FEB 23 1993

THE CANCER LETTER

Vol. 19 No. 8
Feb. 19, 1993

(c)Copyright 1993 Cancer Letter Inc.
Price $225 Per Year US, Canada.
$250 Per Year Elsewhere

P.O. Box 15189 Washington, D.C. 20003 Telephone 202-543-7665

Army Hopes To Fund 'Middle-Risk, High Payoff' Research With Breast Cancer Money, Travis Says

The U.S. Army wants to fund "middle risk, high payoff" basic research into cause and prevention of breast cancer with the $210 million appropriated in FY93, Maj. Gen. Richard Travis said to an Institute of Medicine committee last week.

"[NCI Director] Sam Broder has told me on several occassions that the science is stuck," said Travis, commander of the Army Medical Research

(Continued to page 2)

In Brief

Einstein Moves To Florida; Crystal, Nienhuis To Leave NIH; Collins Heads Genome Project

ALBERT EINSTEIN JR. has been named associate director for clinical affairs at H. Lee Moffitt Cancer Center & Research Institute at Univ. of South Florida. He was director of the Virginia Mason Cancer Center in Seattle, WA, president of the Virginia Mason Research Center, and a clinical associate professor of medicine at Univ. of Washington. He is also president-elect of the Assn. of Community Cancer Centers. Einstein said he hoped to expand the Moffitt center's clinical services and clinical research. Center director is **John Ruckdeschel**. . . . **BRUCE ALBERTS**, molecular biologist at Univ. of California, San Francisco, has been elected president of the National Academy of Sciences, succeeding **Frank Press**, who is completing his second term. . . . **TWO GENE THERAPISTS** plan to leave NIH on April 1: **Ronald Crystal** and **Arthur Nienhuis**. Crystal, pulmonary branch chief, National Heart, Lung & Blood Institute, will become chariman of the pulmonary and critical care divisions at Cornell Univ. Medical Center. Nienhuis, chief of clinical hematology at NHLBI, will become director of St. Jude Children's Research Hospital in Memphis. . . . **FRANCIS COLLINS**, Univ. of Michigan, has been selected to head the NIH Human Genome Project. . . . **M.D. ANDERSON** Cancer Center awarded a $54.9 million contract to Centex Bateson Construction Co. of Dallas for the first phase of a $248.6 million three-building expansion, the largest building program in the center's history. The project will increase the center's size by 30%, from 3.2 million to 4.1 million square feet. The expansion includes a new patient care tower, clinical research building, and an outpatient clinic. . . . **MEL HABERMAN**, of Fred Hutchinson Cancer Research Center, has been appointed director of research for the Oncology Nursing Society. The new position was created as part of ONS's five year strategic plan. The Research Dept. will be jointly housed at ONS headquarters in Pittsburgh and at the Hutchinson center in Seattle. **'IN BRIEF'** is continued to page 8. . . .

'Mid-Risk, High Payoff' Research DOD Target For Breast Cancer Funds

(Continued from page 1)

and Development Command. "So we need to focus on [basic] research to get the science unstuck. I'd like to see some kind of a breakthrough."

Travis controls about $14 million more in targeted breast cancer research funds this fiscal year than does Broder.

Congress earmarked the money in the Dept. of Defense budget in response to lobbying by politicized breast cancer patients, led by the National Breast Cancer Coalition.

"When the biopolitics of breast cancer began to surface last summer, it was clear to me that our Army lacks the expertise to deal with what the coalition wants us to do and Congress in turn asked us to do," Travis said.

The Army contracted with IOM to form a committee of 10 scientists to suggest specific research areas for funding and offer guidance on peer review. The study will cost $300,000 and will be completed in three months.

At its first meeting last week, the IOM's "Committee to Advise the Dept. of Defense on its FY93 Breast Cancer Program" heard from Travis and IOM President Kenneth Shine, began discussing the peer review process, and held a public hearing to receive testimony from cancer activists and professional organizations (see related story, page 4).

