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NCI Biostatistician Calls For Reanalysis Of Canadian Breast Screening Study

The largest randomized trial in the world to test the effectiveness of mammography in younger women should be reanalyzed to adjust for a design flaw that may have biased the results, according to an article to be published next week in the journal Cancer.

The Canadian National Breast Screening Study was biased against finding a benefit for mammography in women under age 50 because too

(Continued to page 2)

In Brief

President Proposes $1.994 Billion For NCI; Copeland Named Director, UF Cancer Center

FISCAL YEAR 1996 budget submitted by President Clinton this week proposes an appropriation of $1.994 billion for NCI, an increase of $78 million over the current year. The proposed appropriation for NIH is $11.793 billion, an increase of $467 million, or 4 percent, over the current year. . . . **EDWARD COPELAND** was appointed director of the Univ. of Florida Cancer Center last month. Copeland was chairman of surgery for 12 years and is a breast cancer expert. The university also appointed **Sheldon Schuster** associate director for cancer research, and **Gail Zavelson** associate director for administration. Schuster was interim director of the cancer center and director of the biotechnology program. Zavelson has administered the the center's NCI cancer center planning grant. . . . **FREDERICK BECKER**, vice president for research, M.D. Anderson Cancer Center, was selected as the first Welling Professor at George Washington Univ. He will spend a few days a year over a four-year period giving lectures and visiting with faculty and students. Becker is a member of the National Cancer Advisory Board. . . . **BILL GATES**, chairman of Microsoft Corp., and his wife Melinda Gates have given $2 million to Fred Hutchinson Cancer Research Center for construction of a clinical research building at the center's Lake Union campus. Gates previously donated $1 million toward construction of basic research buildings at the campus. . . . **FELLOWSHIP GRANTS:** The Susan G. Komen Breast Cancer Foundation is accepting applications for its 1995 National Grant Program for postdoctoral fellowship research and project grants. Contact Elda Railey, Tel: 214/450-1789. Deadline is March 15. . . **NEW ADDRESS** for NIH Div. of Research Grants: Effective April 21, grant applications must be sent to: 6701 Rockledge Dr., Room 1040, Bethesda, MD 20892, or for express mail, 20817. Inquiries: NIH Referral Office, Tel: 301/594-7250.

Study Formed Basis For NCI About-Face On Guidelines

(Continued from page 1)

many women who already had advanced breast cancer were enrolled in the mammography screening arm of the trial, according to Robert Tarone, an NCI biostatistician and author of the paper in the Feb. 15 edition of Cancer.

Future analyses of the Canadian study should exclude data on the women whose advanced breast cancers were detected at the initial physical exam, wrote Tarone, chief of the Statistical Research and Applications Section in the NCI Biostatistics Branch.

"Some will no doubt still argue that the NBSS data should be completely excluded [from analyses of the efficacy of mammography]," Tarone said to **The Cancer Letter**. "My paper takes a middle ground, and is thus unlikely to make either side in the debate completely happy."

Tarone's paper does not predict the outcome of the Canadian study following a reanalysis.

Two years ago, the Canadian study found that women 40 to 49 years old did not appear to benefit from annual mammograms. The conclusions of that study were cited among the reasons for the decision by NCI to cease recommending that women in their forties get regular mammograms.

$2 Billion In Mammograms

Cornelia Baines, deputy director of the Canadian study, disputed Tarone's conclusions.

"The NBSS remains quite sound, and our mammography detection rates and survival rates are excellent," said Baines, of the Univ. of Tornoto.

Baines said the investigators had in previous articles addressed the criticism about the imbalance of advanced disease.

"It is clear that the purpose of an article like this is to undermine the validity of a policy that doesn't endorse screening for women under age 50," Baines said to **The Cancer Letter**. "At stake is $2 billion in mammograms for women under age 50."

Taking the opposing point of view, the American College of Radiology said Tarone's paper supports the group's long-standing criticism of the Canadian study.

