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NCI Intramural Budget: Well-Funded Labs, High Costs, Or Deceiving Appearances?

Item: On average, an NCI laboratory or branch chief controls more than \$4 million per year.

Item: Altogether, eleven NCI intramural laboratories and branches control over \$100 million a year, about a quarter of the NCI intramural research budget.

Is NCI putting too much money in the hands of a few scientists? Is there a strategy behind these expenditures? And, finally, would extramural investigators conduct the research more efficiently?

These are among the central questions being asked by the National
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In Brief

Bishop No Longer Candidate For NCI Director; HHS Endorses Intramural Scientist Klausner

Michael Bishop, the candidate for NCI director favored by both the search committee and NIH Director Harold Varmus, has informed the Clinton Administration that he is no longer interested in the job.

Until his surprise withdrawal, Bishop's appointment was described as a done deal by many observers. With him out, the search appears to be shaping up in a way no one could have predicted.

Officials at HHS and the White House have been closed-mouthed about the selection process. However, sources said that following Bishop's announcement, only one name, that of NIH intramural researcher Richard Klausner, was submitted for approval to the White House by HHS.

Generally, when appointments of this magnitude are made, several candidacies are presented to the White House, leaving it up to the President to make the final choice.

Yet, at a recent congressional hearing, Varmus indicated that it was possible that only one name would be submitted. "We expect to forward one or more names to the White House as early as tomorrow," Varmus said at a hearing March 30 (**The Cancer Letter**, April 7).

This statement notwithstanding, the original list prepared for the White House contained three names: Bishop, Klausner and geneticist Mary-Claire King, sources said.

As recently as two weeks ago Bishop, a Nobel laureate and Varmus's former collaborator, was said to have been prepared to accept the top job at NCI. It could not be learned why or at what point he changed his mind.

Bishop, who is on sabbatical from the Univ. of California at San Francisco, did not return a reporter's call.

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NCI Labs Defy Comparison With Private Sector Research

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Cancer Advisory Board's Ad Hoc Working Group on the NCI Intramural Program. In the process of the review, the Institute was directed to produce a breakdown of spending by the intramural branches and laboratories.

Until the working group asked to see the numbers, only top NCI officials had access to this information. Tables summarizing intramural spending in fiscal 1993 were obtained by **The Cancer Letter** under the Freedom of Information Act.

Interpreting the numbers is anything but straightforward, several observers warned.

For one thing, intramural researchers frequently undertake path-breaking, high-risk (and high-cost) projects. Frequently, NCI faces costs extramural researchers do not, including reimbursement for travel by patients.

Research volume at an NCI lab can be extraordinarily high, too. For instance, one NCI division found that, on average, it spent \$75,000 per project, hardly an extravagant sum.

This notwithstanding, several prominent extramural researchers said they were stunned by the budgets of their intramural counterparts.

"They are able to gather for themselves huge amounts of resources unheard of on the outside," said an executive of a comprehensive cancer center. "When I think of the paucity of funds available to those of us on the outside, it is really disgusting."

At least one member of the NCAB working group had a similar reaction.

"We were kind of shocked when we looked at these

figures," said the member. "Too much money is concentrated in the hands of too few people. When anyone on the outside gets \$700,000 or \$800,000 for one lab, the committees always want to cut. At NCI, labs with budgets of \$2 million to \$4 million are common. I think it's too much. I wouldn't know where to begin if I had that much money."

The working group's report, scheduled to be released next month, is not expected to focus on the budget issues. However, the report is likely to call for revitalization of the intramural program through rigorous budget review and peer review, sources said.

"NCI is a unique place, where you can do unique research," said a member of the working group. "They should be doing cutting-edge stuff, whether it is clinical or basic."

More often than not, NCI branches and laboratories defy comparison with extramural research entities.

"We have 12 senior surgeons who are operating on patients," said Steven Rosenberg, chief of the NCI Surgery Branch, which had a budget of over \$11 million in FY93 and ranked second on the list of the largest NCI labs and branches.

