THE CANCER LETTER

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"Roller-Coaster Budget" For NIH Criticized On Capitol Hill; $1 Billion Cut By FY 2000?

It will be up to the HHS Secretary to decide whether NIH budget will be decreased by as much as $1 billion by the year 2000, NIH Director Harold Varmus said at a congressional hearing.

"The [HHS] Secretary is yet to determine whether the reductions will be applied evenly among the agencies," Varmus said at a hearing of

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In Brief

Selection Of NCI Director Extended By Month; Fisher Named NSABP Scientific Director

TARGET DATE for the selection of the NCI director has been extended by a month, to the end of April, officials said. Under the new schedule, the Institute director would assume his duties by June 1. . . . **BERNARD FISHER** was named scientific director of the National Surgical Adjuvant Breast and Bowel Project. Fisher, who was outsed from the group's leadership last fall, was given the new appointment at the NSABP annual meeting this week in San Diego. **Norman Wolmark** was formally appointed chairman of the group. **H. Samuel Wieand**, recently of the Mayo Clinic, will join the Univ. of Pittsburgh as chief of the NSABP Biostatistical Center, succeeding **Carol Redmond**, who is leaving for Oxford Univ. Wieand also will replace **Ronald Herberman** as principal investigator for biostatistics. Herberman, director of the Pittsburgh Cancer Institute, was interim chairman of NSABP and, later, interim PI for *biostatitics*. . . **THE FUTURE** of the NSABP is "once again in the hands of the membership, and I think that's a tremendous step forward," Wolmark said in his opening address, the Pittsburgh Post-Gazette reported. Wolmark said he hoped the group would return to its primary goal of finding new treatments for breast and bowel cancers. . . . **EDWARD SONDIK**, acting NCI director, said the Institute has a deep commitment to the NSABP's work. "All of us have been through a devastating year," he said at the group's meeting. "The NSABP is central to NCI's commitment to reduce death and suffering from cancer.... With the publication of papers on the audit process and on the reanalysis we will have set the scientific record straight so that the public and the profession can be fully informed about the comparable efficacy of lumpectomy and mastectomy. I am optimistic that we are now in a strong position to once again focus on clinical research....We are here to look to the future of NSABP."

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Worst Case Scenario: 9% Cut By FY 2000, Varmus Says

(Continued from page 1)
the House Labor, HHS & Education Appropriations Subcommittee March 14. "She is prepared to try to protect our investment in NIH."

According to the President's budget proposal, the worst case scenario for NIH will mean a cut of 9 percent—or $1 billion—by the fiscal year 2000. In the short term, the prospects are less gloomy. Under the President's plan, NIH will receive an increase of 4.1 percent, or $467 million.

Porter Attacks "Roller-Coaster Approach"

Subcommittee Chairman John Porter (R-IL) attacked the Administration for what he described as a "roller-coaster approach" that involves short-term increases followed by long-term cuts.

"I am confident that Congress will look at priorities and understand the value of biomedical research to the people of our country," Porter said.

Varmus said he was hopeful that NIH would not experience the long-term cuts contained in the President's plan for deficit reduction.

Asked by Porter to describe the impact of the $1 billion cut, Varmus said that under this worst-case scenario the success rate for grants could fall from the current level of 24 percent to as low as 19 percent.

"The effect on our enterprise will be to slow research throughout NIH, without a doubt."

NCI Acting Director Edward Sondick is scheduled to testify before the House Subcommittee March 16.

Heading off long-term cuts

In a related development, three members of the Senate Appropriations Committee requested that at an upcoming Senate hearing Varmus address the impact of a long-term reduction in finding for NIH.

In a letter to Varmus, Sens. Arlen Specter (R-PA), Tom Harkin (D-IA), Mark Hatfield (R-OR) asked the NIH director to prepare a detailed analysis of the proposed reductions prior to testifying at a hearing before the Senate Labor, HHS & Education Subcommittee March 23.

Specter is the chairman of the subcommittee, Harkin is the ranking minority member, and Hatfield is the chairman of the full committee.

"We request that you project the impact of the reductions... on new and competing grants and the resulting success rates; the centers program; training; the intramural program; the Library of Medicine, as well as the other mechanisms of support," said the three senators in a letter dated Feb. 22.

