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NIH Acknowledges Role Of Pasteur Virus In AIDS Test, Gives France More Royalties

NIH and the Institut Pasteur this week ended a 10-year dispute over royalties from the HIV blood test kits developed by US and French scientists.

The agreement reached during a closed meeting July 11 at NIH of the French and American AIDS Foundation had two parts:

• NIH Director Harold Varmus officially acknowledged that NCI scientist Robert Gallo used a virus discovered by the Institut Pasteur to

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In Brief

UCSD Recruits Mitchell From USC; Wade Wins Policy Fellowship; ASCO Honors Burchenal

MALCOLM MITCHELL, professor of medicine and microbiology at Univ. of Southern California, has joined the Univ. of California, San Diego Cancer Center. Mitchell will direct the Center for Biological Therapy and Melanoma Research, which is expected to be operational by mid-1995, according to the university. William Hryniuk is the cancer center director. . . . **JAMES WADE**, an oncologist at the Univ. of Maryland Cancer Center, has been named a Robert Wood Johnson Foundation Health Policy Fellow. He was one of six chosen from a nationwide competition to receive the $59,000 grant for a year working in Washington. . . . **AMERICAN SOCIETY** of Clinical Oncology Special Awards for 1993-94: **Joseph Burchenal**, of Memorial Sloan-Kettering Cancer Center, received the Distinguished Scientific Award; **Richard Bloch, Rep. Michael Andrews** and **Sen. Robert Kerrey** received ASCO's Public Service Award; and **Nancy Brinker**, founder of the Susan G. Komen Breast Cancer Foundation, received the ASCO Special Recognition Award. . . . **TERENCE HERMAN** has been named associate director for radiation oncology at the Cancer Therapy & Research Center of South Texas, and chief of the division of radiation oncology for the Univ. of Texas Health Science Center at San Antonio. Herman was a clinical associate professor of radiation and medical oncology at the Univ. of New Mexico Cancer Center. . . . **VIRGINIA TROTTER BETTS** was re-elected to a second term of president of the American Nurses Association last month. . . . **DIANNE SHAW**, director of communications for the Lineberger Comprehensive Cancer Center, Univ. of North Carolina, Chapel Hill, was elected to a two-year term as chairman of the steering committee of the Public Affairs

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Fair Distribution Was Intent Of Agreement, Varmus Says

(Continued from page 1)

develop the American HIV test kit in 1984. Gallo and US officials contended for seven years that the American test kit was made with a virus discovered in Gallo's laboratory. In 1991, Gallo conceded and an independent study confirmed that he made the American test kit with a French virus.

●NIH and the Institut Pasteur agreed on a division of royalties from the two test kits that will give the French several hundred thousand dollars more each year than under the formula in place since 1987.

"The agreement was made completely without regard to the issue of culpability or wrongdoing" by Gallo, Varmus said. The agreement "reflects a sincere commitment by both sides to bring this matter to a close.

"I look forward to putting this distraction behind us and continuing our collaboration with the Institut Pasteur in an atmosphere of mutual esteem," Varmus said.

Gallo has contended that the French virus accidentally contaminated cultures in his laboratory. HHS dropped charges of scientific misconduct against him last year.

Pasteur: The Matter Is Closed

Maxime Schwartz, director general of the Institut Pasteur, said the acknowledgment "that US scientists used a French virus when they invented the American HIV test kit brings to a satisfactory conclusion all of the concerns we have raised."

Michael Epstein, an attorney for the Institut Pasteur, said the reallocation of royalties "represents a clear victory for Pasteur's position." The Paris organization had prepared further legal action against the US if no agreement were reached, said Epstein, an attorney at the Washington law firm of Weil, Gotshal & Manges.

"This is the first official acknowledgment on the part of the US government that the Pasteur virus was used, which means that all test kits are derived from the Pasteur virus," Epstein said to **The Cancer Letter**. "This is the acknowledgment we wanted and the matter is now closed."

