THE CANCER LETTER

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PRI Asks NIH To Cancel Recompetition Of Frederick Center Operations Contract

An NCI contractor has asked NIH to cancel the recompetition of a $1 billion contract that supports the Frederick Cancer Research and Development Center because the Institute has substantively altered the *terms of the contract while it was being recompeted.*

In documents obtained by **The Cancer Letter**, Program Resources Inc., the company that holds a seven-year contract to operate the Frederick center, also claims that the Institute has violated federal procurement law.

In a letter to NIH Director Harold Varmus, an official of DynCorp, PRI's parent company, said problems in the recompetition were so great as to justify canceling the procurement.

(Continued to page 2)

In Brief

Wittes To Become Acting DCT Director; Kaufman Leaves NCI For Private Practice

ROBERT WITTES will be named acting director of the NCI Div. of Cancer Treatment when Bruce Chabner, the current DCT director, retires. Chabner plans to leave NCI on April 1 to become head of hematology and oncology, Massachusetts General Hospital. Wittes has been chief of the Medicine Branch, in the Clinical Oncology Program, since 1990. He spent a year and a half as a vice president at Bristol-Myers Squibb Co. Prior to that, he was director of the NCI Cancer Therapy Evaluation Program from 1983 to 1988. . . . **DWIGHT KAUFMAN**, deputy director of the NCI Div. of Cancer Treatment, plans to leave April 15, to go into private practice in medical oncology with the Jackson Clinic, of Jackson, TN. His wife, **Joan Jacobson**, a senior investigator in the Radiation Oncology Branch, will leave NCI in June to join a radiation oncology group in Jackson. Kaufman came to NCI in 1982 and has been deputy director since 1991. He has been acting associate director of the Radiation Research Program since 1993. . . . **AIDS FUNDING SHIFT SIGNALED:** William Paul, director of the NIH Office of AIDS Research, advocated about a 20 percent shift of AIDS funding away from clinical research toward investigator-initiated laboratory research, in an essay in the Feb. 3 issue of Science. "Simple continuation of the policies of the past is likely to bring us only slow, fitful progress," he wrote. Paul appointed a new task force to help determine research priorities over the next year, chaired by Princeton molecular biologist **Arnold Levine**. Other members are: **Philip Sharp**, Massachusetts Institute of Technology; **Barry Bloom**,

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PRI Questions Integrity Of NCI Procurement For Frederick

(Continued from page 1)

"Given the likelihood of major changes to the substance of the contract...and the legal problems which arose during the course of this procurement, we can only suggest that it will be most cost effective to begin the procurement process anew," DynCorp president and CEO Dan Bannister wrote in a letter dated Jan. 24.

NCI officials declined to discuss specific details of the competition. However, Frederick Director Jerry Rice said the integrity of the procurement was not compromised.

"It is important to bend over backwards to assure that the integrity of the competitive process is scrupulously maintained," Rice said to **The Cancer Letter**. "In my opinion, the integrity of the process is intact and it remains to make a choice among the competing offerors."

A Public Health Service investigation of the integrity of the Frederick procurement concluded that the contract process had not been compromised, sources said. **The Cancer Letter** requested a copy of the investigation report, but PHS officials declined to provide it.

PRI's contract expired last September, but was extended for six months while NCI conducted a review of the Institute's intramural research program. The extension expires March 25.

Officials at PRI and DynCorp, both based in Reston, VA, did not return repeated telephone calls from a reporter.

Decision Rests With Broder, For A Time

The responsibility for selecting the contractor for the operations and technical support for the Frederick center rests with NCI Director Samuel Broder.

However, Broder is scheduled to leave NCI for a job with Miami-based IVAX Corp. His official date of departure is April 1, but he will take personal leave and vacation time for the month of March, his office said this week.

NCI officials and observers said it was unclear whether Broder would make the decision prior to his departure.

In the recompetition, PRI went up against a team led by Peter Fischinger, professor and chairman of experimental oncology at the Medical Univ. of South Carolina, and director of the Hollings Cancer Center.