"We also request that you project the impact these proposed cuts would have on the President's and NIH's priority research programs such as breast cancer, AIDS, and the Human Genome Project," the letter said.

The three senators left no doubt about their own stance on the issue:

"With medical research offering such [promise] for lowering health care costs and improving quality [of care], now is not the time for our nation to limit its commitment... to biomedical research," the letter states.

Varmus: NIH is cost-effective

Testifying before the House subcommittee, Varmus said the increase for fiscal 1996 will allow NIH to take advantage of emerging opportunities.

"If the President's request is appropriated by Congress, we will be able to proceed with enhanced vigor to convert recent discoveries in neuroscience, cell biology and genetics into advances against diseases of the brain, the reproductive system... as well as several forms of cancer," Varmus said at the hearing.

Varmus said the economic benefits of research at NIH are underappreciated, though they "warrant special mention in view of the current debates over government support of scientific research."

According to Varmus, NIH stimulates the creation of skilled jobs, supports research at academic institutions, and generates knowledge that stimulates the private sector.

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"The nation's expenditures for health care have risen dramatically over the past decade, largely for reasons unrelated to NIH-based research," Varmus said.

However, "the savings provided by our discoveries are often overlooked," he said. "Many advances reduce expensive hospitalizations, eliminate the need for costly procedures and increase the productivity of our citizens."

Varmus's list of recent accomplishments of NIH-funded research included the isolation of several genes associated with a high cancer risk, including the BRCA-1 hereditary breast cancer gene; the work with angiostatin, a peptide that inhibits metastatic growth of tumor cells; and the use of the drug hydroxyurea in treatment of sickle cell disease.

Varmus said the government's role in biomedical research also stimulates investment by the private sector.

"It is sometimes argued that the federal government retreat from its support of biomedical research because the private sector is spending more," Varmus said.

"My view is just the opposite: the reason the private sector is spending more is because fundamental research carried out through the NIH and other federal agencies has provided the seed corn on which the private enterprises are building their programs."

SAIC Offers Employment To PRI's Frederick Workers

About 1,300 workers at the NCI Frederick Cancer Research and Development Center will receive employment offers this week from Science Applications International Corp. as the San Diego-based firm begins the process of taking over the center's operations and technical support contract.

More than 1,000 workers, who are employed by Program Resources Inc., met last week with representatives of SAIC and EG&G, of Wellesley, MA, to hear a presentation from the new contractors. PRI, based in Reston, VA, lost its bid to maintain the Frederick contract it has held for the past 14 years.

The SAIC transition team expects to complete the transfer by March 26, the day after PRI's contract expires. SAIC and EG&G won a one-year contract with two option years and a total potential value of $400 million.

"Our goal is a seamless transition of operations and management with no disruption to the center's 1,300 employees or its programs," said Peter Fischinger, who will become president of SAIC Frederick. "SAIC is committed to the continued success of the facility through sound planning and professional management."

Fischinger joins SAIC from the Medical Univ. of South Carolina where he is chairman of experimental oncology and director of the Hollings Cancer Center. He will maintain a position at MUSC, but will move to Frederick to operate the center on a full-time basis.

Willard Hillegeist, SAIC vice president for administration, will be the top administrator reporting to Fischinger.

PRI and its parent corporation, DynCorp, have filed suit in the US Federal Court of Claims challenging the contract award to SAIC.

NCI officials said they did not expect the challenge to hinder the transition.

PRI officials could not be reached for comment.

PRI will continue to oversee the completion of several construction projects for which the firm holds subcontracts. PRI is scheduled to complete construction of a five-story building this May, and to finish several other building renovation and expansion projects later this year, sources said.

Employee-owned SAIC provides high-tech services to government and the private sector. The firm has $1.9 billion in annual revenues and 17,800 employees in more than 250 locations worldwide.

Centers' Reputations Alone Won't Attract Managed Care, Directors Told At AACI Meeting

Doctors running the nation's most prestigious cancer centers were told bluntly last week that they may have to cut pay and force night and weekend work to be included in managed care plans.

Academic medical centers can no longer count on attracting patients based on their reputations alone, Leslie Weitzman, a managed care consultant for Price Waterhouse, told the Association of American Cancer Institutes at the group's annual meeting March 8.

