THE CANCER LETTER

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Cancer Funding To Defense Dept. Is Threat To National Cancer Program, Broder Says

The appropriation for the Dept. of Defense breast cancer research program presents a threat to the cancer program, NCI director Samuel Broder said this week.

"There is but one National Cancer Program, and I think it is very important to recognize that even though it may look big and look tough, it is not different from a redwood tree that may look very durable, but

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In Brief

Columbia Adds Presbyterian To Center's Name; Clinton's Mother Honored; DeVita Move Rumored

COLUMBIA-PRESBYTERIAN CANCER CENTER is the new name of the Columbia Univ. Cancer Center. "The new name reflects the true diversity of the cancer center and its close working relationships with the various units of Columbia Univ. and Presbyterian Hospital," center director **Bernard Weinstein** said. "It also emphasizes the importance of bridging basic science and clinical research in developing more effective strategies for cancer prevention, diagnosis and treatment." The center moved its administration division and communications office to space in the Presbyterian Hospital. . . . **VIRGINIA KELLEY**, President Bill Clinton's mother and a breast cancer survivor, will be honored at a gathering this week at the Plaza Hotel, New York City, of more than 300 breast cancer survivors sponsored by the National Alliance of Breast Cancer Organizations. . . . **VINCENT DEVITA** may be contemplating a move to New Haven, CT. Sources told **The Cancer Letter** that Yale Medical School Dean Gerard Burrow is trying to recruit the former NCI director and former physician-in-chief of Memorial Hospital to head the Yale Comprehensive Cancer Center. Burrow is said to be seeking a clinically-oriented administrator to replace center director **Alan Sartorelli**. Sartorelli told **The Cancer Letter** last week that he is still the cancer center's director. When asked whether rumors of his leaving Yale were true, Sartorelli said, "It's too early to confirm that." . . . **NEW APPOINTMENTS** at Johns Hopkins Oncology Center: **David Ettinger** has been named associate director for clinical affairs. Ettinger is clinical director of the NCI-funded Specialized Programs of Research Excellence in lung cancer at Hopkins and director of the center's outpatient department. **Stephen Baylin** was named associate director for research. Baylin is principal investigator of the SPORE and serves on the Board of Scientific Counselors of NCI's Div. of Cancer Biology, Diagnosis & Centers. . . . **'IN BRIEF'** continues to page 8. Items may be faxed to 202/543-6879. . . .

Defense Cancer Funding Is Threat To NCI, Broder Tells Center Directors

(Continued from page 1)
its roots are quite shallow," said Broder. "It can be damaged by being trampled on."

The National Breast Cancer Coalition, the group whose lobbying led Congress to appropriate $210 million to the Dept. of Defense breast cancer research program, has said that it may ask for another appropriation to allow DOD to continue its research (**The Cancer Letter**, Feb. 12).

Portions Of Bypass Used

Addressing the annual workshop of the directors of NCI-supported cancer centers, Broder said the NCI bypass budget remains an important document, albeit one that has been used in a manner contrary to its intent.

"I don't know where the comments come from that [the bypass budget] it hard to understand, because it seems to be very acutely understood by members--at least staffers--in Congress.

"What we are encountering, however, is a phenomenon in which only a portion of the bypass budget is being used.

"It's intended to be an integral whole. And if what you say is, 'Okay, I read in the bypass that you want to spend X hundred million on disease X, that's what you must do irrespective of your total budget,' then that implies to me that while the bypass budget, unfortunately, is being read in a certain way with great precision, but it is being used in a way that perhaps was not intended," Broder said.

Broder's 'Cloying Speech'

"I do want to give you a cloying speech right now," Broder said. "Very brief, but cloying.

"I think that we are not asking for a contingent of NCI employees to go to Somalia or to go to the Balkans.

"And I think one of the things that all of us need to recognize is that government agencies can do what their mission is. The Dept. of Defense has a critical mission, which is to defend the security interests of the United States, using our force.

"Our interests are to develop a research agenda and to generate knowledge that would help the individuals with cancer.

"I think it is important, in addition to worrying about how a specific allocation of money may be used, for all of you to defend the National Cancer Program.

