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Senate Committee To Debate Budget Bill Sept. 10; Increase Expected For Breast Cancer Research

The Senate Appropriations Committee is scheduled to debate the bill containing the appropriations for NIH Sept. 10. Considering that fiscal 1994 begins Oct. 1, only three weeks will remain for the budget to be approved by the Senate, the conference committee and the President.

Capitol Hill sources said the Senate Appropriations Committee bill is expected to include a small increase over the House appropriation for NCI. The bill is also expected to boost appropriations for breast cancer

(Continued to page 2)

In Brief

Thomas Davis, Stanford Oncologist, Dead At 49; DeVita To Visit NCI; Hunter Named WHI Liaison

THOMAS DAVIS, clinical professor of medicine at Stanford Univ. Medical Center and oncology chief at the Palo Alto Veterans Medical Center, died Aug. 1 of a brain tumor. He was 49. Davis also was executive director of the Northern California Cancer Center, and had served as executive officer of the Eastern Cooperative Oncology Group. Davis, born in Virginia, grew up in Seattle and earned his bachelor's and medical degrees at Johns Hopkins Univ. He spent 11 years at Univ. of Wisconsin School of Medicine, moving to California in 1985. After his brain tumor was discovered in 1990, Davis maintained a full schedule until last June. He served on the board of directors of the Assn. of American Cancer Institutes. Davis is survived by his wife, Amy Davis, children Matthew and Sarah, sister Claudia Davis, and parents Tom and Marilynn Davis of Seattle. Memorial contributions may be made to the Thomas E. Davis Education Fund of the Northern California Cancer Center, PO Box 5033, Union City, CA 94587. . . . **VINCENT DEVITA,** clinical professor at Memorial Sloan-Kettering Cancer Center, is expected to spend about three weeks visiting NCI's Medicine Branch this month. He plans to "catch up on what we are doing here" in lymphoma research, according to Div. of Cancer Treatment Director **Bruce Chabner.** . . . **CARRIE HUNTER** has been appointed special assistant to **Vivian Pinn,** director of the NIH Office of Research on Women's Health. Hunter was program director in NCI's Community Oncology & Rehabilitation Branch in the Div. of Cancer Prevention & Control. Hunter will serve as liaison on the Women's Health Initiative. . . . **NIH ESTABLISHED** the Women's Health Initiative Program Advisory Committee to advise the NIH director on matters relating to the conduct and support of the Women's Health Initiative studies.

In Congress

Senate Committee To Debate Budget Sept. 10; Wyden Inquiry On RU 486

(Continued from page 1)
research, financing that increase through a reallocation of funds from existing NCI programs, sources said.

Earlier this summer, the House cut $11.8 million from the President's budget request for the Institute, leaving it with the total of $1.999 billion.

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While breast cancer research is likely to receive an increase, few impartial observers expect it to reach the $300 million demanded by the Breast Cancer Coalition (**The Cancer Letter,** Aug. 7).

Far from giving up, the coalition is preparing to hold a "lobby day" Sept. 9. On that day, members of the Senate Appropriations Committee will be called on by breast cancer patients and survivors who live in their districts.

The coalition's new budgetary arithmetic: trim defense by 1 percent and allocate the money to breast cancer.

The NCI bypass budget calls for the total of $220 million to be spent on breast cancer research in fiscal 1994. The $300 million increase demanded by the Breast Cancer Coalition would nearly double that figure.

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Though the coalition's demand is regarded as heresy by all groups committed to the NCI bypass budget, the American Cancer Society, a supporter of the bypass budget, has taken no steps toward leaving the coalition.

The issue of membership in the coalition was expected to come up at a meeting of the ACS Washington staff and several members of the public affairs subcommittee Aug. 24. Instead, the informal meeting considered a broader question: development of a strategic plan for work with other cancer related advocacy groups.

Before any choices are made, ACS plans to circulate a questionnaire among its staff and volunteer leadership. No decision on ACS membership in the Breast Cancer Coalition is expected until January, sources said.

"We have played a very positive and active role during the first year of the coalition's existence, and ACS has benefited from this relationship," said Kerrie Wilson, ACS director of government relations.

Wyden Asks NCI To Explain Why It Chose Not To Pursue RU 486

In a letter to NCI, Rep. Ron Wyden (D-OR) said he was "disturbed" by the Institute's decision not to pursue a research project on the controversial drug RU 486 in breast cancer.

Wyden's letter, dated Aug. 10 and addressed to Bruce Chabner, director of the Div. of Cancer Treatment, demands that NCI "provide an explanation of the NCI's failure to pursue much needed research on an important new drug for a disease that claims tens of thousands of American lives each year."

Though the Institute is yet to send its written response to Wyden's questions, Chabner said to **The Cancer Letter** that politics over RU 486, an abortifacient, was not a factor in NCI's decision not to pursue research in the drug.

"I hope that our response will allay any fears that there was political motivation in the decision not to proceed with the trials," Chabner said. "I think there is very little evidence to suggest that RU 486 offered any advantage over existing therapies."

