

THE

CANCER LETTER

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NCI FY94 Budget To Fund 860 Grants, Increase Prevention, Construction Money

NCI plans to fund about 860 competing grants in fiscal 1994, about 140 fewer competing grants than last fiscal year. The success rate for approved grants will fall from 24 percent last year to 20 percent, according to the Institute's budget office.

The Institute's \$2.082 billion appropriations for FY94, a \$104 million increase overall (5 percent), provides Congressionally mandated increases
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In Brief

Hammond Honored By ACS; SEER Celebrates 20th Anniversary With Symposium Dec. 8

DENMAN HAMMOND, vice president for health affairs, Univ. of Southern California, was presented the American Cancer Society's Medal of Honor last month in Atlanta. The medal, the society's highest honor, was given to Hammond for his work in clinical research in pediatric oncology. Hammond chaired the Children's Cancer Group in 1968, and now is involved in the National Childhood Cancer Foundation, which supports the group's research. . . . NCI'S SURVEILLANCE, Epidemiology & End Results program will celebrate its 20th anniversary with a symposium scheduled for Dec. 8 at the National Library of Medicine, Lister Hill Auditorium. The genesis of the SEER program, its contributions in cancer etiology and control, and the program's future will be discussed. . . . BRUCE CHABNER, director of NCI's Div. of Cancer Treatment, received the 1993 Steven Beering Award of Indiana Univ. . . . CURTIS HARRIS, chief of NCI's Laboratory of Human Carcinogenesis, was presented the 1993 Alton Ochsner Award Relating Smoking and Health. . . EDWARD KORN, head of the Clinical Trial Section in NCI's Biometric Research Branch, DCT, was elected to the American Statistical Assn. . . . RADIATION ONCOLOGIST of associate professor or professor rank is sought for the position of chair, Dept. of Radiation Oncology, Univ. of California, Irvine. Candidates should submit a statement of interest, curriculum vitae and five references to Dr. Frank Meyskens, chair, Search Committee for Radiation Oncology, c/o Janet Nash, Univ. of California, Irvine, College of Medicine, Vice Chancellor's Office, 246 Irvine Hall, Irvine, CA 92717-3950. . . . PEARL MOORE, executive director of the Oncology Nursing Society, has been named a fellow to the American Academy of Nursing. . . ."In Brief" is continued to page 6.

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NCI FY 1994 Budget: Success Rate To Decline To 20 Percent

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cancer prevention and control and extramural construction, while holding most other areas to less than the inflation rate.

The Senate did not take up a bill to rescind \$37.5 million in salaries and expenses from the HHS appropriations before adjourning for the year. The bill, passed by the House, would have cut \$26 million from NIH. NCI was bracing for a \$5 million cut as its share, to have been taken from the intramural program and administrative costs. The Senate's inaction puts the rescission issue off at least until early 1994.

Financially Challenged

"We will be financially challenged" if a rescission is approved, NCI Director Samuel Broder said to the National Cancer Advisory Board last month.

NCI has been under a hiring freeze for the past year, which requires the Institute to get approval for new hires from the NIH director. NCI is 100 employees over its personnel ceiling, and normal attrition rates are slowing, Broder said.

There is also a freeze on hiring and promoting senior level staff (GS-14 and above), part of the Administration's desire to reduce federal employment. "The impact on our programs can be very significant," Broder said. "As we lose senior staff, researchers, clinicians, and administrators, our ability to meet program needs will be challenged."

Congress did not include any specific funding amounts ("earmarks") in the NCI budget. However, the House and Senate appropriations committees listed

areas for the Institute to emphasize.

"We greatly appreciate the decision of Congress not to include specific dollar levels," Broder said. "We do, however, have a clear mandate to accelerate our efforts in many areas." The budget includes an increase of \$66 million for breast cancer and \$40 million for AIDS, he said. Other women's health areas and prostate cancer will receive additional funds.

The report of the House and Senate conference committee emphasized equipment and instrumentation needs with an emphasis on cancer center planning awards, funding for cancer facilities construction, and involvement of Native Americans, particularly Native Hawaiians, in clinical trials.

Following is NCI's FY94 budget plan by mechanism:

Research Grants

—Research project grants: a \$16.5 million (2%) increase.

