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FDA Proposal To Regulate Tobacco Wins Support Of NCI, Oncology Societies

The FDA plan to regulate the sale and advertising of tobacco products received the support of the NIH, NCI and oncology professional societies in recent weeks.

In one expression of support, NCI Director Richard Klausner signed a letter with NIH Director Harold Varmus urging President Clinton to take action to reduce smoking-related deaths.

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In Brief

Urologist Appointed To NCAB; Stovall Named To US Pharmacopeia Oncology Advisory Panel

RICHARD BOXER was nominated to a six-year term on the National Cancer Advisory Board, the White House announced. Boxer, a urologist and an associate professor at the Medical College of Wisconsin, was chief of urology at Mount Sinai Medical Center and St. Michael Hospital, both in Milwaukee. . . . **ELLEN STOVALL**, executive director, National Coalition for Cancer Survivorship, was named to the Expert Advisory Panel on Hematologic and Oncologic Disease, US Pharmacopeial Convention. The volunteer panel develops the drug information database of the US Pharmacopeia. . . . **JOHN KERSEY** was named director, Univ. of Minnesota Cancer Center. He has served as the center's acting director since 1991, when the center was established. Kersey led the team that performed the first successful bone marrow transplant for lymphoma in 1975. . . . **JOSEPH AISNER** joined the Cancer Institute of New Jersey as chief, Div. of Medical Oncology, associate director of clinical science and professor of medicine and environment and community medicine. Aisner served as chief of medical oncology and director of the Univ. of Maryland Cancer Center. . . . **NATURAL PRODUCTS** found in Korea will be tested for anti-cancer and anti-HIV properties under an agreement signed by NCI and the Korean Research Institute of Chemical Technology. Under the three-year agreement, interesting compounds are to be sent to NCI in exchange for staff training in drug screening and development. NCI has 19 agreements with other countries to test and develop natural products. . . . **NEW ADDRESS** as of Sept. 14 for the Washington office of the **American Society of Clinical Oncology**: 225 Reinekers Lane, Suite 650, Alexandria, VA 22314, tel: 703/299-0150, fax: 703/299-1044. . . . **NIH OPEN HOUSE** on the Bethesda, MD, campus is scheduled for Sept. 16, 10 a.m.-3 p.m. Free bus tours, exhibits. Contact: NIH Visitor Information Center, tel: 301/496-1776.

Scientists, Physicians Support Proposed Tobacco Regulation

(Continued from page 1)

"Mr. President, there are few actions that you could take during your Administration that would have a more beneficial and more durable impact on the health of America than the measures you are considering," Klausner and Varmus wrote in the letter dated Aug. 4, just four days after Klausner took office.

"As scientists and physicians, we urge you to use the full resources of your office to protect the health of our citizens," the letter said.

The American Association for Cancer Research and the American Society of Clinical Oncology, among other organizations, sent letters supporting the Administration's proposal to allow FDA to regulate tobacco products.

"The AACR has taken positions against smoking for decades and strongly favors regulation of tobacco," Joseph Bertino, president of the association, wrote in an Aug. 8 letter to the White House.

"We are appalled that the tobacco industry and some members of Congress have suggested that, instead of the regulation of tobacco products, you favor voluntary measures by the tobacco industry to curb under-age use," Bertino wrote. "The tobacco industry continues to deny the validity of repeated studies that have demonstrated the harmful and addictive properties of tobacco use."

Another professional society, ASCO, urged the Administration to campaign both for the FDA proposal as well as to seek an increase in the tobacco excise tax.

"ASCO urges...that FDA regulate nicotine and other chemicals included in tobacco products; tobacco-related advertising and marketing; and the availability of cigarettes and other tobacco products to minors," John Durant, the association's executive vice president wrote in a letter dated Aug. 8.

"We further recommend that the Administration seek a significant increase in the tobacco excise tax—a measure known to decrease smoking in children," he wrote. "The need for action is clear."

The regulations proposed by the Administration would ban vending machine sales and distribution of free samples of cigarettes and brand-name advertising of cigarettes at sporting events and on products not related to tobacco.

The tobacco industry has filed suit in North Carolina to block FDA from imposing the rules.