"We have a very open mind about this," said Michael Friedman, director of DCT's Cancer Therapy Evaluation Program. "Our feeling is that RU 486 is an active hormonal approach, but that it is no way superior to other hormonal approaches that are currently available.

"There is a great competition on our resources," Friedman said. "Only those agents that are the most promising and most novel are actually used in clinical trials.

"We have not received any mailings from our grantees on RU 486 in breast cancer," Friedman said. "The investigative community on their own has not put in any requests for trials, so this is the case where science dictates the policy rather than vice versa."

Friedman said that in the near future NCI expects

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to meet with the drug's sponsor, Roussel Uclaf, to discuss the agent.

In June 1989, FDA issued an import alert on RU 486, effectively banning importation of the drug for personal use.

"Based on an extensive investigation and testimony in several congressional hearings, I have come to the inescapable conclusion that the FDA alert was motivated primarily by political considerations," wrote Wyden, chairman of the subcommittee on regulation, business opportunities and energy.

"Antiabortion activists have demanded that the drug be placed on the FDA's search-and-seize list here. The result, I believe, has been a chilling effect on avenues of potentially life-saving research with the drug in the U.S."

During his inquiry, Wyden obtained a letter from Edouard Sakiz, Roussel president, to E.H. Drew, president of Hoechst Celanese Corp., a U.S. affiliate. "The American NCI, having other promising compounds to be tested, did not want to be immediately involved in this study," Sakiz wrote in the Jan. 10 letter.

That piece of correspondence served as the basis for Wyden's letter to NCI. Wyden requested that the Institute provide all documents pertaining to its dealings with the drug's sponsor as well as a list of all NCI officials involved in making the decision.

Further, Wyden asked:

--Has NCI received any recommendations, suggestions or criticism regarding such research from outside the agency, for example letters from interested members of Congress?

--Has the Institute received any directives or queries from other federal agencies or the Executive Department regarding experimentation with RU 486 for nonabortifacient purposes?

--Were considerations outside the scientific scope of study used in making a final determination?

--If the Institute has more promising compounds to assess, could you please describe those compounds, trials and projects? What has been the result of that experimentation?

Tormey Heads AMC Cancer Center, Rose Cancer Program; ECOG Moves

Douglass Tormey, chairman of the Eastern Cooperative Oncology Group, has been appointed director of the AMC Cancer Research Center and the cancer program at Rose Medical Center in Denver.

Tormey will move Sept. 10 from Wisconsin Clinical Cancer Center, where he was director for clinical programs. ECOG's Operations Office will move this month from Univ. of Wisconsin (Madison) to Denver.

AMC, which has focused on cancer prevention and control since 1988, has been without a permanent director since the death of Joseph Cullen in 1990. Tom Kean has been interim director for 22 months. Kean will become deputy director for operations.

Tormey is noted for his expertise in clinical trials and applying laboratory findings to clinical trials with emphasis in breast cancer.

The dual directorship was made possible by a scientific affiliation agreement between the AMC and Rose Medical Center signed earlier this year. The affiliation attracted Tormey because it provides an opportunity to accelerate research results through collaboration, he said.

"Our goal is to make this scientific affiliation a model for developing additional cooperative relationships and partnerships in a progressive effort to avoid duplication and waste in the health care field in Denver," said Joel Edelman, president of Rose Medical Center. He said the joint appointment is the first in a series of activities made possible by the agreement.

Rose Medical Center is a nonprofit hospital founded in 1949 and affiliated with the Univ. of Colorado. The center is staffed by interns, residents and fellows from the university, and is currently an ECOG CGOP.

AMC President Bob Baker said Tormey is unusual among medical oncologists in his appreciation for cancer prevention and control.

"The staffs at Rose and at AMC care intensely about the health of our community. And health begins with prevention, not treatment," Baker said.

Tormey plans to develop a chemoprevention program based on the laboratory and behavioral research at AMC and the primary care physicians and oncologists at Rose.

"Chemoprevention is a young field and few cancer centers have such a program," Tormey said. "There are few people with sufficient knowledge and expertise to develop such a program."

ECOG, one of the two largest multidisciplinary oncology research groups in the country, with an annual budget of almost $10 million, will hire additional personnel in protocol development and grants administration, as well as secretarial support. Hiring was expected to be completed this month.

Tormey has headed ECOG since Paul Carbone stepped down as chairman in 1990.

AMC and Rose officials said there will be a number of scientific and clinical research positions available at the two institutions, with the opportunity for joint appointments and collaboration.

ACS Forms Foundation To Handle Gifts, Endowments Of Over $100,000

The American Cancer Society has formed a national foundation to seek and manage large gifts and endowments from individuals, corporations, and other foundations.

Stanley Shmishkiss, chairman of the board of ACS, announced the establishment of the American Cancer Society Foundation to seek gifts and endowments of more than $100,000. This is the first foundation the ACS has established in its 79 year history. The Society has traditionally relied on small gifts to fund its programs. Over 90 percent of its contributions are less than $100.

