THE CANCER LETTER

Vol. 19 No. 24
June 11, 1993

Price $225 Per Year US, Canada.
$250 Per Year Elsewhere

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

Drug Company Cries Foul Over Claims Of Taxotere's Superiority To Taxol

As the drug Taxotere is moving through clinical trials, its sponsor, Rhone-Poulenc Rorer Inc., has taken a public relations stance that has its competitor crying foul.

In an annual report issued last month, Rhone-Poulenc claimed that Taxotere, a drug in phase 2 trials, appears to be superior to Taxol, an

(Continued to page 2)

In Brief

Harold Moses Directs Vanderbilt Cancer Center; Carl Fretts, NIH Contracts Director, To Retire

HAROLD MOSES has been named director of the new Vanderbilt Cancer Center. Moses, Benjamin Byrd Jr. professor of oncology and chairman of the cell biology department at Vanderbilt Univ. Medical Center, said Vanderbilt intends to create "a world-class cancer center that will bring superlative care to cancer patients in our region, facilitate continued scientific contributions by Vanderbilt researchers, and providing an exciting educational atmosphere." The medical center broke ground recently for the second Medical Research Building, which will house the core facilities of the cancer center. Moses is a past president of the American Assn. for Cancer Research. He discovered transforming growth factor-beta in 1979 while at the Mayo Clinic. . . . CARL FRETTS, director of the NIH Div. of Contracts and Grants since 1974, will retire July 2. Fretts was chief of the NCI Research Contracts Branch from 1972-74, and prior to that was special assistant for business administration in NCI's treatment division from 1965-1970. He plans work as a consultant on government contracting. . . . AMERICAN RADIUM Society installed officers for 1993-94 at its annual meeting in April. The new officers are: president, **Peter Wiernik**, Albert Einstein Cancer Center; president-elect, **Marvin Rotman**, SUNY Health Science Center; treasurer, **H. Rodney Withers**, UCLA Medical Center; secretary, **Robert Byers**, M.D. Anderson. . . . CLARIFICATION: **Margaret Kripke** assumed the presidency of the American Assn. for Cancer Research at the group's annual meeting in Orlando last month, succeeding **Lee Wattenberg**. **Edward Bresnick** was elected president-elect. He will succeed Kripke as AACR president in 1994, not Wattenberg, as stated in **The Cancer Letter** June 4. . . . NCI HOSTS a Workshop on the Early Detection of Prostate Cancer June 15-16, Bethesda Holiday Inn, to consider issues in early detection, review information about early detection and treatment, and identify areas needing further research. . . . 'IN BRIEF' is continued to page 8.

Taxotere Maker, In Annual Report, Says Drug Is Superior To Taxol

(Continued from page 1)
approved drug marketed by Bristol-Myers Squibb Co.

"Encouraging results are leading to an exciting conclusion," RPR, a Collegeville, PA, company controlled by the Paris-based Rhone Poulenc SA, stated in the 1992 annual report. "In early clinical trials, Taxotere has shown itself to have greater potency than Taxol in antitumor activity, to be active in a wide variety of tumors, and to be easy to administer."

RPR is not the first company to use the glossy pages of an annual report to make a positive assessment of its products. However, critics say, the company's claims exceed the justifiable.

"We have voiced our dissatisfaction to RPR and FDA," Bruce Ross, senior vice president of Bristol-Myers Squibb Co., said to **The Cancer Letter.** The company's attorneys confirmed that they have asked FDA to investigate whether RPR's claims amount to promotion of an unapproved drug.

"RPR's annual report is giving cancer patients information that is incomplete, premature and possibly false," Alan Bennett of the Washington firm Fox, Bennett & Turner, Bristol's counsel, said to **The Cancer Letter.**

"We cannot agree that the article is misleading," RPR's vice president, public affairs, Liz Moench said to **The Cancer Letter.** "We would agree that the statement regarding potency by itself does not necessarily mean that Taxotere would provide superior clinical efficacy. But it was not our intent to make that claim, nor would we make that claim, based on available clinical data."