They must compete against cancer care providers and plans that don't do research but offer the same services, she told the group representing 55 NCI-designated cancer research centers and nearly two dozen others institutions.

Some doctors questioned how they can carry out their research missions and still meet managed care's insistence on cut-rate, quality care.

Paul Bunn Jr., director of the Univ. of Colorado Cancer Center, said the marketplace pressures could stall biomedical breakthroughs. He likened it to being told to design the cheapest possible iron lung instead of working on a polio vaccine.

Trim The Fat

However, some of the cancer center directors conceded they must trim the fat from their operations.

Vincent DeVita Jr., the former NCI director who now runs the Yale Univ. Cancer Center, lamented that some patients now get "totally useless therapy."

The entire medical profession, not just oncologists, orders too many expensive tests and tries too many things of no benefit to patients, DeVita said.

But Joseph Pagano, who directs the cancer center at the Univ. of North Carolina at Chapel Hill, said, "There's a tremendous pressure from patients for all of these services. They want to be hospitalized. They want all of the (treatments)."

Weitzman noted that specialized cancer care plans are growing rapidly, often offering treatment late at night and on weekends.

Albert LoBuglio, director of the Univ. of Alabama cancer center in Birmingham, said the academic hospitals must start providing chemotherapy and other treatments at times that suit their patients' schedules, not their physicians.

For the cancer centers to survive, they will need to treat two to three times as many patients with half the current staff, he predicted.

How To Survive

John Kovach, AACI president and director of the City of Hope Cancer Center, said the cancer centers are threatened by managed care because they rely on referrals and have no patient base of their own.

Frank Meyskens Jr., director of the cancer center at the Univ. of California, Irvine, said that only a quarter of the center's patients were in managed care plans in 1989. Today 80 percent to 90 percent of its business is with managed care. Some physicians' salaries have been cut 25 percent to 50 percent, he said.

As managed care spreads across the country, "people really have to think about how they are going to survive," said Meyskens.

Advisors Question GI SPORE Pancreatic Cancer Emphasis

Pancreatic cancer research may not warrant the emphasis proposed in a recompetition of the Specialized Programs of Research Excellence, an advisory board said last week.

Advisors to the NCI Div. of Cancer Biology, Diagnosis and Centers asked the Institute's staff to seek expert opinion about whether the recompetition of the SPORE in gastrointestinal cancer should require research in pancreatic cancer.

The DCBDC Board of Scientific Counselors voted unanimously to table a concept for the recompetition until the board's next meeting in June. Board member David Livingston, of Harvard Medical School, led in questioning the concept's requirement for pancreatic cancer research.

The concept proposed an expansion from one GI SPORE, currently held by Johns Hopkins Univ., to two SPORES. According to the concept statement, "Each SPORE must demonstrate a balanced approach to research on prevention, etiology, screening, diagnosis and treatment of human colorectal and pancreatic cancers, and the translation of basic research findings."

NCI proposed to set aside $1.5 million per year to fund each grant.

NCI held a workshop a year ago that attracted about 100 investigators conducting research in pancreatic cancer, Andrew Chiarodo, chief of the Organ Systems Coordinating Branch and the SPORE program director, said to **The Cancer Letter**. Nevertheless, Chiarodo said he would form an expert panel to determine whether the concept should be altered.

The board gave concept approval to two new Program Announcements for R01 and R29 grants in cancer vaccines and AIDS lymphomas.

The excerpted text of the concept statements follows:

Immunologic Recognition and Control of Tumors: A Basis for Cancer Vaccines. Concept for a new Program Announcement. Program director: John Sogn, Cancer Immunology Branch, Extramural Research Program.

The intent of this initiative is to ensure that emerging immunologic concepts of antigen recognition and cellular effector mechanisms continue to be applied to the development of vaccine approaches to cancer. The goal

of this Program Announcement is to encourage submission of applications that will serve as the basis for the next generation of cancer vaccines.