The first meeting of the foundation's board of trustees was held Aug. 21 at Massachusetts General Hospital Cancer Center, where major donors were invited to hear presentations on the latest advances in cancer control.

Shmishkiss will serve as temporary chairman of the foundation.

"Although the Society will continue to rely on small contributions that generate millions of dollars, the establishment of the American Cancer Society Foundation is a major step in positioning the Society, and providing additional expertise to identify, solicit, and manage large gifts, corporate gifts, and endowments which we expect will become an increasingly important means of carrying out our mission," Shmishkiss said.

NCI Advisory Group, Other Cancer Meetings For Sept., Oct., Future

ESTRO Annual Meeting--Sept. 1-4, Malmo, Sweden. Contact ESTRO, Dept. Radiotherapy, U.H. St. Rafael, Capujinenvoer 35, 3000 Leuven, Belgium.

Metastasis Research Society International Congress--Sept. 1-4, Paris, France. Contact Dr. Marie-France Poupon, IRSC-CNRS, 7 rue Guy Moquet B.P. 8, 94801 Villejuif, France, phone 33.146789259.

Challenges & Controversies in Cancer Research--Sept. 9-12, Columbus, OH. Contact Nancy Jones, Suite 1132, James Cancer Hospital, 300 W. 10th Ave., Columbus, OH 43210.

Novel Approaches to Selective Treatments of Human Solid Tumors: Laboratory & Clinical Correlation--Sept. 9-12, Buffalo, NY. Contact Dr. Youcef Rustum, Roswell Park Cancer Institute, phone 716/845-4532.

American Cancer Society National Conference on Cancer Prevention & Early Detection--Sept. 10-12, Chicago, IL. Contact Andy Cannon, ACS, phone 404/329-7604.

Developmental Therapeutics Contracts Review Committee--Sept. 11, Bethesda Ramada Inn, Bethesda, MD. Open 8:30-9:30 a.m.

Cancer Management Course--Sept. 11-12, Newport, RI. Contact Dr. Peter Baute, phone 401/739-8010.

Psychosocial Oncology: Enhancing Patient & Family Care--Sept. 11-12, Beverly Hills, CA. Contact Dr. Deane Wolcott, Cedars-Sinai Comprehensive Cancer Center, phone 310/855-8030 ext. 214.

Transrectal Ultrasound in the Diagnosis & Management of BPH and Prostate Cancer--Sept. 11-13, Chicago, IL. Contact Diversified Conference Management, 313/665-2535, or 800/458-2535.

Living Fully With Cancer--Sept. 11-12, Houston, TX. Contact the Anderson Network, phone 800/345,6324, in Houston, 792-2553.

Neutron Capture Therapy--Sept. 14-17, Columbus, OH. Contact Dr. A.H. Soloway, Ohio State Univ., College of Pharmacy, Parks Hall, 500 W. 12th Ave., Columbus, OH 43210.

Radioimmunodetection & Radioimmunotherapy of Cancer--Sept. 17-19, Princeton, NJ. Contact Center for Molecular Medicine & Immunology, 201/456-4600.

Cancer & the Aging Patient: Trends in Diagnosis & Therapy--Sept. 18-19, Cleveland, OH. Contact Education Coordinator, Ireland Cancer Center, phone 216/844-7858.

National Cancer Advisory Board--Sept. 21-22, NIH Bldg 31 Conference Room 10. Open Sept. 21, 8 a.m.-3 p.m., closed 3 p.m.-recess; open Sept. 22, 8:30 a.m.-adjournment.

NCAB Committee on Information & Cancer Control for the Year 2000--Sept. 21, NIH Bldg 31 Conf. Rm 4, 7 a.m.

NCAB Committee on Minority Health Research & Training--Sept. 21, NIH Bldg 31 Conf. Rm 4, 1 p.m.

NCAB Committee on Planning & Budget--Sept. 21, NIH Bldg 31 Conf. Rm 9, 1 p.m.

NCAB Committee on Aging & Cancer--Sept. 21, NIH Bldg 31 Conf. Rm 4, 2 p.m.

NCAB Committee on Women's Health & Cancer--Sept. 21, NIH Bldg 31 Conf. Rm 4, 2 p.m.

NCAB Committee on AIDS--Sept. 21, NIH Bldg 31 Conf. Rm 4, immediately following the recess.

NCAB Committee on Cancer Centers--Sept. 21, NIH Bldg 31 Conf. Rm 9, immediately following the recess.

NCAB Committee on Environmental Carcinogenesis--Sept. 21, NIH Bldg 31 Conf. Rm 9, 6 p.m.

NCAB Committee on Interactions with Voluntary Organizations--Sept. 21, NIH Bldg 31 Conf. Rm 4, 6 p.m.