—Cancer centers and Specialized Programs of Research Excellence: Funding for Cancer Center Support Grants will increase \$4.4 million, for a total of \$145.8 million; SPORE funding will increase by \$5.2 million for a total of \$155.4 million. Together this accounts for a 7 percent increase. However, some shifting between these categories may take place as NCI reviews the research portfolio in breast and prostate cancer.

—Other research grants: Research career program (K series grants) is held at nearly the same level as FY93, \$14.3 million. Cancer education grants receive a \$350,000 increase (5 percent) for a total of \$7.9 million. Clinical cooperative groups are proposed to receive a \$2.6 million increase (4 percent) for a total of \$77.2 million.

Research grants overall will increase by \$30.2 million (3 percent), for a total of \$1.2 billion.

Other Mechanisms

—National Research Service Awards will increase by 1 percent for a total of \$37.4 million.

—Research and development contracts will increase by \$5.2 million (3 percent) for a total of \$200.4 million.

—Intramural research was slated for a 5 percent increase to \$380.7 million, but the program may not receive the full amount due to cuts in administrative expenses, particularly if a rescission is approved.

—Research management and support is held at

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—The Prostate, Lung, Colorectal & Ovarian Cancer screening trial will receive a \$2.8 million increase, for a total of \$8 million.

Funds For Other Divisions

Some of the increase is expected to be moved out of DCPC to other parts of NCI for cancer control, Greenwald said:

—The Div. of Cancer Biology, Diagnosis & Centers will receive \$2.5 million to fund R25 cancer education grants focusing on minorities.

—The Office of Cancer Communications will receive \$2 million for Cancer Information Service contracts and environment and occupational cancer risks.

—The Div. of Cancer Etiology will receive funds to conduct an epidemiological and environmental study as part of the PLCO trial.

—The Cancer Centers Program (in DCBDC) will receive \$400,000 to support tenure development for cancer control leaders.

—Other increases will go to various areas including the "5-A-Day" diet and nutritional program and a study in conjunction with the American Assn. of Retired Persons.

DCPC has released several RFAs seeking grant applications in various aspects of psychosocial research, Greenwald said. Also, he said, a new "special emphasis panel" under the NIH Behavioral Medicine Study Section has been formed and DCPC is encouraging investigator-initiated grant applications in psychosocial and behavioral research.

ACS Board Tables Proposal To Accept State Funds

The American Cancer Society Board of Directors last month voted to table a proposal to change the Society's policy on acceptance of state and local government funding.

The Society has historically refused government funding because it could appear to compromise the Society's objectivity and jeopardize fundraising.

The ACS Massachusetts Div. sought an exception from the Society's Executive Committee to allow the division to accept state funds raised through cigarette taxes in that state.

The division was granted the exception, and the Executive Committee asked the board to consider a resolution changing the Society's policy.

The resolution tabled at the board meeting in Atlanta last month subjects offers of government funds to "the closest scrutiny" and "stringent safeguards."

The resolution would permit funds to be accepted "when contributions and grants from nongovernmental sources are unavailable or inadequate to permit the Society to deliver its programs with maximum efficiency or to institute new programs which are vitally needed or promising."

Funds would be accepted for cancer control purposes only.

ACS board member Paul Goldfarb, of the California Div., said his division did not accept cancer control money that had been offered by the state primarily because "Our position in the community would be compromised by acceptance of public funds."

Despite fires, earthquakes, and a riot, the California Div. got within 2 percent of its fundraising goals over the past three years, Goldfarb said. Not accepting the funds "forced us to work cooperatively with other community organizations," he said.

Lobbying for higher taxes on cigarettes is easier, he said, if ACS can say it will not receive any of the funds.

Eugene Clifford, New York State Div., said board members did not have enough information on the issue, and made a motion to table the resolution. The motion was approved 108-49.



Paid advertising: The ACS board approved a resolution permitting the divisions to use paid advertising on a "carefully controlled basis."

The decision was the result of 18 months of testing and evaluation showing that paid advertising had no negative effect on the public or the media. A test of paid versus traditional public service advertising in three test markets and three control markets found there was no apparent media or public backlash, according to William Semmes, chairman of the ACS Communications Committee.

The resolution approved last month in Atlanta encourages divisions to continue to use public service advertising. "In cases where the effective implementation of a program or event cannot be completed solely with public service support, a combination of PSAs and paid advertising may be proposed."

