

THE **CANCER** LETTER

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House Committee Hits 'Earmarks' For Diseases; Broder Is Lectured On Occupational Exposures

Advocates of "earmarks for specific diseases" (translation: breast cancer) were neither heard nor seen at the House Appropriations Committee hearings last week.

Just the opposite, Rep. William Natcher (D-KY), chairman of the Appropriations Committee and its Labor, HHS and Education Subcommittee, along with Rep. John Porter (R-IL), ranking minority member of the subcommittee, attacked both the principle of earmarks and the multi-year funding for breast cancer at a time when the budgets

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In Brief

Clinton Appoints Breast Cancer Coalition's Fran Visco To President's Cancer Panel

FRAN VISCO, 45, the Philadelphia attorney and cancer survivor who last year led the National Breast Cancer Coalition in its successful "\$300 Million More" bid to increase funding for breast cancer research, was appointed to the President's Cancer Panel last week, **The Cancer Letter** has learned. Visco, president of the patient coalition, was named by President Clinton to the seat held by Nancy Brinker, whose term has expired. Besides bringing a new prominence to the coalition, Visco's appointment signals the arrival of a new era of cancer patient activism. From the start, the two-year-old coalition that now includes 170 grassroots organizations drew inspiration from the political activism of AIDS patients. "From AIDS activists we learned what would happen when you open your mouth and make demands," Visco said to **The Cancer Letter** last year (Aug. 7). "That seems to be what the people in power respond to." At virtually every forum she addressed in the past year, Visco vowed: "We will no longer be passive. We will no longer be polite." Besides appropriations, the coalition seeks the creation of a permanent breast cancer study section as well as patient representation at NIH and NCI advisory committees. Visco has said she favors continuation of the Dept. of Defense breast cancer research program that her activism helped create. At a hearing of the Institute of Medicine committee advising DOD, Visco said, "[NCI officials] themselves told us that a huge battleship cannot turn on a dime. 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" (**The Cancer Letter**, Feb. 19). . . . 'IN BRIEF' continues to page 8.

IOM Committee Advises
DOD To Fund Grants,
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Obey Lectures On NCI 'Party Line' Bias Against Occupational Research

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of nine of the 17 NIH Institutes were being cut.

"Why are we doing this?" Porter asked bluntly, referring to the President's budget singling out breast cancer for multi-year funding.

Even Rep. David Obey (D-WI), before proceeding to lecture NCI Director Samuel Broder on the need to commit more of the Institute's resources to defining the link between cancer and exposures to industrial chemicals, found it necessary to begin with a disclaimer:

"I do think that there has been a very unhealthy tendency to try to legislatively define what is spent to attack each disease. With all due respect, Congress does not have that kind of knowledge."

Last year, the subcommittee mandated that NCI spending on breast, ovarian, cervical and prostate cancers be increased by a third (*The Cancer Letter*, July 31, 1992). However, later in last year's appropriations process, breast cancer was singled out for a more dramatic increase in funding than the other cancers (*The Cancer Letter*, Sept. 18 & Oct. 16, 1992).

Natcher's opening question to Broder contained a clear indication of the sort of answer the chairman wanted to hear:

"Dr. Broder, is it a mistake for Congress and the President to identify specific funding allowance for certain cancers?"

BRODER: "Mr. Chairman, this committee has established an important precedent of avoiding earmarks. It has established an important model for biomedical research, and we are grateful to this committee for its position in this context."

"We would prefer as much flexibility as possible in management of budgets. We understand, and we

would certainly be informed by the wishes of the Congress and we would try to respond to priorities as they are given to us. Nevertheless, we would prefer to have some degree of flexibility so that we could take care of scientific opportunities as they occur."

Invited by Natcher to describe the impact of last year's earmarks on NCI, Broder said:

"We will have to reprogram and reprioritize and there will be certain areas that either will not grow or will fall. For instance, some aspects of leukemia research, lung cancer research, colon cancer research, bladder cancer research, some of our communications and information services, potentially certain aspects of community service outreach activities may need to have some reprogramming."