Fischinger put together a group of researchers and two major government contractors, Science Applications International Corp., known as SAIC, and EG&G. SAIC, based in San Diego, CA, is a $1.6 billion a year firm that handles hospital management for the Dept. of Defense. EG&G, based in Wellesley, MA, has developed an expertise in running government-owned contract operations, or GOCOs. The Frederick center is classified as a GOCO.

The Request for Proposals for the operations contract was issued in 1993. Following review by a committee of NCI officials called the Source Evaluation Group as well as a review by a group of outside advisors, NCI was scheduled to award the contract last September.

However, days before the award was to be made, NCI informed the competitors that the PRI contract would be extended for six months while the National Cancer Advisory Board conducted a review of the NCI intramural program.

NCI asked the competitors to resubmit their offers for a two-year period, rather than the seven-year period originally planned (**The Cancer Letter**, Sept. 23, 1994).

PRI Alleges Leaks

In his letter to Varmus, DynCorp's Bannister claimed that the following problems had occurred:

- While the grant was being recompeted, NCI decided to reduce the duration of the contract from seven to two years. When that change was made, the Institute was obligated to return to square one and restart the procurement process, Bannister wrote.

"Ideas that may have generated a high rating by the evaluators simply have little or no value when considered against the backdrop of a substantially reduced period of performance," he wrote.

THE CANCER LETTER

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●Bannister also claimed that there was "a breach of the Procurement Integrity Act which resulted in improper communications to the offerors of sensitive procurement information.

"We believe that the confidentiality of source evaluation information was so substantially compromised that it is legally improper to continue the procurement in its current form," Bannister wrote.

In other letters written by a PRI official, the company described how NCI staff members told a PRI employee that the review committee had recommended awarding the grant to Fischinger's group.

Last spring, James Duggan, PRI executive vice president, wrote to NCI contracting officers John Eaton and Ronald Defelice to inform them that the company's principal investigator, Raymond Gilden, received information about the Source Evaluation Group's recommendation, which warranted an investigation.

"Specifically, Dr. Gilden was told that a competitor of PRI, a team of contractors composed of SAIC, EG&G and the Medical Univ. of South Carolina...had been proposed for award by the SEG and that the SAIC team received higher ratings than PRI in the technical evaluation," Duggan wrote in a letter dated May 26, 1994.

"We believe the receipt of this information is a reportable event under the Procurement Integrity Act and are disclosing it to you in accordance with the Act's reporting requirements," Duggan wrote.

"We have also heard rumors that the principal investigator proposed by the SAIC team, Dr. Peter Fischinger, publicly stated that his team was ahead in the procurement, and that Dr. Fischinger once implied that Dr. Broder, the source selection authority, owed him a favor as a result of Dr. Fischinger's support in obtaining Dr. Broder's appointment to his current position," he wrote.

In a footnote to the letter, Duggan pointed out that Fischinger, as NCI deputy director, had supervised Richard Adamson, director of the Div. of Cancer Etiology, and a member of the SEG. Adamson has since retired from NCI.

The letter stated that Fischinger also served on the DCE Board of Scientific Counselors, "maintaining close ties with NCI." Also, Duggan wrote, Fischinger transferred "over $1 million in cancer equipment from NCI" to the Hollings Center.

Duggan's conclusion: the procurement process should be stopped.

"We ask that an appropriate investigation regarding potential violations of the Procurement Integrity Act be conducted and that the procurement be halted until this investigation is concluded," he wrote.

Responding to Duggan in a May 31 letter, NCI's Eaton requested the name of the Institute staff member who informed Gilden about the SEG recommendation.

In a June 2 letter, Duggan wrote: "Dr. Dan Longo, the associate director of the Biological Response Modifiers Program for the NCI, provided this information to Dr. Gilden. Our information is that his source was Dr. Bruce Chabner, a member of the SEG responsible for making the award recommendation to [Broder]."

Longo could not be reached for comment.

Chabner declined to comment, and referred a reporter to the PHS report on the allegation.