Anti-smoking advocates are planning an education campaign on Capitol Hill to build support for the FDA regulations.

The text of the Varmus-Klausner letter to President Clinton follows:

As the two scientists directly charged by you with overseeing the country's health research enterprise, we are writing to you today about the devastating effects of tobacco use on the health of our nation. We know you are considering some very important decisions that address this pressing problem, and we want to express our concern about tobacco use and urge you to take action.

For over 50 years, the American people have depended on the National Institutes of Health, including the National Cancer Institute, to discover new knowledge about health and disease, with the expectation that those discoveries would be used to benefit the health of our citizens. A vast amount of scientific research has been conducted on tobacco use over the last 40 years. All of these studies have concluded that tobacco use, especially cigarette smoking, is extraordinarily harmful. Cigarette smoking causes one in five deaths in the United States—over 400,000 every year. In fact, lung cancer kills more women than does breast cancer and more men than does prostate cancer.

The terrible health consequences of smoking could be prevented if people stop smoking. But many people cannot. Each year nearly 20 million smokers try to quit, but only 3 percent succeed. This is because cigarettes are, in essence, devices for the delivery of an addictive drug, designed to hook the user at a young age and for life. Today there is absolute, unassailable scientific evidence that nicotine is addictive. Children, especially teenagers, are highly vulnerable. Every day

THE CANCER LETTER

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3,000 teenagers in America begin to smoke; in fact, nearly 80 percent of all adult smokers began smoking as teenagers. Smoking is increasing among our children, and we know that more and more teenagers are becoming addicted. Over 80 percent of teenagers who smoke one pack or more daily feel they are dependent on or "need" cigarettes. These addicted young people will carry into their future the high risk of disease and premature death caused by tobacco use.

Mr. President, there are few actions that you could take during your Administration that would have a more beneficial and more durable impact on the health of America than the measures you are considering. The support you have from the scientific and medical community for action is clear and unmistakable. As *scientists and physicians*, we urge you to use the full resources of your office to protect the health of our citizens.

NIH Seeks Candidates For Peer Review Director

NIH is seeking candidates for the position of director of the Div. of Research Grants, which oversees the institutes' complex system of peer review.

The new director would succeed Jerome Green, who retired last June. Donald Luecke is serving as acting director of the division.

The DRG director "serves as a principal advisor to the Director, NIH, and participates in discussions relative to the development of major policy decisions affecting the research grant and award programs" of the Public Health Service, according to the vacancy announcement.

A search committee has been formed to *recommend candidates for the position*. Co-chairmen of the search committee are Wendy Baldwin, director of the NIH Office of Extramural Research, and Claude L'Enfant, director of the National Heart, Lung & Blood Institute.

Applicants for the position must meet the minimum educational requirements for health scientist administrator (GS-601), or medical officer (GS-602). Specific inquiries regarding the requirements may be obtained by calling Janice Balin, tel: 301/496-1443.

Applicants also must be familiar with NIH and PHS scientific review, understanding of the biomedical research community, and skill in negotiating sensitive issues in a scientific environment.

Salary range is $97,991 to $122,040. Physicians may be eligible for a comparability allowance of up to $20,000 per year.

Applications must be postmarked by the closing date of Nov. 1. Submit bibliography and either a c.v. or application for federal employment to: NIH, Division of Senior Systems, 6120 Executive Blvd. Suite 100, Rockville, MD 20852, Attn: Janice Balin; or fax to 301/402-6139.

Application may be sent by e-mail to: fcwalker@helix.nih.gov. Application may also be made through the NIH Home Page on the World Wide Web at the following URL: http://www.nih.gov/news.

MSK To Dismiss Surgeon Who Operated On Wrong Lobe

The surgeon who mistakenly operated on the wrong lobe of a brain cancer patient was issued a notice of dismissal by the Memorial Sloan-Kettering Cancer Center.

Ehud Arbit, the surgeon, used the images of another patient before he operated on Rajeswari Ayyappan on May 26, the hospital said.

Announcing the action, Memorial officials said that Arbit had made an error in another surgical procedure in the past six months.

