

SEP 24 1992

THE

CANCER LETTER

P.O. Box 15189 WASHINGTON, D.C. 20003 TELEPHONE 202-543-7665

Vol. 18 No. 37
Sept. 25, 1992

(c)Copyright 1992 Cancer Letter Inc.
Price \$215 Per Year US, Canada.
\$240 Per Year Elsewhere

Politics, Short Tempers, Grievances Dominate NIH Panel On Unconventional Medical Practices

In its attempt to reconcile medical science and unconventional medical practices, NIH has demonstrated the depth of the schism dividing the two. Traditionally trained scientists were a small minority among the 125 participants of an NIH workshop convened last week to develop standards for evaluation of unconventional treatments.

With the majority of participants suspicious of the medical estab-
(Continued to page 2)

In Brief

Abeloff Directs Johns Hopkins Oncology Center; Claudia Baquet Named Deputy Secretary In HHS

MARTIN ABELOFF has been named director of the Johns Hopkins Oncology Center, succeeding **Albert Owens**, who stepped down on July 1 to pursue other interests in cancer research. Abeloff has been clinical director of the center since 1983, and is immediate past president of the American Society of Clinical Oncology. His appointment was made after a national search. Owens directed the center since its opening in 1977. He will remain on the faculty as a distinguished service professor of oncology and medicine. Abeloff graduated from the Johns Hopkins School of Medicine in 1966 and interned at Univ. of Chicago Hospital and Clinics, then was senior assistant resident at Beth Israel Hospital in Boston. He returned to Hopkins in 1971. . . . **CLAUDIA BAQUET**, director of the Cancer Control Science Program in NCI's Div. of Cancer Prevention & Control, has been selected as Deputy Secretary for Minority Health in the Dept. of Health & Human Services. Baquet starts the new job next week. . . . **AMERICAN COLLEGE** of Radiology named new officers for 1992-93: **Karl Wallace**, chairman; **Emmett Templeton**, vice chairman; **James Moorefield**, president; **Millard Spencer**, vice-president; **Ronald Evens**, secretary-treasurer. ACR awarded Gold Medals to **Robert Moreton**, M.D. Anderson Cancer Center; **Jerome Shapiro**, Boston Univ.; **Elliott Lasser**, Univ. of California, San Diego; and **Robert Egan**, Emory Univ. . . . **SEN. ROBERT DOLE** (R-KS) last week spoke at a symposium sponsored by Memorial Sloan-Kettering Cancer Center as part of the center's annual appeal. Dole has become a vocal advocate for early detection of prostate cancer since being treated for the cancer last year. MSKCC plans to open a Prostate Cancer Diagnostic Center later this fall. . . . **ANDREW DORR**, senior investigator in NCI's Cancer Therapy Evaluation Program, has left NCI to study oncologic drugs at Eli Lilly & Co., Indianapolis.

Senate Gives NIH
Director Authority
To Permit Research
By Unconventional MDs
. . . Page 3

Senate Passes Budget;
Broder: Fiscal 93
Great Year--Not
. . . Page 4

Concepts For Computer
Support Services Ok'd
By NCAB Committee
. . . Page 5

Cancer Meetings Listed
. . . Page 7

Program Announcement
. . . Page 8

Short Tempers, Grievances Dominate 2nd Unconventional Medicine Forum

(Continued from page 1)

ishment, NIH officials found themselves trying to control a politicized forum for individual grievances.

In one instance, three workshop participants took a short drive to Capitol Hill to meet with Sen. Tom Harkin (D-IA), whose initiative during the FY 1992 appropriations cycle led to creation of the NIH program.

The purpose of the Capitol Hill jaunt was to update Harkin on the program and to seek his intervention in the case of Stanislaw Burzynski, a Texas practitioner facing proceedings to revoke his license to practice medicine while NCI is planning a phase 2 trial of his treatment (*The Cancer Letter*, June 5). Burzynski attended the workshop and was present at the meeting with Harkin. See related story on page 3.

In the end, seconds after adjourning the workshop, NIH officials briskly cleared the room while the overwhelming majority of participants voted on a resolution in support of Burzynski.

Though NIH was not associated with the resolution, its final text, mailed to the Texas attorney general made a reference to a vote of "the individual members of the [NIH] Advisory Committee."