Promising areas of research can be divided into two broad groups, dealing first with initiation of specific immune recognition and second with improvement of an ongoing immune response. In the phase of initial recognition, the emphasis is on identification of tumor associated antigens recognized by T cells and/or B cells and development of novel methods to improve cellular recognition of tumors. For ongoing immune responses, the areas of emphasis include, but are not limited to, genetic manipulation of tumor or immune cells with cytokine or other genes to improve the effectiveness of an antitumor immune response, approaches to increasing the number of specific and nonspecific antitumor immune cells and their capacity to reach sites of tumor growth, and identification of mechanisms that lead to downregulation of otherwise effective immune responses to tumors.

Recent discoveries have provided a firm theoretical foundation for a new generation of studies in cancer immunology aimed at the development of vaccines to treat or prevent cancer. The emphasis is on specific recognition of tumors by T cells and the identification of cellular interactions and/or patterns of cytokine secretion that can translate recognition into an effective, cytotoxic response to the tumor. The techniques of molecular biology provide powerful tools with which to accomplish these new goals. There have been enough applications of new concepts and new methodology to cancer immunology to demonstrate continued promise. What is needed now is continued, high quality research, involving not only established investigators in tumor immunology but also scientists who have been trained in the latest immunologic concepts and methods, but who may not appreciate the opportunities that tumor systems have to offer.

This PA will serve to notify the research community that basic research relevant to cancer vaccines remains a high priority of NCI and that NCI believes there are attractive research opportunities in this area.

Immunobiology of AIDS Lymphomas. Concept for a new Program Announcement. Program director: John Finerty, Cancer Immunology Branch.

The intent of this initiative is to stimulate research on immunologic mechanisms involved in the development of lymphomas in AIDS patients. This announcement is intended to encourage development and testing of hypotheses about the mechanisms of lymphomagenesis in the unique immune environment induced by HIV infection. This environment is characterized by defects in immune regulation, loss of specific immune cell subsets, presence of abnormal cytokine levels, changes in the architecture of germinal centers and other lymphoid tissues and an apparent loss of immune surveillance.

The intent of this PA is to encourage further basic research into the mechanisms of B cell lymphoma development in both HIV positive and negative individuals.

DCE Advisors Approve Grant Recompetitions

Advisors to the NCI Div. of Cancer Etiology gave concept approval last week to the recompetition of three contracts supporting the Epidemiology and Biostatistics Program.

The DCE Board of Scientific Counselors agreed to allocate $14.2 million over four to five years for the contracts involving laboratory support and epidemiologic studies.

The excerpted text of the concept statements follows:

Laboratory Support for Processing and Storage of Biological Specimens from Persons at High Risk of Cancer. Recompetition of a five-year contract worth $6.5 million over five years, Epidemiology and Biostatistics Program. Project Officer: Neil Caporaso.

The contractor will provide accessioning and processing of biological specimens for epidemiological studies; organize, aliquot, and distribute samples to collaborating investigators for testing; maintain the existing repository and add new samples; maintain information on the quality, quantity and location of samples, and provide these data in a timely manner for the computerized sample inventory; perform repository-related tasks with the highest quality control and safety.

The EBP repository houses over 900,000 serum and plasma samples, 170,000 viably frozen lymphocyte samples, 75,000 cervical cell samples and 12,000 samples of other types, including tumor, stool, urine, and other materials. Over 175,000 samples have been disseminated in the past three years of this contract to over 170 collaborators for laboratory analysis.

Specimens that arrive at the contractor facility may be fresh unprocessed samples or already processed samples submitted for inventory, storage or distribution. The contractor provides services for sample processing and inventory that are tailored to the needs of different investigators. Standard protocols are followed for processing different types of biospecimens.

These include procedures for separating and viably freezing lymphocytes for cell culture, tissue typing, cell

surface markers, FACS analysis, DNA extraction, and genetic analysis. Other materials requiring specialized processing include red blood cells, urine, feces, tumor tissue, semen, exudates, and transudates. Serum and plasma are processed, aliquoted, and stored at the time of sample receipt.

A portion designated by the NCI investigator is utilized for specified analyses and the remainder is aliquoted for storage in the repository. For each sample, records of internal freezer location and external destination are recorded, and these data entered into the computerized inventory system. Samples are stored at suitable temperatures in mechanical or liquid nitrogen freezers, and 24 hour per day monitoring and security is maintained to guard against sample loss.

Appropriate biosafety measures are scrupulously adhered to in order to protect laboratory staff and to prevent exposure to human immunodeficiency virus (HIV) or other blood-borne pathogens.