Varmus Decision Recent

In his statement, Varmus characterized the agreement as an attempt to achieve a fair distribution of royalties from the two test kits until the patents expire in 2002. That was the intent of the 1987 agreement settling the Institut Pasteur's suit against the US, he said.

"The reallocation of royalties is being made because the US has been collecting significantly more in royalties than France," Varmus said. "This resulted from an anomaly created by greater US test kit sales, a fact not taken into consideration in the 1987 settlement agreement."

Only one month ago, Varmus wrote in a letter to Pasteur director Schwartz that he saw no reason to change the royalty split (**The Cancer Letter**, July 1). "No alteration in our shared royalty arrangement is warranted," Varmus wrote in the June 8 letter.

The letter was written before Varmus had seen a copy of the HHS investigative memorandum critical of Gallo, sources said. The internal report, sent to Varmus and other HHS officials last month, suggested that HHS officials reconsider the royalty arrangement.

Pasteur attorney Epstein said the HHS memorandum "was yet another view supporting the Pasteur position, and a rather strong one at that."

Varmus said that Schwartz had convinced him to change the royalty arrangement.

The turning point in negotiations with NIH was "a recognition by Dr. Varmus that this is a matter that is best resolved," Epstein said to **The Cancer Letter**. "His decision to acknowledge publicly the facts and reallocate the royalties was a good step forward. None of the other NIH directors were willing to take this step."

Following is the one-paragraph HHS statement acknowledging the work of French scientists: "The Dept. of Health and Human Services and the National

THE CANCER LETTER

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Institutes of Health, in light of the current state of knowledge, and in particular, as a result of an independent study conducted in 1991, acknowledge that scientists at NIH used a virus provided to them by Institut Pasteur to invent the American HIV test kit."

Redistribution Of Royalties

Manufacturers of HIV diagnostic test kits pay about $6 million in royalties per year to license the patented technology worldwide.

Under the royalty arrangement, each country will keep the first 20 percent of royalties from sales of its own test kit, as it has in the past. As under the 1987 agreement, the remaining 80 percent of each side's royalties will be pooled.

Starting this year, the division of the annual pools will change. Half will go to the Institut Pasteur, 25 percent to NIH, and 25 percent to the World AIDS Foundation, which funds AIDS education and research in developing countries. The old formula provided 37.5 percent each to NIH and Pasteur, and 25 percent to the foundation.

"The new formula is intended to remedy an imbalance that has given the US approximately $20 million and the Institut Pasteur approximately $14 million in royalties" since 1987, Varmus said.

Gallo, who voted for the agreement, said in a statement that the new arrangement "simply implements the spirit of the 1987 settlement.

"I have consistently acknowledged the significant contributions of the Pasteur scientists," Gallo said. "In addition, I wrote in Nature in 1991 that based on new scientific information, we had concluded that due to an accidental contamination we had used a virus from the Pasteur in our blood test.

"It must be emphasized, however, that our laboratory had several other independent isolates of the AIDS virus at that time, including at least one that could have been used for the blood test," Gallo said. "And it was our laboratory that was the first to demonstrate that a new virus was the cause of AIDS, to explain how to mass produce that virus and develop a workable blood test.

"It is now time for this episode to be permanently closed. Pasteur scientists and I should focus all our energies on seeking a cure for AIDS," Gallo said.

Capitol Hill sources said the agreement will not affect a report expected to be released next month by the Subcommittee on Oversight and Investigations of the House Committee on Energy and Commerce.

Fisher Sues Pitt, Demands Reinstatement, Due Process

Bernard Fisher last week filed a suit against the Univ. of Pittsburgh, its top officials and it Washington lawyers.

The complaint, filed July 8 in the US District Court for the Western District of Pennsylvania, claims that Fisher was denied due process when he was removed from his post as chairman of the National Surgical Adjuvant Breast & Bowel Project.