New Frontiers in Cancer Etiology & Prevention--Sept. 22, Boston, MA. Contact General Motors Cancer Research Foundation, phone 313/556-2012.

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

European Neuroblastoma Study Group--Sept. 23-25, Birmingham, UK. Contact Dr. J. Kohler, Southampton General Hospital, Southampton S09 4XY, UK.

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

Bristol-Myers Squibb Symposium on Cancer Research--Oct. 1-2, Fox Chase Cancer Center, Philadelphia, PA. Contact Virginia Mintz, 202/835-8852.

Integration of Bone Marrow Transplant into Standard Oncology Practice--Oct. 8-11, Napa, CA. Contact Katherine Krebs, phone 415/255-1297.

American College of Surgeons Annual Meeting--Oct. 11-16, New Orleans, LA. Contact Convention & Meetings Div., American College of Surgeons, 55 E. Erie St., Chicago, IL 60611.

Mechanisms in Nutrition & Cancer Seminar--Oct. 12-14, Venice, Italy. Contact Dr. John Weisburger, phone 914/789-7141, fax 914/592-6317; or Dr. Claudia Ferrari, European School of Oncology, Via Venezian 18, 20133 Milan, Italy, phone 39-2-7063-5923, fax 39-2-226-4662.

International Breast Cancer Symposium--Oct. 16-17, Dallas, TX. Univ. of Texas Southwestern Medical Center/Susan Komen Foundation. Contact Nancy Russo, symposium coordinator, 214/688-3404.

Molecular Biology & Natural History of Prostate Cancer--Oct. 15-18, Prouts Neck, ME (Black Point Inn). Contact Dr. James Karr, Roswell Park Cancer Institute, 716/845-2389.

Environmental Skin Cancer--Oct. 16-17, Cleveland, OH. Contact Kelly Ormsby, Skin Diseases Research Center, Univ. Hospitals of

Cleveland, 216/844-3682.

Oncology Nursing Society Fall Institute--Oct. 16-18, Minneapolis, MN. Contact ONS, 501 Holiday Dr., Pittsburgh, PA 15220, phone 412/921-7373.

Great Lakes Cancer Nursing Conference--Oct. 19-20, Novi, MI. Contact Vicki Rakowski, American Cancer Society, Michigan Div., phone 517/371-2920.

Breast Imaging Seminar/Therapy Update--Oct. 19-21, New York City. Contact Ludmilla Popoff, Memorial Sloan-Kettering, phone 212/639-6754.

Cancer Symposium for Nurses--Oct. 26-28, San Diego, CA. Contact Meeting Management, Cancer Symposium, 619/535-3880.

Diet & Cancer: Markers, Prevention and Treatment--Oct. 29-30, Tyson's Corner, VA. Contact Rita Taliaferro, 202/737-8062.

Future Meetings

Chemotherapy Foundation Symposium X--Nov. 11-13, New York City, Holiday Inn Crowne Plaza. Contact Jaclyn Silverman, Div. of Medical Oncology, Mount Sinai School of Medicine, phone 212/241-6772.

Politics of Health Care: How it Affects Cancer Patients--Nov. 12, New York City, Holiday Inn Crowne Plaza. Contact Jaclyn Silverman, Div. of Medical Oncology, Mount Sinai School of Medicine, phone 212/241-6772.

Cancer and the Aging: Illinois Cancer Conference--Nov. 18, Chicago, IL. **This meeting has been cancelled.** Contact Carole Johnson, ICC, phone 312/986-7033.

Specific Immunotherapy of Cancer with Vaccines--Jan 21-14, 1993, Washington, DC. Contact Conference Dept., New York Academy of Sciences, phone 212/838-0230.

European Conference on Clinical Oncology & Cancer Nursing--Nov. 14-18, 1993, Jerusalem, Israel. Contact Secretariat, Dept. of radiotherapy, University Hospital St. Rafael, Capucijnenvoer 33, 3000 Leuven, Belgium.

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-NIAID-DMID-93-05

Title: Animal models of human papillomavirus infections for evaluation of experimental therapies

Deadline: Sept. 21

The Antiviral Research Branch of the Div. of Microbiology & Infectious Diseases, National Institute of Allergy and Infectious Diseases, is seeking investigators to employ appropriate animal model systems of human papillomaviral infections to evaluate the efficacy of experimental therapies and provide basic information on the natural history and pathogenesis of papillomavirus infections.

Current treatment for papillomavirus infection is limited to topical therapies which destroy tissue, are limited to visible lesions, and are associated with unacceptably high recurrence rates. Consequently, there is a clear need to identify effective systemic chemotherapeutic agents. The availability of animal model systems mimicking human papillomavirus infection makes it feasible to continue a program to identify therapeutic agents for these infections.

