THE CANCER LETTER

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Search Committee Sends Short List For NCI Director To HHS, White House

The search committee for NCI Director has completed its work, and the short list of potential candidates has been cleared by top HHS officials and presented to the White House, sources said.

At a Congressional hearing last week, NIH Director Harold Varmus said the committee submitted a list of candidates for the top job at NCI.

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In Brief

William Peters To Leave Duke To Head Michigan Cancer Foundation, Prentis Center

WILLIAM PETERS has accepted the position of president and chief executive officer of the Michigan Cancer Foundation and director of the Meyer L. Prentis Comprehensive Cancer Center, effective July 1. Peters, professor of medicine and director of the bone marrow transplant program at Duke Univ. Medical Center, will oversee all cancer care and research involving more than 600 cancer researchers, physicians and support staff. Peters fills the newly-created position which resulted from the merger last year of cancer programs among the foundation, the Detroit Medical Center, and Wayne State Univ. He will also serve as associate dean for cancer programs at Wayne State Univ. School of Medicine. "The Michigan Cancer Foundation has always been the leader in cancer care for the people of Detroit and a major research force nationally," Peters said. "The opportunities and challenges have never been greater in this field and I am particularly honored to be able to guide this important institution in its efforts to pioneer affordable improvements in cancer care." Peters **succeeds Vainutis Vaitkevicius** as president and **Richard Santen** as interim director of the institution. . . . **JUDAH FOLKMAN**, who first theorized that tumors form and metastasize by means of angiogenesis, will receive the 18th annual Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research at a ceremony April 19. Folkman, the Julia Dyckman Andrus Professor of Pediatric Surgery at Harvard Medical School, and director of the Surgical Research Laboratory at Children's Hospital in Boston, reported the isolation of the first angiogenic factor in 1971. That research led to his discovery of the first angiogenesis inhibitor. More than eight angiogenesis inhibitors are now in clinical trials. The $50,000 award is a component of the Bristol-Myers Squibb Unrestricted Cancer Research Grants Program.

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Short List For NCI Director Fowarded To White House

(Continued from page 1)

"[HHS] Secretary [Donna] Shalala and I are meeting today with [HHS Assistant Secretary for Health] Phil Lee to discuss the results of the search, which we completed, and we expect to forward one or more names to the White House as early as tomorrow," Varmus said March 30 at a hearing of the House Appropriations Subcommittee on Labor, HHS & Education.

"The candidates were narrowed to a moderate-sized list, interviewed, and the names have been forwarded to the Department," Varmus said. "And we will be sending one or more names to the White House for final consideration this week."

Three Candidates?

Sources said to **The Cancer Letter** that the list has since been forwarded to the White House. Though the list remains confidential, sources said the candidates under consideration include:

- **Michael Bishop**, a molecular geneticist and Nobel Laureate who is involved in an effort to examine the NCI intramural programs. Bishop, who has an MD degree, is regarded as the candidate preferred by Varmus. The two are former collaborators who shared the Nobel Prize.
- **Mary-Claire King**, a geneticist who played a leading role in the search for the BRCA-1 hereditary breast cancer gene. King, who has a PhD degree, is the choice of the National Breast Cancer Coalition, which in recent weeks engaged in intensive lobbying of the White House and Shalala's office on her behalf. Before her candidacy became known, King was about to move from the Univ. of California, Berkeley, to the Univ. of Washington.
- **Richard Klausner**, chief of the Cell Biology and Metabolism Branch at the National Institute of Child Health and Human Development. Klausner, a highly regarded molecular biologist, has an MD degree.

The appointment is not subject to confirmation by the Senate.

THE CANCER LETTER

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NCI On "Path To Stability" Sondik Tells House Committee

Having weathered several years of turmoil, NCI remains a solid institution, the Institute's Acting Director Edward Sondik said at a Congressional hearing last week.

"I won't say that all has been easy over the last few years, but I do feel that we are on a very good path toward stability, and I think the mental health of the place is pretty good at this point," Sondik said at a hearing of the House Appropriations Subcommittee on Labor, HHS & Education.

