

THE

CANCER LETTER

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Leukemia Society, NCI, Discuss Funding, Congressional Language On Centers

Leukemia and lymphoma researchers, in an effort to become more politically active and publicly visible, have begun discussions with NCI about increasing funding for their area of cancer research.

The Leukemia Society of America met with NCI officials earlier this week to identify research opportunities and make funding recommendations.

In particular, the society pressed NCI for a response to Congressional
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In Brief

President Expected To Propose 4.7% Increase In NIH Budget; Bernard Fisher Wins Award

NIH BUDGET is expected to get a 4.7 percent increase in the President's budget proposal for fiscal 1995, *The Cancer Letter* has learned. Originally, the institutes were expected to get a 2.9 percent increase, sources said. Most of the new funds are expected to go to the National Center for Human Genome Research and the National Library of Medicine. It was unclear how the increase would affect NCI. . . .

BERNARD FISHER, chairman of the National Surgical Adjuvant Breast & Bowel Project, has received the 1993 Sheen Award of \$20,000, presented by the National Westminster Bank NJ. He was nominated for the award by the American College of Surgeons. . . . **LELAND W.K. CHUNG**, director of the Urology Research Laboratory at M.D. Anderson Cancer Center, received the Julie and Ben Rogers Award for Excellence in Research, a \$10,000 prize. . . . **DANIEL NIXON**, vice president for detection and treatment, American Cancer Society, has moved to the Hollings Cancer Center, Medical Univ. of South Carolina, where he is associate center director for prevention and control, and professor in the department of experimental oncology. . . . **MARION MORRA**, associate director of the Yale Cancer Center, and her sister, Eve Potts, have been selected as the 1993 Natalie Davis Spingarn Writers of the Year by the National Coalition for Cancer Survivorship. They were honored for their books, *Choices: Realistic Alternatives in Cancer Treatment*, and *Triumph: Getting Back to Normal When You Have Cancer*. Both volumes are published by Avon Books. . . . **SUSAN KOMEN** Foundation and the Zeta Tau Alpha Fraternity for women plan to distribute on April 1 one million free cards that explain how to do a breast self-examination. The cards are intended for use in the shower. . . . **IN BRIEF** is continued to page 6.

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Leukemia Society, NCI Discuss Research Funding, Centers

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appropriations language that called for funding centers for leukemia and lymphoma research.

NCI officials did not commit to funding such centers, but suggested that researchers apply for funds through existing NCI grant programs. Leukemia Society funding could be used in combination with money from other private sources as well as NCI to support research and training, an NCI official said.

"The Leukemia Society decided that part of its mission was to go beyond fundraising from the private sector and influence where the tax dollars for research are going," said Ronald McCaffrey, vice chairman for medical and scientific affairs of the society and chief of the medical oncology section, Boston Univ. Medical Center.

Following a reorganization last year, the society began a campaign, called "Cure 2000," to raise \$100 million for research from the private sector in the next seven years.

In fiscal 1992-93, the society provided \$6 million in grants to more than 200 researchers in the U.S. and eight other countries.

"Poised For A Major Advance"

Leukemia researchers, perhaps buoyed by high survival rates in childhood disease and stable funding over the past 40 years, have quietly pursued their work while activists for solid tumors such as breast and prostate cancer have made political and funding gains.

The conference, held in Rockville, MD, was in part designed to increase media attention to the hematologic malignancies, the society said.

THE CANCER LETTER

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"Cancer is the most important problem in biology...and leukemia is the most important problem in cancer," Emil (Jay) Freireich, professor of hematology/oncology, M.D. Anderson Cancer Center, said at the conference. "I believe the academic community is now poised for another major advance in leukemia."

NCI officials seemed to share that enthusiasm.

"Leukemia research has consistently provided key breakthroughs in basic and clinical cancer research," said Judith Karp, special assistant to NCI Director Samuel Broder, and an organizer of the the conference. "Fundamental concepts regarding oncogenes and chromosomal translocations, growth factors, dose-intensive chemotherapy, bone marrow transplantation, supportive therapies such as infection management and blood product support and stem cell biology all have been pioneered in leukemia."

