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Scripps, Sandoz Deal Becomes Case Study As NIH Rethinks Sponsored Research

An argument can be made that fate and politics have dealt the proposed deal between Scripps Research Institute and Sandoz Pharmaceutical Co. the worst blow imaginable: the deal has become a case study.

In the past year, the proposed $300 million agreement has been attacked on Capitol Hill and scrutinized by reporters, attorneys and auditors. Former NIH director Bernadine Healy was so incensed by the

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In Brief

House Hearings On NIH Budget Begin Feb. 1; Army Program Is Peer Reviewing Proposals

HOUSE APPROPRIATIONS Subcommittee on Labor, HHS, Education and Related Agencies has scheduled public hearings on NIH appropriations Feb. 1-4 and 9-11. The subcommittee is using a computer-generated lottery to select those who will testify, due to the large number of public witnesses. Those selected have been sent letters of notification. Anyone can provide written testimony, which must be received by May 6. The hearings will be chaired by **Rep. William Natcher** (D-KY). The subcommittee is scheduled to hear the testimony of NIH Director **Harold Varmus** on April 12, 10 a.m.-noon, and NCI Director **Samuel Broder** on April 12, 2:30-4 p.m. The Senate subcommittee has not set hearings dates yet. . . . **ARMY UPDATE:** U.S. Army Medical Research & Development Command is conducting peer review of the more than 2,500 proposals submitted last fall for its $210 million Breast Cancer Research Program. The peer review process is expected to be completed by March. After peer review, the Breast Cancer Research Program Integration Committee, chaired by **Helene Smith**, California Pacific Medical Center, San Francisco, will conduct a second review of proposals for program relevance. Awards will be made by Sept. 30. **Col. Patricia Trombley** was been named director of the Army breast cancer program. . . . **BARNETT KRAMER**, associate director, Early Detection & Community Oncology Program, NCI Div. of Cancer Prevention & Control, was named editor-in-chief of the Journal of the National Cancer Institute. He succeeds **Daniel Ihde**, who is leaving the Institute for a position as chief of the Div. of Medical Oncology, Washington Univ. in St. Louis (**The Cancer Letter**, Dec. 10, 1993). . . . **MARIANNE HAENLEIN** was named acting chief, Public Health Agency Section, Public Health Applications Research Branch, NCI Div. of Cancer Prevention & Control. She succeeds **Lawrence Bergner**, who retired last fall. . . . **MEETING DATE** change for the Workshop on Hereditary Breast, Ovarian, and Colon Cancer: new date is April 27-29, at the Washington Sheraton. Contact Andrea Brooks, Tel. 301/650-7471. . . . **IN BRIEF** is continued to page 5.

NIH Study Finds Scripps, Sandoz Deal Was Atypical

(Continued from page 1)

proposal that she blasted it in her final congressional testimony.

While Scripps and Sandoz said they planned to negotiate another agreement that would please both NIH and Congress, the criticism and the examination continue.

In the latest salvo, NIH Director Harold Varmus said the abandoned deal was atypical among sponsored research agreements between institutions receiving NIH funds and their industry collaborators.

"The most dramatic conclusion of the NIH study of such deals is that the Scripps-Sandoz deal is not a typical deal," Varmus said to an ad hoc group of advisors at an NIH forum on sponsored research agreements earlier this week.

"There is a very wide range of arrangements that can be made between industry and academia, arrangements that vary dramatically with respect to their size and scope," Varmus said.

The 12 advisors who represented industry and academia were asked to recommend guidelines for avoiding collaborations where the industry partner exercises excessive control over the research institution.

"Inherent in all the discussions NIH has had about sponsored research agreements has been the tension between the need to guide research and to monitor project activity and to make sure that we are protecting our own investment while we encourage technology transfer," Varmus said.

Scripps and Sandoz had the misfortune of touching on virtually every issue that could be raised under the 1980 Bayh-Dole Act, which allowed for such technology transfer.

The deal involved a large sum of money and a long-term collaboration. It gave Sandoz representation on the Scripps board of directors as well as the rights to transfer research to other facilities.

Critics said the deal also restricted the investigators' publications and contact with colleagues. Moreover, the deal did not guarantee that the products of the collaboration would be manufactured in the US.