Asked by Porter whether he thought it fair that NCI was getting an increase at the time when the budgets of other Institutes were being cut, Broder quipped: "Does this Committee provide Fifth Amendment privileges?"

PORTER: "Granted."

BRODER: "It gives me no pleasure. I do not believe that it will serve any long term effort for any Institute to receive a reduction of funding, and I basically believe that the NIH is greater than the sum of its component parts."

"Therefore it is impossible to damage one Institute without damaging all Institutes. And it's impossible to benefit one Institute without benefiting all Institutes."

"I would have to say that I am familiar with the National Cancer Program and I promised the Congress and the public that we will wisely use the money in the President's budget."

"I am here to defend the President's budget. I can't go further than that."

According to Capitol Hill sources, the subcommittee is expected to begin markup of the Labor, HHS bill on May 27, about a month earlier than last year.

NCCR: "Devastating Impact"

Last week, in a letter to Natcher, National Coalition for Cancer Research President Robert Day said President Clinton's budget would have a "devastating impact" on NCI.

"We are disappointed that the 1994 President's proposal does not provide greater support for medical research. We are also troubled by recent trends to target funds for cancer research to specific initiatives. The scientific community is unanimous in its belief that critical progress in cancer research, which will enable us ultimately to address effectively metastatic cancers, will result from scientifically driven research

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and not targeted initiatives.

"We remain strongly opposed to cutting funds in one area of cancer research to increase efforts in targeted areas, as is proposed in the 1994 President's budget. The proposed budget requires NCI to increase spending on breast cancer and AIDS by \$206 million, yet only provides \$163 million in new funds.

"Therefore, \$45 million will need to be cut from existing programs to comply with the proposed budget. We believe that these earmarks will diminish our continued progress and will have a detrimental impact on the balance of our National Cancer Program."

Five of the subcommittee's 12 members were replaced in last November's election. The subcommittee, formerly an all-male bastion, now has four women members.

Along with Natcher, Porter and Obey, the subcommittee members are: Neal Smith (D-IA), Louis Stokes (D-OH), Steny Hoyer (D-MD), Nancy Pelosi (D-CA), Nita Lowey (D-NY), Jose Serrano (D-NY), Rosa DeLauro (D-CN), C.W. Bill Young (R-FL), Helen Delich Bentley (R-MD) and Henry Bonilla (R-TX).

Breast Cancer

Last year, under questioning by Natcher during appropriations hearings, Broder said that NCI would be able to spend as much as \$300 million more on its breast cancer research programs.

At the time, a \$300 million increase would have been nearly double NCI's bypass budget.

This year, Natcher asked a less controversial question:

"Your bypass budget submitted to the Congress last fall recommended \$449 million for breast cancer research, which is substantially above the \$263 million level in your 1994 budget. Could the system absorb the bypass funding level and maintain grant quality?"

BRODER: "Were the Congress to appropriate the money, we would spend it wisely and give you results for the money."

The following is an edited transcript of an exchange between Broder and Natcher on funding of breast cancer research:

NATCHER: "We discussed your budget of fully funding five-year costs of breast cancer grants rather than funding them year to year, as we do for other grants. Why do you choose this course, doctor?"

BRODER: "In the President's budget, as you've mentioned, there is some form of funding of grant applications connected with breast cancer. The potential advantage of this technique is that it allows the grantees to have a secure funding plan for the average of four years."

NATCHER: "Dr. Broder, what does your budget assume about new funds for breast cancer research in 1995 and beyond?"

BRODER: "The President's budget as it currently exists has level of effort for 1994 an additional \$67 million and the remaining \$100 million will appear over the next three years."

NATCHER: "People use many different measures, as you know, to compare the severity of various types of cancer. What do you consider the most appropriate basis for comparison? Annual number of deaths, incidence, years of potential life lost?"

BRODER: "This is an excellent question. There are different approaches. I think that certainly meaning to be held to the amount of reducing death rate in different circumstances.... Although we are making progress in certain categories, particularly for individuals under the age of 65. But I believe there should be no simple statistic. I believe this is a complicated area. For example, breast cancer, which is not the leading cause of death in women overall, is certainly the leading cause of death in women of certain age groups, for example between the ages of about 40 and 45.