Tom Shoe, director of the Div. of Grants and Contracts in the Public Health Service Office of Management, confirmed that his office had conducted an investigation, but declined to provide a copy of the investigation report.

Sources who have had access to the PHS report said to **The Cancer Letter** that the investigation found no impropriety on the part of NCI officials.

Duggan's letter went on to list instances of information being passed from NCI employees and outside sources regarding the outcome of the SEG review. He also related "one other rumor," that Adamson had approached Fischinger about employment at the Hollings Oncology Center.

"It is absolutely false," Adamson, vice president, scientific and technical affairs, of the National Soft Drink Association, said to **The Cancer Letter**.

"I never talked to any of the bidders for any of the five Frederick contracts about any position, and if anyone would have approached me, I would have told them to go jump in the lake," Adamson said.

Fischinger: Baseless Allegations

Fischinger said he was not aware of PRI's allegations until called by a reporter. However, he said Shoe met with him last July and asked similar questions.

"It is not at all surprising that there are a lot of baseless rumors in a contract competition of this size,"Fischinger said to **The Cancer Letter**.

Fischinger said he was told that the PHS investigation was completed in September, that nothing was found to support the allegations, and that

NCI would proceed with the procurement.

"I had no idea who was ahead [in the competition]," Fischinger said.

Fischinger said he resigned from the DCE board when he decided to compete for the Frederick contract. Asked whether Adamson had sought a job from him, Fischinger said, "Absolutely not."

Fischinger said he had not talked to Broder about the Frederick center. "I have great respect for Dr. Broder, but there have never been any communications between us with reference to Frederick," Fischinger said. "I haven't done him any favors."

Fischinger said some equipment was transferred to Hollings to be used in the laboratory of Takis Papas, formerly an NCI scientist. The Institute sometimes provides equipment to help scientists who leave, Fischinger said. "That is not that unusual to help NCI scientists get a footing in another environment," he said.

Fischinger said he believes there is no reason for NCI to cancel the recompetition. "We don't see any need for extending this any further," he said. "We eagerly anticipate a selection announcement.

"I am interested in the fairness of the process," Fischinger said. "I have confidence in the agency that they are doing what has to be done."

The NCI decision to change the duration of the contract does not constitute legal grounds for canceling the procurement, Fischinger said. "This is a cost-type contract, which will enable the government to adjust the contract up or down as needed," he said. "The offerors were advised of the potential changes in the scope and direction of the contract when the third best and final offer was requested."

Four other contracts that support the Frederick center were awarded on schedule last fall.

FDA Roundup:

FDA Invites More Consumer Representation On ODAC

Under a pilot program, the FDA Oncologic Drugs Advisory Committee will invite consumer representatives to serve as ad hoc reviewers for New Drug Applications, agency officials said this week.

Though the committee has one voting member who represents cancer patients, additional consumer representation was to be tested during the ODAC meeting earlier this week.

Randy Wykoff, associate commissioner for AIDS and special health issues, said the additional consumer representation was a response to requests from cancer patient advocacy organizations.

"For some time in the AIDS area, we have had ad hoc representatives to bring additional consumer and patient points of view to the issues being discussed," Wykoff said to **The Cancer Letter**. "Some of the cancer advocacy organizations have requested this as well."

Two ad hoc representatives were scheduled to help ODAC review two NDAs this week. They were Michael Marco, oncology project coordination for the Treatment Action Group, a New York-based organization representing people with AIDS; and Marsha Oakley, a nurse from St. Agnes Hospital in Baltimore, and a member of the National Breast Cancer Coalition. Oakley also serves on FDA's National Mammography Quality Assurance Advisory Committee.

Different representatives would be chosen for each NDA the committee reviews, Wykoff said.

The ad hoc representatives may be asked for their opinion on NDAs, but their vote would not be official. ODAC often asks outside experts to help review NDAs, as non-voting consultants to the committee. The position of the ad hoc consumer representatives would be similar, Wykoff said.