'We Are Going To Pay Attention'

"Whatever you recommend will be taken very seriously," Travis said to the committee. He said NBCC President Fran Visco asked him, "'Are you going to pay attention?' I said, 'We are going to pay attention.'"

"The first element of courage is admitting mistakes or saying we don't know anything about our endeavor," he said.

Breast cancer research is a "new venture" for the Army, Travis told the committee. In FY92, Congress provided $25 million to the command for breast cancer research.

"We didn't want to duplicate what is being done at NIH," Travis said. About $21 million is in the process of being distributed to peer reviewed research projects, limited to four or five years, mainly in enhanced imaging and tumor markers. In addition, $4.05 million was spent on mammography machines for each of the services, because, Travis said, "they are state of the art, and [because] Congress gives money in an appropriation but it never gives people, and the weak link in our system is people.

"We do have oncologists in our tertiary care facilities who are linked to protocols, but there is no imbedded research," he said.

The American Institute of Biological Sciences, under contract with the Army, conducted peer review for the FY92 program.

'Some Unhappiness' With NIH

When Congress appropriated the $210 million last fall, Travis and DOD Assistant Secretary for Health Affairs Enrique Mendez met with Broder and NIH Director Bernadine Healy.

"They asked us to seriously consider funding their bypass budget, but it was made clear early on by Congress that this was a DOD program and there would be no pass-through of funds," Travis said.

Travis said he also listened to proposals from many organizations and spent some time on Capitol Hill.

"Yes, there is some unhappiness with how NIH has executed their programs," he said.

Sen. Tom Harkin (D-IA) and Rep. Pat Schroeder (D-CO) "made it clear that the money is the taxpayers' and the Army is in charge," Travis said. "If Congress decides we are going to stay in this business big-time, then that's okay, we will."

Thus, the IOM committee must operate under the assumption that the DOD will not transfer funds in bulk to NIH.

However, NIH or its components could compete like any government agency for a grant or contract from the Army, Travis said.

Other conditions Travis outlined:

▶Funds will not be used for construction and no equipment will be purchased except as part of a research protocol.

▶No funds will be reserved for specific individuals or organizations.

THE CANCER LETTER

Editor: **Kirsten Boyd Goldberg**
Associate Editor: **Paul Goldberg**
Founder & Contributing Editor: **Jerry D. Boyd**

PO Box 15189, Washington, DC 20003
Tel: (202) 543-7665 Fax: (202) 543-6879

Subscription rate $225 per year North America, $250 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.

▶Projects must be completed within four years of initiation.

▶No large program grants unless the individual components are submitted separately and can be evaluated and funded independently.

▶The Army will reserve five percent of the funds for management of the program.

▶The program will be peer reviewed.

In addition, Travis said, "There are already incredible treatment regimens in place. The coalitions tell me what they really want is front-end...cause and prevention research."

However, if the IOM committee advises the Army to spend the money on treatment research, the Army will listen. "We're flexible," Travis said.

Will Consider Using NIH Review Process

Travis said he is beginning to build a "breast cancer management team" to operate the research program.

"We think it will take 10 people to man this program," he said. "Healy said it would take 80 people at NIH."

Travis said Broder estimated the program will generate requests for $1.2 to $1.4 billion in funding.

IOM committee members Harold Varmus and Mary-Claire King questioned Travis about his view of the NCI bypass budget.

"The generic proposals we have seen from [NCI] are not unsimilar to what we are proposing to do," Travis said. "At first we were excited." The Army was not happy about construction proposals, however.

"There is some concern about the disparate nature of their program," Travis continued. He especially liked proposals for research on chromosomes and tumor markers.

"You may well tell me that [the bypass budget] should be our key," he said.

"No. 1, I'm a neophyte," Travis said. "There is enough meat in their bypass budget. It represents one organization's best shot at spending monies. Some things are probably well worth a significant investment."

Travis indicated the Army would be willing to use the NIH peer review system.