Frank Wiewel, one of the authors of the letters and head of People Against Cancer, formerly head of the Immunoaugmentative Therapy Patients' Assn., said he used the term "advisory committee" generically. "We came together as a committee to advise NIH. Therefore I am calling it an advisory committee," he said to *The Cancer Letter*. The letter was cosigned by Ralph Moss, an unconventional therapy advocate, author and editor of "The Cancer Chronicles," a newsletter.

Before the workshop, NIH Deputy Director Jay

Moskowitz, in a laudatory speech, challenged the participants to guide the Institutes in setting up evaluation criteria and guidelines for peer review. The participants then broke up into six committees charged with answering Moskowitz's questions.

Stephen Groft, director of the Office for the Study of Unconventional Medical Practices, said the reports filed by the committees will be used in preparation of a report, which is expected to be completed in about two months.

Also, Groft said, the word "alternative" may replace the word "unconventional" in the name of his office. Another plan will be to fund ten \$50,000 research grants to unconventional practitioners.

"I think it's important for research to proceed in this area, first, because there may be something out there to relieve pain or otherwise to improve the quality of life, and, second, to provide hard data so people would stop pouring money into treatments that may or may not have biological activity," said Barrie Cassileth, consulting professor of community and family medicine at Duke Univ.

Last week's workshop was the second such forum organized by NIH (*The Cancer Letter*, June 26).

Some observers and several of the scientists who took part in the workshop expressed frustration with what they describe as a charged political atmosphere.

"I recognized very quickly that people were being forced to take sides," said one workshop participant, a traditionally trained scientist, who asked not to be identified by name.

The scientist came to the workshop to help construct a framework for evaluation of unconventional therapies and broadening the criteria for rigorous evaluation of innovative ideas that happen to be outside the mainstream, but found that the meeting was dominated by individual grievances.

"I was not there to discuss my own research, or anyone else's research or grievances," the scientist said. "We were there to chart general policy."

Volatile Tempers

Tempers at the workshop flared up almost immediately after the opening remarks, triggered by a lecture on the workings of NCI and its grant-making process.

An initiated audience would have found no cause for excitement--and no controversy--in the lecture by Michael Friedman, Director of NCI's Cancer Therapy Evaluation Program.

The majority of workshop participants were angered by Friedman's statement that unconventional practitioners seeking NCI grants would have to submit rigorously argued proposals, clear peer review and

THE CANCER LETTER

Editor: Kirsten Boyd Goldberg

Founder & Contributing Editor: Jerry D. Boyd

Associate Editor: Paul Goldberg

PO Box 15189, Washington, DC 20003

Tel: (202) 543-7665 Fax: (202) 543-6879

Subscription rate \$215 per year North America, \$240 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc., also publisher of The Clinical Cancer Letter. All rights reserved. None of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form (electronic, mechanical, photocopying, facsimile, or otherwise) without prior written permission of the publisher. Violators risk criminal penalties & \$100,000 damages.

compete for funds.

An accompanying slide, which Friedman put on the screen, illustrated the hard, cold facts: the Div. of Cancer Treatment would offer no new funds and no new staff to evaluate unconventional methods.

"There is no level playing field," Moss said to **The Cancer Letter**. "There is no level playing field. Many of the people involved in innovative research do not come from the conventional cancer community. Many of them are not trained to produce papers that are acceptable to peer reviewers."

"I was particularly upset by NCI's lack of attention to this problem," Wiewel said in an interview. "I would call on NCI to earmark a 10 to 20 percent of their funds to research in this new field."

At committee meetings that followed Friedman's remarks, the atmosphere became so charged that one traditionally trained scientist recalled fearing that the workshop would come to a screeching halt minutes after it began.

"What Friedman said was true and accurate," the scientist said. "It was just not what the majority of participants wanted to hear."

Friedman, who did not sit in on the committee meetings, said he was unaware of the controversy he had caused. "NCI is the custodian of public trust, public money and public welfare, and we have an obligation to be rigorous in our examination of all ideas from any source," he said to **The Cancer Letter**. "It is a mark of respect that all ideas will be treated the same."

Defending Burzynski

Three workshop participants, former Rep. Berkley Bedell (D-IA), Moss and Burzynski, took time off from the meeting to lobby Harkin.

"The purpose of meeting was to let Harkin know about the impediments that exist in terms of getting anything new properly evaluated and getting it into the system," Bedell said to **The Cancer Letter**.

Bedell, a prostate cancer patient who had originally convinced Harkin to provide the funds for the program, said Burzynski's problems were also discussed. "It seems to me that if NCI feels there is sufficient evidence of effectiveness of Dr. Burzynski's treatment that they are willing to further investigate, it's pretty terrible for a state agency to move in and stop that investigation.