The hearing, which was uncharacteristically non-controversial, did not address the looming cuts for NCI or the question of the role clinical research would play in the Institute's research agenda.

Hearing Highlights

In other highlights, Sondik and other NIH officials said:

- The search committee for NCI Director has presented its recommendations to HHS Secretary Donna Shalala, who will, in turn, present one or more names to the White House.
- The controversy over clinical trials of the National Surgical Adjuvant Breast & Bowel Project is finally close to a conclusion, with the cooperative group and NCI having submitted their reanalyses of data from the lumpectomy trial.
- The Institute cannot relinquish responsibility for the aftermath of discoveries of molecular genetics. "We cannot simply mark a person as having a cancer gene and then walk away," Sondik said. "We must consider counseling and privacy issues, and—of course—the question of prevention as well as appropriate treatment."

A transcript of a portion of the hearing follows:

Rep. John Porter (R-IL), chairman of the subcommittee: Some recent press accounts depicted your institute as an organization in turmoil, beset by the departure of high-ranking scientists, constrained by limited resources, and anxious about an external review that is underway.

We are certainly ready to believe that the press has exaggerated the situation, if you could give us your impressions as to the mental health of your institute, its stability and morale.

SONDIK: I think the last few years have been difficult for the staff, because I think we have been preoccupied with several issues. But I think those issues are being resolved. And I believe now that we really are in a more stable situation.

I think the blue-ribbon committee that's evaluating the intramural program is going to give very valuable suggestions that the staff is actually quite excited to see.

We have a very large portion of the staff involved in the departments' streamlining efforts for NCI, looking at what we do and how we do it, and seeing if we can do it more effectively and more efficiently.

I think we await the new Director and in a very positive way looking forward to a new vision for the Institute. I think the mental health of the Institute is actually pretty good at this point.

We have a number of holes in the superstructure. In large part we have these because of retirements that have come along naturally. The great growth in the Institute occurred some 20 to 30 years ago. It's time at this point that many people are going to think of other pastures.

In fact, Dr. [Bruce] Chabner [Director of the NCI Div. of Cancer Treatment] is here on next to his last day as he retires and moves on to Boston. I think too much can be taken of the departures that we've seen.

PORTER: Last year, when Dr. Broder appeared before us, the National Surgical Adjuvant Breast & Bowel Project in Pittsburgh was very much in the news.

At that time Dr. Broder was beginning to take steps to deal with the Pittsburgh situation and to enhance the monitoring of you other clinical projects.

Can you briefly describe the actions you have taken to correct the deficiencies in you clinical trials process so we can now close the door on the entire Pittsburgh situation?

SONDIK: I think we can almost close the door on it. I am very positive about this. In fact, I went to speak to the National Surgical Adjuvant Breast & Bowel Project just a few weeks ago.

I am pleased to say that Dr. [Bernard] Fisher has been appointed as the scientific director of NSABP, NSABP has been reorganized into two grants. They will be recompeting their grants starting this summer.

We've taken steps to increase the monitoring throughout the clinical trials within the Institute. We've done this through creating a Branch. We've done it even more so by talking with all of the clinical trials [groups].

I think some of the fallout from this has actually been very positive. I think they needed to be awakened to the importance of this monitoring, to the need to communicate to the Institute and to the public as rapidly as possible.

Perhaps the only chapter that is not written at this point is the publication of the results that go back to the tainted data from Canada. And I am pleased to say that papers on that have been prepared and are now in peer review.

So I expect that this will be resolved relatively soon.

BRUCE CHABNER: There are some points about this that I think are important.

At the time this happened, there was some uncertainty as to how solid most of the clinical trials were.

We have gone back and audited most of the primary records, about 85 percent of all the major contributors.

Even though the trial is almost 20 years old at this point, most of the data—90-plus percent of the data—were accurate, and there were no other suggestion of misconduct.

We participated in some serious scrutiny of the monitoring procedures for NSABP and have found that their site visits are now conducted very effectively, and finding no other instances where there are any suggestion of misconduct.