"I don't want to have to build more structure," Travis said. "If we can piggyback on an existing system, we'll use it."

The committee discussed the possibility of using the NIH system but adding more members to NIH study sections.

Committee members said regardless of the form it took, review would have to be expedited.

Another problem might be continuity of the program, Varmus said. "An investigator may want to submit a grant to NIH rather than the Army because NIH will be there when the grant expires," he said.

"Maybe," quipped Barbara Bynum, director of NCI's Div. of Extramural Activities.

'More Of The Same'?

Committee member Kay Dickersin said that the recommendation to use the NIH peer review system might be politically unacceptable to the breast cancer advocates. "It may result in more of the same people being funded," she said.

King said there may be no other choice. "We're going to be resource poor in terms of review. I refuse to be on a study section again because I know so few grants are funded."

"I'd like to see the process opened up more," Dickersin replied. She said review generally is biased in favor of those who have worked with members of the study sections.

"Some of the assistant professors in my department wouldn't think of applying to NCI because they have no track record," she said. "I see this as an opportunity for my sex, my rank, and breast cancer."

King said Dickersin's colleagues could apply for NIH FIRST awards.

"In epidemiology, $50,000 doesn't go very far to study people," Dickersin said.

NCI: Critical Targets

NCI's Judith Karp, special assistant to Broder, described the Institute's funding process and four "critical targets" for cancer research: prevention clinical trials, accessability of state-of-the-art care, therapeutic research and the Specialized Programs of Research Excellence (SPOREs).

Karp said NCI last year funded 40 percent of all breast cancer research project grants, while the overall RPG funding rate was 30 percent.

She noted that 80 percent of the Institute's budget is spent on extramural research, and 50 percent goes to investigator-initiated research.

ACS: Not Many 'Mid-Risk, High Payoff' Applications

Dawn Willis of the American Cancer Society described the ACS research program, which funds about $8 million in grants. Twenty-two staff members review and process 5,000 applications per year. Each study section costs $30,000 a year to operate. ACS funded 44 grants in breast cancer out of 800 total grants funded last year.

"I am skeptical to think there will be a cure or a

breakthrough in the next two to four years," Willis said. "We don't think there are too many 'mid-risk, high payoff' applications."

ACS recommends that the Army use a peer review process that is already in place, such as those run by NIH or ACS. Willis suggested that an ad hoc council be formed to prioritize the DOD applications approved by study sections.

Elizabeth Hart of the Susan G. Komen Foundation said the foundation provided $15 million in grants over the past 10 years. All peer review is done by teleconference and mail. The foundation funded 67 grants last year.

Coalitions Diverge On NIH Role, Agree On Need For Basic Research

The National Breast Cancer Coalition said NIH alone cannot meet the challenge of finding a cure for breast cancer and called for creation of a comprehensive strategy for fighting the disease.

Addressing the Institute of Medicine panel advising the Dept. of Defense on its $210 million appropriation for breast cancer research, NBCC President Fran Visco said her coalition initially hoped that the new money would go to NIH.

However, Visco said, "NIH told us it was too much for them to handle."

"If the existing structures can't handle it, we need new structures that can while we revamp the old ones," said Visco, referring to the first meeting of the IOM panel as "the first step in this new and exciting direction."

Countering the NBCC line, the National Coalition for Cancer Research, which includes all the major specialty groups as well as a group of cancer survivors, called on Defense to use the NIH Div. of Research Grants to conduct peer review of research proposals.

"The use of an established mechanism which has been widely and consistently used is important to ensure the quality of research supported with this substantial appropriation," Ellen Stovall, executive director of the National Coalition for Cancer Survivorship, who spoke for NCCR.

However, both NBCC and NCCR were in agreement that the largest portion of the Defense breast cancer funds should go to basic research.

NBCC

"We need a greater focus on basic science, for example research into normal breast development and physiology, including the influence of endogenous and exogenous hormones in diet," said Visco.