How prevalent were such agreements?

When Healy was first asked that question by Rep. Ron Wyden (D-OR) on Capitol Hill last year, she had no answer. NIH had no legal obligation to review the deal and Scripps had no obligation to submit the agreement for review by NIH.

To find the answers, NIH examined 375 such deals, comparing them with Scripps-Sandoz.

"There are no cookie-cutter agreements—nor should there be," Daryl Chamblee, NIH acting deputy director for science policy and technology transfer said to the advisors.

"Organizations involved in sponsored research agreements and the situations covered by them are unique, requiring delicate balancing of risk and benefits to the parties involved. We found that although certain factors weigh more heavily than others, no one factor or provision cause great concern. Rather, the juxtaposition of multiple problematic clauses in an agreement sometimes tips the scale," Chamblee said.

The NIH survey of sponsored agreements found that of the 375 deals surveyed, 331 were limited in scope or restricted to a research field or to the work of no more than two scientists.

"Smaller scale, project-specific agreements tended to be less problematic than some of the larger scale agreements," Chamblee said. Under such agreements, the industry collaborators did not have the leverage to exercise control over the research institution.

The 44 broader agreements involved an entire research institution or its major component, typically a department or a laboratory.

"The vast majority of these agreements restricted the industrial partner's intellectual property rights to a particular research project or to a particular field of research," Chamblee said.

THE CANCER LETTER

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The survey's highlights follow:

■About 70 percent of the agreements were for three years or fewer; 85 percent were for five years or fewer.

■Half of the agreements were for $150,000 or less. More than 98 percent were for $5 million or less.

■About 95 percent of project specific agreements were for $1 million or less. "At $300 million, the Scripps-Sandoz agreement was by far the largest in dollar terms, exceeding all others by nearly $200 million.

■About 45 percent of agreements were made with industry collaborators that were classified as small businesses.

■About 87 percent of agreements were with domestic companies, including US subsidiaries of foreign companies.

"Scripps-Sandoz was the only agreement giving the industrial partner seats on the institution's board of directors, giving the industrial partners the right to review the grantee's institution's invention disclosure reports prior to submission to NIH and giving [the industry collaborator] a right to remove a project from a laboratory and transfer it anywhere in the world," Chamblee said.

■Chamblee said the Scripps-Sandoz agreement was more restrictive than others in placing limitations on the researchers' consulting arrangements, collaborations with colleagues and publication.

The NIH objective is to finish the guidelines for institutions involved in sponsored research agreements by June.

NCI Plans For Breast, Prostate Cancer Research Are Drafted

Breast cancer activists and researchers have not completed the action plan sought by HHS Secretary Donna Shalala last month, but NCI is in the process of submitting a plans for breast and prostate cancer research to Congress.

The Institute's "Plan for Research on Cancers of the Breast and Female Reproductive Tract" and "Plan for Research on Prostate Cancer" are being cleared by HHS for submission to Congress, NCI sources said.

The reports were mandated by the NIH Revitalization Act of 1993. The Act required the NCI director to provide Congress with plans to implement expanded and intensified research programs on breast and gynecological cancers, and prostate cancer.

Draft versions of the two reports were released to members of the National Cancer Advisory Board.

Both documents describe promising areas of laboratory and clinical research, and NCI's continuing support for a wide variety of research in the intramural and extramural programs, cancer centers, and Specialized Programs of Research Excellence.

No cost estimates are provided for accomplishing research described in either report.

"A Comprehensive Approach"

The Institute's breast cancer plan proposes to create:

■Up to 20 research fellowships in breast cancer research, each up to two years duration, for extramural scientists to work at NIH,

■A new intramural program in cell biology, with a particular focus on the cell biology of breast cancer.

NCI has a "staunch commitment to women's health" and the eradication of death and suffering from cancer, according to the Institute's breast cancer plan.

"NCI supports a comprehensive approach to the problems of cancer in women through intensive investigation in prevention, early detection, treatment and quality of life," the draft plan states.

