THE CANCER LETTER

Vol. 19 No. 33
Aug. 13, 1993

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

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

Harold Varmus Nominated For NIH Director; Selection Wins Support In Biomedical Community

President Clinton last week nominated Harold Varmus to be the next director of the National Institutes of Health.

Varmus, 53, is professor of microbiology, biochemistry, and biophysics, and the American Cancer Society Professor of Molecular Virology at Univ. of California, San Francisco.

He was rumored for several weeks to be the Administration's choice

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In Brief

NIH Funding For Shannon Awards To Fall, Eight Institutes Decide Not To Participate

SHANNON AWARDS: NIH is significantly decreasing funding for the Shannon Awards in FY 1993. The Institutes plan to fund 93 of the awards this year, compared to 299 last year. The NIH director's discretionary fund will provide $3.3 million for the short-term awards. This will fund 35 percent of the amount; the other 65 percent will be picked up by the institutes participating. Eight institutes--including the National Institute of Allergy & Infectious Diseases and the National Heart, Lung & Blood Institute--have decided not to support the Shannon Awards. NCI will provide funding for 23 awards. Former NIH Director **Bernadine Healy** created the Shannon Awards in 1991 to support "high-risk" or innovative ideas that are just beyond the payline. Grants are $100,000 for two years. Over the past two years, the director's discretionary fund contributed $30 million and was matched 50 percent by the institutes. Awards are to be announced this month. A study by the NIH Office of Extramural Research found that Shannon awardees are more successful in eventually winning full grant support than non-awardees. . . . **CIRCULAR A-21** "Cost Principles for Educational Institutions" was signed by the Office of Management & Budget last month and published in the July 26 "Federal Register." There were no substantive changes from the version originally signed by OMB on Jan. 15. . . . **PHONE NUMBER** to order the film "On the Edge of Being... When Physicians Confront Cancer," was incorrectly listed in last week's issue of **The Cancer Letter**. The correct number is 800/824-2896. Physicians who want a copy of the film can call this number or contact their local Cerenex Pharmaceuticals representative. . . . **'IN BRIEF'** is continued to page 8.

White House Names Harold Varmus As NIH Director-Designate

(Continued from page 1)
for NIH director, having been recommended by a search committee. The delay in the official announcement reportedly was due to paperwork that had to be completed by Varmus, who was out of the country for a time last month.

If confirmed by the Senate, Varmus would be the first Nobel laureate to serve as NIH director. Varmus, with UCSF colleague J. Michael Bishop, shared a Nobel prize in 1989 for research on oncogenes.

"As one of the world's leading medical researchers, Harold Varmus will bring great strength and leadership to the National Institutes of Health," Clinton said.

"We are delighted that Dr. Varmus will be our new NIH director--the first NIH director to have won a Nobel prize--because he is one of the world's most eminent and most honored biomedical scientists," HHS Secretary Donna Shalala said. "He has been working at the cutting edge of modern cell and molecular biology, and he has had an active relationship with NIH for some 30 years, as NIH intramural scientist, grantee and public advisor. He has taken a leading role in national discussion of science policy issues."

Outpouring of Support

Varmus received an outpouring of support last month from biomedical scientists. The Federation of American Societies for Experimental Biology, in a letter to the White House, commended the search process and urged the appointment of Varmus.

The American Cancer Society, which has funded Varmus's research for the past 10 years through its professorship program, also supported Varmus for the job.

In a letter to Clinton, ACS President Reginald Ho wrote, "He can articulate the importance of translating research into medical practice. It would be a plum of an appointment for the prestige of the Institutes."

Varmus would be the second ACS professor to take a national post this year. Bruce Alberts, a molecular biologist also of UCSF, became president of the National Academy of Sciences last month.

"His emphasis is going to be more on basic science," John Laszlo, ACS senior vice president for research, said to **The Cancer Letter.** "He probably will need some careful exposure to the problems of clinical research. Even though he is an MD, he has been in the basic science world all his life. I don't think he is going to be a proponent of anything except good science."

'Everything He Tries Works'

Varmus grew up in Freeport, Long Island. His father, Frank, practiced family medicine, and his mother, Beatrice, was a psychiatric social worker. He is a graduate of Amherst College, where he majored in English literature (BA 1961); Harvard Univ., where he received his masters in English literature in 1962; and Columbia Univ., where he received his MD in 1966. While at medical school, he worked for three months at a mission hospital in northern India.

