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NIH Solicits Grant Applications For New Type Of Small Business Award; 40 To Be Funded

NIH last week released a Request for Applications inviting small businesses to submit proposals for a new type of small business research and development award.

Under the new grants program, called the Small Business Technology Transfer, NIH will fund about 40 phase I awards of $100,000 each in fiscal 1994. The STTR was authorized by Congress last year under the Small Busi-

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In Brief

Satcher Named CDC Director; POG Appoints Monaco To Data Monitoring Committee

DAVID SATCHER, president of Meharry Medical College, has been named director of the Centers for Disease Control & Prevention. He replaces **Walter Dowdle**, who has served as acting director since July 1, when **William Roper** stepped down. Satcher will take the position on a part-time basis beginning this month and will be full time by January, according to HHS. The CDC director's position does not require Senate confirmation. . . . **GRACE POWERS MONACO**, president of Medical Care Management Corp., based in Washington, D.C., has been appointed as the first lay member of the Pediatric Oncology Group's Data Monitoring Committee. The 10-member committee looks at results from clinical trials conducted through the cooperative group. . . . **PRESIDENT'S CANCER PANEL** is scheduled to meet Sept. 22, NIH Wilson Hall, to gather testimony on the nation's progress against cancer over the past decade. The meeting is part of NCI's response to Congressional request for review of scientific advances in basic, clinical and applied research. At the meeting, the findings of six panels of outside experts that met over the past year, will be discussed. . . . **CANCER SURVIVORS** from accross the nation will gather in Houston Sept. 10-11 for "Living Fully With Cancer," a conference for survivors and their families, sponsored by the Anderson Network of M.D. Anderson Cancer Center. Keynote speakers are **Bernie Siegel** and **Susan Ford Bales**. . . . **M.D. ANDERSON** Cancer Center recently opened the Ambulatory Treatment Center-Greenpark, a satellite of its R. Lee Clark Clinic, to make outpatient therapy and laboratory testing more convenient for many patients. The new center has 18 patient rooms, a full medical and nursing staff, a laboratory and pharmacy. Growth in the number of patient visits to the Clark Clinic—57,000 in 1992—led to the satellite center's development. About 10,000 patient visits are expected over the next year at the new center. . . . **CANCER PAIN** is the subject of an American Society of Clinical Oncology CME course scheduled for Sept. 18-19, Pittsburgh, PA. Contact ASCO, 312/644-0828. . . .`In Brief' continued to page 8.

NIH Releases Solicitation For New Small Business Technology Grants

(Continued from page 1)

ness Technology Transfer Act of 1992 as a three-year pilot program designed to stimulate technical innovation.

The law requires NIH, HHS, the National Science Foundation, the Dept. of Defense, the National Aeronautics and Space Administration and the Dept. of Energy to set aside a percentage of their extramural research and development budgets for STTR grants, similar to the existing Small Business Innovation Research Program (SBIR).

The agencies must set aside at least .05 percent of their extramural R&D budgets for STTR awards in FY 1994, .1 percent in FY 1995 and .15 percent in FY 1996.

Research under the program is to be conducted jointly by small business in collaboration with a nonprofit research institution. Awards are to be granted through the peer reveiw process.

Following is the text of the NIH STTR announcement:

Small Business Technology Transfer Program
Application Receipt Date: Dec. 1

The purpose of this announcement is to inform the public of a new set-aside funding opportunity that requires collaboration of small businesses with research institutions.

Public Law 102-564, signed Oct. 28, 1992, requires NIH and certain other federal agencies to reserve a specified amount of their extramural research or research and development budgets for a Small Business Technology Transfer (STTR) program.

The legislation is intended to:

- stimulate and foster scientific, technical, and technological innovation through cooperative R&D carried out between small businesses and research institutions;
- foster technology transfer between small businesses and research institutions;
- increase private sector commercialization of innovations derived from Federal R&D; and
- foster and encourage participation of socially and economically disadvantaged small businesses and women-owned small businesses in technological innovation.

The STTR program is a three-year pilot program the begins in fiscal 1994 and consists of the following three phases:

Phase I: The objective of this phase is to determine the scientific, technical, and commercial merit and feasibility of the proposed cooperative effort and the quality of performance of the small business concern, prior to providing further Federal support in Phase II.

Phase II: The objective of this phase is to continue the research or R&D efforts initiated in Phase I. Funding shall be based on the results of Phase I and the scientific and technical merit and commercial potential of the Phase II application.

