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Researchers Feel Impact Of Shutdown As Grant Review Stops, Funding Runs Dry

As the shutdown of federal government agencies stretched into its third week, cancer researchers and physicians around the country said they are starting to feel the effect of the interruption in the flow of federal research funds.

To begin with, NCI has been left unable to write checks for 160 new grants and 250 continuing grants that were approved for funding in December and January, NCI Director Richard Klausner said.

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In Brief

Gift To St. Jude: $1 Million McDonald's Ticket; Leitch Elected President, ACS Texas Division

ST. JUDE CHILDREN'S HOSPITAL in Memphis, TN, will receive $1 million thanks to an anonymous donor who mailed a game piece from a McDonald's promotion to the hospital. The winning piece and a McDonald's Monopoly board arrived at the hospital last month in a plain, white envelope postmarked Dallas with no return address. McDonald's doesn't allow game pieces to be transferred, but the company plans to honor the anonymous gift with a $1 million donation. "It was immediately obvious what the right thing was to do," said Ed Rensi, president and chief executive officer of McDonald's USA. McDonald's issued only three $1 million game pieces. The odds of finding one of the three game pieces valued at $1 million are 1 in more than 206 million. . . . **A. MARILYN LEITCH**, associate professor of surgery, University of Texas Southwestern Medical Center, was elected president of the Texas Division of the American Cancer Society, for a two-year term. Leitch is co-chairman of the Detection and Treatment Subcommittee on Breast Cancer for the national ACS. . . . **YOUCEF RUSTUM** was named vice president for scientific affairs at Roswell Park Cancer Institute. Rustum has been deputy director of Roswell Park's Department of Experimental Therapeutics since 1988. He will maintain his position as director of the department's Molecular and Biochemical Pharmacology Laboratory. . . . **EDWARD HENDERSON**, an FDA medical officer, was named to the National Board of Trustees of the Leukemia Society of America, at the society's annual leadership conference last month in Pittsburgh. . . . **FREDERICK BECKER**, vice president for research at M.D. Anderson Cancer Center, received Thailand's Princess Chulabhorn Gold Medal of Merit in Science Dec. 15 in Bangkok. The award recognizes Becker's research as well as his support of the

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Harm From Shutdown At NCI Will Linger After Agreement

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Moreover, with the majority of NIH staff on furlough, no one is left to process grant applications that are accumulating in the NIH mailrooms, Klausner said.

"The level of uncertainty is disturbing," Klausner said to **The Cancer Letter**. "We don't know when it will end or what our budget will be."

Even if budget negotiators were to reach an agreement soon, it will take weeks to resume business as usual, Klausner said. "The work is piling up and it is not going to be easy to catch up immediately," he said. "This is going to have a significant effect on the activities of the Institute for some time."

The shutdown began Dec. 15, and at this writing, no budget agreement was in sight. The Senate voted Jan. 2 in favor of a measure to return 280,000 furloughed civil servants to work and provide full paychecks to 500,000 employees working for half their usual pay. However, House Republican leaders said the House was not likely to consider the measure.

"It appears to be a stalemate," said Marguerite Donoghue, vice president for research and regulatory affairs for Capitol Associates, the lobbyist for the National Coalition for Cancer Research. "We've heard rumors that there may not be a resolution until the President's State of the Union address later this month."

An Impediment To Research

"Research simply can't be slowed down or stopped without grave consequences," Paul Calabresi, a member of the President's Cancer Panel, said to **The Cancer Letter. "**It will not be easy to regain the momentum."

Calabresi said the panel is considering declaring the shutdown a significant barrier to cancer research. The three-member panel is authorized by the National Cancer Act of 1971 to alert the White House to major impediments.

"We are in contact with Dr. Klausner, and we are discussing what action to take unless the situation is resolved in a few days," Calabresi said.

