

THE **CANCER**
LETTER

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**Advisors Discuss NCI Intramural Program
In Closed Session, Defend Process**

An advisory committee studying the NCI intramural program met last week in a closed session, but did not discuss items that could have qualified as privileged information under federal open meetings law, numerous sources said to **The Cancer Letter**.

The National Cancer Advisory Board Ad Hoc Working Group on NCI Intramural Programs met in the evening of Dec. 6 and all day Dec. 7 at NIH.

Several sources said to **The Cancer Letter** that neither the NCI
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In Brief

**Revlon Foundation Gives \$7.5 Million To UCLA
For Women's Health Research, Breast Center**

REVLON FOUNDATION has made a \$7.5 million gift for women's health programs to the Univ. of California, Los Angeles, School of Medicine. The gift will create the Revlon/UCLA Women's Health Research Program, support the Revlon/UCLA Breast Center, and permanently endow the Revlon Chair in Women's Health. The gift also will support the previously established Revlon/UCLA Women's Cancer Research Program. The Women's Health Research Program will focus on the highest priority and most promising research projects in women's health, including menopause, postmenopausal cardiovascular disease, osteoporosis and lung cancer. Director of the program will be **Dennis Slamon**, chief of hematology/oncology. UCLA's comprehensive diagnostic, surgical and treatment program for women with breast cancer, directed by **Susan Love**, associate professor of surgery, will be named the Revlon/UCLA Breast
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The Cancer Letter Publishes 1,000th Issue

This issue of **The Cancer Letter**, Vol. 20 No. 48, is the 1,000th issue of **The Cancer Letter** published since the newsletter's founding.

Vol. 1 No. 1 of what was then called **The Cancer Newsletter** was published on Dec. 21, 1973.

The editors wish to thank our subscribers for their continued support of the oldest weekly, independent newsletter exclusively devoted to coverage of the National Cancer Program.

This is also the final issue for 1994. The next issue, Vol. 21, No. 1, will be dated Jan. 6, 1995.

Best wishes for the holiday season and New Year.

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More Closed Meetings Planned For NCAB Working Group

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officials who were interviewed by the committee, nor committee members discussed confidential personnel or business information of the kind that would be appropriate for a closed peer review or grant review meeting.

NCI officials declined to discuss the meeting in detail. "The only thing I can tell you is that the meeting occurred and [the working group] is still in an information-gathering phase," Marvin Kalt, director of the NCI Div. of Extramural Activities and executive secretary of the working group, said to **The Cancer Letter**.

Kalt said the working group's next meeting, scheduled for Jan. 24, will be closed as well. "We hope that by March the structure will be such that we can have an open session," he said.

The Federal Advisory Committee Act of 1972, which requires meetings of federal advisory committees to be held in the open, "does not apply" to the working group, Kalt said, reiterating a statement he made last week (**The Cancer Letter**, Dec. 9). Kalt said the working group, being "an ad hoc working group that is reporting to a chartered advisory body," is not subject to FACA.

If the law applied, the working group's meetings still would be closed, Kalt said. "It is dealing at any given point in time with the intramural program, including material similar to that which would be contained in extramural summary statements," he said. "It pertains to specific information on individual laboratories."

Generally, advisory committees go into closed

sessions when confidential information is about to be presented. However, Kalt said last week's meeting could not be separated into open and closed portions.

"One cannot predict at any given point in the agenda when that information will be discussed across the table," Kalt said. "These are a very wide ranging set of discussions, and people have a large amount of background material, most of which is not available to the public."

The working group's first meeting in October had an open and a closed session (**The Cancer Letter**, Nov. 4).

No Confidential Information Discussed

Paul Calabresi, professor of medicine at Brown Univ. and co-chairman of the working group, said the group could not have predicted the course of the discussion. But, he said, the group has NCI's interests in mind.

"Appropriate communication is very important," Calabresi said to **The Cancer Letter**. "The members of the committee are extremely interested in the strength and welfare of the National Cancer Institute. They are highly motivated to offer the most positive and beneficial advice.

"While the majority—if not the entire meeting—was noncontroversial and did not elicit any information that might be considered confidential, before the meeting we did not know what issues may have arisen concerning individual programs," Calabresi said.

