THE CANCER LETTER

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White House To Appoint Richard Klausner, Molecular Biologist, As NCI's 11th Director

President Clinton announced July 24 that molecular biologist Richard Klausner will be appointed the 11th director of the National Cancer Institute.

Klausner, chief of the Cell Biology and Metabolism Branch of the National Institute of Child Health and Human Development, is an expert in gene regulation of iron metabolism. Over the past two years, he has collaborated with NCI scientists studying the VHL gene associated with kidney cancer.

Klausner is expected to begin the job on Aug. 1.

"There are enormous problems that we have to face, but I think a clear articulation of where the Institute is going is absolutely essential," Klausner said to **The Cancer Letter**. "There is a real sense of opportunity and a desire for new direction and a new ethos of the institution. The decision-making has to become much more open and interactive with the constituencies NCI has served."

Klausner, 43, has been long regarded as one of the rising stars at NIH. In 1992, then-NIH Director Bernadine Healy appointed Klausner

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In Brief

House Committee Approves Funding Boost For NIH; Michigan Centers Receive $15M Gift

HOUSE APPROPRIATIONS Committee earlier this week approved the Labor, HHS, Education appropriations bill that included a 5.7% increase for NIH in fiscal 1996. . . . **MICHIGAN CANCER FOUNDATION** has received a $15 million gift from Peter Karmanos Jr., a Detroit businessman. The system formed by the foundation, which includes the Meyer L. Prentis Comprehensive Cancer Center and the cancer programs of the Detroit Medical Center and Wayne State Univ., will be named the Barbara Ann Karmanos Cancer Institute, for Karmanos' first wife who died of breast cancer in 1989. "The gift will allow us to improve care, launch new research programs and recruit the best and brightest people," said William Peters, president and CEO of the institute. . . . **DAVID HIRSCH** has been named chief operating officer for the Cancer Therapy and Research Center Research Foundation and the CTRC Institute for Drug Development. He held various positions with Boehringer Mannheim Pharmaceuticals. . . . **CORRECTION:** The name of the company that holds the basic science contract at the Frederick Cancer Research & Development Center was incorrectly stated in the July 21 issue of **The Cancer Letter**. The firm is Advanced BioScience Laboratories Inc.

Klausner: "Ethos," Structure Of NCI Need To Be Changed

(Continued from page 1)

chairman of a panel of 18 NIH scientists to suggest improvements in recruitment and retention of scientists in the intramural program. That panel's recommendations, set forth in a document that unofficially became known as the "Klausner Report," have been extensively cited in subsequent plans for reorganization.

As NCI director, Klausner is expected to begin the implementation of the most recent of those plans, produced by the National Cancer Advisory Board's Working Group on the NCI Intramural Program. "I will be announcing structural changes immediately," he said.

While Klausner has reached prominence in molecular biology, he is not as well known in clinical oncology. In an apparent effort to meet the key players in his new field, Klausner has been discussing his plans for the Institute with a number of cancer specialists.

In late June, Klausner met with Robert Young, president of Fox Chase Cancer Center, turning him into a supporter.

"I was really impressed," Young said to **The Cancer Letter**. "He is a distinguished scientist who has done his homework about the NCI. He has a clear vision of what he wants to accomplish, and is confident of his ability to do the difficult and challenging job. He is very enthusiastic.

"If people listen to him, interact with him, and share ideas, I think they will develop a rapidly increasing comfort level," Young said. "I feel a lot better about this than I did before. I didn't know him."

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NCAB Chairman Barbara Rimer similarly described her meeting with Klausner.

"I think Rick's energy, enthusiasm, incisiveness and grasp of a range of complex issues will revitalize NCI," Rimer said. "He listens well and this will be an important skill as he interacts with the diverse NCI constituencies."

However, a number of prominent cancer clinicians said they reserved judgment about Klausner's qualifications to lead the Institute.

"Since Klausner is not from NCI, he doesn't know the cast of characters in the field, particularly at the clinical level," said a member of the search committee for the NCI director. "When the NCI director goes downtown to Congress, they don't ask you about the ras oncogene. They ask about breast cancer, prostate cancer and colon cancer. To be a clinician is to take a beating now. It is a dying breed."

