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To Become Effective Lobbyists, Scientists Seek Alliances With Patient Advocates

The leadership of the American Association for Cancer Research is attempting to forge an alliance with patient advocacy groups in an attempt to become more effective in lobbying for federal funding for biomedical research.

"The news is not good for funding, and it is going to get worse," Anna Barker, chairman of the AACR Public Education Committee, said at the association's annual meeting in Toronto last week. "If we don't work together, we are all going to lose."

Edward Bresnick, the association's immediate past president agreed.

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In Brief

Joseph Bertino Succeeds Bresnick As AACR President; Louise Strong Is President-Elect

JOSEPH BERTINO became president of the American Association for Cancer Research, succeeding **Edward Bresnick** at the association's annual meeting this week in Toronto. Bertino is chairman of the Molecular Pharmacology and Therapeutics Program at the Sloan-Kettering Institute for Cancer Research. **Louise Strong** was elected president-elect. Strong is professor of experimental pediatrics, section chief of medical genetics, at the M.D. Anderson Cancer Center. . . . **NEW MEMBERS** of the AACR Board of Directors are: **Ann Kennedy**, of Univ. of Pennsylvania School of Medicine; **Frederick Li**, of Dana-Farber Cancer Institute; **Clara Bloomfield**, of Roswell Park Cancer Institute; and **Michael Gottesman**, NIH deputy director for intramural research. They will serve three-year terms. The board elected **Anna Barker**, president and CEO of OXIS International Inc., to fill Strong's unexpired term on the board. . . . **BERNARD MOSS**, chief of the Laboratory of Viral Diseases at the National Institute of Allergy and Infectious Diseases, has won the 1994 ICN International Prize in Virology. The prize consists of an award and $50,000 in cash. Moss was responsible for research on the vaccinia virus, including his biochemical characterization of the vaccinia virus life cycle and determination of the organization and structure of its genome. The award will be presented to Moss on April 12 at a ceremony on the NIH campus. . . . **ASSOCIATE DIRECTOR** for Clinical Research is being sought by the Univ. of California, Irvine Clinical Cancer Center. The new

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AACR Sees Need To Forge Alliance With Consumers

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"We must develop close relationships with advocacy groups and have them fight our battles and their battles jointly," Bresnick said in his final remarks as president.

In its quest for alliances, the association invited Frances Visco, president of the National Breast Cancer Coalition and a member of the President's Cancer Panel, to address the scientists.

"We get you money," Visco said. "We have been proven to be effective advocates. We should collaborate and combine our strength."

"Patient Advocates Made It Happen"

Visco said that while consumers have demonstrated their ability to obtain funding, they also demand a role in deciding how the money is spent.

"The advocates want to reform the system so that the rules by which providers make decisions, the focus that researchers take, and the laws that govern these areas change, and that consumers are players at every level of that system," she said.

"I have seen first-hand the anxiety that this level of patient advocacy provokes in the research community," Visco said. "But I've also seen first-hand the incredible change and the incredible things that can come about when we do work together—when you let us come in as part of this structure."

Increased funding for breast cancer research was the first priority of the NBCC when it was formed in 1991, Visco said.

That year, the NCI budget for breast cancer research was $90 million, and had increased by only $50 million over the previous eight years, she said.

NBCC's first letter-writing campaign resulted in an additional $42 million for breast cancer research, she said. The following year, the group developed a plan for spending an additional $300 million on research.

"We were told we were crazy, but we didn't think so, and we were successful," Visco said. "Through our grassroots advocacy network across the country, through lobby days, faxes, phone networks, we got an additional $300 million. Patient advocates made that happen."

Part of the money, $210 million, was carved from the Dept. of Defense budget and placed in a peer reviewed breast cancer research program. "Many of you at this conference receive funding from that program," Visco said.

This year, the program is slated to receive $150 million as a result of the coalition's advocacy.

"We went from $90 million to $500 million for breast cancer research," Visco said. "If you think for one moment that would have happened without patient advocates getting involved, you are absolutely wrong."

In the 104th Congress, 53 percent of House Republicans have no more than two years experience, Visco said. A senior White House aide was quoted in a Nov. 18 article in Science as saying, "Science programs could be a target for cuts, because people don't understand them, and science is not the most effective constituency for lobbying. But we are their constituents, and we will and do lobby for more money for science."

Advocates want more than just increased funding, Visco said.

"We are not just the ladies' auxiliary of the National Cancer Institute, or of the scientific community, because we're not satisfied with just getting more money for research," she said. "We want to have a say in how that money is spent."

