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Cancer Centers To Get Recommended Funding, Restoration Of 1990-91 Cuts, NCI Tells Directors

NCI's provision of a $17 million increase to the cancer centers program budget means centers that competed for core grants this fiscal year will receive close to peer review recommended funding and centers that competed in 1990 or 1991 will get some restoration of funds that were cut.

"We distributed the pain and we are going to distribute the wealth," NCI Centers, Training & Resources Program Director Brian Kimes said to

(Continued to page 2)

In Brief

House Rumored To Cut NIH Budget By $146 Mil.; Okays Pacific Yew Act; 471 Nurses Pass Exam

HOUSE APPROPRIATIONS Committee has reduced the President's recommended $9.37 billion NIH budget for fiscal 1993 by $146 million to $148 million, according to sources on Capitol Hill. The committee's markup of the Labor, HHS, Education appropriations bill is expected to be released late this month. . . . **PACIFIC YEW** Act (HR 3836) was approved by the House on a voice vote earlier this month. The legislation, introduced by Rep. Gerry Studds (D-MA), would provide for management of the yew tree (**The Cancer Letter,** March 13). Senate is considering a similar bill (S 2851). . . . **RESULTS OF** the Oncology Nursing Certification Exam have been released: 608 nurses sat for the exam in May, and 77 percent, or 471, passed. Of those who passed, 311 are newly certified and 160 renewed their credential. Next exam is scheduled for Sept. 26. . . . **ENVIRONMENTAL TOBACCO** smoke is an "environmental toxin" that causes cardiovascular disease and death, says a position paper by the American Heart Assn., "Environmental Tobacco Smoke and Cardiovascular Disease," to be published in the August "Circulation." Persons exposed to ETS at home have a 30 percent increased risk of death due to heart disease, the authors state. . . . **DOROTHY MCFARLANE** has left NCI's Cancer Therapy Evaluation Program to join the NIH Office of Scientific Integrity. She has been replaced by **Dennis Cain**, head of the protocol and information office, and **Joan Mauer**, acting head of the Quality Assurance & Compliance Section, Regulatory Affairs Branch. Other staff changes in CTEP: **Malcolm Smith**, acting head of the Pediatric Section, was named head of the section; and the Medicine Section in CTEP's Clinical Investigations Branch has recruited **Ellen Feigal** of Univ. of Southern California, and **Richard Kaplan** of Univ. of Maryland. CIB is recruiting for senior investigators. For information contact CIB Chief Richard Ungerleider, 301/496-6056.

NCI 'Distributes The Wealth' To Cancer Centers Program

(Continued from page 1)
the third annual Cancer Center Directors' Workshop recently. "Our policy has been and will be that as long as centers get good reviews, it is not wise to discontinue a grant."

The number of funded clinical, comprehensive and basic centers remains 57. The program also used some of the increase to fund 12 planning grants to institutions that hope to compete for core grants eventually.

Whether it was the money, or agreement about the program's direction, or lack of controversy over new guidelines, relations last month in Buffalo between center directors and NCI were better than ever. Following are some highlights:

▶**"Conceptual changes"** in the cancer centers program: "During the latter half of Vincent DeVita's leadership of NCI, the SEER data became more of a driving force in NCI policy," Kimes said. "Under [NCI Director Samuel] Broder, it has become the driving force."

This change is causing cancer centers to work toward decreasing cancer incidence and mortality, linking research to the cancer related problems of their communities, and place more emphasis on translational research.

"It is a total institutional concept," Kimes said. "All the resources of the institution should be dedicated to the cancer problem. This will decrease the number of basic cancer centers in the program, but we will end up with 10 to 12 really strong basic centers."

The new Cancer Center Support Grant guidelines were put into effect Feb. 1. Four applications came in on Feb. 1; one was deferred because there was not enough information. The other three were Memorial Sloan-Kettering, Fred Hutchinson, and Mayo Clinic.

▶**Draft of new guidelines for NCI-designated** comprehensive cancer centers has been released. The changes in the guidelines reflect NCI's move from a more "inclusive" review standard to a more "exclusive" standard which places more significance on NCI recognition as a comprehensive cancer center. The option for administrative review has been phased out.