Klausner disputes the view that the Institute should be led by a clinician.

"There is no single expertise that an individual can have that fully encompasses the function of NCI and our approach to cancer," he said.

"I think the issue of basic scientists wanting a basic scientist, of prevention people wanting a prevention person, of clinicians wanting a clinician, is a wish that simply cannot be filled in a way that satisfies anyone."

Klausner's colleagues describe him as an outstanding scientist, a decisive leader, and a capable administrator of one of the most productive research groups at NIH.

Marston Linehan, head of the Urologic Oncology Section of the NCI Surgery Branch, who has collaborated with Klausner for a number of years, said cancer patients and their advocates will find an ally in the new NCI director.

"As a person who cares about patients, I'm very happy about Rick's appointment," Linehan said. Klausner is senior author on a paper submitted for publication about the VHL gene, co-authored with Linehan and others in the Surgery Branch.

"Once the cancer community gets to know Dr. Klausner, their fears will turn out to be groundless," Linehan said. "He is a great scientist and manager, he has high ideals, and I know he cares deeply about clinical medicine and patients with cancer."

Alan Rabson, another NCI official who has worked with Klausner, said the new director brings to the Institute a valuable new perspective.

"He is a brilliant biomedical research scientist

who brings an understanding of clinical problems to fundamental approaches to molecular genetics and cell biology, and can use those disciplines to further our understanding of cancer," said Rabson, director of the NCI Div. of Cancer Biology, Diagnosis and Centers.

Klausner began his NIH career in Rabson's division.

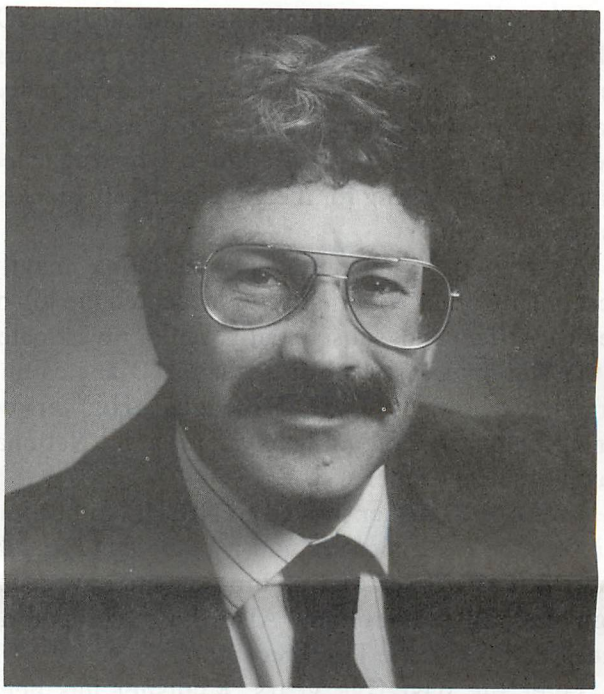
"[Klausner] brings to this important post an extraordinary record of scientific achievement, admirable personal qualities, and a firm commitment to advancing the nation's health through vigorous and innovative science," NIH Director Harold Varmus said in a statement. "I am sure that Dr. Klausner will provide the leadership that NIH's largest and most visible institute needs as it carries forward the fight against cancer."

"Excitement and Enthusiasm"

"My thoughts are primarily of real excitement and enthusiasm as I take this job," Klausner said to **The Cancer Letter**. "I have been spending the past few months immersing myself in the Institute and the issues of the National Cancer Program.

"The overwhelming challenge remains this disease," he said. "The reason we have not won the war on cancer is not because of misguided policies, but because it is a daunting problem.

"For NCI as an institution, the first challenge is to maintain and enhance the research base which is the heart of NCI. Our challenge is, with a constrained budget, to fund the best clinical, basic and population-based research. We have to train the best people. We have to make sure that we make the necessary investments in human and physical capacity of the cancer program.



Richard Klausner

"The second challenge is to try to close the gap between the amazing advances in basic science, with the very disappointing progress in preventing and treating the disease.

"The third is a set of institutional challenges to our ability to do research, to conduct patient-based and population-based research because of changes in health care system, or the funding stream. How are we going to be able to do clinical research as the health care system is changing around us?"

Klausner said he has an open style of management.