"Cancer is a pretty serious problem in our society. For a state to come in and stop the investigation is unbelievable."

In March, Texas officials initiated the process for revocation of Burzynski's license, but the state has no authority to stop the NCI trial. Even if Burzynski is

unable or unwilling to provide the agent he named "antineoplaston," NCI is free to manufacture the quantities of the agent it needs for the clinical trial, NCI officials said.

Burzynski told **The Cancer Letter** that he found Harkin sympathetic to his problems and that the Senator asked for additional materials on the trial and the actions of Texas officials.

"I want NCI to call state officials," Burzynski said in a telephone interview. "A single call from NCI would put this thing to rest."

Burzynski said there should be no distinction between a vote of workshop participants and the view of the NIH. "If there is a distinction, that distinction should disappear," he said. "If we don't receive protection from the government, then nothing will work and this will be the end of that idea."

In their letter to the Texas Attorney General Wiewel and Moss stated:

"On Wednesday, Sept. 16, 1992, over 100 members of the assembled Advisory Committee of the Office of Alternative Medicine voted unanimously to support and protect Dr. S.R. Burzynski with the following statement:

"We, the individual members of the assembled Advisory Committee of the Office of Alternative Medicine within the National Institute [sic.] of Health (NIH) call on you, the Attorney General of the State of Texas, to suspend all legal actions now underway by the State of Texas and the Texas State Board of Medical Licensure while the NIH is conducting the scientific evaluation of the antineoplaston therapy of Dr. S.R. Burzynski, M.D., Ph. D."

In an interview, Wiewel said he regarded the motion unanimous because all hands appeared to have gone up in a show of hands vote. Two workshop participants said to **The Cancer Letter** that they did not vote for the motion. Abstentions were not recorded.

Wiewel said he referred to the NIH body as Office of Alternative Therapy because "there are no real impediments" to the change of name.

In Congress

Senate Gives NIH Authority To Permit 'Research' By Unconventional MDs

Using language that is likely to prove controversial, the Senate Appropriations Committee last week clarified an apparent omission that had been made in the NIH budget report.

The amendment, No. 3026, gives the NIH director

the authority to permit any licensed physician to administer, for research purposes, "any medicine or medical procedure" when "there is no reason to believe that such medicine or medical procedure is unsafe."

According to the bill, the NIH director can exercise this authority "notwithstanding the provision of any other law."

Several observers said the language of the bill could preempt state laws that regulate the practice of medicine and could be inconsistent with the efficacy provisions of the 1962 amendments to the Food, Drug and Cosmetics Act.

Others said the language could open a way for NIH Director Bernadine Healy to intervene before Texas state authorities in the case of the unconventional practitioner Stanislaw Burzynski, whose cancer treatment is being studied at the time state authorities are trying to revoke his license.

Former Rep. Berkley Bedell, an advocate for unconventional practitioners, said to **The Cancer Letter** that he began lobbying Sen. Tom Harkin (D-IA) for this language long before he heard of Burzynski.

"I suppose it could help Burzynski," Bedell said. "The effort there was to make it possible for [the NIH office studying unconventional practices] to go out and check on practitioners who claim they are having success without having them be unable to work with this office."

The language of the amendment follows:

"The Director of NIH is authorized, notwithstanding the provision of any other law, but consistent with the requirements of 42 CFR 46 [the law regulating studies involving human subjects], for the purpose of research only, to authorize physicians licensed to practice medicine to use any medicine or medical procedure for which there is no evidence or reason to believe that such medicine or medical procedure is unsafe for the investigation of such medicine or medical procedure. Any physician so authorized by the Director may proceed with such medicine or medical procedure only if the patient is fully informed and provides written consent."

Senate Passes NIH Budget Bill; Not A Great \$\$ Year, Broder Says

The appropriations bill that included funding for NIH was passed by the Senate in an 82 to 13 vote last Friday.

Before the bill's passage, two attempts to put additional funds into health research were defeated on the Senate, and lobbyists for the cancer program are hoping that the budget conferees adopt the Senate,

rather than the House, version of the bill.

The Senate bill gives NCI \$2.01 billion, an appropriation equal to the President's budget request and \$58 million more, or 3.2 percent, than the 1992 appropriation (**The Cancer Letter**, Sept. 18).