Taxotere is being developed under a Commercial Research and Development Agreement (CRADA) with NCI, the program that was used in the development of Taxol, approved earlier this year.

Bristol officials as well as a number of clinicians point out that Taxotere's potency was demonstrated in preclinical rather than "early clinical" trials, that no head-to-head trials of the two drugs have been conducted, and that, far from being "easy to administer," Taxotere, as Taxol, exhibits significant toxicities.

Several clinical investigators and industry observers tracking the development of both Taxol and Taxotere told **The Cancer Letter** that they were disappointed by the tone of RPR's annual report, especially considering that the company has a strong research capability and a conservative research staff easily capable of distinguishing hype from data.

"You have to consider your intended audience," Moench said. "An annual report is used to inform the shareholders about important products in our development pipeline." Moench said Taxotere and Taxol were juxtaposed in the annual report because a number of stockholders were aware of Taxol, but were less informed about Taxotere. "Distinguishing is not the same as comparing," she said.

According to Moench, RPR has no immediate plans to conduct head-to-head trials of the two drugs. "At this point we are concentrating on bringing a promising treatment to market," she said.

"Too Early To Make Distinction"

"I think it's too early to make a distinction between Taxol and Taxotere," Richard Pazdur of M.D. Anderson Cancer Center said to **The Cancer Letter.**

The RPR annual report cites Pazdur's study of the two drugs. While Pazdur's results, published in the "Journal of the National Cancer Institute" last December, showed a favorable toxicity profile of Taxotere, Pazdur points out that the study was an early one.

"As more studies were done, the toxicity of Taxotere became more apparent," he said to **The Cancer Letter.** Currently Pazdur is finishing a paper invited by the journal "Cancer Treatment Reviews" in which he analyzes the available safety and efficacy data for the two drugs.

While Taxol's side effects include cardiac arrhythmias, neurosensory deficits and myalgias, Taxotere's toxicities include the capillary leak syndrome, which consists of peripheral edema, ascites and pleural effusions. "The mechanism and methods to circumvent [Taxotere's] toxicity, which unfortunately occurs in many responding patients, must be understood," Pazdur wrote in his most recent paper.

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.

Daniel Hayes, medical director of the Dana-Farber Breast Evaluation Center agreed: "I am aware of noncomparative phase 2 trials of Taxotere in breast cancer. I am aware of phase 1 and phase 2 data that suggest that Taxotere is not without toxicities. I am not aware of phase 3 data that demonstrates that Taxotere is better or worse than any other drug."

Charles Moertel of Mayo Clinic said to **The Cancer Letter** that he views RPR's claims for Taxotere as symptomatic of a larger problem of drug companies casting good scientific judgment aside in a rush to promote high-priced, inadequately tested drugs.

"I see an ethical problem," Moertel said of RPR's claims in the annual report. "This is a promotion by a commercial drug developer of an unapproved drug, based on just the data from phase 2 trials."

Bristol's Aggressive Stance

One distinction between Taxol and Taxotere lies in the process of development of the two drugs.

During the development of Taxol, NCI took the lead in coordinating all clinical trials, while Bristol concentrated on finding the supply of the drug.

While Taxol was Bristol's top research priority, the company's annual reports were low key in their discussion of the drug. The 1991 annual report contained only a 10-line item on the company's CRADA with NCI, and the following year, the drug's approval in the U.S. and Canada was reported in a brief, cautiously worded item.

"Bristol-Myers Squibb is well established in the cancer field; they don't have to showcase themselves," RPR's Moench said. "We are a new billion-dollar company, and many people don't know the areas in which we are researching."

If Taxotere is approved, it will enter the market dominated by an established drug that belongs to the same family. To succeed in that market, RPR will have to draw a clear distinction between the two drugs, observers said.