The Army involved advocates in overseeing the Breast Cancer Research Program, which Visco said was successful in attracting 2,700 proposals.

"Another way consumers are impacting the research process is to find out what the scientific community needs and then to go out and get it," Visco said. For example, the coalition is working to decrease barriers to entry on clinical trials. One of those barriers is the cost of care not paid for by federal research funds.

"We are devising a strategy on how to get what

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we want from third party payers," Visco said. "It makes perfect sense that we should work together to do this. We need your expertise, you need ours. You need our voice, you need our clout. We are willing to work with you to make this happen."

Visco said that if activists become involved in designing and conducting clinical trials, they could help increase accruals. "It makes sense to collaborate this way," she said. "It saves resources. It will get us the answers quickly. Let us get the word out on trials. Who better to tell women about trials than other women who have been through breast cancer?"

Later this year the coalition plans to offer a course to teach consumer advocates about science. The course, called Project LEAD, will train consumers to be effective advocates, Visco said. "We want consumers who won't hold up the process," she said. "We don't want to stand in your way; we want to work with you."

The coalition is continuing to work with HHS to implement the National Action Plan on Breast Cancer, Visco said. Six working groups involving activists and scientists are devising plans for spending about $10 million placed in the NCI budget.

The NBCC has more than 300 member organizations and 28,000 individual members, Visco said. Its goals are:

—To promote research into the cause of, optimal treatment and cure for breast cancer through increased funding, recruitment and training of scientists, and improved coordination and distribution of research funds.

—To increase access for all women to screening, treatment and care, and to improve access to clinical trials.

Congress Raising "Fundamental Questions"

"Fundamental questions about the federal role in biomedical research, about allocating funds for various diseases and about the nation's continued investment in science are being raised," Edward Sondik, acting NCI director, said in his address to AACR members.

"I thank the AACR for your vigorous and thoughtful support of federal funds for biomedical research," Sondik said. "Your position has been very clear: support for parity with other NIH institutes for the NCI, a balanced program within NCI of basic untargeted research, and increased support for translational research, and you have argued that an investment in research pays off in improved health and an improved economy."

The NIH budget, now $11 billion, is a large portion of the domestic discretionary budget, and is attracting attention from Congress, Sondik said.

"It is important that you hear these economic realities and understand that tough choices lie ahead for all of us," Sondik said. "We will all be put to the test, and we at NCI will ask for and expect your help in making difficult choices."

Sondik listed other challenges faced by NCI:

—A review of the intramural research program by a committee of the National Cancer Advisory Board. The review could have implications for the extramural program as well, Sondik said.

—The Institute is expected to cut staff by 10 percent from the current level over the next five years.

—The departures of the NCI director and two division directors leave gaps in leadership, Sondik said.

"The hull of the ship is sound, though there are some holes in the superstructure, and we are rearranging the decks, but it ain't the Titanic," Sondik said. "The potential tightening of the budget, and the questioning of assumptions about research and funding may well send shock waves, but it also offers the opportunity to improve and to strengthen."

NCI expects to fund about 800 competing research project grants in FY1995, about 30 fewer grants than last year, Sondik said. The anticipated success rate is about 20 percent. The total number of RPGs to be supported will be about 3,100, he said.

The President's budget request for NCI for FY96 provides an increase of 4 percent, or $83 million, of which $44 million will be provided for RPGs, Sondik said.

In the 1996 budget, the number of Type 5 awards will decrease by about 70, but will be offset by increase of over 100 competing awards, Sondik said. The net number of awards would increase by about 30.

"The funding policy proposed by the President includes supporting the committed about for Type 5 grants," he said. "Competing awards will receive an average amount equal to the biomedical inflator, which runs a bit above the cost-of-living increase."

The success rate anticipated for FY96 would be about 21 percent, he said.

Letters To Congress

At the urging of AACR leadership, the association members who attended last week's meeting sent 1,500

letters to members of Congress.

"It is extraordinarily important for us to register our concern about the funding for cancer research and the fight against cancer," Bresnick said in his address. "I think we have to take into our own hands this business of achieving an appropriate level of funding to counter the disease.

"We need stronger voices, both within NIH and the extramural scientific community, that will help Congress understand the need for continued and increased support for cancer research," he said. "It is imperative that we make noise in this regard. One of the ways we can do this is letters to our legislators."