"There were major mistakes in the design and implementation of the study and these cast serious doubts on the usefulness of its results," ACR said in a statement last week. "This latest questioning of the validity of the Canadian study—this time by an NCI official—further strengthens the case for NCI to restore its support for screening women 40 to 49."

ACR also said the recently reported reductions in breast cancer mortality among white women is evidence of the benefits of mammography screening.

Daniel Kopans, director of breast imaging at Massachusetts General Hospital and a leading critic of the Canadian study, called for an independent investigation to determine the cause of the imbalance in the two arms of the study.

Kopans compared the problem with the Canadian study to the falsification reported last year in the National Surgical Adjuvant Breast and Bowel Project. "There have been rumors for many years that some women with advanced breast cancer were assigned out of turn to the mammography arm of the Canadian study," Kopans said to **The Cancer Letter**.

"This is worse than the controversy over the NSABP, because the falsification in the NSABP did not implicate the outcome of the studies, while this problem has major implications for screening Canadian and American women," Kopans said.

"It is time for NCI of Canada to face up to the problem," he said.

Barbara Rimer, chairman of the National Cancer Advisory Board, said Tarone's paper does not affect her conclusion that current trials of mammography have not shown a statistically significant reduction in mortality for women in their forties.

"Tarone really does a service by thoughtfully analyzing the methodological issues of the NBSS," Rimer said to **The Cancer Letter**. "The unusual allocation of the breast cancer cases is troubling and points to the need for further analysis. Even when you exclude the NBSS, there is not a statistically

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significant impact on mammography for women in their forties.

"The take-home message of the Tarone paper is the need for modified analysis of the NBSS data, and not that the data are invalid," Rimer said.

Rimer said NCAB plans to examine the recently reported decrease in breast cancer mortality to determine whether the decrease is due to screening or other factors. "It is too soon for anyone to understand that decrease," she said.

Tarone: Keep Debate In The Literature

In an interview this week, Tarone said he was not surprised by the strong reactions to his paper.

"I'm bothered by the press release phenomenon," Tarone said to **The Cancer Letter**. "Many things end up in the press before they are debated in the literature."

Tarone said the ACR statement reads too much into his paper. "This paper can be very easily misused, and the ACR has attempted to misuse it," he said to **The Cancer Letter**. "It is primarily a methodological paper."

The article deliberately avoided the policy debate over breast cancer screening guidelines, he said. "There is not a single thing in there about policy," he said. "The purpose of the paper is to propose a methodology that adjusts for the excess of advanced disease."

Rather, Tarone sought to find a sound way of dealing with a statistical quirk of Canadian results: the presence of an unexpectedly high number of women with node positive breast cancer detectable by physical exam on the study's mammography arm.

Of 86 invasive cancers diagnosed at the initial screen in the mammography arm, 22 percent had four or more nodes positive, compared to only 8 percent of the invasive cancers diagnosed in the control group, Tarone wrote.

The imbalance between the screened and control groups was statistically significant, Tarone wrote. The reason for the imbalance is not known, he wrote.

"The disproportionate assignment of poor prognosis patients to the screened group raises questions about the relevance of the subsequent mortality excess in young women screened by mammography in the NBSS to determinations of the efficacy of mammography," Tarone wrote.

Canadian investigators discovered the imbalance, but said their data and the study's results were consistent with other randomized trials of mammography. The excess of advanced cancers in the screening arm was the result of an unlucky randomization, the Canadians said. This is unlikely, but the possibility cannot be ruled out, Tarone wrote.

"Questions regarding the randomization process persist...in part because of the deficient randomization scheme used in the NBSS," Tarone wrote. "In spite of the fact that the initial physical breast examination preceded group assignment and symptomatic women were not to be excluded from the study, group assignments were made by local center coordinators using lists with pre-printed identification numbers and group designations.

"Such non-blinded randomization leaves open the possibility that some women were preferentially assigned to the mammography group on the basis of adverse signs discovered during the physical examination," Tarone wrote.