This is not the first disagreement between RPR and Bristol. Earlier this year, RPR chairman and CEO Robert Cawthorn wrote to Bristol's chairman and CEO Richard Gelb to protest a Bristol press release that said Taxotere was "being developed under an NCI CRADA by a French company, Rhone-Poulenc Rorer."

Cawthorn wrote that RPR's CRADA with NCI is fundamentally different from Bristol's. "RPR's rights to Taxotere are not dependent on our association with NCI," the letter said. "RPR acquired and patented Taxotere independently of the NCI and prior to entering into the CRADA."

He also wrote, "Although RPR's major shareholder is French, RPR is a U.S.-based company."

Bristol officials, too, said they were troubled by their competitor's public relations claims, but made no complaints either to RPR or FDA, they said. One bone of contention was the recurrent claim in RPR's literature (including the annual report) that the production of Taxotere, unlike the production of Taxol, did not require the destruction of trees.

A portion of the Taxol currently on the market is being made of the yew tree's needles, and Bristol is in the midst of its final season of harvesting the yew trees on public lands, the company said.

However, when RPR issued broader claims in its annual report, Bristol broke its silence.

"The [RPR annual] report draws a number of comparisons between Taxotere and Taxol," Bennett said in a statement that mirrored his recent letter to FDA.

"The report makes favorable statements about the toxicity of Taxotere, but fails to mention any of the several toxicities associated with the drug. That would seem to violate FDA's requirement for 'fair balance.'

"RPR makes efficacy claims in several tumor types based on phase 1 and early phase 2 data. Making claims of efficacy based on unfinished studies on an unapproved drug is the very definition of preapproval promotion," Bennett said.

Bennett said he is yet to receive FDA's response to the letter.

Separate Review Of Interactive R01s Causes Wide Range Of Scores

The Interactive Research Project Grant (interactive R01) developed by NCI two years ago has gotten a bumpy start and NCI officials are expressing discouragement at its prospects of becoming a leading alternative to the program project grant.

NCI Div. of Cancer Treatment Director Bruce Chabner used the words "disappointing," "problem," and "difficulties" in discussing interactive R01s with the DCT Board of Scientific Counselors this week.

Ironically, these discouraging words came a month after NIH issued an Institutes-wide program announcement soliciting interactive R01s. The adoption by NIH of the mechanism may improve the likelihood of funding as investigators and reviewers learn more about the new mechanism, NCI staff said to **The Cancer Letter.**

Response To The 'Numbers Game'

In fiscal 1991, Congress set targets for grants

funding, mandating that NIH fund 6,000 new grants a year. Congress also prohibited the NIH practice of across the board cuts in peer reviewed grant budgets, called "downward negotiations." NCI was directed to fund 840 competing grants that year.

NCI officials said the target would strain their ability to fund the large program project grants (P01s), comprised of five or six R01-sized components.

P01s only count as one grant, and are valued particularly by clinical investigators and investigators in cancer prevention and control whose research does not easily fit into regular R01s.

NCI then developed the IRPG to allow at least three investigators to submit related R01 proposals as a package.

Each component of an IRPG counts as one grant, thus helping in what NCI Director Samuel Broder called the "numbers game."

When the concept was developed in 1991, NCI advisors predicted that peer review of the R01 packages would be difficult if the components were separated when they came to the NIH Div. of Research Grants (**The Cancer Letter**, Oct. 25, 1991).

Reviewers Don't See All Components

After three rounds of grant submissions, DCT's Chabner said those concerns were verified.

"For interactive grants submitted as regular or routine proposals, we have found significant difficulties in obtaining appropriate review by regular NIH study sections," Chabner said this week.

"The major problem seems to be the unwillingness of the Div. of Research Grants to allow review of such grants by a common study section, and their refusal to allow the components of each [interactive] R01 to be seen by the individual reviewers. "The result has been a wide range of scores for component grants within each I-R01," Chabner said. "Some grants have received [poor] scores because the reviewer lacked information about the other grants in the submission."