PHASE III: The objective of this phase, where appropriate, is for the small business concern to pursue with non-federal funds the commercialization of the results of the research or R&D funded in Phases I and II.

The amount and period of support for STTR awards are as follows:

Phase I: Awards may not exceed $100,000 for direct costs, indirect costs, and negotiated fixed fee for a period normally not to exceed one year.

Phase II: Awards may not exceed $500,000 for direct costs, indirect costs, and negotiated fixed fee for a period normally not to exceed two years. A Phase I award must have been issued in order to apply for a Phase II award. (Only Phase I awards will be issued in FY 1994.)

It is anticipated that approximately 40 STTR grants will be awarded by NIH in FY 1994 from funds set aside for this purpose.

The applicant organization must be the small business. As required by the legislation, at least 40 percent of the project is to be performed by the small business and at least 30 percent of the project is to be performed by the research institution.

Eligibility requirements, definitions, application procedures, review considerations, application forms and instructions, and other pertinent information are contained in the "Omnibus Solicitation of the National Institutes of Health for Small Business Technology Transfer (STTR) Grant Applications," available from:

Massachusetts Technological Laboratory Inc., 13687 Baltimore Ave., Laurel, MD 20707, Tel. 301/206-9385, Fax 301/206-9722.

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Editor: **Kirsten Boyd Goldberg**
Associate Editor: **Paul Goldberg**
Founder & Contributing Editor: **Jerry D. Boyd**
P.O. Box 15189, Washington, D.C. 20003
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Alan Davis To Retire From ACS; Five Top Executives Keep Posts

Alan Davis, vice president for public issues of the American Cancer Society and head of ACS' Washington D.C. office, will retire from the Society at the end of the year.

Davis has been with ACS for 26 years and for the last 15-20 years has been one of the Society's most visible staff members. His job has included representing ACS before Congress, NCI, and other federal agencies and, through the divisions, at state governments.

Originally hired as a science writer after working in public relations and fund raising at the Univ. of Utah, Davis took over the annual ACS Science Writers Seminar. That forum has brought cancer researchers and science writers together, educating both groups in the interests and problems of the other, and improving the quality of coverage of cancer related issues in the national media.

"I think the most important work I have done for the Society has been with the Science Writers Seminar," Davis said.

Davis insisted that his retirement his nothing to do with the reorganization of the Society's national staff now being implemented by Executive Vice President John Seffrin. "I want to make that clear," he said. "I've been very happy working with Seffrin."

Davis added that his retirement has been long planned. He and his wife, Jeanne, intend to open a bed-and-breakfast inn somewhere on the coast of Maine, they hope by the start of the tourist season next year. Davis said he will do some consulting for ACS, and "will serve the Society any way they want me to." He also plans to write a novel.

Incumbents Named To Five Top Positions

Davis' impending retirement came on the heels of the first appointments by Seffrin to five of the 16 top positions in the reorganized national staff.

In every case, the five were in effect reappointed to the jobs they already held, although the scope of their positions and responsibilities may have changed somewhat. They are:

John Laszlo, research. He has been senior vice president for research (it has not yet been decided what titles these positions will carry).

Patricia Greene, patient services. She has been vice president for nursing and patient services.

Cynthia Currence, marketing. She has been vice president for marketing.

Ree Stanley, human resources. She has been vice president for human resources and administration.

Kenneth Elder, information systems. He has been vice president and chief information officer.

A change in the reorganization, from that reported in **The Cancer Letter** Aug. 6: treatment has been separated from patient services. Previously, treatment had been coupled with detection in the office headed by Daniel Nixon. The plan now is that various elements of the treatment program will be assigned to other offices, as applicable.

With no separate office or department for treatment, and with the departure at the end of August of Chief Medical Officer Gerald Murphy, the task of Society spokesman for treatment issues will probably fall to Harmon Eyre, deputy executive vice president for medical affairs.

Prostate Cancer Education Council Calls For Screening Research

The Prostate Cancer Education Council, the organization that sponsors Prostate Cancer Awareness Week, is calling for long term randomized research studies that will look at how to most effectively and efficiently utilize screening procedures to detect prostate cancer and what treatment options are most appropriate for men diagnosed with the disease.