In the next few weeks, Joseph Bertino, the new AACR president, plans to send a letter to the association's 10,109 members asking that that they, too, write to Congress, the group said. AACR has 5,590 active members, 1,870 corresponding members, 595 members emeritus, 2,012 associate members, 18 honorary members, and 24 sustaining members.

Dana-Farber Patient Died Of Chemotherapy Overdose

Dana-Farber Cancer Institute has accepted responsibility for the death of one advanced breast cancer patient and a crippling cardiotoxicity experienced by another.

"We are resolute in our desire to have a full understanding of these very tragic events," David Livingston, Dana-Farber director and physician-in-chief said to **The Cancer Letter**. "That will be the only way we will be able to prevent this from ever happening again."

Livingston said Dana-Farber has formed review committees to investigate the circumstances that led to two bone marrow transplantation patients receiving overdoses of cyclophosphomide.

One of the patients, the Boston Globe health columnist Betsy Lehman, died Dec.3, while receiving treatment at Dana-Farber. Lehman was 39.

She and another patient, who was 52, were receiving cyclophosphamide with cimetidine support in accordance with a Dana-Farber clinical trial (protocol 94-060).

The story of the overdoses first appeared in the Globe March 23 and has since appeared in The New York Times, on network news and in national news magazines.

According to the Globe, at least 12 health professionals overlooked the error as the two patients continued to receive what the newspaper described as a four-fold dose of the drugs. Utimately, weeks after Lehman's death, the error was picked up by a data manager, the Globe reported.

The day before the Globe story appeared, Livingston issued a statement that left no doubt about Dana-Farber's acceptance of responsibility for the overdoses and outlined plans for an investigation.

"We profoundly regret what has occurred, assume full responsibility for these tragic events, and have taken additional precautions to ensure that they do not happen again," Livingston said in a statement.

In an interview with **The Cancer Letter**, Livingston did not challenge the Globe's story. "I would say that the Boston Globe has been quite reasonable and fair in its reporting," he said.

Livingston said he was made aware of the overdoses in the morning of Feb. 13, and promptly informed the families of the two patients.

"Within 24 hours of learning of these deeply tragic events I met with the grieving husband and the very sad patient who is chronically disabled," he said. "We revealed to them the full extent of these overdoses."

Soon thereafter two physicians were removed from their clinical duties and assigned to administrative work, Livingston said. He declined to reveal the physicians' names pending the outcome of an investigation.

The first phase of the investigation will be conducted by a Dana-Farber internal review committee that will include Stephen Sallan, clinical director, pediatric oncology; Jay Harris, clinical and educational director, center for radiation therapy; Richard Leggat, a member of the board of trustees; Frederick Li, chief of the division of cancer epidemiology and control; Anita Polli, director of quality assurance and risk management; Jerome Ritz, clinical chief, bone marrow transplant program and Margaret Wise, lay member of the internal review board.

Livingston said he hoped the internal committee will complete its report by the end of May, after which another investigation will be conducted by an external review committee.

Members of that group will include Vincent DeVita, director of Yale Comprehensive Cancer Center and former NCI director; James Armitage, chief of medicine at the Univ. of Nebraska; Nancy

Davidson, professor of medicine at Johns Hopkins Univ. and Robert Schwartz, professor of medicine at Tufts and associate editor of the New England Journal of Medicine.

Livingston said the external review committee will review the report of the internal investigastion, after which it will conduct its own inquiry. The committee would then submit its report to the president and the board of governors of Dana-Farber, Livingston said, declining to discuss the target date for completion of the external committee's report.

"Our plan is to make the conclusions of these reports public," Livingston said.

FDA Recruits Candidates For ODAC Consumer Rep

FDA is recruiting candidates for the consumer representative to the Oncologic Drugs Advisory Committee. The committee reviews and evaluates data on the safety and effectiveness of marketed and investigational human drugs for use in the treatment of cancer.

Candidates should be technically qualified with sufficient scientific expertise to be able to discuss the issues considered by the committee and be able to effectively raise issues of concern to people with cancer.

The role of the consumer representative is to lead discussions on key issues from the perspective of a consumer while the other committee members focus on these issues from the perspective of scientists and clinicians. Consumer representatives should have the ability to analyze data, understand research design, discuss benefits and risks, and evaluate the safety and efficacy of the products under committee review.

All candidates' resumes are reviewed against the following criteria: communication skills; established links to consumer, community, or patient-based organizations; objectivity; leadership capability; analytical skills; interpersonal skills; and scientific/technical expertise.

The four-year term of the position will begin July 1 and continue to June 30, 1999.