From the beginning, NCI officials said they intended to follow the IRPG packages through the review process and would consider funding the poor-scoring components if a compelling main project was dependent on them.

As a result of that commitment, the overall "success rate" for IRPGs is similar to that of regular R01s.

Over the past three grant funding rounds, NCI funded a total of seven sets of IRPGs (17 R01s) from the 27 sets (110 R01s) submitted in response to two NCI program announcements (PA-92-29 and PA-92-57), according to the Cancer Therapy Evaluation Program. That results in a 15.5 percent success rate.

No Replacement For P01s

In addition to the program announcements, NCI issued Requests for Applications under several topics.

DCT set aside $4 million for the RFA "Interactive R01s for Clinical Studies of Systemic Therapies" (CA-92-25) and funded $2.9 million worth of interactive R01s in the current fiscal year. Of 27 sets (96 R01s) received, eight sets (20 R01s) were funded.

"The content of the proposals was disappointing, and, although they were reviewed as a group by a single study section, the scores were poor overall," Chabner said. "I do not believe the quality of the grants, nor their degree of integration, matches those of the traditional P01."

Investigators had four months prepare applications for that RFA, a shorter time than is ususal, NCI staff said to **The Cancer Letter.**

"I feel the long-term solution to the problem is to fund the best research, and not to contrive the system to fit artificial targets of grant numbers," Chabner said.

Advice To Applicants

Meanwhile, NIH advertised the IRPG as a new mechanism for all of the Institutes (**The Cancer Letter**, May 7). NIH will allow two investigators, rather than a minimum of three, to submit interactive R01s.

NCI staff said problems in review of IRPGs sometimes were the result of one component relying heavily on information contained in another component.

Since the components are reviewed by different study sections, NCI staff advises investigators not to assume that reviewers will see the other components.

"It's important for investigators to give reviewers a good idea of what is in the other applications," said Diane Bronzert of DCT's Cancer Therapy Evaluation Program. The other components can be described under the section on collaboration in the grant application, she said.

• • •

In a related matter, Chabner said he was concerned about "the shrinking pool of R01 grants being funded." DCT will fund one-third fewer new R01s this year than last year. Therefore, DCT will not bring new RFAs to the board unless they are for "pressing needs."

DCT will fund between 10-14 percent of its competing grants through RFAs this year, he said. This is lower than the overall NCI figure.

DCT will postpone funding for two RFAs: brain tumor therapies and stereotactic biopsy of early breast cancer, for U01 grants. The RFAs had set-asides of $1.5 million each; funding was to have been "fast-

tracked" following the September meeting of the National Cancer Advisory Board, Chabner said.

Instead, DCT decided to fund "some excellent P01s that did not make the payline," including one in breast cancer, and some additional R01s, Chabner said.

The delayed RFAs will be funded in December with FY94 money.

Fisher, Bonadonna, Croce, Hanafusa Win General Motors Cancer Prizes

General Motors Cancer Research Foundation announced the winners of its annual prizes.

▶ Bernard Fisher, Univ. of Pittsburgh, and Gianni Bonadonna, Italy's National Tumor Institute, Milan, share the Charles F. Kettering Prize for advances in cancer treatment.

▶ Carlo Croce, Thomas Jefferson Cancer Institute, Philadelphia, receives the Charles S. Mott Prize for achievements in understanding the causes of cancer.

▶ Hidesaburo Hanafusa, Rockefeller Univ., wins the Alfred P. Sloan Jr. Prize for basic science contributions to cancer research.

Each prize includes a $100,000 award and a commemorative gold medal. The prizes will be awarded June 23 in Washington.

Fisher and Bonadonna were honored for their separate contributions to the treatment of breast cancer. Fisher showed that lumpectomy is as efficacious as mastectomy for small breast cancers, while Bonadonna perfected a chemotherapy regimen used after surgery; he reported recently that chemotherapy used before surgery can shrink breast tumors.