In general, this episode has heightened the requirements and the oversight of the required controls for trials.

The result there has not been any further concern or any further episodes of fraud or misconduct, and we feel clinical trials process is in very good shape.

The downside of this is that it takes money away from doing research.

We have to really try to strike a balance between oversight and quality control and doing research itself.

Proceedings Begun Against Two Dana-Farber Physicians

Corrective action proceedings have been initiated against two Dana-Farber Cancer Institute physicians who were involved in the care of two patients who received overdoses of chemotherapy during bone marrow transplantation, the cancer center's officials said.

Also, a pharmacist who had previously been reassigned to administrative duties was formally suspended.

"My actions are the result of new evidence recently brought to my attention," David Livingston, Dana-Farber director and physician-in-chief said in a statement April 1.

Livingston said the cancer center has informed the state boards of registration in medicine and pharmacy of the proceedings.

Dana-Farber officials did not name the physicians and the pharmacist under investigation. "Until resolution is reached on all three individuals, it is inappropriate to release the names of the parties involved," Livingston said in a statement.

"As the investigations continue to evolve, additional corrective actions will be taken as appropriate," Livingston said. "I am pledged to take all steps necessary to get to the bottom of this tragic situation."

DCT Advisors Approve Five Trials For High Priority Status

The NCI Div. of Cancer Treatment Board of Scientific Counselors has approved five clinical trials for the Institute's high priority trials program.

The trials, which were selected by the chairmen of the NCI-supported clinical cooperative groups, will receive special publicity through the Office of Cancer Communications.

NCI established the high priority trials program in 1988 to promote accrual and expedite completion of trials considered of high scientific or clinical importance.

No Additional Funding Available

In the past, high priority trials received additional funding from NCI to foster accrual. However, this year, NCI does not propose additional funding for these studies.

The NCI cooperative group program has taken a $3 million cut in the current fiscal year, and has had increased auditing expenses, DCT staff told the board.

New High Priority Trials

Following are the five new high priority trials:

● **Philadelphia Bone Marrow Transplant Study (PBT-1).** Phase III randomized comparison of maintenance chemotherapy with CTX, MTX and 5-FU vs. high dose chemotherapy with CTX, thiotepa and CBDCA and ABMT support for women with metastatic breast cancer responding to conventional induction chemotherapy.

Participants: Univ. of Pennsylvania, SWOG, ECOG, NCCTG and cancer centers. PI: Edward Stadtmauer. Activated 1/10/91. Target accrual 549. Accrual (as of Feb. 3) 288.

Objectives: 1) To compare the time to failure and overall survival in patients with metastatic breast cancer responsive to conventional dose chemotherapy who are then treated with either high dose chemotherapy and stem cell support or conventional dose maintenance chemotherapy. 2) To compare the toxicity of the two approaches. 3) To compare the relative economic costs of a prolonged course of conventional dose chemotherapy to high dose chemotherapy and autologous bone marrow rescue. 4) To compare the quality of life associated with the two approaches.

● **PIVOT Trial (T94-0131).** Prostate cancer intervention vs. observation trial: A randomized trial comparing radical prostatectomy vs. palliative expectant management for the treatment of clinically localized prostate cancer.

Participants: Dept. of Veterans Affairs, ECOG, SWOG, CALGB. PI: Timothy Wilt. Activated 10/27/94. Target accrual 2,000. Accrual (as of Feb. 3) 21.

Objectives: 1) To compare immediate surgical intervention with radical prostatectomy and follow-up therapy for disease recurrence or persistence, to expectant management. 2) To evaluate the effect on cancer specific mortality. 3) To evaluate the effect on health status, i.e., quality of life, disease-related symptoms, and general health. 4) To evaluate the effect of therapy on disease recurrence. 5) To compare progression-free survival. 6) To collect tissue and serum samples for future laboratory correlative studies, not yet specified.

● **INT-0139.** Phase III comparison between

concurrent chemotherapy plus radiotherapy, and concurrent chemotherapy plus radiotherapy followed by surgical resection for stage IIIA (N2) non-small cell lung cancer.