Attempts to reach working group co-chairman Michael Bishop, Univ. of California, San Francisco, were unsuccessful. Bishop was attending the annual meeting of the Society of Cell Biology.

At the full NCAB meeting last week, Bishop provided an update on the working group's activities (see story, page 4). The working group's meetings are open to NCAB members, and the group may reconsider the closed format of the meetings, he said.

Barbara Rimer, of Duke Univ. and chairman of the NCAB, said the working group's discussions should be held in private.

"Dr. Varmus has charged the working group with a comprehensive review of the intramural program," Rimer said to **The Cancer Letter**.

"I believe in openness, but when you begin to have hard discussions about the strengths and weaknesses of different components of the cancer program, the committee must have the freedom to have these discussions in private," Rimer said.

THE CANCER LETTER

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"The members of the committee are outstanding, busy productive scientists and leaders. If we want them to do the job we've asked them to do, we need to provide them an environment without constraint. You can't have this discussion without ultimately talking about individual programs," she said.

The Closed Meeting

At its closed meeting last week, the working group met individually with two NCI division directors, a former NCI director, several NCI scientists, and chairmen of the NCI Boards of Scientific Counselors, sources said.

At the meeting:

- Vincent DeVita discussed the development of NCI's divisions and intramural programs prior to and during his term as NCI director, from 1980 to 1988. DeVita, director of the Yale Cancer Center, was said to have emphasized that NCI should be flexible and change with the times. Sources said he favored cutting back NCI's intramural program. DeVita declined to comment to **The Cancer Letter**.

- Jerry Rice, director of the Frederick Cancer Research & Development Center, explained the complex funding and contractual arrangement with five contractors who operate the center, sources said. Rice gave a similar presentation at the open session of the NCAB two days before. Rice declined to comment.

- Rice also presented an overview of the Div. of Cancer Etiology, sources said. Since Richard Adamson's retirement as DCE director earlier this year, Rice has served as acting director. As they questioned Rice, the working group members primarily were interested in the allocation of funds among DCE laboratories and programs, sources said.

- Several scientists gave presentations on several of NCI's intramural research programs, including the Biological Response Modifiers Program, NCI's drug development program, and the supercomputer center.

- Alan Rabson, director of the Div. of Cancer Biology, Diagnosis & Centers, discussed the division he has headed since 1975. Rabson remarked favorably about the 13 laboratory chiefs in the division, sources said. Rabson declined to comment.

- Sources said the working group discussed the divisional structure within NCI. Group members asked why NCI has both a cancer etiology division and a cancer prevention division. According to sources, DeVita and others explained the origins of the divisions and the Congressional interest in

ensuring NCI funding for etiology and prevention.

- An internal report on the NCI intramural program was presented. The report was written by Michael Friedman, director of the Cancer Therapy Evaluation Program. The report is said to have found some duplication within NCI. Its recommendations include consolidating non-scientific work done by laboratories. Administrative tasks including the filing of Investigational New Drug applications with FDA could be performed by core support units, the report recommended.

- Chairmen of the four Boards of Scientific Counselors that advise four program divisions at NCI discussed the process of site visits of intramural laboratories, sources said.

- Michael Gottesman, NIH deputy director for intramural research, discussed the new NIH tenure track and peer review system, which is awaiting approval by the Public Health Service, but has been used in a recent round of reviews.

- Bruce Chabner, director of the Div. of Cancer Treatment, was scheduled to be interviewed by the committee, but the group ran out of time, sources said. He is expected to talk to the group in January.

The main topic of the working group's next meeting, scheduled for Jan. 24, will be the NIH Clinical Center, sources said.

Federal Advisory Committee Act

Under the Federal Advisory Committee Act of 1972, meetings of federal advisory committees must be held in the open, announced in the Federal Register, and records of meetings must be accessible to the public.

Advisory committee meetings may be closed for reasons of national security, or discussion of confidential business information, internal personnel rules or practices, or information that, if released, would constitute a "clearly unwarranted invasion of personal privacy," such as personnel, medical or law enforcement records.