"I feel very comfortable taking a leadership role and making decisions, but I also feel comfortable listening and taking advice," he said. "I think I am very good at drawing people into the decision making process."

Started As NCI Research Associate

Klausner earned an undergraduate degree from Yale Univ. in 1973 and an MD from Duke Univ. Medical School in 1976. As a medical student, he led a group that wrote a compact 500-page best-selling medical textbook designed to be easily carried around by students.

In 1979, following postgraduate medical training at Harvard Univ. and Massachusetts General Hospital, Klausner began a research career at NIH.

NCI Directors Since 1938

Following are the names of NCI directors since the agency's inception:

1938-1943: Carl Voegtlin, PhD
1943-1947: Roscoe Roy Spencer, MD
1947-1948: Leonard Andrew Scheele, MD
1948-1960: John Roderick Heller, MD
1960-1969: Kenneth Milo Endicott, MD
1970-1972: Carl Gwin Baker, MD
1972-1976: Frank Joseph Rauscher Jr., PhD
1977-1980: Arthur Canfield Upton, MD
1980-1988: Vincent T. DeVita Jr., MD
1988-1995: Samuel A. Broder, MD

He started as a research associate in the NCI Laboratory of Mathematical Biology. After two years, his lab chief, Mones Bernam, died unexpectedly. Klausner was considered for the post, according to one source. However, colleagues who regarded Klausner as too young for the job effectively blocked his appointment.

As a result, Klausner, who was being heavily recruited by other NIH institutes, accepted the job of medical officer and, subsequently, senior investigator at the National Institute of Arthritis, Diabetes and Digestive and Kidney Diseases. He served concurrently as an attending physician at the National Naval Medical Center.

In 1984, Klausner moved to NICHD to become chief of the Cell Biology and Metabolism Branch, where he has worked on iron binding and how genes regulate iron metabolism. Also, he developed an understanding of the T cell receptor.

Over the past five years, Klausner has been recognized as one of the 20 most highly cited scientists in the world in biomedical research. He is a member of the National Academy of Sciences, a fellow of the American Academy of Arts and Sciences, and the immediate past president of the American Society of Clinical Investigation. For the past two years he has been the chairman of the National Science Education Standards Project of the NAS.

Klausner succeeds Samuel Broder, who left the Institute last March to become a senior vice president and chief scientific officer of the Miami-based pharmaceutical company IVAX Corp.

FDA Opponents Claim Abuses As Agency Mounts No Defense

Proponents of alternative medicine and other adversaries of the US Food and Drug Administration could not have asked for a better day on Capitol Hill.

The Subcommittee on Oversight and Investigations of the House Committee on Commerce launched a powerful attack on FDA at a hearing earlier this week, and the agency did not show up to defend itself.

At the hearing July 25, FDA came under fire for what witnesses and prominent Republican House members described as persecution of Houston-based alternative medicine practitioner Stanislaw Burzynski. Also, the agency came under fire for its enforcement actions against an Illinois-based company that makes Sensor Pad, a plastic device designed for use in breast self-examination.

From correspondence between FDA Commissioner David Kessler and the subcommittee, it appears that the commissioner chose not to confront his accusers, opting instead to address their allegations after they were stated for the record.

In a July 19 letter to Rep. Joe Barton (R-TX), chairman of the subcommittee, Kessler stated that he would prefer to appear at a separate hearing.

"I hope that you will agree to take the agency's testimony... after we have had a chance to review the facts in each case," Kessler wrote to Barton. "I believe that review can be accomplished within two weeks of the hearing on July 25, where these allegations are to be set forth for the record. We will accommodate the subcommittee schedule for a hearing date on or after Aug. 8."

Thus, with FDA's consent, the agency's critics were given their day.

"I'm tired of having to worry about the government taking away my medicine," said 12-year-old Paul Michaels, who attributed his eight-year survival with a brain cancer to a treatment by Burzynski.

"It's like I am in a war against cancer, and the government keeps trying to take away the only weapon I have," said Michaels, a resident of Troy, MI.

At the hearing, the long-running controversy surrounding Burzynski was presented entirely through patient testimony and the testimony of Burzynski's attorney.

