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Barbara Rimer Named NCAB Chairman; First Woman Appointed To Lead Board

President Clinton appointed Barbara Rimer, a cancer control expert at Duke Comprehensive Cancer Center, as chairman of the National Cancer Advisory Board, the White House said last week.

Rimer will become the sixth NCAB chairman and the first woman to hold that post when the board meets Oct. 3-4. A PhD in public health, she is also the first behavioral scientist to lead the board.

NCI Director Samuel Broder nominated Rimer for the chairmanship, sources said.

Rimer replaces Paul Calabresi, professor of medicine and chairman

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In Brief

Kovach, Bunn Lead AACI; Hollings Researcher Wins Immunology Award; Turrisi Moves To SC

JOHN KOVACH, director of the City of Hope National Medical Center and Beckman Research Institute, was elected president of the Association of American Cancer Institutes for 1994-94. **Paul Bunn**, Univ. of Colorado Cancer Center, was elected vice president and president-elect. **Edwin Mirand** was elected secretary-treasurer. Newly elected board members are **Martin Abeloff**, Johns Hopkins Oncology Center, and **Vittorio Defendi**, Kaplan Comprehesive Cancer Center. . . . **MAKIO OGAWA**, of the Hollings Cancer Center at the Medical Univ. of South Carolina, will be co-recipient next month, with Klaus Rajewsky of the Univ. of Cologne, of the Behring-Kitasato Prize in Immunology, awarded biannually to outstanding scientists in the field of immunology. Ogawa is to be honored for work on the mechanisms of hematopoietic differentiation. . . . **ANDREW TURRISI** has been appointed professor and chairman of the Dept. of Radiation Oncology at the Medical Univ.of South Carolina, Hollings Cancer Center. Turrisi was director of clinical programs for the radiation oncology department, Univ. of Michigan Medical Center. . . . **FRANCISCO ROBERT**, associate professor of medicine at the Univ. of Alabama at Birmingham Comprehensive Cancer Center, was named director of the center's Clinical Studies Shared Facility. . . . **GEORGE HIGGINS**, former chief of surgery at the Washington DC Veterans Administration Hospital, died earlier this month in Wenatchwec, WA. He was 77. In the 1970s, Higgins organized the VA Lung Cancer Study Group, which carried out clinical trials on treatment of the disease. He left the VA in 1983 to direct surgical education at a hospital in Santa Barbara, CA.

Freeman Reappointed President's Cancer Panel Chairman . . . Page 3

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Rimer, Duke Cancer Control Director, Named NCAB Chair

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emeritus of the Dept. of Medicine at Brown Univ. Calabresi was appointed NCAB chairman by former President George Bush in 1991.

NCAB members are appointed for six-year terms, but the chairmanship is a two-year appointment. Calabresi has indicated he will continue as a board member for the remaining two years of his term, sources said.

In another development, Calabresi has been selected by NIH Director Harold Varmus to co-chair a committee of nongovernmental advisors to review the NCI intramural research program, **The Cancer Letter** has learned.

Calabresi and Michael Bishop, of the Univ. of California, San Francisco, will lead the committee to advise NCI and NIH on implementing the recommendations of a report on the NIH intramural research program issued last spring by the External Advisory Committee to the NIH Director (the Paul Marks-Gail Cassell committee).

Calabresi was traveling in Europe and unavailable for comment.

The White House is expected to announce five other new appointments to the board next week, sources said. An unofficial and partial list obtained by **The Cancer Letter** included Bishop, Kay Dickersin of Johns Hopkins Univ. and Philip Schein of U.S. Bioscience Inc.

"Awed And Grateful"

"I am both awed and grateful for the opportunity to help NCI as we approach the year 2000," Rimer said to **The Cancer Letter**. "It is a time of great progress in many areas of cancer science, for example, our understanding of the human genome. There are immense challenges in cancer today: to strengthen our clinical enterprise; to ensure the sanctity of outstanding cancer care in an era of managed care; to provide the support for further advances in our basic and cancer control sciences; and to disseminate the best of what we have in oncology to all of our citizens.

"I look forward to working with Dr. Broder and the board in the years to come, and I especially look forward to collaborating with Dr. Calabresi," Rimer said. "He has done an outstanding job as chair."