Breast cancer that has spread to the lymph nodes can be detected by physical examination, Tarone wrote. "The significant excess of cancers with extensive nodal involvement in the 40-49 [mammography] group could, in itself, be evidence of non-random allocation," he wrote. "If there was such non-random allocation it was not extensive, as only a small, nonsignificant excess of cancers detectable by physical examination was observed in the [mammography] group.

"The non-random assignment of even a few advanced cases to the [mammography] group, could, however, have a marked effect on assessments of the efficacy of mammography, particularly in the early years of follow-up," Tarone wrote.

Supporters of the Canadian study have argued that an analysis eliminating the advanced cancers would be inappropriate "because the determination of the nodal status of a cancer patient may depend on the screening modality," Tarone wrote. Therefore, the supporters argue, only an analysis which includes all the diagnosed breast cancers in the Canadian study would be valid.

Other researchers point to the deficient randomization scheme and the prevalence of advanced cancers and argue that all data from the trial should be excluded from NCI's planned meta-analysis of the results of eight mammography trials worldwide.

Statisticians call a variable such as disease stage at diagnosis, which can be affected by the screening modalities being compared in a trial, a "pseudo

variable." Adjusting for a pseudo variable can lead to the wrong conclusion.

However, the stage of cancers diagnosed by physical exam at the initial screening visit in the Canadian study is not a pseudo variable, because all women in the study received the same physical exam at baseline, Tarone wrote.

Thus, future analyses of the Canadian data should eliminate the advanced breast cancers that were detected by physical exam at the initial visit, Tarone wrote.

The results of a new analysis of the Canadian data would depend on the definition of advanced disease in deciding which cases to eliminate, Tarone said to **The Cancer Letter**.

"Ideally, one would want to eliminate all patients who would no longer be expected to benefit from screening due to the advanced nature of their disease," he said.

"Based on published data, there would still be a small excess of breast cancer deaths after seven years of follow-up in the group screened by mammography if the cases with four or more nodes positive (at the initial screening visit) are eliminated," Tarone said.

Possible Disruption of Randomization?

The possibility of a randomization error in the Canadian study should be thoroughly investigated by NCI of Canada, Kopans said.

An independent review should examine any randomization problems and provide immunity to the nurses, clerks, and technologists involved in the study, he said.

"At the least, they should reanalyze their data as Tarone suggests and republish their results just as the NSABP has had to do," Kopans said to **The Cancer Letter**. "If this is brushed under the rug it is an insult to women."

In a letter to David Beatty, executive director of the NCI of Canada, Kopans cited anecdotal evidence that suggested that randomization was compromised at several sites of the study because nurses wanted to ensure that symptomatic women got mammograms.

"Since the randomization was done using prepared lists in each screening center, there was the opportunity to compromise the process by assigning some women with advanced breast cancer, out of turn, to the screening arm of the trial," Kopans wrote in the letter dated Aug. 9.

In an interview with **The Cancer Letter**, Beatty said he had received the letter and has looked into the claims cited by Kopans.

"I have attempted to find first-hand evidence to corroborate his claim, not second or third-hand evidence," Beatty said. "I have had verbal communications that do not substantiate his claim."

"We take concerns about research credibility very seriously here," Beatty said. "We also take seriously public claims of misconduct. We frown on public claims of misconduct that are unsubstantiated. And we have not found evidence to substantiate his claim."

NBSS involved nearly 90,000 women and cost the NCI of Canada $12 million Canadian.

Dingell: "Unable To Vouch" For Staff Report On Gallo

In an unusual move, Rep. John Dingell (D-MI) said he was "unable to vouch for the veracity" of a report written by his subcommittee staff about the controversy surrounding NCI scientist Robert Gallo.

Dingell, former chairman of the Subcommittee on Oversight and Investigations of the House Committee on Energy and Commerce, wrote that he could not stand behind the report that "was not reviewed by the staff director, the chairman or any member of the subcommittee."

Dingell's disavowal of the report was contained in a letter to NIH Director Harold Varmus.