Arbit's surgical privileges and administrative responsibilities as chief of the Neurosurgical Services at Memorial were withdrawn in June, following an initial review of the Ayyappan case.

The notice of dismissal was issued Sept. 1. An attorney for Arbit said the Ayyappan case involved a mistaken identity and that no error was involved in the second case.

David Hoffman, the attorney, said Arbit plans to appeal the dismissal before an internal grievance panel at Memorial as well as before the state health department.

Simone: Action Painful but Necessary

"This action is painful, but necessary," Joseph Simone, physician-in-chief at Memorial, said of the notice of dismissal. "We insist our medical staff meet our high standards to ensure that all our patients receive the highest quality care.

"After a thorough examination of the record, we concluded that Dr. Arbit failed to meet Memorial Hospital's standards of care," Simone said in a statement.

The review was conducted by an ad hoc committee

convened by Simone. The committee, comprised of physicians from several disciplines, also examined a sampling of Arbit's cases from 1994 and 1995, hospital officials said.

Describing the Ayyappan case, Memorial officials said Arbit identified the patient incorrectly and, as a consequence, performed a right craniotomy. After discovering the error during surgery, he told the patient's family that a second surgery would be required, officials said.

The 59-year-old patient, who is the mother of an Indian film star, was then transferred to New York Hospital, and 40 percent of her tumor was removed during a second operation there.

"Proper identification of the patient, particularly by the senior attending physician, is fundamental to the practice of medicine; it forms the basis of everything we do," Simone said. "Nothing like this has ever happened here before. Nevertheless, the case has clearly called into question the processes that have worked for decades to ensure that we provide the highest quality care."

Simone said Arbit bypassed the customary system of verification that would have revealed the error.

"We deeply regret the suffering this caused the patient and her family," Simone said. "While we cannot undo what has occurred, Memorial Hospital accepts full responsibility for ensuring that such a breach in our standard of care does not occur again."

Simone said the review of Arbit's practice also focused extensively on another case that had been under scrutiny by the hospital's quality assessment program.

In that case, too, the care provided by Arbit did not meet Memorial Hospital's standards, Simone said.

"While the results were positive for this patient, a second surgery was still required because of Dr. Arbit's actions," Simone said.

In that case, last December, Arbit performed surgery for removal of a cancerous lesion on the left side of a patient's brain. The surgical approach from the right side of the brain did not locate the lesion and required a return to the operating room, Memorial officials said.

That case automatically came under scrutiny because it involved an unplanned return to the operating room, officials said.

The Arbit Version

Arbit's attorney Hoffman said the error in the Ayyappan case occurred as a result of a series of errors in communication that led the surgeon to believe that she was another patient.

Hoffman said the surgeon had been expecting another patient from India when the Ayyappan family arrived.

"Dr. Arbit asked the family, `Are you the G. family?' and received an affirmative response," said Hoffman, an attorney with the New York firm of Brightner & Hoffman.

"Dr. Arbit was aware of only one patient arriving from India, a very specific individual," Hoffman said.

The patient, whom Hoffman identified by the initial "G," had a glioblastoma on the right side. Ayyappan had an astrocytoma on the left side.

Following the initial mistake in identity, Arbit proceeded to discuss the case with Ayyappan's personal physician, who accompanied her from India. "Dr. Arbit went on to have a detailed medical conversation with the personal physician about the patient's glioblastoma," Hoffman said.

After discovering the error in the operating room, Arbit halted the surgery, Hoffman said.

Asked about the second mishap cited by hospital officials, Hoffman said the case involved an obese, claustrophobic patient whose tumor was on the midline, between the hemispheres of the brain.

The case was further complicated because the patient's claustrophobia precluded the use of MRI and his obesity required the use of two operating tables, thereby precluding the use of a stereotactic apparatus, Hoffman said.

"This was a tough tumor, and what Dr. Arbit did was the prudent thing. He went where he thought the tumor was," Hoffman said. "Memorial did a very crafty and deceitful job of creating an inference that there was a second case."

Check List Instituted

Following the Ayyappan error, Memorial instituted a procedure that requires that an operating surgeon and a senior nurse sign a check list, thereby ensuring that the surgery is performed on the correct side of the body.