"I think it took a long time for that program to be launched. And I don't think you should take it for granted. And I apologize if I am being cloying, because it does not have to do with who the director of NCI is. It has to do with the principle, which is that NCI is the agency for generating knowledge on cancer, has a body of advisory groups, has developed the tradition of excellence, and I am not sure that you want to let that just disperse.

"So, I think the issue is that those of you who believe in these principles should defend it. I cannot defend it alone," Broder said.

Following the workshop, the center directors were scheduled to attend the annual meeting of the Assn. of American Cancer Institutes, which included lobbying visits to Capitol Hill.

THE CANCER LETTER

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NIH Director Healy To Leave June 30 At Clinton's Request; Kessler To Stay

The Clinton Administration has asked NIH Director Bernadine Healy to resign and FDA Commissioner David Kessler to stay, clarifying the status of the two Bush Administration appointees.

Healy announced last week that she will step down by June 30 and return to the Cleveland Clinic Foundation to the position she held before being selected to head NIH two years ago.

Healy said she will stay until the middle of this year to provide an "orderly transition." The delay also will allow her to witness the publication of the NIH strategic plan in about a month. The plan, Healy's key initiative, is intended to state the mission of NIH and outline long-term research priorities on subjects that span the individual Institutes.

Healy said she met with HHS Secretary Donna Shalala and is "confident" of her support for the strategic plan, and to basic science, the expanded

Human Genome project, and to initiatives on women's and minority health, and research training.

NIH Claims Healy's Heart, Soul

"I am deeply honored to have served as director of this great institution," Healy said. "The NIH claims a piece of my soul and will always have a place in my heart.

"I firmly believe, as I said in my confirmation statement to the Senate, that the NIH is a national treasure," Healy said. "The fruits of NIH's medical research have proven to be among our Nation's greatest achievements, saving countless lives and profoundly improving the human condition. . . . I am proud to have been at her helm."

In the last several months, Healy has taken criticism from Bush Administration officials who accused her of disloyalty for expressing the desire to keep her job and by Congressional proponents of women's health research such as Rep. Pat Schroeder (D-CO), who thought Healy too strongly supported Bush Administration positions. She also sparred with Rep. John Dingell (D-MI) last year over the management of the NIH Office of Scientific Integrity.

When Healy, 48, took over NIH in 1991, the Institutes had been run for nearly two years by acting director William Raub following James Wyngaarden's 1989 resignation. Raub has been described as a capable, but colorless administrator, who lacked the mandate to make any major changes at the Institutes.

Energized NIH

She began her term with a confident and crusading style and talked about making NIH of the 1990s more like the space program of the 1960s--sharply focused, intent on results, and exciting to the public.

Almost immediately, she began a process to engage the scientific community in designing a strategic plan for NIH that would identify important areas of research. At first, she hoped to attach dollar amounts to the plan to show the cost of exciting, vital research. However, the process became bogged down, and the dollar amounts were taken out, Healy said recently, "because the budget comes from the outside" (**The Cancer Letter**, Feb. 12).

She also instituted the James A. Shannon Director's Awards, small grants to investigator-initiated R01 applications that came in just outside the payline, as a way to fund higher risk research.

Healy apparently got along well with NCI Director Samuel Broder, who has said that NIH treated the Institute fairly in the budget process, an improvement from previous years.

"Dr. Healy has done a great deal for a number of issues," Broder said this week at a meeting of cancer center directors. "I think she cared a lot about the NIH. I think she did a great deal for women's health, and by-and-large I think she was extremely sympathetic to the special authorities of the National Cancer Program."

Some on the NIH campus, particularly within NCI, count as one of Healy's major accomplishments replacing brothers J. Edward Rall, intramural research director, and David Rall, director of the National Institute of Environmental Health Sciences.

She hired Howard Univ. Cancer Center director Kenneth Olden to fill the NIEHS job and NCI scientist Lance Liotta to head the intramural program.

Healy and Kessler, like most Bush appointees, submitted pro forma resignations prior to the election last November. Bush accepted their resignations along with hundreds of others in mid-January, then reversed the decision, allowing President Bill Clinton to keep the two in their jobs until the new Administration chose to replace them.

