

## Bristol-Myers Squibb, Axion In Joint Venture To Sell Oncology Drugs To Office-Based Practices

Bristol-Myers Squibb and Axion Pharmaceuticals Inc. have launched a joint venture that may redefine the way office-based practices purchase oncology drugs.

The newly formed partnership, called Bristol-Myers/Oncology Therapeutics Network, will serve the office-based oncology practices that are purchasing drugs from Bristol directly.

By purchasing drugs from the manufacturer, physicians were getting  
(Continued to page 2)

### *In Brief*

## \$7 Mil. Gift Allows USC To Expand Gene Therapy; North Carolina Passes Off-Label Drug Legislation

UNIV. OF SOUTHERN CALIFORNIA School of Medicine has received a \$7 million pledge from an anonymous donor to fund research into the gene therapy of cancer. The funds will be used to support clinical trials of gene therapy being conducted by USC Norris Comprehensive Cancer Center and USC-affiliated Childrens Hospital Los Angeles. Funds will be used to develop a new vector-production laboratory at the cancer center, recruit new faculty members and provide specialized equipment. The research program is being developed by **Laurence Kedes**. The program was enhanced with the recent recruitment of **W. French Anderson**, formerly of NIH. Anderson will direct the development of the vector-production laboratory. "While USC's gene therapy program has been significantly strengthened in the past year, this additional support will greatly accelerate the rate at which we can develop and implement new therapies," said USC President **Steven Sample**. . . . **NORTH CAROLINA** has become the fourth state in four months and the seventh in the last year to pass a version of the Assn. of Community Cancer Centers off-label drug legislation. Although the new law takes effect Oct. 1, it applies to insurance contracts amended, issued or renewed on or after Jan. 1, 1994. The use of the three standard reference compendia is the foundation of the legislation, introduced by state Sen. **Ted Kaplan Dudley Anderson**, president of the North Carolina Oncology Society, initially approached ACCC about assisting with the bill. The bill was opposed by the insurance industry, and as a result was narrowed to exclude indications supported through the peer-reviewed medical literature. . . . **ONCOLOGY NURSING** Society has joined the **National Breast Cancer Coalition** in a campaign to collect 2.6 million signatures on petitions that ask President Clinton to declare breast cancer a  
(Continued to page 8)

OAM Advisor's Faxes  
Promote Alternatives,  
Cassileth Writes To NIH  
. . . Page 3

NCI Clarifies IRPG  
Application Receipt,  
Funding Policies  
. . . Page 4

Lymphoma Research  
Foundation Accepting  
Grant Applications  
. . . Page 5

BMS Taking Nominations  
For Research Award  
. . . Page 5

ONS Seeks Research  
Grant Proposals,  
Scholarship Applications  
. . . Page 6

RFPs, RFAs Available  
. . . Page 6



## Joint Venture Could Redefine The Purchase Of Oncology Drugs

(Continued from page 1)

a better price, but sacrificing the convenience of buying all their drugs from a single source.

Through the Network, these practices will be able to obtain BMS drugs at the same prices, but with the extensive customer service support by Axion. Also, the Network will offer drugs made by other pharmaceutical companies.

For Axion, a South San Francisco pharmaceutical service company that has been supplying drugs to office-based practices for the past two years, the venture is likely to mean expansion of the account base to the vast majority of oncologists' offices in the U.S.

"Since every medical oncologist who currently orders from Bristol-Myers Squibb will now be able to order oncology products directly through the Network, our scope will expand substantially," Michael Goldberg, Axion's president and CEO said to **The Cancer Letter**.

For Bristol, based in Princeton, NJ, the Network could offer a way to address the needs of a market segment that is certain to expand as a growing share of medical services moves from hospitals to physicians' offices.

In recent years, an increasing number of physicians have begun to purchase drugs from Bristol directly. Their orders have posed a challenge for the pharmaceutical company, which is accustomed to dealing with large orders from drug wholesalers, chains or drug stores and government institutions.

"Historically, Bristol-Myers Squibb was set up to deal with very large customers," Don Hayden, vice-president and general manager Bristol-Myers Oncology Division said to **The Cancer Letter**.