Croce is honored for identifying may of the oncogenes involved in leukemias and lymphomas, and discovering how they are switched on to cause cancer. Recently, he captured the key element for a new therapy against childhood leukemias by deciphering the message of the ALL-1 gene, which goes awry in 90 percent of infants with acute lymphocytic leukemia. The new therapy, antisense, will use artificial DNA imprinted with the mirror image of ALL-1 to scramble the gene's cancer-causing message.

Hanafusa is recognized for his pioneering work with chicken viruses that laid the foundation for the discovery that cancer is caused by damaged genes within a patient's own cells. Hanafusa's latest work with the crk oncogene may one day make possible new cancer therapies that would disrupt molecular communications within a tumor cell.

Also awarded were the foundation's International Biomedical Journalism Prizes. Prize winners for outstanding media coverage of cancer during 1992 are Diane Sawyer and Chris Whipple of ABC News "PrimeTime Live" for "Mammography Investigation," a report on current breast cancer screening practices; Penny Stewardson of the "Sunday Tribune," Durban, South Africa, for "Cancer and I," newspaper columns about her struggle with breast cancer; and Douglas Daly of "Audubon" magazine for "Tree of Life," which explores the harvesting of yew trees to produce the anticancer drug Taxol. The winners receive $10,000.

Holland, Koop, Monaco Honored With ASCO Special Awards

The American Society of Clinical Oncology presented its special awards to James Holland, C. Everett Koop, and Grace Powers Monaco at the society's annual meeting last month in Orlando, FL.

Holland, Mount Sinai Hospital, received the Distinguished Service Award recognizing his work in the treatment of leukemia. Holland is an ASCO past president and recipient of the society's Karnofsky Award Lectureship.

Koop, former U.S. Surgeon General, received the Public Service Award for his efforts to educate and alert the public to the dangers of smoking and second-hand smoke.

Monaco, president of Medical Care Management Corp., Washington, D.C., received the Special Recognition Award for her work as a cancer advocate. Monaco is a founder of the Candlelighters Childhood Cancer Foundation and the Medical Care Ombudsman Program. She is noted for her efforts against the use of inappropriate cancer therapies.

ONS To Fund 21 Research Grants In 1994, Proposal Deadline Is Dec. 1

The Oncology Nursing Society and the Oncology Nursing Foundation are accepting proposals for the 1994 research grants funding cycle.

More than $390,000 has been awarded to nurse researchers by the society and the foundation since the grant program was established in 1984.

Nurse clinicians, educators and researchers, regardless of whether they are members of ONS, are invited to submit proposals that address the field of oncology nursing. Special awards are designated for new investigators, ONS chapter-sponsored projects, nurses working in community-based agencies, and the ONS/Sigma Theta Tau International Research Grant. ONS and the foundation expect to fund 21 projects in 1994 at a total funding level of $134,500.

Deadline for submission is Dec. 1.

Grant period is one year (two year maximum). Grants range from $4,250 to $10,000. Funding commences May 15, 1994. Research priorities are: Quality of life, symptom management, outcome measures for nursing interventions, pain control and management, cancer survivorship, cancer prevention and early detection, research utilization, cost containment and economic issues.

For further information and application materials, contact the Oncology Nursing Society, Research Department, 501 Holiday Drive, Pittsburgh, PA 15220-2749.

ONCC Establishes New Award

The Oncology Nursing Certification Corp. is calling for nominations for the first Oncology Certified Nurse of the Year Award.

The award, which will recognize outstanding achievement of an oncology certified nurse, will be presented at the 1994 Oncology Nursing Society Congress scheduled for May 4-7, 1994, in Cincinnati, OH.

Candidates for the award must be oncology certified nurses who have promoted oncology nursing certification and have demonstrated accomplishments in at least one area of oncology nursing such as clinical practice, education, research and/or service.

The Oncology Certified Nurse of the Year will receive $1,000 and will be presented with a crystal award at the OCN Recognition breakfast at the 1994 ONS Congress.