Sen. Pryor Attacks Drug Industry, NIH Technology Transfer, In Hearing

The word "gouging," recently used by Rep. Ron Wyden (D-OR) to describe the pricing of the cancer drug taxol, seems to have carved out a prominent place in the Congressional lexicon on the price of prescription drugs.

"In essence, we have given the drug manufacturers a legally sanctioned license to price gouge the American public," Sen. David Pryor (D-AR), chairman of the Senate Committee on Aging, said at a hearing last week.

Pryor's criticism was aimed at the technology transfer program that allows joint research and development agreements between the government and the drug industry.

"This supposed 'mutual partnership' appears to have degraded into nothing more than a one-way street," he said. "Drug manufacturers appear to have found the key that unlocks the federal government's scientific vault, which is teeming with dozens upon dozens of drugs that have lucrative markets.

Manufacturers 'Double Dipping'

"Stuck holding the bag are the American citizens who are being double-dipped by drug manufacturers," Pryor said.

While the hearing addressed the broader issue of drug pricing, the controversy of the pricing of taxol

was addressed by Wyden, who appeared as a witness, and Bruce Chabner, director of NCI's Div. of Cancer Treatment.

"NIH settled on Bristol-Myers Squibb as their partner before they even discussed the price," said Wyden. "I think you will agree that the time to negotiate something is before closing the deal."

In testimony that echoed his prepared remarks at Wyden's hearing earlier, Chabner said NCI did everything within its statutory power to ensure that the price of the drug would be reasonable (**The Cancer Letter**, Jan. 29).

The contractual clause that obligated Bristol to sell taxol at a "reasonable" price to the consumer has been useful in controlling the price, Chabner said.

"It has made pricing a matter of public interest," he said. "In so doing it has undoubtedly exerted considerable pressure on the company to moderate its pricing strategy."

Bristol officials did not testify at the hearing, but the Pharmaceutical Manufacturers Assn. said the industry would oppose the establishment of price assessment capabilities within NIH.

"I believe the system that we have in the U.S. is bringing price competition to the American consumer," said Gerald Mossinghoff, PMA president. "I think the system is taking care of itself."

Clinton Names HHS Deputy Broadnax, Fills Five Other Posts In Department

President Clinton and HHS Secretary Donna Shalala have made appointments to the following positions in the Dept. of Health & Human Services.

▶Walter Broadnax, deputy secretary, has served since 1990 as president of the Center for Governmental Research in Rochester, NY, a private non-profit research and management consulting organization. From 1987-90, Broadnax was president of the New York State Civil Service Commission and as commissioner of the New York State Department of Civil Service. He is a native of Arkansas and served as a Clinton transition team leader in personnel and management issues.

▶Harriet Rabb, general counsel, has served as vice dean, Columbia Law School, New York City.

▶Fernando Torres-Gil, Commissioner on Aging, since 1991 has served as professor at Univ. of California, Los Angeles, and adjunct professor of gerontology at Univ. of Southern California. He was staff director for the House Select Committee on Aging from 1985-87.

▶Avis LaVelle, assistant secretary for public affairs, was a national press secretary for the Clinton campaign, and was press secretary for Chicago Mayor Richard Daley from 1989-92.

▶Jerry Klepner, assistant secretary for legislation, was director of legislation for the American Federation of State, County and Municipal Employees since 1987.

▶David Ellwood, assistant secretary for planning and evaluation, is academic dean and professor of public policy at Harvard Univ.

NCI News Roundup

Trial Of PSA Test Needed To Define Patients, Tumors To Treat, DCT Says

NCI's Div. of Cancer Treatment is considering sponsoring a clinical trial on the PSA test for prostate cancer to attempt to define "which patients to test and which tumors to treat," DCT Director Bruce Chabner said last week.

The PSA serum test allows for the early detection of prostate cancer.

"What is not clear is whom to test and what to do about a positive result," Chabner said to the DCT Board of Scientific Counselors. "At issue is our lack of knowledge of the natural history of prostate cancer, particularly in elderly males.

