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Patient Groups Are Focus Of New Alliances In A Shift Of Cancer Advocacy Agenda

The recent withdrawal of two key groups from the National Coalition for Cancer Research is almost certain to alter the nature of cancer politics in Washington.

The two groups that have split off, the American Society of Clinical Oncology and the National Coalition for Cancer Survivorship, are now in the process of forming political alliances that are likely to broaden the cancer agenda (**The Cancer Letter**, May 24).

Unlike NCCR, which sought to make the varied cancer constituencies speak with one voice on the issue of appropriations, the new political formations are likely to address a wider range of issues, act independently, and form loose coalitions when their interests coincide.

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In Brief

US Pharmacopeia Names Advisory Panel For Hematologic And Oncologic Disease

UNITED STATES PHARMACOPEIA finalized its Hematologic and Oncologic Disease Expert Advisory Panel for 1995-2000. The panel is one of 35 advisory groups responsible for revision and development of USP's drug and therapeutics information database. **John Yarbro**, professor emeritus, Univ. of Missouri, is chairman of the panel. Members are: **Joseph Bailes**, Physician Reliance Network Inc.; **Laurence Baker**, Univ. of Michigan Comprehensive Cancer Center; **Edward Braud**, Springfield Clinic; **Donald Doll**, Univ. of Missouri-Columbia; **Ross Donehower**, Johns Hopkins Univ. School of Medicine; **Janet Ellerhorst-Ryan**, Cincinnati, OH; **Martha Harczy**, Bureau of Human Prescription Drugs, Ottawa, Canada; **David Harris**, Lankenau Cancer Center; **Connie Henke Yarbro**, Univ. of Missouri-Columbia; **Charles Hoppel**, Cleveland VA Medical Center; **B.J. Kennedy**, Univ. of Minnesota; **Barnett Kramer**, NCI Div. of Cancer Prevention & Control; **Celeste Lindley**, Univ. of North Carolina; **Michael Mastrangelo**, Jefferson Medical College; **Paulette Mehta**, Univ. of Florida; **Perry Nisen**, Univ. of Texas Southwestern Medical Center; **David Rosenthal**, Harvard Univ. Health Services; **Roy Silverstein**, Cornell Univ. Medical College; **Ellen Stovall**, National Coalition for Cancer Survivorship; **Samuel Taylor**, Rush Univ.;and **Raymond Weiss**, Walter Reed Army Medical Center.

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Patients, Scientists Seek New Alliances For Advocacy

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Thus, NCCS is focusing on developing the patient agenda through an informal association with other patient groups while ASCO is considering focusing on the common interests of clinicians and patient groups.

Withdrawals notwithstanding, the 18-member NCCR remains a strong, widely recognized voice on Capitol Hill, said Margaret Foti, president of the coalition.

"I see us stronger than ever," Foti said. However, Foti said, fragmentation is likely to make NCCR's job more difficult.

"I talk with members of Congress, and they say, Don't have a million people coming at us," Foti said to **The Cancer Letter**. "They would be very unhappy with different factions operating in the cancer community.

"This instability is not good for the National Cancer Program. I think everyone within NCCR is thinking of ways to reduce that fragmentation and get back to a more focused approach to strengthening cancer research," said Foti, executive director of the American Association for Cancer Research.

John Durant, ASCO's executive director, said his association may continue to support NCCR on appropriations. "We were looking for a coalition, and NCCR was far more like an association," Durant said to **The Cancer Letter**. "That doesn't mean we won't support NCCR when it's involved in appropriations."

By working with the patient groups, ASCO will be capitalizing on the opportunity to build a political alliance that begins at bedside, Durant said.

"Patients who develop strong bonding with their physicians and strong bonding with their nurses develop an incredible loyalty to the cause," he said. "We should not allow that bonding to evaporate or get away from us, because it is one of our biggest pluses."

An Explosion of Communications

Paradoxically, the current broadening of the spectrum of cancer politics is occurring at an unprecedented time, when virtually all the major players appear to be regularly talking to each other, in both formal and informal settings.

Many participants say this explosion of communications promises to yield a scientific agenda that would have the support of the patients.