Richard Jaffe, the attorney, described the government's actions against the alternative practitioner as a series of fruitless grand jury investigations and a succession of raids on Burzynski's clinic in Houston.

"Do you believe that the FDA, or at least its enforcement arm, has a bias against unconventional medicine?" asked Rep. Thomas Bliley (R-VA), chairman of the Commerce Committee following Jaffe's testimony.

"I don't think there is any doubt about that," Jaffe responded. "I think that by-and-large if you are not a multi-billion-dollar drug company that can grease the wheels that have got to be greased at the FDA, you don't get the same kind of treatment there."

Rep. Richard Burr (R-NC) said that after

reviewing materials provided by Jaffe he concluded that FDA's enforcement actions against Burzynski constituted an abuse of power. Burr called for an immediate firing of FDA and HHS officials responsible for taking action against the Polish-born alternative practitioner.

"There is no place in the American criminal justice system for this kind of abuse," Burr said. "Dr. Kessler, who chose not to show up today, despite his statements to this committee that retaliation would not be tolerated, should answer to this committee to explain whether or not he was aware of this retaliation. If so, he should be fired along with all FDA employees who supported these trumped up criminal charges."

Burzynski's treatment, called antineoplaston, is being evaluated in an NCI-sponsored clinical trial.

The Matter Of Sensor Pad

FDA also was criticized for its enforcement action against Inventive Products Inc., a Decatur, IL, company that produced Sensor Pad, a device that consists of two round sheets of plastic lined with a layer of a lubricant. Sensor Pad was intended as an aid to breast self-examination.

The company that produced Sensor Pad challenged FDA's decision that the product was subject to approval as a medical device. The agency responded by confiscating the pads. Subsequently, a federal court and an appeals court sustained the agency's decision.

"Your invention was literally too simple for the minds of the bureaucrats in Rockville," Bliley said to H. Earl Wright, vice president of the company.

"Since FDA bureaucrats couldn't regulate soap and water, the FDA couldn't find a substantially equivalent device... And the Sensor Pad was categorized as a medical device that could cause serious injury or death," said Bliley, brandishing a limp plastic pad.

"That's right," Wright replied.

"This thing? I tell you, in retrospect, maybe you should have tried to sell this lethal device to the Pentagon," Bliley declared.

Bliley and Kessler have a history of disagreement on matters more significant than Sensor Pad. Bliley, who has a track record of defending tobacco interests on the Hill, is opposed to proposals to regulate tobacco as a drug. FDA has said that such regulations are feasible.

"I have felt that an investigation of unfair, discriminatory, and retaliatory practices of FDA is long overdue," Bliley said. "This is an agency that believes it is a law unto itself."

Bliley described Kessler as indifferent to the needs of American patients and accused the commissioner of having turned a blind eye to abuses of power by FDA employees.

"Dr. Kessler himself has led the agency away from its core mission into areas that are either peripheral to the public health or for which other agencies hold the statutory mandate," Bliley said.

Why FDA Didn't Attend

The interpretations of Kessler's decision not to attend the hearing varied along party lines:

1. The Republican Version: Kessler has been invited to appear, but declined the invitation.

"The FDA to this point has decided not to engage the subcommittee in a conversation, and instead has sought to delay these hearings and the fact-finding process," subcommittee chairman Barton said at the hearing.

Furthermore, the agency has not been forthcoming in arranging interviews with FDA officials and providing documents requested by the subcommittee, Barton said.

"We will get the information we have requested," he said. "We can get it the easy way. Or we can get it the hard way. But we will get it."

2. The Democratic Version: Kessler had been given the subcommittee's witness list on July 18, which did not give the Commissioner adequate time to prepare for the hearing.

"It is extremely unfortunate that FDA witnesses are not available to respond to the individual complaints... in a contemporaneous manner," said Rep. Ron Wyden (D-OR), ranking minority member of the subcommittee.

"The subcommittee will only get one side of the story," Wyden said. "Had the subcommittee waited another two weeks, it might have gotten both sides, with agency representatives present...

"Is this retaliation in these cases before us, today? It is almost impossible to tell from what we've been given. For example, in at least a couple of cases there appears to have been a continuing and stubborn proclivity by companies to sell unapproved devices across state lines, even after federal courts ordered them to stop," Wyden said.