"I therefore feel that one needs to make a correction not only for numbers, but the age at which the individual is stricken, the degree of suffering caused, and also net cost to society. I do have concerns with one area, in that most economic analyses predicate, whether one admits it or not, the cost of human life. I personally have a difficult time accommodating that equation. I don't challenge those who do, but I think that is the most difficult problem for us as an Institute to deal with."

NATCHER: "Dr. Broder, how do I respond to advocates of prostate cancer research who feel that they've been shortchanged in your budget relative to other cancers. What do you say to them, doctor?"

BRODER: "I say, 'Hang in there.'"

NATCHER: "Good answer."

Occupational Exposure Redux

Last year, at Obey's initiative, the subcommittee inserted the following language into its report:

"The Committee believes that additional emphasis should be placed on cancer prevention and control programs as they relate to occupational exposures. It is increasingly apparent that the environment, including the workplace, can play a major role in cancer etiology.

"The Committee expects to hear more about this critical aspect of cancer prevention...at next year's hearings."

With this language on the books and Broder on the stand, last week Obey had an opportunity to alternate between questioning the NCI director and lecturing him on the widely discounted theories of cancer etiology.

OBEY: "Doctor, let me start by simply saying that I have a tremendous amount of respect for NIH... But I also think that there are some problems associated with the priorities we've seen to some degree at NIH. As you know, the law requires that NCI should [conduct] an expanded and intensified research program on prevention of cancer caused by occupational or environmental exposure to carcinogens. What is your total budget for fiscal '92?"

BRODER: "Approximately \$1.948 billion."

OBEY: "You said that your total estimate for NCI supported occupational cancer studies for fiscal year 1992 was \$19 million. You think that qualifies as an intensified research program in that area? What percentage of your total budget is that?"

BRODER: "It's approximately 1 percent."

OBEY: "How does one describe 1 percent as being an expanded and intensified research program in that area?"

BRODER: "I think we have programs that involve a number of issues in environmental carcinogenesis. We have collaborations with the National Institute for Environmental Health Sciences..."

OBEY: "I understand, but what I am trying to get at is not what somebody else is doing, but what the emphasis is... As I say, I don't believe in politicians deciding what the emphasis ought to be, but I do think we've got a perfect right to question that emphasis. It seems to me that despite the fact that that requirement is specifically mentioned in the law that you are only providing only 1 percent of your budget targeted directly at occupational cancer studies, it seems to me to be a rather once-over-lightly approach to the problem.

"I really believe we have a problem with the culture of scientists and advisors who, at least in the judgment of a good many scientists, have failed to recognize the importance of specific research in areas such as the chemical plants, smelters, electrical plants, gas stations, building trades, people in all of those professions who are exposed, or may be exposed, to serious cancer causing agents by virtue of their daily work.

"It just seems to me that NCI has had an institutional bias against focus on that kind of work for a long time. And I will once again simply bring to your attention the statement that I inserted in the record last year, signed by a good many scientists in the field, entitled 'Losing the War Against Cancer; A

Need for Public Policy Reform.' Mr. Chairman, I would like permission to insert that letter in the record again."

NATCHER: "Granted."

OBEY: "While I don't agree with every conclusion they reach in that letter, it seems to me that there has been a systematic downplay on the part of your Institute of the importance of environmental cancer causation in general and occupational cancers in particular. I find the resistance of NCI to those concepts to be highly disappointing. It seems to me that there is simply a party line within NCI."

Healy on Scripps-Sandoz

In her final weeks as NIH Director, Bernadine Healy is continuing her examination of technology transfers between NIH grantees and drug manufacturing.

Responding to a question by Pelosi, Healy said one of the deals, between Scripps Research Institute and Sandoz Pharmaceutical Co., appears to be a "clear aberration" and may violate both the spirit and the letter of the legislation authorizing such transfers.

Healy has made similar remarks about the Scripps-Sandoz deal in the past (*The Cancer Letter*, March 19). However, her most recent remarks come at a time when NIH is reviewing technology transfer contracts provided by its grantees.

Altogether, 103 U.S. research institutions were asked to provide their technology transfer contracts for review by NIH.