"The few, small trials available in the literature suggest that few people in the over-70 age group who have an elevated PSA will eventually die of prostate cancer, and many academic urologists have expressed the opinion that aggressive surgery or radiation therapy is not indicated for elderly patients who have an elevated PSA but clinically undetectable disease," Chabner said.

Only A Trial Can Answer Question

"The question of management of localized, asymptomatic prostate cancer in elderly males can only be answered by a prospective clinical trial," Chabner said. "If the answer is that therapy brings little long term benefit to these patients, and no increase in survival, then there is little sense to perform the PSA test and to do the prostate biopsies that are currently a routine part of medical practice.

"I would not profess to suggest at what age one should stop doing PSAs, or even that PSAs should not be done, but I strongly believe that a clinical trial is needed to define which patients to test and which tumors to treat," he said.

Chabner said he has asked the Cancer Therapy Evaluation Program to convene a workshop and to "muster support" from urologists and radiotherapists for conducting a trial.

DCT Advisors Ok PA In Imaging, Patterns Of Care Study, Contracts

Advisors to NCI's Div. of Cancer Treatment gave concept approval to a program announcement in medical imaging, continuation of the 20-year-old Patterns of Care Study in radiation therapy, and recompetition of contracts in clinical trials support and production of tumor-infiltrating lymphocytes.

Following are the concept statements approved last week by the DCT Board of Scientific Counselors:

Medical imaging database development. Concept for a program announcement planed for release in April.

Medical images are at the heart of the cancer patient's diagnosis, therapy workup, and followup. Medical imaging today includes diagnostic images obtained from film scanners, digital radiography, magnetic resonance, computer tomography, positron emission tomography, single photon emission computer tomography, ultrasound, pathology slides, and nuclear medicine sources. As the use of medical imaging becomes increasingly diverse and complex, the medical community is faced with an increasingly serious database management problem. New imaging modalities combined with new and more complex procedures present challenges for the health care provider to effectively manage and utilize all the tools that are available. At the same time, this complexity presents opportunities for the enhancement of medical care through the creative use of new database technology.

Today, medical imaging database management and searches are largely performed by skilled investigators. Although considerable progress has been achieved in recent years in the development of new strategies for rapid and efficient textual retrievals from text databases, little effort has gone into the development of techniques for nontextual searches, such as "find all female patients with a cerebral tumor whose volume is greater than two cubic centimeters, but whose major axis is three times longer than its minor axis."

Similarly, since medical images are poorly incorporated into the overall collection of data on cancer patients, there is very little attempt to cohesively gather information from images of different patients for correlation with other critical parameters of their disease. The challenge in developing useful systems for the clinician is the integration of data of multimedia (tex, pictorial, and image) from multisystems (CT, MRI, PET, laboratory test results, electrocardiographs, textual reports, treatment records, etc.) and multi-imaging modalities (CT, MRI, ultrasound, etc.) into flexible and extensible models. For example, one of the major weaknesses of database structures today lies in the inability current systems to model and/or manage evolutionary processes. This is of extreme importance for the management of a cancer patient, where features of the images change as a function tumor etiology, therapeutic and disease processes, and the patient's condition.

The framework for the integration of images into a general database environment does not exist in the medical community. The creation of this framework, the development of new database models and implementation into Picture Archiving and Communication Systems (PACS), is seen as the most important milestone in medical imaging.

Project description: To stimulate the development of new imaging database models that can index an imaging database using image features; support spatial relations for queries that can detect change (shape and size); develop solutions for handling uncertainty in the case of fuzzy boundaries; support temporal relations that reflect the history of the patient; support development of ad hoc and customized schema that can be tailored to the user; carry out search and analysis procedures that are rapid and timely; and incorporate modern three-dimensional imaging software tools.

The objective of this proposed program announcement is to fund institutions that address the goals of this research initiative. The National Library of Medicine, in participation with NCI, will fund at least one institution in response to this PA. The expected result of this research initiative is the fostering of a multidisciplinary environment for the development of new imaging database models that combine the expertise of the diagnostic radiology and imaging community with that of database and computer science research investigators. New approaches for organizing, managing, searching, and displaying medical images through database models that focus on nontextual, pictorial, and graphical indices, as well as traditional textual indices, in a multimedia, multimodality environment, are a major objective of this PA.