NBCC also called for epidemiologic studies on the role of the role of the environmental toxins, types and levels of radiation exposure and dietary factors.

"Greater attention must be placed on the development of areas such as biologic response modifiers and monoclonal antibodies," Visco said.

Visco said NBCC would like to see an increase in investigator-initiated rather than RFA-directed research.

"Involve patient advocates in each step of the way," she said. "Include us in the development and design of clinical trials."

"I look at the panel and I am proud, because this isn't same-old same-old," Visco said of the IOM panel. "There are new faces. They are mostly women. We've begun to change the faces of the decision makers. Please, where it's necessary, let's change the rest of the status quo."

Visco recounted a recent meeting between NBCC leadership and NCI officials. "[NCI officials] themselves told us that a huge battleship cannot turn on a dime," Visco said.

"But you see, this is our incredible opportunity, because now we get to design a new battleship. And we can use all of our creative resources to make certain that this one can turn on a dime."

NCCR

NCCR recommended that basic research receive 80 percent of the DoD breast cancer research funds.

Addressing the panel, Stovall said basic research funds should fund both targeted research and investigator-initiated research. This should include:

▶Targeted research should emphasize genetic, hormonal and environmental factors involved in breast cancer, with emphasis on early diagnosis, cause and prevention.

▶Investigator-initiated basic investigations into the cellular processes characterizing malignancy, including the study of normal breast development, molecular biology of malignant cells and malignant transformations and sequences of genetic changes leading to malignancy.

To attract new talent to basic research in breast cancer, NCCR recommended that a portion of the funds be distributed through startup grants for young investigators.

Also, the size of the awards should be sufficient to attract established investigators who had not worked in the field, the coalition recommended.

The remaining 20 percent of the DOD breast cancer funds should be divided evenly between clinical research and resource development.

According to NCCR, the clinical research component of the DOD funded programs would cover preclinical research and clinical evaluation of novel therapies.

The resource development component should fund research in transgenic models for breast cancer, specialized equipment for breast cancer research and advances in imaging technologies.

According to Stovall, not all the specialty and patient groups that comprise the coalition endorsed all of its recommendations to the IOM panel. "However, [the statement] does reflect the overall consensus of our deliberations," she said.

ASCO

The American Society for Clinical Oncology, an NCCR member, recommended that a portion of the DOD appropriation be used to fund a Request for Applications which would solicit grant applications for supplemental funds from the Cooperative Groups, the Community Clinical Oncology Program, Cancer Centers and SPOREs.

"The applications should be selected on the basis of their innovation or their ability to hasten the pace of an on-going breast cancer clinical trial," said Craig Henderson, chief of medical oncology and director of clinical oncology at the Univ. of California at San Francisco Cancer Center.

Henderson said applications that would enhance accrual of minority women to clinical trials should be given preference.

"We are confident that your deliberations will lead you to conclude that we must rely on an established peer review system with expertise in reviewing basic and clinical investigator-initiated biomedical research grants," Henderson said. "From our perspective, the NIH system is uniquely qualified to perform this task."

AACR

The pursuit of the most promising directions in basic research in breast cancer can exceed the funding DOD has in its disposal, said Lee Wattenberg, president of the American Assn. for Cancer Research. AACR is a member of NCCR.

According to Wattenberg, Defense should fund basic investigations of the molecular biology and biochemistry of the mammary gland.

Another set of studies in the mammary gland's response to hormonal stimulation could produce a strategy for prevention of breast cancer.

Other areas of investigation should include:

▶Work on multistage carcinogenesis of the breast, similar to the Vogelstein et. al. studies of multistage carcinogenesis of the large bowel;

▶The identification and validation of effective cellular and serological biomarkers of carcinogenesis of the breast;

▶Studies of chemoprevention and dietary manipulation. Particularly, Wattenberg pointed to the need for a shorter term, and less expensive alternative to the ongoing tamoxifen study, retinoid study and women's health trial. It would be desirable to have relatively simple, flexible procedures to facilitate evaluation of chemopreventive agents, he said.

