THE CANCER LETTER

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As NCI Sets Deadline For B-06 Reanalysis, Fisher Lawyer Says Demand Is Illegal

NCI officials and attorneys for former NSABP chairman and principal investigator Bernard Fisher are on a collision course over the Institute's claim that it has a right to regulate the publication of a reanalysis of a clinical trial.

The Institute has notified NSABP's current PI, Ronald Herberman, that he would be "ultimately responsible" for assuring that the reanalysis

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In Brief

Coalition Begins Campaign To Educate Public About Need For Cancer Research Funding

The National Coaliton for Cancer Research last week began a campaign to promote public awareness and support of cancer research. The campaign, called "Research Cures Cancer," consists of:

- Six 30-second public service announcements distributed to 300 TV stations in the top 50 media markets in the US.
- Airport dioramas which repeat the messages of the PSAs.
- A toll-free telephone number advertised by the announcements. Callers will be mailed a brochure with information about cancer research.

The goal of the campaign is to inform the public of the need for increased funding for cancer research, said **Margaret Foti**, NCCR president, at a reception on Capitol Hill to launch the campaign.

The campaign is funded by 43 organzations, corporations and foundations. The top three major sponsors are The V Foundation, Glaxo Inc., and the Association of American Cancer Institutes.

NCCR, founded in 1986, will address whether to expand the public education campaign when it conducts a strategic plan this year, Foti said.

The strategic planning committee is chaired by **Anna Barker**, president of OXIS International Inc. and chairman of the American Association for Cancer Research scientific and public education committee.

. . . **WAYNE JONAS** was appointed director, NIH Office of Alternative Medicine, succeeding **Joseph Jacobs**, who left last year. Jonas, director of the Medical Research Fellowship at Walter Reed Army Institute of Research, will join NIH in July. **Alan Trachtenberg**, a researcher at the National Institute on Drug Abuse, has been acting director of the office.

. . . **MARGARET TEMPERO** has been appointed deputy director, Univ. of Nebraska Medical Center/Eppley Cancer Center. A professor of internal medicine, her new job will be to coordinate clinical and translational research at the cancer center.

NCI Sets Deadline For NSABP Submitting Reanalysis Of B-06

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of the trial be submitted to the New England Journal of Medicine no later than Feb. 10.

However, a Fisher attorney countered that by setting deadlines for publications NCI is violating the principles of academic freedom and is opening itself to legal action.

"This constitutes prior restraint under the First Amendment, and it will shock the conscience of the academic community," Robert Charrow, an attorney with the Washington firm of Crowell & Moring, said of NCI's demands.

"There is a distinction between a grant and a contract," Charrow said to **The Cancer Letter**.

"A contract has deliverables. The contractor is required to provide the government with a final product, whether it is a building, a jet fighter or a research result.

"In contrast, a cooperative agreement is a grant that carries with it no legal obligation to provide the government with deliverables. [Correspondence from NCI] indicates that NCI not only wants to control the content of the article, but also the date on which it is submitted and the journal that is to receive it.

An NIH spokesman confirmed that a letter from Charrow has been received by the Office of General Counsel. Herberman was out of the country and could not be reached for comment.

If the dispute continues, it could test the legal foundations of clinical trials cooperative groups as well the workings of the new institutional arrangement that in effect splits the management of NSABP between the Univ. of Pittsburgh and the Allegheny Health, Education and Research Foundation (*see related story on page 4*).

The clinical trial in question, B-06, compared segmental mastectomy ("lumpectomy") and axillary dissection with and without radiation versus total mastectomy and axillary dissection.

The reanalysis is expected to incorporate the results of the NCI audit of the trial and exclude the data from St. Luc Hospital in Montreal, the institutional base of surgeon Roger Poisson, who admitted to submitting falsified data to B-06.

NCI asserts that it has the right of access to the data from the trial. Also, last year, the Institute amended the NSABP cooperative agreement to give itself the right to review the cooperative group's papers prior to publication.

New Chapter in Old Dispute?

The following is a chronological account of the latest outbreak of controversy, based on correspondence obtained by **The Cancer Letter**:

●On Jan. 12, in a letter to Herberman, Richard Ungerleider, chief of the NCI Clinical Investigations Branch, requested that NSABP submit to NCI a draft of the B-06 reanalysis.