The Act defines an advisory committee as "any committee, board, commission, council, conference, panel, task force, or other similar group, or any subcommittee or other subgroup thereof, which is (A) established by statute or reorganization plan, or (B) established or utilized by the President, or (C) established or utilized by one or more agencies, in the interest of obtaining advice or recommendations for the President or one or more agencies or officers of the federal government..."

Working Group Renamed, Adds Antman, Refines Charge

The advisory committee examining the NCI intramural program has been renamed the National Cancer Advisory Board Ad Hoc Working Group on NCI Intramural Programs.

"The purpose [of the change] was to reflect the fact that our focus is the performance of science, not the management structure of NCI," Michael Bishop, co-chairman of the working group, said to the NCAB at its meeting Dec. 6.

The panel's former name was Ad Hoc Working Group on NCI Structural Organization.

In another development, Karen Antman, chief of medical oncology at Columbia Presbyterian Medical Center, and president of the American Society of Clinical Oncology, has agreed to serve on the working group, Marvin Kalt, director of the NCI Div. of Extramural Activities, said to **The Cancer Letter** this week.

Antman was invited to join the committee after a group of NIH women scientists sent a letter to NIH Director Harold Varmus regarding the composition of the committee. The original nine-member working group included one woman, Louise Strong, of M.D. Anderson Cancer Center.

With the addition of Antman, the working group now consists of 12 members, two of them women.

In a presentation to the NCAB last week, Bishop said he was worried about the addition of participants. Last month, David Baltimore was added to the committee (**The Cancer Letter**, Nov. 4).

Bishop said he had learned of "yet another" appointment that morning, referring to Leon Rosenberg, who was added last week (**The Cancer Letter**, Dec. 9).

"I hope that doesn't continue, because I'm concerned," Bishop said. "We are trying to fast-track this effort, and the larger the committee, the more difficult it is to get consistent participation by everybody."

Funding, Quality And Leadership

In its review, the working group plans to emphasize the funding, quality of science and the scientific leadership of the intramural research program, Bishop said to the NCAB.

"This working group has its origins in the Marks-Cassell report, which concerns the full [NIH] and was

mandated by Congress," Bishop said. "One of the things the Marks-Cassell report recommended was that each institute be individually scrutinized along the lines the Marks-Cassell report did. And that is our charge..."

"Our focus will be the strategies for funding, the quality control of the science, and the leadership," Bishop said.

"The major areas of inquiry we've identified to date are:

- Peer review: What is its quality, what is the response to the peer review, how is it being conducted?

- Scientific leadership: Is it distinguished, is it effective?

- The allocation of funds: How is it done, what are the criteria? That's allocation both between the [intramural research program] and the [extramural research program], and also among the divisions and even down among the lower echelons. In essence, is the strategic planning properly based on scientific quality?"

- Redundancy: NCI conducted an internal study, chaired by Michael Friedman, director of the Cancer Therapy Evaluation Program, Bishop said. The report "identified redundancy" in the intramural program.

"We've taken a clue from that and will look at redundancy—could the [intramural program] become leaner without becoming meaner," Bishop said. "But I want to emphasize that downsizing is not our charge."

- The NIH Clinical Center. Bishop said the committee has been asked consider questions including, "How will the building of the new clinical center and the apparent downsizing of that influence the [intramural program]? How could the NCI be proactive in responding to those plans?"

- Personnel resources. "What is the vitality of the younger scientists? Is there proper level of renewal of younger scientists in the [intramural program]? How well is the [intramural program] doing in recruiting new scientists?"

Bishop said the committee has scheduled its meetings and agreed on the agenda through May.

"The format of the meetings are such that at the moment, the meetings scheduled are closed," Bishop said. "The committee is going to reconsider that. But members of the NCAB are welcome at all meetings."

NCAB Chairman Barbara Rimer told the NCAB

that she, working group co-chairman Paul Calabresi, and NCI Director Samuel Broder met with NIH Director Harold Varmus that morning.

"I at least have a sense from him that if there are future committees such as this ad hoc committee that he will communicate with us in a different way," Rimer said. She said Varmus plans to attend the NCAB's May meeting to hear the working group's draft report.

