awards. It is now funding 1,400.

One problem is how NIH divides the NRSA budget among the institutes, Kimes said. "If you got 10 percent a few years ago, you still get 10 percent. The National Heart, Lung & Blood Institute has more than twice the number of career and training awards as NCI. There has been no overall assessment of what NIH needs are. I don't know what the logic of this kind of management is."

■ ■ ■

Funding for program project grants has steadily declined at NCI in recent years, Deputy Director Daniel Ihde told the Div. of Cancer Etiology Board of Scientific Counselors at its recent meeting.

In 1989, P01s were 26 percent of NCI's research project grant budget, falling to 23 percent in FY 1992. This represents a loss of funds to established investigators, Ihde noted.

The average NCI P01 costs \$1 million, is made up of seven projects, and costs five times the average R01. NCI has no intention of phasing out P01s, Ihde

said. In the FY 92 budget, there will be an increase from 44 to 49 P01s, and total funding for P01s will be \$200 million. Two-thirds of these are competing continuations.

"NCI is focusing on those that offer transition between basic to clinical research," Ihde said. Some are being considered for funding by exception, and the Institute is encouraging submission of Interactive Research Project Grants. "We will use the P01 selectively," Ihde said.

DCE board member Stephen Hecht noted that the program project payline has dropped to 125. "Are you concerned about the validity of review?" he asked.

"When the score is unique to each grant, it is fair to say that some people on the Executive Committee are concerned," Ihde said.

DCE Director Richard Adamson commented that, "There is concern about what the score from one project to another means." He also noted that NCI spends a larger fraction of its RPG budget on P01s than the other institutes.

With a Congressional mandate that the average length of a grant must be 4 years, "there will be increasing pressure on any longer term grant," Ihde said. Outstanding Investigator Grants are seven years, and some P01s are five years.

NCI has issued a moratorium on the submission of new Outstanding Investigators Grants.

Div. of Extramural Activities Deputy Director Marvin Kalt said the moratorium was put into effect "to give NCI time to review where commitment base of the institute is taking us."

NCI will ask the National Cancer Advisory Board to discuss options for the OIG, Kalt said. "The options are wide open, ranging from keep things as they are to discontinue the OIG, or anything the Board might suggest. There is no internal decision that's been considered yet."

NCI began the OIG program in 1985 to give longer term grants to leading investigators to pursue high-risk research.

Kalt said the first cohorts of OIG recipients have come up for renewal, but are not faring well. "The success rate of people who have OIGs might be no better or slightly worse than people who keep their R01s," he said. "It raised enough of a flag the first time thru to initiate discussions."

In addition, there is the budget problem. "When the OIGs were initiated, NIH did not have a cost containment plan."

Final numbers on renewals will not be available until the end of this fiscal year, Kalt said.

He pointed out that OIGs, with their multi-year budgets, represent "as much an exercise in budgetary projection as anything else."

Kalt emphasized that the moratorium on new (type 1) applications will not result in termination of currently funded OIGs.

NCI executives hope to discuss with its advisors and the research community "what is the best way to utilize this mechanism so it meets its objectives of providing stable support to the best investigators for high risk projects," Kalt said. "When our success rate for type 2 OIGs (renewals) drop below R01s, we owe it to our OIG investigators to advise them that that is what's happening."

OIGs come up for renewal when two years of support are left so that investigators who may not get renewal can submit an amended application and an R01 application as a back-up, Kalt said.

NCI is in the process of planning the FY 1994 bypass budget and is seeking ideas from extramural investigators, Deputy Director Daniel Ihde said. Comment may be sent to the relevant division director.

Representatives from oncology professional societies were scheduled to testify before the House Labor-HHS-Education Appropriations Committee on the fiscal 1993 President's budget for NCI late this week.

The President's budget would provide \$2.01 billion, a \$30 million increase over the FY92 appropriation. NCI would allocate the money as follows:

Increase funding for research project grants by \$63 million, cost of living increases for the intramural program, maintain most other mechanisms at the FY92 level, reduce the prevention and control budget by \$15 million, and eliminate construction funds, including maintenance and repairs at the Frederick Cancer Research & Development Facility.

DCBDC Director Alan Rabson, in comments to the division's Board of Scientific Counselors recently, noted that in FY 1991, NCI's actual budget was \$1.712 billion, and the FY92 conference figure was \$1.989 billion, while the Senate figure was \$2.01 billion. Thus, the FY93 President's budget "is not a total cause for doom."

Board member Albert Owens, immediate past president of the National Coalition for Cancer Research, noted that the FY92 appropriation "brings NCI approximately back up to the buying power it had in 1980."

Said Rabson: "Things are moving now in a way they have never moved before."