In turn, these advances are extrapolated to solid malignancies. "Thus, the support of leukemia research is, in effect, the support of all disciplines of cancer research," Karp said.

(Broder was scheduled to speak to the conference Jan. 11, past *The Cancer Letter's* presstime.)

The prospect of gene therapy for several types of leukemia is on the horizon, Freireich said. M.D. Anderson researchers are using cytogenetics to classify patients with certain types of leukemia. As a result of an observation made by a clinical fellow, the M.D. Anderson group identified and cloned the gene for what they called inversion 16 disease in AML. Patients with this prognostic factor have a better than average chance of long term survival.

"The new standard of therapy has shifted from clinical criteria to molecular criteria, and ultimately, will shift to genetic criteria," Freireich said.

Leukemia will continue to be a major problem as the population continues to age, Freireich said. Ten percent of the cases of AML occur in persons over age 80, and 30 percent in persons over 70. However, age should not be a limiting factor in treatment of leukemia, Freireich said. "We have 60 percent complete responses in patients over age 80," he said.

Senate Appropriations Language

In its report on the NCI budget for FY94, the Senate Appropriations Committee said an unspecified amount of money was included for the Institute to "create new initiatives in leukemia, lymphoma, and related research."

According to the report, "Funds provided will begin the development of a nationwide centers program which will be competitively peer reviewed. The Committee encourages nonprofit organizations to participate in the development, planning, and funding for these programs in an effort to more effectively serve the 89,000 children and adults in the U.S. who are stricken with leukemia and related diseases" (**The Cancer Letter**, Sept. 24, 1993).

The House Appropriations Committee said it heard testimony about "the continuing burden of leukemia, lymphoma and related cancers," and supported "continued development of research in this area," in its FY94 appropriations report.

"The Committee urges NCI to consider the full range of research mechanisms as it manages this research," the House report said (**The Cancer Letter**, July 2, 1993).

NCI spent \$70 million on leukemia research in FY 1993, out of a total of \$111.5 million for hematologic malignancies, said Roy Wu, a program director in NCI's Cancer Therapy Evaluation Program. Another \$23 million was spent on leukemia-related research, a category which could include areas such as virus research, Wu said.

The main funding mechanisms for leukemia research in FY93, and the amounts spent, were:

- Research project grants ("R" series grants, P01s and U01s)—\$44 million, of which \$18 million was spent on program project grants (P01s).
- Cancer centers, \$8.3 million,
- Clinical cooperative groups, \$16 million.

"We Don't Need New Mechanisms"

An NCI official told leukemia researchers that seeking funding through NCI's cancer centers program may ultimately result in disappointment.

Institute's disease-specific centers mechanism, the Specialized Programs of Research Excellence, currently funds four SPOREs in breast cancer, two in prostate cancer, two in lung cancer, and one in gastrointestinal cancer.

"I would hate to see a lot of work on the idea of leukemia SPOREs and end up with only one," said Brian Kimes, director of NCI's Centers, Training & Resources Program. "We see a lot of new ideas in legislative language, but no new money."

Much of the work could be funded through the program project grant program (P01s), Kimes said.

"Leukemia has always been the model for NCI

for moving basic research into the clinic," Kimes told the conference. "We did SPOREs with solid tumors because translational research wasn't happening."

McCaffrey asked Kimes whether any additional money could be assigned to leukemia research.

FY95 is not expected to be a "banner year" for funding, Kimes said. "The budget is fairly stable. Leukemia research could benefit from a redistribution of funds. It might be new money to you, but it is less money to others."

Redistribution of funds "is not what we're about," Freireich said. "Our motivation should be to generate new money. There is language in the appropriations bill for leukemia research.

"We need leukemia centers. We need new money," Freireich said. "NCI and the Leukemia Society should take advantage of this language and demonstrate the need to the public for leukemia centers."

Kimes maintained that centers are not the solution. "I don't think we need a lot of new mechanisms," he said. "We need innovative use of existing mechanisms."

The Leukemia Society could work with NCI to add developmental funds to P01 grants to support short-term pilot clinical trials, Kimes said.

Most of the conference participants are members of institutions that have Cancer Center Support Grants, also known as center core grants, or P30s, Kimes said. Researchers in these centers could form a leukemia group and apply to the center director for administrative support from the P30, he said.