ACS Funds Feasibility Study Of Mammography Trial

The American Cancer Society's research program has awarded a $75,000 planning grant to the Union Internationale Contre le Cancer (UICC) to study the feasibility of conducting a long-term international study on the effects of mammography in reducing breast cancer mortality in women in their 40s.

The planning grant will enable researchers to learn whether the quality of screening and levels of participation would be adequate to initiate the proposed Eurotrial 40 population study, Robert Smith, senior director of detection and treatment for ACS, said.

"The planning grant is important so that the study does not suffer from the same limitations that have plagued existing studies, such as insufficient numbers of women, less sensitive screening protocols, and inadequate follow-up," Smith said.

ACS is a member of the UICC, based in Geneva, Switzerland.

Eventual Goal: International Trial

The planning phase supported by the grant will be directed by Marco Rosselli Del Turco, a radiologist and medical director of the diagnostic breast unit at the Center for the Study and Prevention of Breast Cancer in Florence, Italy.

If the planning process is followed by a clinical trial, the goal would be to determine the benefits of mammography for women in their 40s, Smith said.

"While the American Cancer Society and other medical and consumer organizations endorse screening mammography for women in their 40s, due to limitations of the existing studies we are less certain of the extent of the benefit for women in this age group than for women in their 50s," Smith said.

"This study would be an opportunity to more carefully evaluate the degree to which mammography benefits women in their 40s, and potentially to better understand how to improve early breast cancer detection for women in this age group," Smith said.

10-Year Study Proposed

The proposed Eurotrial 40 would compare a group of women ages 40 to 42 who are invited to receive periodic screenings with a comparable group of women who do not receive screening. The trial would last 10 years.

An estimated 85,000 women would be invited to receive breast cancer screening; 170,000 would be in the control group. Participants would come from Italy, the Netherlands, Finland, Sweden, and possibly other European countries.

The trial would be conducted in Europe rather than the US because screening mammography for women in their 40s is rare in European countries, Smith said.

ACS staff will serve as advisers during the planning study and Eurotrial 40. Smith will represent the Detection and Treatment Dept., and Eugenia Calle, director of analytic epidemiology, will represent the Epidemiology and Surveillance Dept.

NCI Contract Awards

Title: Population based natural history of cervical neoplasia in a high risk region of Latin America. Contractor: Fundacion Costarricense Para La Docencia En Ciencias De La Salud, Costa Rica, $250,002.

Title: Phase I single and multiple dose safety and pharmacokinetic clinical study of ursodeoxycholic acid. Contractor: Univ. of Arizona, $319,589.

Title: Phase I multiple dose safety and pharmacokinetic clinical trial of sulindac sulfone in adenomatous polyposis coli patients. Contractor: The Cleveland Clinic Foundation, $369,137.

Title: Phase I and pharmacokinetic trials of limonene in patients with a prior history of breast carcinoma. Contractor: The Cleveland Clinic Foundation, $636,340.

Title: Phase I single and multiple dose pharmacokinetic and pharmacodynamic study of s-allyl cysteine. Contractor: Health Research Inc., Roswell Park Div., Buffalo, NY, $452,520.

Title: Phase I single and multiple dose safety and pharmacokinetic clinical study of curcumin. Contractor: Univ. of Michigan, $508,358.

Title: Phase I multiple dose safety and pharmacokinetic clinical trial of phenethyl isothiocyanate in chronic smokers. Contractor: New York Univ. Medical Center, $528,374.

Title: SBIR Program: Accessing health care information across the Internet. Contractor: United Information Systems Inc., Bethesda, MD, $99,893.

Title: SBIR Program: Facilitating Cancernet delivery to community networks. Contractor: Carl Corp., Denver, CO, $81,248.

Title: SBIR Program: Intelligent software agents that access PDQ and Cancernet. Contractor: Lexical Technology Inc., Alameda, CA, $100,000.

Title: SBIR Program: The cancer patient data retrieval agent. Contractor: Chi Systems Inc., Lower Gwynedd, PA, $99,964.

Cancer Meetings Listed For Next Three Months

August

International Society for Experimental Hematology—Aug. 27-31, Dusseldorf, Germany. Contact: CPO Hanser Service, PO Box 1221, D-22882, Hamburg-Barsbuttel, Germany, tel: 49-40-670-8820, fax: 49-40-670-3283.

