THE CANCER LETTER FAX

Vol. 22 No. 8
Feb. 23, 1996

Price $265 Per Year US
$285 Per Year Elsewhere

NCI Cuts Back Directed Research Funds, Encourages Investigator-Initiated Grants

As part of an effort to encourage investigator-initiated research, NCI plans to curtail grant initiatives that direct research toward specific areas in science.

Under a policy change that NCI Director Richard Klausner has put in place in recent months, the Institute has been issuing fewer Requests for Applications, sources said. RFAs set funds aside from the pool available for research grants, and specify the scientific objectives that researchers are expected to accomplish.

RFA set-asides have been controversial since they were instituted in

(Continued to page 2)

In Brief

OSHA May Take A Year To Read Comments On Proposed Workplace Smoking Ban

OCCUPATIONAL SAFETY and Health Administration may take a year to sift through the public comment on a federal proposal to ban smoking in 6 million workplaces, the agency said. OSHA received more than 110,000 comments on the proposal, which is opposed by the tobacco industry. OSHA two years ago proposed new regulations that would require employers to either ban smoking or provide separately ventilated smoking lounges. . . . **FLORIDA SMOKERS** can join a lawsuit that seeks billions of dollars in damages from cigarette makers, the 3rd District Court of Appeal in Miami ruled earlier this month. The lawsuit can include any state resident who is addicted to cigarettes or whose health has been damaged by smoking. Similar lawsuits have been filed in Minnesota, Mississippi and West Virginia. "This is a very significant lawsuit because it opens the way for class-action lawsuits in most of the other states," said John Banzhaf, a George Washington University law professor and executive director of the anti-smoking organization, Action on Smoking and Health. . . . **COLORECTAL CANCER** screening, consisting of a fecal occult blood test, should be given annually for men and women over age 50, according to the US Preventive Services Task Force, an independent advisory panel to the Public Health Service. The panel also recommended periodic flexible sigmoidoscopy for persons over age 50, but did not specify how frequently this exam should be given. The American Cancer Society recommends sigmoidoscopy every three to five years after age 50. ACS also recommends that men age 40 and older have a digital rectal examination every year as part of a general cancer checkup.

RFAs Are Too Restrictive, Take Too Long, NCI Says

(Continued from page 1)

1975, and called at that time Cancer Research Emphasis Grants.

Some researchers have said NCI issued too many RFAs, thereby limiting the amount of funding available for investigator-initiated research. Others, particularly clinical researchers, argued that RFAs were the only mechanism through which their work could be supported.

In recent weeks, the Institute has said it would expand funding of R01 grants by an estimated $49 million this fiscal year (**The Cancer Letter**, Feb. 16). To address the problem of funding for patient-oriented research, Klausner said the Institute would establish a process for funding applications that miss the payline by a few points.

$13 Million Cut In RFA Set-Asides

Last year, NCI set aside $72 million for RFAs. This year, the Institute is setting aside an estimated $59 million.

As part of de-emphasizing directed research, the NCI Executive Committee has revised internal guidelines for the development and issuance of RFAs, sources said.

"Rather than using RFAs when we want more research in an area, NCI will try to communicate to investigators our areas of interest in a less directive way," said Faye Austin, acting director of the Division of Cancer Biology.

Austin, who was involved in developing the new guidelines, discussed NCI's current attitude toward RFAs in an interview with **The Cancer Letter** last week.

"If investigators have good ideas, those ideas will be judged in study sections," Austin said. "Just setting aside money for certain areas isn't productive if research opportunities do not currently exist."

Scientific Opportunities Would Drive RFAs

Under the new rules, NCI officials now will be expected to justify the need for set-aside funds whenever a promising scientific area is identified.

Instead of automatically issuing an RFA, the Institute staff would first look through the lists of unfunded investigator-initiated grant applications to determine whether some applications would be appropriate to fund as exceptions.

"These applications could be funded now, rather than going through the long RFA process," Austin said.

The decision to issue an RFA will be based not on whether there is little funding for a specific area, but on whether there are scientific opportunities that cannot be addressed in more effective ways, Austin said.

Other NIH institutes, too, are cutting back on RFAs, for reasons similar to NCI's: to create opportunities for investigator-initiated research, Austin said.

Another reason for the change is that RFAs take more staff time to develop, review and fund, which is a problem in the current period of staff downsizing. The RFA process takes one to two years, from the time a specific research need is identified, usually through an NCI-sponsored workshop, to the time a grant is funded.