"In order to expedite [the publication] process, NCI program staff wish to review the manuscript in its current state in order to provide preliminary comments (where appropriate) and thus avoid the need for last-minute large-scale revisions," Ungerleider wrote.

"Please provide me with the current version of the manuscript for this purpose, as well as your estimate of when you anticipate its completion."

After learning of NCI's demands, Fisher's attorney Charrow responded with two letters, one addressed to Robert Lanman, NIH Legal Advisor, and another to Louis Popper, General Counsel to the Univ. of Pittsburgh.

●In the letter to Lanman, dated Jan. 23, Charrow wrote:

"After improperly attempting to *de facto* debar Dr. Bernard Fisher, the former principal investigator of the NSABP grant, NCI recently inserted into the cooperative agreement a provision granting to itself the right to review and pre-approve proposed NSABP publications.

"That provision is now being enforced by NCI personnel...

"It should be noted that the fact that the Univ. of

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Pittsburgh acquiesced to the grant modification is irrelevant. Pittsburgh, too, ... lacks authority to impose prior restraints on its faculty. Moreover, under its own policies, Pittsburgh is precluded from entering into any provision which would impose a prior restraint on its faculty...

"If NCI continues in its efforts to enforce the unconstitutional prior restraint, we will pursue appropriate remedies both against the individuals involved and their employing entities," Charrow wrote.

●In a letter to Pitt's general counsel Popper, Charrow reiterated his contention that NCI has no right to review NSABP manuscripts.

The provision, contained in NSABP grant awards, states: "The NSABP must submit all NSABP manuscripts to NCI for approval before submission for publication."

The letter, dated Jan. 27, argued that the contractual provision, though accepted by Pitt, is unconstitutional. "NCI's attempt to restrain a faculty member's rights to publish is inconsistent with the First Amendment and is unenforceable," Charrow wrote.

"Correspondingly, Pittsburgh's implementation of that policy is inconsistent with the Fourteenth Amendment.

"Accordingly, we request that you instruct University personnel to cease attempting to enforce the prior restraints contained in the cooperative agreements," Charrow wrote.

Both letters cited a 1991 case where Stanford Univ. challenged the right of HHS to insert a restrictive provision into a research contract. In that case, *Stanford v. Sullivan*, the District of Columbia District Court ruled for the university.

In the letter to Popper, Charrow compared the Stanford case with the publication dispute in the NSABP controversy:

"The prior restraints on publication that NCI inserted into the NSABP cooperative agreements are far more egregious than those invalidated by the court in *Stanford*.

"First, in *Stanford*, the restrictions were part of a government contract, as opposed to a grant. Agencies usually have far more latitude in regulating the conduct of contract recipients than they do in regulating the conduct of grantees.

"Second, in *Stanford* the publication restriction did not cover all publications emanating from the research, but only those publications which, in the opinion of [National Heart, Lung and Blood Institute], involved "preliminary unvalidated findings" that "could create erroneous conclusions which might threaten public health..."

"The court nonetheless concluded that the restriction was too vague and overly broad to withstand constitutional challenge.

"Here, in contrast, the restriction applies to all publications, whether preliminary or not. It is thus far broader than the restriction which the *Stanford* court invalidated.

"Third, in *Stanford* there was a process by which the researchers could challenge NHLBI's decision not to approve publication. Here, there is no such process."

Officials at the Univ. of Pittsburgh declined to comment on the issue.

●On Jan. 27, NCI modified its demands. In a letter to Herberman, Leo Buscher, the Institute's Chief Grants Management Officer, dropped the previously stated demand that the manuscript of the paper be submitted to NCI.

Instead, Buscher demanded that the manuscript be submitted directly to the journal, setting the deadline for compliance "with or without the cooperation of the original authors."

The excerpted text of Buscher's letter follows:

"NCI has been anticipating a published reanalysis of the B-06 study without St. Luc data since 1992.

"NSABP has received several written and oral requests from NCI for such a manuscript.

"While a number of complex issues required resolution over the past twelve months, the definitive B-06 update remains unpublished.

"As Principal Investigator of the NSABP cooperative agreements, you are ultimately responsible for assuring that this reanalysis is published, with or without the cooperation of the original authors.

"In order to bring this issue to a close, and to ensure that the public has the opportunity to evaluate the data, we are requiring the NSABP to submit the B-06 reanalysis manuscript to the New England Journal of Medicine no later than Feb. 10, 1995."