"Among the many diverse areas of high priority for NCI in cancers in women, those of surpassing importance are:

■the molecular dissection of the contributions of genetics, environmental/occupational, and hormonal factors to carcinogenesis in women in ways that will permit accurate assessment of individual risk;

■the identification and characterization of intermediate molecular markers (serum and tissue biomarkers) that will detect the earliest changes along the carcinogenesis pathway and monitor the efficacy of various prevention strategies;

■the development and implementation of primary prevention clinical trials for breast cancer, for instance, examining the roles of tamoxifen as primary chemoprevention for certain postmenopausal and high-risk women;...

■research on metastasis, in particular angiogenesis, as novel targets for secondary and perhaps primary prevention strategies;

■the accessibility and delivery of state-of-the-art health care to women who, for reasons of age, race, culture, education or most importantly poverty

and lack of resources, are medically underserved;

■the clinical development, procurement and availability of promising new therapies, for example, Taxol, a chemically complex natural product with a unique mechanism of action and important activity in refractory or relapsing ovarian and breast cancers;

■the development and clinical implementation of monoclonal antibodies coupled to alpha-emitter radionuclides as novel approaches to tumor-targeted adjuvant therapy;

■the design, construction and clinical development of breast or ovarian cancer vaccines directed toward tumor-associated intracellular or surface antigens where antigenic expression is augmented through combination with strongly immunogenic recombinant viral vectors or through tumor cell transfection with immuno-stimulatory cytokine genes that in turn recruit tumor-directed cytotoxic lymphocytes, or a human papillomavirus vaccine for cervical cancer targeted to specific viral capsid proteins or intracellularly-expressed 'oncoproteins' of transforming HPV strains;

■the establishment and expansion of interdisciplinary programs focused on breast cancer, exemplified by the Specialized Programs of Research Excellence and the National Cancer Program Trans-NIH Collaborative Effort, for the purpose of rapid translation of basic research discoveries into clinical investigation and treatment advances."

"Improve Fundamental Understanding"

According to the NCI draft prostate cancer plan, "Scientists in multiple NCI-supported institutions across the nation are seeking to: 1) improve fundamental understanding of prostate cancer biology at the cellular and molecular level, searching for the genetic bases of susceptibility, the genetic and environmental factors involved in the initiation, progression and maintenance of the disease, and the biological factors determining its virulence; 2) develop for clinical application new strategies for prevention and early detection through the identification and rigorous assessment of sensitive and specific markers of disease through correlative laboratory-clinical studies that interface with the large-scale Prostate, Lung, Colorectal and Ovarian Cancers screening trial; and 3) discover novel cytotoxic and differentiating agents, and testing of agents known to be active in other tumors as differentiating agents, inducers of programmed cell death or specific inhibitors of signal transduction."

NIH Consensus Conference On Ovarian Cancer April 5-7

NCI and the NIH Office of Medical Applications of Research are planning a Consensus Development Conference on Ovarian Cancer: Screening, Treatment and Followup. The meeting is scheduled for April 5-7 at NIH.

Key questions to be addressed are:

■What is the current status of screening and prevention in ovarian cancer?

■What is the appropriate management of early stage ovarian cancer?

■What is the appropriate management of advanced epithelial ovarian cancer?

■What is appropriate followup after primary therapy?

■What are the directions for future research?

The consensus panel will be chaired by Vicki Seltzer, chairman, Obstetrics and Gynecology, Long Island Jewish Medical Center.

To register for the conference, contact: Technical Resources Inc., Tel. 301/770-3153, FAX 301/468-2245.

Avon, Four Companies, Fund NABCO Information Service

Avon Products Inc. and four pharmaceutical companies have funded a $450,000 expansion of a patient information service of the National Alliance of Breast Cancer Organizations (NABCO).

The four drug companies are Bristol-Myers Oncology Division, Burroughs Wellcome Co., Immunex Corp. and Zeneca Pharmaceuticals Group. The finds will be distributed over three years.

NABCO's information department responds to more than 500 written and telephone inquiries monthly. Katherine Schwartz, head of NABCO's information services department, said NABCO provides breast-cancer specific information from a variety of sources and frequently searches medical literature to answer the callers' questions.

New funds will support an expansion of the department staff, increased access to computer networks, additional reference materials on breast cancer, and outreach to those not currently using NABCO's services.