Under the procedure, the lead surgeon continues to bear responsibility that the appropriate images are brought into the operating room, hospital officials said.

Also, the hospital has improved its quality assessment program to ensure that cases involving reports of possible deviations from the standards of care receive expedited review, officials said.

St. Mary's Data Managers Falsified Data, ORI Concludes

The HHS Office of Research Integrity concluded that two data managers St. Mary's Hospital Center in Montreal had falsified and fabricated data submitted to the Breast Cancer Prevention Trial.

One of the data managers, Catherine Kerr, originally contested the ORI findings. However, after the HHS Departmental Appeals Board denied her motion to dismiss the ORI findings, Kerr withdrew her appeal.

In a letter to the appeals board, Kerr's attorney said the data manager was not guilty of wrongdoing, but was unable to finance the appeal.

"The process is too costly for her to assume, especially considering that the sanctions are meaningless to her," Richard McConomy, a Montreal attorney, said in an Aug. 30 letter to the appeals board.

A copy of the letter was obtained by **The Cancer Letter**.

Sanctions that follow a finding of scientific fraud include limitations on an individual's ability to apply for US government funded grants and restrictions on one's ability to serve on advisory panels to US government agencies.

Another data manager at St. Mary's, Barbara Jones, accepted the ORI findings earlier this year.

Pivotal Role in NSABP Controversy

The St. Mary's case played a central role in last year's controversy that surrounded the National Surgical Adjuvant Breast & Bowel Project, the cooperative group that conducts BCPT.

The problem at St. Mary's was discovered in September 1993, when NSABP officials conducting an on-site audit found one discrepancy in the data.

In late March 1994, two weeks after published reports of fraud at another Montreal hospital touched off the NSABP controversy, NCI officials who conducted an audit of the cooperative group's headquarters at the Univ. of Pittsburgh obtained the report on St. Mary's.

Immediately after learning about the problem, NCI demanded the removal of Bernard Fisher as the NSABP principal investigator.

Institute officials said the NSABP headquarters staff in Pittsburgh knew about the problem at the hospital, but failed to report it (**The Cancer Letter**, April 1, 1994).

Fisher's attorney Robert Charrow disagrees. Charrow said NSABP had scheduled another audit to follow up on the data discrepancy. "This is the process that had been used by NSABP in the past," said Charrow, of the Washington firm of Crowell & Moring "It was known to NCI, and there had never been an objection.

"The St. Mary's case was the pretext NCI used to terminate Dr. Fisher's principal investigatorship," Charrow said.

The St. Mary's case was referred to ORI immediately after NCI learned about the discrepancy in the data, ORI documents say.

ORI: Data on Four Patients Affected

According to ORI investigation reports obtained by **The Cancer Letter**, Jones, one of the data managers, worked on BCPT from April to October 1992, when she was replaced by Kerr, who held the job until the beginning of the ORI investigation in March 1994.

The investigation reports on Jones and Kerr were completed last April.

Altogether, the data on four patients were affected by the falsifications, ORI said in the reports.

ORI documents say Jones committed "knowing falsification and fabrication" in the cases involving two patients. Altogether, 11 St. Mary's patients were enrolled in the trial at the time Jones was responsible for filling out the BCPT data forms and submitting them to the NSABP headquarters.

In one case, Jones falsified the dates of the most recent mammogram and a most recent breast examination on an Entry and Eligibility form for a BCPT patient, ORI said in a report.

In another case, Jones fabricated a pre-entry ECG date on a randomization form, deliberately altering the date of the actual ECG on the ECG report and ECG Tracing Transmittal Record.

Neither of the patients met the requirements of the trial, ORI documents say.

Since the enrollment of patients in the trial appeared slow, the hospital administration decided that a full time data manager was not needed to enroll and follow the participants.

As a result, Jones was replaced by Kerr, who took the job in addition to her duties as administrative assistant in the Dept. of Surgery. Instead of a salary, Kerr was paid $250 Canadian for each patient enrolled in the study, ORI said in a report.

Kerr's attorney McConomy disputed the ORI

figures on the data manager's reimbursement. In an interview with **The Cancer Letter**, McConomy said Kerr received no additional reimbursement for managing the BCPT data during the first ten months on the job. Subsequently, she was paid $200 Canadian for every patient she enrolled.