"These individuals add another perspective and a more focused perspective than the permanent consumer representative on the committee, who is expected to represent all persons with all types of cancer, " Wykoff said. "Just because they are non-voting doesn't mean their opinion doesn't count."

The ad hoc representatives will be chosen by FDA "through a process of internal discussion that will involve different offices," Wykoff said.

Unless the ad hoc representatives happen to serve on other FDA advisory committees, they will not have the same access to the drug sponsor's data as the regular ODAC members, Wykoff said. This is due to the time it takes to qualify as a special governmental employee, which is necessary to protect proprietary information.

"If someone is not a special governmental employee, it is up to the product sponsor to decide if the ad hoc representative should have access to the data," he said. "Ideally, you would like everyone to have access to comparable body of knowledge."

However, Wykoff said, this and other aspects of the program will be reviewed by the agency.

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President Clinton has proposed a $1.025 billion budget for FDA in fiscal 1996.

The proposal calls for $883.6 million in budget authority and $141.7 million in user fees, for a total of $1.025 billion, an increase of $49.6 million over the current year.

The 1996 budget requests authority to collect an estimated $84.7 million in total user fees under the Prescription Drug User Fee Act, an increase of about $5.3 million over FY95. The number of full-time equivalent employees (FTEs) for human drugs and biologics programs would increase by 100, for a total of 600 FTEs.

The administration has proposed a Medical Device User Fee Act. The proposed budget requests an additional $23.7 million and 109 FTEs in medical device resources through user fees.

The FY96 budget proposal requests a $6.5 million increase in user fees authorized by the Mammography Quality Standards Act. The total user fees of $13 million would go for funding of federal and state inspections of 10,750 mammography facilities and 3,200 follow-up inspections.

The budget request includes a proposed authority to collect $15 million in additional fees to strengthen FDA's surveillance of imported products.

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FDA approved 85 new drugs and licensed biological products last year and cut in half the review time for drugs and biologics, the agency said.

The improved review time is the result of the user fee program, the agency said.

The median approval time for the 23 approved vaccines and other biological products was 12.2 months, almost one-half of the 23.4 months that had been required for similar approvals in 1993. The median time for the 62 new drug approvals was 19 months, a period 21 percent shorter than was needed for drugs approved in 1993.

More than a third of the approved drugs (22) were new molecular entities (NMEs), products containing an active substance that had never been marketed in any form in the US. The median review time for NMEs was 17.5 months, compared to 23 months in the year before.

Fourteen of the NMEs were applications submitted since the start of the user fee program. These applications were approved in a median time of 12.1 months.

Seventeen of the approved new drug applications were in the "priority" classification granted to medications that are expected to have important new therapeutic value. The median approval time for these products was 15 months. For the 10 priority products filed under the user fee program the median approval time was 10.4 months.

The user fee program, authorized by the Prescription Drug User Fee Act of 1992, enables FDA to collect fees from pharmaceutical companies and use the proceeds to accelerate the review process at the Center for Drug Evaluation and Research and Center for Biologics Evaluation and Research.

In a report to Congress, FDA said it met all interim user fee goals to date, including the elimination of overdue drug and biologic submissions.

Last year, both Centers approved 20 percent more supplemental applications for changes in manufacturing processes of already approved products, the agency said. CDER approved 1,032 and CBER 888 such changes.

Budget Proposal Would Allow NCI To Fund 152 More Grants

The President's budget proposal for fiscal 1996 would enable NCI to fund 3,426 cancer and AIDS research project grants, 152 more than the current year.

The budget proposal for NCI of $1.994 billion for cancer research and $225.79 million for AIDS research would provide:

—A total of 3,314 cancer research project grants, including 860 competing grants, 103 more than this year.

—A total of 112 AIDS research project grants, 18 more than this year, including 25 competing grants.

Non-research project grant cancer funds would be distributed as follows:

—An increase of $8 million to fund 284 Small Business Innovation Research grants, 122 more than this year. The amount is a mandated percentage of the research budget.

—An increase of $3.8 million for cancer centers, for a total of $131.65 million. The amount would fund the same number of cancer centers, 56, as the current year.