Healy is expected to testify at a hearing on technology transfers, to be held by Rep. Ron Wyden (D-OR), chairman of the Regulation, Business Opportunities and Energy Subcommittee of the House Committee on Small Business.

The preliminary date of the hearing is June 14.

IOM Advises Defense Dept. To Fund Research, Training, Infrastructure

An Institute of Medicine committee recommended that the Dept. of Defense spend most of its \$210 million appropriation for breast cancer research on investigator-initiated proposals, and establish a new peer review system to select proposals for funding.

DOD should spend at least \$151.5 million on investigator-initiated research, up to \$27 million on training and recruitment, and up to \$21 million on infrastructure enhancement, according to the committee's report, released last week.

"We recommend that this funding be used to bring new people and new ideas to the field of breast cancer research," said Suzanne Oparil, chairman of the

committee and professor of medicine, Univ. of Alabama at Birmingham. "Several strategies can accomplish this, including supporting imaginative work that is broadly pertinent to the breast cancer problem but does not necessarily deal directly with the breast."

The IOM formed the 12-member committee at the request of the Army's Medical Research & Development Command, which holds the \$210 million appropriated by Congress last year in response to demands by breast cancer activists. The money was appropriated to DOD in order to avoid limits on domestic spending.

Army To Follow IOM's Advice

The Army intends to implement the IOM committee's recommendations "as closely as we can," said Col. Fred Tyner, deputy commander of the USAMRDC.

"We like the report a great deal," Tyner said to **The Cancer Letter**. "The committee was extremely thoughtful."

The Army has about 18 months to award the funds, which were given as a two-year appropriation. "We are going to have to hustle," Tyner said.

The first step will be to hire a program administrator, as recommended by the IOM committee, Tyner said. The committee said the Army should select "a strong manager with extensive experience in biomedical peer review."

Next, the Army should appoint an advisory council of 16 to 18 primarily non-military individuals representing many disciplines and geographic areas, practice settings and academia. Three or four members should represent consumer interests, including breast cancer survivors, the committee said.

Study sections should be formed this summer in time for an Oct. 1 deadline for research applications. The first phase of awards would be made by March 1, 1994, and the second phase of awards would be made by Sept. 1, 1994.

DOD should release a solicitation announcement this month, the committee said.

Reward Innovative Ideas

The 12-member IOM committee met three times over two months, heard presentations by 22 individuals and received letters from 230 who responded to a "Dear Colleague" mailing from the committee.

"After reviewing the recommendations from respondents to the letter and taking into consideration the testimony provided at its meetings, the committee concluded that the best strategy for the use of this new money is not simply to duplicate or expand the

existing funded areas for research in breast cancer, but to channel the funds in directions that stimulate and reward innovative ideas," according to the committee's report, "Strategies for Managing the Breast Cancer Research Program."

"Many of the letters favored substantial support for training and recruitment of new investigators and for investigator-initiated research grants," the report continued. "Traditionally, investigators have worked in settings that are segregated by discipline and have had little opportunity for communication across disciplines. As was noted by many respondents, allocating a substantial portion of these new funds to training can help bridge the gaps of communication and provide opportunities for cross-fertilization and stimulation among disciplines."

Program's Goals

The committee suggested the Army adopt the following "programmatic goals" for allocating the \$210 million:

- ▶ Bring new investigators into the field, both junior and established.

- ▶ Encourage communication across disciplines and collaborative studies.

- ▶ Encourage research that extends scientific advances into new strategies for detection, diagnosis, prevention, treatment, and ongoing patient care.

- ▶ Support excellent, ongoing research and promising yet underfunded research areas.

- ▶ Stimulate research on the obstacles to widespread dissemination of proven detection methods and diagnostic and therapeutic interventions.

- ▶ Enhance the use of existing research resources and encourage the development of new resources.

- ▶ Encourage women and minorities to apply for grants.

- ▶ Encourage investigators to address in their research protocols the needs of minorities, elderly women, and low-income, rural and other underserved populations.

- ▶ Include women and minorities in the advisory council and study section memberships.