The branch supports all surgery at the NIH Clinical Center and reimburses patient travel. Also, every senior scientist in the branch runs an independent laboratory. Thus, the branch is comparable to a medical center department, Rosenberg said.

The size of budget should not be the only criterion for comparison between intramural and extramural laboratories, observers said.

Outside NCI, world-class laboratories can have budgets that surpass the \$2 million mark.

"If you look at each of the [NCI laboratories or branches] as departments, then the budgets are not so high," a university-based cancer researcher said to **The Cancer Letter**. "But if there is one lab chief whose name is on all the papers, and 40 some staff supporting him, then these are huge amounts."

Comparing NCI to a research-based company is fraught with peril as well.

"In the private sector, you can figure per-person cost for R&D of about \$100,000 for a small start-up company," a private sector researcher who has served on NCI Boards of Scientific Counselors said to **The Cancer Letter**.

"You have clear starting and stopping points, a clearly articulated program with accountability. Unlike the private sector, they aren't judged by the

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commercial value of their work.

"At NCI, they don't seem to be judged by any yardstick."

Are Lab Budgets Excessive? Views On Intramural Program

● **Margaret Kripke, chairman of the Dept. of Immunology, M.D. Anderson Cancer Center:**

The next NCI director will have to confront the following questions:

"What is the mission of the NCI intramural program? How does it compare with the extramural program?"

Without the answers, Kripke said, budget figures are meaningless.

"It is difficult to address the question of whether intramural lab budgets are too high without somebody standing up and saying what is the mission of the intramural program," Kripke said.

"If NIH is doing the same work as those in the extramural program, then there is little justification for differing budgets. If NIH is where we do the hard, long-term, high-risk stuff, then the funding is not comparable.

"Reducing the intramural program does not guarantee that money will be shifted to the extramural program.

"Under the current budgetary climate, that may be a false expectation," Kripke said.

● **Robert Hoover, chief of the Environmental Epidemiology Branch in the NCI Div. of Cancer Etiology:**

"The primary reason our budget is large compared to most laboratory programs is the cost of studying human populations," said Hoover, whose branch had the highest budget at NCI. "Information and biologic samples need to be collected from thousands of free-living human beings."

The epidemiology branch, which conducts research to identify causes of cancer in human populations, received \$13 million in 1993. Most of the funds supported research contracts.

Hoover said the work of the branch is reviewed in detail, first by the division staff, then by the Board of Scientific Counselors.

"We have a pretty good success rate with the BSC, but there have been projects they didn't like," he said. "We would be in tremendous hot water if we didn't follow the board's suggestions or follow up on

their site visits," he said.

● **Emil J Freireich, director of the Adult Leukemia Research Program at M.D. Anderson Cancer Center:**

The Clinical Center is the most unique aspect of the NIH intramural program, Freireich said.

"Some laboratory research can be done anywhere, but the bridging research between laboratory and clinic is really unique at NIH," he said. "A physician-scientist at NIH can recruit and admit patients for his research, without having to do service work unrelated to the research, and without having to teach. You can't do that elsewhere."

Pressure on costs from managed care is threatening clinical research outside NIH, Freireich said.

"If we don't have NIH for clinical research, we are going to have all the knowledge about biology, but not have a way of putting it to work in sick people," he said. "I'm personally of the strong opinion that the NIH intramural program needs to be expanded, not cut back. It needs better facilities, it needs to challenge the investigators to work on innovative projects and not do what others are doing."

● **David Berd, professor of medicine at Thomas Jefferson Univ.:**

"I don't know whether the intramural program gets too much funding, but I know intramural scientists don't get reviewed with the rigor that those of us in the extramural program do," Berd said.

"Reviews of the intramural program should be taken seriously and the recommendations should be considered mandates," he said.

By contrast, the chances of winning R01 funding are growing ever more slim. The payline for cancer grants has been 10 to 14 percent for the past several years. In the study section where Berd competes for R01 funds—Experimental Therapeutics 2—the payline is at the 9th percentile.