"Much confusion exists regarding the value of the prostate specific antigen blood test in detecting prostate cancer as well as many other aspects of detecting and treating prostate cancer," said E. David Crawford, chairman of the Div. of Urology at Univ. of Colorado Health Sciences Center and chairman of the Prostate Cancer Education Council. "We need to begin to develop and execute well conceived randomized studies that begin to answer questions for and provide guidance to the health care delivery community."

The Prostate Cancer Education Council coordinates the largest mass screening effort in the U.S. for prostate cancer each year during Prostate Cancer Awareness Week, this year scheduled for the week of Sept. 20.

The council has collected and analyzed a large amount of data that is beginning to shed some light on many of the questions associated with prostate cancer, members said.

"Data from previous Prostate Cancer Awareness Week screening efforts have demonstrated that the predictive value of the PSA blood test and a digital rectal examination when used in tandem is consistently higher than when either test is used alone," said council member Edward DeAntoni, assistant professor, Div. of Urology, Univ. of Colorado Health Sciences Center. "Moreover, our data show that a digital rectal exam does

not result in a spurious elevation of the PSA level, as some have suggested."

For the past two years, men who have participated in Prostate Cancer Awareness Week have been asked to report on their vasectomy history. Preliminary analyses do not seem to indicate a greater likelihood of an abnormal finding for a digital rectal exam or of an elevated PSA level among men who have reported having a vasectomy, Crawford said. He cautioned that a digital rectal exam or PSA test cannot be used prospectively at this time to measure any association between vasectomy and prostate cancer. However, the data from Prostate Cancer Awareness Week can be used to provide useful information on possible relationships among medical history, health care behaviors, genitourinary conditions, and the risk of prostate cancer.

Prostate Cancer Awareness Week screening data indicate that men who report a family history of prostate cancer have higher rates of abnormal digital rectal exams and elevated PSAs when compared to men who report no family history of prostate cancer. Regarding the use of the PSA test, Crawford said Prostate Cancer Awareness Week screening data indicate that the use of age-specific PSA levels could improve the sensitivity and specificity of this tumor marker.

Analysis of the data from previous Prostate Cancer Awareness Week efforts has led the council to make several specific recommendations regarding community-based prostate cancer screening activities.

"In 1989, we began with the recommendation that all men over the age of 40 be screened," said council member Nelson Stone, associate professor, Dept. of Urology, Mt. Sinai Medical Center. "We have found that screening men between the ages of 40 and 50 is not cost effective and should only be done among men at higher risk...those with a family history of prostate cancer and African Americans.

"We also have found that 70 years of age appears to represent a general upper limit for screening given the fact that prostate cancer is usually a slowly progressing malignancy," Stone said. "At age 70, the standard of at least a 10-year life expectancy can be judiciously applied regarding detection of the disease that should lead to aggressive treatment."

Men under 70 years of age need a lead time advantage in treating prostate cancer, Crawford said. "Opponents of prostate cancer screening use lead-time bias as a major argument against such efforts," he said. "These individuals claim that any survival benefit of detecting an early stage lesion is specious because the patient will die at the same time had screening not occurred because the tumor usually grows so slowly.

The council believes, Crawford said, "that everything should be done to give men with prostate cancer a lead-time advantage. Advanced prostate cancer is not curable. Early stage prostate cancer is very curable. Prostate cancer must be diagnosed as early as possible in men under 70 years old so these individuals can make an informed decision about whether to be treated and what treatment option is best for them."

DeAntoni said additional data will be collected during this year's Prostate Cancer Awareness Week. Plans now call for an in-depth look at family history and vasectomy as risk factors for prostate cancer, age-specific PSA levels, and how to most effectively provide support to men diagnosed with prostate cancer.

"Academic medicine must forge stronger links with community-based urological practices," Crawford said. "Therefore, we welcome the participation of community institutions and urologists in our screening and research efforts.

"Right now, our most ambitious plans for the future of prostate cancer awareness efforts regard the development of a truly comprehensive and representative coalition of public and private agencies and organizations that can expand the horizon for prostate cancer education, articulate national policy for the detection and treatment of prostate cancer, and mobilize resources to bring about a significant reduction in the incidence, morbidity, and mortality of prostate cancer."

Army Receives More Than 3,000 Letters Of Intent For Program

Cancer researchers have submitted more than 3,000 letters of intent to the U.S. Army Medical Research & Development Command for the Dept. of Defense FY 1993-94 breast cancer research program.

