THE CANCER LETTER FAX

Vol. 22 No. 26
June 28, 1996

Price $265 Per Year US
$285 Per Year Elsewhere

UNC Oncologist Edison Liu To Direct NCI Intramural Clinical Research Programs

Edison Liu, a medical oncologist and scientist at the University of North Carolina, Lineberger Comprehensive Cancer Center, has been selected to direct the NCI Division of Clinical Sciences.

Liu, 44, chief of Medical Genetics at the UNC School of Medicine, was offered the position on the recommendation of a search committee, NCI Director Richard Klausner said.

"Ed is one of the really outstanding and unusual young people in

(Continued to page 2)

In Brief

Nurses Association Endorses Clinton-Gore; Levin Heads New Society For Neuro-Oncology

AMERICAN NURSES ASSOCIATION has endorsed President **Bill Clinton** and Vice President **Al Gore Jr.** for re-election following meetings with the candidates and their responses to a questionnaire. "President Clinton has actively sought the support of nursing for the past four years and has embraced many of the principles of 'Nursing's Agenda for Health Care Reform,'" said **Virginia Trotter Betts**, ANA president. The agenda, released in 1991, was endorsed by more than 70 nursing and health care organizations. **Catherine Dodd**, president of the ANA Political Action Committee, said, "Although Robert Dole supports parts of ANA's legislative agenda, President Clinton has shown consistent leadership on protecting and enhancing the role of nursing in the health care system." . . . **VICTOR LEVIN**, chairman of the Department of Neuro-Oncology and director of the Brain Tumor Center at The University of Texas M.D. Anderson Cancer Center, has been elected president of the newly formed Society for Neuro-Oncology. The society, which has 200 members, was organized to establish and promote high standards for treating patients with cancer affecting the central nervous system. The society encourages timely and relevant reporting of advances in research and treatment, and fosters collaboration among physicians and scientists. "In recent years, members of the neuro-oncology community noted the lack of a multi-disciplinary, national organization that would promote development in the field," Levin said. "Efforts were made to form a group that could represent the range of basic scientists, physicians, and other health care professionals whose primary interests are in central nervous system tumors." The society's first national meeting is scheduled for Nov. 8-10, in Santa Fe, NM. Contact: Jan Esenwein, tel: 713/745-2344.

Rimer, Boxer Reappointed To NCAB; 4 Others Named
. . . Page 3

Groups Advise NCI On "Investment Opportuntities"
. . . Page 4

SBIR Priority Score Median Must Match R01s Under House Bill
. . . Page 4

Kimmel Foundation To Donate $1 Million For Cancer Research
. . . Page 8

Lymphoma Foundation Offers Research Grants
. . . Page 8

Edison Liu Named Director, NCI Div. of Clinical Sciences

(Continued from page 1)

clinical oncology," Klausner said to **The Cancer Letter**. "His interests are broad, ranging from prevention, epidemiology and genetics. But through it all is a committed and superb clinician.

"I think the entire community recognizes him as a model of the type of physician-scientist that is going to create a cancer center of the future on the NIH campus," Klausner said.

Klausner introduced Liu to the division's branch chiefs on June 26.

Goal To Reformulate NCI Clinical Program

Liu will lead an NCI intramural program that has gone through extensive reorganization and personnel changes over the past year.

NCI formed the division last October to consolidate the Institute's intramural clinical research programs, which had been spread over four divisions, as well as the Frederick Cancer Research and Development Center.

Philip Pizzo, acting director of the division, has left NCI to become physician-in-chief and chairman of the Department of Medicine at Children's Hospital of Boston. His last day at the Institute was June 28.

Carmen Allegra, chief of the NCI-Navy Medical Oncology Branch, will serve as acting division director until Liu's arrival, tentatively scheduled for Sept. 1.

One of Liu's responsibilities will be to work with the other divisions that house intramural research, the Division of Basic Sciences and the Division of Epidemiology and Genetics, Klausner said.