National Patterns of Care in Radiation Oncology. Proposed RFA (cooperative agreement), $650,000 first year award, three years.

NCI has funded the Patterns of Care Studies in Radiation Oncology through the American College of Radiology since 1973 for the identification of problem areas as a stimulus to prospective randomized trials. The studies have identified pretreatment and treatment factors that are significant to patient survival and outcome in disease sites where local control and patient outcome could be improved. By correlating those factors associated with improved patient care, ACR has been able to mount a major educational program over the past 15 years to the radiation oncology community as to how patient care can be improved. These activities have been carried out through refresher courses and presentations at national meetings, special workshops, and seminars. The result has been a gradual but significant improvement in the management of several cancers, including cancer of the prostrate and cervix and Hodgkin's disease.

Previous Patterns of Care studies have resulted in new knowledge in the management and treatment of patients with carcinomas of the cervix and prostrate, seminoma, rectosigmoid cancer, breast, larynx and tongue/floor of mouth cancer, and Hodgkin's disease. These studies have shown that the quality of care and the survival of cancer patients treated with radiation therapy were statistically related to the treatment "process" (e.g., equipment, personnel, and diagnostic workup). These surveys have identified trends in the patterns of equipment and personnel and defined measures of facility quality and radiotherapy treatment delivery, as well as provided a basis for randomized samples for evaluation of best current management of the cancer patient. The Patterns of Fractionation project in the current Patterns of Care study has established a methodology for pooling patient databases from eight major cancer centers in the U.S. and the U.K. with widely varying fractionation practices for documenting differences in patient survival and outcome in the

treatment of tonsillar cancer.

The proposed research project would be carried out by a Cooperative Group and would support clinical studies that document and evaluate patient survival and outcome as a function of radiation oncology practice and methodology. The acquisition of data from multi-institutional studies allows for rapid patient accrual within a short period of time. While studies in the past have focused on retrospective data, prospective studies are of interest which document patterns of diagnostic methodology, treatment workup, and followup for head-and-neck, prostate, ovarian, and cervical cancer patients with a goal of identifying those variables associated with maximizing local control and minimizing complications of normal tissues. An interdisciplinary activity involving diagnostic imaging, pathology, medical oncology, surgery, and radiation oncology is needed.

New research projects are likely to be spin-off results of these studies, such as new findings that are useful in the design of therapeutic protocols and in the formulation of clinical and reimbursement policy.

Studies that explore the effect of fractionation patterns and the radiobiological basis for different results should be encouraged. As new technologies are implemented, studies are needed that evaluate patient management and patient outcome changes that are the result of the new technology, such as stereotactic radiosurgery, high-dose-rate afterloading, proton therapy, CT simulators, three-dimensional treatment planning, and three-dimensional conformal therapy with multileaf collimators and real-time portal imaging capabilities. Changes in patient care management that are the result of new technology should be correlated to patient outcome.

Clinical trials and information management support. Recompetition of contracts held by EMMES Corp., estimated $675,000 per year, five years.

The Cancer Therapy Evaluation Program is responsible for the administration and coordination of most of the extramural clinical trials supported by the Div. of Cancer Treatment. These programs include the activities of the DCT Clinical Trials Cooperative Groups, the Phase I and Phase II new agent development contractors, the recipients of investigator-initiated grants relating to cancer treatment, and the recipients of investigational agents. Although originally funded through a single contract, the tasks described below were divided into separate contracts at the time of the last recompetition. N01-CM-17506 provides operations office/data management support services for selected extramural clinical trials, including Group C and Treatment Referral Center (TRC) protocols. N01-CM-17507 provides support services for information retrieval, organization, and presentation. Additionally, N01-CM-17507 provides statistical support to the Biometric Research Branch (BRB), CTEP.

For this recompetition, CTEP plans to reunify these contracts into a single contract with two tasks. The reason for the reunification is that there is sufficient overlap among the types of personnel required on the two tasks such that it would be more efficient, and to the advantage of the government, to have a single contract again.