According to ORI, Kerr was involved in the enrollment of 46 participants in BCPT. Records involving two of those patients contained five instances of fabrication and falsification, ORI documents said.

In the case of one patient, Kerr had altered a mammogram report, inserted a false value for a serum creatinine test and altered the date of an ECG, the ORI report said.

According to the report, the patient in question had a history of chronic renal failure. BCPT criteria require adequate renal function.

"My understanding was that the [the serum creatinine test report] was hand-corrected when Kerr received it," McConomy said to **The Cancer Letter**. "She had no intention to put anyone's health at risk, and certainly no motive to falsify the records."

In the case of another patient, Kerr entered a false date for a screening ECG, false dates for the blood test values and fabricated a serum calcium test result, the ORI report said.

ORI Must Release Documents In Fisher Case, Judge Rules

A federal judge ruled that the HHS Office of Research Integrity is not a law enforcement agency and is therefore ineligible to use the "law enforcement privilege" to shield its files from discovery.

The ruling was made recently in a pre-trial motion in the suit by cancer researcher Bernard Fisher. The suit names the NIH, NCI, ORI and their top officials as defendants.

The magistrate ruled that the law enforcement privilege applies to maintaining "law enforcement agencies' legislated functions of preventing risks to the national security and violations of the criminal laws and of apprehending those who violate the laws.

"ORI is not such an agency," Magistrate Patrick Attridge wrote in a ruling July 25. "It has not been given law enforcement authority." The ruling is significant because it blocks the ORI attempt to shield documents from its ongoing investigation of Fisher.

Altogether, the magistrate ordered ORI to give the plaintiff access to 13 documents the government has been seeking to withhold. However, the magistrate ruled that ORI could withhold several documents on the basis of attorney-client privilege.

In his suit, Fisher claims that his rights under the Privacy Act were violated by the government when his articles published on databases maintained by NIH and NCI were altered to include annotations such as "Scientific misconduct—data to be reanalyzed."

Last spring, a federal judge ruled for the plaintiff, granting a preliminary injunction that required the government to remove the warning flags from the databases.

Husband Of Columnist To Use Settlement To Fund Research

The husband of a health columnist who died at the Dana-Farber Cancer Institute from an overdose during breast cancer treatment has settled a wrongful death suit against the cancer center.

Robert Distel, the husband of the late Boston Globe reporter Betsy Lehman, will use part of the settlement money to fund breast cancer research, his attorney said.

The amount of the settlement was not disclosed.

Distel, a Dana-Farber scientist, plans "a large contribution" to establish a breast cancer research fellowship at the cancer center in Lehman's memory, said Michael Mone, Distel's lawyer.

"I want Betsy's name linked with the search for a cure, not with the terrible circumstances of her death," Distel said in a statement.

Lehman died last December after receiving an overdose of cyclophosphamide.

Another woman who also received drug overdoses suffered heart damage.

Proposals Sought For Nursing Reserach Grants, Fellowships

The Oncology Nursing Society and the Oncology Nursing Foundation are accepting proposals for the 1996 research grants and research fellowships funding cycle.

Nurse clinicians, educators and researchers, regardless of whether they are members of ONS, are invited to submit proposals that address the field of oncology nursing. One new award will be introduced in 1996: the American Brain Tumor Association Neuro-Oncology Nursing Research Grant.

Deadline for submission of proposals is Dec. 1. Grant period is for two years; grants range from

$3,000 to $10,000.

For further information, contact the Oncology Nursing Society, Research Dept., 501 Holiday Dr., Pittsburgh, PA 15220, tel: 412/921-7373 ext. 257.

Scholarships, Public Education Projects

ONF also is accepting applications for 1996 scholarships, cancer public education projects and career development awards.

Three new awards will be introduced in 1996: the Sandoz Oncology Post-Master's Nurse Practitioner Certificate Program, the ONF Post-Master's Nurse Practitioner Program and the ONF Nurse Administrator/Manager Career Development Award.

Application deadlines are Dec. 1 for cancer public education projects and career development awards, and Feb. 1 for academic scholarships.