"It's at least 18 months, by time you do a workshop, write a concept, go through the concept approval process, advertise in the NIH Guide, and review the grants," Austin said. "Science is moving too rapidly for that to be an effective way to facilitate research."

By providing more funding for investigator-initiated grants, NCI would gain greater flexibility to fund research in new areas, Austin said.

THE CANCER LETTER

Founded 1974
Member, Newsletter Publishers Assoc.

Editors: **Kirsten Boyd Goldberg, Paul Goldberg**
Founder: **Jerry D. Boyd**

P.O. Box 15189, Washington, D.C. 20003
Tel. (202) 543-7665 Fax: (202) 543-6879
Editorial e-mail: kirsten@www.cancerletter.com
Subscriptions: subscrib@www.cancerletter.com
World Wide Web URL: http://www.cancerletter.com

Subscription $265 per year US, $285 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc., also publisher of The Clinical Cancer Letter.

"When you move away from the cycle of having to direct research efforts, and you move money into the research project grant pool, you can address opportunities as they come in," Austin said. "But for the system to work, people have to submit applications."

To stimulate grant applications, NCI would continue to sponsor scientific workshops that would bring together scientists from a variety of disciplines. Workshops will not automatically lead to the initiation of RFAs, as was often the case in the past, Austin said.

The Institute also plans to list areas of research interest on the Internet, an approach that would be faster than advertising in the NIH Guide to Grants and Contracts and would not be interpreted as a directive, Austin said.

RFAs And Patient-Oriented Research

In the past, NCI relied on RFAs because they provide a way to bypass peer review by NIH study sections. Instead, the Institute was able to review these projects through its own special review committees.

According to advocates of clinical research, RFAs have compensated for the bias on the part of the NIH study sections toward funding laboratory research. The study sections have demonstrated a tendency to give patient-oriented research lower scores because of uncertainties inherent in work with human subjects.

A report published in the February issue of the Journal of Clinical Oncology said that only 1 percent of the NCI budget in fiscal 1994 supported investigator-initiated patient-oriented research.

Much of the research classified as "clinical" by NIH has been basic research performed on human tissues, according to the report, written by the Public Issues Committee of the American Society of Clinical Oncology.

ASCO called for increasing funding for patient-oriented research, and the establishment of an NIH study section dedicated to review of patient-oriented applications.

"Experimental conditions cannot be so rigidly controlled outside of the lab, the experiment cannot be repeated multiple times with variations in study design," said John Glick, president of the American Society of Clinical Oncology.

"Human beings also are subject to influences from outside of the lab, unlike animals," Glick said. "For these reasons, basic research grants will almost always appear more attractive to reviewers than patient-oriented research grants."

Austin said NCI's new funding policies are intended to provide greater opportunities for patient-oriented research.

Under the Institute's newly established "accelerated executive review" process, the Executive Committee would review the applications that miss the payline by a small margin (**The Cancer Letter**, Feb. 9).

Any unamended grant application within four percentile points of the payline, and any unamended patient-oriented application within 10 percentile points of the payline would be eligible for accelerated review.

NCI program staff would ask eligible applicants to respond to the questions raised by peer reviewers, and if the staff and the Executive Committee felt the questions were adequately answered, the grant could be funded.

The accelerated review will be open only to original applications, not to amended applications, Austin said. This could help reduce the problem of revised applications continuing to clog the review system, making it more difficult for new applicants to compete.

NCI does not have the authority to form a new study section, Austin said. That authority lies with the NIH Division of Research Grants.

"Send In Your Best Application"

Austin gave the following advice to cancer researchers for obtaining grants under NCI's new funding policies:

"It is important for investigators to send in the best application they can the first time, because they may then have the opportunity for accelerated executive review. If they are not successful, they should continue to revise their application, because a significant proportion of revised applications get funded."

NCI Toughens Criteria For MERIT Awards

In a policy change that would decrease the use of long-term grant awards, NCI has established more

stringent requirements for the Method to Extend Research in Time (R37) awards.

MERIT awards recognize outstanding investigators who are established in their fields. By cutting back on funding MERIT awards, the Institute would be able to fund greater numbers of competitive grants, NCI said in a statement published Feb. 16 in the NIH Guide to Grants and Contracts.

According to the statement, the criteria for NCI MERIT nominations and administrative extensions have been made more stringent.

"These changes in criteria are necessitated by projected budget limitations and are intended to provide increased opportunity for new competing research grants," the statement said. "Individual MERIT awardees will be contacted individually by NCI staff, and no disruption of research activities is anticipated."