Thus, John Glick, former president of ASCO, has become the professional society's liaison with the patient groups. Ellen Stovall, executive director of NCCS, has become a member of ASCO, and Fran Visco, president of the National Breast Cancer Coalition, has joined both ASCO and AACR.

Government agencies, too, are naming patients to key advisory roles. Visco, for instance, is a member of the President's Cancer Panel, and, sources said, Stovall is about to be named to the National Cancer Advisory Board. Stovall declined to confirm or deny the appointment.

At least for now, patient groups are deliberately avoiding forging formal alliances, instead engaging in free-for-all discussions of what is to be done.

"We have a very clear strategy: we want new ways of thinking about this disease," Stovall said to **The Cancer Letter**.

To develop these new ways of thinking, Stovall and several other patient activists formed the Cancer Leadership Council. The group, which now meets once a month, was founded in 1993 to pursue the patient agenda in the health care reform debate.

Though that debate came to a less than glorious end, the council persisted.

"Getting money for cancer centers is very important," Stovall said. "Getting money for new R01 grants is very important. These are all pieces of it.

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But those pieces should not be the focus of discussion. They are not the patient's only concern.

"The patient's concern is how do we get this research applied in our community, and what relevance does it have to me, and can I get reimbursed for it once I get it," Stovall said.

The council includes NCCS, CancerCare, US-Too, Y-ME, the National Alliance of Breast Cancer Organization, the Susan G. Komen Foundation, and the North American Brain Tumor Coalition.

Though the council does not recruit new members, the American Cancer Society, the Leukemia Society and ASCO recently asked to be represented as well.

The National Breast Cancer Coalition, a group that so far has pursued a strategy of staunch independence, recently indicated that it may send a representative to an upcoming meeting, Stovall said.

Working with the Cancer Leadership Council will be central to ASCO's attempts to forge an alliance with the patient groups, Durant said.

"We are probably going to start in parallel with the Cancer Leadership Council, with big-time communication, and if it looks like they want to invite us in, we will come in," Durant said. "If they want to keep in parallel, we'll keep in parallel."

One possible outcome of the association's strategy, proposed by Glick in his final address as ASCO president, would be the formation of a group that would be called the American Federation of Clinical Oncology Societies (**The Cancer Letter**, May 24).

New Strategies in Appropriations?

The broadening of the cancer agenda is likely to bring about a new approach to lobbying, several observers said.

Instead of attempting to speak with a single voice, which in recent years has meant signing on to petition-like letters to Congress, patient advocates and some professional societies now will be more likely to write separate letters.

"I think we are better served when we are working on an informal basis, where we are sharing strategies, and sharing views, and sharing information," NBCC president Visco said to **The Cancer Letter**.

"I don' think it's powerful for all of us to speak in one voice, because when you do that, everybody's voice gets diluted," Visco said.

"I don't find it effective to have a letter that 150 organizations have signed on to, but I do find it effective when 150 organizations send individualized letters. We can all have the same message, but an individualized way of giving that message.

"I don't care if a member of Congress feels like he or she is aggrieved because they are getting 150 letters rather than one," Visco said. "That's too bad. That's the democratic process."

Visco said cancer advocates have been setting their sights too low.

"We sit around and pretend that the NCI budget of $2.3 billion is a real number," Visco said. "It's absurd. People go to the Hill, and they ask for a 6 percent increase. It's like the policy-makers have forced us to play in this little box.

"They've successfully put us in this little box, and we think it's our universe, and there is no way to break out," she said.

"Men in Suits" Speech

An argument can be made that the changes observed today can be traced to July 29, 1992, the day when Visco, a Philadelphia attorney and breast cancer survivor, showed up at a hearing of the Labor, HHS and Education subcommittee of the Senate Appropriations Committee.

"When the men in suits all but destroyed the savings and loan system in this country, the nation's economic stability was threatened, and this Congress responded with billions of dollars.

"Because our cities are in danger of extinction, this Congress has found a way to appropriate emergency funds for the urban crisis.

"When this administration decided to wage a war, you found $7.5 billion to fund it.