Supported NCI On Screening

Rimer was a proponent of NCI's decision last year to abandon its recommendation that women in their forties receive regular mammography screening for breast cancer.

She was a co-author of the "Report of the International Workshop on Screening for Breast Cancer," (Journal of the National Cancer Institute) also known as the "Fletcher report," which concluded that for women ages 40-49, "it is clear that in the first 5 to 7 years there is no reduction in mortality from breast cancer that can be attributed to screening. There is an uncertain and, if present, marginal reduction in mortality at about 10 to 12 years."

The report touched off months of controversy over analysis of randomized trials and the effectiveness of mammography screening for younger women, as well as the purpose of guidelines issued by a federal science agency.

Last fall, the NCAB asked NCI to delay action on implementing guidelines that the Institute proposed in early fall. Finally, last December, NCI issued a "summary of scientific fact," abandoning the previous guidelines and citing a lack of evidence to support mammography screening for younger women. The summary reaffirmed the value of mammography screening and clinical breast examination for women over 50.

"Tell Her The Truth"

In an appearance before the NCAB, Rimer strongly supported the decision. "I believe we owe the American woman the honesty of telling her the truth—that the benefit of this test for women in their 40s is not proven," she said (**The Cancer Letter**,

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Editors: **Kirsten Boyd Goldberg**
Paul Goldberg
Founder & Contributing Editor: **Jerry D. Boyd**

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Rimer, director of cancer prevention, detection and control research at Duke Comprehensive Cancer Center, has published over 100 articles in scientific journals and books, and is principal investigator or co-investigator on 12 NIH-funded grants. She has served on the NCI Cancer Centers Support Grant review committee.

Rimer received a doctoral degree in public health in 1981 from the Johns Hopkins Univ. School of Hygiene and Public Health and a master's degree in health education and health administration from the Univ. of Michigan in 1973.

The NCAB was established by the National Cancer Act of 1971 to advise the NCI director and the Dept. of Health and Human Services on scientific and policy issues, and approve grants funded by NCI.

NCAB Chairmen And Years of Service
Jonathan Rhoads, 1972-1978
Henry Pitot, 1979-1982
Tim Lee Carter, 1982-1984
David Korn, 1984-1991
Paul Calabresi, 1991-1994
Barbara Rimer, 1994-

Harold Freeman Reappointed Chairman Of Cancer Panel

President Clinton has reappointed Harold Freeman as chairman of the President's Cancer Panel.

Freeman, director of surgery at Harlem Hospital Center and professor of clinical surgery at Columbia Univ. College of Physicians and Surgeons, has chaired the panel since 1991.

As chairman, Freeman has emphasized delivery of and access to cancer care, the role of poverty as a determinant of disease, and the impact of cancer on the family.

The President's Cancer Panel was established by the National Cancer Act of 1971 to advise the president on progress and problems in the national effort to combat the disease. Other members of the panel are Henry Pitot and Fran Visco.

Among the duties of the panel chairman are to submit NCI's annual Bypass Budget to the White House, and to report to the president on the panel's activities.

Margaret Hay Edwards, 80, Pioneer In Cancer Education

Margaret Hay Edwards, who established and directed NCI's cancer training and education grant programs from 1965 to 1982, was found dead in her home in Seattle, WA, on Sept. 10. She would have turned 80 this week.

Edwards had suffered a stroke almost a year ago, but had improved significantly by last May. Her health had failed gradually since then. She died in her sleep during the night of Sept. 9 or early Sept. 10.

Edwards retired from NCI in 1982 as chief of the Clinical Manpower Branch. She continued to remain active in the American Association for Cancer Education, and in 1986 was the first recipient of the association's award in her honor, the Margaret Hay Edwards Achievement Award for outstanding achievement in cancer education. The annual award consists of a medal with Edwards' picture.

"Dr. Edwards' outstanding guidance of the cancer education grant programs of the NCI and her annual reports at AACE meetings on NCI education activities from 1966 to 1982 established a critical communication link between the academic cancer community and the [NIH]," Richard Bakemeier, editor of the Journal of Cancer Education, wrote in a tribute to Edwards published in the journal earlier this year.

The goal of the program in the 1960s and 1970s was to train more physicians in oncology by providing both short term research fellowships for medical, dental and nursing students, and clinical fellowships in all oncologic specialties.