"Our customer satisfaction was generally high, but as we considered the needs of community-based oncologists, we found that they were increasingly wanting to simplify the process of ordering oncology drugs and supplies," Hayden said. "We believe the formation of the Network now offers our physician-office customers an enhanced way to manage their pharmaceutical needs in this environment of cost-containment."

The U.S. market for office-based oncology drugs is estimated to be over \$500 million, about a quarter of the entire market for oncology drugs. At Bristol-Myers, purchases by office-based practices account for about 15 percent of cytotoxic drug sales, Hayden said.

On Sept. 1, all physicians ordering oncology drugs from BMS were automatically enrolled in the Network. The prices of Bristol Laboratories Oncology and Mead Johnson Oncology drugs will remain unchanged, Hayden said.

"Customer service is a corporate culture-driven expertise-- and it's all we are focused on," Goldberg said. "With the advent of the Network, our hope is to respond to both the cost containment and service needs of the community-based oncologist."

In addition to Bristol products, Axion sells more than 600 oncology drugs and supportive medicines.

It is not clear how other pharmaceutical companies will react to having their products sold through a partnership in which Bristol holds a 50 percent stake.

However, Goldberg said, he has heard no objections from any of the pharmaceutical companies whose products the Network supplies. Several companies are involved in negotiations to expand their relationship with Axion, he said.

"We will continue to work closely with all of our vendors to make their products available through the Network," Goldberg said.

Axion, a privately held firm, was launched in 1988, with start-up funding from Sevin Rosen Funds, a venture capital firm (**Cancer Economics**, March 1990). In 1990 the company launched Oncology Therapeutics Network (**Cancer Economics**, February 1991).

At the time, one survey showed that prices charged by wholesalers for some drugs varied as much as 1,200 percent. Frequently, the practices were charged lower prices for one or two items, then charged higher prices on other items.

Pricing was only one part of the problem: pharmaceutical companies were unable to provide a complete range of products used by oncology practices, and mail order houses were not providing clinical back-up service and simplified billing.

Soon after Oncology Therapeutics Network was

### THE CANCER LETTER

Editor: Kirsten Boyd Goldberg

Associate Editor: Paul Goldberg

Founder & Contributing Editor: Jerry D. Boyd

PO Box 15189, Washington, DC 20003

Tel: (202) 543-7665 Fax: (202) 543-6879

Subscription rate \$225 per year North America, \$250 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc., also publisher of The Clinical Cancer Letter. All rights reserved. None of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form (electronic, mechanical, photocopying, facsimile, or otherwise) without prior written permission of the publisher. Violators risk criminal penalties & \$100,000 damages.

formed, Goldberg and Bristol officials began discussing ways to improve customer service to community-based oncologists.

"Ultimately, we decided we could do more together than either of us could do alone," Goldberg said.

Along with offering the lowest list prices on Bristol-Myers oncology products, the Network will continue to sell competitively priced oncology drugs produced by other companies as well as offer overnight delivery for all drug orders, monthly inventory management reports, reimbursement assistance, and clinical and practice management updates.

In an enhancement of Axion's existing services, the Network will offer payment terms that include a grace period of as long as 90-days.

Funding for the Network, in which Axion acts as the general partner, was provided by both companies.

## **Unofficial OAM Advisor's Faxes Promote Alternatives, Cassileth Says**

Officially, Ralph Moss has been a member of an ad hoc panel of advisors to the NIH Office of Alternative Medicine.

Officially, the law limits the life span of such a panel to one year, which means that the panel ceased to exist earlier this summer.

While members of the defunct panel continue to meet as individuals, it is difficult to fathom a status more unofficial than that of Moss, author of books attacking the "cancer establishment."

However, in recent weeks, Moss has been faxing letters to members of the former panel. One of his letters referred to "us in the OAM," while another described his talks with a controversial clinic about potential collaborations with OAM.

Both letters included criticism of a panel member whom Moss accused of "an apparent conflict of interest" stemming from her membership on the American Cancer Society's Committee on Questionable Methods of Cancer Management (*The Cancer Letter*, July 23).

