THE CANCER LETTER

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Research Funding In Crisis; Scientists Fear Cancer Program's Dismantling, AACR Says

Federal funding for cancer research is in a crisis, and many scientists have begun to fear that the National Cancer Program is being dismantled, the president of the American Association for Cancer Research said last week.

"The federal funding for cancer research is extraordinarily inadequate," AACR President Edward Bresnick said to the National Cancer Advisory Board. "We cannot cover the areas that have to be covered."

To emerge from the crisis, cancer researchers must develop strategies for communicating to the public the successes of the cancer program, the opportunities for scientific advance, and the need for funding, said Bresnick, vice chancellor, research, at Univ. of Massachusetts Medical Center.

Bresnick urged the NCAB to take a leadership role in making the

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In Brief

Dickersin Named To NCAB; Gallo To Retire; FASEB Suggests 10% Increase For NIH

KAY DICKERSIN, assistant professor of epidemiology and preventative medicine at Univ. of Maryland School of Medicine, has been appointed to the National Cancer Advisory Board. Dickersin co-founded Arm-in-Arm, a Baltimore breast cancer support organization. She is also co-chair of the Research Task Force of the National Breast Cancer Coalition. She serves on the Dept. of the Army Breast Cancer Integration Panel and the HHS National Action Plan on Breast Cancer. . . . **ROBERT GALLO** will retire sometime this year as chief of the NCI Laboratory of Tumor Cell Biology, NCI Director Samuel Broder said last week. . . . **US SPENDING** on nondefense R&D should increase to three percent of the gross domestic product, with a significant portion of the increase devoted to basic and applied research in biology and the medical sciences, according to a consensus conference report of the Federation of American Societies for Experimental Biology. The report recommends a $12.5 billion budget for NIH in FY96, a 10 percent increase. Included would be a 14 percent increase in funding for research project grants. Copies of the report are available from FASEB, 9650 Rockville Pike, Bethesda, MD 20814. . . . **MARIA FREIRE** has been appointed director of the NIH Office of Technology Transfer, effective Feb. 5. Freire has headed the Office of Technology Development at the Univ. of Maryland at Baltimore.

Cancer Program Needs Leader, Vision, AACR President Says

(Continued from page 1)

case for additional research funding.

Cancer researchers are presented with enormous opportunities for pursing scientific leads that could result in better therapies or means of prevention, Bresnick said. At the same time, the available funding can support only 22 percent of the research grant applications submitted to NCI.

The recent resignation of NCI Director Samuel Broder and several key scientists leaves a void in the leadership of the National Cancer Program at the time when the program is likely to be challenged, Bresnick said.

The new Congress, committed to deficit reductions, is considering a balanced budget amendment that will require cuts of more than 28 percent in domestic programs, he said.

"The National Cancer Program cannot undertake that sort of decrease," Bresnick said. "The program would be very severely impacted upon."

These changes cause scientists to fear that the Administration or Congress would consider dismantling the National Cancer Program by reversing the National Cancer Act of 1971, Bresnick said.

"Right or wrong, that's the perception," he said.

"AACR supports the precepts of the National Cancer Act, with the director of the National Cancer Institute reporting in all matters with the exception of budget, to the NIH director," Bresnick said.

The NCI director has little budgetary flexibility to respond to funding needs, he said. "We believe there has been too much micromanagement, too much fragmentation of people taking pieces of the pie."

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The association supports the NCI bypass budget, the professional needs budget mandated by the Act, Bresnick said. The bypass budget is submitted to the President, and cannot be changed by NIH or HHS officials (see related story, page 5).

However, Bresnick called on NCI to take a more "pragmatic approach" about the bypass budget amount, which currently is $1.5 billion more than NCI's actual appropriations.

"We are not likely to get the magnitude of dollars here for us to do the job," Bresnick said. "So what is it that we really need? I think we ought to couch that in what we can do with those dollars."

A more realistic goal might be the increase of grants funding by 10 percent, in order to achieve a 33 percent success rate for competing grants, he said.

Failure To Communicate

The cancer program has been underappreciated, Bresnick said. "The National Cancer Program has begun to resemble a corporate Rodney Dangerfield. We get no respect," he said.