"With a 9 percent success rate, it hardly seems worth submitting a grant these days," Berd said. "The drug industry, even with its ups and downs, is looking better and better."

However Berd, as several investigators interviewed for this story, was reluctant to suggest cuts in the intramural program.

"If money is tight, it ought to be taken from cancer center grants, cooperative groups, those kinds of organized grants," he said.

NCI Intramural Laboratory and Branch Spending For Fiscal 1993

The following list of highest-funded NCI branches and laboratories was compiled from the tables below, obtained from NCI.

NCI defines branches as programs containing clinical research and activities, while laboratories do not include clinical activities.

10 Highest-Funded NCI Branches

1. Robert Hoover, Environmental Epidemiology Branch, DCE, \$13.44 million.
2. Steven Rosenberg, Surgery Branch, DCT, \$11.49 million.
3. Daniel Longo, Clinical Research Branch, Biological Response Modifiers Program, DCT, \$10.39 million.
4. Robert Wittes, Medicine Branch, DCT, \$8.8 million.
5. William Blattner, Viral Epidemiology Branch, DCE, \$8.39 million.
6. Carmen Allegra, NCI-Navy Medical Oncology Branch, DCT, \$7.66 million.
7. Philip Pizzo, Pediatric Branch, DCT, \$7.64 million.
8. John Boice, Radiation Epidemiology Branch, DCE, \$7.57 million.
9. Paul Okunieff, Radiation Oncology Branch, DCT, \$7.33 million.
10. Aifred Singer, Experimental Immunology Branch, DCBDC, \$7.24 million.

Abbreviations: DCE-Div. of Cancer Etiology; DCT-Div. of Cancer Treatment; DCBDC-Div. of Cancer Biology, Diagnosis & Centers; BRMP-Biological Response Modifiers Program; FCRDC-Frederick Cancer Research & Development Center.

10 Highest-Funded NCI Laboratories

1. Lance Liotta, Laboratory of Pathology, DCBDC, \$10.2 million.
2. Robert Gallo, Laboratory of Tumor Cell Biology, DCE, \$9.08 million.
3. Jeffrey Schlom, Laboratory of Tumor Immunology and Biology, DCBDC, \$6.38 million.
4. Jacalyn Pierce, Laboratory of Cellular and Molecular Oncology, DCE, \$5.9 million.
5. Ira Pastan, Laboratory of Molecular Biology, DCBDC, \$5.54 million.
6. Claude Klee, Laboratory of Biochemistry, DCBDC, \$5.21 million.
7. Stephen O'Brien, Laboratory of Viral Carcinogenesis, DCE, \$4.9 million.
8. James Lautenberger, Laboratory of Molecular Oncology, DCE, \$4.61 million.
9. Michael Potter, Laboratory of Genetics, DCBDC, \$4.56 million.
10. Curtis Harris, Laboratory of Human Carcinogenesis, DCE, \$4.48 million.