Family studies that have collected biologic materials from affected pedigrees have led to successful gene mapping efforts in cutaneous melanoma, MENI syndrome, neurofibromatosis type 2, nevoid basal cell carcinoma syndrome, and most recently breast-ovary cancer. Further efforts to characterize mutations and describe phenotype-genotype relations are proceeding.

Families with Hodgkin's disease, non-Hodgkin's lymphoma, bladder cancer and chronic lymphocytic leukemia are currently under active investigation to try to establish genetic contributions to the etiology of these diseases.

Pharmacogenetic studies of normal and diseased populations have included phenotyping studies (using debrisoquine, dextromethorphan, and caffeine), and genotyping studies (including the identification of new inactivating CYP2D6 mutations). Cancer association studies and studies of populations with unique exposures such as the dioxin-exposed cohort of Seveso, Italy, have been the focus of new studies.

Large cohort studies of gastric and esophageal cancer from China have identified nutritional risk factors and formed the basis for intervention efforts in cancer-prone populations. Papillomavirus has been studied in relation to cervical cancer in both case-control and prospective studies in Central and South America and the US to assess the role of micronutrients and viral risk factors.

Contract personnel enter data and generate standardized reports in compliance with requirements for use of integrated Biological Specimen Inventory System. Additional total system support of about $50,000/yr is provided by the EBP-wide computer support services contract. This resource is needed to provide coordinated information on all stored specimens and integration of laboratory results with established data bases for specific studies.

Multidisciplinary investigations of enviromnental causes of cancer (formerly support services for epidemiologic studies). Recompetition of $5.9 million, five-year contract. Epidemiology and Biostatistics Program. Project Officer: Louise Brinton.

The contractor will provide support for a continuation of activities to provide epidemiologic support all components of the EEB.

Services include: 1) liaison, whereby the contractor assists in the coordination of multi-center studies and helps facilitate cooperation between NCI and its collaborators; 2) development of study materials, including questionnaires, abstract forms, coding forms, manuals of field procedures, and other documents; 3) identification of study subjects, including location of cancer patients and relatives, selection of controls through such methods as random-digit dialing, and acquisition of appropriate study population rosters or files; 4) training of interviewers, abstractors and other field personnel; 5) field supervision and management; 6) interviewing of study subjects; 7) abstracting and coding relevant medical and other records; 8) obtaining biologic specimens and arranging for shipment to laboratories for appropriate assays; 9) data preparation and processing, including editing and preparing information in a format suitable for computer analysis; and 10) quality control and standardization, to ensure that appropriate and valid data are obtained.

Studies supported by the contract are: Asian-American Breast Cancer Study; US Cervical Cancer Study; Rheumatoid Arthritis Chart Review Study; Testicular Cancer Follow-up; Endometrial Cancer Study; Breast Cancer Detection Demonstration Project; Breast Cancer in Young Women; Beltsville Heterocyclic Aromatic Amine Study; Nasopharyngeal Cancer (NPC) Study in Taiwan; Rare Reproductive Tumor Study.

The studies which will be continued under the new support services contract include the Costa Rica HPV study and the cervical adenocarcinoma study. Studies being considered include: 1) an investigation of families at high risk of nasopharyngeal cancer to allow assessment of the effects of the candidate gene or genes and modifying influences of environmental factors; 2) a case-control study of breast cancer in Kerala, India to evaluate the role of pesticide exposure (especially DDT) to risk; 3) an investigation among African-American, White and Japanese males to assess the role of genetic aberrations in prostate disease progression from early latent tumors to clinically overt tumors; 4) a retrospective cohort study of mortality and morbidity of men employed on banana plantations in Costa Rica who were exposed to high levels of dibromochloropropane; 5) assessment of biomarkers to evaluate the cervical humoral and cell-mediated immune responses to HPV; 6) a follow-up study of a cohort of women treated for a variety of gynecologic conditions with androgens; 7) a metabolic

study of dietary and reproductive determinants of endogenous hormone levels; 8) development of a questionnaire to determine dietary and lifestyle correlates of fruit and vegetable intake for use in a case-control study of epithelial tumors; and 9) an investigation of whether the length of a well-designed dietary assessment instrument affects participation and the quality of responses.