The core grants also include developmental funds that can be used at the center's discretion to fund items such as pilot studies, recruitment, or support of young investigators. These funds are useful for pilot clinical research, and can pay for the nurses and data managers for short-term studies.

Cancer center directors often use developmental funds as a leverage for receiving matching funds from private organizations, particularly for recruitment.

"The P30 gives you the flexibility and can be used to make centers the real innovators for testing the first thing on the block," Kimes said.

NCI and the society also could develop a Request for Applications for cancer center planning grants (P20s), Kimes said. These grants provide small amounts of money to institutions to become competitive for the larger core grants and for SPOREs. The society also could co-fund some of the "K" series training grants that NCI is unable to fund, he said.

Leukemia Study Section Sought

McCaffrey said the society would like the NIH Div. of Research Grants to form a new study section for leukemia/lymphoma translational research.

"NCI is very concerned about opportunities for translational research," Kimes said, but he cautioned that prostate cancer researchers want a study section and breast cancer researchers want a study section. However, "right now, the system for reviewing investigator-initiated clinical research is inadequate," he said.

DRG Director Jerome Green has formed a panel to examine the peer review of clinical research.

At a meeting of the NIH Director's Advisory Committee meeting last month, NIH Director Harold Varmus said an examination of the NIH peer review system is one of his top priorities.

The Leukemia Society was established in 1949 by the parents of a 16-year-old who died three months after being diagnosed with the disease. According to the society's literature, if Robert de Villiers were 16 today, he would have had a 73 percent chance of being cured. The society's highest honor, an award named after de Villiers, has been presented to 18 scientists since 1953.

The first remissions of acute leukemia as a result of chemotherapy were observed at Boston Children's Hospital in 1948.

Capitated Oncology Services Becoming Market Reality

Nationwide networks offering managed care in oncology have become a marketplace reality as two companies began to market capitated oncology services while another commercial entity is setting up a similar program.

A subsidiary of Salick Health Care Inc. of Los Angeles last month began to market inpatient and outpatient capitated oncology services to Florida insurers in what the company said is the beginning of a nationwide program.

Preferred Oncology Network of America Inc. recently began to market segments of cancer care services, such as oncology and radiation, at capitated rates. The Atlanta-based company plans to build a nationwide network that would offer capitation of a full range of cancer care services, including clinical trials. An official with Bristol-Myers Squibb Co. confirmed that the pharmaceutical company is

considering making an investment in PONA.

At least five major comprehensive cancer centers nationwide are in the final stages of forming a coalition that would develop a national managed care program, *The Cancer Letter* has learned. The details of the plan could not be learned, but sources said an announcement was expected in a matter of weeks.

Under a capitated system, health care providers bid for the insurers' oncology risk, in effect betting that patient care will cost less than the flat fees paid by the insurers. To assume oncology risk, providers have to be able to project and manage costs.

Officials at Salick said the company's subsidiary, SalickNet Inc., is in negotiations with Florida HMOs. The company is offering to provide inpatient and outpatient services and is planning to offer similar programs in other areas of the country, company officials said.

While most capitated oncology services will be provided at the company's facilities, in many cases Salick will contract with outside physicians and other health care providers, Salick officials said.

In Florida, the services will be delivered at the company-owned facilities in Dade, Broward and Palm Beach counties.

Company officials said several hospitals in Florida have agreed to accept the capitated rates proposed by the company.

According to Salick marketing materials, the capitation agreement will cover hematology and oncology professional services, radiation therapy, diagnostic imaging, chemotherapy and related drugs, inpatient medical services, transfusions, infusions, home infusion therapy, nutritional counseling, financial counseling, psychological services, laboratory services, hospice and pain management.

"Case management services are critical to effective cost and utilization management aspects of the program," the marketing materials say. "SalickNet will use its own proprietary set of practice guidelines with appropriate incentives to participating professionals to ensure that optimum performance standards are being met on a clinical and financial basis while providing compassionate, patient-centered medical care."

PONA's Plan

The PONA system is being built on the foundation of the institutions that belong to a network put together by another company, Advanced Cancer

Technologies Inc.