"Demand for our services has been growing beyond our current resources," said Amy Langer, executive director "This generous support will enable us to serve a wider public. We are also acutely aware

of who we are not helping, and can now devise strategies to reach the underserved."

NABCO, established in 1986, is a leading non-profit central resource for information about breast cancer, and a network of more than three hundred organizations providing detection, treatment and care to many of the nation's breast cancer patients and survivors.

In Brief

Sen. Dole Visits Roswell Park, Meets With PSA Inventor Chu

(Continued from page 1)

. . . **SEN. ROBERT DOLE** (R-KS) recently accepted the Gilda Radner Courage Award and met with the scientists who developed a diagnostic test Dole credited with saving his life. The award was presented at a fundraising event for Roswell Park Cancer Institute.

Dole met with T. Ming Chu, chair of RPCI's Dept. of Diagnostic Immunology Research and Biochemistry, who developed the prostate specific antigen test used to determine extent and spread of prostate cancer. Dole was diagnosed with prostate cancer in August 1991 and said he believes that the PSA test was critical in the early detection and treatment of his cancer. "Men don't like to go to the doctor and talk about their prostate or the possibility of sexual dysfunction," Dole said. "But early detection is the name of the game. Impotence and other side effects can be treated." . . . **DONALD METCALF**, Royal Melbourne Hospital, Australia, received the first Kantor Family Prize for Cancer Research Excellence following a lecture to the Dayton Onoclogy Society in December. The prize was established by Milton Kantor, a member of the Hipple Cancer Research Center Board of Trustees. The lecture was sponsored by a grant from the Kettering Medical Center and Sandoz Pharmaceutical Co. . . . **TWO SCIENTISTS** who helped bring national attention to AIDS in the early 1980s have been selected for the Scientific Freedom and Responsibility Award by the American Association for the Advancement of Science. **June Osborn**, Univ. of Michigan, and **Mathilde Krim**, American Foundation for AIDS Research, will receive the award Feb. 21 at the AAAS annual meeting in San Francisco. Osborn chaired the National Commission on AIDS from 1989-93, and an NIH committee on HIV policies. Krim is cited for her efforts to generate private financial support for AIDS research and public health policies, and to change public perceptions about the disease. . . . **JEFFREY KRISCHER**, Univ. of Florida College of Medicine, has been appointed to head a new Cancer Control Program at H. Lee Moffit Cancer Center & Research Institute, Univ. of South Florida. Krischer has been a co-principal investigator of the Pediatric Oncology Group Statistical Office.

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.

RFP NCI-CM-57198-12
Title: Operation And Maintenance Of The DTP Biological Data Processing System
Deadline: Approximately March 4

The Developmental Therapeutics Program, Information Technology Branch, NCI Div. of Cancer Treatment, is seeking an organization to provide support for DTP's Biological Data Processing System. This system provides laboratory microcomputer support and large-scale database management for the NCI's anticancer and anti-AIDS drug discovery activities, which include the annual in vitro screening of many thousands of synthetic compounds and natural product extracts. The contractor will be responsible for the current Biological Data Processing system and all of its subsystems. This responsibility will include design and/or redesign of system programs as well as initial coding, revising, testing, debugging, documentation, operation, and/or maintenance of all system software. The contractor will also provide support for installation and operation of the systems and development of new hardware/software systems as required for further development of the DTP drug discovery and development programs. It is anticipated that a single, incrementally funded, level-of-effort contract award will be made for a five-year period of performance. Offerors will be invited to submit proposals in conformance with the Government's requirement of 12,750 direct labor hours per year (63,750 total direct labor hours required). This is a recompetition of contract N01-CM-07353 currently performed by Capital Technology and Information Services, Inc. Contract Specialist: Joyce Crooke, RCB, Executive Plaza South Rm 603, Tel. 301/496-8620.