The House bill recommends an appropriation of \$1.998 billion, a 2.6 percent increase over FY92, but \$11.8 million below the Senate bill. Under the House budget, NCI would have to contribute \$20 million to a Public Health Service capital improvement fund (**The Cancer Letter**, July 31).

A conference committee was expected to meet soon to iron out differences between the House and Senate versions. Congress plans to adjourn in early October; a final vote on the budget could take place as early as next week.

Late last week, the Senate defeated an attempt by Sen. Tom Harkin (D-IA) to divert \$4.1 million from the defense budget to cancer research. This was followed by a resounding defeat of an attempt by Sen. Alfonse D'Amato (R-NY) to add \$214 million to breast cancer research.

Broder To NCAB: Nostalgia For FY92

"The budget will be great. Not."

That was NCI Director Samuel Broder's short report on the fiscal 1993 budget for NCI now working its way through Congress.

Broder briefed the National Cancer Advisory Board on the Institute's funding plans under the allowances provided in the House report. Similar estimates for the Senate allowance have not yet been made available:

--Research project grants: \$922.85 million, a \$47 million increase, or 5.4 percent over this year's amount.

--Cancer centers: Core support would receive \$125.1 million, a \$2 million decrease from this year. Specialized Programs of Research Excellence (SPORes) would receive \$19.5 million, a \$2 million increase from this year.

--Other research: research career program would get \$14.3 million, a .4 percent increase; cancer education would get \$7.3 million, a 7 percent decrease; cooperative clinical research would get \$76.5 million, a .5 percent increase; minority biomedical research support would get \$3 million, a 1.8 percent increase; and other research related grants would get \$9 million, a 30 percent decrease from the current year.

--National Research Service Awards would be held at \$37.8 million, a 1.6 percent increase.

--Research and development contracts would receive \$190 million, a 1.1 percent decrease.

--Intramural research would receive \$367.8 million, a 1.9 percent increase.

--Research management and support would get \$94.8 million, a 7.6 percent decrease.

--Cancer prevention and control would get \$100.2 million, a 6 percent decrease.

--Construction funding would be \$9.9 million, a 17.5 percent decrease.

FY92: Largest Number Of Grants Funded

Under the House allowance, NCI would fund 2,468 noncompeting and 881 competing research project grants, at a cost of nearly \$923 million. The total number of competing and noncompeting grants funded would be three more than that expected to be funded in fiscal 1992, but the success rate would be 28 percent, compared to the current 35 percent.

Said Broder: "There will be extreme nostalgia for fiscal year 1992."

Broder noted that NCI funded the largest number of research project grants in its history this fiscal year.

"This is not an artifact of funding more SBIRs [Small Business Innovation Research grants]," he said to the NCAB. "Even if you subtract the SBIRs, we still funded the largest number of new and competing grants this year."

In next week's **Cancer Letter**: The facts about program project grants.

NCAB Committee Okays Concepts For Computer Support Services

The National Cancer Advisory Board's Committee on Information and Cancer Control for the Year 2000 gave concept approval to seven support services contract recompetitions at its meeting last week.

The committee reviews grant and contract concepts developed by programs contained in the NCI director's office and the Div. of Extramural Activities, which do not have a board of scientific counselors.

Following are the concept statements:

[Reports on concept reviews provide readers with advance notice of the Institute's spending plans. Notices of Requests for Proposals, Requests for Applications, or Program Announcements are published in **The Cancer Letter** as they are released; proposals need not be submitted until that time.]

ADP support services for cancer information dissemination. Proposed recompetition of a contract, total amount \$7.661 million over five years.

In response to a Congressional mandate to "collect, catalog, store, and disseminate insofar as feasible the results of cancer research and treatment undertaken in any country for the use of any person involved in cancer research and treatment in any country," the International Cancer Information Center distributes

the Cancerlit and PDQ databases, database derivative electronic and printed products and services, and the "JNCI" to physicians, scientists and other health professionals worldwide.

Cancerlit is a comprehensive archive of more than 900,000 bibliographic records, most with abstracts, describing cancer research results published since 1963 in biomedical journals, proceedings of scientific meetings, books, technical reports, and other documents.

PDQ is a database that provides state of the art information about cancer treatment and research integrated into four major liked component files: Cancer Information, Protocols, Physician Directory, and Organization Directory.

The "JNCI" is published twice monthly and covers the full spectrum of cancer research and practice biochemistry; biological response modifiers, cancer control, carcinogenesis, clinical trials, epidemiology, genetics, immunology, molecular and tumor cell biology, pediatric oncology, cancer prevention, and other topics.