In a statement issued at the time the action was filed, Fisher said he was "saddened and reluctant to have to go to court to make a stand on behalf of all research scientists for fair treatment and due process from institutions like Pitt and from government bureaucracies like NCI."

The statement quotes Fisher saying that he looks forward to answering the "unwarranted, unfair and untrue charges, allegations and innuendos that Pitt and NCI have made against me."

The suit names as defendants the Univ. of Pittsburgh as well as its officials: chancellor Dennis O'Connor, senior vice-chancellor, health affairs, Thomas Detre and director of Pittsburgh Cancer Institute and NSABP interim chairman Ronald Herberman. The suit also names Hogan & Hartson, a Washington law firm hired by the university as well as Martin Michaelson, an attorney with the firm.

The suit asks for Fisher's immediate reinstatement as chairman and principal investigator of NSABP and removal of attorney Michaelson as counsel to the university and the inquiry panel deciding whether an investigation of scientific misconduct against Fisher would be warranted.

"Michaelson served as counsel to both Dr. Fisher and the university in March and April, before Pitt and Dr. Fisher became adversaries," said John Bingler, an attorney with the Pittsburgh firm of Thorp, Reed & Armstrong, who represents Fisher. "This renders Michaelson's and his firm's continued service to Pitt in this matter a breach of their fiduciary responsibilities to Dr. Fisher."

The complaint claims that, having initially represented both Fisher and Pitt, Michaelson and his firm "may have disclosed client confidences to Pitt and to the inquiry panel Pitt has already named," the complaint states.

The suit seeks compensatory and punitive damages as well as attorney's fees.

Michaelson was not available for comment. "Until

such time as university counsel has had an opportunity to study the complaint the university will refrain from making any comment," said Leon Haley, executive director, public affairs, at the university.

The suit claims that university officials "in response to unlawful demands from NCI... have unlawfully removed" Fisher from his posts with NSABP and have "unlawfully replaced Dr. Fisher with defendant Herberman."

Turmoil at NSABP: The Fisher Version

According to the complaint, on March 22, Pitt officials told Fisher that he and the university should have the same attorney.

"During a meeting on March 23, Dr. Fisher asked Michaelson if he was 'my attorney,' to which Michaelson responded in the affirmative," the complaint states.

"Defendants Michaelson and Hogan & Hartson obtained Dr. Fisher's confidence by representing that a privileged attorney-client relationship existed between them.

"Further, these defendants represented plaintiff at meetings with congressional subcommittee staff members, drafted statements for Dr. Fisher and advised Dr. Fisher on publication and other strategy," the complaint says.

According to the document, during that period Fisher provided Michaelson "with his innermost opinions, views and feelings, including his opinions concerning NSABP staff." Fisher also gave Michaelson access to his personal records and files, the complaint states.

On March 28, Fisher was told by NCI that he would not be able to retain leadership of the cooperative group, and a day later, Pitt officials ordered his removal as principal investigator and appointed Herberman to replace him.

"The NCI and the Pitt defendants had no authority to interfere with the internal workings of the NSABP, a private organization," the complaint says. "The NSABP bylaws provide the mechanism by which that organization may appoint or remove project chairman. Those proceedings were not followed by Pitt in this case.

"On March 30, the NSABP Executive Committee voted to reinstate Dr. Fisher as project chairman," the complaint says. University officials did not reinstate Fisher.

In mid-April, conflicts developed between Pitt and Fisher. According to the document, "at this time, after initially acting as plaintiff's attorney, defendant Michaelson ceased representing Dr. Fisher. He continued to represent Pitt... Dr. Fisher never consented to defendants Michaelson and Hogan & Hartson's continued representation of Pitt."

At the same time, Pitt proposed appointing Fisher scientific director of NSABP, but withdrew that proposal May 2, in response to an ultimatum from NCI. "Again, Pitt complied with the NCI and interfered with the NSABP organization and Dr. Fisher's role in that private body," the complaint says.

After the scientific misconduct inquiry was mandated by ORI, Pitt went beyond the mandate and broadened the scope of the procedure, the complaint states.