Following these communications, Barrie Cassileth, the target of Moss's criticism, wrote a memo to OAM, stating that Moss has been representing himself as an authoritative OAM spokesman and that his activities amounted to the office being used to promote unconventional therapies.

Moss said he has made no misleading representations.

Jay Moskowitz, NIH Deputy Director for Science Policy and Technology Transfer, said he has forwarded Cassileth's protest to the NIH Committee Management

Office "to decide what an appropriate action should be."

"This is a routine thing for me to do when we receive such a letter," Moskowitz said to *The Cancer Letter*.

Meanwhile, ACS officials offered statements in support of Cassileth.

"Dr. Cassileth is a strong individual who follows basic principles of science and ACS supports her continuing efforts to bring science into this area," Harmon Eyre, ACS Deputy Executive Vice President, Medical Affairs and Research, said to *The Cancer Letter*.

"We support her intellectual approach to this area. She is an independent scientific thinker who judges things on their merit," Eyre said.

Helene Brown, member of both the ACS board and the committee on questionable methods, said she was puzzled by Moss's logic. "If he wants Cassileth off the committee because she is a member of the ACS Committee on Questionable Methods, then I would imagine that his membership in some of the alternative medicine groups would mean that he should be excluded as well," Brown said to *The Cancer Letter*.

"Cassileth is the most objective person I know," she said.

### **Faxes From Moss**

In a letter dated Aug. 18 and addressed to "Dear OAM Friend," Moss referred to "us in the OAM" being "interested in investigating" ozone therapy.

Another communication from Moss, a letter dated Aug. 26 and faxed to OAM panel members, begins with a reference to Moss's trip to the Bahamas, where, Moss writes, he explored the possibility of "collaboration" between OAM and the clinic founded by Lawrence Burton, who died earlier this year.

"Everyone we spoke to here was enthusiastic about the OAM and the possibilities of collaboration," Moss wrote.

Both letters offered free sample copies of "The Cancer Chronicles," a newsletter Moss edits.

"There is no implication that I am speaking for the staff," Moss said to *The Cancer Letter*. "I am speaking as a member of the OAM constituency, that is to say, the advisors and the people who have attended the conferences. I don't think of the OAM as just the staff."

Moss said he does not claim to have any official capacity when he visits the clinics of unconventional practitioners. "I tell them that I am just speaking as a private citizen. When I go to them, I do not

misrepresent my affiliation."

As for his clash with Cassileth, Moss said he is firm in his view that advisory status at OAM is inconsistent with membership in the ACS panel. "In no way did we intend to intimidate her," Moss said.

### Promoting Alternatives?

Cassileth has a different assessment of Moss's recent actions. "[Moss's] communications, to my mind, are highly problematic for three reasons," Cassileth, a psychosocial oncologist and an adjunct professor at Duke Univ. and the Univ. of North Carolina, wrote in the memo to OAM, dated Aug. 26.

"1. Ralph Moss represents himself as part of the OAM and as an authoritative OAM spokesman.

"2. The OAM is being used to promote alternatives. Promotion is contrary to OAM's research mission. It also flies in the face of NIH standards and ethics and of the standards and ethics of science in general.

"3. I am no longer willing to ignore the personal attacks on me. I should think that OAM staff and Panel members would appreciate... a colleague who fights as hard as I do for the conduct of methodologically sound studies of promising alternatives or adjunctive medical techniques.

"That Ralph Moss et. al. are threatened by me and, in turn, try to threaten me verbally as well as in print may well reflect their intent to purify the Panel of those who do not blindly accept the value of a product or practice simply because it is termed 'alternative.' A panel comprised of nothing but True Believers could hardly uphold the mandate of OAM and NIH to assist careful evaluation and produce adequate evidence of effectiveness so that the public is neither harmed nor misled," Cassileth wrote.

NIH officials said the list of members of the permanent advisory body to OAM has been completed and is ready to be forwarded to the NIH Office of Committee Management, ultimately to be approved by NIH Director-designee Harold Varmus and HHS Secretary Donna Shalala.

Until that time, members of the former ad hoc group are acting as individuals, preparing the office's report on unconventional medical practices, NIH officials said.