"Women have declared war on breast cancer, and you had better find a way to fund that war...

"We will no longer be passive. We will no longer be polite. We can no longer afford to wait while Congress gets around to significant, decent funding for breast cancer" (**The Cancer Letter**, Aug. 7, 1992).

Until that day, both the language and the tone of Visco's testimony were unheard of in cancer politics. And, at the time, Visco's demand appeared outlandish: she wanted $300 million in new funds to be spent on the disease. At the time, the NCI bypass budget stated that scientific opportunities in breast cancer research added up to $220 million.

"When Fran threw that gauntlet down, she

basically said what most of us, cancer survivors, felt," recalled Stovall, a survivor of two bouts with lymphoma, who also testified that day. "To me, the National Breast Cancer Coalition represents the most successful cancer patient movement that exists. Fran and NBCC kicked the doors wide open, giving the rest of us an opportunity to walk through."

Stovall's sympathies notwithstanding, her mission at that hearing was to speak for NCCR, which at the time was gearing up to protect NCI from the threat of an earmark for breast cancer research.

"My testimony called for an increase in finding for NCI," said Stovall, who represents an alliance of 350 grassroots organizations and institutions working on patient advocacy issues. "Sadly, as a consequence of my testifying for NCCR, my group was perceived as an opponent of NBCC."

For nearly four years following that testimony, Stovall's repeated attempts to explore possible collaboration with NBCC were unsuccessful.

Stovall and Visco said they became reacquainted earlier this year, after finding themselves in the same room, discussing a potential collaboration with another patient activist, the financier and cancer survivor Michael Milken.

"I have come to see Ellen Stovall as a real activist, someone who has a vision, and there aren't very many people who have vision," Visco said. "We are becoming closer to, and communicating more with NCCS, and are very interested in informal collaboration."

"Men in Suits;" Four Years Later

These days, it is virtually impossible to discuss strategies for cancer advocacy without referring to what has become known as the "NBCC Model."

The "model" is unique for several reasons. First, NBCC represents the first—and so far, the only—genuine grassroots movement for increasing the funding for cancer research.

Second, NBCC was successful in identifying and bringing in significant new funds for cancer research. The new program created by the coalition is now administered by the Department of Defense.

And, third, the coalition has not followed the AIDS model of "storming the NIH," instead transforming a large number of breast cancer patients into committed, knowledgeable advocates for research.

Therefore, as professional societies and patient advocacy groups seek advice on forming grassroots movements, they call Visco.

"It seems as though all of a sudden we are getting contacted by a number of different professional and patient organizations wanting to know how we did what we did, and wanting to work together," Visco said.

"I don't know if it's possible to replicate what we did. One thing people don't seem to realize is the incredible amount of hard work and sacrifice over the past five years that brought us to where we are today.

"A number of people gave up their careers. Their businesses went down the tubes because they were focusing on this issue. We worked till 3 a.m. on conference calls. It was a continuous debate and an unbelievable amount of work.

"It's not the situation where you go out and hire a lobbyist," she said.

NCCR: A Strategic Approach

As box diagrams in cancer politics are being redrawn, NCCR will have to face the challenge of working in an entirely new environment.

Being only one voice on one issue, it will have to forge new alliances with several new players. Of course, the coalition has had to adapt before.

At its founding in 1985, the group's mission was reimbursement issues rather than appropriations, said Bruce Ross, who at the time was the vice president and general manager of the Bristol-Myers Oncology Division.

Ross, now the chief executive officer of the National Comprehensive Cancer Network, said the decision to form the coalition was made in Houston, during ASCO's annual meeting. Bristol provided seed money to start the coalition, Ross said.

Soon after the coalition was formed, it hired the lobbyist Terry Lierman, who also represented the philanthropist Mary Lasker. Lierman, who continues to manage the coalition, gave it the emphasis on funding for cancer research.

In recent months, the coalition went through a process of strategic planning that instututed a more formal structure for the group. Also, the plan defined the group's strategy as pursuit of funding increases for NCI as well identifying research funding sources outside the government.

Foti said the group continues to represent the perspective of clinicians and patient advocates.