Many oncologists who now direct prominent cancer centers were trained through her program.

"She was the mother of cancer education," Edwin Mirand, of Roswell Park Cancer Institute, said. "She did more to promote cancer education in medical schools than anyone I know, and she did this almost single-handedly, through an NCI R25 grant program. She visited almost every medical school to convince them to develop a cancer curriculum."

Born in Buck Run, PA, the daughter of a mining supervisor, Edwards grew up in the coal-mining region of eastern Kentucky.

She received a bachelor's degree from Western College in 1934 and taught English and mathematics in public schools in Kentucky and West Virginia.

She received an MD from Temple Univ. in 1944, and served residencies in internal medicine and

pathology at the Women's Medical College in Philadelphia.

She was in private practice in internal medicine in Trenton, NJ, for five years, and then directed a chronic disease control program for the state.

She received a Master of Public Health from Harvard Univ. in 1960.

Edwards joined NCI in 1963, and became interested in cancer education. She became chief of the Education and Training Branch, and then chief of the Clinical Manpower Branch.

"The programs were so successful that by about 1980 it was decided that there were enough medical oncologists," said Vincent Cairoli, chief of NCI's Cancer Training Branch.

Following her retirement from NCI, Edwards moved to Seattle, where she pursued an interest in Oriental art and in travel, said Mirand, who corresponded with her frequently.

She traveled to Tibet, Africa, Russia and Asia.

Edwards had no immediate survivors.

The Journal of Cancer Education will publish tributes to Edwards in its December issue, and requests letters from her friends and colleagues.

Letters may be sent to Dr. Richard Bakemeier, Fax 303-329-9049.

Continuation Of Army Program Urged In Letters To Senate

Seven Senators have signed a "Dear Colleague" letter supporting continuation of the US Army Breast Cancer Program at a level of $150 million for FY 1995.

The letter signed by Sens. Patrick Leahy, Dianne Feinstein, Arlen Specter, Tom Harkin, Barbara Mikulski, Alfonse D'Amato and Patty Murray, urges Senate Defense Appropriations Committee chairman Daniel Inouye to support continued funding of the research program begun two years ago.

The House this summer voted to provide the program $150 milion in FY 1995, while the Senate would keep the program going with $60 million.

House and Senate conferees are expected to meet Sept. 19 to iron out differences in appropriations.

The National Breast Cancer Coalition, the activist group whose intensive lobbying led to the creation of the Army program, is urging its supporters to lobby the Senate for the higher figure.

ONS Seeks Applicants For 1995 Scholarships

The Oncology Nursing Foundation is accepting applications for its 1995 scholarships, cancer public education projects and career development awards.

Application deadline is Dec. 1.

Scholarship and grant options include: doctoral scholarships, master's scholarships, bachelor's scholarships, ethnic minority scholarships, Congress scholarships, public education projects, and career development awards.

Awards range from $2,000 to $3,000 for one year.

Small grant awards range from $4,250 to $10,000.

For information, contact the Oncology Nursing Foundation, 501 Holiday Dr., Pittsburgh, PA 15220, Tel. 412/921-7373.

AACR Gertrude Elion Award Applications Due Jan. 10

Applications for the American Association for Cancer Research 1995 Gertrude Elion Cancer Research Award are due Jan. 10, 1995.

The one-year, $30,000 grant to a non-tenured assistant professor in the US or Canada supports meritorious basic, clinical or translational investigations in cancer.

The award is sponsored by an educational grant from Wellcome Oncology.

Candidates must be nominated by an AACR member. Tenured faculty in academia, federal government employees or contractors, and employees of private industry are not eligible for this award.

Contact: Gertrude Elion Award Coordinator, American Association for Cancer Research, Public Ledger Building, Suite 816, 150 South Independence Mall West, Philadelphia, PA 19106-3483, Tel. 215/440-9300, Fax 215/440-9313.

Cancer Meetings Listed For September, October

American College of Radiology Annual Meeting—Sept. 17-21, New Orleans, LA. Contact ACR, Tel. 703/648-8910.

Cancer Prevention International Conference—Sept. 22-24, Rockefeller Univ., New York. Contact CME office, Cornell Univ. Tel. 212/746-2218.