Funds range from $2,000 to $3,000.

For further information, contact Oncology Nursing Foundation, 501 Holiday Dr., Pittsburgh, PA 15220, tel: 412/921-7373 ext. 231.

RFPs Available

RFP NCI-CM-67246-74

Title: **Synthesis Of Congeners And Prodrugs**

The Drug Synthesis and Chemistry Branch, Developmental Therapeutics Program, of the NCI Div. of Cancer Treatment is seeking contractors with expertise in chemical synthesis and drug design to synthesize a variety of compounds for evaluation as potential anti-cancer and anti-HIV agents. The assigned objectives of this project are to design and synthesize the following: (a) congeners of lead compounds having confirmed activity to enhance activity or potency; (b) prodrugs with structural modifications that may provide altered pharmacokinetics, altered drug transport, improved bio-availability through increased water solubility or increased chemical stability; (c) other altered structures that possess elements of both congener and prodrug; and (d) compounds related to natural products, e.g., alkaloids, heterocycles, nucleosides, peptides and the like. Each contractor must have available a fully operational facility including all necessary equipment and instrumentation for all aspects of the contract.

The nature of this project requires that the following restriction be applied: "The NCI signs legally binding agreements with certain suppliers (often pharmaceutical or chemical companies) which state that all information on compounds submitted by the supplier will be held confidential." The successful offeror will be expected to synthetically modify such commercially confidential (discreet) materials. Thus, pharmaceutical or chemical companies could obtain valuable data on new lead compounds. Therefore, in order to honor the confidentiality agreement with the original supplier, the NCI believes that the compounds cannot be sent to potential competitors of the supplier, and thus pharmaceutical and chemical companies must be excluded from the competition. The intent of the exclusion is to prevent companies who market chemicals or drugs on the open market from gaining undue competitive advantage by access to privileged inside information. The exclusion does not apply to companies and/or laboratories whose synthesis activities are performed on a specific order from another party. It is understood that such companies do not sell drugs or chemicals on the open market and are thus not in a position to profit from access to privileged information from NCI.

It is anticipated that 6,032 hours per award per year will be required for this project. This is a recompetition of contracts currently held by the Purdue Research Foundation (N01-CM-17512), Research Foundation of the State Univ. of New York at Buffalo (N01-CM-17569), Georgia Tech Research Foundation (N01-CM-17570) and (N01-CM-47012), and Univ. of Tennessee (N01-CM-47038). It is anticipated that four cost-reimbursement contracts will be awarded for a period of three years, with two one-year options, beginning on or about Aug. 1, 1996.

Inquiries: Odessa Henderson, Research Contracts Branch, NCI, 6120 Executive Blvd, Suite 603, Rockville, MD 20892, tel: 301/496-8620.

RFP NIH-NIAID-DAIDS-96-15

Title: **Non-Human Primate Models For Evaluation Of AIDS Therapies**

The Targeted Interventions Branch, Basic Sciences Program, Div. of AIDS, National Institute of Allergy and Infectious Diseases has a requirement for evaluating therapeutic approaches and drug-based inhibitors of sexual transmission for HIV/AIDS in non-human primate models of lentivirus infection. Evaluation encompasses the determination of efficacy, toxicity, and when needed, limited pharmacokinetics in models of (1) acute and chronic infection and (2) sexual transmission. Therapies to be tested alone and in combination include antiviral agents (drugs and biologics), immune-based strategies, and gene-based therapies. Examples of lentivirus models appropriate for this RFP include HIV-1, HIV-2, pathogenic SHIV, or other relevant lentivirus that induces disease in a non-human primate animal model. Excluded from this competition are small animal models of lentivirus infection. These capabilities will be used by the Div. of AIDS in its efforts to develop intervention and prevention strategies for HIV/AIDS.

It is anticipated that two cost-reimbursement, level-of-effort type contracts will be awarded for a period of

five years beginning on or about July 9, 1996. However, the Government reserves the right to limit the number of awards based on the merit of the technical proposals received.