After the controversy over the B-06 trial became public last year, a paper with reanalysis of the data was rejected by the New England Journal of Medicine and returned for revisions to the authors.

Last August, the journal suggested that NCI

Director Samuel Broder and NSABP acting chairman Ronald Herberman appear among co-authors of the paper. However, Herberman and Broder declined the journal's invitation (**The Cancer Letter**, Sept. 9, 1994).

NCI Approves Agreement Between Pitt And Allegheny

NCI has approved an agreement that divides the authority over the National Surgical Adjuvant Breast & Bowel Project.

Under the agreement, Norman Wolmark, the group's chairman and director of surgical oncology at Allegheny General Hospital will become the principal investigator of the NSABP Operations Office.

Ronald Herberman, director of the Pittsburgh Cancer Institute, will serve as the principal investigator of the cooperative group's Biostatistical Center.

"High Standards Of Excellence"

"Drs. Herberman and Wolmark are both brilliant and compassionate clinical researchers," NCI Director Samuel Broder said in a statement. "They meet the exceedingly high standards of administrative excellence needed for the modern NSABP.

"Their leadership of NSABP will bring the nation closer to prevention and cures for breast cancer and the other forms of cancer and related diseases," Broder said.

The agreement will become final after NCI completes the process of "disaggregating" the NSABP cooperative agreements. Following disaggregation, separate grants will support the operations and biostatistical functions of the group.

Both cooperative agreements will be recompeted later this year.

The agreement approved by Broder was signed by Pitt and Allegheny Health, Education and Research Foundation, the parent organization of Allegheny General.

The agreement does not mention the NSABP Executive Committee's participation in the suit originally brought by the group's former leader Bernard Fisher against the Univ. of Pittsburgh.

However, sources said that as a result of the deal, the group's executive committee is certain to withdraw from the suit.

NCI Drug Development Pays, Official Says: 7 NDAs, 10 Years

Over the past decade, NCI's drug discovery and development programs have produced seven new drugs currently used to treat cancer and AIDS, an NCI official said to the group reviewing the Institute's intramural research program.

During that time, the Institute spent about $1.4 billion on drug discovery, or about $200 million for every New Drug Application filed with FDA, said Bruce Chabner, director of the NCI Div. of Cancer Treatment.

More than half these funds were spent in extramural programs, Chabner said.

"We can do everything here from collecting a sponge in Australia to putting a drug in a bottle," Chabner said to the National Cancer Advisory Board's Ad Hoc Working Group on NCI Intramural Programs last week.

The working group met in two sessions open to the public and two closed sessions on Jan. 23 and 24. In the open sessions, the group heard presentations on DCT, the Clinical Oncology Program, the NIH Clinical Center, the Div. of Cancer Prevention and Control, and the Frederick Cancer Research and Development Center.

In the closed sessions, the group interviewed several laboratory and branch chiefs, including Surgery Branch Chief Steven Rosenberg, Pediatric Branch Chief Philip Pizzo, NCI-Navy Medical Oncology Branch Chief Carmen Allegra, and Medicine Branch Chief Robert Wittes, sources said.

A Shift to AIDS Drugs

Over the past 10 years, increased funding for AIDS research has been largely responsible for the growth of NCI's intramural research program, Chabner said to the working group.

Intramural scientists have shifted the focus of their research to follow the money, Chabner said. "People change what they are working on because they have to," he said.

The shift has resulted in advances in AIDS research, including the development of two major drugs, he said. However, it has created "a vulnerability" in the intramural program, because scientists are dependent on the AIDS funds.

This fiscal year, all NIH AIDS funds are consolidated in the Office of AIDS Research.

"Everything is on the table, and the amount we receive could be reduced," he said.

Several members of the working group asked NCI officials to justify the continuation of drug discovery research instead of relegating such efforts to the pharmaceutical industry.

"We think about this a lot," Chabner said.

However, industry funding tends to take dramatic shifts, and recent economic uncertainties have caused some firms to cut research programs, he said.

"Without NCI's intramural activity in drug development, the pharmacopoeia for patients with cancer would be nothing like it is today," said working group member Leon Rosenberg, president of Bristol-Myers Squibb Pharmaceutical Research Institute. "But does that history tell us what we should do for the future?"