RFP NCI-CM-57199-12
Title: Preclinical Pharmacological Studies Of Antitumor And Anti-Hiv Agents
Deadline: March 4

The Developmental Therapeutics Program of NCI's Div. of Cancer Treatment is soliciting organizations having the necessary experience, scientific and technical

personnel, and facilities to conduct a series of preclinical pharmacokinetic and other pharmacology studies in non-disease bearing animals on agents having demonstrated antitumor or anti-HIV activity and considered by DCT to merit further development. The studies to be performed will include: the development of methodology for the quantitative measurement of test agents and/or metabolites in animal body fluids and tissues; stability studies of test agents in biological fluids; plasma protein binding determinations; characterization of in vivo plasma concentration-time profiles and calculation of relevant pharmacokinetic parameters; determination of test agent levels in samples provided by other DTP contractors; determination of the most effective mode of agent administration to achieve and maintain effective concentrations in body fluids and tissues; bioavailability studies following administration of an agent by various routes; tissue distribution and urinary excretion studies; structural determination of metabolites and/or degradation products of parent agents produced in animals and in model in vitro systems. Where appropriate, this information will be related to mechanisms of antitumor or antiviral action. The Government will supply all animals (mice, rats, dogs, non-human primates), test agents, and radiolabeled test agents. Contractors will be expected to provide all equipment, solvents, reagents and animal facilities needed to conduct this type of work. AAALAC accreditation is highly desirable and is required by time of award. It is anticipated that four to five awards will be made as a result of the RFP, each for a three to five year, incrementally-funded level-of-effort contract. Only one award will be made to an institution. The following Mandatory Qualification Criteria will apply: (1) the Contractor may not be a pharmaceutical or chemical firm since agents of a commercially confidential nature (discreet) may be evaluated; (2) since structural formulas and other information on discreet agents may be included in a Task Order Request, contractors must be willing to sign a confidentiality of information statement; (3) the Contractor must possess a valid NRC license permitting the purchase, storage, and use of typical quantities of radioisotopes (e.g., 3H, 14C, 35S) likely to be used in the proposed research.

Contract Specialist: Joyce Crooke, RCB, Executive Plaza South Rm 603, Tel. 301/496-8620.

RFP NCI-CP-40512-21

Title: Establishment and analysis of a multi-state AIDS/ cancer match registry

Deadline: Approximately Feb. 1

NCI's Viral Epidemiology Branch, Epidemiology & Biostatistics Program, Div. of Cancer Etiology, is soliciting tailored capability statements from qualified small business firms under Standard Industrial Classification Code 8731 with a size standard of 500 employees. Based upon the responses received from this sources sought announcement, the proposed acquisition may be solicited as 100 percent small business set-aside. All small business contractors responding to this announcement must have the capabilities to support the objective of this proposed contract which is to conduct linkage between AIDS and Cancer Registries at 15 targeted state and local health departments. This contract is not for software development. The objective is to use already developed software and some already purchased hardware to continue and expand linkage activities and analysis of AIDS-related cancers.

Specifically, the work will include: negotiation with and compensation of target sites, logistic management of pre-linkage conferences, conduct of the match, establishment of a match registry, analysis of match registry, publication and distribution of newsletter and procurement of specimens. The Contractor shall produce frequencies, crosstabulations, compute standardized rates and conduct logistic regressions. Specimens will include paraffin-embedded tumor or other tissue from local hospital pathology departments. These services and the equipment to be provided will be discussed in detail in the forthcoming solicitation document. Respondents MUST display the ability and willingness to provide these services. It is anticipated that a single award will be made for a period of five years, based on an estimated total of 20,000 person-years. Required staff members should include a Project Director and Computer Programmer. Small Business concerns that respond to this notice must furnish concise responses directed specifically to the requirements mentioned above. Sources possessing experience and demonstrated capability to accomplish the above are to supply pertinent information in sufficient detail to demonstrate the ability to perform the required services.

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

RFP NCI-CM-47012-20

Title: Synthesis of congeners and prodrugs

Deadline: Approximately March 1

The Drug Synthesis and Chemistry Branch of the Developmental Therapeutics Program, NCI's Div. of Cancer Treatment, is seeking contractors with expertise in chemical synthesis and drug design, to synthesize a variety of compounds for evaluation as potential anti-AIDS or anti-cancer agents.