The National Cancer Advisory Board's Cancer Centers Committee unanimously approved a motion stating that it had "no problem" with the draft guidelines. The Assn. of American Cancer Institutes appointed a committee, headed by Richard Steckel, Jonsson Comprehensive Cancer Center, UCLA, to review the guidelines, and it, too, said there were no major problems with the draft.

Kimes described the changes in the draft in a letter to Cancer Centers Committee members, which is excerpted here:

--Eligibility requirements are expanded to include not only the retention of a funded Cancer Center Support Grant, but also a definition of the center's area of influence, how it coordinates its efforts with other centers with overlapping or coincident areas of primary influence, and, most importantly, a description of how the center (and its affiliates) provides a wide range of state of the art cancer prevention, diagnostic, and treatment services to its patient population.

--Introduction and Background sections are shortened, clearly distinguishing the difference between NCI funding of CCSGs (P30s) and NCI recognition of comprehensiveness.

--There is greater compatibility with the CCSG review.

--The prevention and control research requirement is strengthened to clearly distinguish the minimum requirement of peer reviewed research. A plan to develop prevention and control research will no longer be acceptable; the research must be in place.

--The information services requirement has been made compatible with changes in the Cancer Information System to avoid duplication of effort in CIS regions and inconsistency of information and materials provided to the public.

--The community outreach and service requirement is more clearly distinguished from prevention and control research.

--A separate peer review group is created to include the additional spectrum of expertise needed to review the eight essential programmatic elements, to increase

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consistency and objectivity in the peer review process, and to avoid the ambivalence created when one review group has both CCSG review responsibilities and comprehensive recognition responsibilities.

--Peer reviewers are given the option of approval, conditional approval, or disapproval in order to provide centers which are marginally in compliance a shorter period of recognition during which to strengthen weak areas and make corrections.

--The conditions for retention and use of the title "NCI-designated Comprehensive Cancer Center" are strengthened and clarified.

▶**Private enterprise:** Univ. of Kansas and Salick Health Care Inc. of Beverly Hills, CA, have agreed to develop an ambulatory care center. Kimes said NCI was concerned about the center at first. However, Kansas will retain control of the research aspect of the center, and will not call it "comprehensive," he said.

▶**New opportunities** for cancer centers over the past two years, according to Kimes, have been:

--Changes in the Cancer Information Service to require the involvement of cancer centers.

--Specialized Programs of Research Excellence (P50s), currently under review. "I think you'll see when these are funded that centers were big winners," Kimes said.

--R25 education grants: 14 applications, 9 of 10 funded were cancer centers.

--K12 institutional career awards: 31 applications, 17 funded, 14 of which were centers.

--In addition: Research supplements, international fellows, initiatives in the Div. of Cancer Treatment, breast cancer summits, the NBA wives initiative ("It sounds crazy, but it got attention for some centers," Kimes said), and the centers planning grants.

▶**Budget for cancer centers** is $126.387 million in fiscal 1992, according to Cancer Centers Branch Chief Margaret Holmes. This is up from $109 million in FY91.

The number of core grants remains the same as last year, 57 awards, but NCI also funded the 12 planning grants. In addition, the budget increase allowed the program to lower the payline, pay competing awards at peer recommended levels, restore funds to grants which competed in FY90 and 91 to their recommended levels, provide continuation funds to "marginal" centers, and provide supplements for pilot projects, Holmes said.

"Centers won't see the increases until later this summer or early in the next fiscal year," Holmes noted.

For FY93, cancer centers funding is likely to remain at the 1992 level; Congress is currently marking up the appropriations bills.

Holmes noted that the centers program has its own budget within NCI; it is not a Congressional line item. Funding plans are determined after the final round of review, since priority scores cannot be known until the last round. "After the final funding plan is in place, some fine-tuning usually is needed; therefore, some centers will see last-minute adjustments" in their core grant budgets, she said.

The new CCSG guidelines are intended to be an "educational tool" about the program, and should be used by centers staff helping to prepare the core grant application, Holmes said. "Wider distribution of the guidelines would help center members to better understand the process," she said. Copies are available from her office: phone 301/496-8531.