The primary objective of the Animal Models Program is to evaluate experimental therapies for potential clinical efficacy and toxicity in animal models of clinically important human viral infections. The emphasis for this solicitation will be to support animal models that: (a) share significant features of pathology and natural history with human papillomavirus infections, (b) utilize either a human virus or an animal virus with considerable homology to the human virus, and (c) have been, or can be expected to be, predictive for human efficacy. As in the past, basic studies on model development, disease pathogenesis, and natural history will be encouraged as an adjunct to the primary focus on therapeutic evaluation. Occasionally, when appropriate, these models will also be utilized for vaccine evaluation and for pharmacokinetic analysis of a compound. It is expected that two contracts with a five-year period of performance will be awarded as a result of this solicitation.

The request for the RFP should be addressed to (provide two self-addressed mailing labels): Carl Henn, Contracting Officer, Contract Management Branch, NIAID, Solar Building, Room 3C07, 6003 Executive Blvd., Bethesda, MD 20892.

RFP NCI-CM-37826-75

Title: Master agreements for large scale production of biomass for isolation of antitumor and AIDS agents from natural sources (microorganisms)

Deadline: Approximately Nov. 6

NCI's Div. of Cancer Treatment, Developmental Therapeutics Program, Natural Products Branch, is interested in receiving proposals from, and establishing master agreements with offerors with the capability of performing: A) Feasibility and optimization studies on the cultivation of non-phototraphic microorganisms, and/or B) Large scale cultivation of non-phototraphic microorganisms, and/or C) Feasibility and optimization studies on the cultivation of phototrophic microorganisms and/or D) Large scale cultivation of phototrophic microorganisms. Since the expertise and facilities required for work in topic areas A to D differ, proposals will be considered for performance in one or more of these areas. Separate proposals will be required from offerors responding to more than one topic area. Each proposal must cite the master agreement announcement number and the appropriate topic area and title. Separate master agreements will be awarded for each topic area. After award, MA holders will be invited to competitively propose on master agreement orders as they are issued. It is anticipated that multiple master agreement awards will be made, each MAA is anticipated for a five year period.

Contract specialist: Bernice Evans
RCB Executive Plaza South Rm 603
301/496-8620

RFP NCI-CM-37825-75

Title: Master agreements for large scale production of biomass for isolation of antitumor and AIDS agents from natural sources (terrestrial plants)

Deadline: Approximately Nov. 6

NCI's Div. of Cancer Treatment, Developmental Therapeutics Program, Natural Products Branch, is interested in receiving proposals from, and establishing master agreements with offerors with the capability of performing: A) Large scale recollection of terrestrial plants (20 to 5,000 kg dry weight) and/or B) feasibility studies on the cultivation of terrestrial plants, and/or C) large scale cultivation of terrestrial plants, and/or D) feasibility and optimization studies on plant tissue culture, and/or E) large scale plant tissue culture. Since the expertise and facilities required for work in topic areas A to E differ, proposals will be considered for performance in one or more of these areas. Separate proposals will be required from offerors responding to more than one topic area. Each proposal must cite the master agreement announcement number and the appropriate topic area and title. Separate master agreements will be awarded for each topic area. After award, MA holders will be invited to competitively propose on master agreement orders as they are issued. It is anticipated

that multiple master agreement awards will be made, each MAA is anticipated for a five year period. The MA holder shall obtain all the necessary permits, including visas, shipping, and export permits from foreign governments and agencies, and the necessary import permits and customs clearance for plant material from appropriate US government agencies.
Contract specialist: Bernice Evans
RCB Executive Plaza South Rm 603
301/496-8620

RFP NCI-CM-37817-09
Title: Master agreements for large scale production of biomass for isolation of antitumor and AIDS agents from natural sources (marine organisms)
Deadline: Approximately Nov. 6

NCI's Div. of Cancer Treatment, Developmental Therapeutics Program, Natural Products Branch, is interested in receiving proposals from, and establishing master agreements with offerors with the capability of performing: A) Large scale recollection of shallow water marine microorganisms (20 to 5,000 kg dry weight) and/or B) feasibility studies on the aquacultire of marine organisms, and/or C) large scale aquaculture of marine organisms, and/or D) feasibility and optimization studies on marine organism tissue culture, and/or E) large scale tissue culture of marine organisms. Since the expertise and facilities required for work in topic areas A to E differ, proposals will be considered for performance in one or more of these areas. Separate proposals will be required from offerors responding to more than one topic area. Each proposal must cite the master agreement announcement number and the appropriate topic area and title. Separate master agreements will be awarded for each topic area. After award, MA holders will be invited to competitively propose on master agreement orders as they are issued. It is anticipated that multiple master agreement awards will be made, each MAA is anticipated for a five year period. The MA holder shall obtain all the necessary permits, including visas, shipping, and export permits from foreign governments and agencies, and the necessary import permits and customs clearance for plant material from appropriate US government agencies.
Contract specialist: Bernice Evans
RCB Executive Plaza South Rm 603
301/496-8620

RFP NCI-CM-37827-09
Title: Master agreements for improved isolation of antitumor and anti-AIDS agents from natural sources (chemistry products)
Deadline: Approximately Nov. 6

NCI's Div. of Cancer Treatment, Developmental Therapeutics Program, Natural Products Branch, is interested in receiving proposals from, and establishing master agreements with offerors with the capability of performing: A) Development of improved analytical procedures for natural products agents, and/or B) development of improved isolation procedures for natural products agents. Two separate topic areas are available for offerors. Separate proposals will be required from offerors responding to both work areas. Each propsoal must cite the master agreement announcement number and the appropriate topic area and title. Separate MAs will be awarded for each topic area. After award, MA holders will be invited to competitively propose on master agreement orders as they are issued.