After an internship and residency in internal medicine at Columbia-Presbyterian Hospital in New York, Varmus served as a clinical associate for two years at the National Institute of Arthritis and Metabolic Diseases. He did his first scientific work there in bacterial genetics with Ira Pastan. Pastan later moved to NCI, where he is chief of the Laboratory of Molecular Biology in the Div. of Cancer Biology, Diagnosis & Centers.

"Ira used to call me up periodically to say, 'This young man is one of brightest, most talented scientists I've ever seen in the laboratory. Everything he tries works,'" DCBDC Director Alan Rabson said to **The Cancer Letter.**

Varmus developed an interest in molecular virology and left NIH in 1970 for a postdoctoral position at UCSF in Bishop's laboratory. That began a collaboration with Bishop to study tumor viruses. He became a full professor in 1979 and an ACS professor in 1983.

Varmus and Bishop shared the Nobel Prize for demonstrating that cancer genes can arise from normal cellular genes, or proto-oncogenes. While investigating a retroviral gene, a chicken sarcoma virus (v-src), they discovered a non-viral src gene present in the normal cells of birds and mammals.

Varmus is one of the remaining recipients of NCI's

THE CANCER LETTER

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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.

Outstanding Investigator Grant, a program which is being phased out.

Varmus is chairman of the Board of Biology for the National Research Council, an advisor to the Congressional Caucus for Biomedical Research, a member of the Joint Steering Committee for Public Policy of Biomedical Societies, and co-chairman of the New Delegation for Biomedical Research, a coalition of leaders in the biomedical community. He is the author or editor of four books and nearly 300 scientific papers. He has been elected to the Institute of Medicine, the National Academy of Sciences, and the American Academy of Arts and Sciences.

He has served on a variety of review and advisory boards for government, biotechnology firms, and pharmaceutical companies. Most recently, he was a member of the Institute of Medicine committee that advised the Dept. of Defense on the use of $210 million allocated by Congress last year for breast cancer research.

In 1986, he chaired the subcommittee of the International Committee on the Taxonomy of Viruses that gave the AIDS virus its name HIV.

Advocates Independent Agency Status For NIH

"I'm pleased and flattered to be the intended nominee for the Director of the National Institutes of Health," Varmus said in a statement released by UCSF. "Assuming the confirmation process goes smoothly, I look forward to facing the many new challenges the job entails."

Varmus will not take questions from the press regarding policy issues until the confirmation process is completed, his office said to **The Cancer Letter.**

However, in a Jan. 22 article in "Science," Varmus proposed that NIH be established as an independent federal agency, with the director having consolidated authority over the individual institutes.

He recommended a 15 percent annual increase in the NIH budget, providing funding for 30 percent of approved grants. The article also called for evaluation of peer review procedures and encouraging private sector research in technology.

Confirmation Hearing Not Expected Until October

The Senate Labor & Human Resources Committee, chaired by Sen. Edward Kennedy (D-MA), would not be able to begin confirmation hearings on the nomination until late September or early October. Congress left for its August recess this week.

Ruth Kirschstein, director of the National Institute of General Medical Sciences, is serving as acting NIH director.

Capitol Notes

Budget Act Includes Rockefeller-Levin Bill Directing Coverage Of Oral Drugs

The Budget Reconciliation Act passed by Congress last week contains virtually the entire text of the Rockefeller-Levin bill, which mandates Medicare to reimburse oncology drugs administered orally as well as oncology drugs administered off-label.

The bill was first introduced by Sen. John Rockefeller (D-WV) and Rep. Sander Levin (D-MI) in November 1991 and was reintroduced in the 103rd Congress.

The new provisions apply only to drugs that have FDA approval.

The section on off-label reimbursement:

▶ "[The drug's] use is supported by one or more citations which are included (or approved for inclusion) in one or more of the following compendia: the American Hospital Formulatory Service-Drug Information, the American Medical Association Drug Evaluations, the U.S. Pharmacopeia-Drug Information, and other authoritative compendia as identified by the [HHS] Secretary, unless the Secretary has determined that the use is not medically appropriate or the use is identified as not indicated in one or more such compendia, or

▶ "The carrier involved determines, based upon guidance provided by the Secretary to carriers for determining accepted uses of drugs, that such use is medically acceptable, based on supportive clinical evidence in peer reviewed medical literature appearing in publications which have been identified for purposes of this subclause by the Secretary."