Barbara Rimer, chairman of the National Cancer Advisory Board, said her board is likely to have few grants to review at its next meeting, scheduled for Feb. 27-28. "We are going to have a very small portfolio, and that means the long-term implications are going to be severe," she said. "I wish the average citizen had an understanding about the price we all are going to pay for this."

Last fall, professional oncology organizations and other medical research groups sent letters to Congress and the White House urging that NIH appropriations not be held hostage to larger budget battles (**The Cancer Letter**, Nov. 3, 1995). The House has passed the NIH appropriations bill, but the bill has been held in the Senate.

The American Society of Clinical Oncology reiterated its concern in a second letter, dated Dec. 28, to President Clinton, Senate Majority Leader Bob Dole (R-KS) and Speaker of the House Newt Gingrich (R-GA).

"If this situation is allowed to continue for the remainder of FY 1996, this nation's biomedical and behavioral research efforts will be seriously and irrevocably impeded," John Durant, ASCO executive vice president, wrote. "We strongly urge you to act now to end the deadlock over funding for the NIH and to ensure that it is funded at the highest level possible in FY 1996."

Amy Langer, executive director of the National Alliance of Breast Cancer Organizations, said the shutdown has started to harm cancer patients.

Langer said the shutdown has incapacitated the National Breast and Cervical Cancer Early Detection Program, a program of the Centers for Disease Control and Prevention that provides screening to underserved populations.

"When you are trying to interface with government programs, it is frustrating not to find anyone at home," Langer said.

Steve Wyatt, director of the CDC's division of

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cancer prevention and control, said 70 of the division's 90-member staff have been furloughed. "We have only been able to answer phones and handle crises," Wyatt said to **The Cancer Letter**. "We have no staff in the branch that handles the early detection program."

The division's cancer registry program and skin cancer prevention program also have been affected by the furlough, although funds for the registry program had been awarded to grantees prior to the shutdown.

"It has significantly impacted our ability to work with our colleagues in the states and voluntary societies who look to us as catalyst," Wyatt said.

The Cancer Information Service, NCI's most visible public service, has remained in operation because contractors were paid prior to the shutdown, sources said. However, CancerNet, the NCI information service on the Internet, has not been updated since the shutdown.

"I think its a terrible situation and if it doesn't get resolved soon, it's only going to get worse," Richard Schilsky, chairman of the Cancer and Leukemia Group B, said. "Everything is being slowed down. The people we usually deal with at NCI are either furloughed or their staffs are furloughed. It is difficult to get any work done."

"Research Is Not A Faucet"

"Research is not a faucet you can turn off and on," Mace Rothenberg, assistant professor of medicine, University of Texas Health Science Center at San Antonio, said to **The Cancer Letter**.

"NCI has gone through a difficult period of transition, and the future appeared to be in clearer focus," said Rothenberg. "Now, the federal shutdown turns the Institute on its ear."

The NCI reorganization, begun last summer, was on schedule until the shutdown, Klausner said.

"We are in the midst of doing many things in the Institute that will affect the entire cancer community, and almost everything is being delayed," Klausner said to **The Cancer Letter**. "Those of us who are here are attempting to do paperwork, but it becomes difficult when we can't turn to colleagues to provide information."

Klausner said he sympathized with the plight of extramural investigators who are wondering when or if their grants will be funded.

"We can't say anything about [fundable] priority scores until we have a budget, and as soon as we have a budget, we will make that clear," he said. "We are hoping that it is resolved as quickly as possible."

Extramural investigators should be cautious in their spending commitments, Klausner said.

"What I would advise investigators is similar to my advice to NCI staff: When you are looking at an absence of funds, you have to begin shepherding the funds you have as carefully and conservatively as possible, because we don't know when it will end," he said.

Klausner said the furloughs have put NCI employees under tremendous strain. "I am concerned about the demoralizing effect this is having on the Institute," he said. "The people who work here want to work. It is financially difficult not to be paid. I am concerned that the nation does not recognize the toll this is taking on hard-working people."