Holmes said some centers have complained about reporting requirements. She said the data collection was not new, it was done through contractors until the early 1980s. The data are necessary to provide a standard set of basic information about centers "if we are ever asked to justify the cancer centers program," she said.

The branch is beginning to work on the issues of clinical trials and cancer prevention and control research to find out "how the core grant might better support these areas."

On average, slightly more than half of the shared resources of the core grant goes to support basic research; about 18 percent supports epidemiology and statistics, primarily having to do with clinical trials; 10 percent goes mainly to clinical trials management; 12 percent is spent on basic-clinical translation.

▶**With only $4 million for extramural construction** in NCI's budget this year, and zero in the President's budget for FY93, one might think NCI Research Facilities Branch Chief Kenneth Brow has about as much work as the legendary brand-name appliance repairman.

In fact, times are great for construction, Brow indicated. Twenty-two cancer centers walked away with $35 million in NIH construction funds set aside in three RFA competitions in FY91 and FY92.

Few, if any, grants were made between 1987-1989.

"Applications are being accepted and grant awards are being made," Brow told the center directors. "The next receipt date is Feb. 1. My phone number is 301/496-8534."

Kimes advised centers considering applying to call. Brow and his staff run the only active construction

branch in NIH and know the application process. Cancer construction applications that go unfunded in lean years "are first in line" when money does become available, Brow said.

"State of the art facilities are needed to recruit and retain personnel, expand research, ensure safety and are important for research efficiency," Brow said.

"If you want my future projection, I predict the FY93 appropriation may include $40 million for construction," he said. "If we get $40 million [in NIH], 70 to 80 percent of the applications that come in to us [at NCI] are going to get funded."

Kimes was skeptical. "I wouldn't count on that figure. But Ken's got a wealth of knowledge and the most experience of anyone else at NIH in construction."

Brow provided some advice on preparing construction grant applications:

--About a six month preparation period is necessary; there is only a single application receipt date, Feb. 1. "Put together your ideas in August, meet with us, call us, we will go over the weaknesses."

--Common problem: A university begins a construction project and then asks NIH for a grant. That's against PHS policy. "You have to apply, be reviewed and approved before you can start building."

--Applications may be for completion of shelled space, renovation, a building addition, new building.

--Choosing an architect: university architects are familiar with school space, but not familiar with construction of research laboratories.

--Grant awards must be matched dollar for dollar by the institution.

--Estimating construction costs: Construction itself is only 81 percent of the amount a center will need. Other costs are project definition, 2%; design, 7%; in-house staff time, 2%; inflation, 4%; contingency (in case of delays, problems) 4%, though some centers might need to estimate as much as 20% for contingency.

--Costs per net square foot for lab space: completion of shelled space, $280; renovation of existing lab, $360; new construction, $400.

--Optimal use of existing labs could enable a center to delay construction for several years. First, evaluate existing space. Inventory the space that actually is available for cancer research. What is working, is there overcrowding, what are the lab's capacities, biohazards. Hire a laboratory design firm to provide a report on the building. Second, take action. Reassign space, rent storage space, clean and paint, adjust lighting, heat and air conditioning.

Univ. of Wisconsin conducts a four-day course for the layman on laboratory design, Brow said.

▶**Review of core grants:** David Maslow, scientific review administrator for the CCSG review committee, spoke to the directors' workshop last year and provided some tips on applying for the CCSG (**The Cancer Letter,** July 12, 1991).

"These still apply under the new guidelines," Maslow said. Copies are available from his office, phone 301/496-2330.

"As the new guidelines were finalized, I worked with the Centers Branch to produce a 'Special Orientation and Instructions' booklet for peer reviewers that summarizes the review criteria. This summary assists reviewers in applying the criteria uniformly. I can tell you that the reviewers at the reviews thus far have been very careful to apply these criteria and that I, together with program staff, will continue to encourage them to do so."

Maslow urged applicants to prepare their applications and site visit presentations with the criteria in mind.