Laboratory/Branch	Lab/Branch Chief	Total NCI Lab/Branch Operation	Portion which is for Personnel Costs	-Allocated Between-		Square Footage	Doctoral Level Positions
				Cancer	AIDS		
DCE							
Laboratory of Molecular Virology	E. Tabor	\$2,071	\$1,096	\$1,703	\$368	5,714	18
Laboratory of Cellular and Molecular Oncology	J. Pierce	5,905	2,646	3,191	2,714	11,619	27
Laboratory of Molecular Oncology	J. Laughtenberger	4,617	1,828	1,372	3,245	11,536	27
Laboratory of Viral Carcinogenesis	S. O'Brien	4,902	1,836	2,131	2,771	11,459	20
Office of the Associate Director	E. Tabor	615	370	531	84	1,503	6
Laboratory of Tumor Virus Biology	C. Baker	2,155	1,112	1,515	640	6,074	8
Laboratory of Tumor Cell Biology	R. Gallo	9,081	3,238		9,081	17,772	41
Laboratory of Biology	J. DiPaolo	1,219	752	1,154	65	2,225	9
Laboratory of Molecular Carcinogenesis	H. Gelboin	3,193	1,708	3,193		6,916	23
Laboratory of Chemoprevention	M. Sporn	2,645	1,238	2,581	64	7,291	18
Lab of Cellular Carcin & Tumor Promotion	S. Yuspa	3,652	1,814	3,509	143	5,286	26
Laboratory of Experimental Carcinogenesis	S. Thorgeirsson	3,539	1,999	3,331	208	6,753	27
Laboratory of Human Carcinogenesis	C. Harris	4,482	1,636	4,326	156	5,244	19
Laboratory of Experimental Pathology	U. Saffiotti	720	445	720		1,395	4
Laboratory of Comparative Carcinogenesis	L. Anderson	4,245	1,646	3,653	592	9,802	19
Biostatistics Branch	M. Gail	5,708	2,140	4,750	958	5,104	17
Environmental Epidemiology Branch	R. Hoover	13,448	2,181	11,661	1,787	4,901	27
Clinical Epidemiology Branch	R. Miller	639	566	639		1,570	
Radiation Epidemiology Branch	J. Boice	7,576	899	7,576		2,076	11
Genetic Epidemiology Branch	M. Tucker	3,294	484	3,197	97	1,311	7
Viral Epidemiology Branch	W. Blattner	8,393	946		8,393	1,515	9
Special Studies Group	U. Thorgeirsson	1,422	406	1,238	184	1,424	4
Extramural Branches		3,237	2,645	2,709	528		20
Office of Director, Associate Director Env Car and Epid		5,443	3,546	4,646	797		6
Total DCE		102,201	37,177	69,326	32,875		393