Candidates should submit a curriculum vitae and information about their consumer, community-based, patient and scientific expertise to: FDA, Office of AIDS and Special Health Issues (HF-12), 5600 Fishers Lane, Rockville, MD 20857, Tel: 301/443-0104.

Cancer Meetings Listed For April, May, 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, 901/448-5516.

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

Oncology Nursing Society Annual Congress—April 26-29, Anaheim, CA. Contact ONS, Tel: 412/921-7373, FAX 412/921-6565.

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

Society for Clinical Trials Annual Meeting—April 30-May 3, Seattle, WA. Contact Mary Burke, Tel: 410/433-4722.

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

The Clinical Research Meeting—May 5-8, San Diego. Contact Tel: 609/848-1000, FAX 609/848-5274.

American Society of Clinical Oncology Annual Meeting—May 19-22, Los Angeles. Contact ASCO, Tel: 312/644-0828, FAX 312/644-8557.

Future

Marrow Transplantation in Children—June 1-3, Hilton Head Island, SC. Contact Michael Trigg, Univ. of Iowa, Tel: 319/356-1608, FAX 319/356-7659.

Critical Issues in Tumor Microcurculation, Angiogenesis and Metastasis—June 5-9, Boston, MA. Contact Norman Shostak, Tel: 617/432-0196, FAX 617/432-1562.

Cancer Genetics and Tumor Suppressor Genes—June 14-17, Frederick, MD. Contact Margaret Fanning, Tel: 301/898-9266, FAX 301/898-9173.

Oncology: The Year in Review—June 15-16, Chicago. Contact Northwestern Univ., Tel: 312/503-8533, FAX 312/503-0146.

Eleventh Annual Meeting on Oncogenes—June 20-24, Hood College, Frederick, MD. Contact Margaret Fanning, Tel: 301/898-9266, FAX 301/898-9173.

Pain Management—June 24, Annapolis, MD. Contact Amy Heaps, Tel: 410/328-8607, FAX 410/328-2578.

IOM Finds No Negligence In NIH FIAU Clinical Trial

Precautions designed to protect patients from serious harm during clinical trials of experimental drugs are exemplary and effective but not fail-safe, according to a committee of medical experts assembled by the Institute of Medicine.

The committee's conclusion stems from a review of rules and procedures used to conduct clinical trials of an experimental anti-hepatitis drug—fialuridine (FIAU)—that led to five deaths in 1993.

FIAU had shown promise as an effective treatment for hepatitis B, a virus that infects 300,000 people and kills 6,000 annually in the US. Current treatment is effective in only about a third of patients and produces numerous adverse side effects.

"An elaborate system is in place to protect patients during clinical trials, and serious harm is rare," said committee chair Morton Swartz, professor of medicine, Harvard Medical School, and emeritus chief, infectious disease unit, Massachusetts General Hospital.

"In this case, researchers were blind-sided by FIAU's toxic effects on the liver. Findings from previous animal and human tests using different doses and lengths of time didn't expose this drug's life-threatening side effects. The researchers did everything they could to protect the lives of these patients, but even so, that's cold comfort to the families of those who died."

Researchers were slow to make a connection between FIAU and liver damage for several reasons. Although they witnessed a temporary rise in certain blood enzymes that usually signals liver damage, this enzyme increase also is seen in patients who recover from hepatitis B either spontaneously or in response to alpha interferon, the only approved drug for treating hepatitis B.

Some patients who took FIAU in earlier trials developed serious health problems weeks or months after treatment ended. Based on what is known today but not when the trials occurred, the first death clearly attributable to the toxic effects of FIAU was that of a patient who died four months after completion of the four-week trial which was conducted in 1992. In other cases, symptoms were attributed more logically to hepatitis, other pre-existing conditions such as HIV infection, or other medications patients were taking.

After careful study the committee concluded that:

•There was sufficient justification for initiating the six-month trial.

•Appropriate procedures and consent forms were used.

•Patients received medical care that was equal to or above prevailing standards.

•No evidence was found that important information which would have affected the outcome was ignored or overlooked in planning or conducting the trial.

"On review of the FIAU trials, the committee finds no evidence of negligence or carelessness on the part of the investigators or sponsors," the committee said. It urged the readers of its report to view this tragedy "as a relatively rare occurrence, related to a previously unrecognized form of late drug toxicity, in a field with an otherwise exemplary safety record."