Topic area A--Offerors must provide qualified personnel, materials and equipment for studies on the development of improved methods for the detection and quantitation of specified natural products present in various sources of material, ranging from raw biomass to extracts obtained from various stages of its isolation and purification.

Topic area B--Offerors must provide qualified personnel, materials and equipment for studies on the development of improved methods for the isolation of specified pure natural products from various sources of raw materials including plant, sessile marine invertebrates and microorganisms. It is anticipated that multiple MA awards will be made, each MA is anticipated for a five year period.
Contract specialist: Mary Landi O'Leary
RCB Executive Plaza South Rm 603
301/496-8620

RFP NCI-CM-37828-75
Title: Synthesis of chemical modifiers of radiation response
Deadline: Approximately Dec. 15

NCI's Radiotherapy Development Branch, Radiation Research Program, Div. of Cancer Treatment, is seeking organizations with the capability to design, synthesize, and characterize new and novel chemical modifiers of radiation response. Classes of interest are: bioreductive agents, agents that exploit tumor pathophysiology, inhibitors of repair of radiation damage, and free radical based agents. The project requires designated data obtained from in vitro testing of synthesized compounds and data regarding the efficacy in vivo of designated compounds with significant activity in vitro.

The offeror should include an experienced radiobiologist and an experienced synthetic organic chemist on the project team, and the principal investigator should possess a doctorate in a relevant science. In addition, the offeror must be AAALAC accredited or equivalent and be capable of maintaining a conventional rodent colony of at least 400 mice. The offeror must also have radiation capability suitable for irradiating mice and cell cultures.

Equipment for physicochemical and pharmacological analysis (e.g., UV, IR, NMR, HPLC, and polarographic or pulse radiolysis for measuring electron affinity, when appropriate) of compounds to be synthesized is also required. It is anticipated that an incrementally funded contract will be awarded for a period of four years beginning June 30, 1993.
Contract specialist: Bernice Evans
RCB Executive Plaza South Rm 603
301/496-8620

RFAs Available

RFA CA/NR-92-26
Title: **Interventions to enhance adjustment to cancer risk or diagnosis**
Letter of Intent Receipt Date: Sept. 18
Application Receipt Date: Dec. 8

NCI and the National Center for Nursing Research invite investigator initiated grant applications for psychosocial research directed at improving the quality of life and increasing compliance with treatment regimen of cancer patients or adherence to early detection practices of persons at high risk of cancer.

Applications may be submitted by domestic and foreign for profit and non profit organizations, public and private. This RFA will use the NIH individual research grant (R01). Total project period may not exceed four years. Total costs of $2.4 million per year for four years will be committed to fund applications submitted in response to this RFA. It is anticipated that five to six awards will be made.

This RFA invites research to evaluate the impact of specific psychosocial counseling interventions in persons notified of increased cancer risk or newly diagnosed cancer patients with good prognosis. Objectives are: 1) to evaluate the efficacy of specific counseling interventions in high risk individuals and newly

diagnosed cancer patients, 2) to identify characteristics of successful interventions, and 3) to assess the potential for community implementation.

Counseling is short term, time limited therapy addressing emotional and adjustment issues of coping with risk or diagnosis of cancer, and issues such as the need to comply with early detection guidelines or initial treatment plans and medical followup. Interventions may include self help or mutual support groups, behavioral interventions, individual counseling programs, and phramcological adjunctive therapy. Applications may incorporate existing but previously untested interventions, adapt existing programs for specific patient groups, or develop new interventions. Outcome variables must include quality of life and adherence/compliance with medical recommendations.

Interventions must target either 1) persons notified of increased risk of cancers for which primary prevention methods are not proven, but for which early detection is effective, or 2) newly diagnosed cancer patients with reasonable chance of cure or prolonged survival with state of the art therapy. Investigators must also evaluate the program characteristics that contribute to efficacy and potential for transfer of the intervention into the community setting. A multi-disciplinary approach is recommended.

Inquiries and letter of intent may be directed to Dr. Susan Nayfield, NCI, Executive Plaza North Suite 300, Bethesda, MD 20892, phone 301/496-8541.

RFA CA-92-25

Title: **Interactive R01s for clinical studies of systemic therapies**

Letter of Intent Receipt Date: Oct. 22

Application Receipt Date: Dec. 22

NCI's Div. of Cancer Treatment, Cancer Therapy Evaluation Program invites Interactive Research Project Grant applications (R01s) to perform research projects designed to conduct clinical studies of innovative systemic therapies investigating promising therapeutic approaches in a single tumor type or focused on a single class of novel compounds or a mechanism of action.