Several sources close to Dingell said to **The Cancer Letter** that they were stunned by the letter, considering the former chairman's history of standing by the actions of the staff.

When it first surfaced five weeks ago, the report was described as the consensus position of the majority and minority staff of the subcommittee (**The Cancer Letter**, Jan. 6).

"While some staff time was spent developing a report, one early draft on the matter had been rejected by the subcommittee staff director several months ago," Dingell wrote in the letter dated Feb. 3.

"Because of the election results and the resultant time and resource constraints imposed by the transition and the enormity of the editing and fact-checking tasks needed to assure that a report on this topic met the standards of the subcommittee, no report was issued.

"Drafts and relevant files on this inquiry were turned over to the incoming majority as a pending

and uncompleted matter," wrote Dingell, the ranking member of the Committee on Commerce.

Capitol Hill sources confirmed that a 1,200-page draft of the report was returned for revisions to the staff last year.

"The report is authentic and absolutely accurate," Suzanne Hadley, one of the authors of the report, said to **The Cancer Letter**.

Gallo's attorney Joseph Onek declined to comment on the letter.

NSABP Executive Committee Drops Lawsuit Against Pitt

The Executive Committee of the National Surgical Adjuvant Breast & Bowel Project has withdrawn its suit against the Univ. of Pittsburgh and its top officials.

The withdrawal is a consequence of a recently concluded agreement between Pitt and Allegheny Health, Education and Research Foundation, a Pittsburgh-based institution that houses the office of the new chairman of NSABP, Norman Wolmark (**The Cancer Letter**, Feb. 3).

The NSABP Executive Committee originally joined the complaint in support of former chairman and principal investigator Bernard Fisher (**The Cancer Letter**, Aug. 12, 1994).

Fisher's complaint against Pitt is pending.

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Fisher's Washington attorney Robert Charrow contended in a letter to NIH Legal Advisor Robert Lanman that NCI has made two contradictory demands for submission of a reanalysis of the *NSABP's B-06 trial.*

Originally, NCI officials demanded that a draft copy of the reanalysis paper be submitted for review by the Institute.

However, a subsequent letter demanded that the paper be submitted to the New England Journal of Medicine directly (**The Cancer Letter**, Feb. 3). According to the more recent letter from NCI, the paper must be submitted to the journal by Feb. 10.

By comparing the two positions "one can discern that NCI has changed its policy and is no longer requiring pre-publication review for the B-06 article," wrote Charrow, an attorney with the Washington firm of Crowell & Moring.

A copy of the letter was obtained by **The Cancer Letter.**

"We are deeply troubled by the course of NCI's actions in this matter," the letter, dated Feb. 2, continued.

"First, the agency attempted to impose a clearly improper prior restraint on the free interchange of academic ideas. When the scientists objected, NCI issued another missive...

"The agency never acknowledged that its prior actions were improper and never even acknowledged that it was retracting it clearly unconstitutional prior restraints," Charrow wrote.

The document also contended that the Institute's demand for submission of the reanalysis constituted an encroachment on academic freedom.

"Dr. Fisher and his colleagues at NSABP want very much to publish the reanalysis," Charrow wrote. "In that regard, NCI's unconstitutional actions may only impede the publishing process."

The B-06 trial, which included falsified data from a Montreal hospital, compared segmental mastectomy and axillary dissection with and without radiation versus total mastectomy and axillary dissection.

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Attorneys for Allegheny Health, Education and Research Foundation stated that Pitt bears full responsibility for the completion of a reanalysis of the B-06 trial.

Addressed to NIH Legal Advisor Lanman, the letter from Allegheny's attorneys states that the agreement with Pitt has not become effective. Until it does, Pitt alone will be responsible for submission of publications by NSABP.

"AHERF and [NSABP chairman Norman] Wolmark do not have responsibility for [submission of B-06 reanalysis]," attorneys Allan Fox and John Engel wrote in a letter dated Feb. 1.