Dietary Phytochemicals in Cancer Prevention and Treatment—Aug. 31-Sept. 1, Washington, DC. Contact: American Institute for Cancer Research, Secretariat, The Pearson Group, tel: 703/683-6334, fax: 703/683-6407.

September

International Conference on Prostate Cancer Early Detection and Control: What Should Be The Health Message?—Sept. 6-7, Atlanta, GA. Contact Centers for Disease Control, Steve Wyatt, chief, cancer prevention & control branch, tel: 404/639-3311.

DNA Topoisomerases in Therapy—Sept. 6-8, Amsterdam, The Netherlands. Contact: Secretariat, Amstelveenseweeg 601, c/o AZVU, PO Box 7057 MB Amsterdam, The Netherlands, tel: 31-(0)20-644-4500 or 644-4550, fax: 31-(0)20-644-4551.

Anderson Network Patient Conference—Sept. 8-9, Houston, TX. Contact M.D. Anderson Cancer Center, Pam Hamre, Conference Services, tel: 713/792-2222, fax: 713/794-1724.

Medical Oncology: A Comprehensive Review—Sept. 11-15, Houston, TX. Contact Conference Services, M.D. Anderson Cancer Center, tel: 713/792-2222, fax: 713/794-1724.

International Conference on Gastrointestinal Oncology—Sept. 15-17, Washington, DC. Contact Daniel Reichard, George Washington Univ. Medical Center, tel: 202/994-4285.

International Congress on Hormones and Cancer—Sept. 16-20, Quebec City, Canada. Contact: Secretariat, Laval Univ. Medical Center, tel: 418/654-2144, fax: 418/654-2714.

The Regulation of Cell Growth/The Coleman Foundation Symposium—Sept. 18-19, Evanston, IL. Contact Robert H. Lurie Cancer Center of Northwestern Univ., tel: 312/908-5258, fax: 312/908-1372.

Association of Community Cancer Centers National Oncology Economics Conference—Sept. 20-23, Marina del Rey, CA. Contact Association of Community Cancer Centers, Wanda Neal, Meetings, tel: 301/984-9496, fax: 301/770-1949.

The Nurse's Role in Effective Pain Management—Sept. 21, Grapevine, TX. Contact Sharon Mikkelson, tel: 214/317-8372.

Cure of Cancer of the Prostate Annual Scientific Meeting—Sept. 21-24, Santa Barbara, CA. Contact Linda Swanson, Cap Cure, tel: 310/458-2873, fax: 310/458-8074.

October

Pharmacy Symposium on Cancer Chemotherapy—Oct. 8-10, Houston, TX. Contact M.D. Anderson Cancer Center, Conference Services, tel: 713/792-2222, fax: 713/794-1724.

American Society for Therapeutic Radiology and Oncology Annual Meeting—Oct. 9-13, Miami Beach, FL. Contact American Society for Therapeutic Radiology and Oncology, tel: 703/648-8900.

Great Lakes Cancer Nursing Conference—Oct. 10-11, Lansing, MI. Contact Vicki Rakowski, American Cancer Society Michigan Division, tel: 517/371-2920.

Transcription Factors and Signal Transduction—Oct. 13, Frederick, MD. Contact Patti Hall, Foundation for Advanced Cancer Studies, tel: 410/658-2882, fax: 410/658-3799.

Cytokines and Cytokine Receptors—Oct. 14-18, Lake George, NY. Contact American Association for Cancer Research, tel: 215/440-9300, fax: 215/440-9313.

Monoclonal Antibodies and Cancer Therapy 1995—Oct. 16-18, New York City. Contact Cancer Research Institute, tel: 212/688-7515.

Genetic Mechanisms of Cancer—Oct. 17-20, Houston, TX. Contact M.D. Anderson Cancer Center Conference Services, tel: 713/792-2222, fax: 713/794-1724.

Practice Challenges: The Experts Speak Out on Breast Cancer—Oct. 18, Eatontown, NJ. Contact Ellen Cosgrove, Monmouth Medical Center, tel: 908/870-5451, fax: 908/229-3582.