Cell proliferation biomarkers could make it possible to investigate chemopreventive agents in humans within a period of six months to a year, using as few as 50 subjects, he said.

Cancer Centers

The Assn. of American Cancer Institutes, an NCCR member, recommended that applications for DOD money be considered by a panel consisting of members of review committees working with DOD, the American Cancer Society and NCI.

"This would allow broad and experienced representation," said Jerome Yates of Roswell Park Cancer Center, who read the AACI consensus statement to the panel.

"Executive secretaries placed on temporary leave from their home agency (DOD, NIH or ACS) would be requested to oversee the review activity.

"Assigning a specific program area to a specific agency would divide the work while assuring a high level of scientific administrative efficiency."

AACI also recommended that the new funds be distributed among six categories: translational basic research, prevention, early detection, treatment, continuing care and rehabilitation and construction and renovation of facilities dedicated to breast cancer research.

"A series of RFAs, each focusing on one area, would ensure adequate programmatic efforts for each of these components," AACI said in its consensus statement.

Nurses

The Oncology Nursing Society, citing a survey of its 23,000 members, warned DoD against funding programs that are already in existence:

▶Move beyond the classic treatment approach and focus on work likely to yield advances in prevention and early detection.

▶Support research directed at enhancing the quality of life of breast cancer patients and women at high risk of developing the disease. This would include management of symptoms and side effects of

treatment, promoting rehabilitation and enhancing survivorship.

▶Ensure that a variety of disciplines is involved in addressing the quality of life issues.

▶The research program should include opportunities for investigation of influences of culture, ethnicity and the place of residence on the patients' attitude to prevention, early detection and treatment.

To work properly, review panels should include consumers, ONS said.

"ONS urges DOD to view this research program as an opportunity for innovation and to use it to address problems related to breast cancer that have received limited attention from other funding sources," said Lillian Nail, who spoke for the society. ONS is an NCCR member.

Survivors

The National Coalition for Cancer Survivorship called for greater attention to research in cancer survivorship.

"We need to look no further than the recent breast implant controversy to find a compelling example of the necessity for further survivorship research," said Stovall, presenting the NCCS recommendations.

"Thousands of women who have chosen to have reconstructive surgery following their mastectomies now face untold horrors regarding their safety. Scientific data on the risks and benefits of implants are unavailable, even though these prosthetic devices have been marketed for decades.

"Given this lack of data and the FDA's recent regulatory actions with regard to implants, it is virtually impossible for women with breast cancer to provide informed consent regarding procedures performed on their own bodies.

"This absence of critical information is a direct result of years of funding survivorship research only as a last resort," she said.

NCCS suggested that DOD fund research in the following areas:

(1) the study of the psychosocial aspects of survivorship, social support networks, and coping skills;

(2) the interplay between survivorship and cultural and ethnic values;

(3) the accessibility of health care delivery systems;

(4) the standardization of quality of life measurements;

(5) long-term and sexual dysfunction;

(6) successful rehabilitation techniques;

(7) employability, insurability and vocational rehabilitation.

NIH Proposes Cell Biology Center To Conduct Focused Cell Research

NIH is proposing the creation of an inter-institute Center for Cell Biology across the Dept. of Health and Human Services to address "the programmatic urgency of NCI to reduce cancer morbidity and mortality from breast cancer and other solid tumors."

Lance Liotta, NIH director for intramural research, presented the proposal last week to the IOM committee advising the Dept. of Defense on its FY93 breast cancer program.

A draft statement of the proposal given to committee members said NCI's component of the center would conduct intensive research on the cell cycle, regulatory cell biology to provide additional molecular targets for treatment of breast cancer, organelle biology, and cell and tissue architecture.

In a related development, NCI has formed an Inter-institute Breast Cancer Working Group, led by Susan Sieber, deputy director of NCI's Div. of Cancer Etiology.