ACT clients include private oncologists, community hospitals and seven academic cancer centers, including Johns Hopkins Univ., Univ. of Alabama at Birmingham Comprehensive Cancer Center, Univ. of Colorado Cancer Center, Arizona Cancer Center and Medical College of Wisconsin.

Company officials said its capitation agreements would eventually cover comprehensive cancer care, including inpatient, outpatient and home care.

Moreover, the system would offer access to investigational technologies.

"We are building a network that will be a truly national system that supports and encourages the private practice of medicine," said Jim Kenworthy, chief operating officer of PONA. "The pieces of the system will include leading academic and residential centers, community hospitals and office-based physicians as well as other allied and ancillary support services."

ACT was founded by C.D. "Dunk" Pruett, a member of the boards of directors of both ACT and PONA (*Cancer Economics*, Sept. 1992).

Database Development

Development of the database that will be essential for capitation will take between two and five years, depending on the company's success in attracting investors, Kenworthy said to *The Cancer Letter*.

At this point, the company is formulating oncology practice guidelines, with input from community oncologists as well as investigators in academic research centers, Kenworthy said.

While the capitation system is being developed, the company plans to serve as a bridge between care providers and insurers.

PONA offers providers access to new patients as well as a means for transition from fee-for-service medicine to managed care, Kenworthy said.

To insurers, the company offers a series of programs aimed at controlling expenditures as well as access to state of the art care.

So far, PONA has made a deal with one insurer, the Rockville, MD, based America's Health Plan, Kenworthy said.

AHP insures six million people on behalf of 3,000 employer groups.

In a related deal, AHP has hired ACT and PONA to construct an integrated national cancer care delivery system.

Coalition Gives Feds Low Marks On Tobacco Control

Former President Carter and seven former U.S. Surgeons General this week called for stronger federal action to control tobacco use.

The action came on the 30th anniversary of the Jan. 11, 1964, Surgeon General's report which linked cigarette smoking to cancer deaths.

"The tobacco industry's influence on public policy has undermined national tobacco control efforts and has severely jeopardized the public's health," said the Coalition on Smoking or Health, which includes the American Cancer Society, the American Heart Association and the American Lung Association.

Tobacco kills 420,000 Americans each year, and the government has done a poor job of protecting the public from tobacco's dangers, the coalition said.

The coalition gave Congress a "D-" and the White House an "F" on tobacco control efforts, in a report called "A 30-Year Report Card for the Federal Government on Tobacco Control."

Carter and former Surgeon Generals Antonia Novello, C. Everett Koop, Julius Richmond, Paul Ehrlich Jr., Jesse Steinfeld, William Stewart and Leroy Burney sent letters to President Clinton urging "more aggressive public policy action on tobacco control," the coalition said.

Foundation Offers Grants To Study Tobacco Policy

The Robert Wood Johnson Foundation will award nearly \$2.5 million to study the effects of public and private sector tobacco policies to encourage policy research focusing on reducing tobacco use in the U.S.

The Foundation's \$5 million Tobacco Policy Research and Evaluation Program, now in its second round of funding, will enable selected researchers to identify and analyze tobacco policies and evaluate their impact, especially on youth.

Grants will range from \$50,000 to \$350,000 for up to three years depending upon the size and scope of the proposed projects, and can be used for staff salaries, consultant fees, data processing, supplies and equipment essential to the project. At the end of the grant period, grantees will be required to produce a written report of their findings for dissemination.

Robert Rabin, national program director, said

successful proposals will demonstrate the potential to produce new information directly relevant to policies intended to reduce tobacco use. Among the main points on which proposals will be evaluated are:

- the project's timeliness in relation to policy development or implementation
- the project's uniqueness
- the quality and availability of data to be used and the strength of the proposed methodology
- the strength of the applicant's plan for disseminating project results.

Institutions wishing to apply for a grant must submit a letter of intent to Ann Babb, program assistant, Tobacco Policy Research and Evaluation Program, Stanford Law School, Tel. 415/723-0146 no later than Jan. 14. It is expected that grants will be awarded in October.

The program is directed by Rabin, the A. Calder Mackay Professor of Law, Stanford Law School, and David Altman, senior research scientist, Stanford Univ. School of Medicine.