In another provision, the law mandates reimbursement of orally administered drugs "prescribed for use as an anticancer chemotherapeutic agent."

Unlike an earlier version of the bill, the just-approved legislation does not call for an HHS study of the costs of patient care for Medicare beneficiaries enrolled in clinical trials and develop criteria for coverage of those costs. This provision was struck pursuant to "the Byrd Rule," which calls for removal of all items that have no budget ramifications.

The new law becomes effective Jan. 1, 1994.

As a result of opposition by physician groups including ASCO, Congress revised a provision that, in an attempt to eradicate "clinics without walls," would have required all multi-site practice groups to have an average of five physicians per site to qualify as a group practice under Medicare rules.

The revised language does not specify the number of physicians-per-site.

Opponents argued successfully that the proposed change would in effect bar most legitimate multi-site groups from furnishing laboratory and radiology services as well as supply of outpatient drugs.

Congress also made an exclusion for infusion pumps in a Medicare law that prohibits physicians in group practices from renting durable medical equipment to patients through their practices.

Cancers Linked To Agent Orange; More Studies Needed, IOM Finds

Three cancers and two skin diseases may be linked with chemicals used in herbicides in the Vietnam War, an Institute of Medicine committee has concluded.

Evidence exists linking soft tissue sarcoma, non-Hodgkin's lymphoma, Hodgkin's disease, and the skin diseases chloracne and porphyria cutanea tarda with Agent Orange and other herbicides used in Vietnam, the committee said in a report issued last week.

"Over the years, extreme views have evolved on the issue," said Harold Fallon, IOM committee chairman and dean of the Univ. of Alabama School of Medicine. "On one extreme is the view that Agent Orange causes a wide range of diseases, and on the other is the suggestion that exposure to Agent Orange has not led to health problems. Our committee has determine through an extensive review of the scientific literature that indeed, there does appear to be a link between exposure to herbicides and certain diseases."

Wide Ranging Exposures

Most of the evidence the committee reviewed came from studies of occupational exposures or industrial accidents. Often these exposures were at high levels for long periods. Levels of exposure for soldiers were wide ranging, making a clear determination of the health risks for veterans difficult, the committee said.

While most veterans probably had lower exposure levels, some may have experienced levels as high as that of occupational or agricultural exposures.

It is uncertain how many veterans may have been exposed to the higher levels and who those individuals are.

"We simply do not know the degree of risk for Vietnam veterans," said committee vice chairman David Tollerud, Univ. of Pittsburgh Graduate School of Public Health.

"We do feel, however, that enough information exists to allow studies to be done that would lead to a better understanding of the risk that veterans face for contracting diseases related to herbicide exposure in Vietnam."

The committee examined more than 230 epidemiological studies. It found sufficient evidence of a statistical association between exposure to herbicides or dioxin and soft tissue sarcoma, non-Hodgkin's lymphoma, and Hodgkin's disease. The committee also found sufficient evidence of an association between herbicides or dioxin and chloracne, an acne-like skin disorder, and PCT, a liver disorder characterized by thining and blistering of the skin.

The U.S. Dept. of Veterans Affairs currently compensates Vietnam veterans for NHL, soft tissue sarcoma and chloracne.

The link between herbicides or dioxin and other adverse health effects the committee studied fell into three remaining categories:

▶Limited or suggestive evidence: The committee found limited or suggestive evidence of an association between exposure to herbicides of the kind used in Vietnam and three other cancers: respiratory cancers, prostate cancer, and multiple myeloma.

▶ Inadequate evidence: The scientific data for most cancers and other diseases, such as adverse neurological and reproductive effects, were inadequate or insufficient to determine whether an association exists, the report said.

▶ No association: For a small group of cancers, the committee found that a sufficient number and variety of well-designed studies exist to conclude that there is limited or suggestive evidence of no association between these cancers and the herbicides or dioxin. This group includes skin cancer, gastrointestinal tumors, bladder cancer, and brain tumors.

Future Research

Exposure assessment was the weakest element in most epidemiological studies of veterans. A non-government organization should be commissioned to develop and test new methods of evaluating herbicide exposure in Vietnam veterans, the committee said. These new methods would draw on historical reconstructions and include information on the spraying that occurred around base camps and other areas which could have led to higher human exposures.