The predictions that cancer will be the leading cause of death in the US by the year 2000 "have not gone unnoticed by the pharmaceutical companies," Rosenberg said. Thus, pharmaceutical companies are deciding to increase their research in oncology, he said.

Working group member Bert Vogelstein, of Johns Hopkins Oncology Center, noted that Chabner, who announced that he will leave NCI this spring for Massachusetts General Hospital, had spent his career in drug development.

"Why do you think you are going to be able to make an impact [in drug development at MGH] with one-twentieth of the budget?" Vogelstein asked.

Chabner said politics has placed "significant barriers" to cooperation between the government and industry. Referring to a congressional challenge to the Cooperative Research and Development Agreement that led to the development of the drug Taxol, Chabner said that even though the collaboration worked well, NCI was attacked in Congressional hearings for "giving away" the drug.

"I think it will be easier to work with industry [from a position] in academia," he said.

In addition to CRADAs, in recent years NCI has been able to provide academic centers with additional funding for clinical research involving new drugs.

"Most good centers have adequate support [for early drug trials]," Chabner said. "What we are missing now are really interesting compounds."

Asked by Vogelstein why a scientist would come to NCI rather than a pharmaceutical company to seek funding for development of a new drug, Chabner said, "No. 1, we do fund your laboratory, and No. 2, some companies take longer [to make a decision]."

Intramural Vs. Extramural Drug Discovery

Some extramural drug discovery efforts have been disappointing, Chabner said to the working group in a discussion of the Frederick Cancer Research and Development Center.

Vogelstein asked whether it would it be "a good thing or a bad thing" if NCI were to shift drug discovery funds from Frederick to academia and industry.

"I can't say it would be more productive," Chabner said.

In fact, in 1984, DCT created the National Drug Discovery Groups to do just that, he said.

"No major drug has been discovered by this group," Chabner said. "We have gotten less than we hoped for" from the $15 million in grants program.

Overall, NCI spent a total of $138 million on the Frederick center in FY93. Of that amount, $112 million pays for five main contracts, of which $22 million was spent on drug discovery and development and $19 million was spent on basic research.

"If the great bulldozer in the sky came down and took Frederick away, what would be the major work that would need to be reconstituted?" Rosenberg asked.

First to be "reconstituted" should be George Vande Woude, the director of the basic research program at Frederick, Chabner said.

NCI also would miss the drug discovery and drug development program, the Biological Response Modifiers Program, and the biological development plant, he said.

Intramural research accounts for 37 percent of the funds spent at Frederick, while contracts account for 61 percent. About 1 percent pays for cancer control research, and another 1 percent funds research management and support. Also, NCI spent $8 million in FY93 on the Biological Response Modifiers Program, the clinical program based at the Frederick center and Frederick Memorial Hospital.

The funds for Frederick are allocated through each of NCI's divisions. The NCI director's office provides $57 million, the Div. of Cancer Treatment $52 million, the Div. of Cancer Etiology $17 million, the Div. of Cancer Biology, Diagnosis & Centers $10 million and the Div. of Cancer Prevention and Control $2 million.

Rosenberg and group member David Baltimore, of Massachusetts Institute of Technology, asked for additional information about the specific projects the Frederick center conducts.

FCRDC Director Jerry Rice said he would provide the group with a representative sample of the detailed costs by project.

The center, located at an Army base, enables the Institute to conduct basic research and provide research support using contract personnel rather than federal employees, Rice said.

The working group will hold four more meetings before presenting a draft report to NCAB at its session May 15-17. The meetings are scheduled for Feb. 15-16, March 9-10, April 12-13, and May 1-2.

Letters to the Editor

Gallo Attorney: Subcommittee Report Full Of Errors, "Drivel"

To the Editor:

It would require a volume to respond fully to all the errors in the draft report on the AIDS blood test patent, as described in **The Cancer Letter** of Jan. 6. Here are just a few points your readers should consider:

1. The Institut Pasteur did file a patent application for an AIDS blood test several months prior to Dr. Gallo and his colleagues. The problem with the application is that it expressly stated that the test scored positive in only 20 percent of AIDS patients. In short, the test was essentially useless.