Laboratory/Branch	Lab/Branch Chief	Total NCI Lab/Branch Operation	Portion which is for Personnel Costs	-Allocated Between- Cancer	AIDS	Square Footage	Doctoral Level Positions
DCBDC							
Dermatology Branch	S. Katz	\$3,246	\$1,993	\$2,943	\$303	3,522	18
Experimental Immunology Branch	A. Singer	7,242	3,937	3,480	3,762	10,398	42
Metabolism Branch	T. Waldmann	5,881	3,236	3,859	2,022	9,117	36
Laboratory of Immunobiology	B. Zbar	1,656	796	1,250	406	2,880	9
Laboratory of Mathematical Biology	J. Maizel	3,551	2,097	1,929	1,622	5,529	28
Laboratory of Pathology	L. Liotta	10,225	7,106	7,542	2,683	15,243	82
Laboratory of Tumor Immunology and Biology	J. Schlom	6,388	3,812	6,131	257	10,471	50
Laboratory of Biochemistry	C. Klee	5,210	3,624	4,276	934	13,749	69
Laboratory of Cell Biology	M. Gottesman	2,081	1,263	1,981	100	3,962	21
Laboratory of Cellular Oncology	D. Lowy	2,110	1,074	1,007	1,103	3,515	16
Laboratory of Genetics	M. Potter	4,564	2,432	3,734	830	4,477	19
Laboratory of Molecular Biology	I. Pastan	5,548	3,052	5,268	280	10,775	55
Office of the Director	A. Rabson	4,380	2,309	4,380		8,178	7
Extramural Research Program	F. Austin	1,615	1,439	1,615			
Advisory Board	A. Rabson	54	14	54			
Organ System Coord Branch	A. Chiarodo	236	199	236			
Patient Travel	A. Rabson	148		148			
Renovations	A. Rabson	1,522		1,522			
Supercomputer- maintenance, operating costs --PRI	A. Rabson	3,868		3,868			
Computational Biochemistry Research --PRI	J. Erickson	885		885			
Total DCBDC		70,410	38,383	56,108	14,302		452
DCT							
BRMP:							
Associate Director	D. Longo	\$861	\$512	\$646	\$215		
Office of Associate Director	D. Longo	803		614	189		
Renovations		401		401			
Biological Resources Br. (Extra. Branch at FCRDC)	S. Creekmore	824	730	412	412		
Laboratory of Experimental Immunology	J. Ortaldo	4,186	1,702	2,888	1,298	9,292	19
Laboratory of Molecular Immunoregulation	J. Oppenheim	3,377	1,124	1,553	1,824	5,569	7
Clinical Research Branch	D. Longo	10,392	887	10,392		15,215	
Laboratory of Biochemical Physiology	H. Kung	1,375	513	426	949	2,908	5
Laboratory of Leukocyte Biology	F. Ruscetti	2,453	415	785	1,668	3,546	13
Laboratory of Immune Cell Biology	J. Ashwell	823	441	362	461	2,200	11
Extramural Research at FCRDC--PRI		1,927		1,677	250		
BRMP Subtotal		27,422	6,324	20,156	7,266		62
Developmental Therapeutics Program:							
Associate Director	E. Sausville	598	344	299	299		
Extramural Branches at Bethesda		2,438	2,022	1,219	1,219		
Laboratory of Biological Chemistry	E. Sausville	3,200	1,806	2,528	672	5,206	20
Laboratory of Medicinal Chemistry	J. Driscoll	2,882	1,907	1,700	1,182	7,255	22
Laboratory of Molecular Pharmacology	K. Kohn	2,851	1,909	2,309	542	5,460	29
Laboratory of Pharmaceutical Chemistry	L. Malspeis	1,060	305	742	318	3,175	4
Lab of Drug Discovery Resch & Development	M. Boyd	2,917	1,459	729	2,188	9,559	15
Biologics Testing Branch (Extra. Branch at FCRDC)	J. Mayo	733	610	586	147		
Natural Products Branch (Extra. Branch at FCRDC)	G. Cragg	503	348	251	252		
Info Tech Branch (Extra. Branch at FCRDC)	K. Paul	622	490	311	311		
IR Renovations at FCRDC		96		24	72		
Admin Office at FCRDC		116		29	87		
Support to Harlan Sprague Dawley		371		371			
Extramural Research at FCRDC--PRI		18,951		6,633	12,318		
DTP Subtotal		37,338	11,200	17,731	19,607		90
Clinical Oncology Program:							
Associate Director	G. Curt	1,009	440	757	252	1,824	
Medicine Branch	R. Wittes	8,807	5,443	4,580	4,227	11,063	43
Navy Medical Oncology Branch	C. Allegra	7,660	4,090	6,434	1,226	14,233	31
Pediatric Branch	P. Pizzo	7,643	4,755	1,758	5,885	10,619	37
Radiation Oncology Branch	P. Okunieff	7,339	2,740	5,357	1,982	12,218	28
[Radiation Biology Branch]	[Mitchell]	[2,007]	[1,260]	[1,506]	[501]	[7,004]	[10]
Surgery Branch	S. Rosenberg	11,496	6,225	8,852	2,644	12,564	33
Clinical Pharmacology Branch	E. Reed	2,783	1,561	1,865	918	5,940	20
Biostatistics and Data Management	S. Steinberg	1,106	191	885	221		2
Special Ambulatory Care Program		4,287		2,916	1,371		
COP Subtotal		52,130	25,445	33,404	18,726		194
OD (Extra. at FCRDC-Med Chem)	B. Chabner	253			253		
OD, DCT	B. Chabner	4,918	3,176	3,688	1,230		
Radiation Research -staff operations	D. Kaufman	1,047	890	1,047			
Cancer Therapy Eval Program - staff operations	M. Friedman	5,699	4,574	5,699			
Total DCT		128,807	51,609	81,725	47,082		346

Bishop Withdraws From Consideration For NCI Director

(Continued from page 1)

For only one name to be submitted to the White House following Bishop's withdrawal, top HHS officials would have had to agree to cross off King's name, thereby inviting the wrath of a the National Breast Cancer Coalition, a powerful constituency that supports her candidacy.

Now, breast cancer activists would have to lobby the White House directly.