New Criteria Listed

The excerpted text of the statement follows:

For initial MERIT nominations:

1. The candidate must be the principal investigator on an unamended competing continuation (Type 2) R01 research grant application that has a history of continuous NCI support for at least seven years, and has been approved by the National Cancer Advisory Board for five years of additional support with a priority score within the 5th percentile.

This grant should represent the PI's principal area of research, and be in an area of special importance or promise.

2. The candidate PI must be an established scientist, at the leading edge in the proposed research area as indicated by a continuous record of publications in the highest quality journals for that field.

MERIT extensions also must now meet higher standards, as being applied to initial MERIT nominations:

1. A proposed MERIT extension must be a logical continuation of the current award, not initiating new, unrelated lines of research and/or significantly increasing the level of effort of the PI or other personnel.

MERIT extension applicants proposing such changes will be advised to submit a regular Type 2 R01 competing application.

2. Progress made by the awardee during the current award period must demonstrate continued leadership in the field.

The research proposed for the extension period must continue to be at the cutting edge of the discipline, in an area of continued importance to the NCI mission and goals.

MERIT extensions may be approved administratively for a period of one to five years, based on the degree to which the awardee and the research demonstrate continuing scientific promise, originality, and productivity.

With these more stringent criteria for MERIT awards, some applicants for MERIT award extension may be advised that an administrative extension will be limited in time or not granted, thus requiring earlier submission of a regular competing (Type 2) continuation application that will receive full peer review.

The notice directed grantees who have questions about the new requirements to contact their NCI program director or Marvin Kalt, director of the Division of Extramural Activities, 6130 Executive Blvd, Suite 600-MSC 7405, Bethesda, MD 20892-7405, tel: 301/496-5147, fax: 301/402-0956, e-mail: kaltm@dea.nci.nih.gov

National Gene Vector Labs Seek Vector Producers

The National Gene Vector Laboratories provide shared resources to facilitate production of clinical grade vectors for human gene therapy research.

The overall goals are to produce selected vectors and distribute them to qualified clinical investigators to conduct experimental gene therapy protocols for a wide variety of medical conditions.

The NGVLs are supported by cooperative agreement awards supported by the National Center for Research Resources with co-funding provided by NCI, the National Heart, Lung, and Blood Institute, and he National Institute of Diabetes and Digestive and Kidney Diseases.

The NGVLS are soliciting applications for production of clinical grade vectors. Priority for vector production by these facilities will be given to protocols that have received peer-reviewed grant support.

These vectors must have completed preclinical

testing. Preference will be given to NIH-sponsored research.

Specifically, the NGVLS support biomedical research by providing investigators with the following customized services:

Production:

•After competitive review and approval, adenoviral, retroviral and nonviral vectors will be produced under good manufacturing practices conditions using either investigator- or NGVL-generated vector-producing cell lines or plasmids.

•Vector batches will be documented to be free of adventitious viruses, bacteria and replication competent viruses.

Distribution:

•The clinical grade vectors will be distributed in quantities adequate for use in phase I or II clinical trials to investigators whose clinical protocols have successfully completed competitive review by both the ngvl scientific review board and steering committee.

Application Procedure: Interested investigators may contact Kenneth Cornetta (see inquiries) to obtain application packages. Applications will be reviewed by the NGVL scientific review board and by the NGVL steering committee.

Application Receipt Dates: April 16 and Sept. 3; thereafter, applications will be received annually in September.

Inquiries: Direct requests for applications and resource inquiries to: Kenneth Cornetta, Div. of Hematology, Oncology, Indiana University School of Medicine, 875 W. Walnut St., Room 442, Indianapolis, IN 46202-5121, tel: 317/274-0843, fax: 317/274-4243, e-mail: ken_cornetta@iucc.iupui.edu

Drect programmatic inquiries regarding this research resource to: Rchard Knazek, Clinical Research, National Center for Research Resources, 6705 Rockledge Drive, Room 6128, MSC 7965, Bethesda, MD 20892-7965, tel: 301/435-0792, fax: 301/480-3661, e-mail: richardk@ep.ncrr.nih.gov

RFAs Available

RFA CA-96-006

Title: **Minorities In Medical Oncology**

Letter of Intent Receipt Date: March 14

Application receipt Date: May 14

The NCI Comprehensive Minority Biomedical Program announces the availability of minority medical oncology awards. The purpose of these awards is to encourage recently trained underrepresented minority clinicians to acquire clinical training and research experience in medical oncology, and to increase representation of minorities in medical oncology. There will be approximately nine new awards made at a direct cost level of $65,000 per year. The estimated total costs available for the first year support of the program is $750,000.