Information could be gathered from historical records of ground and perimeter spraying, herbicide shipments to military bases, and knowledge of the type of terrain and foliage typical of the locations sprayed and the military mission of the troops located there, the committee said. These new methods of measuring exposure should be evaluated by an

independent scientific panel.

If these methods prove to be valid, a new series of epidemiological studies of veterans should be undertaken to assess the degree to which veterans may be at risk of cancer and other disease as a result of exposure, the committee said.

The committee urged continued follow-up of the veterans who participated in Operation Ranch Hand, the spraying of some 19 million gallons of herbicide over 3.6 million acres of South Vietnam from airplanes. Members of the Army Chemical Corps also should be studied for adverse health effects from exposure. The committee said studies should be done by an independent agency to "satisfy the public's concern about impartiality and scientific credibility."

The IOM report, "Veterans and Agent Orange: Health Effects of Herbicides Used in Vietnam," was commissioned by the Dept. of Veterans Affairs.

Copies are available from National Academy Press, Tel. 202/334-3313 or 800/624-6242. Cost of the report is $85 plus $4 shipping.

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-50500-21

Title: Support of biochemical epidemiology

Deadline: Approximately Aug. 18

The Environmental Epidemiology Branch and Laboratory of Human Carcinogenesis of NCI's Div. of Cancer Etiology is in the process of recompeting an existing contract currently being performed by Microbiological Associates Inc. At this time, NCI is soliciting tailored capability statements from qualified small business firms under SIC code 8731 with a size standard of 500 employees. Based on the responses received from this Sources Sought Announcement, the proposed acquisition may be solicited as a 100% small business set-aside. No RFP package is available at this time.

All small business contractors responding to this sources sought announcement must have the capabilities to provide support services for biochemical epidemiology projects. These multidisciplinary projects include studies on the distribution, causes, natural history, and prevention of cancer, and frequently incorporate laboratory analyses of biological and environmental specimens. As a consequence, the prime contractor procures commercially available laboratory services, as well as provides related support functions, including operating a specimen processing laboratory and repository.

Services to be provided by the contractor shall include: 1) bioprocessing, inventorying, storing and distributing biological and environmental materials, 2) providing support to field centers for the collection and shipment of specimens, 3) identifying and selecting subcontract laboratories to perform support services required by NCI, 4) monitoring subcontract laboratories to ensure the production of high quality data and fulfillment of contractual obligations, 5) ensuring that data and other end products of subcontract laboratories are acceptable, complete, and in the proper format prior to their transfer to NCI, 6) transferring unused and residual specimens to a long term storage facility, and 7) providing consultation and logistical support to other NCI investigators in areas relevant to biochemical epidemiology. The biospecimen repository, which is currently being operated under the above mentioned NCI contract, has about 100,000 specimens stored in twelve 22 cubic ft. and 27 cubic ft. -70C mechanical freezers and one liquid nitrogen freezer.

Biospecimens currently in the repository include about 50,000 sera, 20,000 plasma, 1,000 whole blood, 250 lymphocytes, 6,500 red blood cells, 1,500 supernatants, 6,000 cervical lavage/scrapes and 5,500 urine samples, as well as other biological material (tissue blocks/slides). All biospecimens stored in the repository must be entered into the Biospecimen Inventory System. The BSI is an information system designed to track and control the acquisition, storage, requisition and distribution of biological specimens. Training and documentation on the use of the BSI will be provided by NCI at no cost to the contractor.

The contractor will work through the NCI Project Officer to identify laboratory support needs. The contractor is directly responsible for monitoring the performance of the subcontractors and ensuring the production of high quality data and adherence to subcontract obligations. Potential subcontract laboratories are identified by the contractor and selected after a technical evaluation of their capabilities and qualifications with the assistance of expert consultants to the contractor.

Examples of possible subcontract laboratory services that would need to be procured include assays for micronutrients (vitamins A, C and E and carotenoids), minerals (selenium and zinc), hormones (estradiol, estrone, testosterone and dihydrotestosterone), lipid profiles, nicotine and cotinine, HLA class I and II typing, immunoglobulin allotyping, serum antibodies to p53 and PAH-DNA adducts, viruses (human papillomavirus type and herpes simplex virus type 2), genetic polymorphisms, molecular and

immunocytochemical detection of oncogenes and tumor suppressor gene mutations, DNA, hemoglobin and albumin adducts, polychlorinated biphenyl and chlorinated pesticides in blood and fat, and pesticides, heavy metals and polycyclic aromatic hydrocarbons in soil.