The letters were solicited by the Army in July (The Cancer Letter, July 16) for researchers intending to apply for the approximately $210 million in funding provided by Congress last year.

The Army is expected to release a Broad Agency Announcement soliciting research proposals around Sept. 15, according to a spokesman for the USAMRDC.

Submission of a letter of intent was not required. The Broad Agency Announcement will establish the following deadline schedule for applications: Applications addressing infrastructure enhancement are due by Nov. 1; applications for training and recruitment are due by Nov. 15; and applications for all research projects are due by Nov. 30.

For further information about the Army breast cancer research program, researchers may contact Col. Patricia Troumbley, Tel. 301/619-7219, or write to Commander, USAMRDC, ATTN: Col. Troumbley, AN, SGRD-ACQ, Ft. Detrick, MD 21702-5012.

RFP 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.

MAA NCI-CN-35551-05

Title: **Cancer prevention and control surveillance master agreement**

NCI's Div. of Cancer Prevention and Control is soliciting proposals to provide information required for cancer control surveillance. The primary purpose is to conduct surveys and similar evaluation processes. The term "survey" is used to connote a full range of studies, including probability sample surveys and specialty studies requiring data abstraction. The Master Agreement Announcement (MAA) is tentatively scheduled for release on or about October 5. It is anticipated that multiple master agreements will be awarded pursuant to the MAA, each having a five year period of performance. Since MAs are unfunded, the obligation of funds will be accomplished solely through the award of master agreement orders (MAOs), issued under the terms of this MA. The MAOs will be issued on either a cost or fixed price basis. The Standard Industrial Code applicable to this procurement is 7379. The MA holder, upon award of a MAO, will coordinate and implement the requested survey(s), including data collection, processing and reporting for surveillance activities to be designed and developed by NCI alone or in collaboration with other organizations.

Copies of the MAA may be obtained by sending a written request, citing the MAA number to: Gary Topper, Research Contracts Branch, PCCS, NCI, Executive Plaza South Rm 635, Bethesda, MD 20892, Tel. 301/496-8603.

RFAs Available

RFA CA-93-038

Title: **Identification and evaluation of tissue markers for pathological classification of human gliomas**

Letter of Intent Receipt Date: Oct. 6

Application Receipt Date: Dec. 7

The Cancer Diagnosis Branch of NCI's Div. of Cancer Biology, Diagnosis and Centers invites applications for cooperative agreements from institutions to identify and evaluate tissue markers for improving the pathological classification of human gliomas. Precise pathologic diagnosis and/or classification of gliomas is often difficult. Since the incidence and mortality of brain tumors are increasing, and gliomas constitute the most common class of these important tumors, improved classification would be beneficial to clinicians making decisions about patient management.

For the purposes of this RFA, gliomas are meant to include astrocytomas, mixed astrocytomas/oligodendrogliomas,and oligodendrogliomas. The purpose of the proposed awards is to extend and expand the ongoing inter-institutional studies the Glioma Marker Network to increase the availability of patient resources and enhance the technical capabilities of the Network to efficiently test clinical correlative hypotheses. The Network will carry out collaborative studies designed to continue the evaluation of a variety of glioma markers, identify additional promising markers, and correlate the markers with clinical parameters. The cooperative studies funded by this RFA will optimize the use of rare tissue resources. This RFA will also provide funding for coordinated management and statistical analyses of data collected by Network investigators. These studies will take advantage of the synergy resulting from collaborations among neuropathologists, clinicians, cancer biologists, and statisticians.

Applicant organizations must be located in the U.S., Canada, or Mexico. Non-profit organizations and institutions, and government agencies are eligible to apply. For-profit organizations are also eligible. Applications from minority individuals and women are encouraged.

The mechanism to be used to support the Glioma Network is the cooperative agreement (U01), an assistance mechanism in which substantial NCI program staff involvement with the recipient during performance of the planned activities is anticipated.

The anticipated average amount of direct costs will be $125,000. NCI anticipates making four to six new and/or competing awards for project periods up to four years and anticipates a total of $1,200,000 will be set aside for the initial year's funding. Because of the nature and scope of the research proposed in response to this RFA may vary, it is anticipated that the sizes of awards will vary also.

The objective of this RFA is to invite applications for cooperative agreements to extend and expand the Glioma Marker Network currently carrying out studies to identify and evaluate molecular markers for improving the pathological classification of human gliomas. Applicants should propose studies with hypotheses designed to evaluate tumor markers and to correlate markers with clinical parameters.