Record-Linkage Studies Utilizing Resources in Population-Based Tumor Registries. A four-year contract for $1.8 million. Epidemiology and Biostatistics Branch. Project officers: John Boice, Mitchell Gail, and Robert Hoover.

The contractor will utilize the diverse resources of population-based cancer registries to conduct record-linkage and record-abstraction studies and to evaluate the effects of medical treatments, occupational exposures, and other risk factors in cancer etiology.

The project provides for managerial, data collection, and computer processing support to address issues where resources from population-based cancer registries could best be utilized. The services are used for collaborative research, including support of investigators in the Surveillance, Epidemiology, and End Results (SEER) program and other population-based cancer registries. For cohort studies, rosters of study subjects are linked to cancer registry records, new cancers are identified, and numbers are compared to expected values based on rates for the corresponding general population and appropriate person-years at risk. For case-control studies, cancer cases are identified, appropriate controls are selected, and additional detailed exposure and risk factor information are obtained from supplementary sources, such as the hospital of treatment.

The following investigations are likely to be considered or continued under this project: (1) linkage of rosters of patients treated for various diseases or conditions to cancer registries to identify subsequent cancers (such as women with infertility); (2) linkage of specific population rosters to cancer registries to identify subsequent cancers (such as hospital discharge registries); (3) linkage of occupational rosters and cancer registries to test or generate hypotheses regarding cancers related to workplace exposures (such as Chernobyl clean-up workers); (4) linkage of data in several cancer registries to evaluate radiation treatment and second cancers (such as lung cancer following radiotherapy for breast cancer); (5) linkage of data in several cancer registries to evaluate chemotherapy and second cancers (such as leukemia following cisplatin and epipodophyllotoxins); (6) linkage of persons with stored serum samples with cancer registries; (7) risk of breast, ovarian, and all cause cancer among women hospitalized for hysterectomy and/or oophorectomy; (8) linkage of prescription drug or medication records with cancer registries; and (9) assessment of the possible contribution that postnatal diagnostic x-rays might play in the etiology of childhood leukemia. It is planned that feasibility studies, generally at minimal expense, would be initiated to determine whether appropriate records can be linked and to evaluate the type and quality of additional data that can be obtained from existing files. These might then be followed by enhanced studies to abstract supplemental information from hospital and other records.

In Brief

(Continued from page 1)

. . . **A TENNESSEE-BASED** charitable organization accused of using fraud to raise money in Pennsylvania will pay $187,500—including $137,500 to be distributed to hospice programs that aid cancer patients—under a settlement with the Pennsylvania attorney general's office. A consent decree also requires **Cancer Fund of America Inc.**, based in Knoxville, to "clearly and conspicuously disclose" in future fundraising that it is not affiliated with the American Cancer Society. The Pennsylvania attorney general sued CFA in August 1992, alleging that the organization used complex paper transactions involving nearly worthless goods to conceal the fact that most of the money it raised was spent on fund raising. . . . **PATRICIA GRADY** will become director of the National Institute of Nursing Research on April 3, NIH Director Harold Varmus announced. Grady is deputy director of the National Institute of Neurological Disorders and Stroke. . . . **JAMES BATTEY** was appointed director of intramural research of the National Institute on Deafness and Other Communication Disorders. Battey was head of the Molecular Structure Section in NCI's Laboratory of Biological Chemistry, where he isolated and characterized the human c-myc gene. . . . **SAUL SCHEPARTZ**, who retired last year as deputy associate director of the NCI Developmental Therapeutics Program, has become a consultant to researchers and drug developers. Schepartz joined NCI's drug development program, then called the Cancer Chemotherapy National Service Center, in 1958. The CCNSC originally was an extramural program, but was reorganized in 1965 as the Chemotherapy Program to include both intramural laboratory and clinical programs, as well as contract-funded drug development. "Having worked in both types of organizations, I strongly believe that the participation of NCI intramural investigators in drug discovery and development, and the constant