Domestic and foreign, for profit and nonprofit organizations are eligible to apply. Applications may be from single institutions or multiple institutions. New and experienced investigators are encouraged to apply. Applications from minority individuals and women are encouraged. Applicants proposing to perform phase 1 clinical trials that address issues on the mechanisms of action of immunologically active agents are not eligible for this RFA and should apply for an RFA that will be issued by the Biological Response Modifiers Program in the near future.

Support will be through the IRPG, an assistance mechanism composed of three or more investigator initiated research grant applications that will be reviewed independently for merit, but that share a theme and resources and require concurrent funding to maximize the effectiveness of the resource or to allow maximal creative interaction between researchers. This RFA is a one time solicitation for FY93. However, NCI plans to re-issue this RFA for funding in 1994. If it is determined that there is a sufficient continuing program need, NCI will invite recipients of awards under this RFA to submit competitive continuing applications.

Approximately $4 million in total costs per year for four years will be committed to fund applications. The total cost for each IRPG (consisting of three or more R01s) is limited to $750,000 per year. It is anticipated that five to six IRPGs will be funded in FY93. It is anticipated that in FY93, this RFA will be re-advertised and an additional three IRPGs will be funded in FY94. The total project period for applications submitted in response to this RFA may not exceed four years. The earliest feasible start date for the initial awards will be August 1993.

An unprecedented number of new therapeutic agents are ready for evaluation in pilot clinical studies. In addition, insights into the biologic function and clinical relevance of growth factors, genes that promote and suppress neoplasia, mechanisms of treatment sensitivity and resistance, and function of the immune system provide important new clinical research opportunities for investigators. NCI is interested in expanding support for clinical research. Under this IRPG RFA, NCI encourages the coordinated submission of related research project grant applications from investigators who want to collaborate on a common cancer research theme, but do not require extensive shared physical resources or core functions. This mechanism is not meant to replace the program project (P01) mechanism, but to support a level of collaboration between that of the P01 and that available through an individual R01.

The aims of this RFA are: 1) to provide support for translational research that brings innovative basic research findings into the clinic and 2) to foster the development of interactions between basic science laboratories of different disciplines and clinicians performing clinical trials to advance therapeutic clinical research.

This RFA is soliciting applications to perform interactive research projects with the goal of developing new clinical studies involving systemic therapeis with a therapeutic intent. The IRPGs may have as their key focus either: 1) clincial studies investigating promising therpeutic approaches in a single tumor type or 2) the development of new clinical treatment strategies focused on a single class of novel compounds or mechanism of action. Each project supported in the IRPG is expected to contribute to and be directly related to the common theme of the IRPG application. The application must clearly explain how the projected integrated R01 research grants can be expected to accomplish the stated goal more efficiently and effectively than they could without the anticipated interactions. At least one clinical trial protocol must be proposed in one of the grant applications. The clinical trials should be well integrated with the laboratory studies proposed within the same R01 application or in separate R01 applications.

Inquires and letter of intent may be directed to Dr. Roy Wu or Diane Bronzert, NCI Program Director, Cancer Therapy Evaluation Program, Div. of Cancer Treatment, NCI, Executive Plaza North Rm 734, Bethesda, MD 20892, phone 301/496-8866, fax 301/480-4663.

RFA CA-92-24

Title: **Biology and immunology of breast cancer: an interdisciplinary approach**

Letter of Intent Receipt Date: Nov. 3

Application Receipt Date: Dec. 1

The intent of this initiative is to encourage interdisciplinary approaches to research on the basic biology and immunobiology of breast cancer. In a recent workshop, a number of areas were identified that would benefit greatly from additional basic research carried out in a multidisciplinary context. These areas include immunology, molecular genetics, endocrinology, and cell biology of breast cancer development. The goal of this RFA is to encourage interactive grant applications that propose research with an interdisciplinary approach and that address unanswered questions in the field of breast cancer.

Research grant applications from interactive groups may be submitted by domestic and foreign for-profit and non-profit organizations, public and private. This RFA will use the Interactive Research Project Grant (IRPG) mechanism. Each IRPG must contain at least three individual R01 applications, and address a minimum of two of the major areas of research interest listed in this RFA. Broader diversity of scientific areas is preferred and although not a requirement, applicants are encouraged to include

one or more projects in immunology. One Principal Investigator out of the group must be identified as the "Program Coordinator." Applicants must describe how their integrated approach will provide a more comprehensive understanding of important problems in breast cancer basic research. The total project period for applications submitted in response to the present RFA may not exceed four years.

Approximately $1,500,000 in total costs per year for four years will be committed. It is anticipated that at least two IRPG awards will be made, comprising a total of six to eight individual R01 grant awards. The earliest start date will be July 1, 1993.