"We anticipate that the major thrust of clinical research [in the NCI intramural program] will be early clinical research, and very innovative clinical research, both looking to establish new therapies, as well as integrating approaches to cancer with the next generation of molecular detection and diagnostics," Klausner said.

"One of his other responsibilities is to make sure the NCI program at the NIH Clinical Center becomes an integrated part of the national research scene, by participation in cooperative clinical groups, by extensive collaborations and interactions, through technology development, and repository development," Klausner said. "There are going to be a lot of interesting things happening."

A Clinician-Scientist, SPORE PI

Liu received a Bachelor's of Science degree in chemistry and psychology at Stanford University in 1973, and an M.D. from Stanford in 1978.

He served his internship and residency at Barnes Hospital, Washington University, St. Louis. He held an oncology fellowship at Stanford from 1980-82, and a hematology fellowship at Moffitt Hospital, UCSF, from 1982-85.

At UCSF, Liu also was a postdoctoral fellow in the laboratory of J. Michael Bishop, from 1983-87, and an instructor in the Division of Oncology.

Liu joined UNC in 1987 as an assistant professor in the medicine and oncology. He has held several positions, including director of the Preleukemic Clinic, North Carolina Memorial Hospital, director of the UNC hematology/oncology training program, and director of the Lineberger Center's DNA tumor bank.

Since 1995, Liu has had multiple appointments as a professor in the Departments of Medicine, Epidemiology, Biochemistry and Biophysics at UNC.

He also is co-director of the Laboratory of Molecular Epidemiology, as well as head of the cancer center's Breast Cancer Program.

Liu is the principal investigator of the center's NCI grant for the Specialized Program of Research Excellence in Breast Cancer.

THE CANCER LETTER

Founded 1974
Member, Newsletter Publishers Assoc.

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

P.O. Box 9905, Washington, D.C. 20016
Tel. (202) 362-1809 Fax: (202) 362-1681
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.

In addition, Liu serves as chairman of the Solid Tumor Correlative Sciences Committee of the Cancer and Leukemia Group B, and NCI-supported clinical trials cooperative group.

Sees Major Advances In Coming Years

Liu said he accepted the offer of the position because he was impressed by the resources available at NCI, the caliber of people working at the Institute and at NIH, and the opportunities for major advances in cancer research in the coming years.

"I saw that there were tremendous human and physical resources on the NIH campus," Liu said to **The Cancer Letter**. "NCI is the largest 'cancer center' in the world. I know what we accomplished at the Lineberger Center, and I can only dream of what we can do with a larger budget and a national platform. The people that [NIH Director] Harold Varmus and Rick Klausner have assembled here has been stellar.

"However, I leave UNC with great regrets—it has been a wonderful place. This is an offer I couldn't refuse."

Economic issues in clinical oncology and managed care make the intramural research program at NCI more valuable than ever, Liu said. "The time is right for NCI to come together and integrate its scientific process, and by doing so, make major strides," he said.

The challenge will be to get the disparate parts of the intramural clinical program working together, Liu said. "I think the new functional order of cancer research is that all barriers must come down," he said. "Historically, we had departments of biology, chemistry, medicine. At UNC, our medical oncology, surgical oncology and basic sciences are absent of any discussion of whose department you belong to. That's one thing I would like to carry with me to NCI."

Liu said he joined four departments at UNC in order to "make linkages" between the fields for his own research. "Each time a department asked me to join, I had to reach a level of acceptance in that community," he said. "The more I interacted with the people in the field, the more I learned.

"I can't say more about how excited I am about the whole field," Liu said. "We are coming close to understanding a variety of cancers that plague mankind.

"The field of molecular oncology is sufficiently mature enough that what used to take 10 years can be accomplished in one year. Given the technology is mature, and the clinical questions remain, this is the best time in the history of science to make major advances."