It is anticipated that the proposed contract will be for a five year period, based on a level of effort of 23.75 person-years distributed as follows for each year: project director (100%), senior laboratory technician (100%), junior laboratory technician (100%), administrative support assistant (100%), data technician (50%), and messenger (25%).

Information furnished should include background information, resumes, a description of general and specific facilities, an outline of previous similar projects, and other available literature.

Contract specialist: Barbara Shadrick, RCB Executive Plaza South Rm 620, Tel. 301/496-8611.

RFP NCI-CP-40508-13

Title: Laboratory rodent and rabbit facility as a resource to the Laboratory of Cellular Carcinogenesis and Tumor Promotion

Deadline: Approximately Nov. 1

NCI has a requirement to provide facilities and staff to house, care for, and conduct experiments with laboratory rodents and rabbits as directed by protocols from NCI investigators. Facilities adequate to maintain the following numbers of animals are required: 700 athymic mice; 3,000 intact mice; 300 transgenic mice; 10 rabbits; and 250 hamsters. Animals will be provided by the government. The proposed acquisition is to support the Laboratory of Cellular Carcinogenesis and Tumor Promotion located in Bethesda, MD, and offerors must be within one hour transit time to assure viability of the cultured cells to be grafted onto the athymic mice. This acquisition is a recompetition and one award is anticipated to cover a four-year period. The proposed contract is a 100 percent small business set aside, under SICC 8731, the size standard for which is 500 employees.

Contracting officer: Sharon Miller, RCB Executive Plaza South Rm 620, Tel. 301/496-8611.

RFA Available

RFA CA-93-037

Title: **Role of the microenvironment in breast and prostate cancer**

Letter of Intent Receipt Date: Sept. 10

Application Receipt Date: Nov. 23

NCI's Div. of Cancer Biology, Diagnosis & Centers, Cancer Biology Branch, in collaboration with the NCI Div. of Cancer Etiology, Chemical & Physical Carcinogenesis Branch, invites investigator-initiated research grant applications to elucidate the molecular interactions among the cell populations of human breast and prostatic cancer that contribute to malignant progression. New and experienced investigators in relevant fields and disciplines may apply for funds to pursue this research.

The aim of this RFA is to foster application of recent advances in molecular and cellular biology, using appropriate model systems, to study the effects of tumor cell-stroma interactions relevant to tumor development and progression in human breast and prostatic tissues. A multidisciplinary approach involving interactions among basic and clinical scientists is encouraged.

Applications may be submitted by domestic and foreign for profit and nonprofit organizations, public and private. Applications from minority individuals and women are encouraged. Support will be through the NIH R01 grant. Project period may not exceed four years. Anticipated award date is July 1, 1994. Approximately $2 million in total costs per year for up to four years will be committed to fund applications. Up to 12 awards will be made.

This RFA is intended to encourage a variety of investigator-initiated research projects to use appropriate model systems that take into consideration the highly interactive environment of the tumor cells, as well as the contributions of the tumor and host cells to the growth and metastatic spread of breast or prostatic carcinomas. It is also important to delineate the genetic and environmental factors involved in stromal-epithelial interactions which are relevant to malignant progression of hormonally regulated tumors. It may include collaborations among basic and clinical scientists and should embrace an array of molecular and cellular approaches. Evidence of the establishment of reliable tumor cell systems or relevant tumor models should be included in the application. Applications that propose to explore interactions of the stroma with only normal epithelium will not be considered responsive to this RFA.

Inquiries: Dr. Suresh Mohla, NCI Div. of Cancer Biology, Diagnosis & Centers, Executive Plaza North Rm 505, Bethesda, MD 20892, Tel. 301/496-7028.