"We have not articulated the accomplishments of the National Cancer Program effectively," he said. "We have, in fact, immunized the population against cancer research by promising too much, and by presenting our 'carcinogen-of-the-month' without consideration of risk-benefit ratios."

Scientists need to better inform the public of the fundamental research NCI has supported. "We have not made our message clear that the work we do transcends the pale of cancer and extends into fundamental cell biology and biochemistry," Bresnick said.

Among NCI's contributions are the cancer centers that bring state-of-the-art therapy and research to cancer patients, he said. "Today we have living 8 and a half million people, former cancer survivors, and it is my contention that those are the results of cancer centers," Bresnick said. In 1950, fewer than 35 percent of cancer patients lived longer than five years, compared to the current average of 50 percent, he said.

NCI also has effectively mobilized the resources of industry and academia to the benefit of cancer patients, Bresnick said. The drug Taxol could not have moved from the Pacific yew to patients as quickly as it did without coordination by NCI, he said.

Cancer researchers must make an economic

argument for funding, Bresnick said.

For example, research over the past 17 years on testicular cancer has cost about $56 million and resulted in a 90 percent cure rate. By adding 40 years to the life expectancy of men with the disease, the annual increase to the budget is $166 million, he said.

"Not A Pleasant Time"

The constant scramble for funds wastes time for scientists and hampers recruitment of new talent, Bresnick said.

"I am pleased that my career as a scientist is on the waning end, and I feel just a little bit sorry for my son, who is just entering this business," he said. "It is not a pleasant time."

In 1971, the success rate for grant applications submitted to NCI was about 40 percent, Bresnick said. Since then, the success rate has progressed generally downward. The success rate for grants funded by NCI is about 22 percent.

"In addition to grants that we are not funding, every grant that is funded goes through a massage process," Bresnick said. "Every competing grant suffers somewhere between a 10 or 12 percent decrease per year."

Thus, a four-year grant can be cut by 30 to 40 percent, Bresnick said.

"Someone Must Step To the Plate"

Bresnick urged the NCAB to take a leadership role in communicating to the public and Congress the successes of the cancer program and the need for continued funding.

"With the resignation of Dr. Broder as the NCI director, we feel very strongly that someone must step to the plate," he said. "I challenge you, ladies and gentlemen of the National Cancer Advisory Board, to be that someone.

"I want you to assume the role that you are mandated to assume," he said. "I want you to be able to hold hearings, to review programs, to make recommendations. And to speak for the cancer research community in a more forceful manner."

The president of AACR, a group with a membership of about 10,000, is invited every year to address the NCAB.

Broder: Funding Increased

Responding to Bresnick's remarks, NCI Director Samuel Broder said funding had risen during his tenure.

In FY92, the Institute received the largest single increase in its history, Broder said.

"Many very wonderful things happened as a result," including full funding of every cancer center core grant and the creation of the Specialized Programs of Research Excellence, he said.

Broder defended the bypass budget amount. "It is not a pie-in-the-sky budgetary goal, but is a reflection of scientific opportunities, of professional needs," he said. "The statute did not say, 'Prepare a bypass budget that is politically palatable.'"

The NCI director is limited in his ability to advocate for the Institute, because he reports to the NIH director, Broder said.

The National Cancer Act created "many expectations of independence and autonomy, which are actually not provided in the real world," he said. "I do not report to the President of the United States, contrary to what might be said or thought. I report to Harold Varmus. There is a chain of authority."

Cancer Act Creates Conflict

The Act expanded the mission and funding of NCI, and provided "special authorities" not given to other institute directors. These are:

- Presidential appointment of members of the NCAB,
- Presidential appointment of the NCI director,
- Authority to submit a bypass budget to the President,
- Presidential appointment of the President's Cancer Panel.

These provisions were the result of a compromise between supporters of an independent cancer agency and those who feared the loss of a large part of biomedical research from NIH.

"What we may have done in this great 'Missouri Compromise' of the early 1970s is institutionalize a form of conflict," Broder said.