Following are excerpts of Maslow's remarks:

"As before, there is an administrative review of each received application and areas that present issues of lack of compliance with guidelines or require clarification to ensure optimum review are outlined in a letter to the PI. If the issues involved are so pervasive as to require almost complete rewriting of the application, the application may be deferred to the next round. Otherwise, the opportunity to submit corrected or revised materials is provided and the new materials, as well as the letter outlining the issues raised, are given to the reviewers.

"Let me make clear that applications should be submitted ready for review. The submission of the application is not to hold your place on line subject to further editing and revision. Honest errors are understandable, but applications are due on defined receipt dates in final form, and additional substantive material before or at the site visit is discouraged and not a substitute for a complete, timely application.

"Reviewers are being particularly careful and thorough in core grant reviews" in the following areas as a result of the revised criteria:

"With respect to programs, the heart of any center, reviewers are looking very carefully at the programmatic aspects of programs, that is, cancer relevance, scientific focus, cohesiveness, and evidence for intra- and interprogrammatic scientific interactions and collaborations, particularly of a multidisciplinary nature, in addition to scientific merit. Are there interactions among the basic science and clinical

programs to translate lab findings to the clinic and conversely clinical observations to the bench?

"They also look for evidence of specific mechanisms that exist to foster and promote interactions within and among programs and to identify collaborative areas. Finally, they evaluate what the program leader does to provide leadership to the program and to promote scientific interactions and collaborations.

"Another area of careful attention is the use of shared resources by peer reviewed funded projects. Reviewers are using summary 4, which lists the peer reviewed funded projects that use each shared resource and the total usage in defined units by both peer reviewed projects and all users. This summary gives the reviewers an idea of the breadth of the use of facility and the proportion of total use attributable to eligible users.

"Let me emphasize, core grants are not for the support of peer reviewed investigators or program members or center members, but to support peer reviewed projects. The budget request for core facilities should justify each budget item fully, particularly if the percentage of the total budget being requested is greater than the percent usage by eligible, peer reviewed funded projects.

"The review criteria also focus the reviewers' attention on appropriate administrative issues such as the authority of the director for space, recruitment and budget. In that regard, each application describes its own relationship between the center and the institution, and reviewers are examining that issue in detail.

"The roles of members of the senior leadership and the functioning of both the internal and external advisory process are also being scrutinized carefully. Although planning and evaluation is usually a small budget item, it receives full consideration of the methods used and the effectiveness of the input received.

"Developmental funds are being evaluated both in terms of the quality of the individuals and the research areas supported and the effective use of funds to promote center programmatic objectives.

"The standards for support of staff investigators have been changed so that reviewers are asked to evaluate the scientific productivity of each qualified staff investigator based on its importance to the center and its demonstrated contribution to the programs of the center. We therefore ask applicants, in those centers that use this mechanism, to justify both the inclusion of the proposed staff investigator, based on his or her contribution, as well as the level of support requested. A description of the process by which these decisions are made is also helpful.

"For clinical centers, the internal mechanism for the review of the merit of institutional protocols and for the monitoring of their accrual and compliance with standards are being examined. Approval of this element permits centers to request .5 FTE to run this process. It should be clear that this activity is separate from the institution's IRB and from cooperative group participation.

"To encourage reviewers to evaluate carefully the essential characteristics, which now number six, individual votes on merit ratings are taken on each characteristic after input from at least two assigned reviewers.

"The appropriate inclusion of both genders and of minorities in clinical trials is important for many reasons and has been an area of focus in recent reviews. Data should be provided to demonstrate compliance.

"In their overall evaluations, reviewers are asked to look at the extent to which the center meets the essential characteristics as well as the extent to which it functions as a center--synergism or centerness are emphasized elements.

"Reviewers are also encouraged to examine the number of years of support recommended in terms of the need to re-examine critical elements of the center that are weak or in transition and would warrant an early peer review.

Maslow thanked the three applicants who acted as "pioneers" under the new guidelines, noting that the process required extra effort. He suggested that applicants continue to send copies of their applications to him and to the Centers Branch at time of submission, which saves time. In addition, he thanked center directors who are sending him suggestions of individuals to serve as CCSG reviewers.

►**"Why is there so much emphasis on mechanisms?"** one center director asked, following Maslow's presentation. Another noted that review time seems to be spent "on pie diagrams." In site visits, "no one talks about science; they talk about mechanisms."