The CCB maintains and operates the ICIC Computer Communications Center, a state of the art multi-computer facility that includes local and wide area communications networks in support of the mission and function of the ICIC. The center houses the maintenance and production of the PDQ and Cancerlit databases, as well as the distribution of these databases to vendors and users of ICIC products and services throughout the world. It also supports the production of the "JNCI" and Cancerlit derivative products including Cancergrams, Oncology Overviews, and Recent Reviews.

During the current contract, the computer center was refurbished with up to date computer hardware and wide area communications were modernized and expanded. PDQ and Cancerlit grew significantly and the CancerFax and CancerNet services were developed and successfully introduced to the scientific community. A state of the art manuscript tracking system was developed for "JNCI."

The contract will allow for the continued production and enhancement of the growing PDQ and Cancerlit databases and other ICIC information products and services, and will provide the basis for the development of new technologies to improve NCI's information dissemination efforts.

Cancer Information Dissemination and Analysis Center-- Cancer diagnosis and therapy. Recompetition of a contract, total \$2.821 million over 5 years. Project officer: James Carter, ICIC, International Cancer Research Databank Branch.

The International Cancer Research Data Bank is responsible for the collection, analysis, storage, and dissemination of information to cancer research scientists and clinicians. The purposes of the CIDAC are to provide the scientific analysis and technical assistance necessary to provide high quality information products and services for cancer researchers, and to identify innovative means of information transfer among cancer researchers. This proposed contract will process information covering all aspects of clinical cancer research, including cancer detection and diagnosis, prognosis and treatment, and rehabilitation and supportive care. It is proposed as a three year contract with two separate option years. Continuation during the option years will be determined following a survey of users and non-users of the products.

The principal activities of this CIDAC have been the regular production of 22 monthly Cancergrams and five Oncology Overviews per year. Material for these publications is derived from NCI's Cancerlit database. The CIDAC also performs custom searches of Cancerlit or PDQ in response to requests for information, and assists in database quality control.

The CIDAC has also been a resource to NCI for special

projects that involve in depth literature searches such as informational support to the PDQ Editorial Board.

Future plans are to make changes in format and production of the monthly Cancergrams aimed at enhancing their currency and ease of use. Also the program plans to change the format to make Cancergrams a more useful product. Revised Cancergrams will contain highlights and expanded indexing. To speed production, the new CIDAC will be required to produce its own camera ready copy for printing.

Support for NCI local area networks. Recompensation of two contracts, total \$4.885 million over five years. Project officer: Aaron Greenberg, Management Information Systems Branch.

The proposed recompensation will merge the two current NCI Local Area Network contracts and will provide technical support and hardware/software procurement for the NCI networks (for administrative and extramural staff located at Executive Plaza and Building 31 on the NIH campus) beginning in 1994 and will add hardware/software maintenance when funds are exhausted in the current hardware/software/maintenance contract.

Beginning in 1988 a large portion of NCI staff was consolidated into a single off-campus facility at Executive Plaza. These employees needed to share information within their branches and with other components of their division. Staff at EP also has requirements to communicate with NCI and NIH organizations on the NIH campus, at the Frederick Cancer Research and Development Center, and with their contractors, grantees and other researchers throughout the world. NCI decided that local area networks along with appropriate communications links to the NIH Computer Utility Integrated LAN and Workstation Support Network was the appropriate technology to meet these requirements.

In April 1989, NCI started a project to satisfy these communications needs. Since that time more than 600 individuals have been given access to LANs. Communications links, using electronic mail, have been established between LAN users in EP and those in Building 31 and the LANs have been connected to NUnet, giving NCI LAN users high speed access to computing facilities at DCRT and through Bitnet and Internet, to computers throughout the world. The LANs along with the communication links allow NCI staff to send files and mail messages at high speeds to colleagues, provide high speed access to DCRT mainframes and, via a facsimile gateway, send fax messages from the user's desktop computer.

This proposed contract will provide the support staff to continue the work of implementing, maintaining, and managing the NCI LANs in Executive Plaza and Building 31. Any employees in these buildings not yet networked will be added to the LANs and increased emphasis will be placed on supporting Institute-wide data bases. The project will also provide funds for hardware maintenance and for LAN equipment to expand the LANs and to replace LAN equipment as obsolescence, the need for increasing capacity, and technological advances require. In addition, the proposed higher funding level gives NCI the flexibility to provide LAN administrators for organizations that do not have the requisite expertise, should that be necessary.