Divisions are encouraged to limit the use of paid

advertising to hard-to-reach market segments and media. Television ads would not be purchased. Divisions will submit written plans to the national office for approval.

AMA Supports Right To Silicone Or Saline Implants

The American Medical Assn.'s Council on Scientific Affairs said women should retain the right to have silicone or saline breast implants, a recommendation criticized by FDA Commissioner David Kessler.

The report and a commentary by Kessler were published in this week's Journal of the American Medical Association.

The CSA recommendations were adopted by the AMA House of Delegates at its meeting a year ago. The recommendations include:

--"The AMA continue to support the establishment of a registry of all patients with breast implants so that data pertaining to health outcomes can be regularly reviewed and reported to physicians and patients.

--"That the AMA support the position that women have the right to choose silicone gel-filled or saline filled breast implants for both augmentation and reconstruction after being fully informed about the risks and benefits.

--"That AMA urge physicians be informed of the current scientific data available in order to recognize and address the considerable public anxiety concerning the safety of breast implants, an anxiety not warranted based on current scientific evidence.

--"That the AMA support the continued availability of silicone gel implants for both augmentation and reconstruction, provided that there is appropriate data collection and follow-up in all cases in which such implants are used, and that clinical trials as proposed by the FDA do not limit a woman's right to choose.

--"That the AMA monitor the decision-making process of the FDA on the use of not only silicone gel breast implants, but also all silicone-based devices, with particular attention to the use of expert medical judgement and to issues of conflict of interest."

In a commentary accompanying the report, Kessler writes that "this report fails to provide a comprehensive safety review or a balanced discussion

of the issues. The council faults others for the controversies associated with these devices today, but it overlooks the serious failings of physicians and never articulates their responsibility with regard to the safety of medical devices."

FDA policy makes the implants available only through controlled clinical trials, Kessler writes.

"Women who want to receive implants for reconstruction have access to them through these studies," Kessler continues. "Women who want implants for augmentation purposes have limited access to them by participating in stage III clinical trials once they have begun. After 30 years of inaction, an effort has begun to gather critical data on the health effects of these implants."

In Brief

Hollings Center Gets \$500,000; Shaw Moves To MD Anderson

(Continued from page 1)

HOLLINGS CANCER CENTER, Medical Univ. of South Carolina, received a \$500,000 gift from NationsBank Carolinas. The gift will be used to attract scientists who require start-up and bridging capital until they receive grants funding, the center said. Some of the funds will be used for patient and family support programs and prevention and education programs. . . . ROBERT SHAW, former senior vice president of Memorial Healthcare System in Houston, assumed duties recently as president and chief executive officer for the M.D. Anderson Cancer Center Outreach Corporation. The corporation was established in 1990 to extend the center's cancer care to other parts of the country and generate new revenues that support programs at the institution. the corporation allows M.D. Anderson to accomplish this without using state funds to provide services outside of Texas. The first outreach project was established in 1991 at Orlando Cancer Center, FL, and has served more than 3,300 patients. . . . SOUTHERN RESEARCH Institute announced several appointments: David Serota was appointed director of the Toxicology Research Department; Lois Allen, head of the Infectious Disease Immunology and Animal Models Section; Christie Brouillette, head of the Molecular Biophysics Section, and John Martin, head of the Bioanalytical Chemistry Section. . . . NEXT WEEK'S issue of The Cancer Letter will be the last issue of 1993, Vol. 19, No. 48.

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 to the individual named, Executive Plaza South room number shown, NCI, 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 Jan. 24

The Environmental Epidemiology Branch, Laboratory of Human Carcinogenesis, in NCI's Div. of Cancer Etiology is re-competing an existing contract currently being performed by Microbiological Associates Inc. This is a 100 percent small business set-aside, SIC code 8731 with a size standard of 500 employees. The offeror must 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 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 distribution 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 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 shall be 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 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, minerals, hormones, lipid profiles, nicotine and cotinine, HLA class I and II typing, immunoglobulin allotyping, serum antibodies to p53 and PAH-DNA adducts, viruses, 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 soil.

The contract will be a cost reimbursement, level of effort type for a five year period based on total 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%).