2. As a practical matter, there could be no AIDS blood test until the scientific community was convinced that a new retrovirus (now called HIV) was the cause of AIDS. It was Dr. Gallo and his colleagues who demonstrated the etiology of AIDS in four landmark papers published in Science in May 1984. Similarly, there could be no blood test until HIV isolates could be grown in significant quantity. It was Dr. Gallo's colleague, Dr. Popovic, who accomplished this breakthrough, as described in one of the four Science papers. Finally, there could be no blood test unless the test scored positive in most AIDS patients. Dr. Gallo and his colleagues described such a test in the Science papers. The information in the Science papers provided the basis for the Gallo blood test patent filed in April 1984.

3. Neither the Centers for Disease Control nor the Institut Pasteur had any credible results comparable to Dr. Gallo's at the time the Gallo blood test patent was filed. In fact, in May 1984, CDC and Pasteur scientists submitted a paper to Science (published in July 1984) describing a test that scored positive in only 41 percent of AIDS patients. The article also stated that "it is *possible*" that the French virus and the American virus were the same subtype. Thus, at the time the Gallo patent was filed, the Institut Pasteur did not have a comparable blood test and there was insufficient evidence to demonstrate that the French and American viruses were the same subtype.

4. Dr. Gallo and his colleagues did use the French virus HIV-Lai in their blood test. But this use was accidental in two senses. First, HIV-Lai accidentally contaminated the American isolate HTLV-IIIB just as it contaminated the isolate LAV-Bru in the Institut Pasteur and contaminated isolates in the laboratories of Dr. Robin Weiss and others. Second, Dr. Gallo's laboratory could have used a different isolate, RF, for the blood test. The draft report's suggestion that RF was not ready demonstrates a total ignorance of the facts. RF was growing well by early 1984, as laboratory records attest. Dr. Gallo's laboratory did not send out HTLV-IIIB for use in the blood test until April 1984. Dr. Gallo's laboratory clearly could have scaled up RF for use in the blood test by April if it had chosen to do so.

5. The draft report's claim that Dr. Gallo and his colleagues hid information is laughable. Even before the patent application was filed, Dr. Gallo went to Paris and arranged for the Institut Pasteur and his laboratory to prepare joint papers concerning the French and American viruses. These papers were prepared, but were not published at the request of the French. In May 1984, only three weeks after the patent application was filed, Dr. Gallo provided the Institut Pasteur with a sample of HTLV-IIIB to work with. Dr. Gallo and his colleagues then conducted most of the studies that led to the discovery of the close similarity between the French and American viruses and then to the discovery of the dual contamination. It was Dr. Gallo and his colleagues who first reported that the AIDS virus, unlike HTLV I and II, was heterogenous. It was Dr. Gallo's laboratory that reported the sequence of the HTLV-IIIB isolate, thus making comparison to the French isolates possible. It was Dr. Gallo's laboratory that reported that HTLV-IIIB and the French isolate LAV-Bru were different. This led to the Institut Pasteur's

belated discovery in 1991 that LAV-Bru had been contaminated by HIV-Lai in its laboratory in 1983. Finally, once the Institut Pasteur explained about the contamination that had occurred in its laboratory, Dr. Gallo promptly acknowledged that his laboratory had accidentally used HIV-Lai in its blood test. This acknowledgment was made in 1991, well before any studies by independent laboratories or Dr. Varmus' statement in 1994.

It is bad enough that **The Cancer Letter** devoted so much space to such drivel. But its use of Dr. Suzanne Hadley as a commentator is truly extraordinary. Dr. Hadley's bias and incompetence are well known: every major scientific misconduct report she has worked on has been thrown out. *Perhaps* **The Cancer Letter** will now rely on tobacco executives to provide commentary on the causes of lung cancer.

Joseph Onek
Counsel for Dr. Robert Gallo
Crowell & Moring

*Editor's Note: **The Cancer Letter** decided that in light of Mr. Onek's comments about her, Dr. Hadley was owed the opportunity to respond. Her response follows.*

Hadley: OSI Underestimated Magnitude Of Gallo Case

To the Editor:

Mr. Onek would do well to examine the facts in the Subcommittee staff report, rather than trotting out yet again the same irrelevancies and unsubstantiable claims that for years have characterized his and Dr. Gallo's responses concerning these matters. Mr. Onek's claim that the Gallo laboratory could have used the RF isolate for its HIV blood test is just one example of numerous Gallo/Onek claims that are compellingly disproved by the evidence detailed in the staff report.