At NCI, 1,267 employees have been furloughed, while 1,002 are working on an emergency basis. Those working are receiving half of their pay.

Intramural laboratories are open, but investigators are unable to purchase supplies or services.

The majority of intramural scientists, even those officially on furlough, are in their labs working, said one NCI official who spoke on condition of anonymity. "You can't stop doing research," the official said. "You have experiments going, and you don't just walk away."

The shutdown is "outrageous," the official said. "It's not saving money for anybody. There is no positive effect of this. It's all a net negative impact."

Voice Mail Boxes Full, Fax Machines Empty

Extramural investigators are in a state of confusion over the status of their grant applications, said Frederick Becker, an NCAB member and vice president for research, M.D. Anderson Cancer Center.

"A number of investigators in our institution have heard nothing about their grant applications," Becker said. "We don't know whom to call to find out whether they should reapply or sit back and wait. People [at NIH] are not in their offices, and I can't call and ask questions.

"It's the weirdest situation I've ever seen, and I think it is affecting a lot of people," Becker said.

Wendy Baldwin, NIH deputy director for extramural research, urged extramural scientists to be patient during the shutdown. "There has not been staff available to answer your questions," Baldwin

wrote in a letter posted on the NIH "home page" on the World Wide Web.

"Voice mail boxes are typically full and there is no staff available to empty them or refill fax machines with paper," Baldwin wrote. "Virtually no new grants have been processed yet this fiscal year. There will be a considerable backlog when we are again able to process awards.

"Once the furlough is over, there will be many questions about how and when awards will be made," Baldwin continued. "We will try to answer them as efficiently as possible."

Matthew Ellis, a research instructor at Georgetown University Medical Center, said his future depends on the R29 grant funding he was supposed to have received on Dec. 1. Ellis is studying the role of a novel tumor suppressor gene, insulin-like growth factor-II/mannose 6-phosphate receptor, in breast cancer and other tumor cells.

Ellis said he is scheduled to negotiate with the university next month on his budget for the academic year that begins July 1. His academic appointment is contingent on grant funding, he said.

"The university gives you two years of start up and then you have to have funding, or they say, 'We're sorry, Dr. Ellis, you will have to leave,'" he said. "My two years is coming up this summer. Without this grant, I have effectively no budget, and I don't know whether I'll have a job on July 1."

The lag time between writing a grant and getting a response is too long even without a budget impasse, Ellis said. "It often takes multiple rounds of submitting revisions until you get your foot in the door," said Ellis. "You only get one or two shots at it, and then you're out."

Robert Hoffman, president of AntiCancer Inc., a San Diego biotechnology firm, said he is waiting to hear whether NIH would fund his phase II Small Business Innovation Research grant for the use of liposomes for the prevention of chemotherapy-induced hair loss.

"I'm absolutely devoted to this program, which has helped investigators tremendously," Hoffman said of SBIR. "Without the SBIR grants, we wouldn't have our company. With them, we were able to develop our products and bring in more money from overseas investors."

The shutdown is making Hoffman mad, he said.

"Are we going to stop cancer research because these people can't reach an agreement? This is affecting the nation's future health.

"We need to start making some noise," he said.

One cancer researcher decided not to let the shutdown get in the way of meeting a grant application deadline.

Anton Wellstein, professor of pharmacology and medicine at Georgetown University Medical Center, was determined to meet the Dec. 20 deadline for a U19 application for the National Cooperative Drug Discovery grants. Copies of the applications were to be dropped off at two NIH buildings.

"Normally, we would have a courier take it there," Wellstein said to **The Cancer Letter**. "I thought maybe nobody would be there, so I decided to take it there myself. I wanted to get a piece of paper saying we had submitted it on time."

Wellstein encountered no obstacles at the first drop-off, a large box on the NIH campus. Submitting the second copy at the 6th floor of the Executive Plaza North building proved to be more difficult. The building was closed.