NCI's Div. of Cancer Biology, Diagnosis & Centers would like to support basic research in, but not restricted to, the following areas:

--Immunobiology: Studies of both positive and negative effects of immune responses on breast cancer development and progression, molecular identification of relevant breast cancer antigens, and the development of effective strategies for immunologically-based prevention or treatment of breast cancer.

--Cell Biology: Studies of the organization and differentiation of breast epithelial cells during normal development and progression to malignancy, including studies of interactions between normal and malignant epithelial cells and the surrounding tissue/stroma.

--Molecular Genetics: Studies of the contribution of changes in the structure or regulation of oncogenes, tumor suppressor genes, and other important cellular genes to the development and biologic behavior of breast cancer.

--Endocrinology (Hormones/Growth Factors): Studies of the roles of soluble factors and their receptors in breast cancer development and the response to therapy. These may include, but are not limited to, steroid and nonsteroid factors such as estrogen, progesterone, insulin-like growth factor, prolactin, TGF-ALPHA and TGF-BETA.

The overall goal of this basic research in biology and immunology is to translate findings into practical clinical applications for early tumor detection and diagnosis, treatment of established tumors, and ultimately, for prevention intervention in high-risk women. However, these clinical and prevention applications are outside the scope of this RFA.

Applicants must state clearly how they plan to collaborate. Applicants who already have ongoing collaborations must indicate how their response to this RFA will augment their current collaboration. Because the ultimate goal is to arrive at conclusions relevant to human breast cancer, projects that limit the entire studies to long-established tumor cell lines or animal models must justify the choice of the systems.

Letter of intent is to be sent to: Dr. Grace L.C. Shen, Cancer Immunology Branch, Div. of Cancer Biology, Diagnosis & Centers, NCI, Executive Plaza South, Rm 634, 6120 Executive Blvd., Rockville, MD 20892-9904; phone 301/496-7815, fax 301/402-1037.

Title: **Laboratory animal small research grants**

This notice is to advise potential applicants that the National Center for Research Resources Comparative Medicine Program will henceforth accept Small Research Grant (R03) applications at any of the three standard annual application receipt dates (February 1, June 1, and October 1). Such applications have previously been accepted only for the February 1 deadline. These awards are limited to $25,000 direct costs and only one year of support. They are intended to provide support for pilot projects, testing of new techniques, and feasibility studies of innovative research in the areas of laboratory animal biotechnology, normative biology, disease, welfare, and model development.

Further information concerning these awards and updated guidelines for applicants may be obtained by sending two self-addressed mailing labels to: Comparative Medicine Program, National Center for Research Resources, Westwood Bldg, Room 857, Bethesda, MD 20892; phone 301/496-5175.

RFAs Corrected

RFA CA/ES-92-23

Title: **Biotechnology transfer to epidemiologic studies in cancer**
Letter of Intent Receipt Date: Oct. 22
Application Receipt Date: Nov. 19

NIH issued the following correction to the mechanism of support section in the RFA published in the Aug. 7 issue of **The Cancer Letter**. Following is the corrected section:

This program will be supported by traditional research project (R01) grants and Interactive Research Project Grants (IRPG). This RFA is a one-time solicitation. The total project period for applications submitted in response to the present RFA may not exceed three years. Responsibility for the planning, direction, and execution of the proposed project will be solely that of the applicant. Competitive continuation applications will compete with all other unsolicited applications and be reviewed by standing Division of Research Grants study sections. If NCI and NIEHS determine that there is a sufficient continuing program need, a request for renewal applications may be announced.

RFA CA-92-21

Title: **Transfer of new biostatistic methods to cancer epidemiology**
Letter of Intent Receipt Date: Sept. 30
Application Receipt Date: Nov. 12

NCI issued the following correction to the RFA published in the Aug. 14 issue of **The Cancer Letter**. This program will be supported through NIH traditional research project grants (R01). Responsibility for the planning, direction, and execution of the proposed research will be solely that of the applicant. The total project period may not exceed three years. The earliest anticipated date of award is July 1, 1993.

NCI Contract Awards

Title: Case-control study of oral cancer in Puerto Rico
Contractor: Westat Inc., Rockville, MD, $789,429.

Title: Preparation of B3-MX-DPTA chelate
Contractor: Hazleton Washington Inc., Vienna, VA, $57,864.

Title: Technical and logistical support services for the Div. of Cancer Etiology
Contractor: Tascon Inc., Bethesda, MD, $4,411,864.

Title: In vivo evaluation of combination therapy for anticancer activity.
Contractor: Univ. of Maryland at Baltimore, $849,064.

Title: Primary rodent production centers
Contractor: Simonsen Dawley Inc., Gilroy, CA, $1,206,305; Harlan Sprague Dawley Inc., Indianapolis, IN, $2,527,661; Charles River Laboratories Inc., Wilmington, MA, $6,247,225.

Title: In vitro antineoplastic drug toxicology characterization
Contractor: Hipple Cancer Research Corp., $500,000.