Applications should discuss application of molecular genetic, cytogenetic, immunohistological, and/or biochemical techniques to studies of glial tumor markers that will be useful in tumor classification. Collaborations among neuropathologists, clinicians, cancer biologists, and statisticians are critical to these types of studies and are specifically encouraged.

Applicants should address approaches to establishing correlations between tumor markers and clinical parameters. The hypotheses to be tested by the proposed studies should be clearly stated and the rationale for the study design and experimental techniques selected thoroughly discussed. Sufficient preliminary data should be provided to support the feasibility of the proposed studies. Applications should include a discussion of the statistical issues related to study design and data analysis. A goal of the RFA is to promote collaborative studies to optimize the use of rare tissue resources. The cooperative agreement mechanism was chosen to facilitate the coordinated management of tissue resources with associated clinical data and the statistical analyses of data generated in collaborative studies. Applicants should discuss their anticipated contribution to collaborative studies carried out by the Network.

Inquiries: James Jacobson, Div. of Cancer Biology, Diagnosis, and Centers, NCI, Executive Plaza North Rm 513, 6130 Executive Blvd., Bethesda, MD 20892, Tel: 301/496-1591, Fax: 301/402-1037.

RFA AI-93-019

Title: **National Cooperative Drug Discovery Groups for the treatment of opportunistic infections associated with AIDS: Tuberculosis**

Letter of Intent Receipt Date: Nov. 15

Application Receipt Date: Jan. 21

It is the purpose of this RFA to invite Cooperative Agreement applications aimed at the discovery of new, more effective, selective, and diverse therapeutic agents to treat and prevent infection caused by Mycobacterium tuberculosis. Applications that include research projects or participation from the private sector are encouraged.

Research in the following areas is needed to provide the foundation for improvements in therapeutics for tuberculosis, particularly in the setting of HIV infection: unique metabolic activities for drug targeting; biochemistry and molecular mechanisms of M. tuberculosis-host interactions; inhibitors of enzymatic and regulatory functions, and of biochemical pathways; mechanisms of overcoming drug resistance; and discovery and biochemical characterization of promising natural products or synthetic chemical compounds. These activities should be directed toward selective drug or strategy targeting that inhibits M. tuberculosis with minimal toxicity for the host. It is anticipated that multidisciplinary approaches by scientists from a combination of academic, non-profit research, and commercial organizations, with the assistance of NIAID, will be necessary to effectively accelerate the drug discovery process for treatment of tuberculosis.

Awards will be made as Cooperative Agreements (U01s). Respondents to this RFA may include new applications for a maximum period of four years support and competitive supplements to currently funded NCDDG-OI Groups for research focused on M. tuberculosis.

It is estimated that no more than one or possibly two new Groups will be funded for drug discovery against M. tuberculosis as a result of this RFA. A maximum of $3.4 million (including direct and indirect costs) will be available over the four year period, including approximately $0.8 million (direct and indirect costs) during the first year.

It is the intention of this RFA to encourage investigators to collaborate in new, multidisciplinary approaches to drug discovery against human tuberculosis. The objective of this RFA is to stimulate original and innovative research of sound scientific rationale, requiring comprehensive team effort, that is likely to result in the discovery of agents effective against M. tuberculosis.

An NCDDG-OI must be composed of two independent laboratory research projects and may consist of scientists from a combination of academic, non-profit research, and commercial organizations.

Inquiries: Barbara Laughon, Div. of AIDS, National Institute of Allergy and Infectious Diseases, Solar Bldg, Rm 2C35, 6003 Executive Blvd., Bethesda, MD 20892, Tel: 301/402-2304, fax: 301/402-3211.

Program Announcement

PA-93-107

Title: **Medical imaging databases**

NCI through the Diagnostic Imaging Research Branch of the Radiation Research Program, the National Library of Medicine, and the Div. of Stroke and Trauma, National Institute of Neurological Disorders and Stroke are seeking grant applications that will address new medical imaging database designs that focus on non-textual paradigms. The goal of medical imaging databases is to provide a means for organizing a large mass of heterogeneous, changing, pictorial, and symbolic data into a structured environment that can be synthesized, classified, and presented in an organized efficient manner to facilitate optimal decision making in a health care environment. A properly organized imaging database can compensate for human memory limitations and provide an environment for improved patient care, research, and education. Development of an effective and useful medical imaging database must take place in an interdisciplinary environment, using the medical knowledge from radiologists, radiation and medical oncologists, neurologists and other specialties in collaboration with the database research community and the imaging expertise of the computer and Picture Archiving and Communications System (PACS) sciences.