Wellstein insisted that a security officer give him a receipt. The officer did the next best thing: he let Wellstein into the building. There, the scientist found a few NCI staff members, one of whom summoned Marvin Kalt, director of the Division of Extramural Activities.

"He wrote me a receipt and took the grant," Wellstein said.

Action On Taxotere, Gemzar Carried Over To 1996 By FDA

Two new cancer drugs, Taxotere and Gemzar, did not receive marketing approval from the Food & Drug Administration during the agency's traditional year-end rush to act on pending applications.

Though approval for both drugs was recommended by the Oncologic Drugs Advisory Committee last year, final approval appears to be in negotiations between FDA staff and the sponsors.

Typically, most FDA approvals come at the end of the year, and last year was no exception. Altogether, FDA approved 94 drugs in 1995, with 58 of the approvals made between September and December.

In December alone, FDA handed out 18 approvals, more than in any other month.

Taxotere (docetaxel) received ODAC

endorsement on Oct. 17 (**The Cancer Letter**, Oct. 20, 1995).

Subsequently, on Oct. 27, the drug received an "approvable letter" from FDA (**Cancer Economics**, November, 1995).

Typically, an approvable letter is issued when FDA staff and the sponsor need to negotiate the details of labeling.

"The normal review process is continuing," Bob Pearson, a spokesman for Rhone-Poulenc Rorer, the sponsor of Taxotere, said to **The Cancer Letter**. "We look forward to getting the drug approved in 1996."

Japanese Data Cited At ODAC

Several observers said that one issue that could be holding up the approval of Taxotere is the controversy over the data from Japan, where Taxotere is approved at a lower dose than the company is seeking in the US.

If the Japanese studies are accurate, patients would be able to get a similar response while experiencing lower toxicity, ODAC Chairman Paul Bunn said at the committee's meeting last fall.

Responding to Bunn's comment at the meeting, RPR officials said the Japanese studies were not comparable with the US and European studies presented to the agency.

In Japan, Taxotere is approved at the dose of 60 mg/m^2. In the US, the company is seeking approval for the dose of 100 mg/m^2.

At the meeting RPR said it would submit the Japanese data to FDA. Also, the company said it would proceed with a trial that compares Taxotere at two doses, 75 mg/m^2 and 100 mg/m^2. That trial would take about two years to complete, company officials said.

ODAC recommended approval of Taxotere for locally advanced or metastatic breast cancer resistant to anthracycline-based therapy.

The other cancer drug, Gemzar (gemcytabine hydrochloride), was recommended for approval at ODAC's July meeting (**The Cancer Letter**, Aug. 4, 1995).

The drug, sponsored by Eli Lilly & Co. and indicated for locally advanced or metastatic pancreatic cancer, is the first new treatment for that disease to be developed in the past 40 years.

Sources said the negotiations between FDA and Lilly are proceeding as the two sides are exchanging memos focused on a manufacturing issue.

Security Of Nuclear Materials A Problem At NIH, NRC Says

The US Nuclear Regulatory Commission said NIH may be facing a relatively rare and potentially severe enforcement action for systematic failure to secure radioactive materials.

In a sharply worded memorandum to Michael Gottesman, NIH deputy director for intramural research, a senior NRC official said the results of unannounced inspections at the Bethesda campus as well as the record of past citations point to a pattern of problems with security of radioactive materials at NIH.

"Recurring violations are of particular concern because the NRC expects licensees to learn from their past failures and to take effective corrective actions," Donald Cool, director of the NRC Office of Nuclear Materials Safety and Safeguards, wrote in memo dated Dec. 21, 1995.

A copy of the memo and the accompanying 43-page report of the inspections were obtained by **The Cancer Letter**.

"We have very strict enforcement and security regulations at this point," said Anne Thomas, NIH spokesman. "You always find infractions when you look for them, and we want to minimize those whenever possible."