Assn. of Community Cancer Centers National

Oncology Economics Conference—Sept. 28-Oct. 1, Newport Beach, CA. Contact ACCC, Tel. 301/984-9496.

American Cancer Society National Conference on Prostate Cancer—Sept. 29-Oct. 1, Philadelphia, PA. Contact Jackie Wilbourne, ACS, Tel. 404/329-7604.

Chemoradiation Summit—Sept. 30-Oct. 2, Yosemite National Park, CA. Contact Tel. 209/449-5585.

Toward 2000—Sept. 30-Oct. 1, Fox Chase Cancer Center, Philadelphia, PA. Contact Kathy Smith, Tel. 215/728-5358.

Human Genome Conference—Oct. 2-5, Washington, DC. Contact AAAS, Tel. 202/326-6400.

American Society for Therapeutic Radiology & Oncology Annual Meeting—Oct. 3-7, San Francisco, CA. Contact ASTRO, Tel. 703/648-8900.

Cancer Vaccines—Oct. 3-5, New York. Contact the Cancer Research Institute, Tel. 212/688-7515.

President's Cancer Panel—Oct. 5, McLean, VA. 8 a.m.-5 p.m. Topic: Lung cancer: Clinical social and governmental challenges. Contact NCI Committee Management, 301-496-5708.

Radioimmunodetection and Radioimmunotherapy of Cancer—Oct. 6-8, Princeton, NJ. Contact Lois Gillespie, Tel. 201/982-4600, FAX 201/982-7047.

Fundamental Cancer Research, Development, Cell Death and Cancer—Oct. 11-14, Houston, TX. Contact Coni Tierney, Tel. 713/792-2222.

Pharmacy Symposium on Cancer Chemotherapy—Oct. 16-18, Houston, TX. Contact Coni Tierney, Tel. 713/792-2222.

Transcriptional Control of Cell Growth and Differentiation—Oct. 16-20, Chatham, MA. Contact American Assn. for Cancer Research, Tel. 215/440-9300.

Great Lakes Cancer Nursing Conference—Oct. 18-19, Lansing, MI. Contact American Cancer Society Michigan Div., Tel. 517/371-2920.

National Lymphedema Network Conference—Oct. 21-23, San Francisco, CA. Contact NLN, Tel. 800/541-3259, FAX 415/921-4284.

Society for Biological Therapy Annual Meeting—Oct. 26-30, Napa, CA. Contact Richard Smalley, Tel. 608/276-6640.

Pediatric Oncology Group Semi-Annual Meeting—Oct. 28-31, Chicago, IL. Contact POG Operations Office, Peg Persaud, Tel. 312/482-9944.

Final Findings Of Scientific Misconduct Issued In 3 Cases

The HHS Office of Research Integrity has made final findings of scientific misconduct in the following cases:

—Anand Tewari, M.D., Stanford University. The Div. of Research Investigations of the ORI conducted an investigation into possible scientific misconduct on the part of Tewari while a postdoctoral fellow in the Dept. of Surgery, Stanford Univ. School of Medicine. ORI concluded that Tewari committed scientific misconduct in clinical research supported by an NIH grant by fabricating ophthalmologic examination results; fabricating and falsifying blood gas data; fabricating and falsifying values for glycerol determinations; falsifying standard errors and including fabricated data on platelet counts in a published article, "Effects of interleukin-1 on platelet counts" (The Lancet 336:712-714 (1990)), and related abstracts; and providing to his supervisors summaries of data that included falsified and fabricated data which were used in a Public Health Service grant application. The published article containing the falsified and fabricated data was retracted on Aug. 22, 1992. The Lancet 340:496. Tewari accepted the ORI findings and agreed to a Voluntary Exclusion and Settlement Agreement under which he may not apply for Federal grant or contract funds except for the non-research training or practice of clinical medicine, and may not serve on PHS advisory committees, boards, or peer review groups for a five-year period beginning March 1, 1994.