'Tailor-Made' Peer Review

For peer review, the committee recommended that DOD establish a two-tiered system consisting of study section review for scientific and technical merit, followed by review for program relevance by an advisory council.

"After much deliberation, the committee concluded that the best course was to set up a peer review

system that reflects many of the traditional strengths of existing review systems but that is tailor-made to accommodate the goals and the novel and complex program the committee has proposed," the committee report said.

The Army should advertise for potential reviewers, asking individuals to nominate themselves or colleagues, the committee said. The chairman and vice-chairman of each study section be senior scientists "widely recognized as experts in their fields."

Review panels should include "a mix of people drawn from a broad pool of reviewers representing different perspectives, expertise, career levels, and disciplines."

In particular, the committee said, women must be "strongly represented" on peer review panels.

"Women have played an important role throughout the process of creating this new breast cancer research program--a program that addresses a key issue of women's health," the committee report said. "The efforts of the National Breast Cancer Coalition, a grass roots group of breast cancer survivors and their families, were instrumental in persuading the U.S. Congress to increase funding for research in breast cancer in fiscal year 1993, and the committee feels a special obligation to be responsive to their concerns."

The advisory council "should seek a broad portfolio of grants across all disciplines and give preference to those proposals that involve interdisciplinary or collaborative research," the committee wrote. "The fundamental criterion for a successful proposal, however, is scientific merit: second-rate research should not be supported simply on the grounds of relevance to programmatic goals."

All applicants would be required to justify in one page the relevance of their proposals to breast cancer, the committee said.

The advisory council would approve the rankings of applications by study sections, decide the percentage of applications to be funded from each study section, review the budgetary recommendations of grants, and determine whether funds will be transferred from one component to another, the committee said.

Specific Funding Recommendations

The committee's specific recommendations for funding are as follows:

Training and Recruitment: up to \$27 million.

--Predoctoral training programs: \$4 million. Ten multidisciplinary, university-based programs, with up to 10 trainees in each four-year program, each supported at \$20,000 a year.

--Predoctoral fellowships: \$3 million. Fifty fellows at an average of \$20,000 a year for up to four years.

--Postdoctoral fellowships: \$6 million. Fifty fellowships for up to three years each supported at \$40,000 a year plus benefit expenses.

--Instant sabbaticals: \$2.5 million to \$5 million. Fifty one-year sabbaticals for midcareer scientists, support level ranging between \$50,000 and \$100,000 each.

--Career development awards: \$8 million. Forty four-year awards, each at \$50,000 a year.

--Interdisciplinary meetings: up to \$1 million (cap).

Infrastructure Enhancement: up to \$21 million.

--Enhancement of existing cancer registries: up to \$10 million.

--Registries of high-risk women: up to \$2 million.

--Transgenic mouse husbandry: up to \$1 million.

--Banks of tumor samples, breast tissue, and cell lines: up to \$2 million.

--Information systems: up to \$3 million.

--Other innovative shared resources: up to \$1 million.

Research Projects: at least \$151.5 million.

A broad portfolio of investigator-initiated research aimed ultimately at answering the following questions:

▶ What genetic alterations are involved in the origin and progression of breast cancer?

▶ What are the changes in cellular and molecular functions that account for the development and progression of breast cancer?

▶ How can endogenous and exogenous risk factors for breast cancer be explained at the molecular level?

▶ How can investigators use what is known about the genetic and cellular changes in breast cancer patients to improve detection, diagnosis, prevention, treatment, and follow-up care?

▶ What is the impact of risk, disease, treatment, and ongoing care on the psychosocial and clinical outcomes of breast cancer patients and their families?

▶ How can investigators define and identify techniques for delivering effective and cost-effective health care to all women to prevent, detect, diagnose, treat, and facilitate recovery from breast cancer?

Award Mechanisms:

--New investigator awards: up to \$15 million. Twenty-five four-year awards, each funded up to \$150,000 per year.

--Innovative developmental and exploratory awards: up to \$4.5 million. Thirty two-year awards, funded up

to \$75,000 a year. Streamlined application.

--Investigator-initiated grants (R01-type): at least \$132 million; 160 four-year awards, each at an anticipated annual average of \$200,000 per year.