Increasing the participation of cancer patient advocates in the NCI intramural program is another of Liu's goals. "I'm a great believer in advocacy participation," he said. "We have advocates involved in the breast cancer SPORE, and I am going to do my best to reach out to advocates and incorporate their views into our position processes."

Liu said he intends to maintain a laboratory and stay involved in clinical and translational research.

Rimer, Boxer, Reappointed To NCAB; 4 Others Named

President Clinton announced his intention to appoint six individuals to the National Cancer Advisory Board.

In a June 21 statement from the White House, Clinton reappointed Barbara Rimer, director, cancer prevention, detection and control research, Duke Comprehensive Cancer Center, to a second two-year term as NCAB chairman.

Richard Boxer, professor in the Department of Family and Community Medicine and the Health Policy Institute at the Medical College of Wisconsin, was reappointed to a full six-year term. Boxer was appointed to the board last year for a one-year term to fill the vacancy left when Paul Calabresi, of Rhode Island Hospital, was named to the President's Cancer Panel.

New appointments for six-year terms to the board are:

—Frederick Li, head of the Division of Cancer Epidemiology and Control, Dana-Farber Cancer Institute, and a physician at Brigham and Women's Hospital, and a professor of medicine at Harvard Medical School.

—Ivor Royston, president and chief executive officer, Sidney Kimmel Cancer Center, San Diego, CA.

—Ellen Stovall, executive director of the National Coalition for Cancer Survivorship, based in Silver Spring, MD, and a 25-year survivor of Hodgkin's disease. Stovall also is a member of the Southwest Oncology Group Advisory Committee on Women's Health.

—Sandra Millon-Underwood, associate professor, University of Wisconsin-Milwaukee.

One More Vacancy Remains

One additional appointment was expected, NCI sources said to **The Cancer Letter**. The announcement could be held up in the lengthy appointments process, sources said.

The terms of six NCAB members expire every two years. Although six appointments were made, Rimer's appointment as a board member was not due to expire until the year 2000. The White House announcement served to renew her appointment as chariman for two years, expiring in 1998.

Thus, only five of the vacancies on the board were filled as a result of the White House announcement.

Besides Boxer, the NCAB members whose terms expired this year were: Frederick Becker, M.D. Anderson Cancer Center; Kenneth Chan, Ohio State University; Marlene Malek, Vincent Lombardi Cancer Center; Deborah Mayer, of Portland, OR; and Sydney Salmon, Arizona Cancer Center.

Ad Hoc Groups To Guide NCI "Investment Opportunities"

NCI plans to use ad hoc groups of extramural advisors to guide the Institute's pursuit of the "investment opportunities" outlined in the Bypass Budget.

Two of the groups, the Cancer Genetics Working Group and the Developmental Diagnostics Working Group, were formed earlier this year, and will be kept functioning indefinitely, said NCI Director Richard Klausner.

Two other ad hoc groups, to advise the Institute on detection technologies and preclinical models, are about to be formed, Klausner said.

"I like this way of using a free-flowing think tank to consider particular issues outlined as investment opportunities in the Bypass Budget," Klausner said to **The Cancer Letter**.

The new advisory groups will have rotating memberships, Klausner said.

Klausner described the new functions for the ad hoc groups at the June 24 meeting of the steering committee of the Cancer Genetics Working Group. The genetics group, originally formed to create a network for genetic testing, is now being asked to comment on a broader set of issues related to genetic testing.

"Cancer genetics for NCI is a much larger issue than the infrastructure we want this network to be, and I would like this excellent working group to stay in business, to turn their focus to advising us in a similar way about a variety of other issues in cancer genetics," Klausner said to the group's steering committee.

"What we want is for the working groups to take on series of problems and articulate the goals," Klausner said. "The Institute then has to take that articulation and turn it into an RFA or RFP or Program Announcement. At that point I would like the working group to step back from the network, so people—including individuals represented on the working group—can fairly compete for funding."

RFA For Network In Development

The steering committee heard preliminary recommendations for creation of the network. The next refinement of these recommendations is scheduled to be presented Aug. 5, at the meeting of the entire group.