"Clinical research is a strong aspect of what

NCCR is trying to accomplish," Foti said. To compensate for ACSO's absence, AACR has increased the number of its representatives to the coalition, appointing Joseph Simone, clinical director of the Huntsman Cancer Foundation, to represent clinical oncology.

Foti said the incoming NCCR president, Albert Owens, of Johns Hopkins, similarly represents cancer clinicians.

The patient perspective, too, will continue to be represented, Foti said.

The NCCR membership includes AACR, the Albert and Mary Lasker Foundation, the American Association for Cancer Education, the American Cancer Society, the American Society for Therapeutic Radiology and Oncology, the American Society of Hematology, the American Society of Pediatric Hematology/Oncology, the Association of American Cancer Institutes, the Association of Pediatric Oncology Nurses, the Cancer Research Foundation of America, the Association for the Cure of Cancer of the Prostate, FACT: Families Against Cancer Inc., the Oncology Nursing Society, the Radiation Research Society, the Society of Gynecologic Oncologists, the Susan G. Komen Breast Cancer Foundation, and the V Foundation for Cancer Research.

Foti said she was encouraged to see that in their withdrawal letters, both NCCS and ASCO said they were open to working with NCCR on issues of mutual concern.

"Even though ASCO and NCCS have their own agendas, having a common voice at NCCR could further assist them," Foti said. "I hope they come back."

Two Advocacy Groups Form To Mark 25th Anniversary Of National Cancer Act

Two separate groups are being formed to mark the observance of the 25th anniversary of the signing of the National Cancer Act.

One group, operating under the working name "Friends of Cancer Research," is expected to hire the communications and lobbying firm of Podesta Associates to plan a grassroots education campaign on cancer research.

The group, headed by National Cancer Advisory Board member Ellen Sigal, is expected to form a non-profit corporation that would be separate from NCI.

"We need to educate the American public about the vital necessity for cancer research and what it would yield in terms of public health," Sigal said to **The Cancer Letter**.

Several members of the group said the 25th anniversary was deliberately omitted from its title because the group may continue its work beyond the anniversary. Since the group is expected to be organized as a non-profit, it would be restricted from lobbying.

Though the membership in the group has not been finalized, at this point it includes representatives of the American Cancer Society, the National Breast Cancer Coalition, the National Coalition for Cancer Survivorship, the American Association for Cancer Research, the American Society of Clinical Oncology, as well as Debbie Dingell, wife of Rep. John Dingell (D-MI), Paul Calabresi, member of the President's Cancer Panel, and Robert Young, president of Fox Chase Cancer Center.

Milken Plans Lobbying Effort

Another, separate, campaign is being planned by Michael Milken, founder of CaP CURE, who has reportedly signed a contract with the Washington lobbying firm of Cassidy & Associates.

Unlike the Sigal group, Milken would be in a position to lobby for increased appropriations for NCI.

However, it is unclear whether the Cassidy effort would succeed in attracting the cooperation of other cancer groups since the lobbying firm also represents R.J. Reynolds Tobacco Co. and RJR Nabisco Holdings.

Hamilton Jordan, a board member of CaP CURE, who is expected to work with Cassidy as a volunteer, said he is not concerned about the firm's client list.

"When you are dealing with a professional services firm, as long as there is no direct conflict with what they are doing for you, you can't ask them to purify their client list," said Jordan, a cancer survivor who served as the White House chief of staff for President Jimmy Carter.

"Our decision to hire Cassidy was based on them having a track record in the appropriations area," Jordan said to **The Cancer Letter**. "In a perfect world, would I prefer them not to have a tobacco client? Sure. But Washington is far from being a perfect world."

Judge Orders M.D. Anderson To Evaluate Eight Patients

A federal judge ordered M.D. Anderson Cancer Center to evaluate eight patients who had been enrolled in a controversial protocol for the treatment of advanced Hodgkin's disease.

Earlier this month, the patients sued M.D. Anderson, along with FDA and HHS officials, demanding to receive radiolabeled immunoglobulin therapy at M.D. Anderson.