NCI Roundup

Most Of NCI's Breast Cancer Increase For Research Project Grants: Broder

NCI would spend \$164.6 million on research project grants targeted to breast cancer under the President's FY94 budget proposal, NCI Director Samuel Broder said.

The amount is a \$62.6 million, or 61 percent, increase over the FY93 estimate of the Institute's spending on breast cancer RPGs (mainly R01 and P01 grants), Broder said to the National Cancer Advisory Board at its meeting earlier this month. The amount represents the majority of the President's proposed \$167 million increase to NCI for breast cancer research.

Besides the increase for grants, the Administration's request will provide the following for NCI's breast cancer research programs, Broder said:

- ▶ \$25 million to fund cancer centers and Specialized Programs of Research Excellence in breast cancer, nearly an \$11 million increase over the current year.

- ▶ \$36 million for cooperative groups, a \$13 million, or 20 percent, increase.

- ▶ \$1.5 million for research career grants, \$1.6 million for cancer education grants, and \$4 million for other related research grants.

- ▶ \$50.3 million in cancer prevention and control, a \$32.9 million, or 189 percent, increase over the current year.

- ▶ \$4 million for National Research Service Awards, a \$1.6 million increase.

- ▶ \$20.7 million for research and development contracts, a \$13.7 million increase.

- ▶ \$36 million for NCI intramural research, a \$15 million increase.

- ▶ \$12.5 million for construction, providing for "the creation of facilities specific for breast cancer research activities as defined in last year's bypass budget, including construction for future SPORE awards," Broder said.

In sum, NCI would spend \$363.7 million on breast cancer research under the President's FY94 budget, an 85 percent increase over the current amount of \$196 million, Broder said.

...

President's FY94 budget request for NCI, \$2.142 billion, is an 8.3 percent increase over last year, but that figure is not as high as it seems, Broder said to the NCAB.

The \$167 million increase for breast cancer research has a "new wrinkle," Broder said, "the requirement to fund all years of extramural awards from the 1994 appropriation." Or, in government jargon, "multi-year funding."

Broder explained: "If we were to reduce the numbers to an annualized level, i.e., for our normal 12 month awards, we would divide roughly by four years, the average length of a grant. This would give us the traditional way of budgeting for grants--one year from each annual appropriation.

"So if the \$167 million were viewed that way, about \$42 million would be the level of effort for 1994," Broder said. "However, there are funds proposed for construction which would raise that figure slightly.

"So if the \$2.142 billion request were adjusted to an annualized level of effort, the 8.3 percent increase would change to 3.3 percent."

...

Breast cancer screening: The report from NCI's International Workshop on Screening for Breast Cancer (the 'Fletcher report') "is only a step in the process of establishing or revising NCI screening guidelines," Broder said to the NCAB. "The Institute considers all relevant scientific information in a public health context before recommending guidelines."

...

Gene therapy update: Broder provided the board an update on NCI's gene therapy studies.

"The first gene therapy for ADA deficiency has been by all measures a success," Broder said. The most recent treatment was given six months ago, and both patients "have shown sustained increases in immune function" (**The Cancer Letter**, April 9). One girl was to receive stem cell therapy.

"Most importantly, there have been no infections despite normalization of lifestyle," Broder said. "Where once these girls were restricted, now they attend school, take dance lessons and lead normal lives. They are growing normally." A third patient is being evaluated for therapy, he said.

In other gene therapy studies, Broder said:

- ▶ Seven patients have been treated in a brain therapy protocol that makes brain cells susceptible to ganciclovir. "It is too early to assess results, but there are signs of some antitumor effects."

- ▶ Ten patients have been treated with tumor infiltrating lymphocytes transduced with the gene for

tumor necrosis factor. There have been no toxic side effects and "one impressive response in a patient who had failed conventional TIL therapy." The 46-year-old woman with disseminated melanoma has continued response for almost two years.

▶ A trial of a gene therapy "vaccine" composed of tumor cells transduced with the gene for either TNF or interleukin-2 is underway for patients with advanced melanoma. Five patients have been treated, and permission has been granted to treat advanced breast cancer patients.