Editorial

'This Can't Possibly Be True...' Rumor Mill Furiously Fills The Information Gap At NCI

The NCI rumor mill has been spinning furiously in recent months, churning out interpretations of impending changes at the Institute.

It feels odd to hear highly educated people recount wild stories prefaced with: "This can't possibly be true, but..." What follows fits into one of three categories:

- An account of the alleged firing or resignation of NCI Director Samuel Broder.
- An account of real or perceived onslaught on the special status of NCI.
- A prediction of a bloodbath that would follow the efforts to reorganize the Institute's intramural program.

Rumors are a common byproduct of anxiety about impending change. However, in communities where important decisions are made behind closed doors, rumors go berserk. At this time, NCI is such a community.

Consider the principal theme of NCI rumors: The Martyrdom of Broder.

In recent months, the wags have dispensed with the director in a dizzying variety of ways.

According to a story that surfaced last October, Broder was fired in a short telephone call from the White House. "Why is he still around in December?" one might ask.

An answer requires another tale: The NCI director had cut a deal. He would take annual leave for the rest of the year, and only then his resignation would become effective.

Why does he persist in coming to work?

Because he is not fired *yet*, explains a third rumor. He will be fired on Jan. 15.

But Jan. 15 is a Sunday.

Will President Clinton come to work specifically to tell Broder that he is history? Or will he delegate this unpleasant task? And, one might ask, how are the Bethesda soothsayers able to see the future with such clarity?

The tales persist, unaffected by their poor performance as prognostic indicators. Nevermind that Broder—taking the high road—is not acknowledging the rumors. Asked directly, Broder reiterates that he has no plans to leave (**The Cancer Letter**, Oct. 28). Nevermind that NCI officials who see Broder daily report that he is talking about plans for the Institute for months ahead.

Some wonder how these stories get started. NCI lore explains: the rumors are started by Broder's adversaries as part of a disinformation campaign designed to wear him down.

The perception of Broder's vulnerability stems from the crisis over the National Surgical Adjuvant Breast & Bowel Project. Broder survived that crisis by accepting part of the blame and acting decisively. In the process, he made enemies.

Perhaps rumors flourish because Broder, being the Institute's leader, is cast by the staff as NCI's protector. Stories about the leader's defeat have become an outlet for the most basic of fears among the staff—the fear of losing a job.

This pathology is exacerbated by NIH officials' insistence on charting NCI's reorganization behind closed doors.

With information missing, imaginations fill the gap.

Consider this gem: The process is fixed. In a power-grab, Varmus is using the National Cancer Advisory Board Ad Hoc Working Group on NCI Intramural Programs to rubber-stamp his plan to restructure NCI.

Rumor has it that portions of the Div. of Cancer Etiology will end up at the National Institute of Environmental Health Sciences in North Carolina, while the rest of the Institute would be split into two divisions, intramural and extramural.

Should NIH officials leave employee relations, public relations and press relations to the rumor mill?

They have.

By stemming the flow of information, NIH officials are creating a fertile soil for gossip, destroying the morale at NCI, and—ultimately—undercutting their own attempts at reform.

FTC Cigarette Test Too Narrow, President's Cancer Panel Finds

The Federal Trade Commission's test for determining the levels of dangerous components of cigarettes does not accurately reflect the way people smoke and the health risks, an advisory committee to the President's Cancer Panel said last week.

The committee, in a statement on Dec. 6, said the health benefits of switching to low-tar cigarettes are minimal, compared to quitting smoking entirely.

The committee was convened at the request of Rep. Henry Waxman, chairman of the House Subcommittee on Health and the Environment, and FTC Chairman Janet Steiger.

After two days of deliberations, the committee concluded that:

“●The smoking of cigarettes with low machine-measured yields of tar, nicotine and carbon monoxide has a small effect in reducing the risk of cancer caused by smoking, no effect on the risk of cardiovascular disease, and an uncertain effect on the risk of pulmonary disease.

“●The FTC test protocol was based on cursory observations of human smoking behavior. Actual human smoking behavior is characterized by wide variations in smoking patterns which result in wide variations in tar and nicotine exposure. Smokers who switch to lower tar and nicotine cigarettes frequently change their smoking behavior which may negate potential health benefits.”