Meanwhile, NCI will work concurrently with the advisory group to develop a draft of an RFA for the formation of the network, Klausner said. The genetics network is expected to be funded during the 1998 fiscal year, Klausner said.

The Developmental Diagnostics Group will similarly submit to NCI staff the conceptual goals and targets for their implementation, Klausner said. As the cancer genetics group makes a transition to its new role, it will have to recruit additional members, including genetics counselors and patients who would serve on all the subcommittees.

SBIR Scores To Match R01s Under House Funding Bill

Small Business Innovation Research grants funded through NIH would be required to meet the same quality standards as regular R01 grants under a provision in the Labor, HHS, Education appropriations bill approved by the House Appropriations committee.

Under the House bill, the median priority score of SBIR grants funded by NIH in each grant cycle would have to match the median score of R01s funded in the same cycle.

The Small Business Act requires research agencies to set aside a portion of their budgets for

SBIR grants. The set-aside is scheduled to increase from 2 percent to 2.5 percent next year.

However, according to the House bill, NIH would have to reallocate the set-aside funding to other extramural grants in the event it does not receive enough SBIR grant proposals that meet the median priority score.

The committee, in its report on appropriations bill for fiscal year 1997, said median scores of NIH SBIR grants fall well below those of regular R01s. In FY95, 74 percent of R01s received a priority score of 149 or less, while only 18 percent of SBIR grants received comparable scores, the report said.

The committee approved the appropriations bill June 25 on a 27-17 vote.

The committee recommended an appropriation of $12.7 billion for NIH, $340.9 million above the President's budget request and $819.6 million, or 6.9 percent, above the current year's budget.

The committee recommended an appropriation of $2.38 billion for NCI in fiscal year 1997, $104.8 million above the President's budget proposal and $137.7 million above the current year's budget.

The report language on NCI was high on praise and virtually devoid of directives.

"For maximal research productivity, funding decisions should be based on scientific opportunities to ensure that investment in scientific endeavors will provide the greatest potential for discovery," the report said.

The report also commended NCI and Institute Director Richard Klausner personally for increasing the amount of funding for investigator-initiated grants and patient-oriented research, as well as for reaching an agreement with the Department of Defense on reimbursement of patient care costs in clinical trials.

The committee requested to be kept appraised of any similar NCI agreements with government agencies and other third-party payers.

The committee said it provided $90 million for the first-year costs of construction of the new NIH Clinical Center, rather than funding the entire cost of the center's construction in the first year, as proposed in the President's budget. "The committee feels a dual responsibility to support both extramural research and the construction of the Clinical Center and anticipates that all the research mechanisms and areas that the NIH supports will share in the increases provided," the report said. "The committee further expects that the increase provided will be allocated to science rather than administrative costs."

The committee provided funding for AIDS research in the budgets of the individual institutes, rather than in a lump sum to the NIH Office of AIDS Research. The report said funds should be spent consistent with OAR's research plan, and provided the office's director, William Paul, with the authority to reallocate up to three percent of any institute's AIDS research funds among institutes. NCI's AIDS research budget would be $224.3 million under the House committee's recommendation.

The excerpted provisions of the report follow:

Balance in the research portfolio—The committee believes that NIH should distribute funding on the basis of scientific opportunity.

As a result, the committee has allocated the Institute appropriations consistent with the distribution recommended by NIH and reflecting the director's judgment of scientific opportunity.

To enhance NIH's flexibility to allocate funding based on scientific opportunity, the committee has attempted to minimize the amount of direction provided in the report accompanying the bill.

In stating that scientific opportunity should be the basis for allocating research funding, the committee understands that other factors are also relevant to NIH's decisions, including such considerations as the infectious nature of a disease, the number of cases and deaths associated with a particular disease, and the estimated proximity to research breakthroughs.