While the NRC letter to Gottesman does not represent a citation, NRC officials said such notification generally indicates that the agency is preparing an "escalated enforcement action," which is taken when violations appear to be severe.

NRC spokesman Joe Gilliland said the agency ranks violations on the scale of 1 to 4, with 1 being the most severe. Gilliland said notification similar to the memo sent to NIH usually goes out when there is a possibility of a violation ranked 3 or worse.

Enforcement actions in such cases could include demands for information, orders directing an improvement in performance, as well as fines and suspension or revocation of a license to use radioactive materials.

Gilliland said escalated enforcement actions are rare. Generally, even a relatively minor violation can be judged as severe when NRC finds a pattern of recurrence, Gilliland said to **The Cancer Letter**.

If the letter to Gottesman is an indication, NRC is preparing a case that would allege a pattern of recurrence of security problems. In the letter, Cool

said violations found during the most recent inspection are similar to those discovered in by NRC in 1994.

At that time, as now, a number of NIH researchers failed to lock the doors of unattended labs that contained radioactive materials, NRC officials wrote in a report that accompanied the memo. Similar instances were found last summer, when an NRC team investigated the apparently deliberate contamination of 26 NIH employees with Phosphorus-32.

The report, based on unannounced inspections conducted Oct. 23 and 24 as well as Nov. 6 through 10, is separate from the NRC's investigation of the P-32 contamination, agency officials said.

In that case, the most serious contamination was sustained by Maryann Wenli Ma, a postdoctoral researcher who was pregnant at the time she was contaminated.

Officials at NIH and other agencies that investigated the incident said the contamination was deliberate.

Following the incident, attorneys for Ma filed a complaint with NRC, launching a case that has focused the attention of the national media as well as federal regulators on the incidence of deliberate contamination in life science research labs (**The Cancer Letter**, Nov. 3, 1995).

Roaming the Halls

According to Cool's memo, during the most recent round of inspections, NRC officials found problems with the NIH programs of bioassays, external dosimetry and radiation safety training.

However, the problems of security were the most serious by far, Cool wrote.

During the first round of inspections, NRC officials walked through the halls at NIH, trying to open lab doors, and upon entry, checking for radioactive materials.

After finding six apparent security violations, the NRC team discussed its findings with NIH officials. Following that meeting, NIH formulated a new security policy that was described by Gottesman in a memo dated Oct. 26, 1995 (**The Cancer Letter**, Nov. 17, 1995).

According to the report, on Oct. 27, NIH conducted a sweep of all lab buildings, suspending the licenses of 25 "authorized users," officials responsible for obtaining radioactive materials and supervising their use by others. NIH has 800 authorized users, documents say.

Two weeks later, when NRC inspectors made their second unannounced visit, they found better compliance, the report said.

However, the inspectors also found three labs where radioactive materials were left unattended. In one unlocked lab, the inspectors found a box labeled as containing 400 microcuries of carbon-14.

After locating a lab employee, the NRC officials found that she was not aware of the new security policy and received no orientation training or radiation safety training. When her supervisor was found, he said he believed that clinical labs were exempt from the new security policy, the NRC document states.

In another unlocked lab the inspectors found two containers with radioactive materials. A label on one container indicated that it was for iodine-125 waste, and another was labeled "pipettes."

"There was no one identified in the immediate area," the report said.

In yet another lab, an inspector found containers labeled C-14 and P-32. "The inspector was in the area for approximately 15 minutes, and no one came back to the unlocked room," the report said.

Locking and Unlocking

The report also notes the practical difficulties of strict observance of NRC security regulations at NIH.

In addition to the problem of enforcing safety and security measures among the 5,000 employees who handle radioactive materials, NIH has to deal with the logistical problems of configuration of laboratories.

"Several staff stated that... implementing the policy at times actually increased risk of spills and possible contamination of individuals and facilities," the report said.

"Most of the laboratories [open] into common use areas... Since the policy [requires] individuals to lock doors during times when they [are] out of the laboratory, researchers must lock and unlock doors many times during the normal course of the day to comply with the policy.