Program Announcement

PAR-93-102

Title: **Developing and improving institutional animal resources**

Application Receipt Date: Oct. 1

The National Center for Research Resources (NCRR) encourages the submission of individual animal resource improvement grant applications from biomedical research institutions. Any domestic public or private institution, organization, or association is

eligible to apply for this grant if the institution has one or more research projects supported by the Public Health Service that involve the use of laboratory animals. The major objectives of this program are to upgrade animal facilities, develop administratively centralized programs of animal care, and enable institutions to comply with the USDA Animal Welfare Act and DHHS policies related to the care and use of laboratory animals. These awards require matching funds from the awardee institution. Support is limited to alterations and renovations (A&R) to improve laboratory animal facilities, and the purchase of major equipment items for animal resource, diagnostic laboratory, transgenic animal resources, or similar associated activities.

The mechanism available for the support of improvement projects is the Grant for Repair, Renovation, and Modernization of Existing Research Facilities (G20). Requests are limited to A&R to improve existing laboratory animal facilities, allowable fees associated with the A&R project, and major resource equipment related to the improvement project, such as animal cage systems and cage washers. Requests for new construction, including the completion of shell space, and equipment intended for teaching or non-research purposes are not allowable. Requests for basic general purpose equipment items for centralized surgeries, diagnostic laboratories, transgenic animal facilities, and other similar associated activities are allowable when well justified and integral to the proposed project. However, a single item of equipment or an aggregate of identical equipment items must have a total cost of at least $1,000. The total budget request for the improvement grant application and award is limited to $700,000 (direct costs), of which not more than $500,000 may be used for alterations and renovations. Matching funds from non-Federal sources are required, equal to or exceeding one-third of the total allowable costs (equipment and A&R) of the requested project ($2 Federal to $1 non-Federal). These matching funds must be applied to the specific project described in the application and cannot be met by citing other expenditures.

Improvement grants are not intended to provide general operational support for the resource (e.g., funding for personnel, consumable supplies for routine animal care, or small equipment items) or to provide specialized research equipment or facilities for use by only a few investigators. Because the nature and scope of the proposed projects submitted in response to this announcement will vary, it is anticipated that the size of the awards will vary also.

Inquiries: Dr. Cynthia Pond, Comparative Medicine Program, National Center for Research Resources, Westwood Bldg, Room 857, Bethesda, MD 20892, Tel. 301/594-7933, Fax 301/594-9149.

NCI Contract Awards

Title: Resource for xenotransplantation and evaluation of human tissue injected into athymic nude mice
Contractor: Organon Teknika/Biotechnology Research Institute, Rockville, MD; $1,411,059.

Title: A case-control study of osteosarcoma
Contractor: Westat Inc., Rockville, MD; $1,142,578.

Title: Population-based natural history of cervical neoplasia in a high-risk region of Latin America
Contractor: Fundacion Costarricense Para La Docencia En Ciencias De La Salud, San Jose, Costa Rica; $413,355.

Komen Foundation Announces 1993 Grant Recipients

The Susan G. Komen Breast Cancer Foundation announced the recipients of the 1993 grants awarded to projects in basic and clinical research, education, survivor support and outreach.

Since 1982, the foundation has become the third largest funding source of breast cancer funds in the country, having raised more than $19 million and funded 149 nationally recognized grants.

The National Research Fellowship Program offers postdoctoral fellowship grants for breast cancer research each year to qualified applicants with MD or PhD degrees. The three year program offers an experienced breast cancer investigator the opportunity to select a postdoctoral fellow to train. The annual stipend is $35,000 per award.

The 1993 first year fellowship grant recipients are: Mary-Claire King and fellow Vikram Sharma, Univ. of California, Berkeley; C. Kent Osborne and fellow Pierre Lemieux, Univ. of Texas Health Science Center; Benita Katzenellenbogen and fellow Monica Monato Univ. of Illinois; Francis Kern and fellow Sandra McLeskey, Lombardi Cancer Research Center; W.S. Dalton and fellow B.W. Futscher, Arizona Cancer Center.

In addition to the first year grants, six second year and four third year fellowship grants will continue to be funded.

Grants are also awarded to applicants and institutions promoting early detection and treatment of breast cancer through education, survivor support and outreach, particularly to the medically underserved population.

The 1993 National Project Grant recipients are:

Univ. of Arkansas, Arkansas Cancer Research Center, Deborah Erwin, project director; The Bridge Breast Center, Dallas, Barbara Nelson and Sally Knox, project directors; Selma Medical Center, Birmingham, AL, David Cole Jr., project director; Univ. of Texas Health Science Center, Kipling Gallion, project director; Univ. of Texas Southwestern Medical Center, Gail Tomlinson, project director; and the 800/IM-AWARE Helpline.