Applications may be submitted by foreign and domestic, for-profit and non-profit organizations. Applications from minority individuals and women are encouraged.

Applications considered appropriate responses to this announcement are the traditional research project grants (R01) and First Independent Research Support and Transition (FIRST) award (R29). Although no funds are specifically set aside for funding grants submitted in response to this program announcement, the Radiation Research Program regards research in this area as high priority.

Today, medical imaging database management and searches are largely performed by skilled human investigators. Although considerable progress has been achieved in recent years in the development of new strategies for rapid and efficient textual retrievals from text databases, very little effort has gone into the development of techniques for non-textual searches.

Similarly, since medical images are poorly incorporated into the overall collection of data on cancer patients, there is very little attempt to cohesively gather information from images of different patients for correlation with other critical parameters of their disease. The wealth of information that is potentially accessible, but not available through any currently available technology, would contribute to new clinical knowledge about disease progression, prognostic indicators for outcome assessment in patients scheduled for treatment, and the ability to assess outcome in patients who have undergone treatment.

Although much research has already been done in the development of "next generation databases," more research is needed to address the complex issues of developing the tools for medical imaging databases in a clinical environment. The research goals of this Program Announcement include the following:

1. Development of a descriptive language for medical images that describes image features that define the oncologic content of images and develops a standardized vocabulary for the geometric description of the images;

2. Development and implementation of advanced query languages that use pictorial and symbolic-based object-oriented data modeling to support complex non-textual queries;

3. Development of new database models that incorporate the following features:

a. index an imaging database using image features;

b. support spatial relations for queries that can detect change, such as by shape and size, but are robust enough to adjust for deformations;

c. develop object-oriented solutions that can handle levels of uncertainty in identifying objects with fuzzy boundaries;

d. support temporal relations that reflect both the history of the patient, as is currently best known, as well as what was in the database at any given point in time;

e. allow for the development of ad hoc and customized schema that evolve as the user gathers new data and knowledge by navigating through or perusing the database;

f. solve integrity problems, such as resolving a situation when two databases contain contradictory information;

g. carry out search and analysis processes that are both accurate and timely and allow for the interaction of a human investigator.

5. Development of tools that allow for the cohesive unification of data and information from hospital information systems, radiological
information systems, image archives and imaging machines into one system for incorporation into the electronic medical record for incorporation into the electronic medical record.

Research and implementations of database systems must proceed in interdisciplinary environments that successfully combine the expertise and knowledge from the medical community with that of the database and computer science disciplines.

Inquiries: Dr. Sandra Zink, Radiation Research Program, NCI, Executive Plaza North, Suite 800, Bethesda, MD 20892, Tel: 301/496-9360; or Dr. George Eaves, Div. of Stroke and Trauma, National Institute of Neurological Disorders and Stroke, Federal Bldg, Room 8A-13, Bethesda MD 20892-9905, Tel: 301/496-4226; or Dr. Roger Dahlen, Extramural Programs, National Library of Medicine, Bldg 38, Rm 5S522, Bethesda, MD 20892, Tel: 301/496-4221.

Cancer Research Foundation Funds Chicago Area Researchers

The Cancer Research Foundation, a non-profit organization based in Chicago, has awarded $9 million to cancer researchers in the Chicago region since its inception in 1947.

Each year the foundation funds Young Investigator Awards, one-year research grants of approximately $30,000-50,000, to cancer researchers at Chicago medical schools; and Fletcher Scholar Awards, given to a Chicago senior cancer researcher to support a laboratory research project. The Fletcher award is $100,000. Recipients of the Fletcher Award have been: Richard Schilsky, Univ. of Chicago; Janardan Reddy, Northwestern Univ.; and Michelle LeBeau, Univ. of Chicago. The foundation also has provided money for "extraordinary projects," including $1 million to establish a magnetic resonance imaging center at Univ. of Chicago Medical Center. Contact: Cancer Research Foundation, 135 South LaSalle St. Suite 1049, Chicago IL 60603, Tel. 312/630-0055.