The assigned objectives of this project are to design and synthesize the following: (a) Congeners of lead compounds having confirmed activity, to enhance activity or potency; (b) Prodrugs with structural modifications that may provide altered pharmacokinetics, altered drug transport, improved bio-availability through increased water solubility, or increased chemical stability; (c) Other altered structures that possess elements of both conge-

ner and prodrug; and (d) Compounds related to natural products, e.g., alkaloids, heterocycles, nuc eosides, peptides, etc. Each contractor should have available a fully operational facility, including all necessary equipment and instrumentation for all aspects of the contract. The nature of this project requires that the following restriction be applied: "The NCI signs legally binding agreements with certain suppliers (often pharmaceutical or chemical companies) which state that all information on compounds submitted by the supplier will be held confidential. The successful offeror will be expected to synthetically modify such commercially confidential (discreet) materials. Thus, pharmaceutical or chemical companies could obtain valuable data on new lead compounds. Therefore, in order to honor the confidentiality agreement with the original supplier, the NCI believes that the compounds cannot be sent to potential competitors of the supplier, and thus pharmaceutical and chemical companies must be excluded from the competition." For purposes of this restriction, a pharmaceutical or chemical company is defined as an organization which sells drugs and chemicals to the general public for profit. The Standard Industrial Classification number is 8731. This is a recompetition of contracts currently held by the Georgia Tech Research Corp. (Georgia Institute of Technology), Purdue Research Foundation, and Univ. of Tennessee. It is anticipated that two cost-reimbursement contracts will be awarded for a period of two years.

Contract Specialist, Charles Lerner, RCB Executive Plaza South, Room 603, Tel. 301/496-8620, or Clyde Williams, Contracting Officer, 301/496-8620.

RFP NCI-CP-15621-21

Title: Tracing Individuals For Environmental Epidemiologic Studies Of Cancer (Master Agreement
Deadline: Approximately March 2

NCI's Div. of Cancer Etiology, Epidemiology & Biostatistics Program, Environmental Epidemiology Branch, is seeking to expand the existing Tracing Master Agreement MA pool with experienced firms to carry out tracing of epidemiologic study subjects. All master agreement holders in the existing pool need not respond to this announcement. The MA pool currently consists of three organizations whose Master Agreements expire on June 27, 1995: Equifax Government and Special Systems, Survey Research Associates Inc. and TRACERS Company of America Inc. This acquisition is being advertised under a single umbrella title. A MA will be awarded under this title to each acceptable offeror, specifying the tracing method(s) in which the offeror has capability and experience as jucged by the NCI.

The three distinct categories of tracing methods to be used are listed below. Offerors may apply for any or all of these tracing methods, which are referred to as: M-1--Tracing Individuals Through Credit Bureaus; M-2--Tracing Individuals through Motor Vehicle Bureaus; and M-5--Tracing Individlals Utilizing Other Resources and Sources. Under this mechanism, experienced tracing firms are awarded a MA that authorizes them to bid on Master Agreement Orders. (MAO) RFPs which specify tracing tasks involving location of subjects who are designated as "difficult-to-find." This means that the subjects were not located during a variety of standard initial tracing procedures undertaken previously by NCI or other contractors. The subjects being traced for the purpose of vital status determination are included in research studies on cancer in relation to suspect environmental agents involving past exposure to chemicals in various forms and exposure situations, drugs, food components, radiation and biological agents such as viruses. Cancer patients, close relatives, comparison or "control" subjects and individuals in high-risk families may also be sought. Last known vital status of subjects and associated dates may vary from recent years to 50 years ago. Levels of tracing difficulty will vary in accordance with the time-frame of the study and on sex, age, marital status and amount of known personal and demographic information available on the subjects. The time-frame is the range of dates of last known vital status on the records from which the cohort names were drawn, such as 1940-1953. In order to avoid study bias that may result from incomplete vital status determination, it is crucial to locate a maximum number of study subjects (at least 90 percent in cohort studies) within a relatively short time. In preliminary tracing activities, NCI and/or Contractors have already searched via basic tracing resources such as Social Security Administration, National Death Index, Health Care Finance Administration, state mortality files, Post Office address correction requests, etc., which (combined) yield the vital status of about 65 percent to 85 percent of the subjects in the cohorts being fcllowed. The remainder, labelled "difficult-to-find," are the subjects to be sought through this MA/MAO RFP mechanism which involves three distinct tracing methods. MAO RFPs will be sent only to MA Holders within the tracing "pool", and MAO awards will follow after evaluation of the competing proposals. A separate Technical Proposal must be submitted when applying for this Master Agreement and each of the three tracing methods. Although a separate Technical Proposal will be required, only one Business Proposal is needed. Thus, a firm experienced in all three tracing methods may submit four different Technical Proposals--one for the Master Agreement and one for each of the three methods of tracing, if applicable. The Master Agreements will cover from the date of award through June 27, 1995. Master Agreements will be awarded to all firms whose technical proposals are considered acceptable. Multiple MAO/RFPs will be issued each year.