## NCI Reiterates IRPG Application Receipt And Funding Policies

Following is a statement issued by NCI last month clarifying its policies regarding applications for Interactive Research Project Grants.

"NCI initiated the concept of the interactive research

project grant in January 1992 with the publication of Program Announcement 92-29. This was followed by Program Announcements in Digital Mammography (PA-92-57) and Magnetic Resonance Spectroscopy and Cancer Treatment (PA-92-86).

"Policies pertaining to these and all subsequent IRPG solicitations, whether initiated by NCI or another NIH Institute or Center, are not subsumed under the NIH-wide program announcement PA-93-078, entitled "Investigator Initiated Interactive Research Project Grants."

"The items that differ from the previous NCI IRPG solicitations as specified in the NIH-wide announcement are: (a) to reduce the minimum number of required projects from three to two; and (b) clarification of the nature and content of the information to be provided under Section 7 (Consultants/Collaborators) of the form PHS 398 application kit.

"It is the policy of NCI to accept unsolicited IRPG applications in all areas of cancer research appropriate to the mission of NCI as delineated in the PHS referral guidelines. Applications received in response to IRPG program announcements normally will be assigned to the appropriate Institute and study sections of the Div. of Research Grants according to the PHS referral guidelines.

"Award Criteria: The general principles to be employed by NCI in consideration of funding individual components of IRPGs received in response to program announcements will be those that apply to all R01 awards; that is, applications must fall within the R01 payline to be ranked for immediate funding.

"In addition, however, if any individual application within an IRPG set falls within the natural R01 payline at the time of review, NCI will consider selected additional applications within the set with scores better than the 35th percentile as possible candidates for funding as exceptions, especially if such applications fall within scientific areas designated as high priority by NCI. Currently, these high priority areas include cancer of the breast, prostate, and ovary.

"Continuing commitments and current limitations on available research project grant (RPG) funds have affected the success rates of IRPGs, as they have with all other RPG mechanisms. Experience to date with IRPGs indicates that, as for new (Type 1) R01 applications in general, few original Type 1 applications submitted as components of IRPG sets are likely to be scored within the established payline of the NCI; it is consequently far less likely that more

than one application in any IRPG set will be scored within that payline.

"If one or more, but not all, applications within an IRPG group receive initial funding, and unfunded applications within that group are subsequently amended and submitted on later receipt dates, the awarded IRPG component(s) should be identified and may be cited in the amended applications. This situation will be considered as forming a basis for subsequent exception funding for the resubmitted amended applications should their percentile ranking place them outside the then-current payline. In such cases, those amended R01 applications must make reference to being part of a partially funded IRPG. They may, however, request support to extend beyond the end date of the already awarded component R01s), consistent with the scientific goals of the application.

"NCI intends to publish annually a list of updated high priority areas for Interactive Research Project Grants. While all IRPG applications outside these areas will be fully considered for regular funding under current paradigms, the extreme stringency of success rates for NCI R01 awards in general suggests that potential IRPG applicants proposing to conduct research in lower priority areas should be cautioned, therefore, to limit submission of interactive projects to those that are most fully conceptualized and integrated and that are felt to have the best chance of receiving funding as independent research efforts.

Applicants with questions regarding NCI policies pertaining to these awards are encouraged to contact an NCI program director or: Dr. Marvin Kalt, Deputy Director, Div. of Extramural Activities, NCI, Tel. 301/496-4218, Fax 301/402-0956.

## **Lymphoma Research Foundation Accepting Grant Applications**

The Lymphoma Research Foundation of America Inc. is accepting grant applications for the period July 1, 1994, to July 1, 1995. Application deadline is Dec. 15, 1993.

Successful applicants can receive up to \$35,000 per year for salary (including fringe benefits). The period of the grant is one year. Applicants must hold a PhD, MD, or equivalent. An applicant who holds an MD must be at least a third year fellow.

The Lymphoma Research Foundation of America Inc. was founded in 1991 to provide funding on a national basis for lymphoma-specific research. Through its funding program, the Foundation encourages and promotes high quality lymphoma research which will

result in the eventual cure of this disease.

The Foundation funds research projects submitted by individuals associated with accredited academic institutions, JCAHO accredited research hospitals, and other research organizations that have national and international reputations for excellence.