"Researchers stated that this process of moving from room to room, locking and unlocking doors while carrying licensed and other materials could result in mishandling and accidents...

"Several researchers stated that the policy was also detrimental to the collegiate atmosphere traditional at NIH," the report said.

NIH spokesman Thomas said attempts to enhance security continue. In November alone, 40 NIH employees were suspended from using radioactive materials. No figures were available for December, Thomas said.

Impact on Ma's Claims

Lynne Bernabei, an attorney for Ma, the researcher contaminated last summer, said NRC findings confirm her claim that NIH failed to safeguard the radioactive materials, thereby contributing to the contamination.

"The kinds of conditions that allowed Maryann Ma's contamination still exist today," Bernabei said to **The Cancer Letter**.

"The reason to have these regulations is to deter improper use of radioactive materials. If these materials were tighter controlled, they would have been harder to get," Bernabei said.

In an earlier filing to NRC, NIH official Gottesman disagreed with Bernabei's claim that tighter security could have prevented Ma's contamination.

"This is not a situation where an NIH employee willfully violated NRC requirements," NIH intramural chief Gottesman wrote in a response to Ma's petition to NRC.

"Rather, this appears to be a situation in which some person sought to do deliberate harm to individuals, regardless of NIH compliance with NRC requirements," Gottesman wrote in a response dated Dec. 11.

Last month, a panel of experts convened by the Institute of Medicine recommended that NRC be removed from oversight of the use of radioactive materials by clinical and biomedical laboratories.

In its report, the panel headed by Charles Putman, a radiologist at Duke Univ., described NRC regulations as "burdensome, costly and unduly prescriptive."

The panel recommended that states be given authority to oversee the clinical and biomedical use of 50 radionuclides.

In Brief: Thailand Honors M.D. Anderson's Becker

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advancement of science in developing countries. Princess Chulabhorn, president of the Chulabhorn Research Institute in Bangkok, presented the award. Becker is a member of the National Cancer Advisory Board. . . . **RENATO BASERGA**, professor of microbiology and immunology at Thomas Jefferson University, Jefferson Cancer Center, has been named a fellow by the Association for the Advancement of Science. . . . **AMERICAN SOCIETY OF HEMATOLOGY** elected new officers during its recent annual meeting in Seattle. The officers are: president, **John Adamson**, New York City Blood Center; president-elect, **Thomas Stossel**, Brigham and Women's Hospital; vice president, **Barry Coller**, Mt. Sinai Hospital. New ASH councillors are **Leon Hoyer**, American Red Cross; **Alexandra Levine**, University of Southern California School of Medicine; and **Thalis Papayannopoulou**, University of Washington, Seattle. **Elaine Jaffe**, of NCI, became a member of the ASH advisory board. . . . **SOCIETY OF RADIOLOGISTS** In Ultrasound named officers for 1995-96 during its annual meeting last month in Chicago. The new officers are: president, **Thomas Shawker**, deputy chief, Dept. of Radiology, NIH; president-elect, **Christopher Merritt**, Ochsner Medical Foundation; secretary, **Carol Benson**, Harvard Medical School; and treasurer, **Robert Bree**, University of Michigan Medical Center. . . . **MEMORIAL SLOAN-KETTERING** Cancer Center announced the creation of two endowed chairs. The Patrick M. Byrne Chair in Clinical Oncology was awarded to **George Bosl**, and the Norna S. Sarofim Chair in Clinical Oncology was awarded to **Larry Norton**, chief of the Breast/Gynecologic Oncology Service. The center also awarded the William E. Snee Chair to **Raju Chaganti**, chief of the Cytogenetics Service. . . . **THE CANCER BULLETIN,** the official scientific journal of M.D. Anderson Cancer Center, has informed subscribers that it will cease publication with its November-December 1995 issue, to be mailed early this year. The Bulletin was founded in 1948 by R. Lee Clark, the first president of M.D. Anderson. . . . . **CORRECTION:** An article in the Dec. 15, 1995 issue of **The Cancer Letter** incorrectly attributed a statement by the American College of Radiation Oncology regarding radiation oncology employment to the American College of Radiology, a different organization. The American College of Radiology, based in Reston, VA, has not taken a position on manpower in radiology. The American College of Radiation Oncology is based in Oak Brook, IL.