Inquiries: Joyce Sagami, Contracts Management Branch, NIAID, 6003 Executive Blvd Rm 3C07, Bethesda, MD 20892, tel: 301/496-7118, fax: 301/402-0972, email: js73b@nih.gov

RFAs Available

RFA CA-95-018

Title: **Cancer Prevention Research Units**

Letter of Intent Receipt Date: Oct. 3

Application Receipt Date: Dec. 8

The Cancer Control Science Program in the NCI Div. of Cancer Prevention and Control seeks to stimulate the establishment of programs in primary and secondary cancer prevention, health promotion, and prevention services research. The objective of this RFA is to reestablish efforts to develop a group of multidisciplinary cancer prevention research programs as a national long-term resource in cancer prevention and control research.

These programs, entitled Cancer Prevention Research Units (CPRUs), will conduct primary and secondary prevention, health promotion, and preventive services research aimed at (1) developing new intervention approaches in all areas of cancer prevention and/or (2) applying proven or state-of-the-science interventions in tobacco control, nutrition, and screening identified in Healthy People 2000: National Health Promotion and Disease Prevention Objectives.

The CPRU should foster a multidisciplinary environment of scientists interacting closely within the research program. These can include experienced investigators in relevant fields and disciplines, such as disease prevention and control, medicine, public health, health education, health promotion, epidemiology, nutrition sciences, health policy and economics, health services research, behavioral and social sciences, community organization, communications, and biostatistics.

Additionally, the CPRU Program is intended to hasten the establishment of high quality multidisciplinary research programs, and will be supported by the NCI Program Project Grant (P01) mechanism. Traditionally, the program project approach has resulted in the development of long-term research programs investigating important research problems, has fostered interdisciplinary and inter-institutional collaborations, and has led to new insights and progress in meeting research goals. The intent of this RFA is to achieve the same results in cancer prevention and control research. Approximately $5 million per year in total costs will be committed for five years to specifically fund applications that are submitted in response to this RFA. It is anticipated that up to four awards will be made.

Inquiries: Sherry Mills, DCPC, NCI, 6130 Executive Blvd, Suite 330-MSC 7346, Bethesda, MD 20892-7346, tel: 301/496-8520, fax: 301/402-0816, email: millsS@dcpceps.nci.nih.gov

RFA OD-96-001

Title: **Extramural Associates Research Development Award**

Application Receipt Date: Jan. 19, 1996

The NIH Extramural Associates Program is soliciting applications from academic institutions with significant minority student enrollment, and from women's colleges for participation in the January or June 1997 sessions of the EA Program. In addition, the award will enable the participating institution to establish or enhance an office of sponsored research and to provide for other research infrastructure needs through the recently established Extramural Associates Research Development Award (EARDA).

Eligibility is limited to those domestic academic institutions that have a significant enrollment comprised of minorities (i.e., African Americans, Hispanics, Asians, Native Americans), or are women's colleges, and who wish to nominate a faculty member who has not participated in the NIH Extramural Associates Program since 1993.

Inquiries: Matthew Kinnard, Office of Extramural Programs, NIH, Building 31, Rm 5B38, Bethesda, MD 20892-2182, tel: 301/496-9728, fax: 301/496-7060, email: KINNARDM@NIHOD31.NIH.GOV

Program Announcement

PA-95-084

Title: **Molecular Epidemiology Of Prostate Carcinogenesis**

The NCI Div. of Cancer Etiology, the Div. of Kidney, Urologic, and Hematologic Diseases of the National Institute of Diabetes and Digestive and Kidney Diseases, and the Div. of Extramural Research and Training of the National Institute of Environmental Health Sciences invite investigator-initiated research grant applications for molecular epidemiologic studies to further the understanding of prostate cancer etiology. A major emphasis of this PA is to stimulate the use of biochemical and molecular markers for identifying and assessing risk factors of prostate cancer that could lead to effective prevention strategies. Support of this program will be through the NIH individual research project grants (R01) and First Independent Research Support and Transition (FIRST) (R29) awards.

Inquiries: Dr. Kumiko Iwamoto, Div. of Cancer Etiology, NCI, Executive Plaza North Rm 535, Bethesda, MD 20892-7395, tel: 301/496-9600, fax: 301/402-4279, email: Jasonc@EPNDCE.NCI.NIH.GOV