New Procedures Recommended

The committee called for changes in regulating drug trials, but acknowledged that the outcome probably would not have been averted if these changes had been in effect. It said that independent safety monitoring and control groups should be used in any trial where adverse reactions could be confused with the progression of the underlying disease or the therapy's effectiveness.

Since clinical trials will always involve some risk for patients, the committee said, a system of no-fault compensation for research injury should be established. It recommended the following additional changes for reducing risk:

•Patients in clinical trials of drugs suspected of modifying DNA, such as FIAU, should be monitored for six months after the trial ends to detect side effects that could take months to develop.

•Animal and other non-human tests should be conducted to learn more about how FIAU and other similar anti-viral drugs affect cells. For example, AZT prevents a virus from multiplying in ways similar to that of FIAU.

•Data should be analyzed as it becomes available—rather than waiting for all case reports on patients to be completed—to foster rapid intervention when health hazards develop.

The committee also strongly endorsed free and open exchange of information about drugs being tested, even at the risk of divulging "trade secrets" among drug manufacturers or arming competitors

with information.

The committee studied animal and human trials of the drug, including the procedures used and drug reactions. These standard procedures included conducting an independent review of the study design to weigh its potential risks and benefits, communicating risks to potential participants, and monitoring patients during and after the trial.

By law, participants must be informed of possible side effects before giving their written consent to participate in a clinical trial. With FIAU, potential side effects were thought to be fatigue, nausea, muscle pain, and pain in the arms or legs.

After a previous four-week test of FIAU had caused minimal side effects while inhibiting the virus *dramatically* but only temporarily, a six-month trial was begun at NIH. Greater success was expected with longer treatment.

Oral doses of FIAU showed potential for being more effective than alpha interferon, which must be injected for 16 weeks and is effective in only about 25 percent to 40 percent of patients.

But the six-month FIAU trial was stopped abruptly in June 1993—13 weeks into the

study—when one of the 15 participants suddenly was hospitalized with liver failure. Although all other patients were contacted immediately and told to stop taking the drug, it became apparent that the damage to their livers was irreversible. Six more developed a severe reaction in the next few weeks. In all, five died. Liver transplants may well have saved the lives of two patients, the committee said.

Questions arose quickly about whether researchers adequately informed participants about health risks from taking the drug, and if the rules governing clinical trials were violated.

The IOM was asked to analyze the clinical trials, focusing on whether rules or procedures needed to be changed to reduce the possibility of a similar tragedy.

Separate Reviews Conducted

Separate reviews of the clinical trials also were conducted by NIH and FDA. The committee concurred with the judgments of NIH, and agreed in principle with nearly all of FDA's recommendations. Many of the practices recommended by FDA were observed in the clinical trials.

The committee strongly disagreed, however, with FDA's call for treating all adverse health events in trial patients as related to experimental drugs. This provision could sharply increase the number of drugs abandoned early in the development process that, in fact, with further testing and development could be shown to be both effective and safe.

The IOM's independent review of the clinical triais that took place at NIH was requested by HHS Secretary Donna Shalala.

The report, Review of the Fialuridine (FIAU) Clinical Trials, is available from the National Academy Press, Tel: 202/334-3313 or 1-800-624-6242. The cost of the report is $34 (prepaid) plus shipping charges of $4 for the first copy and $.50 for each additional copy.

ACS Clinical Awards Available For 1996; Deadlines In August

The American Cancer Society has announced its clinical awards for 1996 funding: the Clinical Oncology Career Development Award (CDA) and the Cancer Control Career Development Award for Primary Care Physicians (CCCDA).

The CDA is a three-year award given to a promising junior faculty who will pursue academic careers in clinical oncology. A successful application must describe in detail a supervised program that will develop the candidate's clinical expertise and his/her capacity to perform independent clinical/laboratory research. The annual stipend is $25,000 for the first year, and $30,000 and $35,000 for the second and third years.

The CCCDA is a two-year award intended to develop academic leaders in primary care specialties emphasizing cancer control: family practice, general internal medicine, obstetrics and gynecology and pediatrics. The society seeks to support individuals in supervised programs that will develop the candidate's clinical and teaching expertise and his/her capacity to perform independent clinical research in cancer control. The stipend is $25,000 for the first year and $30,000 for the second.

Candidates must be citizens or permanent residents of the US. Application deadline for the CDA is Aug. 1 and for the CCCDA is Aug. 15.

Inquiries: Virginia Krawiec, Director, Clinical Awards, Detection and Treatment Dept., American Cancer Society, 1599 Clifton Rd. NE, Atlanta, GA 30329-4251, Tel: 404/329-5734, FAX: 404/325-2548.