Breast Cancer—Oct. 21, Cleveland, OH. Contact Cleveland Clinic, tel 216/444-5695, fax: 216/445-9406.

ECCO 8: The European Cancer Conference—Oct. 29-Nov. 2, Paris, France. Contact ECCO 8 Secretariat, tel: 32(2)775-0202, fax: 32(2)775-0200, or the various European cancer societies.

Letters

The Lesson From Dana-Farber: Doctors Must Listen To Patient

To the Editors:

Truly, as you reported in the June 30 issue of **The Cancer Letter**, the Dana-Farber tragedy has had an enormous positive effect on the way cancer centers communicate news about medication errors—and that is what Betsy Lehman would have wanted.

But she would have wanted something more. She would have wanted doctors and other medical leaders to understand they must listen to their patients, who are, after all, excellent judges of what is happening to their bodies. She would have wanted them to realize that a major part of the solution to the horrendous problem of medication errors lies not only in open communications after the errors have been made. They lie in open communications before they are made. Only one of the eight medical leaders interviewed in your story—a medical oncologist in private practice—seems to realize that.

Watching television the night the story was uncovered (almost two months after Betsy Lehman's death) I listened in shock as an unknown authority suggested to chemotherapy patients—some hooked up to a myriad of tubes and like Betsy, sick abed—that they guard against similar tragedies by speaking up and checking their own dosages. But Betsy did speak up! She sensed something was amiss. Grossly swollen, vomiting up, as her scientist-husband put it—the lining of her gut, this sophisticated health consumer who had been administered a four-fold dosage for four days running, cried for help. At least, no one listened; at most, no one took her complaints seriously enough to stop the killing.

As medicine becomes more potent and its rewards and dangers more striking, the stakes are getting higher. It's no longer a question of depressed feelings and noncompliance when doctors fail to pay attention. It's a matter of life and death.

Natalie Davis Spingarn
Vice Chair
National Coalition for Cancer Survivorship

RFP Available

RFP N01-CP-50537-02
Title: **Multi-Disciplinary Investigations Of Environmental Causes Of Cancer**
Deadline: Approximately Aug. 15

The NCI Environmental Epidemiology Branch is recompeting a contract to provide assistance with multidisciplinary investigations of environmental causes of cancer. The contract will establish mechanisms to provide assistance with the conduct of a wide variety of domestic and international field studies. The studies will often be large and complex, sometimes involving multiple collaborating institutions. In these, as well as in other studies (especially international collaborations), close attention will be required for maintaining standardized approaches to data collection and to assuring that field activities are accomplished with adequate quality control measures. Further complicating data collection efforts are that many of the anticipated studies to be conducted will include laboratory adjuncts, requiring that the contractor have expertise in proper means of collecting, processing and shipping specimens.

The contractor will also be expected to provide expertise in several difficult areas of exposure assessment, including measures of nutritional intake and occupational histories. The contractor will assist with the development of liaison with organizations at the local, national, or international level whose cooperation is needed for the conduct of a study, the design and development of forms required to conduct field investigations, subject identification, selection, and tracing, the hiring, training, and supervision of technical personnel, the actual collection of the required data, and the data reduction activities involved in field investigations. The contractor also must provide field supervision and develop control mechanisms to ensure the quality of activities of all aspects of each study.

Contract Specialist: Michael Loewe, RCB, NCI, Cancer Etiology Contracts Section, EPS/620, 6120 Executive Blvd MSC 7224, Bethesda, MD 20892-7224, tel: 301/496-8611.

Program Announcement

PAR-95-077
Title: **Small Grants Program For Cancer Epidemiology**

The NCI Div. of Cancer Etiology invites small grant (R03) applications relating to cancer epidemiology. These are short-term awards, not to exceed three years, intended to provide support for pilot projects, testing of new techniques, or development of innovative or high-risk projects that could provide a basis for more extended research.

The PA may be obtained electronically through the NIH Grant Line (data line 301-402-2221) and the NIH GOPHER (gopher.nih.gov), and by mail and email from: A.R. Patel, DCE, NCI, Executive Plaza North Suite 535, MSC 7395, Bethesda, MD 20892-7395, tel: 301/496-9600, e-mail: Jason@EPNDCE.NCI.NIH.GOV