The committee does not presume to judge which criteria should take precedence in individual funding decisions, but urges NIH to consider the full array of relevant criteria as it constructs its research portfolio. Prior to the fiscal year 1998 appropriations hearings, the committee requests NIH to report in detail the process it uses to distribute funding and the rationale for the criteria used in decision-making.

Balanced research agenda—The committee commends the NCI on its effort to support a balanced cancer research agenda—one which includes basic, clinical and translational research and which includes research in cancer prevention, control and survivorship. The committee also believes that, within this balanced approach to cancer research, there should be flexibility in the use of these funds to address high priority initiatives and to fund quality research programs and their applications. For maximal research productivity, funding decisions

should be based on scientific opportunities to ensure that investment in scientific endeavors will provide the greatest potential for discovery.

Grants management—The committee is encouraged by the director's decision to increase the number of investigator-initiated grants in 1996. Investigator-initiated grants and other research project grants are at the core of basic research efforts and provide optimal opportunities for research breakthroughs. The committee encourages the Institute to continue to make these grants a priority in 1997 to exploit research opportunities.

The committee also commends the director for his efforts to direct special attention to patient-oriented research grants. The decision to provide a second review of patient-oriented grants within 10 points of the payline sends a positive message to the research community.

Under the leadership of the director, the NCI has made significant progress in streamlining its administration, reducing administrative costs, and redirecting more than $60 million within its budget to support extramural research. These steps have resulted in a major increase in new, investigator-initiated project research grants which can receive funding. The committee applauds the Institute and its director for these efforts, and urges the other Institutes to pursue similar steps.

Cancer coordination—The report of the National Cancer Advisory Board entitled "Cancer at a Crossroads" outlined that the National Cancer Program suffered from an absence of a national coordination of cancer-fighting efforts in the public, private and voluntary sectors. The committee concurs with this view and recommends that the NCI continue to take the leadership working in coordination with the CDC and other federal agencies to strengthen coordination of the National Cancer Program. The committee expects that other agencies will work with the NCI to facilitate this recommendation. Before hearings on the 1998 budget, the committee would like a brief report outlining the progress made to accomplish this recommendation.

Breast cancer—The committee recognizes that breast cancer continues to require a significant allocation of NCI resources in order to decipher the complex mysteries of this disease. The committee agrees with NCI, which places breast cancer research as a high priority within the Institute, and understands that significant scientific opportunities exist which are not currently being funded. Therefore, the committee urges NCI to continue to strengthen its commitment to breast cancer research.

National Action Plan on Breast Cancer—The committee encourages [NCI] to maintain its support for the implementation of the National Action Plan on Breast Cancer. The implementation of the NAPBC should continue to be coordinated by the Office on Women's Health within the Office of the Secretary. This plan, which unites the efforts of all HHS and other Federal agencies and private sector groups, is an important element in the fight against breast cancer. The committee also encourages NCI to support the clinical trials related to the early detection of breast cancer initiated in 1996 through the Public Health and Social Services Emergency Fund.

Environmental factors in breast cancer—Data from the International Agency for Research from 1947 through 1992 found that women in the San Francisco Bay area had the highest rate of breast cancer in the world. The committee is concerned that none of the scientists testifying before the committee has been able to explain whether environmental factors contribute to this finding. The committee urges the NCI in cooperation with the National Institute of Environmental Health Sciences to work with local researchers and breast cancer groups to find answers to these disturbing questions.

Cancer and minority populations—While research progress has been made, the committee remains seriously concerned about this critical public health problem. African-Americans and other minorities have a disproportionately higher risk for cancer. The Institute is encouraged to strengthen its research, research training, and outreach efforts which focus on breast, lung and colorectal cancers, particularly in their impact on minority populations. The NCI is also encouraged to continue its initiatives to study the relationship between diet and cancer in African-American women.