—Annmarie Surprenant, Ph.D., Glaxo Institute for Molecular Biology. An inquiry and investigation conducted by the Oregon Health Sciences Univ. found that Surprenant had misrepresented her academic credentials in a grant application for PHS research funds. OHSU found that Surprenant had falsely stated that she had earned an M.D. degree from the Univ. of Illinois at Chicago in 1976. As a result of the OHSU investigation, Surprenant resigned from the OHSU faculty. During its oversight review of the OHSU report, the ORI discovered that Surprenant had also falsely claimed to have earned an M.D. on two additional PHS research grant applications. Based upon the OHSU report, as well as the information obtained by ORI during its oversight review, ORI found that Surprenant engaged in scientific misconduct by falsely claiming to have earned an

M.D. in three PHS research grant applications. Surprenant accepted the ORI finding and agreed to a Voluntary Exclusion and Settlement Agreement under which she will not apply for Federal grant or contract funds and will not serve on PHS advisory committees, boards, or peer review groups for a three-year period beginning June 8, 1994.

—Mark S. Chagnon, Sc.D., Molecular BioQuest, Inc. A report of the ORI of its investigation into allegations of possible scientific misconduct made against Chagnon found that he engaged in scientific misconduct by misrepresenting his academic credentials in five research grant applications submitted to NIH. ORI found that Chagnon falsely claimed to have completed undergraduate and graduate studies in chemistry at the Massachusetts Institute of Technology, Lowell Univ. (Lowell Institute of Technology) and Northeastern Univ. ORI also concluded that Chagnon falsely claimed to have earned an M.S. degree in organic chemistry from MIT. Although he neither admits nor denies the ORI finding of scientific misconduct, Chagnon has agreed to a Voluntary Exclusion and Settlement Agreement under which he will not apply for Federal grant or contract funds and will not serve on PHS advisory committees, boards, or peer review groups for a three-year period beginning June 28, 1994.

RFAs Available

RFA CA-94-029

Title: **Planning Grants For Prospective Cancer Centers**

Letter of Intent Receipt Date: Sept. 29

Application Receipt Date: Nov. 29

The Cancer Centers Branch of the NCI Div. of Cancer Biology, Diagnosis, and Centers announces the availability of planning and development grants to assist eligible institutions in developing the organizational capability to form and/or further development cancer centers in underrepresented areas of the nation. In addition to basic cancer research, these new centers should plan to emphasize clinical and prevention/control research.

Applications may be submitted by the following institutions:

1. Domestic medical research organizations, public and private such as universities, that fulfill the following requirements and that do not currently have a Cancer Center Support Grant (CCSG) (P30) or Planning Grant for Prospective Cancer Centers (P20).

2. Institutions that currently hold a Planning Grant for Prospective Cancer Centers (P20), but have not yet developed their research base to be eligible to apply for a CCSG.

Applicant institutions must intend to develop cancer research centers that, at a minimum, will have a strong basic research and clinical research foundation, and will develop or include prevention and control research. Eligible institutions must come from states that do not currently have an NCI-designated Comprehensive, Clinical, or Consortium Cancer Center, and/or are located outside of the regional service area of an existing Comprehensive, or Clinical Cancer Center. In addition, to be eligible, institutions must have three or more externally funded, peer-reviewed, cancer research project grants or contracts (e.g., R01, P01, N01, U01), or equivalent types of research projects.

Eligible institutions may request up to three years of support. Institutions that already have a fully established organizational capability as a cancer center and a sufficient peer-reviewed cancer research base of $1.5 million dollars or greater in cancer specific research are not eligible under this program.

Potential applicants are strongly advised to contact NCI program staff to discuss eligibility requirements prior to preparing an application.

Support will be through the NIH exploratory grant mechanism (P20). Each institution may apply for no more than $175,000 in direct costs. Approximately $750,000 in total costs per year will be committed to fund applications. Three to five awards will be made. The total proposed project period may not exceed three years.

The goal of this RFA is to provide support to those institutions that wish to develop the organizational capability that will lead to the formation and/or development of new centers of cancer research excellence in underrepresented geographic areas in the US. Applicants must demonstrate their potential and/or actual progress toward fulfilling the essential characteristics described below and obtaining the required research base. Ultimately, the development of these centers should provide wider access of regional populations to the benefits of state-of-the art clinical,prevention, and control research. It is anticipated that these new centers,after completion of the planning and development effort, will be in a position to compete for NCI cancer center designation through submission of a CCSG application.