Funding requests are reviewed by the Medical Advisory Board which is comprised of experts in the field of lymphomas and related diseases who serve on a voluntary basis. The Board of Directors of the Foundation makes the final decision as to which funding requests are granted. Ten research fellows have been funded to date across the country.

For grant application and policies governing fellowships please contact the Lymphoma Research Foundation of America Inc., 2318 Prosser Ave., Los Angeles, CA 90064, Tel. 310/470-6482.

## **Bristol-Myers Accepting Nominations For Annual Cancer Research Award**

Nominations are being accepted for the 17th annual Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research.

The \$50,000 award is presented each year to a scientist for outstanding contributions to fundamental or clinical cancer research. The recipient is chosen by an independent panel of peers. The deadline for nominations is Nov. 19.

Medical schools, hospitals, and research centers around the world are invited to nominate candidates for the award. The winner will receive the cash prize and a silver medallion at dinner held in his or her honor on April 20, 1994, in New York.

The award is part of a no-strings-attached cancer grants and awards program instituted in 1977. To date, BMS has awarded 33 unrestricted cancer research grants totalling \$16.34 million to 30 cancer centers in the U.S. and abroad. The principal investigators of the institutions in the U.S., Sweden, and Japan that participate in the program comprise the independent peer-review selection committee.

Members of the selection committee for the 1994 award are: Robert Bast Jr., Duke Comprehensive Cancer Center; Charles Coltman, San Antonio Cancer Institute; Heine Hansen, Rigshospitalet (Copenhagen); Ronald Herberman, Pittsburgh Cancer Institute; Irwin Krakoff, M.D. Anderson Cancer Center; Marc Lippman, Vincent Lombardi Cancer Center; Franco Muggia, Kenneth Norris Comprehensive Cancer Center; Herbert Pinedo, Netherlands Cancer Institute; Takashi Sigimura, Foundation for the Promotion of Cancer Research, Tokyo; Bernard Weinstein, Columbia-



Presbyterian Cancer Center.

For nomination forms, contact Secretary, Award Committee, Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research; 345 Park Ave. Room 21-59, New York, NY 10154-0037 or phone Nancy Goldfarb, 212/546-5107.

## Oncology Nursing Society, Foundation Seek Research Grant Proposals

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

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 at a total funding level of \$134,500.

Deadline for submission is Dec. 1. Grant period is one year (two year maximum). Funding ranges from \$4,250 to \$10,000. Funding begins May 15. ONS 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, and cost containment and economic issues.

For application materials, contact Oncology Nursing Society, 501 Holiday Dr., Pittsburgh, PA 15220, Tel. 412/921-7373.

### Scholarships, Career Development Awards

The Oncology Nursing Foundation is accepting applications for its 1994 scholarships, cancer public education requests for proposals and career development awards.

Application deadline is Jan. 15. Scholarship/grant period is one year. Funding ranges from \$1,000 to \$2,500. Available are Doctoral scholarships, Masters scholarships, undergraduate scholarships, Public Education RFPs, Career Development Awards.

For application information, contact Oncology Nursing Foundation, 501 Holiday Dr., Pittsburgh, PA 15220, Tel. 412/921-7373.

### RFPs Available

Requests for proposals described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. Address requests for NCI RFPs, citing the RFP number, to the

individual named, the Executive Plaza South room number shown, National Cancer Institute, Bethesda MD 20892. Proposals may be hand delivered to the Executive Plaza South Building, 6130 Executive Blvd., Rockville MD.

### RFP NCI-CM-47007-29

Title: Resynthesis of Compounds for Screening

Deadline: Approximately Nov. 5

The Drug Synthesis and Chemistry Branch of the Developmental Therapeutics Program of NCI's Div. of Cancer Treatment is seeking contractors with established expertise in the field of synthesis of organic and inorganic compounds to prepare those deemed of interest to the program for evaluation as antitumor and AIDS-antiviral agents. The primary focus will be to synthesize samples of compounds, generally identified from literature sources, which have been designated of interest to the DTP drug development program and which are not available from the original sources. Compounds may be required for either primary screening or follow-up testing in the anticancer and/or anti-HIV programs.