Task A--Clinical trials support. The contractor will provide data management, statistical, operations office support for the following types of clinical trials:

A. Group C protocols: 1. Taxotere in women with relapsed ovarian cancer. 2. CPT-11 in metastatic colon cancer. 3. Peg-Asparaginase in acute lymphoblastic leukemia. 4. Pyrazoloacridine in ovarian cancer. 5. Suramin in metastatic prostate cancer. 6. Phenylbutyric acid in gliomas. 7. Temozolomide in gliomas. 8. B4-blocked ricin in AIDS-related non-Hodgkin's lymphoma.

When additional Group C protocols requiring support are developed during the conduct of this trial, NCI staff will negotiate with the contractor to reallocate personnel within the level of effort. Where possible, CRADA funds will be used to support these activities.

B. TRC protocols: 1. Taxol versus vinblastine in relapsed and refractory breast cancer. This trial will require 1,000 women accrued over a 3-year period. 2. Other TRC protocols will be developed and conducted during this funding period as appropriate agents are identified.

C. Other clinical trials. 1. The contractor will provide data management support for CTEP-sponsored and coordinated intergroup activities, as developed. 2. The contractor will provide support for other CTEP-coordinated (noncooperative group) multicenter studies.

Task B--Information management support. The contractor will provide information specialists to assist CIB in the retrieval, formatting, and analysis of information necessary for the interpretation and analysis of clinical research, including support for:

A. Strategy meetings. The number of strategy meetings and special projects has been increasing and is expected to continue to do so now that CIB is approaching its full complement of professional staff.

B. Quality of life studies. The number of studies involving quality of life components is rapidly increasing. In addition, the use of quality of life endpoints for clinical trials and for approval of investigational agents is increasing. There is no expertise within CTEP for the appropriate design and review of such trials.

The estimated annual FY 1994 amount could exceed the proposed annualized level for several reasons. The number of strategy meetings has been increasing and is expected to continue to increase now that CIB has approached its full staff status. As a result, additional information specialist support is needed. The number of studies involving quality of life components is rapidly increasing. Unfortunately, there is no expertise within CIB for the appropriate design and review of such trials. As such, specific expertise in psychosocial oncology is required. Additionally, the special projects requiring clinical data management support have been increasing as the number of new and active compounds for the treatment of cancer is increasing. The Treatment Referral Center has been extremely active in distributing taxol for ovarian cancer patients as well as those with breast cancer. The design and analysis of these trials are very intensive and will require additional FTE time. We recognize that the CTEP contract budget may not allow for any possible expansion. However, should funds become available from CRADAs or other sources of support, we may be able provide additional support for this contract.

To provide tumor-infiltrating lymphocytes for therapeutic administration in patient protocols. Recompetition of a contract held by OTC Biotechnology Research Institute. Board approved $675,000 for the first year, rather than the proposed

$950,000, with the request that Surgery Branch Chief Steven Rosenberg provide an update on the work in a year; the board would have the option to restore the contract to the requested amount. Three years.

NCI's Surgery Branch has been investigating the use of adoptive cellular immunotherapy for the treatment of cancer.

The purpose of this contract is to expand patient immune cell cultures generated in the Surgery Branch to large numbers, appropriate for therapeutic administration. Patients are to receive adoptive cellular transfer with TIL expanded in vitro to very large numbers ($1\text{-}3x10^{11}$). A variety of new and alternative strategies are being used to enhance the activity of TIL in the laboratory, followed by this large scale expansion and patient administration. Support facilities for testing and cryopreservation of these reagents are also included.

In a typical treatment course for a patient receiving TIL, the in vitro culture process takes approximately six weeks, and the final culture is contained in 160 liters. Fixed material costs for the final culture expansion at the contractor (media, bags, etc.) are approximately $9,000 for a typical treatment course. The current contractor utilizes a facility of approximately 900 sq. feet and a staff of 4.5 dedicated to this project.

[Reports on concept reviews by the boards of scientific counselors of NCI divisions provide readers with advance notice of the Institute's spending plans. Proposals need not be submitted until publication of notices of Requests for Proposals, Requests for Applications, or Program Announcements in **The Cancer Letter**.]