The Planning and Development Process is the institutional effort to provide the research capability, the organizational structure, financing,and facilities needed for the cancer center. These objectives should take into account the following considerations: 1) the identification of the special problems that need to be resolved, 2) the overall objectives and purposes of the parent institution, 3) the identification of the specialized needs of the institution's geographic area and its populations that can be addressed through research, 4) the effect that the establishment of a cancer-oriented center will have on the internal structure or organization

of an institution, 5) the level of commitment and resources the parent institution can provide a new cancer center, 6) the definition of the interactive and translational research activities to be included in the new center, the heart of the cancer center concept, and 7) the relevance of the center to the mission of the NCI.

The following elements are essential in the planning and subsequent development of a cancer center: 1) the planning director, 2) the planning and advisory committees, 3) Research program definition and implementation, 4) the shared resources, 5) the definition of the relationship of research activities to patient care, educational, and other outreach activities of the center, and 6) a description of the use of developmental funds.

Inquiries: J. Blanche O'Neill, Div. of Cancer Biology, Diagnosis and Centers, NCI, Executive Plaza North, Room 502, Bethesda, MD 20892, Tel: 301/496-8531.

Small Business Technology Transfer Program
Application Receipt Date: December 1, 1994

Innovative technologies and methodologies fuel progress in biomedical and behavioral research and represent an increasingly important area of the economy. The Small Business Technology Transfer (STTR) program provides support to small business concerns—in collaboration with U.S. research institutions—for research or research and development (R&D) of new technologies and methodologies that have the potential to succeed as commercial products.

The purpose of this notice is to inform the public about the opportunities that the STTR program offers to small business concerns as well as to scientists at research institutions, including colleges and universities.

The applicant organization must be the small business concern. At least 40 percent of the project is to be performed by the small business concern and at least 30 percent is to be performed by the research institution.

The STTR program is a three-year pilot program that began in fiscal year (FY) 1994 and consists of the following three phases;

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

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

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

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

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

Phase II: Awards may not exceed $500,000 for direct costs, indirect costs, and negotiated fixed fee for a period normally not to exceed two years, that is, generally, a two-year Phase II project may not cost more than $500,000 for that project. A Phase I award must have been issued in order to apply for a Phase II award. (ONLY Phase I awards will be issued in FY 1995.)

It is anticipated that approximately 80 STTR Phase I grants will be awarded by the NIH in FY 1995 from funds set aside for this purpose.

Inquiries: Eligibility requirements, definitions, application procedures, review considerations, application forms and instructions, and other pertinent information are contained in the Omnibus Solicitation Of The National Institutes Of Health For Small Business Technology Transfer Grant Applications. The Solicitation, which is for the single application receipt date of Dec. 1, 1994, for grant awards to be made in FY 1995, will be available the middle of September 1994. Hard copies of the NIH STTR Solicitation are available directly from the following office only:

PHS SBIR/STTR Solicitation Office, 13687 Baltimore Ave., Laurel, MD 20707-5096, Tel: 301/ 206-9385, Fax: 301/206-9722, Internet: a2y@cu.nih.gov.

In addition, the Solicitation will be available electronically using Business Gold, the National Technology Transfer Center's bulletin board system. (This does not include STTR application forms, which should be obtained in hard copy from the PHS SBIR/ STTR Solicitation Office above.) Connect via Internet by telneting to "iron.nttc.edu" or by dialing (304) 243-2560 for high speed modems (9600+) or (304) 243-2561 for 1200-2400 baud modems and logging in as "guest." For more information on their electronic bulletin board system, contact: National Technology Transfer Center, Wheeling Jesuit College, 316 Washington Ave., Wheeling, WV 26003-6295, Tel: 800/678-6882.

Following are NCI contacts for discussion of program interests pertaining to the STTR grant program:

Jo Anne Goodnight, Cancer Biology and Diagnosis, NCI, Executive Plaza North, Room 500, Bethesda, MD 20892, Tel: 301/496-5307, Fax: 301/496-8656, Internet: jg128w@nih.gov.

Dr. Jack Gruber, Cancer Etiology, NCI, Executive Plaza North, Room 540, Bethesda, MD 20892, Tel: 301/ 496-9740, Fax: 301/496-2025, Internet: jg65y@nih.gov.