"It is inconceivable that an administration would support an NCI director in a head-to-head conflict with an NIH director," he said. "In fact, were there a loss of such support, the NIH director would resign."

Due to that institutionalized conflict, "every NIH director will view the NCI as a problem and must have some ambivalence about it," Broder said. "I know of no NIH director who has embraced the National Cancer Act. None. Without exception."

Cancer researchers should "come to terms" with the fact that NCI is not an independent agency, Broder said.

NCAB Working Group To Hold Open And Closed Sessions

In response to a protest letter by **The Cancer Letter**, NIH officials have opened portions of a meeting of an advisory group reviewing the NCI intramural program.

In a letter to an attorney retained by **The Cancer Letter**, NIH Legal Advisor Robert Lanman said the meetings at which the advisory group in question discusses programs and resources would be open to the public.

The next meeting of the advisory group, called the NCAB Working Group on NCI Intramural Programs, is scheduled for Jan. 23-24.

In his letter, Lanman defended the original decision to close the meeting, stating that the Federal Advisory Committee Act does not apply to the working group.

"[As] you have suggested, the NCI is carefully reviewing its plans for future meetings of the Working Group to make certain that meetings, or portions of meetings, are closed to the public only if they involve discussions of matters that would constitute a clearly unwarranted invasion of personal privacy or would disclose trade secrets or other commercially valuable information," Lanman wrote in a letter dated Jan. 12.

The letter was addressed to Maxwell Chibundu, professor of law at the Univ. of Maryland, who is acting as an attorney for **The Cancer Letter**.

Citing the General Services Administration's interpretation of the statutes, Lanman wrote that "there is no requirement that meetings of the Working Group be open to the public."

"However, NCI has in the past opened portions of meetings to the public," the letter continued. "Consistent with its prior practice and your request, the NCI is reviewing the schedule of the Working Group... to determine if some portion of the meeting may be open to the public.

According to the revised agenda, the working group will hold a 45-minute open session at its meeting Jan. 23, after which it would go into closed session for the next two hours. On the following day, the open session would last for just over four hours, followed by a nine-and-a-half-hour closed session.

"In keeping with the precedent established at our first meeting, when possible we will have open sessions to hear information which falls within the public domain," working group co-chairman Paul Calabresi said at the NCAB meeting last week.

In a related development last week, NIH officials announced that portions of the meeting of ad hoc committee of chairmen of the NIH Boards of Scientific Counselors would be open to the public (**The Cancer Letter**, Jan. 13).

The Cancer Letter has protested the earlier decision by NIH officials to hold those meetings behind closed doors.

Paul Marks To Chair Search Committee For NCI Director

NIH officials are forming a search committee to find a successor to NCI Director Samuel Broder.

The committee is expected to work swiftly, with the goal of providing its recommendations to the White House by mid-March. Broder is expected to leave by April 1.

Contacted by **The Cancer Letter**, Paul Marks, president and CEO of Memorial Sloan-Kettering Cancer Institute, confirmed that he will serve as chairman of the search committee.

Marks said he was contacted by HHS Secretary Donna Shalala. However, he has not been given a list of members.

Other sources said that the number of committee members was expected to be as high as 15, about double the size of the committee convened in the fall of 1988, when Vincent DeVita stepped down as NCI director.

The size of the search committee is indicative of the politicization of cancer research, observers said.

Indeed, for the first time, the committee will include at least one patient advocate, Fran Visco, president of the National Breast Cancer Coalition and a member of the President's Cancer Panel, sources said.

The fact of Visco's appointment this early in the process was seen by many observers as an indication of the importance the Administration attaches to her input.

Also vying for representation, the National Cancer Advisory Board last week voted to request that the White House provide the board with two seats on the search committee.

Similarly, the National Coalition for Cancer Research, in a letter to President Clinton, urged that NCI director be named "as soon as possible.

"We urge you to undertake a search process which includes input and participation from the research and advocacy community," Margaret Foti, NCCR president, wrote in a letter dated Jan. 9.

"The cancer research community is extremely interested in ensuring that continuity is provided to our national cancer research program and that the new leadership will position us to address effectively the tremendous scientific potential that presently exists," Foti wrote.