Prostate cancer—More than 314,000 new cases of prostate cancer are expected to be diagnosed in 1996, making it the most commonly diagnosed cancer. Over 41,000 men will die from prostate cancer this year. In particular, the committee is concerned about prostate cancer among African-American males. The committee urges the NCI to intensify its efforts in this area. A vigorous research effort should be pursued to ascertain why this group is more prone to this type of cancer, and why they have an exceedingly

high mortality rate from the disease. Further, since community-based programs focusing on prevention, detection, diagnosis, and treatment have been used successfully to decrease incidence and mortality rates for other cancers, the committee encourages the NCI to employ this approach in an effort to gain a better understanding of this devastating disease and its effect on this segment of the population.

Gynecologic cancers—The committee encourages NCI to continue to enhance its efforts in basic and applied gynecologic cancer research, specifically the implementation of the recommendations from the NIH consensus conference on ovarian and cervical cancer. The committee hopes that the NCI will, if the director believes that the mechanism is appropriate, choose to provide funding for gynecologic cancers, specifically ovarian, under the Specialized Programs of Research Excellence.

HPV and cervical cancer—A recent NIH consensus conference documented the link between cervical cancer and the sexually transmitted human papillomavirus. It has been estimated that over 90% of cervical cancer cases result from this infection. The committee encourages NCI and the National Institute of Allergy and Infectious Diseases to collaborate in sponsoring basic and clinical research on HPV diagnosis and prevention as a risk for cervical cancer, and as applicable, develop screening techniques.

Leukemia—The treatment of cancer has seen some of its most tangible accomplishments in the treatment of leukemia and related diseases. The rate and duration of remission have improved dramatically in childhood leukemia, Hodgkin's disease, and lymphomas over the last 35 years. This progress is largely the result of research supported by NIH. Future development of new pharmaceuticals, gene therapy, immunotherapy, and new approaches to stem cell replacement could further advance the remission and cure rate. In order to make further advances in the treatment and cure of these diseases, the committee urges NCI to consider all special opportunities and creative partnerships with industry, academic institutions and other private health research agencies.

Clinical research—The committee continues to be concerned about the status of clinical research coverage in this country. The ability of physician-researchers to conduct clinical investigations and of patients to have access to treatment in the context of clinical trials is threatened by the refusal of third-party payers to cover the costs of routine patient care in such trials. In this regard, the director of the National Cancer Institute should be commended for negotiating an agreement with the Department of Defense that provides appropriate reimbursement for the care provided to patients enrolled in clinical trials. Under the agreement, enrollees in the DOD health care programs may participate in phase II or phase III clinical trials that have been approved by NCI, an NCI-funded cancer center or one of NCI's cooperative groups. The committee understands that NCI is also in the process of negotiating similar agreements with the Department of Veterans Affairs and the Health Care Financing Administration. In negotiating these agreements, the committee notes that there are other cancer trials funded outside NCI. For example, a number of trials involving leukemia are approved by the Heart, Lung and Blood Institute. The viewed mechanisms should also be approved by the VA system and in the Medicare program, as well as in private insurance. The committee would like to be kept apprised of the negotiations between NCI and other agencies of the federal government regarding clinical trials coverage and to receive notification of any agreement finalized by NCI.

Neurofibromatosis—Enormous advances in research on neurofibromatosis have recently occurred, including discovery of the NF1 and NF2 genes, developing animal models and a diagnostic blood test and pre-natal testing for NF. NF also offers the potential for significant advances in broader areas, like tumor suppressor genes, and for other disorders, such as many of the most common cancers, brain tumors and learning disabilities. Accordingly, the committee encourages NCI to continue to pursue an aggressive program in basic and clinical development of NF research, including the use of Requests for Applications, the National Cooperative Drug Discovery Group program, and the Small Business Innovation Research grants, as the Institute deems appropriate. The committee requests that NCI be prepared to report on the status of its NF research program at its hearings on the fiscal year 1998 budget.

Nutrition research—NCI continues to be a leader in the nutrition research area. Diet is second only to smoking in its association with cancer. The committee encourages NCI to continue its leadership in nutrition research, particularly with regard to women's health issues including breast cancer.