Participants: RTOG, SWOG, ECOG, NCI-Navy. PI: Kathy Albain. Activated 3/17/94. Target accrual 312. Accrual (as of Feb. 3) 33.

Objectives: 1) To assess whether concurrent chemotherapy and radiotherapy followed by surgical resection results in a significant improvement in progression-free, median and long-term survival compared with the same chemotherapy plus standard radiotherapy alone for patients with stage IIIA non-small cell lung cancer. 2) To compare the patterns of local and distant failure with the two approaches. 3) To obtain information on the relationship of tobacco use, alcohol use, and dietary patterns on toxicity and outcomes in males and females.

● **INT-0141.** Standard dose vs. myeloablative therapy for previously untreated symptomatic multiple myeloma.

Participants: SWOG, CALGB, ECOG. PI: Bart Barlogie. Activated 3/9/94. Target accrual 560. Accrual (as of Jan. 27) 83.

Objectives: 1) To compare standard therapy vs. myeloablative therapy in patients with newly diagnosed, symptomatic multiple myeloma to determine if the intensive therapy translates into prolonged overall survival and disease-free survival. 2) To compare, in responders, the value of interferon vs. no interferon maintenance. 3) To offer an allogeneic BMT to patients under the age of 55 years who have an HLA-identical sibling donor. 4) To evaluate the long term toxicities associated with these therapies, notably the development of myelodysplastic syndrome and acute myeloid leukemia.

● **INT-0146.** Phase III prospective randomized trial comparing laparoscopic-assisted colectomy vs. open colectomy for colon cancer.

Participants: NCCTG, ECOG, CALGB, SWOG, RTOG. PI: Heidi Nelson. Activated 8/15/94. Target accrual 1,200. Accrual (as of Feb. 3) 26.

Objectives: 1) To test the hypothesis that disease-free and overall survival are equivalent regardless of whether a patient receives open colectomy or laparoscopic surgery for colon cancer. 2) To compare the safety of laparoscopic surgery with open colectomy. 3) To test the differences in quality of life, costs, and cost-effectiveness between the two approaches.

In Brief

H&R Block Founder Receives Ewing Award From SSO

(Continued from page 1)

. . . **RICHARD BLOCH**, founder of the H&R Block tax preparation service, received the James Ewing Layman's Award from the Society of Surgical Oncology at the society's annual meeting in Boston recently. Bloch, a cancer survivor, was honored for his work over the past 15 years with cancer patients. . . . **DONALD MORTON**, medical director and surgeon-in-chief of the John Wayne Cancer Institute, Saint John's Hospital and Health Center, Santa Monica, CA, has received the Jeffrey A. Gottleib Award from the M.D. Anderson Cancer Center. The award cited Morton's academic, scientific, and administrative leadership in melanoma research. . . . **HAROLD WEINTRAUB**, a molecular biologist whose work contributed to the fundamental understanding of cell development, died March 28 at the Fred Hutchinson Cancer Research Center. He was 49. Weintraub died of complications following treatment for glioblastoma, the center said. Weintraub was a founding faculty member of the center's Div. of Basic Sciences and a professor at the Univ. of Washington. He was also an investigator for the Howard Hughes Medical Institute. He is recognized for contributing a series of discoveries that provide the experimental framework for defining how embryonic cells develop into specialized cell types. He is survived by his wife, two sons, and a brother. Memorials may be sent to the Weintraub and Groudine Fellowship, at the Hutchinson Center, 1124 Columbia St., Seattle, WA 98104. . . . **JOEL WEISSFELD**, a clinical investigator at the Pittsburgh Cancer Institute, received an award from NCI and the Pennsylvania Dept. of Health for his work on the Databased Intervention Research Project, an NCI-funded breast cancer screening project. The project's goal is to strengthen the quality of mammography programs in rural Pennsylvania. Weissfeld, an assistant professor of epidemiology at Univ. of Pittsburgh, developed a mammography database and software system as part of the project. . . . **PRESIDENT CLINTON** declared April 3-9 as National Public Health Week. "Now, more than ever, public health programs and services are needed so that we can ensure the best possible health for everyone," the President said in a

proclamation. He cited the need for public health to attack, in particular, poor nutritional habits, the AIDS epidemic, unplanned pregnancies and environmental degradation. **Philip Lee**, HHS assistant secretary for health, said that largely due to immunization, sanitation and other public health measures, the life span of the average American has doubled since the last century to about 76 years. "The need today is to use our proven, public health tools to combat emerging diseases and the 50 percent of premature deaths that are influenced by personal habits—smoking, lack of exercise, overweight and cholesterol intake among them."