Self-nominations or third party nominations are encouraged. For a nomination packet, contact ONCC, 501 Holiday Drive, Pittsburgh, PA 15220 or call 412/921-8597. Complete nomination packets must be received at the ONCC national office postmarked no later than Dec. 1.

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-CP-40516-02

Title: Cancer among migrant and seasonal farmworkers: epidemiologic feasibility investigations

Deadline: Approximately July 23

The Occupational Studies Section, Environmental Epidemiology Branch, Epidemiology and Biostatistics Program of NCI's Div. of Cancer Etiology intends to negotiate a two-year contract for feasibility investigations for epidemiologic research on cancer among migrant and seasonal farmworkers. The objectives of this acquisition are 1) assessment of the accuracy of death certificate information on occupation, race, ethnicity, and cause of death for farmworkers, 2) assessment of the feasibility of tracing farmworkers over extended periods of time, 3) assessment of whether current or former farmworkers are diagnosed and treated for cancer and entered into cancer registries or other relevant data bases in the same way as the general population, 4) assessment of ability to reconstruct lifetime exposure histories using interviews with farmworkers, or their surrogates, and employers to obtain information on states of employment, crops, and activities by month and year, interviews with agricultural experts, and pesticide application records, 5) obtain quantitative environmental and biomonitoring exposure measurements on migrant and seasonal farmworkers. The contractor should have an established record of successful contact with migrant and seasonal farmworkers and experience in data collection activities as described in the solicitation package.

Contract specialist: Michael Loewe, RCB Executive Plaza North Rm 620, phone 301/496-8611.

RFAs Available

RFA CA-93-028

Title: **Clinical correlative studies in breast tumors**

Letter of Intent Receipt Date: July 23

Application Receipt Date: Sept. 22

The Cancer Therapy Evaluation Program, NCI Div. of Cancer Treatment, and the Cancer Diagnosis Branch, NCI Div. of Cancer Biology, Diagnosis & Centers, invite applications for cooperative agreements (U01) from institutions or consortia, such as DCT Clinical Trials Cooperative Groups, capable of and interested in performing clinical correlative studies with new prognostic factors ready for large scale evaluation.

These factors must be relevant to the cancer treatment or clinical outcome of patients with breast cancer. It is essential for institutions to have access to sufficient numbers of patients on phase III clinical protocols to be able to test correlative hypotheses.

Applications may be submitted by domestic non-profit and for-profit organizations, public and private. Applications may be submitted from a single institution or may include arrangements with one or more additional institutions, if appropriate. Applications from minority individuals and women are encouraged.

Support will be through the Cooperative Agreement (U01). Total project period may not exceed four years. Average amount of the total direct costs per year for each award will range from $140,000 to $180,000. Approximately $1 million in total costs per year for four years will be committed to fund applications. Four to five awards will be made.

The objectives of this RFA are to foster collaborations and interactions between basic researchers and clinical investigators to advance therapeutic clinical research and conduct correlative studies on new prognostic factors that are ready for

large scale evaluation. The CTEP and the CDB invite cooperative agreement applications from institutions or consortia, such as the DCT Clinical Trials Cooperative Groups and the NCI Cancer Centers, capable of and interested in performing clinical correlative studies relevant to cancer treatment or clinical outcome in patients with breast cancer. The correlative studies should be based on strong and testable hypotheses. A clear rationale should be given for the experimental design and technical methodologies selected.

The hypotheses tested must relate to potential clinical applications such as development of new treatment strategies or identification of patient subsets for specific treatment approaches. Preliminary data from appropriate tumor models or analysis of patient specimens should be provided to support the feasibility of each study. Assays must have already been demonstrated to be applicable to tissue samples and/or body fluids. The laboratory assays must utilize tumor specimens from patients receiving defined treatments in large clinical trials such as phase III clinical protocols. Applications will be considered responsive only if investigators have access to sufficient numbers of patient specimens.