"I don't agree with you," Kimes replied. "You define what your program is; the CCSG should be the catalyst" that helps centers build their program.

Holmes said the review process "does ask what the progress is," including publications, collaboration.

"Our feeling is that the whole thing is process and there is relatively minor concern about scientific programs," Albert LoBuglio said. He said the patient information that NCI requires is "an enormous

problem. We estimate it would double our costs. We could spend half a million a year to get that number for you, but it doesn't seem useful."

Kimes said he has been present at two reviews. "We have given centers more time to talk about progress, and sometimes they chose not to discuss that. One center wanted to be reviewed in one day. I challenge you to make sure that information gets out to reviewers."

Regarding patient information, Kimes said: "A problem for me is that a cancer center director does not know the data on patients on trials at his center. What is a center all about? When Congress looks at our program, they look at care and service. If we don't have data, we can't talk about that."

LoBuglio said coming up with a number "isn't really a problem. But if you want it to mean anything" it would require tumor registry data on new patients.

"We haven't really resolved what kinds of data we really need," Kimes acknowledged. "We're doing this to defend what cancer centers do. Give us your suggestions."

Difficult aspect of the reviews has been review of the institution's clinical trials, Holmes said. "We plan to visit some centers to really understand how trials are carried out" in relation to the shared resources component. Other difficulties are review of staff investigators and budgets, Maslow said.

Site visits usually take a day to a day and a half. The amount of time is set by Maslow in discussion with the center. Longer site visits "are not always better," Maslow said.

▶**Principal investigators on 12 NCI** cancer center planning grants participated in the cancer center director's workshop. They are:

Grover Bagby, director, Oregon Health Sciences Univ.

Fred Butcher, director, Mary Babb Randolph Cancer Center, West Virginia Univ.

Peter Fischinger, vice president for research, Medical Univ. of South Carolina.

Michael Gallo, associate dean for research, Robert Wood Johnson Medical School and interim director of Cancer Institute of New Jersey.

Brian Issell, director, Cancer Research Center of Hawaii.

Richard Lynch, professor and head, Dept. of Pathology, Univ. of Iowa.

Craig Henderson represented Univ. of California (San Francisco).

James Neidhart, director, Univ. of New Mexico Cancer Center.

Stephen Russell, director, Cancer Center, Univ. of Kansas Medical Center.

Roy Weiner, planning director, Dept. of Medicine, Div. of Medical Oncology, Univ. of Florida Cancer Center.

Stephen Williams, cancer center planning director, Dept. of Medicine, Indiana Univ. Medical Center.

William Wood, planning director, Winship Cancer Center, Emory Univ. School of Medicine.

▶**Changes in cancer center leadership** since the center director's meeting last year:

--Albert Owens will step down as director of the Johns Hopkins Oncology Center.

--Norman Altman has stepped down as director of the Sylvester Comprehensive Cancer Center in Miami.

--Richard Borch is interim director of the Univ. of Rochester Cancer Center following the death of Robert Cooper.

--Edward Bresnick is acting director of the Norris Cotton Cancer Center, following the retirement of Ross McIntyre; Herbert Maurer is interim deputy director for clinical science.

--Norman Drinkwater is the new director of the McArdle Laboratory for Cancer Research.

--Allan Granoff is the interim director of St. Jude Children's Research Center following Joseph Simone's move to Memorial Sloan-Kettering.

--William Hryniuk is the new director of the Univ. of California-San Diego Cancer Center.

--Dwight Janerich is acting director, Univ. of Utah Health Sciences Center.

--Giovanni Rovera is the new director of the Wistar Institute Cancer Center.

--Christopher Walsh is the new director of Dana-Farber Cancer Institute.

▶**What happens when cancer center directors leave** in the middle of their Cancer Center Support Grant period?

There were three grants in the last round of funding in which the center director left before, during, or after the award was made. The centers were given three-year "conditional" awards, Kimes said. In general, NCI policy is to allow CCSGs with three years or less left to recompete in their normal cycle, but shorten the funding period when four or five years remain.