The testing system should be expanded to include a broad range of tar, nicotine and carbon monoxide levels, rather than a single number, which consumers find confusing, the committee said.

The committee also concluded:

●The FTC testing method should be accompanied by a public education program to make smokers aware that their individual exposure varies, according to how a cigarette is smoked and to provide a better understanding of current FTC test data.

●There should be federal agency oversight of cigarette testing, but the testing should continue to be performed by the tobacco industry at the industry's expense.

●To avoid confusing smokers, no smoke constituents other than tar, nicotine and carbon monoxide should be measured at this time. However, smokers should be informed of the presence of other hazardous smoke constituents with each package and with all advertisements.

The committee said brand names and brand classifications such as “light” and “ultra light” represent health claims and should be regulated and manufacturers should be required to provide appropriate disclaimers.

Finally, the committee said, information from the FTC testing system should be made available to all smokers, including those who smoke generic brands and other brands not widely advertised.

The Ad Hoc Committee of the President's Cancer Panel was composed of experts from a variety of disciplines. Representatives of the tobacco industry also participated in the conference.

UC Breast Cancer Program To Award \$20 Million In Grants

California researchers have an additional \$20 million in research funds available for breast cancer studies under a new state program administered by the Univ. of California.

Researchers must apply now for the grants that will be awarded in the spring by the UC Breast Cancer Research Program. The program will fund research into the causes, development, prevention and earlier detection of breast cancer. Research proposals from individuals, nonprofit entities and for-profit corporations will be considered for funding.

California's \$20 million appropriation for the new program is part of the revenue from an increase in the cigarette tax. Funding for the first research grants is based on estimated revenues for the first 18-months of the tax. Thereafter, annual funding for the grants will be about \$14 million.

“We are looking for innovative and significant breast cancer research, and will not be funding research which duplicates work already being done,” said Charles Gruder, executive director of UC Special Research Programs.

Assemblywoman Barbara Friedman authored the breast cancer bill that was passed by the California Legislature and signed by Gov. Pete Wilson last fall.

The bill increased the sales tax on cigarettes by 2 cents a pack on Jan. 1. The tax is expected to generate about \$38 million annually for the state breast cancer fund. State law designates that 45 percent of the revenue will go to the UC program. The state Dept. of Health Services will receive the rest of the income to fund detection services for uninsured and underinsured women, and the collection of breast cancer-related data.

UC established a 16-member Breast Cancer Research Council to advise the university. Susan Claymon, vice president of Breast Cancer Action and a communications project manager for Shaklee Corp., has been appointed chair of the advisory council for 1994-95.

Researchers seeking more information about the Call For Letters of Intent may contact the Univ. of California Breast Cancer Research Program, Tel: 510/987-9884; Fax: 510/835-4740; by mail at 300 Lakeside Dr., 12th floor, Oakland, CA 94612-3550; or by Internet email address BCRP@ucop.edu)

Cancer Meetings Listed For Next Three Months

January

National Cancer Advisory Board—Jan. 9-11, Bethesda, MD.

Mechanism-based Toxicology in Cancer Risk Assessment—Jan. 11-13, Chapel Hill, NC. Contact National Toxicology Program Liaison office, Tel: 919/541-0530.

Mechanism of Action of Retinoids, Vitamin D and Steroid Hormones—Jan. 14-19, Whistler, British Columbia, Canada. Contact American Assn. for Cancer Research, Tel: 215/440-9300, FAX 215/440-9313.

Retroviral Integrase Molecular Biology and Pharmacology/A Novel Target for the Treatment of AIDS—Jan. 19-20, Bethesda, MD. Contact Technical Resources Inc., Conference management, Tel: 301/770-3153, FAX 301/468-2245.

Renal Cancer: State of the Art Management—Jan. 21, Cleveland, OH. Contact Cleveland Clinic Foundation, Tel. 800/762-8173 or 216/444-5695, FAX 216/445-9406.

Fifth International Congress on Anti-Cancer Chemotherapy—Jan. 31-Feb. 3, Paris, France. Contact Prof. David Khayat, SOMPS, Hpital de la Pitie-Salpetriere, 47, Bd de L'Hopital, 75651 Paris Cedex 13, France.