Inquiries: Lester Gorelic, DEA, NCI, 6130 Executive Blvd, Rm 628, MSC 7405, Bethesda, MD 20892-7405, tel: 301/496-7344, fax: 301/402-4551, e-mail: gorelicl@dea.nci.nih.gov

RFA CA-96-007

Title: **Minority Enhancement Awards**

Letter of Intent Receipt Date: March 20

Application Receipt Date: May 14

The Comprehensive Minority Biomedical Program of the NCI Div. of Extramural Activities invites research project grant (R01) applications from interested investigators with access to large or predominantly minority populations to promote minority group participation in cancer research with a special focus on cancer control research. Support provided by this initiative would broaden the operational base of each institution by:

1. Expanding cancer control and prevention efforts in early detection, prevention, screening, pre-treatment evaluation, treatment, continuation care, and rehabilitation;

2. Increasing the involvement of minority population primary care providers early in the course of clinical treatment research;

3. Promoting the involvement in treatment research at the institutional level with a focus on the development of treatment protocols for cancers that have a high incidence in minorities;

4. Supporting programs involving diet and nutrition cancer control research activities;

5. Coordinating the contributions of investigators from various relevant disciplines, psychology and nutrition; and

6. Promoting the inclusion of minority individuals at all levels in the conduct of the research with the increased recruitment of minority scientists into the research base of the institution as an expected

outcome.

Approximately $1,600,000 in total costs have been set aside for the first year to fund up to six applications.

Inquiries: Lemuel Evans, DEA, NCI, 6130 Executive Blvd, Rm 620, MSC 7405, Bethesda, MD 20892-7405, tel: 301/496-7344, fax: 301/402-4551, e-mail: evansl@dea.nci.nih.gov

RFA AI-96-001

Title: **Pediatric AIDS Clinical Trials Groups**

Letter of Intent Receipt Date: March 27

Application Receipt Date: June 11

The Division of AIDS of the National Institute of Allergy and Infectious Diseases announces the availability of a Request for Applications to establish a multisite Pediatric AIDS Clinical Trials Group (PACTG). The purpose of this RFA is to solicit applications from institutions interested in participating in a cooperative group to plan, direct, and conduct phase I, II, and III clinical trials. These clinical trials will address high priority research questions on the treatment and prevention of human immunodeficiency virus (HIV) disease and its sequelae. The focus will be on: (1) treatment of primary HIV disease; (2) interventions designed to prevent perinatal transmission of HIV; and (3) prophylaxis and treatment of opportunistic infections. Modalities of intervention may include, but are not limited to (1) drugs or combinations; (2) active and/or passive immune based therapies; (3) immunomodulators; and (4) gene transfer techniques.

The initiative targets: (1) HIV infected and perinatally exposed infants; (2) HIV infected children; (3) HIV infected pregnant women at risk of transmitting HIV to the infant; and (4) adolescents, when therapeutic research questions specific to this age group are identified. The PACTG will consist of: (1) one Coordinating and Operations Center (CORC); (2) 18-25 Pediatric AIDS Clinical Trials Units (PACTUS); and (3) one Statistical and Data Management Center (SDMC). Applicants applying for more than one award must submit a separate application for each category.

The NIAID plans to fund one CORC, 18 to 25 PACTUs, and one SDMC. Approximately $30 million total costs is expected to be available for the first year of support under this RFA.

Inquiries: Tina Johnson, Division of AIDS, National Institute of Allergy and Infectious Diseases, 6003 Executive Blvd, Rm 2B31-MSC 7620, Bethesda, MD 20892-7620, tel: 301/496-8214, fax: 301/480-5703, e-mail: tj8y@nih.gov

Cancer Meetings Listed For March, April, May

March

Proteases and Protease Inhibitors—March 1-5, Panama City, FL. Contact American Association for Cancer Research, tel: 215/440-9300, fax: 215/440-9313.

World Conference for Cancer Organizations—March 3-7, Melbourne, Australia. Contact David Hill, Anti-Cancer Council of Victoria, tel: 61-3-9279-1111, fax: 61-3-9279-1250.

Human Genome Project—March 4-6, San Francisco, CA. Contact Cambridge Healthtech Institute, tel: 617/630-1300, fax: 617/630-1325.