"The scope of the inquiry Pitt undertook May 9 was much broader that that requested by ORI, and has since expanded continuously," the complaint said. Because of Michaelson's role as outside counsel to Pitt, "the panel members may have been tainted by information obtained in violation of due process and in breach of the attorney-client privilege," the complaint says.

Pittsburgh Expanded Inquiry To Include Wickerham

A third faculty member at the Univ. of Pittsburgh has been added to the inquiry to determine whether scientific misconduct was committed by the leadership of the National Surgical Adjuvant Breast & Bowel Project, **The Cancer Letter** has learned.

The inquiry charter drawn up by the Univ. of Pittsburgh includes D. Lawrence Wickerham, the cooperative group's deputy director for administration and director of medical oversight, sources in Washington and Pittsburgh confirmed

Originally, the HHS Office of Research Integrity mandated an inquiry involving two NSABP officials: the ousted chairman Bernard Fisher and chief biostatistician Carol Redmond (**The Cancer Letter**, May 6). According to the ORI letter, the two were to be investigated in connection with their inclusion of fraudulent data into scientific publications.

However, the charter drawn up by the Univ. of Pittsburgh for the inquiry panel was broadened to include Wickerham as subject of the inquiry. The panel was also directed to probe the reporting of deaths in the B-14 tamoxifen treatment trial (**The**

Cancer Letter, June 3).

The Univ. of Pittsburgh declined to discuss the inquiry with a reporter.

Wickerham's attorney Eldon Greenberg, too, declined to comment. "Whatever inquiry the university may have is confidential," he said.

While it is HHS that mandates scientific misconduct inquiries, it is the responsibility the grantee institutions to conduct such proceedings.

In August, the inquiry panel assembled by the Univ. of Pittsburgh to examine the misconduct allegations is expected to determine whether a full investigation of the three NSABP officials would be warranted.

100 NSABP Sites May Resume Patient Entry; One Trial Open

The National Surgical Adjuvant Breast & Bowel Project has approved 100 sites for the resumption of clinical trials as of July 5, according to the project's interim chairman.

The list of approved sites is updated daily as institutions satisfy NCI requirements for updating informed consent documents for trials involving tamoxifen, Ronald Herberman, interim NSABP chairman, said to **The Cancer Letter**.

The only NSABP trial that is open for immediate patient entry is R-03, a rectal cancer trial, Herberman said.

"The breast cancer trials require some additonal steps to be ready to resume," Herberman said. Sites have been approved to conduct risk assessments for potential participants in the Breast Cancer Prevention Trial. However, protocols for all trials using tamoxifen are undergoing changes in procedures for sampling patients' endometrial tissues to discover or prevent cases of endometrial cancer.

As part of the "Plan for Corrective Action" that NSABP submitted to NCI, the cooperative group is arranging a subcontract with a firm that will conduct auditing of member institutions, Herberman said. The competition for the subcontract has been narrowed to two firms, and the winner was expected to be named last week.

Herberman said he has sought advice from leaders in academic surgical oncology on the selection of permanent leaders for NSABP and is interviewing possible candidates from the Univ. of Pittsburgh.

Joseph Jacobs, OAM Director, To Leave NIH In September

Joseph Jacobs, director of the NIH Office of Alternative Medicine, will be leaving his job in late September, Jacobs said.

"I feel this is one of the more nonholistic jobs in Washington," Jacobs said to **The Cancer Letter**. "The pressure of being between Congress on the one hand and the bureaucracy on the other can wear you down."

Though one of the smaller programs at NIH, OAM may be the most political.

Over the past two years, the office's founding father, Sen. Tom Harkin (D-IA), chairman of the Labor, HHS and Education Subcommittee of the Senate Appropriations Committee, has been involved in policy decisions and selection of members of its advisory committee.

"Conflict With Conscience"

Though Jacobs declined to discuss specific reasons for his decision to leave, he said that "the pressures that were brought to bear on me put me in a situation of a conflict with conscience."