The working group is made up of researchers from 10 HHS institutes, centers and divisions and will serve as an information clearinghouse and coordinating body for breast cancer research activities throughout NIH and FDA. The group meets biomonthly.

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 NCI-CN-35539-33

Title: Phase 1 studies of new chemopreventive agents

Deadline: Approximately March 26

NCI's Div. of Cancer Prevention & Control, Chemoprevention Branch, wishes to establish a master agreement contract for the above study. The objective is to determine the parameters and characteristics of toxicity in humans, the safely delivered dose, and the basic clinical pharmacokinetics of agents emerging from the NCI chemoprevention agent development program so that subsequent phase 3 risk reduction trials can be appropriately designed. The master agreement holder shall develop and conduct the following Task I and Task II studies:

Task I: Phase 1 studies shall provide the parameters and characteristics of drug toxicity, the safely delivered dose and a recommended phase 2/3 dose. Phase 1 clinical studies with combinations of agents may be performed if mutually agreed upon by the contractor and the project officer.

Task II: Pharmacokinetic studies shall provide the parameters of drug absorption, blood concentration-time profiles, distribution and excretion. Using classical and non-classical modeling, the pharmacokinetic data shall be used to determine probable

patterns of distribution, and excretion, compartmentalization and enterohepatic recirculation, and to include identification as well as distribution and excretion of metabolites. A maximum of ten task orders requiring approximately 200 subjects shall be issued annually for five years for studies on specific agents.

Contract specialist: Alan Kraft, RCB Executive Plaza South Rm 635, phone 301/496-8603.

RFAs Available

RFA CA-93-15

Title: **Research in public and professional education for the prevention and control of skin cancer**

Letter of Intent Receipt Date: March 15

Application Receipt Date: May 20

NCI and the National Institute of Arthritis and Musculoskeletal and Skin Diseases invite applications for grants to conduct research on educational strategies for the prevention of melanoma and non-melanoma skin cancers through controlled studies in defined populations. These behavioral studies should be aimed toward reduction of high levels of exposure to natural or artificial ultraviolet light.

Investigators should be capable of assembling a multidisciplinary team including health education specialists responsible for public education interventions, trained medical personnel knowledgeable in skin cancer for professional education interventions, and associated statisticians, research designers, communication specialists, etc., for the successful implementation and reporting of a full-scale research project.

Mechanism: NIH research project grant (R01) and FIRST (R29) award. Average direct costs for each award will be $183,000 per year. Three NCI sponsored awards and one or two NIAMS sponsored awards. Total expenditures will not exceed $1,500,000 (total costs) for the first year. Project period may not exceed 4 years. Anticipated award date: April 1, 1994.

Research objectives: 1) to study the effects of public education interventions aimed at increasing use of sunscreens and protective clothing, limiting exposure to solar radiation, avoiding artificial methods of tanning, teaching skin self-examination, and improving other behaviors related to skin cancer risk reduction; and 2) to study the effects of professional education interventions aimed at increasing caregivers' awareness of skin cancer, their ability to provide advice, and their knowledge on the importance of screening and early detection for prevention and control of skin cancers.

Evaluations should be designed to test: 1) what are the most effective educational conditions that lead to a quantifiable reduction in skin cancer risk behaviors in specific populations?; and 2) what are the most effective educational conditions for increasing professional knowledge on primary prevention, screening, and early detection of skin cancer?

Inquiries: Dr. D. Michael Anderson, Director, Skin Cancer Prevention Research, NCI, Executive Plaza North, Room 218, Bethesda, MD 20892; Tel. 301/496-8577; or Dr. Alan Moshell, Skin Disease Program Director, NIAMS, Westwood Bldg, Room 405, Bethesda, MD 20892; Tel. 301/402-3342.

RFA CA-93-14

Title: **Adult survivors of cancer**

Letter of Intent Receipt Date: March 16

Application Receipt Date: May 21

NCI invites investigator-initiated grant applications for research directed at decreasing the functional and psychosocial morbidity associated with cancer survivorship, i.e., in persons diagnosed and treated for cancer after age 21, who have completed therapy and have a good prognosis for cure or long-term survival.