IOM Calls FDA Use Of Advisors 'Sound,' Suggests Conflicts Criteria

The Food & Drug Administration's use of advisory committees is "fundamentally sound," but administrative and procedural changes are necessary, according to a study by the National Academy of Sciences' Institute of Medicine.

In particular, the IOM study said FDA should develop specific criteria for identifying potential financial conflicts of interest of advisory committee members.

FDA commissioned the study to identify ways to improve the process of selecting expert members for advisory committees to aid in decisionmaking on drug, biologics, and medical device approvals. In compiling its report, the IOM group interviewed current and former advisory committee members, FDA officials and industry and consumer representatives, and reviewed current FDA procedures.

In its report, IOM acknowledged the complexity of the issues studied, in particular, the problems associated with real or perceived conflicts of interest. FDA asked IOM to come up with criteria to use in recruiting advisory committee members while maintaining impartiality in advisory committee deliberations.

The IOM committee explored ways such conflicts could interfere with the integrity and impartiality of committees. While stressing the need for using definite criteria in granting waivers to potential committee members--allowing them to serve despite the possible appearance of a conflict, when their special expertise is considered indispensable--the report does not contain specific recommendations on what these criteria should be. FDA has said it will devise criteria for permitting these waivers.

FDA concurs with nearly all the report's recommendations, and the agency said it expects to implement most of them soon.

FDA has taken steps recently to get materials to committee members earlier to allow more time for review prior to a meeting, and also plans to implement training for new members and establish regular meeting dates on an annual basis.

IOM committee was chaired by Lawrence Earley.

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-CM-37843-37
Title: Preparation of immunoconjugates
Deadline: Approximately April 12

The Biological Resource Branch of the Biological Response Modifiers Program in NCI's Div. of Cancer Treatment is interested in receiving proposals from, and establishing Master Agreements with, offerors who have the capability in Preparation of Immunoconjugates. The purpose of this procurement is to prepare various preclinical and clinical grade monoclonal antibodies/targeting agents with ligands such as chelating agents, toxins, cytotoxic agents, or other targeting molecules. Although NCI wishes to be flexible in the nature of its request, it is primarily interested in the preparation of immunoconjugates including monoclonal antibody chelates, that can bind various radionuclides and immunotoxins. Monoclonal antibodies (or other targeting agents) supplied by NCI will be chemically conjugated to various ligands such as chelating agents and toxins using procedures that have appeared in peer-reviewed journals. It is anticipated that the offeror will prepare milligram quantities (approximately 50 to 1000 mg) each of purified ligand conjugated monoclonal antibodies, antibody fragments, or other targeting molecules as specified by NCI under conditions of GLP and/or GMP. The offeror will evaluate these immunoconjugates for purity, stability, immuno-reactivity, and other criteria as specified by NCI for their potential as diagnostic and/or therapeutic agents.

Contract officer: Patricia Lightner, RCB Executive Plaza South Rm 603, Tel. 301/496-8020.

RFP NCI-CM-37819-75
Title: Storage and distribution of clinical drugs
Deadline: Approximately May 8

NCI's Div. of Cancer Treatment, Cancer Therapy Evaluation Program is interested in receiving proposals from offerors with the

capability for the receipt, storage and distribution of investigational drugs, chemicals and biological drugs which are being studied for the chemotherapy, immunotherapy, and chemoprevention of cancer. These clinical products are stored in large, secure, fire-protected warehouse under specified temperature conditions. At any one time, as many as 1 million units (vials, ampules, bottles or tablets, etc.) are on hand in the repository. These drugs are inventoried and shipped to authorized investigators in the U.S. and countries throughout the world for clinical trials being conducted under NCI-held Investigational New Drug applications. The contract will also provide pharmaceutical support (blinded packaging and labeling and accompanying documentation) for large, randomized high priority clinical trials of chemopreventive agents in breast cancer and other cancers. The contractor must meet all applicable FDA Good Manufacturing Practices regulations, possess an EPA Generator of Toxic Waste permit, and possess the necessary state and local permits for generation and transportation of toxic waste. All personnel must be bonded piror to performing on this contract. The government anticipates that one level of effort contract will be awarded on an incrementally funded basis for a period of five years. The level of effort will be 12 FTEs/year, for a total of 60 FTEs over the five years.