February

Advances in the Biology and Therapy of Renal Cell Carcinoma—Feb. 3-4, Houston, TX. Contact Coni Tierney, Conference Services, Tel: 713/792-2222, FAX 713/794-1724.

International Congress: Colorectal Cancer, From Gene to Cure—Feb. 9-11, Amsterdam, The Netherlands. Contact European Cancer Center, Tel: 0031-20-644-4500/4550, FAX 0031-20-644-4551.

Molecular Biology of Cancer: Implications for

Prevention and Therapy—Feb. 13-18, Maui, HI. Contact American Assn. for Cancer Research, Tel: 215/440-9300, FAX 215/440-9313.

Radiation Therapy Oncology Group Semi-Annual Meeting—Feb. 17-19, San Francisco, CA. Contact Nancy Smith, RTOG, 1101 Market St., Suite 1400, Philadelphia, PA 19107, Tel: 215/574-3205.

Chromosomes in Solid Tumors—Feb. 19-21, 1995, Tucson, AZ. Contact Nancy Rzewuski, Arizona Cancer Center, Tel. 602/626-2276.

Advances in the Biology and Clinical Management of Melanoma—Feb. 21-24, Houston, TX. Contact Coni Tierney, Conference Services, Tel: 713/792-2222, FAX 713/794-1724.

The Human Genome Project: Commercial Implications—Feb. 28-March 2, 1994. San Francisco, CA. Contact Cambridge Healthtech Institute, Tel. 617/487-7989.

March

International Symposium on Platinum and Other Metal Compounds in Cancer Chemotherapy—March 1-4, Vrije Universiteit, Amsterdam. Contact European Cancer Center, Tel: 0031-20-644-4500/4550, FAX 0031-20-644-4551.

Engineered Vaccines for Cancer and AIDS—March 3-5, San Francisco, CA. Contact Cass Jones, conference manager, 7916 Convoy Ct., San Diego, CA 92111, Tel: 619/565-9921, FAX 619/565-9954.

Society of Toxicology Annual Meeting—March 5-9, Baltimore, MD. Contact Society of Toxicology, Tel: 703/438-3115, FAX 703/438-3113.

Nuclear Oncology—March 8-10, Johns Hopkins Medical Institutions, Baltimore, MD. Contact Jeanne Ryan, Tel: 410/955-2959.

American Society of Preventive Oncology Annual Meeting—March 8-11, Houston, TX. Contact ASPO, Tel: 609/263-6809, FAX 608/263-4497.

Association of Community Cancer Centers Annual National Meeting—March 15-18, Washington, DC. Contact ACCC, Tel: 301/984-9496.

American Association for Cancer Research Annual Meeting—March 18-22, Toronto, Ontario, Canada. Contact AACR, Tel: 215/440-9300, FAX 215/440-9313.

Diagnosis and Treatment of Neoplastic Disorders—March 30-31, Baltimore, MD. Contact CME office, Johns Hopkins Medical Institutions, Tel: 410/955-2959.

New Developments in Cancer Biotherapy—March 30-April 2, Breckenridge, CO. Contact CME office, Presbyterian/St. Luke's Medical Center, Tel: 303/869-2244, or 800/633-6824, FAX 303/869-2064.

In Brief

Healy Named Journal Editor

(Continued from page 1)

Center. The Revlon Chair in Women's Health will be held simultaneously by the director of the Breast Center.

... **BERNADINE HEALY**, former NIH director, is the new editor-in-chief of the bimonthly peer-reviewed Journal of Women's Health, published by Mary Ann Liebert Inc. Healy is a senior policy advisor to the Page Center, Cleveland Clinic Foundation. . . . **NEAL FLOMENBERG** has been appointed director of the bone marrow transplant and leukemia/lymphoma programs and professor of medicine at the Thomas Jefferson Univ. Cancer Center. He was director of the BMT program at the Medical College of Wisconsin. . . . **RONALD MYERS**, was named head of behavioral epidemiology at the Thomas Jefferson Univ. Cancer Center. He was an associate member of the Fox Chase Cancer Center. . .