Mechanism: NIH R01 grant. Project period should not exceed four years. Anticipated award date is April 1, 1994. Total costs of $2,500,000 per year for four years will be committed; four or five awards will be made.

Objectives are to decrease functional and psychosocial morbidity associated with cancer survivorship by developing and testing interventions to facilitate rehabilitation of adult cancer survivors and to enhance their re-entry into society. The specific objectives are: 1) define and explore functional and psychosocial issues facing adult cancer survivors and the barriers to reintegration into society, 2) develop and evaluate specific interventions to enhance adaptation to long term physical impairment, vocational rehabilitation, psychosocial adjustment and/or return to pre-diagnosis life style.

Research applications should address issues in at least one of the following areas: long term physical impairment; self-image, sexuality, reproductive potential; interpersonal relationships and social functioning; vocational rehabilitation, employment or insurability; medical uncertainties; cultural and ethnic background and values as influences on adaptation to cancer.

The application should define the study population, identify the problem, describe the intervention and outline the evaluation plan. The design must include a testable intervention and a systematic plan of evaluation of the intervention using qualitative and quantitative methods.

Inquiries: Claudette Varricchio, NCI, Executive Plaza North Suite 300, Bethesda, MD 20892; Tel. 301/496-8541.

Program Announcement

PA-93-052

Title: **Prostate growth in older men: age-dependent mechanisms**

The National Institute on Aging wishes to stimulate basic research on the etiology of the extraordinarily high incidence of benign or malignant prostate growth in older men, and issues relative to clinical consequences and the effectiveness of current and proposed treatment protocols in older men experiencing pathologic or symptomatic effects of benign or malignant growth. NIA is joined by other NIH components that support prostate-related research: the National Institute of Diabetes and Digestive and Kidney Diseases and the National Cancer Institute. The focus of the NIA in promoting research into ameliorating the negative health effects of prostate growth in the older male population is on age-related factors and age-dependent processes of prostate growth.

New and experienced investigators working in the research areas of prostate cell and molecular biology, prostate biochemistry, clinical studies of prostate pathology, or related areas are invited to apply for grant support to study age-related factors and age-dependent processes in prostate growth that account for the prevalence of these diseases in older men.

Support for this program will be by research project grants (R01), First Independent Research Support and Transition awards (R29), Clinical Investigator Awards (K08), Physician Scientist Awards (K11), Individual Postdoctoral Fellowships

(F32), Senior Postdoctoral Fellowships (F33), and conference grants (R13). The anticipated average direct cost award for a research project grant is $150,000 per year.

Purpose of this PA is to stimulate research into the cause(s) of, and treatments for, the extremely high incidence and prevalence of both benign and malignant prostate growth in older men, using animal and cell culture models, and human tissue samples and clinical studies where applicable. It is imperative that applicants address age-related issues important to prostate growth processes. What is it about aging processes and the properties of the prostate, its environment, and its natural history that promote growth? What are the effects of long term treatment protocols for BPH and prostate cancer in older men?

Direct inquiries regarding:

--NIA programmatic issues in basic research: Dr. Frank Bellino, Biology of Aging Program, NIA, Gateway Bldg, Suite 2C231, Bethesda, MD 20892; Tel. 301/496-6402; fax 301/402-0010.

--NIA programmatic issues in clinical and disease-oriented research: Dr. Sheryl Sherman, Geriatrics Program, NIA, Gateway Bldg, Suite 3E327, Bethesda, MD 20892; Tel. 301/496-6761, fax 301/402-1784.

--NIDDK programmatic issues: Dr. Leroy Nyberg Jr., Director, Urology Program, Westwood Bldg, Suite 3A-05, Bethesda, MD 20892; Tel. 301/496-7133; fax 301/402-0223.