In Brief

Center Honors Director With Award, Name Change

(Continued from page 1)

HERBERT KERMAN, founder and former medical director of the Regional Oncology Center at Halifax Medical Center in Daytona Beach, FL, was named the first recipient of the Humanitarian Award presented by the Medical Center's Foundation. He was named director emeritus of the renamed Herbert D. Kerman Regional Oncology Center. Kerman retired from active clinical practice and as the center's director last year to become the hospital's director for health policy and outcomes management. . . . **WILLIAM FISHMAN**, founder and president emeritus of the La Jolla Cancer Research Foundation, received the ISOBM Abott Award at the Jerusalem meeting of the International Society for Oncodevelopmental Biology and Medicine recently. Fishman is credited with discovering several tumor isoenzyme markers which have proved clinically useful in cancers of the brain, testis, ovary and prostate. . . . **THE DALLAS FOUNDATION** approved a grant of \$250,000 to the Univ. of Texas Southwestern Medical Center to support research in gynecological cancer. The center will receive matching funds, raising the gift value to \$500,000. UT Southwestern also received a pledge

of \$500,000 to establish the Max L. Thomas Distinguished Chair in Molecular Pulmonary Oncology. The pledge was made by civic leader Barbara Thomas Lemmon. . . . **MICHIGAN CANCER** Foundation named **Richard Severson** an associate member in the division of epidemiology, and **Michael Goddard** director of development and community relations. . . . **ROBERT MITCHELL III** was appointed chief development officer for the Cancer Therapy & Research Foundation of South Texas. He was director of the Baptist Memorial Health Care Foundation in Memphis. . . . "**THE CANCER INFORMATION** Service: A 15-Year History of Service and Research," is a new Journal of the National Cancer Institute monograph. Price is \$12, GPO stock no. 017-042-00299-1. Available from New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954. . . . **Y-ME** National Organization for Breast Cancer Information and Support has published a 16-page booklet for men, "When the Woman You Love Has Breast Cancer." Single copies are free and can be ordered by writing, Y-ME, Box PB, 18220, Harwood Ave., Homewood, IL 60430. . . . **ONCOLOGY NURSING** Certification Corp. announced that 4,311 registered nurses took the Oncology Nursing Certification Examination last Oct. 2. Eighty-one percent, or 3,485 passed. Of those who passed, 2,017 are newly certified, 1,140 renewed their credential, and 328 were repeating the examination. The next exam is scheduled for May 3.

Cancer Meetings Listed For Jan., Feb., March, Future

NCI Div. of Cancer Prevention & Control Board of Scientific Counselors—Jan. 20-21, NIH Bldg. 31 Conf. Rm 10, 8:30 a.m.-5 p.m.

St. Joseph's Hospital 10th Anniversary Cancer Conference—Jan. 21-22, Tampa, FL. Contact St. Joseph's, Tel. 813/870-4991.

HIV/AIDS Nursing Care Summit—Jan. 27-29, Washington, DC. Contact American Academy of Nursing, Tel. 202/554-4444.

President's Cancer Panel—Jan. 31, Bethesda, MD. NIH Bldg. 31 Conf. Rm 10, open 8 a.m.-5 p.m. Topic: Role of government agencies in the National Cancer Program.

Queen's Cancer Institute Symposium—Feb. 2-4, Honolulu, HI. Contact Grace Iwahashi, The

Queen's Medical Center Cancer Institute, 1301 Punchbowl St., Honolulu, HI 96813, phone 808/547-4660, fax 808/537-7804.

NIH Consensus Development Conference: Helicobacter Pylori in Peptic Ulcer Disease—Feb. 7-9, Masur Auditorium, NIH Clinical Center. Contact Laura Hazan, TRI, 301/770-3153.

Cancer And The Older Person—Feb. 10-12, Atlanta, GA. Contact American Cancer Society, Tel. 404/329-7604.

Converging Aspects of Community Cancer Care—Feb. 11-13, Newport Beach, CA. Contact Hoag Cancer Symposium meeting office, 714/752-8205.

American Assn. for the Advancement of Science—Feb. 18-23, San Francisco, CA. Contact AAAS, Tel. 202/326-6450.