Sources said NCCR was drafting a follow-up letter in which the presidents of all its member organizations were expected to reiterate Foti's request for representation.

Accrual To NSABP Trials Slow, May Improve With Agreement

Patient accrual to three clinical trials conducted by the National Surgical Adjuvant Breast and Bowel Project is slow and is not expected to improve until the cooperative group solves its leadership problems, an NCI official said.

"The group is fixing its management, but its ability to do meaningful clinical research at this time is still in doubt," Bruce Chabner, director of the NCI Div. of Cancer Treatment, said to the National Cancer Advisory Board last week.

"I frankly doubt whether the trials that are restricted to NSABP [as opposed to intergroup studies] will be more successful in accruing patients until they resolve their leadership problems and have a functioning headquarters," Chabner said.

The Univ. of Pittsburgh, the administrator of the NSABP grant, is negotiating a split of authorities with the cooperative group's newly elected chairman, Norman Wolmark, a surgeon at Allegheny General Hospital in Pittsburgh (**The Cancer Letter**, Jan. 13).

Pace of Auditing "Impressive"

In recent months NSABP has dramatically improved its auditing program, Chabner said.

The group audits 30 to 40 percent of patient cases on site, and audit reports are completed on time.

In addition, the group has employed a contractor who would perform confirmatory audits at selected institutions.

"The pace of their auditing is impressive," Chabner said. "They have scheduled 60 audits in the next two months. They have a backlog and they want to catch up."

Patient accrual has not been as successful as auditing, Chabner said.

Three NSABP treatment clinical trials studies have been reopened since the controversy at the group erupted last spring:

●B-23, an adjuvant study of intensive Adriamycin and Cytoxan with or without tamoxifen, is accruing 10 to 12 patients a month. The accrual target is 2,100 patients.

●B-26, a comparison of three-hour infusion of Taxol versus 24-hour infusion, has accrued 38 patients; only 10 of these in the past month. The accrual target is 460 patients.

●A rectal cancer trial of perioperative 5-FU and radiation therapy versus the conventional post-operative 5-FU plus radiation, also has had slow accrual.

Chabner said a fourth study is close to reopening: B21, testing radiation plus tamoxifen versus tamoxifen alone following surgery for small breast tumors. This study will reopen as an intergroup trial.

Two other studies are being considered: An intergroup trial of post-operative 5-FU in colon cancer, and a monoclonal antibody pilot study in colon cancer patients.

"A lot depends on the ability of the new chairman to define a working relationship with the Univ. of Pittsburgh," Chabner said.

Feb. 1 is the date the noncompetitive renewal of the grant takes effect, Chabner said.

"In order for that to occur, and for money to flow after Feb. 1, we are going to have to have a plan in hand from the NSABP and from the university," he said. "If we don't have such a plan, then I am not sure that the grant can continue beyond Feb. 1."

Chabner listed other pending issues:

●NCI needs a formal request from Wolmark to recognize him as the new chair. That also requires the resolution of how Wolmark will work with Pitt.

●The group needs to define a new scientific agenda and prepare for recompetition. NCI plans to publish a Request for Applications by March 25, with a receipt date for applications by Aug. 25. Award would be made in the spring of 1996.

●The group and Pitt need to resolve the role of former chairman Bernard Fisher in the future NSABP.

"We have been in touch with Dr. Fisher, and have encouraged him to resolve his differences and rejoin the group as a scientific contributor," Chabner said. "Whether this is going to happen or not is still in some doubt. It is really in his hands and in the hands of the Univ. of Pittsburgh and Dr. Wolmark."

Prevention Trial Update

The Breast Cancer Prevention Trial is "alive and well and recruiting," Leslie Ford, chief of NCI's

Community Oncology & Rehabilitation Branch, said to the NCAB.

About 12,000 women have gone through all of the eligibility exams. However, since accrual was shut down last spring, many women have to have repeat mammograms and all have to get endometrial biopsies.

NCI reviewed new consent forms for 212 of the 299 participating centers, and approved 180 of them.

Randomization has been reopened at 120 sites, Ford said. Since September, 2,700 risk assessments have been processed, 14 percent of those from women of color, she said.