National Comprehensive Cancer Network First Annual Conference: Practice Guidelines, From Principles to Practice—March 3-6, Fort Lauderdale, FL. Contact Jack Gentile, conference coordinator, 516/424-8900, ext. 813.

National Patient-Health Professional Brain Tumor Conference—March 8-10, San Francisco, CA. Contact National Brain Tumor Foundation, tel: 1-800-934-CURE.

Recent Advances In Paget's Disease of Bone and Related Bone Diseases—March 9, Natcher Building, Bethesda, MD. Contact The Paget Foundation, tel: 212/229-1582, fax: 212/229-1502.

NCI-EORTC Symposium on New Drugs in Cancer Therapy—March 12-15, Amsterdam, The Netherlands. Contact (in the US) Technical Resources Inc., tel: 800/883-MEET, fax: 301/770-6343. Non-US, contact VU Conference Service, Amsterdam, tel: 31-20-444-5790.

International Conference on the Adjuvant Therapy of Cancer—March 13-16, Scottsdale, AZ. Contact Arizona Cancer Center, tel: 520/626-2276, fax: 520/626-2284, e-mail: meetings@azcc.arizona.edu.

Association of Community Cancer Centers Annual Meeting—March 13-16, Washington, DC. Contact David Walls, tel: 301/984-9496.

International Congress of Behavioral Medicine—March 13-16, Washington, DC. Contact Society of Behavioral Medicine, tel: 301/251-2790, fax: 301/279-6749.

Clinical and Managed Care Issues in Blood and Marrow Transplantation for Hematological Diseases—March 14, Washington, D.C. Contact Leukemia Society of America, tel: 212/573-8484, fax: 212/856-9686.

American Society of Preventive Oncology—March 20-23, Bethesda, MD. Contact Dr. Richard Love, tel: 608/263-7066 or Judy Bowser, tel: 303/938-1045.

Society of Surgical Oncology Annual Meeting—March 21-24, Atlanta, GA. Contact SSO, tel: 708/427-1400, fax: 708/427-1294.

Prevention 96—March 23-26, Dallas, TX. Contact Prevention 96, tel: 202/466-2569, fax: 202/466-2662.

American Radium Society Annual Meeting—March 30-April 3, San Francisco, CA. Contact American Radium Society, tel: 215/574-3179, fax: 215/923-1737.

Investigational Approaches and Opportunities for Preventing Prostate Cancer—March 31-April 2, Annapolis, MD. Contact Judith Karp, NCI, tel: 301/496-3505, or Dr. Andrew Chiarodo, tel: 301/496-8528, or Dr. Otis Brawley, tel: 301/496-8541.

April

NIH Consensus Development Conference on Cancer of the Cervix—April 1-3, Natcher Conference Center, NIH Campus, Bethesda, MD. Contact Annette Besignano, TRI, tel: 301/770-0610, fax: 301/468-2245.

Angiogenesis Antagonists: New Cancer Strategies—April 1-2, Boston, MA. Contact Cambridge Healthtech Institute, tel: 617/630-1300, fax: 617/630-1325.

UNC Lineberger Comprehensive Cancer Center Annual Symposium—April 1-2, Chapel Hill, NC. Contact Sarah Rimmer, tel: 919/966-3036.

National Cancer Pain Initiative Convention—April 11-14, Houston, TX. Contact Pam Hamre, conference services, tel: 713/792-2222.

Hereditary Predisposition to Cancer—April 12, Memphis, TN. Contact Univ. of Tennessee, Memphis, tel: 901/448-6354.

Federation of American Societies for Experimental Biology—April 14-18, Washington, DC. Contact FASEB, tel: 301/530-7010.

American Cancer Society National Conference on Cancer Prevention and Early Detection—April 18-20, Washington, DC. Contact Andy Cannon, tel: 404/329-7606.

American Association for Cancer Research—April 20-24, Washington, DC. Contact AACR, tel: 215/440-9300.

International Congress on Breast Disease of the Senologic International Society—April 28-May 2, Houston, TX. Contact Conference Services, tel: 713/792-2222.

May

Oncology Nursing Society Annual Congress—May 2-5, Philadelphia, PA. Contact ONS, 501 Holiday Dr., Pittsburgh, PA 15220, tel: 412/921-7373, ext. 225, fax: 412/921-6565.

American Urological Association Annual Meeting—May 4-9, Orlando, FL. Contact AUA, tel: 410/727-1100.