Radiation Therapy Oncology Group Semi-Annual Meeting—Feb. 18-20, Houston, TX. Contact Nancy Smith, Tel. 215/574-3205.

Biology of Renal Cell Carcinoma—March 7-8, Cleveland, OH. Contact Cleveland Clinic Foundation, CME office, Tel. 216/444-5696 or 800/762-8173.

Workshop: Hereditary Breast, Ovarian, and Colon Cancer—March 9-11, Bethesda, MD. Contact Andrea Brooks, Tel. 301/650-7471, or Rii's Conference Dept., Tel. 301/565-4048.

PET and SPECT Imaging in Oncology—March 9-11, Baltimore, MD. Contact Patty Campbell, Johns Hopkins, Tel. 410/955-6046.

NCI-EORTC Symposium on New Drugs in Cancer Therapy—March 15-18, 1994, Amsterdam, The Netherlands. Contact Technical Resources Inc., 800/883-6338.

Symptom Management—March 17-19, San Francisco, CA. Contact UCSF 415/476-5808.

Viral Pathways to Cancer—March 30-31, Chapel Hill, NC. Contact UNC Lineberger Comprehensive Cancer Center, Tel. 919/966-3036.

Future Meetings

American Cancer Society National Conference on Skin Cancers—April 14-16, Phoenix, AZ. Contact Jackie Wilbourne, ACS, Tel. 404/329-7604, Fax 404/636-5567.

American College of Oncology Administrators Third Annual National Symposium—April 21-23, Boston, MA. Contact ACOA, Tel. 313/540-4310.

National Conference on Breast Cancer—May 8-13, Palm Desert, CA. Contact American College

of Radiology, Tel. 703/648-8952.

American Society for Clinical Oncology—May 14-17, Dallas, TX. Contact ASCO, 312/644-0828.

Principles and Practice of Data Management for Clinical Trials—June 16-17, Baltimore, MD. Contact Johns Hopkins Office of Continuing Education, Tel. 410/955-2959.

Interleukin-6 Type Cytokines—June 19-22, Poznan, Poland. Contact the New York Academy of Sciences, Tel. 212/838-0230, Fax 212/838-5640.

World Conference on Lung Cancer—June 26-July 1, Colorado Springs, CO. Contact Centennial Conferences, Tel. 303/499-2299.

International Conference on AIDS—Aug. 7-12, Yokohama, Japan. Contact Gil-Kenes Travel, Congress Dept., Tel. 215/568-6655 or 800/223-3855, Fax 215/568-0696.

Chemotherapy Foundation Symposium—Nov. 9-11, New York City. Contact Jaelyn Silverman, Div. of Neoplastic Diseases, Mount Sinai School of Medicine, Tel. 212/241-6772, Fax 212/996-5787.

NCI Contract Awards

Title: Support Services for biostatistical and analytical studies

Contractor: Westat Inc., Rockville, MD, \$6,015,317.

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 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.

MAA NCI-CM-47017-37

Title: Preparation of immunoconjugates

Deadline: Jan. 28

This is a resolicitation of the above subject Master Agreement Announcement. Existing Master Agreement holders need not reapply. This project was originally synopsized as a Master Agreement Announcement under NCI-CM-27731. NCI's Div. of Cancer Treatment, Biological Resources Branch, is soliciting proposals to prepare preclinical and clinical grade immunoconjugates of monoclonal antibodies, antibody fragments, peptides, and/or other genetically engineered targeting molecules that are linked to chelating agents. NCI will provide purified monoclonal antibodies, antibody fragments, or other targeting molecules to the contractor for chemical conjugation of chelating agents that will bind specific radionuclides for imaging and/or therapy.

The offeror will use procedures that have either appeared in the peer reviewed literature or protocols that have been developed by NCI and will be supplied to the offeror. In addition, proprietary technology developed by the offeror to prepare the desired immunoconjugates would also be considered. These immunoconjugates will be used to prepare radioimmunoconjugates for both preclinical and clinical applications. All synthetic and purification procedures will be performed under Good Laboratory Procedures and/or Good Manufacturing Practice. It is anticipated that the offeror will be required to prepare approximately 50 to 1000 mg of each immunoconjugate. The offeror will evaluate these immunoconjugates for purity, stability, immunoactivity, and other criteria specified by NCI. One or more awards may be made to qualified offerors responding the MAA.