ADP support services for the Div. of Extramural Activities. Recompensation of a small business set aside contract, total \$1.397 million over five years. Project officer: Elise Kreiss, DEA.

This contract provides the computer support needed to conduct NCI's review of grants and contracts including maintenance of the computer programs and procedures for the production of all related summary statement mailings and NCAB books.

NCI's Div. of Extramural Activities and the Grants Administration Branch currently share a support services contract for specialized ADP projects. The needs and the administrative priorities of these two NCI organizational components are sufficiently different that a single contract has been difficult to administer. Therefore, at the termination of the contract in 1994, both components have agreed that DEA advertise for its own ADP support contract. Services provided to the DEA are principally in support of review activities and involve mainframe as well as personal computer technology.

Among the tasks that are performed for DEA under the current contract are: 1) systems and data entry support for the Scientific Review and Evaluation Awards administered by the DEA; 2) systems and data entry support for the "consultant file" which DEA scientific review administrators use to identify prospective reviewers; and 3) program maintenance for automated procedures used to provide summary statements and other data to NCAB members.

Future plans: 1) Ongoing systems and data support will be required for the Scientific Review and Evaluation Awards. The reimbursement system will be modernized. 2) Ongoing systems and data support will be required for the consultant file system. The system will be adapted to a network environment. 3) Ongoing program maintenance is required for the summary statement system. 4) Emerging automation technologies will be applied to the tasks of referral and review, and in support of other efforts undertaken by the DEA.

ADP support services for the Grants Administration Branch in the Office of the Director, NCI. Recompensation of a contract held by Washington Consulting Group, total \$1.027 million over five years, small business set-aside. Project officer: Donald Courtney, Grants Administration Branch.

This procurement is a recompensation of an existing Automated Data Processing (ADP) support services contract that has provided services to NCI's Grants Administration Branch (GAB) in the Office of the Director and the Div. of Extramural Activities. The Grants Administration Branch is responsible for the business management aspects associated with the negotiation, award and administration of grants, as well as for the maintenance and security of the official NCI grant files. GAB maintains about 13,000 NCI grant files at any given time. Each year GAB issues about 5,000 notices of grant award in excess of \$1,000,000,000.

The complexity of administering two separate funding sources combined with GAB and DEA having well defined but separate and distinct ADP tasks offers no significant merit in maintaining these ADP tasks under one contract. It is planned and recommended that a separate contract for GAB be recompeted.

Examples of key GAB accomplishments are projected to include the phased development of a comprehensive Grants Management System (GMS) that uses the Local Area Network to calculate and process awards, track grant actions, and create a historical data base for storing all information pertaining to funded NCI grants and cooperative agreements.

Future Plans: The tasks that would be performed under the new ADP contract for the Grants Administration Branch include: continued support of GAB's computer and automation activities by providing on-going technical assistance, reports generation, documentation support, training, quick response tasks, system maintenance and initiation of special projects, pilot studies, analyses and application of emerging automation technologies to aid in the transition of GAB toward the goal of a "paperless office" allowing the transmittal and receipt electronically of all documents. Tasks under this contract would include upgrading the file tracking system, the electronic transmission of grant

sheets and non-competing grant applications, and designing and testing a document imaging system to replace paper document files.

International scientist to scientist information exchange program. To provide \$875,000 to the International Cancer Research Technology Transfer (ICRETT) Program of The International Union Against Cancer (UICC), which promotes direct and rapid transfer of information regarding new or improved techniques or methods between investigators in different countries working in areas of basic, clinical or behavioral research relevant to cancer.

The Program enables qualified investigators of any nationality to visit a cancer research center in another country for a period of up to three months to:

--Facilitate rapid international transfer of cancer research and clinical technology.

--Exchange knowledge and enhance skills in basic, clinical or behavioral areas of cancer research.

--Acquire up-to-date clinical management, diagnostic and therapeutic expertise.

The program is funded by a series of European and American granting agencies, NCI providing, at present, about one-third of the total dollar amount. Applications may be submitted at any time, and funding decisions are generally communicated to candidates within sixty days of receipt at UICC of a complete application. The maximum project length is three months. However, due to funding limitations, successful candidates receive a living allowance for one month only, while home and/or host institutes are encouraged to cover living costs for the additional period. The least expensive international two-way (return) airfare or other appropriate form of transport is also provided. About 120 awards per year are made: 33% were made in 1991 to East European scientists, 42% to scientists from developing countries and 25% to scientists from developed nations. Twenty percent of the funds support clinical projects. The success rate of submitted applications is about 40%.