NCI Director Samuel Broder asked the centers program to develop a formal policy for such situations. Kimes recently sought advice from the Cancer Centers Committee of the National Cancer Advisory Board and the Div. of Cancer Biology,

Diagnosis & Centers Board of Scientific Counselors.

Ross McIntyre, member of the DCBDC board and a cancer center director who retired in the middle of the center's grant support commented: "One reason I picked that particular moment was to give the new director time to put in place changes and get them up and running so when the center came in for recompetition it would reflect what the center leadership and community feel is the best presentation. I urge you to allow that to happen. It might have been different if I had been fired."

In addition, in the case of directors leaving with many years of core grant support remaining, NCI has required that the institution provide updates on its progress in recruitment, Kimes said. When recruitment is still underway at the time of renewal, NCI has negotiated interim support when funds are available to give the center more time.

Discussion at the May meeting of the Cancer Centers Committee also included concern about who the institution selects as its director. Committee member Sydney Salmon said a clinical or comprehensive center should have a director who has clinical expertise. Currently, directors of three clinical or comprehensive cancer centers are non-physicians. Salmon said his center, Arizona, established a policy that the deputy director must be a clinician if the director is not one.

"We have no right to determine the leadership of a research institution," objected committee member Frederick Becker. "We are trying to dictate policy at an institution through a single grant mechanism."

Other committee members agreed with Becker.

"I don't think we want to interfere in an institution's appointment of its CEOs," Committee Chairman John Durant said.

"The center ought to have plans for appointing a new PI and be site visited again," committee member Samuel Wells said. "Most centers will come up with an excellent director. We ought to be supportive; there are going to be transitions."

"Our general policy has been to work with the center longer and have them come in [for renewal] later when they have a permanent director," Kimes said. "I've never seen an institution choose an unqualified individual."

"What's wrong with [the policy] now? Why are we beating this to death?" said committee member Walter Lawrence. "If there is a short time left on the grant, NCI extends it; if there is a long time left, they shorten it. The flexibility is important. We shouldn't dibble-dabble too much."

Salmon noted that one center required two extensions on its grant before it was able to find a new director. He argued that the CCSG guidelines should include some policy for replacement of the PI, for instance, by the associate director.

"That is what I resent," Becker said. "You should stop trying to tell us how to run our centers."

"We don't have the right to dictate to the institution, but we do have the right to make sure the money goes to the right place in the institution," NCAB Chairman Paul Calabresi said.

Kimes noted that in some instances, the dean of an institution became the PI when a center director left, "because they were so concerned about the center."

NCI would not "demand an associate PI" on the core grant, Kimes said. "Every time we put in a specific position [in the CCSG guidelines] we get blown out of the water by the centers community."

John Durant, chairman of the Cancer Centers Committee, was commended by a unanimous resolution of the committee at its May meeting for his "outstanding leadership" as chairman of the committee. Sydney Salmon succeeded Durant as committee chairman when Durant's term on the NCAB expired earlier this year; however, Durant continues on the NCAB until the President names his replacement.

News Roundup

DCT Board Asks For Resubmission Of RDOG V Concept, Smaller Budget

NCI's Div. of Cancer Treatment Board of Scientific Counselors has asked the division's Radiation Research Program to resubmit its concept for expansion of the Radiologic Diagnostic Oncology Group.

Board members said the $12 million price tag, over four years, was excessive. The program proposed a new Request for Applications for "RDOG V: Breast Cancer: Imaging-Guided Stereotactic Tissue Diagnosis."

RDOG was formed in 1987 in response to an RFA. The objective of the group is timely evaluation of current and emerging imaging modalities in the management of cancer patients. RDOG I focused on prostate and lung cancer, RDOG II dealt with pancreatic and colon cancer, and RDOG III has studied musculoskeletal and head and neck cancer. Five protocols are underway in 14 institutions. An RFA to study ovarian and pediatric solid tumor imaging was recently issued which will result in RDOG IV, consisting of six to eight institutions.