About 20 percent of the initial 11,000 women on trial have stopped taking tamoxifen, Ford said. Some stopped because of the publicity surrounding the trial, or because they reached endpoints, she said.

The women who drop out are followed and analyzed on an intent to treat basis, Ford said. This attrition rate does not require an increase in the sample size, she said.

NCI Justifies $3.64 Billion In FY 1996 Bypass Budget

NCI's professional estimate of the actual budgetary need of the cancer program is $3.64 billion in fiscal 1996, according to the Institute's annual bypass budget document.

The amount is about $1.5 billion more than the current year appropriation of $2.136 billion.

"We must have the intellectual and physical resources to take advantage of the information that we are generating, for the purposes of advancing medical science and transferring the fruits of our research efforts to all who are in need," NCI Director Samuel Broder wrote in the preface to the document.

"There is only one National Cancer Institute, and it must serve all Americans," Broder wrote. "The 1996 Bypass budget will permit NCI to turn promises into realities."

The National Cancer Act of 1971 requires NCI to submit directly to the President a professional judgment budget reflecting the full funding needs of the National Cancer Program.

The FY96 bypass budget would provide the following amounts to selected grants programs:

The bypass amount would provide the following to selected research areas:

AIDS—$250.9 million

Basic Research—$1.687 billion

Breast Cancer—$485.6 million for NCI; $70.2 million for the Trans-NIH Breast Cancer Initiative. Total: $555.8 million

Cancer Prevention & Control—$357 million

Cervical Cancer—$67.8 million

Clinical Trials (treatment and prevention)—$615.2 million

Environmental Carcinogenesis—$425 million

Lung Cancer—$150 million

Ovarian Cancer—$65.9 million

Primary Prevention Research—$575 million

Prostate Cancer—$150 million

Summary Of Priority Areas

Following are the priority areas targeted in the bypass budget:

Basic Research—$1.7 billion. Provide increased support to untargeted areas of research to promote basic studies which provide the underpinnings for future advances in cancer research.

Environmental/Occupational Carcinogenesis—$425 million. Develop and expand molecular epidemiologic and geographic studies of the induction of various cancers by diverse environmental factors and occupational exposures.

Coordinated Genetic Screening Program—$45 million. Identify families at risk for cancer development through affected family member. Develop collaboration with NCHGR for Clinical Genetics Screening and Counseling for high-risk families.

Coordinated Efforts In Tissue Banking—$50 million. Implement the development of tissue and body fluid repositories from diverse sources.

New Funding Support Mechanisms: Clinical Investigation—$25 million. Stimulate investigator-initiated, innovative clinical investigation in epidemiology, prevention, diagnosis and therapy through novel funding mechanisms and coordinated peer review.

Women's Health—$713 million. Expand the number of SPOREs that address cancer sites specific to women. Increase breast, ovarian and cervical cancer research, including new methodology for the early detection of ovarian cancer. Includes $70 million for trans-NIH breast cancer effort. Expand accessibility and delivery of state-of-the-art health care to women who are medically underserved. Promote design, construction and clinical development of breast or ovarian cancer vaccines.

Breast Cancer—$556 million. Increase the support for breast cancer research by $161.8 million over the 1995 comparable President's Budget. A Trans-NIH Breast Cancer Initiative of $70.2 million is included within this amount. Direct efforts to basic research, clinical applications, screening, diagnosis, prevention, psychosocial factors, rehabilitation research, training, and epidemiology activities. Increase the number of

breast cancer SPOREs. Expand research on imaging technologies.

National Cancer Program Trans-NIH Breast Cancer Initiative—$70 million. Continue the trans-NIH collaborative effort for breast cancer.

Prostate Cancer—$150 million. Further identify factors that influence onset, detection, progression and management of prostate cancer. Include in the Prostate, Lung, Cervical, and Ovarian Trial development of genetic and biochemical markers for early detection. Implement prevention clinical trials such as Proscar. Intensify research on PSA and other bio-markers.

Cancer Prevention And Control—$357 million. The Bypass Budget fulfills the requirement contained in the Public Health Act which requires that not less than 10% of the budget be available for cancer control in 1996.