interaction between those investigators and the scientists running the contract program, has resulted in activity that has never been as soundly based as it is at present," Schepartz said to **The Cancer Letter**. "The separation of these groups from each other would be counterproductive." Schepartz works from his home in Gaithersburg, MD. Tel: 301/926-7378, E-mail address: saschep@aol.com. . . . **C. EVERETT KOOP**, former US Surgeon General, has founded a newsletter to help Americans lose weight and become more physically active. The bimonthly Health Letter is published by the C. Everett Koop Foundation in association with the American Health Foundation. **Ernst Wynder**, AHF founder, is editor-in-chief. A subscription is available by sending a $25 check payable to the C. Everett Koop Foundation to P.O. Box 1200, Southport, CT 06940. . . . **LAWRENCE WAGMAN** was named chairman of the Div. of Surgery at City of Hope National Medical Center. Wagman has been acting chairman since 1991. He joined City of Hope in 1985, following residency at Medical College of Virginia. He was a clinical fellow at NCI. . . . **FLORIDA GOV. LAWTON CHILES** filed a billion-dollar lawsuit last month against the nation's cigarette makers over the health care costs for welfare recipients with smoking-related illnesses. The suit seeks at least $1.43 billion in damages from 21 cigarette makers as well as industry consulting and public relations firms. It also aims to halt the marketing of cigarettes to teenagers. "We are filing suit to protect the rights of Florida taxpayers and to protect future generations from falling victim to tobacco's cycle of death," Chiles said in a statement before the suit was filed in Palm Beach County Circuit Court. The suit accuses the tobacco industry of engaging in a conspiracy to mislead the public about the effects of smoking. Three states—Minnesota, Mississippi and West Virginia—have filed similar lawsuits against tobacco companies. A Florida law passed last year, the Medicaid Third-Party Liability Act, allows courts to impose judgments against tobacco companies based on their market shares. Tobacco companies have filed a suit to try to overturn the law. . . . **MILLIONS OF US** smokers may join a lawsuit that claims tobacco companies covered up knowledge that nicotine is addictive and manipulated the drug in cigarettes to hook smokers. New Orleans US District Judge Okla Jones II certified the lawsuit as a class action, ruling that anyone who has ever had a doctor tell them to quit smoking can share if damages are awarded. If upheld, it would be the first nationwide class action lawsuit against the tobacco industry. R.J. Reynolds Tobacco Co. said it will appeal Jones' ruling. Other defendants in the suit are: American Tobacco Co. Inc.; Brown & Williamson Tobacco Corp.; Phillip Morris Inc.; Liggett & Myers Inc.; Lorillard Tobacco Co., Inc.; and United States Tobacco Co., and parent companies including RJR Nabisco Inc. The lawsuit was filed by Dianne Castano, whose husband died of lung cancer, and smokers Ernest Richard Perry Sr., T. George Solomon and Gloria Scott, all of New Orleans.

RFA Available

RFA CA-95-007

Title: **Cooperative Network For Evaluation Of Markers Of Urinary Bladder Cancer**

Letter of Intent Receipt Date: April 21

Application Receipt Date: June 23

The Cancer Diagnosis Branch of the NCI Div. of Cancer Biology, Diagnosis and Centers invites applications for cooperative agreements (U01) from institutions capable of and interested in participating in the Cooperative Network for Evaluation of Markers of Urinary Bladder Cancer. The goal of the network is to evaluate biochemical, immunologic, genetic and other quantifiable markers for diagnosis and prognosis of urinary bladder cancer. The network will perform collaborative studies requiring expertise in urology, pathology and/or basic cancer biology to evaluate appropriate quantifiable markers of urinary bladder cancer and to define relevant clinical applications. This network will develop and carry out new studies and continue the collaborative studies of bladder cancer markers currently being carried out by the existing Marker Network for Bladder Cancer. NCI anticipates making up to six awards for project periods of four years. A total cost of $1.3 million is expected to be set aside for funding these activities in the initial year.

Inquiries: Roger Aamodt, DCBDC, NCI, Executive Plaza North Rm 513, 6130 Executive Blvd., Rockville, MD 20892-9904, Tel: 301/496-7147, FAX: 301/402-1037, Email: ra32u@nih.gov

NCI Contract Awards

Title: Detailed drug evaluation of treatment strategies for chemotherapeutic agents.

Contractor: Southern Research Institute, $2,081,346.

Title: Lung cancer and high levels of indoor radiation.

Contractor: Laboratory of Industrial Hygiene, Ministry of Public Health, Beijing, China, $579,012.