American Thoracic Society/American Lung Association International Conference—May 10-15, New Orleans, LA. Contact American Thoracic Society, tel: 212/315-8700.

American Society of Clinical Oncology Annual Meeting—May 18-21, Philadelphia, PA. Contact ASCO, tel: 312/644-0828.

Multidisciplinary Radiation Oncology Conference—May 23-24, Philadelphia, PA. Contact Fox Chase Cancer Center, tel: 215/728-5358, fax: 215/728-5359.

FASEB Urges Better Funding Of Biomedical Research

The US federal government should maintain nation's commitment to basic biomedical research, while pursuing policy changes to make the enterprise more efficient, according to policy recommendations by the Federation of American Societies for Experimental Biology.

"The spectacular medical advances that we see every day against diseases and health problems as diverse as cancer, Alzheimer's disease and obesity are the result of America's strong and sustained

commitment to biomedical research in the health sciences, which must remain a national priority," said Ralph Bradshaw, FASEB president and professor of biological chemistry at the University of California, Irvine.

"The Federal government is the only source capable of providing the broad, long-term support necessary for basic research," Bradshaw said. "The returns to investment in basic research are large, but too difficult to predict and too widely shared to attract the support of private investors. Public funds also promote the climate of openness and sharing which speed the process of discovery and verification."

In its report, the federation encourages increased funding for basic biomedical research; competitive, merit review of all funding decisions; support for the education of young scientists; and support for efforts to streamline administration, Bradshaw said.

FASEB recommends appropriations increases above FY 1996 amounts for the six main biomedical and life sciences funding arms of the federal government. For each agency, the funding policy and policy recommendations were based on a review of research programs.

—For NIH, FASEB recommends a 6.5 percent increase in fiscal year 1997, which begins next Oct. 1. The report noted that NIH is the principal biomedical research agency of the federal government and the world's leading biomedical research organization. It is estimated that in the period since World War II, over 90 percent of revolutionary advances in medical research resulted from NIH funding.

—For the National Science Foundation's Directorate for Biological Science, FASEB recommends a 12.1 percent increase. The report said that this funding recommendation is based on the NSF's unique role in promoting a broad program of basic research, its important mission in education, and the small number of fundamental biology projects currently funded. NSF provides over 40 percent of all federal support for non-medical basic biological research performed by colleges and universities.

—For the Department of Veteran Affairs medical research, FASEB recommends a 7.2 percent increase. The report noted that VA's present research program is designed to integrate clinical needs with fundamental research and to assure the rapid transfer of new knowledge from the laboratory to the bedside. The research budget has not kept pace with rising costs, resulting in missed opportunities for new research, deteriorating research infrastructure, and lost opportunities for career development necessary to maintain the top medical personnel.

—For the US Department of Agriculture's National Research Initiative, FASEB recommends a 34.4 percent increase. The initiative guides research that ensures food safety, increases food supply, and maintains and boosts the global competitive advantage of the US agricultural sector.

—For select programs of the Department of Energy's Office of Health and Environmental Research, FASEB recommends a 6 percent increase. The DOE's national laboratories provide facilities and equipment shared by researchers all across the nation, and are an essential resource contributing to progress in basic biological science.

—FASEB recommends steady funding for the National Aeronautics and Space Administration's Division of Life and Biomedical Sciences Applications, Research and Analysis programs.

"We must maintain strong financial support for basic biomedical research and ensure that we get the most science for every dollar spent," Bradshaw said. "We must preserve the system of investigator-initiated research that made the U.S. the world leader in biomedical sciences. If we manage the biomedical and bioscience research enterprise intelligently, reducing burdensome and expensive regulations whenever possible and reducing earmarks and set-asides, we can continue to get the most productivity from our investment in research."

The complete FASEB report, "Sustaining the Commitment: Federal Funding for Biomedical and Related Life Science Research, FY 1997," is available on the World Wide Web at http://www.faseb.org/opar/opar.html. FASEB may be contacted at tel: 301-571-0657.

FASEB is the world's largest organization of biomedical scientists, representing 10 societies, with combined membership of 44,000.

FASEB's ten member societies are: American Physiological Society; American Society for Biochemistry and Molecular Biology; American Society for Pharmacology and Experimental Therapeutics; American Society for Investigative Pathology; American Institute of Nutrition; American Association of Immunologists; American Society for Cell Biology; Biophysical Society; American Association of Anatomists; and The Protein Society.