On NCI Director Samuel Broder's decision, year three was increased to \$160,000 at the request of Gordon McVie, Chairman of the UICC Fellowships Programme when it was determined that the funding was insufficient to meet the anticipated demand for 1991. It was decided that for years four and five a Review Panel would meet to determine approval of an increase for those years. The Review Panel, chaired by George Dines, Health Resources and Services Administration, recommended the increase.

Latin American cancer research information project. To provide \$386,500 to the Pan American Health Organization.

NCI and the Pan American Health Organization (PAHO) have a 16 year history of cooperation in cancer information dissemination. During that time, an effective information network was established throughout Latin America by PAHO, under contract with NCI. A primary cancer information center was established at the Biomedical Regional Library (BIREME) of the University of Sao Paulo, Brazil, and subcenters in Buenos Aires, Argentina; Santiago, Chile; San Jose, Costa Rica; Mexico City, Mexico; Lima, Peru; and Caracas, Venezuela.

From 1976 through 1990 BIREME prepared a quarterly publication ("Selective Dissemination of Information on Cancer" or SDI) containing selected abstracts from the database CANCERLIT SDI's on fifteen cancer topics or sites were distributed by BIREME or the six subcenters to some three thousand Latin American or Caribbean oncologists or cancer researchers in twenty-eight countries. Subscribers could then request copies of journal articles from BIREME or the subcenters (some 15,000 copies of journal articles are requested per year). When CANCERLIT and PDQ became available on CD-ROM in 1990 BIREME and the six

subcenters received NCI provided subscriptions to such discs. Individualized literature searches now became available to investigators and clinicians making obsolete the hard copy SDI's. In 1991 the contract was modified to also have the Univ. of Chile expand the function of BITNIS (an acronym for BITNET and NLM Intercommunication System). BITNIS is to include electronic mail access to the NCI database PDQ--in addition to CANCERLIT which is already accessible from MEDLINE--(BITNIS is a system that uses the National Library of Medicine's Grateful Med. software and the academic network BITNET to access MEDLINE--to the individual user cost of communications for BITNIS is the cost of a local telephone call--35% of the current 10,000 BITNET users in Chile are involved in biomedicine). NCI provided in 1991 and subsequent years about \$10,000 per year for the service desk functions in Santiago.

Future Plans: Cancer information dissemination activities under this contract will intensify but not change. The technology used will change as it develops further and becomes more affordable. A larger number of oncologists and cancer researchers will be reached when outreach efforts are intensified on award of the next contract. Outreach efforts will involve BIREME, each of the existing and future subcenters and the electronic mail service desk in Santiago. Support for this endeavor does not include money for equipment such as CD-ROM readers.

PAHO will provide technical assistance to subcenter personnel to increase their networking skills. PAHO will also help the subcenters advertise the availability of this cancer information resource in the region.

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

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

AIDS: Molecular Medicine and Prospects of Control--Oct. 5, Stony Brook, NY. Contact USB Dept. of Microbiology, phone 516/632-8800.

President's Cancer Panel--Oct. 5, Bethesda, MD. NIH Building 1, Wilson Hall. Topic: volunteer organizations.

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.

Cancer & the Nervous System Course--Oct. 15-17, New York City. Contact Mary Calloway, Memorial Sloan-Kettering Cancer Center, 212/639-7456.

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.

Annual Symposium on Fundamental Cancer Research--Oct. 17-23, Houston, TX. Contact Shirley Roy, MD, Anderson Cancer Center, 713/792-2222.

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.

Medical Oncology: The Cutting Edge--Oct. 22-24, New York City. Contact Ludmilla Popoff, Memorial Sloan-Kettering Cancer Center, 212/639-6754.

President's Cancer Panel Special Commission on Breast Cancer--Oct. 23, Washington, Holiday Inn Crowne Plaza. Topic: Patient advocacy and voluntary organizations.

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.

Society for Biological Therapy Annual Meeting--Oct. 29-Nov. 1, Williamsburg, VA. Contact Biological Therapy of Cancer, 11426 Rockville Pike, Ste. 410, Rockville, MD 20852.

American Society of Clinical Oncology Educational Conference--Oct. 31-Nov. 2, New Orleans, LA. Contact Cynda Crossan, 312/644-0828.