The RIT protocol was closed late last year, as officials from FDA and M.D. Anderson investigated the manner in which the studies were conducted and data collected (**The Cancer Letter**, Feb. 16).

That investigation has not been concluded, said Huibert Vriesendorp, associate professor of radiotherapy, who was the principal investigator on the trial.

Vriesendorp, who continues to treat patients at M.D. Anderson, said he is contesting the institution's closure of the trial and the suspension of his clinical research privileges.

"M.D. Anderson has not followed due process in my case," Vriesendorp said to **The Cancer Letter**. "This is an absolute witch hunt which is continued because M.D. Anderson and FDA do not want to admit the mistakes they have made by closing the trial. RIT is one of the safest cancer treatments available."

Leonard Zwelling, associate vice president for clinical and translational research, declined to discuss Vriesendorp's case.

Following a review of Vriesendorp's clinical trial, M.D. Anderson modified and reopened a RIT protocol designed to treat Vriesendorp's patients. That protocol opened in March, Zwelling said.

However, on May 1, Vriesendorp's former patients as well as two patients who had never received RIT filed a suit in the US District Court for the Southern District of Texas, demanding that Vriesendorp's protocol be reopened. The patients are also seeking monetary damages.

A week later, on May 8, Judge Lynn Hughes signed a temporary emergency order which allowed the eight patients to be evaluated for treatment under an interim protocol.

"There is no difference between what the judge asked us to do and what we have always wanted to do," Zwelling said to **The Cancer Letter**. "My concern is that we keep treating patients safely, with the best we've got, so we can help them the most."

Zwelling said Vriesendorp's protocol was closed Dec. 22, 1995, and a modified protocol , designed for previously treated patients who did not experience undue toxicity, was reopened March 19. The interim protocol does not admit new patients.

The dispute could prove to be an enduring problem for M.D. Anderson and, possibly, for FDA.

For one thing, the patients have retained Richard Jaffe, a Houston attorney who has mobilized congressional support and created torrents of publicity for another client, the alternative medicine practitioner Stanislaw Burzinsky.

The patients, as well as Vriesendorp, claim that last December FDA threatened to conduct an audit of all M.D. Anderson clinical trials to force the institution to close the RIT trial.

In an affidavit that accompanies the patients' suit, Vriesendorp said: "In December, 1995, and January, 1996, MDACC administrators (Drs. [David] Hohn [vice president, clinical affairs] and Zwelling) informed me that the FDA verbally threatened M.D. Anderson that unless it withdrew the RIT IND, the FDA would send down a team of investigators and audit and then close all of MDA's 40 clinical trials, which cover hundreds of thousands of patients. Based on that threat, MDA formally withdrew the RIT INDs in January 1996."

In an interview with **The Cancer Letter**, Zwelling said no such threats have been made by FDA officials. "It is just not true," Zwelling said. "The FDA has never threatened to close other trials at M.D. Anderson."

In another claim, Vriesendorp said the investigators chosen by M.D. Anderson to conduct the treatment of his former patients are not competent to administer the therapy.

"I do not believe that the new investigators assigned will proceed with the study due to their complete unfamiliarity with RIT or the clinical care of patients with recurrent Hodgkin's disease," Vriesendorp said in the affidavit.

Zwelling disagrees. "They are certainly qualified," he said of the new PI's. "FDA has approved them, as has our IRB."

Nonetheless, two US Senators and one House Member recently wrote a letter to FDA Commissioner David Kessler, demanding information on the controversy.

"The doctors and other personnel who have

pioneered this research will apparently be shut out of the process," the three legislators wrote in a March 14 letter to Kessler. "Thus, this protocol appears to be designed simply to placate the current patients, and at the same time ensure that the dramatic progress... will be brought to a halt."

The letter was signed by Sen. Slade Gorton (R-WA), Sen. Patty Murray (D-WA), and Rep. Richard (Doc) Hastings (R-FL).

NCI Epidemiology & Genetics Seeking Fellowship Applicants

The NCI Division of Cancer Epidemiology and Genetics is seeking candidates for fellowship programs in cancer epidemiology and biostatistics.