All investigators are encouraged to work with multi-center organizations or form a consortium of institutions in order to access sufficient numbers of patients and clinical information to test the proposed hypotheses. To coordinate the above activities, each institution must have access to a Central Operations Office and Statistical Center as defined in the RFA. The cooperative approach outlined in this RFA allows for interactions among successful applicants and is designed to optimize use of patient resources, tissues, reagents and methods.

Applicants must describe how they might interact with NCI and other awardees in the sharing of data and improvements in laboratory techniques and study design methodologies.

Inquiries may be directed to: Diane Bronzert, Div. of Cancer Treatment, NCI, Executive Plaza North Rm 734, Bethesda, MD 20892, Tel. 301/496-8866, fax 301/480-4663; or Dr. Sheila Taube, Div. of Cancer Biology, Diagnosis, and Centers, NCI, Executive Plaza North Rm 513, Bethesda, MD 20892, Tel. 301/496-1591, fax 301/402-1037.

RFA AI-93-013

Title: **Gene therapy for HIV-1 infection: preclinical development**

Letter of Intent Receipt Date: July 1

Application Receipt Date: Sept. 8

This RFA is designed to support applied preclinical development studies for gene therapy systems targeting HIV. Studies in response to this RFA may propose to optimize to refine: viral vectors for in vivo delivery, physical methods for in vivo transduction, and expression of anti-HIV or anti-cellular genes for maximal virus inhibition in PBL challenged with clinical HIV isolates.

Applications may be submitted by domestic and foreign, for-profit and non-profit organizations. The support mechanism is the research project grant (R01) award. The National Institute of Allergy and Infectious Diseases (NIAID) has set aside $0.6 million (total costs) for first year funding of applications. Three to four awards are anticipated. Total project period may not exceed four years.

The objective of this RFA is to support 'post discovery' HIV gene therapy studies and to propel promising, state-of-the-art therapies closer to clinical evaluation. Studies are restricted to those that are directly related to HIV infection from investigators with ongoing gene therapy projects who demonstrate a commitment to the advanced preclinical development and translation of a defined gene approach to clinical evaluation. Examples of advanced preclinical development projects responsive to this RFA include:

--Optimization of existing viral vectors (including HIV-1 vectors) for antiviral gene delivery to target cells, gene stability, expression levels, purity and yield of recombinant vector stock, and other parameters relevant to vector design and application;

--Optimization of non-viral delivery vehicles (liposomes, receptor-ligand, other) for anti-HIV genes;

--Comparative assessment in relevant in vitro and/or animal models of different anti-HIV genes, cis-acting regulatory elements, or cellular functions critical for HIV gene expression for maximal virus inhibition. Examples of intracellular molecular inhibitors include: transdominant negative mutants; RNA decoys; multivalent ribozymes; and Tat, Rev, TAR and RRE binding proteins. Multi-pronged targeting for enhanced inhibition and reduction of viral load are encouraged.

--Refinement of vectors that provide stable, persistent expression in mature and stem cell derived differentiating cells susceptible to HIV infection;

--Development of efficient and safe methods to enhance infection of target cells (T-cells, stem cells, other) by recombinant vectors resulting in minimization of ex vivo manipulations;

--Safety assessment of HIV gene therapy strategies in appropriate animal models.

--Optimization of 'naked' DNA delivery strategies for the induction of MHC-dependent CTL response as a form of immune augmentation in HIV infected individuals.

Inquiries may be directed to: Dr. Nava Sarver, Div. of AIDS, NIAID, Solar Bldg Rm 2C11, Bethesda, MD 20892, Tel. 301/496-8197.

Letter to the Editor

Prevention And Control Research Has Changed, Study Section Needed

To the Editor:

This letter is written in support of creation by the NIH Div. of Research Grants of a new study section on cancer prevention and control. In the past, cancer prevention and control was perceived by many to consist only of community patient and educational interventions. Thus, submission of cancer control grants to the Behavioral Medicine study section was probably appropriate. However, the fact that none of 41 cancer prevention and control grant applications submitted to that study section has been funded is, in itself, sufficient reason to create a new study section. It is highly likely that some of the 41 applications merited approval and funding but were "orphaned" because they did not fit a defined mold.