Klausner, the 43-year-old chief of the Cell Biology and Metabolism Branch at the National Institute of Child Health and Human Development, has been regarded as something of a star at NIH.

He is a member of the National Academy of Sciences, president of the American Society for Clinical Investigation and a member of editorial boards of several key journals in cell biology.

Also, Klausner is credited with setting the agenda for restructuring of the NIH intramural research program. Two years ago, he chaired a committee of 18 NIH scientists who were in effect asked to "reinvent" the intramural research program.

Their recommendations, incorporated in what has since become known as "the Klausner Report" included:

—Institution of an "aggressive recruitment policy at the independent scientist level to insure that individuals of outstanding ability and representing a broad range of scientific and clinical disciplines are added to the staff."

—NIH should be more precise in defining its tenure-track system. Also, the institutes should have a tenure review policy aimed at retention of the best scientists.

—Scientific staff should be reorganized "into a series of trans-institute, discipline-based facilities that could serve to strengthen the quality of research within these particular areas [and] would function as a mechanism to allow the scientific staff to participate in the process through which recommendations for new programs and new facilities were made and could provide an important resource for recruitment and scientific review at all levels."

—The process through which clinical research protocols are obtained should be streamlined and clarified.

—NIH should adopt a more centralized and defined process for reaching and implementing

administrative decisions. This would insure that policies are coherent and promote the efficient conduct of research.

Soon after the report was released, in an interview with *Science* (vol. 261), Klausner put its conclusions in a nutshell:

"I think NIH intramurally has slipped, [but] it could be resuscitated," he said.

National Action Plan Issues RFA For Grant Supplements

Title: **General Provisions For The National Action Plan On Breast Cancer Omnibus Public Health Service Administrative Supplements**

Application Receipt Date: June 14

The National Action Plan on Breast Cancer (NAPBC) is a public-private partnership created to eliminate the epidemic of breast cancer. The Public Health Service's Office on Women's Health, which coordinates the implementation of the NAPBC, will offer approximately \$2 million in FY 1995 for supplemental awards of up to \$100,000 (direct costs) for a period of one year. These administrative supplements are offered to enable currently federally funded investigators to address one or more of six high priority areas for breast cancer research and outreach activities that were derived from the "Proceedings of the Secretary's Conference to Establish a National Action Plan on Breast Cancer," held in December 1993.

Approximately 20-30 supplements will be awarded

Any currently funded investigator-initiated PHS research and outreach grants relevant to breast cancer is eligible for an administrative supplement under this announcement including those funded by any PHS entity, NIH Institute, Center or Division (ICD). Contracts are not eligible for this supplement program. Foreign or domestic applications with an international component are not eligible.

The six priority areas for administrative supplements are: information dissemination, national biological resource bank, consumer involvement, breast cancer etiology, clinical trials accessibility, and breast cancer susceptibility genes issues.

Applicants must address one or more of the six priority areas below. Within each priority area, examples of issues which may be addressed are, but not limited to, the following:

Information Dissemination: Develop innovative tools, approaches and strategies to disseminate information to and facilitate communication between scientists, consumers and practitioners about breast cancer, breast cancer clinical trials, and breast health using state-of-the-art information technologies (e.g. computer systems, interactive videos, CD-ROM, and/or

the Information Superhighway).

National Biological Resource Bank: Establish biological resource banks to ensure a national resource of well characterized and documented biological materials for multiple areas of breast cancer research. Examples of possible topics include, but are not limited to, a survey of existing tissue banks, the inclusion of other biological tissues (cell lines, lymphocytes, etc.) in biological banks, use of new technologies to facilitate the collection of pertinent background data on samples, and cooperative participation in the National Biological Resource Bank activities to increase the availability of samples to investigators across the country. In addition, studies to investigate the ethics of using biological specimens in research are of interest.

Consumer Involvement: Ensure consumer involvement at all levels in the development and implementation of public health and service delivery programs, research studies, and outreach efforts. Involve advocacy groups and women with breast cancer in setting research priorities and in patient education.