Dr. Ruthann M. Giusti, Cancer Treatment, NCI, Building 31, Room 3A49, Bethesda, MD 20892, Tel: 301/ 496-6404, Fax: 301/496-0826, Internet: rg39r@.nih.gov.

Dr. Barry Portnoy, Cancer Prevention and Control, NCI, Building 31, Room 10A49, Bethesda, MD 20892,

Tel: 301/496-1071, Fax: 301/496-9931, Internet: bp22z@nih.gov.

Connie Dresser, Interactive Multimedia Technologies for Cancer Prevention, NCI, Executive Plaza North, Room 241, Bethesda, MD 20892, Tel: 301/496-0273, Fax: 301/496-8675, Internet: cd34b@nih.gov.

Small Business Innovation Research Program
National Institutes of Health
Centers for Disease Control and Prevention
Contract Proposal Receipt Date: Dec. 5, 1994

The purpose of this notice is to (1) announce the issuance of the Solicitation Of The Public Health Service For Small Business Innovation Research (SBIR) Contract Proposals with a due date for receipt of proposals of Dec. 5, 1994; and (2) inform the public about the opportunities that the SBIR program offers to small business concerns as well as to scientists at research institutions, including colleges and universities.

Public Law 102-564, signed by the President Oct. 28, 1992, requires the Public Health Service, Department of Health and Human Services, and certain other Federal agencies to reserve a specified amount of their extramural research or R&D budgets for an SBIR program.

In fiscal years 1995 and 1996, 2 percent of the PHS extramural budget will be reserved for the SBIR program, amounting to $170-$175 million (estimated); and in fiscal years 1997 and beyond, the set-aside requirement will be 2.5 percent.

The offeror organization must be a small business concern, and the primary employment of the principal investigator must be with the small business concern at the time of award and during the conduct of the proposed project.

In accord with the intent of the SBIR program to increase private sector commercialization of innovations derived from Federal R&D, scientists at research institutions can play an important role in an SBIR project by serving as consultants and/or subcontractors to the small business concern.

Normally, up to one-third of the Phase I budget may be spent on consultant and/or subcontractual costs, and up to one-half of the Phase II budget may be spent on such costs.

In this manner, a small business concern with limited expertise and/or research facilities may benefit from teaming with a scientist at a research institution; for the scientist at a research institution, this team effort provides support for R&D not otherwise obtained.

The SBIR program consists of the following three phases:

PHASE I: The objective of this phase is to determine the scientific and technical merit and feasibility and potential for commercialization of the proposed research or R&D efforts and the quality of performance of the small business concern, before consideration of further Federal support in Phase II.

PHASE II: The objective of this phase is to continue the research or R&D efforts initiated in Phase I. Funding shall be based on the results of Phase I and the scientific and technical merit and commercial potential of the Phase II proposal. Only Phase I contractors are eligible to apply for Phase II funding, and Phase II proposals may be submitted upon the request of the Contracting Officer only.

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

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

PHASE I: Awards may not exceed $100,000 for direct costs, indirect costs, and negotiated fixed fee for a period normally not to exceed six months.

PHASE II: Awards may not exceed $750,000 for direct costs, indirect costs, and negotiated fixed fee for a period normally not to exceed two years, that is, generally, a two-year Phase II project may not cost more than $750,000 for that project. Only one Phase II award may be made for any SBIR project.

Inquiries: Eligibility requirements, definitions, submission procedures, review considerations, contract proposal forms and instructions, and other pertinent information are contained in the Solicitation of the PHS for SBIR Contract Proposals, available the middle of September from:

PHS SBIR/STTR Solicitation Office, 13687 Baltimore Ave., Laurel, MD 20707-5096, Tel: 301/206-9385, Fax: 301/206-9722, Internet address: a2y@cu.nih.gov.

NCI Contract Awards

Title: Population based natural history of cervical neoplasia in a high-risk region of Latin America.

Contractor: Fundacion Costarricense Para La Docencia En Ciencias De La Salud, Costa Rica, $238,098.

Title: In vitro screening and evaluation of chemicals and preclinical drugs for in vivo toxicology selection.

Contractor: Microbiological Associates Inc., $1,303,684.

Title: Leukemia and thyroid disease among Chernobyl clean-up workers from Estonia.

Contractor: Finnish Cancer Registry, $447,952.