"Any such outstanding issues simply do not involve AHERF or Dr. Wolmark," the attorneys wrote.

A copy of the letter was obtained by **The Cancer Letter**.

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Reprints of a four-part series of articles that takes a comprehensive look at the NSABP controversy are available from the Pittsburgh Post Gazette.

In addition to zeroing in on the recent events at NSABP, the series examines Fisher's career and his contributions to the understanding of breast cancer.

Fisher cooperated with the series, written by reporters Mackenzie Carpenter and Steve Twedt. The

stories were published on Dec. 26 through Dec. 29, 1994.

To obtain the reprints, send $4 to Richard Macino, Pittsburgh Post-Gazette, 34 Boulevard of the Allies, Pittsburgh, PA 15222.

Groups Warn Against NCI Cuts, Seek More For Cancer Research

In appearances before the House Appropriations Committee's Subcommittee on Labor, HHS and Education, three major advocacy groups warned against cuts in cancer research.

In their testimony, the National Coalition for Cancer Research and its member group, the American Association for Cancer Research, asked for a 10 percent increase for NCI.

Another group, the National Breast Cancer Coalition, urged that NCI's breast cancer programs be appropriated $485.6 million, the amount recommended by the Institute's 1996 Bypass Budget.

NCI spent an estimated $263 million on breast cancer in fiscal 1994.

NCCR Requests 10% More for NCI

Arguing for an incremental approach to increasing the NCI budget, NCCR pointed out that since 1980 NIH received a 15 percent increase in constant dollars while NCI received a 1 percent increase.

"A 1 percent increase in spending power over the past 15 years for a disease which will be the number one killer by the year 2000 is unacceptable and strictly inhibits our ability to achieve progress against cancer," said Albert Owens, former chairman of NCCR and director emeritus of the Johns Hopkins Cancer Center.

"NCCR is requesting that a minimum 10 percent increase in funding be given to NCI as a first significant step towards parity with the rest of NIH, and ultimately, to achieve the funding level recommended by the NCI Bypass Budget," Owens said in testimony Feb. 2.

Owens also listed the coalition's guidelines for the use of these funds:

- "The NCCR concurs with Congress's recommendation of last year to support a balanced cancer research agenda, one which includes basic, clinical, translational, prevention, control and survivorship research. We urge that this emphasis on balance remain a core component of your 1996 priorities.
- "Within this balanced approach there should be flexibility in the use of these funds to address high priority initiatives and to fund quality research applications and programs rather than arbitrary numerical targets. It is vital that we not let funding constraints destroy the quality of existing and future research initiatives.
- "As the Congress continues to debate the issue of unfunded mandates, we urge you to apply this concept to research as well. Earmarking of site-and gender-specific research should not be supported unless additional funds are provided."

AACR: More Funds For RPG

"A balanced cancer program provides some of the most promising opportunities through research project grants," AACR executive director Margaret Foti said in testimony Jan. 26.

However, federal support for these awards has declined drastically in the past 20 years, Foti said.

"The NCI success rate for [research project grants] dropped from 40.1 percent in 1971 to only 24.6 percent in 1993," Foti said. "The success rate for R01 [unsolicited investigator-initiated awards] in 1993 was a dismal 14 percent

"Thus, more than eight out of every ten proposals—research that might hold the key to preventing or curing cancer—were not funded," she said.

Foti said current funding for NCI and NIH is insufficient to meet the needs of translational research and to attract young researchers to clinical research.

"By providing additional resources that can be applied to clinical and translational research, Congress will enable NCI to put our research advances into practice, preventing many cases of cancer and improving the health of those who have cancer," she said.

NBCC: Bypass Funding for Breast Cancer

The federal government has an obligation to continue funding breast cancer research, Fran Visco, president of the National Breast Cancer Coalition said in congressional testimony.

"The recent elections and the development of the Contract with America sent many important messages to the leaders of this nation," Visco said in her testimony before the House Appropriations Committee's subcommittee on Labor, HHS and Education.