Breast Cancer Etiology: Expand the scope and breadth of biomedical, epidemiological, and behavioral research activities related to the etiology of breast cancer. Priority areas for projects include the effects of radiation and electromagnetic fields, chemicals and hormones, lifestyle factors, viruses, and gene-environment interactions.

Clinical Trials Accessibility: Make clinical trials more widely accessible to women with breast cancer and women who are at risk for breast cancer. Identify barriers to participation in clinical trials and develop strategies to overcome these barriers through outreach to consumers and clinicians, through better understanding of the decision making process for women and their physicians, through reduction of economic constraints, etc.

Breast Cancer Susceptibility Genes Issues: Address the health needs and ethical, legal, and policy issues of individuals carrying breast cancer susceptibility genes. Recommend and test interventions for consumers, health care providers, and at-risk patient groups, which will lead to the development of a comprehensive plan for these groups.

It is especially important to note that all requests for supplements must be within the scope of the parent grant. The parent grant can deal with breast cancer, other cancers, other diseases, or any of the six priority areas.

Program directors for individual grants must be contacted for questions on the consistency of the proposed supplemental project's aims with the parent project. The parent award must have a minimum of one year remaining (end date no sooner than Sept. 30, 1996) in the project from the time the supplement is awarded.

Direct costs of the supplement can represent no more than 25 percent of the current year total direct costs, not to exceed \$100,000 direct cost maximum.

Application procedures: Principal Investigators requesting supplements (regardless of parent ICD) should use a standard PHS-398 (rev. 9/91) Face Page and Budget; no more than five single-spaced pages of text addressing specific aims, background and significance, research design and methods; and a list of pertinent references (not included in the five page limit). In addition, the following material is required: a copy of the official initial peer review comments for the parent grant (e.g. summary statement or the equivalent); the most current Notice of Grant award; biographical sketches (page FF of PHS-398 or equivalent) of all relevant project staff. All requests must be signed by the appropriate institutional officials as well as the PI.

Budget requests for less than \$50,000 direct costs need only indicate personnel time and effort total dollars requested; budgets in excess of \$50,000 must provide categorical listings as required in PHS Form 398 instructions.

Submit by the receipt date of June 14, 1995 a signed, typewritten original of the request and 4 signed, exact copies, in one package to: National Action Plan on Breast Cancer, Office on Women's Health, USPHS, Hubert Humphrey Building, Room 730-B, 200 Independence Ave. SW, Washington, DC 20201, tel: 202/690-7650, fax: 202/690-7172.

At the same time, an exact copy of the application must be submitted directly to the program director of the PHS funding component responsible for the funding of the parent grant.

Evaluation and funding procedures: Requests for Omnibus Administrative Supplements will be evaluated and ranked by a process involving representatives of Federal agencies including DHHS, outside consultants, and the PHS Office of Women's Health.

The evaluation will be made against the following general criteria: originality of proposed activity, scientific and technical significance of the proposed study as related to the six high priority areas, appropriateness and adequacy of the experimental approach and methodology to carry out the activity, development of public and private partnerships, the potential of the project to develop successful programs during the one year supplement period (i.e. qualifications of project team, resources, data quality and management plans), and appropriateness of the proposed budget and activities to the parent award.

Applicants are encouraged to address the needs of women who may have been generally underserved in research and outreach projects. Special consideration will be given to proposed activities that emphasize:

- Implementing partnerships with public and private sector groups,
- Including breast cancer consumer/advocacy groups in the design, conduct and evaluation of clinical/outreach/research strategies,
- Testing new, innovative designs for ongoing

research or outreach studies.