Cancer Prevention And Nutrition Research *Center—$100 million.* Provide support for a dedicated facility to conduct the full range of cancer prevention and nutrition research.

Vaccine Research—$140 million. Expand fundamental molecular biology and immunology research. Solicit investigator-initiated approaches for the development of vaccines with cancer applications. Develop guidelines and implement clinical trials of vaccine-based primary and secondary prevention and treatment in diverse malignancies.

Gene Therapy—$50 million. Expand preclinical and clinical initiatives in gene therapy research for both cancer and AIDS.

AIDS—$251 million. Expand identification of active compounds for pre-clinical and clinical drug development. Provide increased resources to discover and develop antiretroviral drugs. Expand studies of cervical cancer in HIV-infected women.

Natural Products—$55 million. Emphasize the acquisition of natural products.

Clinical Trials—$615 million. Increase number of patients accrued to clinical trials on lung, breast, colon and prostate cancers, women's health, and underserved populations. Accelerate and expand high priority clinical trials. Increase support for prevention clinical trials.

Oncologic Imaging—$120 million. Support diagnostic imaging initiatives expanding novel research in the diagnosis, staging, and management of cancer. Develop novel imaging technologies.

Proton Beam Therapy And Heavy Particle Therapy—$46 million. Support two proton beam therapy and heavy particle therapy initiatives. Expand research in neutrons and alpha particles.

Rehabilitation And Pain Research—$60 million. Expand activities to improve the quality of life, including organ and limb-sparing treatments. Increase emphasis on the behavioral and psychosocial aspects of cancer rehabilitation and on the special needs of cancer survivors. Support new research into pain management.

Minority And Underserved Populations—$250 million. Emphasize prevention initiatives targeted to African Americans, Hispanics. Native Americans, Native Hawaiians, American Samoans. Native Alaskans and Asian Americans. Improve technology transfer to rural and impoverished populations.

Over 65 Population—$50 million. Expand efforts to determine survival/mortality differentials.

Information Dissemination—$230 million. Increase information dissemination directed toward underserved populations, including low literacy populations and the rural poor.

International Activities—$40 million. Extend bilateral agreements, conferences and training exchanges with Eastern Europe, South America, and Africa

Cancer Centers—$188 million. Expand support for activities related to regional research needs. Supplement centers for pilot and feasibility studies in high priority research areas. Expand outreach, prevention and control initiatives, quality of life issues. Support planning grants.

Specialized Programs Of Research Excellence—$91 million. Expand the number of SPOREs which address breast, ovarian, prostate, lung, brain, melanoma and gastrointestinal cancers.

Multi-Year Funds Availability—$202 million. This portion is proposed for two year availability to allow NCI time for completion of large, complex awards, such as selected construction grants and large scale clinical trials.

Human Resource Professional Development—$123 million. Expand support for predoctoral and postdoctoral trainees, both number of trainees and stipend level, through NRSA Program. Maintain the Science Enrichment Program. Expand education programs on pain research, rehabilitation, psychosocial issues and community outreach. Accelerate training for Research Career Programs. Support career development training for researchers through the SPOREs. Expand efforts to increase minority participation in cancer research.

Construction—$292 million. Initiate renovation, modernization and construction of extramural cancer research facilities. Upgrade facilities for vaccine development, prevention research and high technology clinical research. Construct a Nutrition and Prevention Facility. Support construction of breast cancer SPORE facilities. Construct new SPORE facilities in other cancers.

RFA Available

RFA CA-95-004
Title: **Breast Cancer Surveillance Research**
Letter of Intent Receipt Date: Feb. 14
Application Receipt Date: April 21

The NCI Div. of Cancer Prevention and Control invites applications from domestic institutions for cooperative agreements to the Surveillance Program (SP). New applicants and applicants currently funded under

SP initiatives are invited to respond to this RFA to design and conduct breast cancer surveillance research. This is a follow-up to a cooperative agreement in which three awards began in 1994.