Compounds assigned for synthesis will include, but not be limited to, carbocycles, heterocycles typically containing nitrogen, oxygen, and sulfur, carbohydrates, nucleosides, and metal coordination complexes. Detailed experimental procedures obtained from the literature will be available for the majority of the assignments. Some development on synthetic methods may be required in those cases where no such procedures are available or when the published methods prove unreliable in practice. The quantities of compounds to be prepared will vary widely, but will usually be in the range from 0.1 to 5 grams. All synthesized compounds submitted to the DS&CB (at least 15 to 20 target compounds per year per contract) shall be characterized as to identity and purity.

Each Contractor should have available a fully operational facility including all necessary equipment and instrumentation needed to perform for all aspects of the contract.

NCI signs legally binding agreements with some suppliers (often pharmaceutical or chemical companies) which state that all information on compounds donated by those suppliers will be held confidential. The occasion may arise whereby the successful offeror will be assigned such a confidential compound as a synthesis or modification target. If the Contractor were a chemical or pharmaceutical company, they could gain valuable data on confidential new lead compounds. NCI believes that in order to honor the confidentiality agreement with suppliers and in order to avoid any chance of transmitting privileged data to a competitor, pharmaceutical and chemical companies must be excluded from the competition. A pharmaceutical or chemical company is defined as an organization which sells drugs and/or chemicals to the general public for profit.

NOTE: Two related RFPs are currently available. It is anticipated that multiple incrementally funded contracts will be awarded for a period of five years beginning on or about September 1, 1994. RFP No. NCI-CM-47007-29, "Resynthesis of Compounds for Screening" is an open competition. RFP No. NCI-CM-47015-29, "Resynthesis of Compounds for Screening by Small Business" is a 100% set aside for small business. The Standard Industrial Code for the small business set-aside is 8731 (500 employees). Offerors who qualify as a small business are encouraged to submit proposals under both RFPs; however, not more than one award of the

available awards (under both RFPs) will be made to any single offering organization.

Contracting Officer, Clyde Williams, RCB Executive Plaza South Rm 603, Tel. 301/496-8620.

#### **RFP NCI-CP-40517-13**

Title: Biodosimetry for populations exposed to ionizing radiation  
Deadline: Approximately Oct. 25

The Radiation Epidemiology Branch of NCI's Div. of Cancer Etiology is seeking a contractor, or contractors, to perform work entitled "Biodosimetry for Populations Exposed to Ionizing Radiation." Proposals are being solicited from qualified firms to provide the necessary resources to perform two tasks. The first task is to provide blood collection, shipping materials, and instructions for subjects from selected epidemiologic studies in order to obtain blood samples for glycophorin-A somatic mutation assays (GPA); create and maintain a log of blood specimens and blood type (M/N blood types) and determine the blood types of about 20,000 subjects, selected by NCI, to determine M/N heterozygosity; perform GPA on about 10,000 blood specimens that are M/N heterozygous; and evaluate and report on the correlation between actual recorded doses and physical description of radiation exposure and outcome of the GPA assays. The second task is to provide for blood collection, shipping materials, and instructions for subjects from selected epidemiologic studies in order to obtain blood samples for cytogenetic evaluation including fluorescent in-situ hybridization (FISH) for translocation analyses; create and maintain a log of blood specimens received from NCI studies, indicating if lymphocytes were successfully cultured and harvested and whether scoring of chromosome aberrations was performed; apply fluorescent in-situ hybridization-based translocation analysis technique (chromosome painting) to score translocations for about 200 subjects, to be selected and sampled by NCI. The contractor shall provide the results of all cytogenetic analyses performed and evaluate and report on the correlation between actual recorded doses and physical description of radiation exposure and outcome of the cytogenetic analyses.

Contracting Officer, Sharon Miller, RCB Executive Plaza South Rm 620, Tel. 301/496-8611, Fax 301/480-0241.