Throughout his tenure at OAM, Jacobs has been a moderate, who insisted on rigorous scientific testing of alternative treatments.

Jacobs also insisted on subjecting prospective members of the OAM advisory panel to the same ethical requirements that are applied throughout NIH.

Sources said that recently Jacobs lost a political battle over the composition of the OAM advisory committee.

Jacobs's list included former US Surgeon General C. Everett Koop and did not include Frank Wiewel, president of People Against Cancer, an alternative medicine advocacy group, and Ralph Moss, editor of The Cancer Chronicles, a newsletter connected with People Against Cancer.

Despite Jacobs's recommendations, Wiewel and Moss were ultimately placed on the list of prospective as a result of an intercession by Harkin's office, sources said. Koop's candidacy, on the other hand, was eliminated by HHS, reportedly because the physician does not support the Administration's health reform proposal.

"I don't want to discuss specific individuals," Jacobs said in an interview.

However, Jacobs was critical of the list that was

formally submitted for approval to HHS. (**The Cancer Letter**, May 27). "The committee doesn't reflect the ethnic or gender diversity with regard to the balance of alternative medicine community."

Ferocious Battles

One of the most ferocious battles at OAM was fought over the prospective candidacy of psychosocial oncologist Barrie Cassileth to the advisory committee.

Cassileth is a member of the American Cancer Society's Committee on Questionable Methods of Cancer Management, an affiliation that Moss and Wiewel claimed would be inconsistent with membership on the OAM advisory board.

"I am very supportive of Dr. Cassileth," Jacobs said. "I think she is an excellent addition to the committee."

Jacobs stressed that he did not share the view of ACS as an organization committed to rejection of alternative medicine. "I really appreciate the ACS support for me and what I wanted to do at OAM," Jacobs said.

Sources said Jacobs is negotiating with Yale Univ. Medical School over an administrative position.

Institutions Fail To Credit NIH When Patenting Discoveries

A number of institutions receiving NIH grants may have failed to disclose the government's role in their patented discoveries, HHS officials confirmed.

Officials at NIH and the HHS Office of Inspector General said at a Congressional hearing earlier this week that failure to disclose the government role in patented discoveries by NIH grantees may be commonplace.

Rep. Ron Wyden (D-OR), chairman of the Subcommittee on Regulation, Business Opportunities and Technology of the House Committee on Small Business, asked NIH officials for their data on the scope of the problem.

"The NIH enforcement system seems toothless," Wyden said at a hearing July 11. "In effect, NIH seems dependent on a failed policy of Don't ask, don't tell, don't pursue.

"At a minimum, an $8 billion research program is too large to operate with the federal government allowing private interests to say, 'Trust us,'" Wyden said, referring to the NIH extramural program.

The disclosures are mandated by the 1980 Bayh-Dole Act which allows grantees to license government-sponsored research to commercial entities.

The hearing was focused on acknowledged failure by Scripps Research Institute of La Jolla, CA, to disclose the government's role—and the government's stake—in 43 patents issued to the institute over 10 years period that ended in 1993.

According to an earlier investigation by OIG, Scripps reported that during that period the government had a stake in 51 of the 125 patents issued to the institute. However, following a challenge by NIH officials, the institute acknowledged the government's role in 94 patents.

After discovering the underreporting at Scripps, ORI examined the reporting of the government's patent rights by 25 universities that are issued the greatest number of patents.

Low Rate Of Disclosure

The investigators also found that 25 universities received 4,935 patents, but the government's role was disclosed in only 1818 of those patents. This low rate of disclosure could indicate underreporting of the government's role, OIG investigators concluded.

"We provided NIH with a copy of this list and requested that NIH ask these universities to review their patents and determine if they may have underreported the federal involvement in the development of the patented invention," Michael Hill, assistant inspector general, said at the hearing.