Inquiries: Susan Blumenthal, Deputy Assistant Secretary for Health (Women's Health), ATTN: Suzanne Haynes (etiology, consumer involvement); Cheryl Marks (clinical trials; information dissemination), Debbie Saslow (breast cancer susceptibility genes; tissue bank), Office on Women's Health, USPHS, Hubert Humphrey Bldg, Rm 730-B, 200 Independence Ave. SW, Washington, DC 20201, tel: 202/401-9587, fax: 202/401-9590, or Susan Sieber, Deputy Director, Div. of Cancer Etiology, NCI, Bldg 31, Rm 11A03, Bethesda, MD 20892, tel: 301/496-5946, fax: 301/496-1297. Direct inquiries regarding fiscal matters to: William Wells, Grants Administration Branch, NCI, Executive Plaza South Suite 243, 6120 Executive Blvd, Bethesda, MD 20892-7150, tel: 301/496-7800, ext. 250, fax: 301/496-8601.

Accrediting Agency Places Dana-Farber On Probation

A hospital certifying agency has put Dana-Farber Cancer Institute on probation because of two anti-cancer drug overdoses, one of them fatal.

The Joint Commission on the Accreditation of Healthcare Organizations downgraded the hospital's rating from full to conditional, giving Dana-Farber six months to correct unspecified problems related to the chemotherapy overdoses, according to a report in the Boston Globe April 15.

If Dana-Farber fails to correct the problems in six months, it could lose the commission's accreditation altogether, which would prevent it from collecting Medicaid and Medicare payments.

Dana-Farber officials were not surprised by the decision, said hospital spokeswoman Gina Vild. "In this status, institutions remain fully accredited and are considered capable of correcting any deficiencies," Vild said.

The commission made its ruling April 12, following an unannounced survey on April 4 that was prompted by the death of Boston Globe health columnist Betsy Lehman.

Lehman, 39, died of heart failure Dec. 3 after she was given four times the maximum safe dosage of cyclophosphamide. Another woman who received an overdose of the same drug suffered heart damage.

Two doctors involved in Lehman's case have been assigned to desk jobs until two investigations are completed. Three pharmacists were suspended briefly and have been banned from dispensing chemotherapy drugs.

The Joint Commission on the Accreditation of Healthcare Organizations is a private organization

comprised of representatives from the American Medical Association, American Hospital Association and other professional groups.

Army Plans June Solicitation For Breast Cancer Proposals

The US Army Medical Research and Materiel Command plans to issue a second Broad Agency Announcement in June to solicit proposals for breast cancer research, the command said this week.

The 1995 Defense Appropriations Act provides \$150 million to continue the Dept. of Defense Breast Cancer Research Program. The program began in 1993 when Congress provided \$210 million in the Defense appropriation for breast cancer research.

The DOD awarded 444 breast cancer research grants and contracts with the 1993 and 1994 funds.

Of the \$150 million for FY95, \$20 million is allocated for mammography, and \$15 million is designated to support three breast cancer research centers, as described in the Defense Appropriations Act of 1994. The remaining \$115 million will support grants and contracts for new breast cancer studies.

To obtain a copy of the Broad Agency Announcement, write to: Commander, USAMRMC, ATTN MCMR-PLF (BAA-BC), Fort Detrick, MD 21702-5012, or call 301/619-7076 or 301/619-7786 or fax 301/619-7792.

RFA Available

RFA CA-95-010

Title: **Human Metabolic Studies Of Modification Of Dietary Fatty Acid Intake For Prevention Of Breast, Prostate, And Colon Cancer**

Letter of Intent Receipt Date: May 26

Application Receipt Date: July 12

The NCI Div. of Cancer Prevention and Control seeks to stimulate investigator-initiated research to elucidate mechanisms by which modification in amount and type of dietary fat/fatty acids consumed may reduce risk for human breast, prostate, and/or colon cancers. The goal is to clarify understanding of the relationship between dietary fatty acids and cancer in order to refine dietary guidance on the optimal amount and type of dietary fat to reduce the risk of several of the most common cancers in the US. Up to \$1.5 million in total costs per year for up to four years will be committed specifically to fund applications that are submitted in response to this RFA. It is anticipated that six to eight awards will be made.

Inquiries: Susan Pilch, DCPC, NCI, Executive Plaza North Rm 212, Bethesda, MD 20892, tel: 301/496-8573, fax: 301/402-0553, email: PilchS@dcpcepn.nci.nih.gov.