A larger issue necessitates the creation of a study section on cancer prevention and control: the nature of cancer prevention and control research has gone far beyond the disciplines of behavioral medicine. To an increasing degree, medical oncologists such as myself are spending all of their research time in cancer prevention and control. These research efforts include investigations of biologic markers of cancer risk, studies of chemopreventive agents and their ability to modulate biologic markers, and epidemiologic studies of risk. Increasingly, our collaborators include molecular biologists, geneticists, pharmacologists, epidemiologists, behavioral scientists, clinical psychologists, and a wide variety of clinicians.

Our grant applications are, of necessity, multidisciplinary. A study section on cancer prevention and control should include clinicians, laboratory scientists who are well versed in carcinogenesis and biologic marker studies, epidemiologists, molecular geneticists, and behavioral scientists. Such a study section should welcome, indeed promote, submission of multidisciplinary grant applications that explore new hypotheses as well as those that develop and confirm established theories of carcinogenesis and prevention. Too often, existing study sections have insisted on research that validates current dogma rather than explores new paradigms. An increased emphasis on primary prevention and early detection should be one of the goals of a Cancer Prevention and Control Study Section.

There has never been a better opportunity to integrate multiple disciplines to impact upon both cancer incidence and mortality. A multidisciplinary study section on cancer prevention and control would go a long way toward achieving that goal.

Victor Vogel
Asst. Prof. of Medicine & Epidemiology
M.D. Anderson Cancer Center

***The Cancer Letter** welcomes letters to the editor. Letters may be mailed to PO Box 15189, Washington, DC 20003, or faxed to 202/543-6879.*

In Brief

Cancer Survivors Day Celebrated; 14 Firms Are New AACR Members

(Continued from page 1)

. . . **CANCER SURVIVORS DAY** was celebrated June 6 around the country. The event is sponsored by the National Coalition for Cancer Survivorship and "Coping" magazine to honor the estimated 8 million Americans living with cancer. In Washington, NCCS awarded its National Public Leadership Award to **Sen. John Rockefeller** (D-WVA). . . . **FOURTEEN COMPANIES** have joined the American Assn. for Cancer Research as charter sustaining members. Major sustaining members are Burroughs Wellcome Co., Cetus Oncology Corp., Hoffmann-La Roche, Marion Merrell Dow Research Institute, Sandoz Pharmaceuticals Corp., Warner Lambert/Parke Davis Pharmaceutical Research Division, and Ciba-Geigy Ltd. Sustaining members are Biomeasure Inc., Cytogen Corp., Du Pont Merck Pharmaceutical Co., IDEC Pharmaceuticals Corp., Pfizer Inc., Schering-Plough Research Institute, Procter & Gamble Co., and Varian Associates Inc. . . . **ANN LEFEVER**, formerly of the Dept. of Pediatrics, Medical College of Wisconsin, has been named director of the Immunotherapy Laboratory at St. Luke's Medical Center in Milwaukee. **John Hanson Jr.**, medical director of the Immunotherapy Program, recently accepted a $1 million endowment from the William Schuett Family and Security Bank to expand the laboratory and develop a gene therapy laboratory. . . . **NATIONAL EYE INSTITUTE** is 25 years old this year. The Institute celebrated last month with a briefing for members of Congress and their staff. . . . **JANICE HOSS** will coordinate a newly formed ONS special interest group in Cancer Program Development and Management. Hoss is cancer center coordinator at the Mount Diablo Regional Cancer Center, Concord, CA. The SIG allows interested ONS members to exchange information about a particular subspecialty or area. . . . **TEN NEW** ONS chapters were chartered last month, giving the society a total of 167 ONS chapters in 48 states.