Leukemia Society of America Medical Symposium--Nov. 1-2, Phoenix, AZ. Contact Hillary Brotman, 212/573-8484 ext. 138.

Gene Therapy of Cancer--Nov. 5-7, San Diego, CA. Contact Cass Jones, phone 619/565-9921.

Surgical Pathology Review Conference--Nov. 6, Fox Chase Cancer Center, Philadelphia, PA. Contact Kathy Smith, conference coordinator, phone 215/728-5358.

American Society for Therapeutic Radiology and Oncology--Nov. 8-13, San Diego, CA. Contact ASTRO, 703/649-8910.

New Advances in Treatment of Hematologic Malignancies--Nov. 11, Cleveland, OH. Contact Education Coordinator, Ireland Cancer Center, phone 216/844-7858.

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.

President's Cancer Panel Special Commission on Breast Cancer--Nov. 12, Bethesda, MD. NIH Building 1 Wilson Hall. Topic: hormonal factors.

President's Cancer Panel--Nov. 13, Bethesda, MD. NIH Building 31 Conference Room 6. Topic: prostate cancer.

Cancer Management Course--Nov. 13-14, New Orleans, LA. Contact John Bolton, 401/739-8010.

Controversies in the Management of Infectious Complications of Neoplastic Disease--Nov. 18-20, New York City. Contact Barbara Lovit, Science & Medicine, 212/213-7172.

American Assn. for Cancer Education--Nov. 18-21, Houston, TX. Contact Carol Harreld, 713/792-2222.

Pittsburgh Cancer Conference--Nov. 19-20, Pittsburgh, PA. Contact Diane Applegate, Univ. of Pittsburgh, 412/647-8263.

Cancer Management Course--Nov. 27-28, Rio de Janeiro, Brazil. Contact Dr. Marcos Moraes, American College of Surgeons, 312/664-4050.

Future Meetings

American Society of Hematology Annual Meeting--Dec. 4-8, Anaheim, CA. Contact ASH, 202/857-1118.

President's Cancer Panel Special Commission on Breast Cancer--Jan. 11-12, Atlanta, GA. Hyatt Atlanta Airport. Topic: Treatment, rehabilitation and quality of life for women with breast cancer.

Program Announcement

PA-92-100

Title: Integrated advanced information management systems

The National Library of Medicine (NLM) wishes to provide planning and implementation grants to health science institutions that seek assistance in integrating their existing scattered databases and information systems into a comprehensive networked institutional information management system capable of serving clinical, research, educational, and administrative needs.

The Integrated Advanced Information Management Systems (IAIMS) program described in this Program Announcement (PA) is a substantially revised version of the NLMs existing IAIMS program, first announced in 1982.

Applicants may be hospitals and medical centers, academic health science centers, and other appropriate health science organizations. Institutions that have received funding for Phase III "old" IAIMS projects may apply for other grant programs of the NLM, but are not eligible for "new" IAIMS support. All others, including those that have applied for IAIMS funding in the past, may apply to the revised program.

The mechanism of support for this PA is the medical library resource grant (G08). This grant mechanism only funds direct costs.

The revised IAIMS program has two phases: A planning phase, and an operational phase.

IAIMS Planning Phase: Various models can be used in information systems planning, but all applications should include some form of self-study and allow for certain key elements:

- o A description of the institution's information management resources, current and five-year projection;
- o Development of an institutional information policy that addresses both short-term and long-term goals;
- o Identification of leadership for planning;
- o Broad involvement of clinical and basic science faculty, administration, and students;
- o Specification of desired strategic outcomes;
- o An outline of the planning process, including goals and timetables; and
- o A comprehensive view that considers information needs of patient care, research, education, and administration.

The outcome of planning activities is the development of an institutional Information Management Plan, which should include information resources management policies, an analysis of functions and responsibilities of major information database managers, and a description of how IAIMS will be developed, organized, and managed.

The IAIMS planning grant may be for up to \$150,000 per year for one to two years. The grant supports direct costs only; funds are not provided for indirect or overhead costs.

IAIMS Operational Phase: Health science institutions that complete the IAIMS planning phase successfully (or can demonstrate a comparably sophisticated information management plan based on their own planning efforts) may apply to NLM for an IAIMS operational phase grant to assist them in implementing the plan.

Inquiries: Richard West, Extramural Programs, National Library of Medicine, Bethesda, MD 20894; phone 301/496-3113.