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

RFAs Available

RFA CA-93-12

Title: **Follow-up of DES-associated clear cell adenocarcinoma**

Letter of Intent Receipt Date: March 31

Application Receipt Date: May 5

The Extramural Programs Branch, Epidemiology and Biostatistics Program, NCI's Div. of Cancer Etiology, invites Cooperative Agreement applications from investigators to participate, with the assistance of NCI, in epidemiologic and interdisciplinary studies of patients with diethylstilbestrol (DES)-associated clear cell adenocarcinoma (CCA) of the cervix or vagina. The assistance mechanism used to support these studies will be the Cooperative Agreement.

Applications may be submitted by domestic and foreign non-profit and for-profit institutions, public and private. Because the nature and scope of the research proposed in response to this RFA may vary, it is anticipated that the size of an award will vary also, and that the average award will be in the range of $100,000 to $300,000. The total project period for applications may not exceed four years. Approximately $850,000 in total costs per year for four years will be committed to fund applications.

The primary objectives of this initiative are:

1) to continue the follow-up of documented DES-exposed and non-DES-exposed CCA patients for assessing determinants of survival, recurrence, incidence of second primary cancer(s), and adverse health outcomes;

2) to ascertain comprehensive data on exposure to DES, exogenous hormones, and other factors the may influence or modify the development and progression of CCA.

A secondary goal is to encourage approaches and investigations to utilize and maximize existing CCA registry data for the:

1) development and maintenance of a mechanism to permit access to specimens, serum, and leukocytes from vaginal and cervical CCA patients;

2) conduct of molecular studies on archival specimens from CCA patients where serial biopsies are available;

3) development of a transplant-derived cell line of CCA to permit in vitro testing of steroid receptors and drug sensitivity;

4) conduct of genetic studies of family members (parents, siblings, children) of patients with DES-associated malignancy, in order to define molecular markers of carcinogenesis;

5) establishment of consensus as to reasonable guidelines for the primary treatment of CCA patients aimed at more conservative surgical approaches and morbidity reduction; and

6) studies of the emotional effects of DES exposure in survivors of DES-associated vaginal CCA, including coping mechanisms, body image, sexuality, and transgenerational relationships.

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In Brief

Blumberg, Millman Join Inventors Hall Of Fame For Hepatitis B Vaccine

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. . . **TWO RESEARCHERS** from Fox Chase Cancer Center--**Baruch Blumberg** and **Irving Millman**--have been elected to the National Inventors Hall of Fame for their roles in developing the hepatitis B vaccine and a diagnostic test for the disease. This was the first vaccine capable of preventing a human cancer, since hepatitis B can lead to primary liver cancer. . . . **JAMES S. MCDONNELL FOUNDATION** selected five physician-scientists to receive three-year, $412,000 fellowships to help establish their own laboratories. This year's awards are the fifth in a 10-year, $20 million series of fellowships to attract new investigators to cancer research. The recipients were: **Olufunmilayo Falusi-Olopade**, Univ. of Chicago; **Frank Hsu**, Stanford Univ.; **William Kaelin Jr.**, Dana-Farber Cancer Institute; **Archibald Perkins**, Yale Univ.; and **Christian Schindler**, Columbia Univ. The foundation, based in St. Louis, MO, was established in 1950 by the late aerospace pioneer James McDonnell, who died in 1980. . . . **NEW OFFICERS** of the American Assn. for Cancer Education are: President, **R. Davilene Carter**; president-elect, **C. Michael Brooks**; secretary, **Robert Chamberlain**; and treasurer, **John Currie**. . . . **BARBARA REDMAN** has resigned as executive director of the American Nurses Assn., a post she held since 1989. Redman accepted another position which will be announced later this spring, she said. During her tenure, ANA relocated its headquarters from Kansas City, MO, to Washington, D.C. . . . **JEROME POSNER**, chairman of Memorial Sloan-Kettering Cancer Center's Dept. of Neurology, has been elected a fellow of the American Assn. for the Advancement of Science. He was recognized for his contributions to the field of neurology as an author, teacher and investigator.