—A cut of $3.8 million from the Specialized Programs of Research Excellence, for a total of $21.99 million. That amount would fund 13 SPORE grants, the same number funded this year.

—An increase of $4.19 million in NCI's "other

research" category, which includes the research career program, cancer education, cooperative clinical research, and minority biomedical research support. Included is $79.5 million to support cooperative groups, an increase of $2.3 million over the current year.

—Flat funding for individual training awards, $4.57 million to fund 163 awards.

—A $1.1 million increase for institutional training awards, $39.65 million to fund 1,388 awards.

—A $2 million decrease in research and development contracts.

—A $7.7 million increase for intramural research, for a total of $287.27 million. This includes a cut of 16 full-time equivalent positions.

—An increase of $1.45 million for research management and support, for a total of $90.45 million.

—An increase of $29.88 million for cancer prevention and control, including an increase of two FTEs.

—A cut of $5 million from extramural construction, for a total of $3 million.

AIDS funds would be consolidated in the NIH Office of AIDS Research. In addition to the research project grants, the funds would be provided to NCI programs as follows:

—$632,000 for cooperative clinical research, an increase of $18,000 from this year.

—$30,000 for other research related activities, the same amount as this year.

—$78 million for research and development contracts, the same amount as this year.

—$102 million for intramural research, a $1.56 million increase from this year.

—$7.7 million for research management and support, the same amount as this year.

In Brief

Fisher Wins Jacquillat Award; Calabresi Leads NE Society

(Continued from page 1)

Albert Einstein School of Medicine; **Rebecca Buckley**, Duke Univ.; **King Holmes**, Univ. of Washington; **Robert Schooley**, Univ. of Colorado; and **Richard Whitley**, Univ. of Alabama. . . .**BERNARD FISHER**, distinguished service professor of surgery, Univ. of Pittsburgh, received the Third Claude Jacquillat Award for Achievement in Clinical Oncology earlier this month at the International Congress of Anticancer Chemotherapy, in Paris. . . . **PAUL CALABRESI**, professor of medicine and chairman emeritus, Brown Univ. Dept. of Medicine, was elected president of the New England Cancer Society at the society's annual meeting last month. Calabresi has served on the executive committee of the NECS since 1992, and was president-elect last year. He is a member of the National Cancer Advisory Board. . . . **WILLIAM SCHULTZ** was appointed deputy commissioner for policy at FDA. Schultz, an attorney, was counsel to the House Subcommittee on Health and the Environment from 1990 to 1994. He led in drafting laws providing comprehensive standards for nutrition labels on food, revising medical device legislation and authorizing the FDA to charge user fees for drug and biologics reviews. *Previously*, he was an attorney at the Public Citizen Litigation Group, and taught food and drug law and civil litigation at Georgetown Univ. He replaces **Michael Taylor**, who left FDA in 1994 to become administrator of the Food Safety and Inspection Service in the Dept. of Agriculture. . . . **SHARON SMITH HOLSTON** was appointed deputy commissioner for external affairs at FDA. Holston, a 22-year career veteran of FDA, was most recently associate commissioner for management and systems.... **NINETEEN YOUNG** clinical researchers received Wellcome Oncology Clinical Research Scholar awards to enable them to attend the American Association for Cancer Research annual meeting in Toronto next month. Wellcome Oncology is funding a three-year grant to support annual meeting expenses of young cancer researchers working in clinical or translational research at cancer centers, the association said. A rotation has been established so that each of the NCI-designated centers will receive a Wellcome award once during the three-year grant. Other institutions also will receive the awards. . . . **AMERICAN ASSOCIATION** for Cancer Education invites submission of abstracts for its annual meeting, Nov. 9-12, in Tampa, FL. Non-members as well as members are encouraged to submit abstracts. Topics related to cancer education for professionals, patients, and the public will be considered for posters or presentations. Abstract forms, due April 14, are printed in the Journal of Cancer Education or by request from Robert Chamberlain, AACE Secretary, Dept. of Epidemiology 189, M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Houston TX 77030, E-mail rchamber@request.mda.uth.tmc.edu. . . . **NCI CONFERENCES:** NCI will hold a pre-application conference to assist