#### **RFP NICHD-CRE-93-12**

Title: Fertility drugs and ovarian cancer

The Contraceptive and Reproductive Evaluation Branch, National Institute of Child Health and Human Development, seeks sources for a study of the long-term sequelae of exposure to fertility drugs. The primary objective is to determine whether and, if so, to what degree, exposure to ovulation-inducing drugs increases the risk of ovarian cancer. The secondary objective is to shed light on other potential serious adverse effects of ovulation induction. The proposed cohort study would involve subjects from one or more well-defined historic cohorts with data already collected on reproductive, personal, familial, and any other relevant risk factors, including complete fertility drug history (dosage and duration of usage), as well as histological diagnoses of any malignancies occurring among the participants. Enough women must have been already enrolled to ensure sufficient statistical power to test hypotheses in subsets of the data such as anovulatory versus other forms of infertility and women of different parity and gravidity. Due to the relative rarity of ovarian

cancer, all interested parties must be able to document the existence of an historic cohort currently providing at least 30,000 woman-years of follow-up after exposure. This requirement is based on available incidence data to detect a three-fold difference in risk of ovarian cancer. Offerors should have expertise in the field of reproductive epidemiology, particularly with regard to ovulation induction and ovarian cancer. Offerors should also have experience in assembling and obtaining adequate follow-up of large cohorts and in collecting, managing, and analyzing large epidemiologic data bases. The Government estimates the effort to be approximately 4.5 technical staff-years. It is anticipated that one cost-reimbursement incrementally funded type contract will be awarded for a period of 54 months.

Copies of the RFP may be obtained by sending a written request, with a self-addressed label, or a Fax request to: Charles Grewe, Contracting Officer, Office of Grants and Contracts, National Institute of Child Health and Human Development, 6100 Building, Room 7A07, Bethesda, MD 20892, Fax 301/402-3676.

#### **RFP NCI-CP-40510-13**

Title: Induction, biological markers and therapy of tumors in primates

Deadline: Approximately Oct. 30

NCI has a contract requirement to provide facilities and staff to house, care for, and conduct experiments on approximately 250 monkeys which have been treated with various test compounds. The monkeys will be provided by the government. Contract objectives include: 1) the long term evaluation of potential human carcinogens in nonhuman primates, 2) the initiation of studies to evaluate the effects of high and low fat diet on liver and breast carcinogenicity of the heterocyclic amine, PhIP in nonhuman primates, and 3) the study of metabolic processing of various test compounds in nonhuman primates. The proposed acquisition is to support the Office of the Director, Div. of Cancer Etiology, located in Bethesda, MD. Offerors must be within one hour transit time to assure viability of autopsy and surgical biopsy material. This project will be awarded using full and open competition procedures and all responsible, qualified sources are encouraged to propose. One award is anticipated to cover a five-year period.

Contracting Officer, Sharon Miller, RCB Executive Plaza South Rm 620, Tel. 301/496-8611, Fax 301/480-0241.

## **RFAs Available**

#### **RFA AI-93-021**

Title: Strategic program for innovative research on AIDS treatment

Letter of Intent Receipt Date: Sept. 23

Application Receipt Date: Dec. 22

This RFA will support innovative, integrated and inter-related preclinical and clinical research to validate clinical therapeutic concepts for the treatment of HIV-1 infection. A SPIRAT can focus its therapeutic research activities on viral gene(s) or cellular factors required for HIV expression, novel immunotherapeutic approaches, or other approaches with the potential for effective, long-term therapy.

Excluded from this RFA are development of drugs and treatment for opportunistic infections, both the subject of other

NIAID sponsored programs.

Applications may be submitted by domestic, private, public, and for-profit organizations. Awards will be made as Cooperative Agreements (U19s). It is estimated that five to six groups will be funded under this program. A total of \$6 million (including direct and indirect costs) is available for first year funding of this program. A maximum of \$25 million will be available over the four-year period. The size of awards may vary. Applications with budgets in excess of \$1.3 million total costs (direct and indirect) for the first year will be returned without review.

The goals of this RFA are to 1) interface between innovative, advanced preclinical research of sound scientific rationale and clinical proof-of-concept of an identified HIV therapeutic strategy, and 2) implement pilot clinical studies in HIV-1 infected individuals to validate the therapeutic modality.

A SPIRAT must be composed of a minimum of three projects led by independent investigators with inter-related objectives, and may consist of scientists from a combination of academic, nonprofit research, and commercial organizations.