Contract Specialist, Barbara A. Shadrick, Executive Plaza South, Rm 620, Tel. 301/496-8611.

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Program Announcements

PAR-94-026

Title: Biomedical research support shared instrumentation grant

Application Receipt Date: March 24

The National Center for Research Resources is continuing its competitive Biomedical Research Support Shared Instrumentation Grant Program. The objective of the program is to make available to institutions with a high concentration of NIH-supported biomedical/behavioral investigators research instruments which can only be justified on a shared-use basis and for which meritorious research projects are described.

Shared Instrumentation Grant awards are made to public and non-profit institutions only. Federal institutions, foreign institutions, and for-profit institutions are not eligible. An eligible institution may submit more than one application for different instrumentation. However, if several applications are submitted for similar instrumentation from one or more eligible institutions on the same campus of a university, documentation from a high administrative official must be provided, stating that the several applications are part of a campus-wide institutional plan, not an unintended duplication.

Shared Instrumentation Grants (S10) provide support for expensive state-of-the-art instruments utilized in both basic and clinical research. Applications are limited to instruments that cost at least $100,000 per instrument or system. The maximum direct cost award is $400,000. Indirect costs will not be provided. Because the nature and scope of the instruments which may be requested will vary, it is anticipated that the size of an award will vary also.

This program is designed to meet the special problems of acquisition and updating of expensive shared-use instruments which are not generally available through other NIH mechanisms, such as the regular research project, program project, and center grant programs, or the Biomedical Research Technology Grant Program. Proposals for the development of new instrumentation will not be considered.

Types of instrumentation supported include, but are not limited to, nuclear magnetic resonance systems, electron microscopes, mass spectrometers, protein sequencer/amino acid analyzers and cell sorters. Support will not be provided for general purpose equipment or purely instructional equipment, personal computers, personal workstations, printers, and ethernet interfaces. Proposals for "stand alone" computer systems will only be considered if the instrument is solely dedicated to the research needs of a broad community of NIH-supported investigators.

Awards will be made for the direct costs of the acquisition of new, or the updating of existing, research instruments. The institution must meet those costs (not covered in the normal purchase price) required to place the instrumentation in operational order as well as the maintenance, support personnel, and service costs associated with maximum utilization of the instrument. There is no upper limit on the cost of the instrument, but the maximum award is $400,000. Grants will be awarded for a period of one year and are not renewable. Supplemental applications will not be accepted. The program does not provide indirect costs or support for construction or alterations and renovations. Cost sharing is not required. If the amount of funds requested does not cover the total cost of the instrument, the application should describe the proposed sources(s) of funding for the balance of the cost of the instrument. Documentation of the availability of the remainder of the funding, signed by an appropriate institutional official, must be presented to NCRR prior to the issuance of an award. Requests for a multiple instrument purchase totalling over $400,000 must specify and justify which instrument(s) should be supported within the $400,000 ceiling.

A major user group of three or more investigators should be identified. A minimum of three major users must be Principal Investigators on NIH peer reviewed "regular research grants" at the time of the application and award.

Inquiries: Dr. Abraham Levy, Biomedical Research Support Program, National Center for Research Resources, Westwood Bldg Rm 848, Tel 301/594-7947.

PAR-94-017

Title: Minority school faculty development award

NCI has corrected the above-titled Program Announcement, published in **The Cancer Letter** Jan. 14. The third paragraph is modified as follows: Applicants may not accept other PHS research grant support or its equivalent when applying for a Minority School Faculty Development Award. However, applicants may apply for and accept other research grant support subsequent to being awarded the Minority School Faculty Development Award.