Hill said the central flaw of the NIH system for monitoring disclosure by grantees its reliance on voluntary compliance. "I think NIH was dealing from a position of weakness," he said.

According to Hill, only two NIH employees are charged with keeping track of monitoring patents issued to industry. Recently, one of the two retired and for several months the job was performed by only one employee.

"We have one person watchdogging this $8 billion program. Unbelievable!" Wyden said.

An Enormous Burden?

Though HHS and NIH officials acknowledge that the problems of monitoring were needed improvement, they are reluctant to assume an aggressive monitoring role.

Prior to the hearing, in a written response to the OIG report, Philip Lee, HHS Assistant Secretary for

Health, said development of procedures to match information from the US Patent and Trademark Office with information on NIH grantees would constitute "an enormous burden that would... show little gain in compliance."

Lee agreed that in cases where grantees acknowledge government support, NIH would continue tracking the discoveries through commercialization.

However, Lee wrote that the government would be unwilling to track patents where there is no acknowledgment of government support.

"This implies that NIH would identify patents issued to organizations that happen to be recipients of NIH funds and confirm whether NIH may have supported the development of the activity," Lee wrote.

"[The task] would require a crosswalk between data elements in the patent and in NIH databases. In the event of matches, there would need to be a determination by NIH program staff that a close enough fit exists that a close enough fit exists to suggest that the patent may have been developed under NIH support. There would then need to be an inquiry to the organization, various analyses, and a final determination," Lee wrote.

Testifying before Wyden, Wendy Baldwin, NIH deputy director for extramural research, agreed with Lee's position.Baldwin said NIH has ordered computer hardware and software that would be capable "to generate follow-up queries to institutions that disclose inventions to the patent office, but did not inform [NIH] within the required time period about election of title, or provide [NIH] with information on patent applications."

Unswayed, OIG officials said NIH is overestimating the enormity of the burden of monitoring patent applications.

"We suggest that NIH use a risk-based approach that would ensure that those grantees most likely to have inventions and file for patents are reviewed," Hill testified. "It's really not a burden at all."

Scripps officials said their failure to disclose the government's role in patents was inadvertent and unintentional.

"We believe that these mistakes did not harm the government or the public in any way," said William Beers, senior vice president at Scripps.

The institute is not aware of the government procuring any product or employing any process protected by the patents in question, Beers said.

Four Detroit Institutions Merge Research, Clinical Programs

Four Detroit institutions have agreed to unite their cancer programs under a single organization.

The Michigan Cancer Foundation, Meyer L. Prentis Comprehensive Cancer Center of Metropolitan Detroit, The Detroit Medical Center and Wayne State Univ. signed an agreement June 27 to consolidate their cancer care, research and community services.

The merger creates one of the largest cancer centers in the country with nearly $300 million in cancer resources, similar in size to Johns Hopkins Oncology Center in Baltimore, the organizations said.

Under an agreement reached after four years of negotiations:

- The Michigan Cancer Foundation—a community-based outreach and service organization founded in 1947—will merge with the Prentis center, formed by Wayne State and the foundation in 1976 and recognized by NCI as a comprehensive cancer center since 1978.
- The foundation signed an affiliation agreements with The Detroit Medical Center and Wayne State Univ. The medical center has 149 designated cancer beds at seven university-affiliated hospitals.

The new organization is recruiting for a president/director to oversee the foundation, the Prentis center, and all of the cancer resources of the four institutions. Former Prentis director Laurence Baker moved to the Univ. of Michigan earlier this year.

"We will become a comprehensive cancer center more analogous to the Dana-Farber Cancer Institute, with its relationship to Harvard, or Memorial Sloan-Kettering, with its relationship to Cornell," said Richard Santen, chairman of internal medicine at Wayne State and physician-in-chief of the Detroit Medical Center. Santen is interim director of the new organization.

"One cancer center under one academic leader will make an extraordinary difference in our ability to plan strategically," Santen said. He said the new organization will eliminate redundant services, but plans to create new programs.