Fellows train for up to five years under senior investigators with opportunities to design, conduct, and analyze research in a variety of areas related to the etiology of cancer.

Applicants must have an MD, PhD or equivalent degree, or be pursuing such a degree in epidemiology or biostatistics. Candidates must be US citizens or resident aliens eligible for citizenship within 4 years.

Deadline for applications is June 30. Submit c.v., bibliography, three letters of recommendation, references and a letter describing the basis of interest to: Fellowship Coordinator, DCEG, NCI, 6130 Executive Blvd, EPN Rm 400 MSC 7360, Bethesda, MD 20892-7360, tel: 301/496-4947, fax: 301/402-3256.

Cancer Meetings Listed For June, July, August

June

National Cancer Survivors Day—June 2 in communities across the US. Contact National Cancer Survivors Day Foundation, tel. 615/794-3006.

The Role of Dietary Supplements for Physically Active People--June 3-4, NIH Natcher Conference Center, Bethesda, MD. Contact TRI Inc. tel: 301/770-3153.

Critical Issues is Tumor Microcirculation, Angiogenesis and Metastasis—June 3-7, Boston, MA. Contact Carol Lyons, Massachusetts General Hospital, tel: 617/726-4083, fax: 617/726-4172.

International Workshop on Telomerase Activity and Early Detection of Cancer—June 6-7, Bethesda, MD. NIH Natcher Building. Contact Linda Bremerman, tel: 301/496-8526, e-mail: BremermL@dcpcepn.nci.nih.gov.

Computer Assisted Radiology—June 6-9, Denver, CO. Contact Society for Computer Applications in Radiology, tel: 703/716-7548, fax: 703/648-9176.

International Congress of Endocrinology--June 12-15, San Francisco, CA. Contact Endocrine Society, tel: 301/941-0255.

Biosynthetic Approaches to Natural Product Production--June 14, Bethesda, MD. Contact Dan Eckstein, tel: 301/986-1891, or Dr. Gordon Cragg, tel: 301/846-5387.

Pezcoller Symposium: Genomic Instability and Immortality in Cancer—June 17-19, Trento, Italy. Contact Dr. E. Mihich, Roswell Park Cancer Institute, tel: 716/845-8225, fax: 716/845-4542, e-mail: Toscani@sc3101.med.buffalo.edu.

General Motors Cancer Research Foundation Annual Conference: Origins of Breast and Prostate Cancer--June 19-20, NIH Clinical Center, Bethesda, MD. Contact Laura Babcock, tel: 202/636-8745.

UICC Training Course in Cancer Research—June 20-26, University of Tieste, Italy, and University of Rijeka, Croatia. Contact UICC Executive Director in Geneva, tel: 41-22-809-1911, fax: 41-22-809-1810.

Symposium On The Past, Present, And Future Of Peer Review—June 20, Bethesda, MD, Natcher Conference Center, NIH. Free, advanced registration required. Contact Suzanne Fisher, Div. of Research Grants, tel: 301/435-0715, fax: 301/480-1987.

Genetic Epidemiology of Cancer: An Interdisciplinary Approach--June 26-28, Hood College, Frederick, MD. Sponsored by NCI and FACS. Contact FACS conference office, tel: 301/898-9266, fax: 301/898-9173.

July

Hematopoietic Stem-Cell Transplantation: Advances and Controversies—July 18-19, Northwestern University Medical School, Chicago. Contact Denise Barca, tel: 312/908-5258, fax: 312/908-1372, e-mail: rky@merle.acns.nwu.edu.

Radiation Therapy Oncology Group Semi-Annual Meeting--July 18-21, Philadelphia, PA. Contact RTOG, tel: 215/574-3173, fax: 215/928-0153.

August

World Conference on Lung Cancer--Aug. 10-15, Dublin, Ireland. Contact Secretariat, tel: (353)-1-8306795, fax: (353)-1-8309090.

RFAs Available

RFA CA-96-014

Title: **Community Clinical Oncology Program**

Letter of Intent Receipt Date: July 10

Application Receipt Date: Aug. 20

The NCI Division of Cancer Prevention and Control invites applications from domestic institutions for cooperative agreements to the Community Clinical Oncology Program. New community and research base applicants and currently funded programs are invited to respond to this RFA.