"However, I truly believe that while one of the messages may have been to decrease the role of government in the lives of its citizens, breast cancer research remains an important responsibility of the federal government," Visco said in testimony Feb. 1.

Since NBCC began its lobbying four years ago, increased funding for breast cancer research has revitalized the scientific community, Visco said.

"There is a level of excitement, an energy among scientists that has been lacking for some time," she said. "Scientists, consumers and policy-makers came together around this issue and have forged a new partnership that can only bring us to our goal that much faster."

Visco also reminded the appropriations subcommittee that NBCC has formidable grassroots support and that a little more than a year ago the group has presented to the White House a petition with 2.6 million signatures. The petition demanded the formulation of a national action plan to combat breast cancer.

Visco is a member of the President's Cancer Panel and a member of a search committee for the new NCI Director.

Trial Begins For Hilton Head Physician Rajko Medenica

Hearings in the case against Hilton Head physician Rajko Medenica began Feb. 7 in the Court of Common Pleas of Hampton County, SC.

The plaintiff, husband of a breast cancer patient, claims that Medenica administered a chemotherapy regimen that was "contraindicated, dangerous, medically unwarranted and likely to result in injuries," court documents say.

The suit was filed by Thomas Taylor, an attorney whose wife, Gayle, was treated with a regimen that contained the drug mitomycin C. Following her treatment four years ago, Gayle Taylor suffered hemolitic uremic syndrome, court documents say (**The Cancer Letter**, April 30, 1993).

The complaint also alleges that Medenica failed to warn the patient about possible side effects of the drug, failed to diagnose the onset of these side effects, performed useless and inappropriate testing, and misrepresented his credentials.

Medenica has denied the allegations.

The trial is expected to continue for at least two weeks.

RFP Available

RFP NCI-CP-62600-60

Title: **Repository for Storage and Distribution of Biological Research Resources**

Deadline: Approximately March 31

NCI is soliciting proposals from offerors with the capability to maintain a facility for centralized storage and distribution of biological reagents. Major tasks under this contract include: a) receiving reagents shipped to the repository for storage and distribution, b) receiving orders for materials by telephone or written requests, c) retrieving correct materials from freezers, packaging materials appropriately for shipping, and making shipments to fill requests, d) storing materials at proper temperatures, e) collecting charges for reagents as set by NCI and for shipping and handling, f) maintaining current accurate inventories of reagents, g) aliquoting bulk polyclonal antisera and h) obtaining proper assurance and release of indemnity forms from recipients of materials. This is a 100% small business set-aside, SIC code 8731, size standard 500 employees. A five-year award is estimated. Incumbent contractor is Quality Biotech Inc.

Contracting officer: Sharon Miller, RCB Cancer Etiology Contracts Section, EPS 620, 6120 Executive Blvd. MSC 7224, Bethesda, MD 20892-7224, Tel: 301/496-8611.

ORI Misconduct Findings

The HHS Office of Research Integrity last week announced findings of scientific misconduct in the following cases:

—David Eierman, Univ. of North Carolina at Chapel Hill: ORI reviewed an investigation conducted by UNC which concluded that Eierman committed scientific misconduct by falsifying or fabricating data in biomedical research supported by two Public Health Service grants. The ORI accepted the university's conclusions and found that Eierman engaged in scientific misconduct. Eierman has agreed to be excluded from federal support and from service on PHS committees for a three-year period. The fabricated and falsified data were reported in two manuscripts that were never published and in Figure 3 of "Beta 1 and Beta 2 Integrin Subunit Regulation of the Monocyte Inflammatory Response," Cellular and Cytokine Networks in Tissue Immunity (M. Meltzer, M. and A. Mantovani, Eds.). (1991). New York: Wiley-Liss.

—Celia Ryan, Univ. of Pittsburgh: ORI reviewed an investigation conducted by Univ. of Pittsburgh.