"Two major areas for development are breast and prostate cancer," Santen said. Detroit's large African-American population tends to present both cancers at stages and grades more advanced than other groups. "One major mission is to determine why there are

ethnic differences, and with an education program to try to achieve earlier diagnosis."

New Outpatient Center

The organization is building a new outpatient center partly with funds donated by former Detroit Tigers center fielder Vic Wertz. The Wertz Clinical Cancer Center at Harper Hospital is scheduled to open in September. An addition to the center is scheduled to open in 18 months.

The foundation has consolidated the capital campaigns of the four institutions and is evaluating plans to build a 100,000 square foot research building next to the Wertz center.

Consolidating patient care at the Wertz center will enable the new organization's physicians to restructure into multidisciplinary practices, Santen said.

The Michigan Cancer Foundation has been involved in community outreach, cancer screening, surveillance and detection. The Prentis center developed "somewhat independently of MCF," Santen said, with clinical research as its major focus.

All NIH and NCI grants awarded to the foundation will be transferred to Wayne State.

NCI Applauds Merger

The NCI Cancer Center Support Grant for the Prentis center is awarded to Wayne State and administered by MCF. Santen is the principal investigator on the grant. The center is scheduled to submit a competitive renewal for the grant next May.

Brian Kimes, director of NCI's Centers, Training & Resources Program, said the Institute viewed the merger as an improvement. "What they are trying to do is strengthen their cancer center," Kimes said to **The Cancer Letter**. "Forming one organization is good, but it is a difficult task."

Following the selection of a president/director, MCF President Vainutis Vaitkevicius will step down, but will continue in his clinical and research activities in pancreatic cancer.

In Brief

Public Affairs Network Selects Arizona's Young As Vice-Chair

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Network of the 56 NCI-designated cancer centers. **Laurie Young**, director of communications for the Arizona Cancer Center, was elected to a one-year term as vice-chairman. The network's mission is to share information and resources among the public affairs programs of the centers. Shaw succeeded **Eric Rosenthal**, director of public affairs, Fox Chase Cancer Center, as steering committee chairman. NCI's Office of Cancer Communications gave Rosenthal an outstanding leadership award for his role in founding and leading the network. . . . **ENRICO MIHICH**, chairman of the Dept. of Experimental Therapeutics at Roswell Park Cancer Institute, recently received the 1994 Lifetime Service Award from the Institute for Advanced Studies in Immunology and Aging. He was honored for his work in experimental therapeutics, particularly biological response modifiers. He is a former member of the National Cancer Advisory Board. . . . **EVA ENGVALL**, senior staff scientist at the La Jolla Cancer Research Foundation, received an award from the Edmund and Mary Shea Family Foundation of Walnut, CA, for her 1970 invention of the immunodiagnostic test "ELISA" (enzyme-linked immunosorbent assay). . . . **SOHAN GUPTA**, senior scientist of the Hipple Cancer Research Center, has been appointed to the Fred and Alice Wallace Chair for Cancer Research. . . . **RICHARD BABAIAN**, professor of urology at Univ. of Texas M.D. Anderson Cancer Center, has been appointed to the Blanche Bender Professorship in Cancer Research. He is director of the center's Prostate Cancer Detection Clinic and medical director of Patient Referrals and Management.

NCI Contract Awards

Title: SBIR Program, PHS, Topic 167—Multimedia PDQ Prototype
Contractors: Tidewater Consultants Inc., Arlington, VA, $82,207; Focus Interactive Technology, Troy, NY, $74,545; I.S. Grupe Inc., Lombard, IL, $81,000.

Title: SBIR Program, PHS Topic 166—3D Interactive Graphic User Interfact Prototype for PDQ and CancerLit.
Contractor: Lexical Technology Inc., Alameda, CA, $82,500.

Title: Induction, Biological Markers and Therapy of Tumors in Primates
Contractor: Hazleton Laboratories America Inc., Vienna, VA, $4,478,461.