H. pylori—The committee encourages the

Institute to join in the trans-Institute research effort on H. pylori infection initiated by the National Institute on Diabetes and Digestive and Kidney Diseases and the Office of Research on Minority Health to explore further the connections between this bacteria and gastric cancer.

Environmental justice—NCI is encouraged to work with NIEHS in a collaborative effort in the area of environmental hazards and their disproportionate impact on minority populations.

Kimmel Forms Foundation To Fund Cancer Research

A Philadelphia businessman and philanthropist has formed a new foundation to support cancer prevention and treatment research projects.

Sidney Kimmel, founder and chairman of Jones Apparel Group, announced the formation of the Sidney Kimmel Foundation for Cancer Research.

The foundation intends to donate over $1 million a year to support the research programs of accomplished young investigators who have demonstrated creativity and innovative approaches to cancer research, with an emphasis on basic and translational research and clinical research with novel or innovative treatment strategies.

The foundation has appointed an advisory board of 10 specialists who represent a wide array of cancer research interests, including pharmacology, surgery, pediatrics, radiation biology, immunology, cancer prevention, and other areas, will select the projects to be funded.

Gary Cohen, a medical oncologist and director of the Cancer Center at Greater Baltimore Medical Center, will serve as administrative director of the foundation.

"I am very pleased to have the opportunity to support the most promising and accomplished young investigators in this country who have dedicated their careers to prevent and treat individuals with cancer," Kimmel said in a statement. "Each one of us has either personally, or through a loved one or friend, been exposed to cancer."

Investigators interested in receiving an application to become a Kimmel Scholar may contact Gary Cohen, director, Cancer Center at G.B.M.C., 6569 North Charles St., Suite 205, Baltimore, MD 21204.

Deadline for applications is Dec. 15.

The Sidney Kimmel Foundation for Cancer Research is a division of The Sidney Kimmel Foundation. Since its formation in 1993, the foundation has committed over $35 million to a variety of charitable causes with a focus on healthcare, education and cultural institutions.

Organizations funded include the Philadelphia Heart Institute; Sidney Kimmel Cancer Center, San Diego; Kimmel Cancer Center of Jefferson Medical College, Philadelphia; National Holocaust Museum; and Temple University and Temple University Health Sciences Center, Philadelphia.

Members of the new foundations' advisory board are Joseph Bertino, Memorial Sloan-Kettering Cancer Center; Webster Cavenee, Ludwig Institute, San Diego, CA; Curt Civin, Johns Hopkins Oncology Center; Carlo Croce, Kimmel Cancer Institute, Philadelphia; Judah Folkman, Harvard Medical School; Samuel Hellman, University of Chicago; Waun Ki Hong, M.D. Anderson Cancer Center; Mary-Claire King, University of Washington; Steven Rosenberg, National Cancer Institute; and Ivor Royston, Sidney Kimmel Cancer Center, San Diego.

Lymphoma Foundation Offers One-Year Research Grants

The Lymphoma Research Foundation of America is accepting requests for applications for medical grants for the fiscal year July 1, 1997 to June 30, 1998.

Awards for up to $35,000 per year for salary (including fringe benefits) are available for researchers working on lymphoma-specific studies.

Applicants must hold a Ph.D., M.D. or equivalent degree. An M.D. applicant must be at least a third-year fellow. Applications must be postmarked on or before Nov. 18.

The foundation funds research projects submitted by individuals associated with accredited academic institutions, JCAHO accredited research hospitals, and other research organizations which have national or international reputations for excellence.

Funding requests are reviewed by a medical advisory board comprised of experts in the field of lymphomas and related diseases. The Board of Directors of the foundation makes the final funding decisions. The period of each grant is one year.

Inquiries: Lymphoma Research Foundation, 8800 Venice Blvd., Suite 207, Los Angeles, CA 90034, tel: 310/204-7040, fax: 310/204-7043.