The purpose of the initiative is to examine thoroughly the operational aspects of breast cancer screening practices in the US by conducting analytic research designed to assess the effectiveness, efficiency, and cost of screening programs as they relate to the reduction of breast cancer mortality. Three awards are anticipated. The anticipated average amount of the direct cost awards will be $250,000 per year per award. Anticipated award date is Dec. 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 from: Brenda Edwards, Surveillance Program, NCI, Executive Plaza North Rm 343, Bethesda, MD 20892, Tel: 301/ 496-8506, FAX: 301/402-0816, Email: edwardsb@dcpceps .nci.nih.gov.

Program Announcements

PAR-95-018

Title: **Biomedical Research Support Shared Instrumentation Grant**

Application Receipt Date: March 24

The National Center for Research Resources announces the availability of a Program Announcement, the purpose of which is to continue the competitive Biomedical Research Support Shared Instrumentation Grant Program initiated in fiscal 1982. The objective of the program is to make available to institutions with a high concentration of NIH-supported biomedical investigators research instruments which can only be justified on a shared-use basis and for which meritorious research projects are described.

Inquiries: The PA 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: Marjorie Tingle, Director, Biomedical Research Support Program, NCRR, Westwood Bldg Rm 848, Bethesda, MD 20892, Tel: 301/594-7947, FAX: 301/594-9153, Email: brspsig@ep.ncrr.nih.gov

PA-95-019

Title: **H. Pylori: basic, pre-clinical, and clinical research**

Application Receipt Dates: June 1, and Oct. 1, 1995, and Feb. 1, 1996

The National Institute of Allergy and Infectious Diseases invites submission of investigator-initiated research applications for support of research on the definition of the natural history of infection, animal models, protective immune responses to infection, virulence determinants, bacterial genetics, and antibiotic resistance to Helicobacter pylori. This bacterium is known to be associated with chronic gastritis, duodenal and gastric ulcer disease, and possibly with certain malignancies of the stomach. Development of vaccines against this organism is also of interest to the NIAID. Estimated funds available for total (direct and indirect) first-year costs of all awards is $1 million. In FY 1996, NIAID plans to fund four to five R01 and/or R29 grants.

Inquiries: The PA 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: Dennis Lang, Div. of Microbiology and Infectious Diseases, NIAID, Solar Bldg Rm 3A21, 6003 Executive Boulevard MSC 7630, Bethesda, MD 20892-7630, Tel: 301/496-7051, FAX: 301/402-1456, Email: dl73v@nih.gov

PAR-95-011

Title: **Fogarty International Research Collaboration Award**

Receipt Dates: March 25, July 25, Nov. 25

The Fogarty International Research Collaboration Award (FIRCA) is available to facilitate collaborative research between US biomedical scientists supported by NIH and investigators in the developing world. The FIRCA will extend and enhance the research program of the US scientist, while at the same time benefiting the scientific interests of the collaborating foreign scientist. Awards (R03) are made to the US applicant institution to support a collaborative research project that will be carried out mainly at the foreign collaborator's research site. Up to $20,000 in direct costs per year is available for up to three years.

Inquiries: Mirilee Pearl, International Research and Awards Branch, Fogarty International Center, Bldg 31, Rm B2C39, 31 Center Drive MSC 2220, Bethesda, MD 20892-2220, Tel: 301/496-1653, FAX: 301/402-0779, Email: vnp@cu.nih.gov

PAR-95-012

Title: **HIV, AIDS and related illnesses collaboration award**

Receipt Dates: Jan. 2, May 1, Sept. 1

The Fogarty International Center is expanding its AIDS International Research and Training Program to provide small individual research grants (R03) for collaboration between US and foreign scientists in any country, consistent with US foreign policy considerations. Support is available for research on HIV infection, AIDS, and for research related to AIDS. Up to $20,000 per year for three years is available for US investigators and their foreign collaborators to conduct research mainly at the foreign site.

Inquiries: Mirilee Pearl, International Research and Awards Branch, Fogarty International Center, Bldg 31, Rm B2C39, 31 Center Drive MSC 2220, Bethesda, MD 20892-2220, Tel: 301/496-1653, FAX: 301/402-0779, Email: vnp@cu.nih.gov