ONF Seeks Applications For Grants In Fatigue

Title: **Cancer-Related Fatigue, Multi-Institutional Research Developmental Grants**
Deadline for Applications: June 1
Letter of Intent: April 15

The Oncology Nursing Foundation and Ortho Biotech Inc. intend to fund three projects for $50,000 each in cancer-related fatigue.

The developmental grants are restricted to the funding of multi-institutional resarch projects. The intent of these grants is to fund the formation of a team of investigators, the development of a mechanism for conducting a multi-institutional research project on cancer-related fatigue, and the preparation of a grant application to be submitted in consideration for phase II funding.

Collaborations between researchers and clinicians across institutions are encouraged. The principal investigator must be a registered nurse actively involved in some aspect of cancer patient care, education, or research. Funds may be used to support travel to group planning meetings, group conference calls, and literature searches. Salary support for investigators, research assistants and secretarial work is permitted.

Although developmental grant recipients are not required to conduct a research study, funds may be used to develop and/or pretest instruments; and to pilot test staff training, data collection, and data management procedures at the selected research sites.

Inquiries: Oncology Nursing Society, Research Department, 501 Holiday Dr., Bldg. 4, 3rd Fl., Pittsburgh, PA 15220-2749, Tel: 412/921-7373, FAX: 412/921-6565, Email: res_ond@pric.org.

In Brief

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position is open to a senior oncologist with multidisciplinary orientation, strong clinical research experience and modern biological or molecular approaches to clinical oncology. A primary requirement is the demonstrated ability to conduct translational research and to work with basic and clinical scientists and clinicians. A laboratory interest is desirable, but not required. Candidates may submit cv and references to Frank Meyskens Jr., MD, Director, UCI Clinical Cancer Center, 101 The City Drive, Orange, CA 92668, Tel: 714/456-6310, FAX: 714/456-5039. . . . **HENRY BREM**, director of neurosurgical oncology at Johns Hopkins Univ. School of Medicine, received the Clemson Award for Applied Research at the Society for Biomaterials annual meeting this month in San Francisco. . . . **JOHN REED** was appointed scientific director of the La Jolla Cancer Research Foundation earlier this month. He succeeds Erkki Ruoslahti, scientific director of the foundation since 1979. Ruoslahti will continue as president and chief executive officer. Reed joined the foundation in 1992 as a staff scientist and director of the Oncogene and Tumor Suppressor Gene Program. In 1993 he was named associate member of the cancer center, and last year became the center's deputy director. . . . **RONALD EVANS**, of the Salk Institute for Biological Studies, and **ROBERT TJIAN**, of the Univ. of California, Berkeley, were jointly named the 1994 California Scientist of the Year by the California Museum of Science and Industry. Evans discovered a large family of molecules, called receptors. Tjian was honored for his research on gene expression. . . . **PAUL CALABRESI**, professor of medicine and chairman emeritus of the Brown Univ. Dept. of Medicine, has received the St. George Medal, the American Cancer Society National Division Award. The medal is the highest award given to ACS volunteers for distinguished local service to the society. Since 1965, only 10 of the awards have been given. . . . **BARBARA WARD** was named director of the Yale Cancer Center's Comprehensive Breast Care Center. **MICHAEL REISS**, formerly co-director of the Breast Care Center, will head the center's new breast cancer research program. A $5 million grant from the US Army's Breast Cancer Research Program enabled the center to establish the program.

RFA Available

RFA DE-95-003
Title: **Oral Cancer Research Centers**
Letter of Intent Receipt Date: May 15
Application Receipt Date: Aug. 22

The National Institute of Dental Research invites applications from US institutions for the support of Oral Cancer Research Centers. The goal of these centers is to support multidisciplinary basic and clinical research incorporating the range of parameters and academic disciplines necessary for reducing the morbidity and mortality due to oral cancer (e.g., epidemiology, behavioral sciences, nutrition, immunology, molecular biology, toxicology, and virology). Multifactorial, multistep approaches will be encouraged. Proposed centers should take full advantage of combined institutional strengths in various geographic locations.

Inquiries: Norman Braveman, Div. of Extramural Research, NIDR, Natcher Bldg Rm 4AN 24B, 45 Center Drive MSC 6402, Bethesda, MD 20892-6402, Tel: 301/594-2089, FAX: 301/480-8318, Email: BravemanN@de45.nidr.nih.gov