RFAs Available

RFA CA-95-008

Addendum: Specialized Programs Of Research Excellence In Lung Cancer

Application Receipt Date: June 23

NCI announces the following modification to RFA CA-95-008 (**The Cancer Letter**, Feb. 17).

Under Eligibility Requirements, an alternative to a minimum of three independent investigators who are successful in obtaining peer-reviewed research support directly related to lung cancer, is a minimum of three independent investigators, each having published articles in peer-reviewed research journals, that significantly address lung cancer and who as a group represent experience in both laboratory and clinical research.

Inquiries: Andrew Chiarodo, Div. of Cancer Biology, Diagnosis, and Centers, NCI, 6130 Executive Blvd, Suite 512, Bethesda, MD 20852, tel: 301/496-8528, fax: 301/402-0181, email: chiarodoa@dcbdcep.nci.nih.gov

RFA HS-95-005

Title: **Market Forces In A Changing Health Care System**

Application Receipt Date: June 20

The market for health care services is being transformed by mergers and consolidation of various health care organizations and by collective purchasing of health care and insurance, as well as more "value driven" purchasing by single large employers.

The rapid growth of managed care arrangements is one important component of the change engulfing this industry. The decline in the number of independent hospitals and physician groups is another.

There are anecdotes, but limited factual information, about the types of market structures and organizations that are now emerging in the health care sector. Even less is known about how these structures are influencing the competitive strategies of health providers and insurers, the quality and types of care available in the market, or the price and equitable distribution of services. The formulation of public policy to deal with these changes depends upon a better understanding of what structural and behavioral changes are taking place in these markets, how and why these changes are occurring, and their implications.

The Agency for Health Care Policy and Research (AHCPR) invites applications for projects to describe and examine the effects of the dramatic changes in the markets for health care services.

AHCPR will give priority to projects that take advantage of available data, promise early results, and are modest in scale.

The scientific review panel that will evaluate applications will be instructed to give particular weight to these factors when scoring applications.

AHCPR has set aside $2.5 million in FY 1995 for first year support of approximately 10 research project (R01) grants developed in response to this solicitation. AHCPR will spend the major part of these funds on analyses that examine how changes in the structure of defined markets have affected the way health care providers produce and market care and the price, distribution, and quality of services available.

Funding for continuation support will depend on annual progress reviews by AHCPR and the availability of funds.

Inquiries: Michael Hagan, Agengy for Heath Care Policy and Research, 2101 East Jefferson St, Suite 502, Rockville, MD 20852-4908, tel: 301/594-1354 ext. 124, email: mhagan@po3.ahcpr.gov

Program Announcement

PAR-95-043

Title: **Research Infrastructure In Minority Institutions**

Application Receipt Date: June 1

The National Center for Research Resources and the Office of Research on Minority Health invite applications for planning grants for eligible institutions to develop their research infrastructure.

The purpose of these grants (Phase I) is to enable minority master's degree-granting institutions and minority baccalaureate institutions to develop plans to significantly enhance their capacity for the conduct of biomedical and/or behavioral research.

This PA will use the NIH exploratory grant (P20) mechanism. Up to $1.3 million has been set aside to fund up to 20 awards.

Inquiries: Robert Hendrickson, Research Centers in Minority Institutions Program, National Center for Research Resources, 6705 Rockledge Dr, MSC 7965, Bethesda, MD 20892-7965, tel: 301/594-7944, email: roberth@ep.ncrr.nih.gov