Could Zero Patient Accrual Be Result of Managed Care?

To the Editor:

In regards to your recent issue (**The Cancer Letter**, Sept. 29, 1995) on managed care precipitating a crisis in clinical cancer research, we would like to offer you a monthly snap shot of accrual to our suramin phase I clinical trial.

This trial has been open since January 1992 as an NCI funded trial. It has been highly successful in recruiting patients (Kobayashi, et al., JCO, September 1995). Recently, though, our monthly accrual has sharply dropped. In the last six months of 1995, only three patients were accrued, compared to 11 patients during the same period of 1994. No patients were accrued for four consecutive months (August-November) in 1995.

Although this may be a multifactoral process, we are puzzled by this drop in accrual and hope that it is not related to the effect of managed care on patient referral. Other factors which could account for this drop include the availability of suramin through the Parke-Davis NCI trial, or a sense within the oncology community that suramin is no longer as exciting as hoped.

It is clear that suramin is a highly promising agent with manageable toxicity if properly administered. A large scale Cancer and Leukemia Group B trial is scheduled to begin in February. This trial will randomize 378 patients to three dose levels of suramin and will be joined by the Eastern Cooperative Oncology Group and the Southwest Oncology Group. The protocol is chaired by Eric Small of the University of California, San Francisco, and will be an important test of the dose-dependency of the efficacy of suramin in hormone refractory prostate cancer. We hope that this protocol will be supported by all physicians caring for patients with this disease.

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*Has managed care precipitated a crisis in clinical cancer research? **The Cancer Letter** invites your accounts and opinions.*

AACR, Kellogg's Sponsor 1996 Leffall-White Award

The American Association for Cancer Research and Kellogg's Co. have agreed to co-sponsor the 1996 LaSalle D. Leffall Jr./Jack E. White Award for Cancer Prevention and Control, to be presented at the AACR annual meeting in Washington, DC, this spring.

The award was created in 1987 to honor Leffall's efforts in attracting attention to the disproportionate survival rates from cancer in underserved communities as well as being the first minority to become president of the American Cancer Society. Since then, it has been presented at the Biennial Symposium on Minorities, the Medically Underserved & Cancer.

In 1993, efforts were begun to affiliate this award with a national organization devoted to cancer research. AACR, Kellogg's Co. and the co-chairs of the Biennial Symposium Series agreed that AACR would host the award during even years.

With this change came a change in the title of the award to co-honor White, the first African American surgical oncologist and the founder of Howard University Cancer Center. In 1994 the AACR award the first Leffall/White Award for Cancer Research in Underserved Populations to G. Marie Swanson, director of the cancer center at Michigan State University.

The 1996 award will be presented to a cancer researcher who has made a significant research contribution specifically addressing the cancer crisis in minority and/or medically underserved communities. The award consists of a leaded-crytal, Tiffany-disigned statue and $2,500.

Nominations should consist of a letter identifying the candidate and describing the major research contribution(s) that individual has made in the area recognized by the award; a curriculum vitae would be helpful. Nominators should identify themselves in case the selection committee requires additional information.

Nominations should be received no later than Feb. 15, by the LaSalle D. Leffall, Jr./Jack E. White Award Committee, c/o Dr. Lovell A. Jones, Experimental Gynecology/Endocrinology, Department of Gynecologic Oncology Box 304, UT M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX 77030, tel: 713-792-3316, fax: 713-792-3575, email: lovell_jones@gyn.mda.uth.tmc.edu