▶ NCI scientists administered a novel cancer vaccine to a colon cancer patient. The vaccine consists of a recombinant vaccinia virus vector combined with CEA (carcinoembryonic antigen, expressed in many tumor types). "Early results warrant a more wide-scale investigation."

...

Clinical research: The number of applications in clinical cancer research submitted for review by the NIH Experimental Therapeutics 2 study section has tripled from 54 to 156 in the past two years, but the number of awards has not increased substantially, an NCI staff member said to the NCAB's Clinical Investigations Task Force at its meeting earlier this month.

There has been little change in the number of preclinical applications assigned to ET2 during the past two years, said Diane Bronzert, of NCI's Cancer Therapeutics Evaluation Program.

In Brief

Centers' Public Affairs Network Re-Elects Rosenthal Chairman

(Continued from page 1)

... **PUBLIC AFFAIRS** Network of the 55 NCI-designated cancer centers re-elected **Eric Rosenthal**, director of public affairs, Fox Chase Cancer Center, to a fourth term as chairman. At the network's steering committee meeting this month, also re-elected was **Dianne Shaw**, director of communications, Lineberger Comprehensive Cancer Center, to vice chairman and chairman-elect. Elected to two-year terms on the steering committee are **Susan Cooper**, public affairs director, Cold Spring Harbor Laboratory, and **Shep Haw**, assistant director of development and external affairs, Massey Cancer Center. ... **MARC MANLEY** has become chief of the Public Health Applications Research Branch in NCI's Div. of Cancer Prevention & Control. He was head of the Application of Prevention and Early Detection Section. ... **NCI HONORS:**

Michael Blaese of NCI's Div. of Cancer Biology, Diagnosis & Centers received an award from the Assn. of American Physicians at the group's recent meeting in Washington. Two NCI scientists, **Peter Howley**, chief of the Laboratory of Tumor Virus Biology, and **George Vande Woude**, director of the Basic Research Program, Frederick Cancer Research & Development Center, have been elected to the National Academy of Science. ... **T. MING CHU**, chairman of the Dept. of Diagnostic Immunology, Roswell Park Cancer Institute, received the Presidential Citation and Dornier Innovative Research awards at the American Urological Assn. annual meeting this week in San Antonio, for his research on prostate-specific antigen and in the development of the PSA test. ... **ROSE FOUNDATION**, the fundraising arm of the Rose Health Care System, Denver, has approved a \$35,000 grant to fund a surveillance program for women at high risk for developing breast cancer. The program, called BreastWatch, compiles a database of high risk women and monitors their condition through mammography and clinical breast exams. ... **BREAST CANCER** Working Group of NCI's Div. of Cancer Treatment Board of Scientific Counselors is scheduled to meet June 6, Bethesda Hyatt, 7-9 p.m. Clara Bloomfield is chairman of the group, which includes BSC members and breast cancer survivors, including Susan Love. ... **RECENT PROGRESS** in Early Detection and Treatment of Prostate Cancer, meeting will be held May 29-30, Quebec City, Canada. Contact Dr. Martin Godbout, Tel. 418/654-2296, fax 418/654-2735. ... **FOGARTY INTERNATIONAL** Center of NIH will award 15 five-year grants to 11 U.S. universities for competitive renewal of its AIDS International Training and Research Program. First-year funding will total \$5 million. The program was begun five years ago. The U.S. institutions select participating scientists. The successful universities are: Univ. of Miami, State Univ. of New York (Brooklyn), Univ. of California (Los Angeles), Harvard Univ., Johns Hopkins Univ., Cornell Univ., Univ. of Washington (Seattle), Case Western Reserve Univ., Brown Univ., Univ. of California (Berkeley), and Columbia Univ. For information on applying to the program, contact Dr. Kenneth Bridbord, chief, International Studies Branch, Fogarty International Center, NIH Bldg. 31 Room B2C32, Bethesda, MD 20892, Tel. 301/496-2516, fax 301/402-2056.

NCI Contract Award

Title: Retrovirus epidemiology and natural history in hemophiliacs and their sexual partners
Contractor: Research Triangle Institute, \$7,084,956.