ORI concurred with the factual findings as set forth in the Univ. of Pittsburgh report, and finds that Ryan committed scientific misconduct by falsifying and fabricating interview data in a research project, "Assessment of the Variation and Outcomes of Pneumonia," supported by a grant from the Agency for Health Care Policy and Research. Ryan agreed to a Voluntary Exclusion and Settlement Agreement under which she will not apply for, nor permit her name to be used on any application for federal grant or contract funds, will not receive nor be supported by such funds, and will not serve on PHS committees for a three-year period.

RFAs Available

RFA CA-95-006

Title: **Development Grants For Research Programs In Prostate Cancer**

Letter of Intent Receipt Date: March 3

Application Receipt Date: April 7

The Cancer Centers Branch of the NCI Div. of Cancer Biology, Diagnosis and Centers, and the Chemical Exposures and Molecular Biology Branch, Div. of Extramural Research and Training, National Institute of Environmental Health Sciences, invite grant applications for development of new research programs in prostate cancer. The intent is to promote the development of interactive, multidisciplinary basic, clinical, and prevention and control research base focused on prostate cancer at the applicant institution. While basic laboratory research should be the foundational component of the application, every applicant is encouraged to consider including the elements that address the special emphasis areas of environmental and occupational carcinogenesis, prevention and control research opportunities, and/or the unusually high incidence and mortality rates in underserved minority or other high risk populations. Each applicant institution should provide a comprehensive plan for achieving this objective which utilizes innovative exploratory studies (i.e., pilot/feasibility studies) as a basis for establishing long-term peer-reviewed funding, and new recruitment, as a way of attracting critical scientific expertise. This initiative should provide applicant institutions opportunities to significantly expand the interactive, peer-reviewed, funded research base (e.g., R01s, P01s) on prostate cancer.

NCI anticipates setting aside $1.5 million in total costs in FY 1995 to fund applications. The budget request is limited to $300,000 total costs per year, and the total award period will be for no more than four years. NCI anticipates funding at least five applications. No funds are obligated by the NIEHS at this time. However, the NIEHS may co-fund several applications with the NCI.

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 e-mail from: Jaswant Bhorjee, NCI DCBDC, Executive Plaza North Rm 502, Bethesda, MD 20892, Tel: 301/496-8531, FAX: 301/402-0181, Email: bhorjeej@dcbdcep.nci.nih.gov

RFA CA-95-001

Title: **National Black Leadership Initiative On Cancer**

Letter of Intent Receipt Date: March 3

Application Receipt Date: April 27

NCI announces the availability of an RFA for one cooperative agreement (U01) award to continue building a vigorous cancer prevention and control outreach program entitled National Black Leadership Initiative on Cancer. The goals of NBLIC are to reduce cancer incidence and mortality rates and increase survival rates among Black Americans, and address the barriers that limit Black Americans' access to quality cancer prevention, control, and treatment services. The major focus of the program is to involve community leaders in building new and maintaining previously established community cancer prevention and control coalitions. Approximately $1.5 million in total costs (direct and indirect) will be committed each year for four years to fund one award.

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 e-mail from: Frank Jackson, NCI, Executive Plaza North Room 240D, Bethesda, MD 20892, Tel: 301/496-8589, FAX: 301/496-8675, Email: fj12i@nih.gov

Program Announcement

PA-95-025

Title: **Apoptosis Modulators For Treatment Of AIDS-Related Cancers**

The purpose of this program announcement is to encourage discovery of modulators of the apoptotic process with the intent of developing new therapies for AIDS-related malignancies. Support for this PA will be the investigator-initiated research project grant (R01), First Independent Research Support and Transition (FIRST) (R29) award, or the Interactive Research Project Grants mechanisms. If an IPRG is proposed, it must consist of a minimum of two independent applications. NCI has set-aside approximately $1 million total costs in FY 1995 for the first year of funding of applications.

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 e-mail from: George Johnson, NCI DCT, Executive Plaza North Room 832, Bethesda, MD 20892-7450, Tel: 301/496-8783, FAX: 301/496-8333, Email: meadt@dctod.nci.nih.gov