Contract specialist: Patricia Lightner, RCB, Executive Plaza South Rm 603, Tel. 301/496-8611.

MAA NCI-CN-45581-70

Title: Evaluation of chemopreventive agents by in vitro techniques

Deadline: Approximately Feb. 24

NCI's Div. of Cancer Prevention & Control, Chemoprevention Branch, is soliciting proposals to increase the number of master agreement holders. Current MA holders for this program are not required to submit a proposal. This announcement is issued to solicit MA holders who have adequate capabilities and technical expertise to screen and evaluate the activity of chemopreventive agents in various in vitro assays of cell transformation. Agents with potential chemopreventive activity are identified by epidemiologic surveys, initial laboratory findings, observations in the clinical setting, or structural homology with agents having known chemopreventive activity.

A rigorous and systematic evaluation of these candidate agents is necessary before their efficacy can be examined in clinical trials for cancer prevention. In vitro screening and evaluation techniques measuring the ability of these chemopreventive agents to inhibit transformation provides a relatively rapid and efficient means of qualifying these agents for further evaluation for the prevention of cancer in humans. Agents to be investigated by this project are potentially hazardous. The in vitro systems may involve the use of carcinogens, tumor cells or tumor viruses. Laboratory practices shall be employed which will keep any element of risk to personnel at an absolute minimum. Where indicated, tissue and compound handling must be performed in at least Class I laminar flow cabinets which must meet NIH specifications for work with these agents. The offeror shall comply with NCI safety standards for research involving chemical carcinogens. It shall be required that the facilities have operating tissue culture/cell biology and chemistry laboratories which are suitable for using hazardous and/or carcinogenic materials as test materials. The contractor must have or be able to obtain all the equipment necessary to accomplish the studies, including but not limited to, laminar

flow hoods, CO2 incubators, equipment for sterility testing, isotope counters, spectrophotometer, hazardous chemical storage cabinets and refrigerators, equipment such as microscopes and miscellaneous laboratory equipment. The laboratory shall have or have access to appropriate terminal and computer facilities and equipment for data collection and storage. The period of performance of the master agreement pool will be three years. It is estimated that up to four master agreement orders per year will be issued pursuant to the master agreements.

Contract specialist: Erin Lange, RCB PCCS, Executive Plaza South Rm 635, Tel. 301/496-8603.

Program Announcement

PAR-94-017

Title: Minority school faculty development award

The Comprehensive Minority Biomedical Research Program, NCI Div. of Extramural Activities, invites academic health centers and other health professional schools that employ, educate, or serve a preponderance of minority faculty, staff, trainees, and communities to submit applications for support of activities directed at the development of faculty investigators at minority schools in areas relevant to cancer. The intent of the award is to provide the awardee with increased access to research opportunities through collaborative arrangements with outstanding cancer research scientists, usually at institutions within a 100 mile radius of the applicant organization.

A minority school is defined as a medical or nonmedical college, university, or equivalent school in which students of minority ethnic groups, including African Americans, Hispanics, American Indians, and Asian or Pacific Islanders, comprise a significant proportion of the school enrollment and that has a commitment to the special encouragement of minority faculty, students, and investigators.

Candidates for this award are minority school faculty members who: 1) are citizens of the United States, noncitizen nationals or permanent residents at the time of application; 2) have a M.D., Ph.D., or equivalent degree in a biomedical or behavioral science; 3) wish to receive specialized training in cancer research; and 4) have the background and potential to become an independent biomedical investigator. A minimum of 50 percent effort annually must be committed to the award. Applicants may not apply for, or accept, other PHS research grant support or its equivalent at the time of Minority School Faculty Development Award application, nor may they apply concurrently for any other type of academic award. However, applicants may apply for and accept research grant support subsequent to award of the Minority School Faculty Development Award. Awards may be requested for a period up to five years.

Inquiries: Dr. Lemuel Evans, NCI Div. of Extramural Activities, Executive Plaza North Suite 620, Bethesda, MD 20892, Tel. 301/496-7344, Fax 301/402-4551.