As for Mr. Onek's gratuitous, plainly silly comments concerning **The Cancer Letter's** choice of commentators, they hardly warrant a response. However, since Mr. Onek has raised the issue of competence of Office of Scientific Integrity investigations, I gladly take the opportunity to acknowledge that OSI missed the boat in one major scientific misconduct case, i.e., the investigation of Dr. Gallo and his colleagues. As the former chief investigator in the case, I can say with certainty that no one at OSI comprehended the extent, seriousness, and systematic quality of the falsehoods that were perpetrated in this case. Nor, certainly, did we comprehend the significance of the official imprimatur that years earlier had been stamped on these falsehoods. In short, we had no idea what we were up against.

The stakes became clear in the spring of 1991, when an OSI report that pointed out numerous false statements in the Gallo et al. patents and related US government pleadings was dismissed by NIH/HHS attorneys with the offhand comment that, "We don't think there's a problem here." Shortly after preparing this report, I was forced to resign as chief investigator in the Gallo case.

Fortunately, thanks to Congressman John Dingell and the subcommittee, this was not the end of the matter. The full text of the subcommittee staff report is now available, on the WorldWide Web at the following URL number: http://nyx10.cs.du.edu:8001/~wstewart/

The scientific community and the public finally can examine the evidence and make their own judgments about these important matters. They will find the staff report solid in all its findings.

Suzanne Hadley
Rockville, MD

Program Announcements

Small Business Innovation Research Program
Application Receipt Dates: April 15, Aug. 15, Dec. 15

The Small Business Innovation Research (SBIR) program provides support for research and development of new technologies and methodologies which have the potential to succeed as commercial products.

The applicant organization must be a small business concern, and the primary employment of the principal investigator must be with the small business 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 research and development, 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 contractual 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.

NIH is required by law to reserve a specified amount of extramural research budget for an SBIR program. In fiscal year 1995, 2 percent of the extramural budget is reserved for the SBIR program, amounting to over $173 million at NIH; in fiscal years 1997 and beyond, the SBIR set aside requirement becomes 2.5 percent of the extramural budget. The SBIR program consists of:

PHASE I: The objective of this phase is to determine the scientific and technical merit and feasibility and potential for commercialization of the proposed project and the quality of performance of the small business concern, before consideration of further federal support in Phase II. 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: 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. 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 2-year project may not cost more than $750,000 for that project. A Phase I award must have been received in order to apply for a Phase II award.

Inquiries: Application procedures are contained in the Omnibus Solicitation of the Public Health Service For Small Business Innovation Research Grant Applications, *available from MTL, Inc. 13687* Baltimore Ave., Laurel, MD 20707-5096, Tel: 301/206-9385, FAX: 301/206-9722, Email: a2y@cu.nih.gov.

PAR-95-023

Title: **Small grants for therapeutic clinical trials of malignancies**

Application Receipt Dates: June 1, Oct. 1, Feb. 1

NCI Div. of Cancer Treatment announces a small grants program to encourage the submission of small grant applications for new therapeutic clinical trials of malignancies that take advantage of recent laboratory developments. New and experienced investigators in relevant fields (clinical, surgical, and radiation oncology) may apply for small grants to test new treatment strategies or do pilot clinical studies. Support will be through the NIH small grants (R03) mechanism. The program provides limited funds (maximum of $50,000 direct costs per year) for short-term (up to two years) research projects.

Inquiries: Diane Bronzert or Roy Wu, Div. of Cancer Treatment, NCI, Executive Plaza North Room 734, Bethesda, MD 20892, Tel: 301/496-8866, FAX: 301/480-4663, Email: bronzertd@dct.nci.nih.gov.

Cancer Meetings Listed

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.

FDA Oncologic Drugs Advisory Committee—Feb. 14, Rockville, MD. FDA Parklawn Bldg. Conf. Rm D&E. Public hearing 8 am, followed at 8:30 am by NDA for Dox-SL (Liposome Tech) and NDA for *Zoladex (Zeneca)* for palliative treatment of advanced breast cancer. Contact Adele Seifried, 301/443-4695.

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.

Society of Gynecologic Oncologists—Feb. 19-22, San Francisco, CA. Contact Wang Associates, 212/685-1900.

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.

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, 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.