This issuance of the CCOP RFA seeks to build on the strength and demonstrated success of the CCOP over the past eleven years by continuing the program to support community participation in cancer treatment and cancer prevention and control clinical trials through research bases (clinical cooperative groups and cancer centers supported by NCI) and utilizing the CCOP network for conducting NCI-assisted cancer prevention and control research. It is anticipated that three research base awards and ten CCOP awards will be made. Up to $4 million in total costs per year will be set aside to fund applications submitted in response to this RFA.

Inquiries: Dr. Leslie Ford, Division of Cancer Prevention and Control, NCI, Executive Plaza North Rm 300-D-MSC 7340, Bethesda, MD 20892-7340, tel: 301/496-8541, fax: 301/496-8667, e-mail: fordl@dcpcepn.nci.nih.gov

RFA CA-96-015

Title: **Regional Conferences On Recruitment And Retention Of Minority Participants In Clinical Cancer Research**

Application Receipt Date: July 30

The NCI Comprehensive Minority Biomedical Program announces the availability of conference grants (R13) to support regional conferences for sharing current information and strategies that will aid cancer clinical investigators in recruiting and retaining minority participants in clinical cancer research and to stimulate local/regional adaptations of these strategies. Approximately seven new awards will be made at a direct cost level of $50,000 each. The estimated total costs available for support of the program is $350,000.

Inquiries: Lester Gorelic, Division of Extramural Activities, NCI, 6130 Executive Blvd Rm 620-MSC 7405, Bethesda, MD 20892-7405, tel: 301/496-7344, fax: 301/402-4551, e-mail: gorelicl@dea.nci.nih.gov

Program Announcement

PAR-96-052

Title: **Science Education Partnership Award**

Application Receipt Date: Oct. 1, annually

The Science Education Partnership Award Program encourages active biomedical and/or behavioral scientists to work as partners with educators, media experts, community leaders and other interested organizations on projects to improve the student (K-12) and the public understanding of the health sciences.

This PA is intended to support either the development or dissemination of highly meritorious and innovative models for enhancing K-12 student and/or general public health science education. The NCRR encourages the submission of grant applications to: 1) develop and evaluate model biomedical and/or behavioral science education partnership programs or 2) develop effective strategies for the dissemination of successful existing innovative biomedical and/or behavioral science education partnership models. Awards will use the education project (R25) grant mechanism.

Inquiries: Robert Hendrickson, Research Infrastructure, NCRR, 6705 Rockledge Dr. Suite 6030-MSC 7965, Bethesda, MD 20892-7965, tel: 301/435-0760, e-mail: roberth@ep.ncrr.nih.gov

RFP Available

RFP NCI-CM-77013-28

Title: **Shelf Life Evaluation of Clinical Drugs**

Deadline: Approximately July 22

The Pharmaceutical Resources Branch of the NCI Developmental Therapeutics Program is seeking a conteractor experienced in analysis and evaluation of clinical pharmaceuticals to provide proper storage, adequate testing and evaluation of shelf life samples of investigational clinical drug formulations, including both injectable products and oral dosage forms, and report the results of such testing. Data in these reports will provide NCI and its investigators with information regarding the proper storage and handling of various drug products under investigation, and for determining appropriate expiration dates for the products, and to support NCI's Investigational New Drug Applications files with the FDA. The contractor will be responsible for evaluating each of the analytical methods in conformance with FDA requirements prior to use. It is anticipated that one cost-reimbursement type contract will be awarded for a base period of three years, with two one-year options. This is a recompetition of a contract with Univ. of Georgia Research Foundation.

Inquiries: Carolyn Barker, contract specialist, Treatment Contracts Section, Research Contracts Branch, NCI, Executive Plaza South MSC 7220, Bethesda, MD 20892-7220, tel: 301/496-8620.

NCI Contract Award

Title: Support services for continuation of followup of DES-exposed cohorts. Contractor: Westat Inc., Rockville, MD, $769,280.