Inquiries: Dr. Nava Sarver, Div. of AIDS, NIAID, 6003 Executive Blvd., Solar Bldg. Rm 2C11, Bethesda, MD 20892, Tel. 301/496-8197, Fax 301/402-3211.

### In Brief

## **ONS Joins Breast Cancer Coalition In Petition Signature Drive**

(Continued from page 1)

national health emergency and call for a comprehensive strategy to end what the Coalition terms is a breast cancer epidemic. The petitions are to be delivered to the White House in a ceremony on Oct. 18. ONS is asking members to collect signatures "at work as well as at local malls and shopping centers," according to "ONS News." Petitions are available from the ONS government relations department at 412/921-7373. Petitions are to be returned to **Cynthia McCormick**, ONS director of government relations, by Oct. 1. ONS member **Judi Hirshfield-Bartek** is a board member of NBCC. . . . **FLUORIDE LEVELS** in drinking water do not pose a risk of health problems such as cancer, kidney failure or bone disease, concludes a report released recently by the National Research Council. Based on a review of data on fluoride toxicity, an NRC committee concluded that the Environmental Protection Agency's ceiling of 4 parts per million for fluoride in drinking water is "appropriate as an interim standard." More research is needed on fluoride exposure from other sources, such as dental products or foods, said committee chairman **Bernard Wagner**, New York Univ. School of Medicine. Moreover, the committee found that "the weight of the evidence from more than 50 epidemiologic studies does not support the hypothesis of an association between fluoride exposure and increased cancer risk in humans." For

copies of the report, "Health Effects of Ingested Fluoride," contact National Academy Press, Tel. 202/334-3313 or 800/624-6242. Cost of the report is \$35 plus \$4 shipping. . . . **ALBERT LOBUGLIO** has succeeded **Joseph Simone** as president of the Assn. of American Cancer Institutes. Other officers are: **John Kovach**, vice president and president-elect, and **Edward Mirand**, elected secretary-treasurer for the 26th year. Simone becomes chairman of the board of directors. New board members are **Nathan Berger**, **Charles Coltman**, **Christopher Walsh**, and **Max Wicha**. . . . **SHIRLEY GIROUARD** has been appointed executive director of the American Nurses Assn., succeeding **Barbara Redman**, who left ANA last April to take an endowed position at Johns Hopkins Univ. School of Nursing. Girouard was executive director of the North Carolina Center for Nursing. . . . **ELAINE BLANKENSHIP METCALF** has been appointed director of public relations at Columbia Univ. Health Sciences Division. Since 1987, Metcalf had been assistant director of press relations for the Mount Sinai Medical Center. . . . **LUZ BAUTISTA**, co-head nurse on Columbia-Presbyterian Cancer Center's clinical oncology unit, has received the cancer center's 1993 award for oncology nursing. . . . **DAVID NICHOLS** has been named associate vice president for patient care administration, M.D. Anderson Cancer Center. In the newly created position, Nichols is responsible for patient mix and financial systems that document costs associated with patients participating in clinical protocols. He joined the center in 1982. . . . **BENGT WESTERMARK**, Univ. of Uppsala, Sweden, has received the first Lennox K. Black International Prize in Medicine, awarded by Thomas Jefferson Univ. The prize is named after Black, chairman and CEO of Teleflex Inc., a firm that produces medical and other devices. Black established the prize with a \$1 million gift in Teleflex stock. . . . **CIGARETTE EXCISE** tax increases are among the most effective means of reducing cigarette smoking among children and adolescents, according to a newly released publication, "The Impact of Cigarette Excise Taxes on Smoking Among Children and Adults: Summary Report of a National Cancer Institute Expert Panel." Said NCI Director **Samuel Broder**, "A major increase in the federal cigarette excise tax could result in real improvements in public health. It would save lives and generate revenue which could be applied to other areas, such as the nation's health care and deficit reduction." For copies of the report, contact Karen Bray, ROW Sciences Inc., 1700 Research Blvd., Suite 400, Rockville, MD 20850, Tel. 301/294-5439, Fax 301/294-5401.