JIM COX and **GERALD HANKS** received Gold Medals from the American Society for Therapeutic Radiology and Oncology at the society's annual meeting this fall. Cox, professor of radiotherapy at M.D. Anderson Cancer Center, is chairman of the Radiation Therapy Oncology Group. Hanks is chairman of radiation oncology at Fox Chase Cancer Center. . . . **EVERETT VOKES**, associate professor of medicine and radiation and cellular oncology at Univ. of Chicago, was appointed associate director for clinical affairs at the Univ. of Chicago Cancer Research Center. He succeeds **Harvey Golomb**, who will serve as chief of the section of hematology/oncology in the department of medicine. . .

ANDREW BODNAR was recently elected to the board of directors of Fox Chase Cancer Center. He is president of oncology and worldwide strategic business development for Bristol-Myers Squibb Pharmaceutical Group. . . . **CORRECTION: Ross McIntyre**, recently honored by the American Cancer Society, was incorrectly identified in last week's issue of **The Cancer Letter**. McIntyre was the first director of the Norris Cotton Cancer Center, not the founder and president. The founder was **Frank Lane**. . . . **DATE** on the cover of last week's issue of **The Cancer Letter** should have read Dec. 9.

RFAs Available

RFA RR-95-003

Title: **Extramural Research Facilities Construction Projects**

Letter of Intent Receipt Date: Jan. 20

Application Receipt Date: March 9

HHS appropriations for fiscal year 1995 provides \$20

million in the budget of the National Center for Research Resources for extramural facilities construction grants to be awarded competitively, with special provisions made for institutions of emerging excellence, designated under section 739 of the PHS Act as revised in PL 102-408, and the Regional Primate Research Centers (RPRCs). It is anticipated that ten to 20 new awards (C06) at different levels will be made.

Inquiries: The RFA may be obtained electronically through the NIH Grant Line (data line 301-402-2221) and the NIH GOPHER (gopher.nih.gov) and by mail and Email from: Charles Coulter, Director, Research Facilities Improvement Program, National Center for Research Resources, 5333 Westbard Ave. Rm 8A15, Bethesda, MD 20892, Tel: 301/594-7952, Email: charlesc@ep.ncrr.nih.gov

RFA HL-95-014

Title: **Genetic Map And Large Insert Library For The Rat Genome**

Letter of Intent Receipt Date: Feb. 15

Application Receipt Date: March 15

The purpose of this RFA is to solicit applications to construct a genetic map of the rat genome with a resolution of 0.43 cM or better and a large-insert DNA clone library of rat genomic DNA. A maximum of about \$11.06 million (including direct and indirect costs) over a five year period will be awarded. Approximately \$3.2 million may be available for the first year, \$2.4 million for the second year, \$1.82 million for the third year, \$1.82 million for the fourth year, and \$1.82 million for the fifth year. It is anticipated that one to two new awards will be made. Applications for building either the genetic map or the large insert clone library alone will be accepted, as well as those proposing to accomplish both aims of this RFA. This RFA will use the NIH individual research grant (R01) mechanism. Total project period for applications submitted in response to the present RFA may not exceed five years. The anticipated award date is Sept. 30, 1995.

Inquiries: The RFA may be obtained electronically through the NIH Grant Line (data line 301-402-2221) and the NIH GOPHER (gopher.nih.gov) and by mail and Email from any of the program contacts listed below:

Stephen Mockrin, Div. of Heart and Vascular Diseases, NHLBI, Federal Bldg Rm 4C10, 7550 Wisconsin Ave., Bethesda, MD 20892, Tel: 301/496-1613, FAX: 301/402-2044, Email: SM60d@nih.gov

Jane Peterson, Mammalian Genomics Branch, NCHGR, Bldg 38A Rm 610, MSC 6050, Bethesda, MD 20892-6050, Tel: 301/496-7531, FAX: 301/480-2770, Email: jane_peterson@occhost.nlm.nih.gov

Grace Shen, Hematology and Oncology for Extramural Program, NCI, Executive Plaza North Rm 501, 6130 Executive Blvd MSC 7381, Rockville, MD 20892-8531, Tel: 301/496-7815, FAX: 301/496-8656, Email: sheng@dcbdcep.nci.nih.gov