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

Letter to the Editor

Scrutiny Of Alternatives Needed, Discredit Quackery

To the Editor:

One can certainly identify with the sense of frustration in Saul Green's evaluation of the NIH Office of Alternative Medicine's activities in the current tight funding climate (*The Cancer Letter, Letters to the Editor*, Nov. 5).

However, if we consider the patient's interests (isn't this what health research is all about?) rather than our own narrow investigator's needs, should we not agree that scrutiny of non-traditional therapies (some of which, like acupuncture, acupressure, herbal treatments, guided imagery, have worked well for chronic conditions) be encouraged?

One hopes that the truly beneficial alternative therapies will someday be available alongside standard Western treatments while quackery will be discredited.

Maybe we need a bit of open-mindedness.

Martin Schweizer

Professor, Medicinal Chemistry & Radiology
Univ. of Utah

last year's \$96 million.

—Cancer prevention and control will increase by \$40.7 million to \$145.7 million. This increase was mandated by the NIH reauthorization law, which states that the cancer prevention and control line item will be 7 percent of the total NCI appropriation, increasing to 9 percent in 1995 and 10 percent thereafter (see related story, this issue).

—Construction will receive an increase of nearly \$11 million, up from last year's \$7.6 million. The funds will support \$7.5 million for proton beam facilities, while \$11 million will support facility needs for breast cancer research.



The Dept. of Defense this year did not receive appropriations similar to last year's \$210 million breast cancer research program.

The only DOD appropriation for breast cancer in FY94 is \$5 million for the Center of Excellence in Breast Cancer Research and Training at the National Naval Medical Center. Another \$2 million was appropriated for the Center for Prostate Disease Research at the Walter Reed Army Institute of Research.

\$40 Million Increase

Chemoprevention, ASSIST, Screening Trials Get Raise

NCI plans to spread a Congressionally-mandated \$40.7 million increase in the cancer prevention and control budget over several programs, Peter Greenwald, director of NCI's Div. of Cancer Prevention & Control, said to *The Cancer Letter*.

NIH reauthorization legislation passed by Congress last year required NCI to set aside 7 percent of its total appropriation for cancer prevention and control, a line item in the Institute's budget that will amount to \$145.7 million this year. The percentage will increase to 9 percent in FY95 and 10 percent in FY96.

DCPC plans to spend the largest part of the increase on chemoprevention research, clinical cancer prevention and screening trials, smoking cessation, and cancer statistics gathering.

The conference report for the NIH Revitalization Act required the NCI director to "assure that the Div. of Cancer Prevention & Control is concentrating its limited resources on preventing the development of

cancer or reducing the incidence of cancer by modifying risk factors through changes in behavior.

Psychosocial Research Plans Not Final

"The Conferees are particularly interested in seeing DCPC fund initiatives such as 1) large scale community intervention trials to study methods of reducing the risk and mortality of cancer, 2) community and physician education programs to determine effective methods of encouraging screening, 3) psychosocial interventions to improve quality of life and increase treatment compliance," the report said. Particular attention should be given to underserved populations including racial/ethnic minorities, inner-city and rural populations, elderly and low-literacy, the conferees said.

DCPC held a meeting in October to seek advice from psychosocial and behavioral researchers on improving this area of research. Helene Brown, a member of DCPC's Board of Scientific Counselors, chaired the meeting.

Thomas Glynn, acting associate director of DCPC's Cancer Control Science Program, said his staff is preparing a report on the meeting. "We plan to come up with five or six specific recommendations for funding" to be presented in January to the division's Board of Scientific Counselors, he said to *The Cancer Letter*.

Glynn said there is no specific funding level set for psychosocial and behavioral research.

Plans For Budget Increase

Greenwald listed the major areas to receive the increase:

—Chemoprevention research will receive \$12 million of the \$40 million increase. DCPC's budget for chemoprevention was nearly \$20 million in FY93, which Greenwald said represented a cut of \$8 million.

—Community Clinical Oncology Program will get a \$7 million increase. Part of the increase will be used for clinical trials including the Proscar prostate cancer prevention trial, and part will be used for funding CCOP grants that come up for renewal this year, Greenwald said. CCOPs budget was about \$19 million in FY93.

—American Stop Smoking Intervention Study (ASSIST) will receive a \$4 million increase to bring its funding up to \$22 million.

—Surveillance, Epidemiology & End Results program will get a \$3.6 million increase.