In Brief

ONS Establishes Scholarships For Travel To Annual Congress

(Continued from page 1)

. . . . **ONS TRAVEL** scholarships have been established by the Oncology Nursing Foundation to enable oncology nurses to participate in the Oncology Nursing Society's annual congress. Three scholarships are supported by Wellcome Oncology and one is supported by the ONF. Recipients will receive a maximum of $2,000 to apply toward airfare and expenses. The nominee must be a registered nurse nominated by an ONS Chapter or a Special Interest Group. Contact ONF, Tel. 412/921-7373. . . . **CANCER COURSES** for nurses working with African-Americans will be offered by the Oncology Nursing Society through a grant from NCI. Principal investigator is **Sandra Millon Underwood**, Univ. of Wisconsin-Milwaukee School of Nursing. . . . **YALE COMPREHENSIVE** Cancer Center has received a $20,000 grant from NCI to host a state-wide forum, "The Connecticut Leadership Summit: The Challenge of Breast Cancer." The Susan G. Komen Foundation is contributing an additional $10,000. Co-sponsoring the summit are the American Cancer Society, Connecticut Div., and the state public health department. **Judith Rodin**, Yale provost, and Rep. **Rosa DeLauro** will serve as honorary chairmen of the summit, scheduled for Oct. 20. . . . **SMOKING BANS** are the subject of a new NCI monograph, "Major Local Tobacco Control Ordinances in the United States." The monograph lists nearly 550 cities and counties which have enacted local laws to protect nonsmokers from environmental tobacco smoke. Currently, there are more than 400 laws which ban smoking in the workplace. "These ordinances are not based on social whim, but are based on decades of scientific research which has increasingly documented the health consequences of tobacco for users and non-users alike," writes NCI Director **Samuel Broder** in his introduction to the book. . . . . **CANCER MORTALITY** statistics by state and county, prepared by NCI, the Centers for Disease Control, and the American Cancer Society are available from the U.S. Dept. of Commerce. The "State Cancer Control Map and Data Program" information database helps researchers and planners target early cancer detection and cancer prevention efforts to those populations with the greatest need. Technical requirements are DOS version 3.3 or higher, 640k RAM and a VGA monitor. Price is $140 for one region, or $400 for all nine regions, plus $3 handling fee. Contact the National Technical Information Service, Tel. 703/487-4650. . . . **ROSWELL PARK** Cancer Institute researchers have received a total of $936,772 in grants (direct costs) for 1993-94 from NCI and NIH, according to a recent press release. Awardees were: **Clara Bloomfield**, $590,894 from NCI to support the Correlative Sciences Committee office of the Cancer and Leukemia Group B, and a $140,287 grant from NCI to support the participation of Roswell Park and Univ. of Buffalo in the CALGB. **Joel Huberman**, $119,081 grant from National Institute of General Medical Sciences to study mammalian-like replication origin in S. Pombe. **Kushi Matta**, $86,510 grant from NCI to conduct a systematic study of three types of glycosyltransferases.

AMA Declares September Women In Medicine Month

American Medical Assn. has declared the month of September "Women in Medicine Month."

In less than 20 years, the number of women physicians in the U.S. has more than tripled, from 35,636 in 1975 to 118,500 in 1992. Today, nearly 42 percent of all medical students are female. Of the 15,554 students expected to graduate in 1993, 38 percent are female.

AMA estimates that women physicians will make up 30 percent of the physician population by 2010. The largest group of women physicians is under age 44.

Largest increase of women physicians is in office-based practice. In 1991-92, 22 percent of full-time medical school faculty were women, but only 9.5 percent were full professors. There are currently two female medical school deans and only four percent of department chairs are women, according to the Assn. of American Medical Colleges.

Women physicians are three times as likely as their male colleages to be pediatricians and less than half as likely to be in general surgery or a surgical subspecialty. In 1992, and since 1980, most women have specialized in internal medicine or pediatrics. Another 26 percent are in obstetrics/gynecology, family practice, or psychiatry.

Income data: Female physicians earn 59 to 63 percent of what average male physicians earn. However, their income growth rate since 1981 has been higher. Female physicians also work five to six hours less a week on practice activities, AMA said. Contributing to the income disparity is the fact that women are over-represented in the lower-paying specialties and are generally younger than male physicians. In addition, income differences between female and male physicians are less per-visit than per-hour, indicating that female physicians may schedule fewer patients each hour.