potential applicants for the **National Black Leadership Initiative on Cancer** cooperative agreement award, on March 10, 9 a.m.-4 p.m., NIH Building 31C, Conference Room 10. The meeting is open to the public. Contact: Frank Jackson, Div. of Cancer Prevention and Control, Tel: 301/496-8589, FAX: 301/496-8675. **Lung SPORE Briefing:** NCI has scheduled a briefing for those who plan to submit a letter of intent for the RFA for the Specialized Program of Research Excellence in Lung Cancer. The briefing is open to the public and will be held March 17, 8:30 a.m.-noon, in Conference Room H, Executive Plaza North, 6130 Executive Blvd., Rockville, MD. Contact: Andrew Chiarodo, Div. of Cancer Biology, Diagnosis and Centers, Tel: 301/496-8528.... **CORRECTION**: A story in the Feb. 10 issue of **The Cancer Letter** incorrectly quoted a portion of a letter from Rep. John Dingell (D-MI) to NIH Director Harold Varmus. The statement, as contained in the letter, reads: "We cannot vouch for the authenticity or accuracy of the papers provided to you."

Cancer Meetings Listed

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.

Clinical and Societal Issues in Blood and Marrow Transplantation for Hematologic Diseases—March 2-3, Washington, DC. Contact Leukemia Society of America, Tel: 212/573-8484.

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

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

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

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

NCI-EORTC Symposium on New Drugs in Cancer Therapy—March 12-15, Amsterdam. Contact EORTC, Amsterdam, the Netherlands, Tel: 31-20-444-2795, FAX 31-20-444-2767.

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

Hematopoietic Stem Cell Transplantation—March 16-18, San Diego, CA. Contact CME office, UCSD, 619/534-3940, FAX 619/534-7672.

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

President's Cancer Panel--March 28, NIH Building 31 Conf. Rm 6, Bethesda, MD. Topic: The Human Genome Project, meeting open 8 a.m.-5 p.m.

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

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

Future

Signal Transduction of Normal and Tumor Cells—April 1-6, Banff, Alberta, Canada. Contact AACR, Tel: 215/440-9300, FAX 215/440-9313.

American Cancer Society National Conference on Gynecologic Cancers—April 6-8, Washington, DC. Contact Sharmyn Kelliekan, ACS, 404/329-5788, FAX 404/636-2317.

Pediatric Oncology Group Semiannual Meeting—April 7-10, St. Petersburg Beach, FL. Contact POG Operations Office, Pat Persaud, 312/482-9944.

Signals in the Life and Death of a Cancer Cell—April 7, Memphis, TN. Contact Gloria Burness, special programs, Univ. of Tennessee, 901/448-5516.

UNC Lineberger Comprehensive Cancer Center Annual Symposium—April 20-21, Chapel Hill, NC. Contact Sarah Rimmer, Tel: 919/966-3036.

National Consortium of Breast Centers Annual Meeting--April 28-30, Nashville, TN. Contact NCBC, Tel: 219/267-8058.

American Radium Society Annual Meeting—April 30-May 3, Paris, France. Contact ARS, Tel: 215/574-3179.

AIDS: Therapeutic and Prophylactic Challenges—May 8, Frederick, MD. Contact Patti Hall, Foundation for Advanced Cancer Studies Inc., 410/658-2882.

RFA Available

RFA CA-95-008

Title: **Specialized Programs Of Research Excellence In Lung Cancer**

Letter of Intent Receipt Date: March 30

Application Receipt Date: June 23

The Organ Systems Coordinating Branch, NCI Div. of Cancer Biology, Diagnosis and Centers invites grant applications (P50) for Specialized Programs of Research Excellence in Lung Cancer. The intent is to expand the number of Lung Cancer SPOREs from the current two to a minimum of three SPOREs through open recompetition. SPOREs are at institutions that have made or will make a strong institutional commitment to the organization and conduct of these programs. NCI anticipates making at least three awards and setting aside $2.5 million per award or $7.5 million total for the initial year's funding.