--NCI programmatic issues: Dr. Andrew Chiarodo, Div. of Cancer Biology, Diagnosis and Centers, NCI, Executive Plaza North, Suite 316, Bethesda, MD 20892; Tel. 301/496-8528, fax 301/402-0181.

In Brief

Healy Will Tap $10 Mil. For Research On Tuberculosis; NCI Share $1.9 Mil.

(Continued from page 1)

. . .**NIH DIRECTOR Bernadine Healy** will tap about $10 million from the budgets of the institutes to fund research on drug resistant tuberculosis. NCI's share of the tap will be $1.9 million, NCI Director **Samuel Broder** said to the National Cancer Advisory Board at its meeting last week. He said NCI is being "treated fairly." . . . **NCI's Div. of Cancer Etiology** will study the issue of brain cancer and the use of cellular phones. "We want to stress that there are no data to suggest cellular phones cause cancer; we are seeking scientific data," Broder said to the NCAB. . . . **RACHELLE MUNIC** has joined Cooper Hospital/Univ. Medical Center as an administrative director of the hospital's new Cancer Center of Southern New Jersey. Munic was clinical director at the Fox Chase Network Program at Fox Chase Cancer Center. . . . **DAVID KELLY** has assumed the presidency of the Ohio Div. of the American Cancer Society, succeeding **Daniel Whiteley.** Kelly has been a physician-surgeon on the faculty of the Ohio State Univ. Hospital and Children's Hospital. **Shirley Gullo** is new chairman of the division's Board of Trustees, succeeding **John Aquara.** . . . **FOX CHASE** Cancer Center has begun a three-year project to improve pain relief for cancer patients in its service area. **Michael Levy,** co-director of Fox Chase's Pain Management Center, is principal investigator for the cancer pain education project. The outreach program involves five hospitals belonging to the Fox Chase Network. Teams consisting of a nurse and a pharmacist with backup of a physician at each of the hospitals had special training at Fox Chase on effective methods of direct and telephone-based education and support for families and patients. . . . **M.D. ANDERSON CANCER CENTER** has begun enrolling patients in the first large-scale clinical study of silicone gel-filled breast implants. The Adjunct Study, a five-year trial conducted by manufacturers of breast implants, will examine the safety and efficacy of the implants. More than 3,000 plastic surgeons nationwide are expected to recruit and monitor patients in the trial. M.D. Anderson will enroll patients whose options for breast reconstruction are limited to the silicone implants. Medical history and other information will be compiled and submitted to **Mentor H/S,** one of two implant manufacturers involved in the study. The results will be sent to FDA as part of the pre-market approval process for the implants. . . . **JOHN GIBBONS,** director of the congressional Office of Technology Assessment, was selected as White House science advisor. . . .**EDGAR HENSHAW,** professor of oncology and director of the basic science division, Univ. of Rochester Cancer Center, died Dec. 30 in Pittsburgh. He was awaiting a liver transplant following complications from prostate cancer. He was 63. . . . **CANCER RESEARCH INSTITUTE** honored six cancer immunologists at a recent awards dinner: **Jack Strominger** and **Don Craig Wiley,** both of Harvard Univ., and **Pamela Bjorkman,** of California Institute of Technology, received the William Coley Award for work on the crystal structure of the major histocompatibility complex. **Philippa Marrack** and **John Kappler** of National Jewish Center for Immunology and Respiratory Medicine, Denver, were honored for work on T cells. **Alvaro Morales,** Queens Univ., Kingston, Ontario, received the award for his work in bacillus Calmette-Guerin (BCG) for treatment of bladder cancer. . . . **GEORGE HASHIM,** recently retired from Columbia Univ. Depts. of Microbiology and Surgery, has been named associate scientific director of the Council for Tobacco Research. The council is supported by the tobacco industry.

Items for 'In Brief' may be mailed or faxed to ***The Cancer Letter,*** *PO Box 15189, Washington, DC 20003, fax 202/543-6879, phone 202/543-7665.*