Cancer Research Institute Sponsors Investigator, Fellowship Awards

The Cancer Research Institute, New York, granted eight postdoctoral researchers its fellowship award and three immunologists its investigator award for studies on the human immune system and cancer.

Fellows will receive $28,000 this year and investigators will receive $50,000, for a total of $375,000. Fellowships are for two to three years, while investigator awards are for four years.

Investigator award winner were: Robert Tepper, Massachusetts General Hospital; Carlos Barbas, Scripps Research Institute; and David Vaux, Walter and Eliza Hall Institute, Victoria, Australia.

Fellowships were awarded to: Amer Berg, Rockefeller Univ., laboratory of David Baltimore; Craig Martin Crews, Harvard Univ., under Stuart Schreiber; Mark Dudley, The Jackson Laboratory, sponsored by Derry Roopenian; Philippe Hartl, Univ. of California, San Francisco, sponsored by Douglas Hanahan; Jill Elizabeth Hutchcroft, Dana-Farber Cancer Institute, sponsored by Barbara Bierer; Ryuichiro Suto, Mount Sinai School of Medicine, sponsored by Pramod Srivastava; Steven Weinstein, UCSF, sponsored by J. Michael Bishop and Anthony DeFranco; and Angel Porgador, Duke Univ. Medical Center, sponsored by Eli Gilboa.

In Brief

Leukemia Society Fundraising Goal Targets Cure By Year 2000

(Continued from page 1)

. . . **LEUKEMIA SOCIETY** of America is launching a campaign to accelerate funding for research in leukemia, lymphoma, multiple myeloma and Hodgkin's disease. The "Cure 2000" goal to find cures by the year 2000 was set by the society's medical and scientific committee and adopted by the Board of Trustees. "We appear to be on the threshold of an era where the insights into the cellular and molecular anatomy and physiology of leukemia and lymphoma cells gained for the past decade are providing opportunities for novel therapeutic intervention to complement traditional approaches," said Ronald McCaffrey, the society's vice chairman of medical and scientific affairs. As part of the Cure 2000 campaign, the Leukemia Society, Univ. of Massachusetts Cancer Center, and NCI are sponsoring a conference Oct. 7-8, Worcester, MA. Contact the society at 212/573-8484. . . . **PROSTATE CANCER** Awareness Week is scheduled for Sept. 20-30, organized by the Prostate Cancer Education Council, a consortium of physicians, health educators and patient support groups. Free prostate cancer screenings will be provided at about 1,000 sites throughout the U.S. during the week. Information on screening locations is available by calling the American Cancer Society toll-free 800/227-2345. . . . **MARSHA MCNEESE**, M.D. Anderson Cancer Center, was recognized as the 1993 YWCA Outstanding Woman in Medicine recently, selected from seven finalists for the honor. McNeese is an associate professor of radiotherapy. . . . **CANCER RESEARCH** Institute, New York, appointed **Robert Durkee** to join Jill O'Donnell-Tormey as executive director of the institute. Durkee was vice president of the Children's Oncology Society of New York. . . . **JOAN HERMANN**, director of social work services at Fox Chase Cancer Center, recently received the Leadership in Oncology Social Work Award from the National Assn. of Oncology Social Workers. Hermann established the center's social work services department in 1977. . . . **ROBERT KRIGEL** has been appointed medical director of the cancer program at Lankenau Hospital, Wynnewood, PA. Krigel was director of hematology at Fox Chase Cancer Center. He is also associate professor of medicine, Temple Univ. . . . **"ONCOLOGY AND THE IMPACT** of Health Care Reform" is the topic of the Assn. of Community Cancer Centers fall conference, scheduled for Sept. 8-11, San Francisco, CA. **E. Donnall Thomas**, professor of medicine, emeritus, Univ. of Washington, will receive the association's annual award for outstanding contributions to clinical research. Contact ACCC, phone 301/984-9496 for conference registration.

No Cancer Letter For Two Weeks; Next Issue Scheduled For Sept. 3

The Cancer Letter will take its annual summer publishing break over the next two weeks while Congress is in recess.

The next issue of **The Cancer Letter**, Vol. 19 No. 34, will be published on Sept. 3.