The Radiation Research Program proposed RDOG V as a multicenter study of imaging guided

stereotactic breast lesion biopsy as a minimally invasive alternative to an open surgical biopsy. According to the concept statement, clinical questions that would be answered by such a study include: 1) what specific stereotactic technique is most appropriate? 2) can stereotactic breast biopsy replace open surgery? and if yes, in what specific clinical situations? in what percentage of patients? and 3) what gain in patient management and health care costs can be achieved?

The rewritten concept may be submitted for the board's October meeting.

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Grants funding: "We shouldn't be dazzled by the high number of grants funded this year," DCT Board Chairman Ronald Levy commented at the board's meeting last month. Why? Because NCI has done some administrative shifting in order to meet its Congressionally mandated grants target.

DCT Director Bruce Chabner said his division funded 125 to 150 "very solid new grants" this year over the number funded last year. Then, "because we needed the grant numbers up, we funded more SBIRs [Small Business Innovation Research Grants] this year as grants rather than contracts."

About 50 additional SBIR grants were funded in DCT. In addition, the division had asked cancer centers to come up with proposals for grant supplements, and funded 30 of those, about 10 percent as exceptions. The division also tried to fund more small grants and those submitted by investigators with little grant support, Chabner said.

Altogether, the division will fund an estimated 124 SBIR grants, worth about $11.2 million. Funding for SBIR contracts fell 12.8 percent, to $806,000.

Other DCT grant statistics: Besides SBIRs, the division estimates it will fund a total of 615 R01 grants in fiscal 1992 (worth $122.6 million), 71 P01s ($83.7 million), 35 small grants, 12 Outstanding Investigator Grants, 33 MERIT awards, 87 FIRST awards, 30 cooperative agreements, 56 grants as a result of RFAs, and 8 Shannon Awards.

Estimated number of grants funded by DCT: 1,071.

Altogether, NCI expects to fund more than 1,000 competing grants in FY92, and 2,254 noncompeting grants, for a total of more than 3,254 grants. The success rate for competing grants this year is 34 percent. Next year the success rate is expected to drop back to 29 percent, with about 921 competing grants to be funded, if NCI gets no increase over the budget requested by the President.

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Besides the $15 million that NIH Director Bernadine Healy took from NCI's FY92 budget earlier this year to fund cancer research grants through the other institutes in NIH, Healy has decided to take the next installment that she had asked NCI to set aside, $16 million.

However, this time NCI will be allowed to compete for the funds, according to NCI Deputy Director Daniel Ihde. The $31 million is part of NCI's $160 million increase for FY92 that came through an amendment to the appropriations legislation by Sen. Ernest Hollings (D-SC). As a compromise to legislators who wanted to let Healy take all of the increase for other research areas, Hollings agreed to allow Healy to take some of the funds for cancer research conducted by the other institutes.

The NCI Executive Committee reviewed and recommended projects to receive the first $15 million. "The great majority of NCI recommended grants were funded," Ihde told the DCT board. A large number of the grants were in basic research, he said.

Minus the $31 million, NCI's FY92 budget is $1.935 billion, still a 13 percent increase over FY91 budget of $1.712 billion.

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NCI Director Samuel Broder to the National Cancer Advisory Board recently on the $15 million cut in cancer prevention and control--which NCI did not request--in the FY93 President's budget: "As they said during the Cold War, we had a full and frank exchange of views with all who would listen to us on this. It ain't over 'til it's over."

RFPs Available

Requests for proposals described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. 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 NIH-ES-92-30

Title: Studies on oncogene activation and molecular dosimetry in animal models for chemical carcinogenesis

Deadline: Approximately Sept. 18

The National Institute of Environmental Health Sciences (NIEHS) is soliciting proposals from offerors having the expertise to conduct studies concerning Oncogene Activation and Molecular Dosimetry in Animal Models for Chemical Carcinogenesis. The government estimates the project will last approximately 5 years and will require approximately 1,020 professional (PhD) person-hours, 10,200 laboratory technician person-hours, and 20,400 animal technician person-hours.

Requests: National Institute of Environmental Health Sciences, Contracts and Procurement Management Branch, OM ATTN: James Doyle, Contract Specialist, 79 T.W. Alexander Drive, 4401 Research Commons Building, PO Box 12874, Research Triangle Park, NC 27709; phone 919/541-7893, fax 919/541-2712.