SPORE applicants will be judged on their current and potential ability to translate basic research findings into innovative research settings involving patients and populations. Each SPORE is encouraged to conduct rehabilitation and quality-of-life research. Each SPORE must provide career development opportunities for new and established investigators who wish to pursue active research careers in translational lung cancer research; develop and maintain human lung cancer tissue resources that will benefit translational research; develop extended collaborations in critical areas of research need with laboratory scientists and clinical scientists within the institution and in other institutions; and participate with other SPORES on a regular basis to share positive and negative information, assess scientific progress in the field, identify new research opportunities, and promote inter-SPORE collaborations to resolve areas of scientific controversy. Each SPORE and the "network" of SPOREs is expected to conduct research that will have the most immediate impact possible on reducing incidence and mortality to human lung cancer. Each SPORE should support a mix of basic and clinical researchers whose formal interactive and collaborative research efforts will result in new approaches for early detection, diagnosis, therapy, and prevention and control.

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 from: Andrew Chiarodo, DCBCD, NCI, 6130 Executive Blvd, Suite 512, Bethesda, MD 20852, Tel: 301/496-8528, FAX: 301/402-0181, Email: chiarodoa@dcbdcep.nci.nih.gov

Program Announcements

PA-95-031

Title: **Early Detection Research on Carcinoma of the Pancreas**

NCI and the Div. of Digestive Diseases and Nutrition of the National Institute of Diabetes and Digestive and Kidney Diseases wish to encourage research in strategies for early detection and diagnosis of pancreatic cancer or in identification of individuals at high risk, such as individuals with chronic pancreatitis, who develop pancreatic neoplastic lesions. These strategies can be devised based upon leads provided by 1) known risk factors identified through epidemiologic or cohort studies, 2) knowledge and research on pancreatitic metabolism or oncogene expression, or 3) the genetics of pancreatic metabolism, especially the activation of putative metabolic procarcinogens or cancer causing metabolites in certain populations. This PA is primarily designated for research on human subjects, although animal models may be used to confirm or develop specific hypotheses.

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 from: Donald Earl Henson, DCPC, NCI, Executive Plaza North, Room 305, Bethesda, MD 20892, Tel: 301/496-9424, Email: deh@helix.nih.gov; or Thomas Kresina, DDDN, NIDDK, 45 Center Drive, Room 6AN-12A, MSC 6600, Bethesda, MD 20892-6600, Tel: 301/594-8871, FAX: 301/480-8300, Email: tfk@cu.nih.gov

PA-95-032

Title: **Geographic Information Systems In Environmental Health Sciences**

The NCI Div. of Cancer Etiology and the Div. of Extramural Research and Training of the National Institute of Environmental Health Sciences invite investigator-initiated grant applications to develop and explore the utilization of geographic information systems and related methodologies in environmental health research. This PA focuses on stimulating epidemiologic and statistical approaches for elucidating the geographic relationship between environmental exposures, relevant physical measurements, and cancer and other chronic diseases. Interdisciplinary studies incorporating the expertise of biostatisticans, epidemiologists, environmental health scientists, medical geographers and computer specialists are particularly encouraged.

Support will be through R01, R29, and IRPGs. NCI-funded investigators who are expanding the scope of their work and have at least one year of support remaining from the anticipated date of award may apply for competing supplement awards.

Inquiries: NIH Grant Line (data line 301-402-2221) or NIH GOPHER (gopher.nih.gov), and: Marthana Hjortland, DCE, NCI, Executive Plaza North, Suite 535, MSC 7395, Bethesda, MD 20892-7395, Tel: 301/496-9600, Email: Jasonc@EPNDCE.NCI.NIH .GOV; or Gwen Collman, DERT, NIEHS, PO Box 12233, Research Triangle Park, NC 27709, Tel: 919/541-4980, FAX: 919/541-2843, Email: Collman@NIEHS.NIH.GOV