THE CANCER LETTER FAX

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Senate Committee Proposes $100 Million DOD Prostate Cancer Research Program

A Department of Defense appropriations bill scheduled for floor vote in the Senate later this week proposes establishing a $100 million prostate cancer research program that would be administered by the U.S. Army.

Sen. Mark Hatfield (R-OR) offered the amendment adding the prostate cancer funds June 20, during the Senate Appropriations Committee markup of the bill.

The $100 million would be reallocated from funding for weapons

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In Brief

Susan Braun Named CEO, Komen Foundation; NCCF Research Fellowship Honors Norman

SUSAN BRAUN has been appointed chief executive officer of the Susan G. Komen Breast Cancer Foundation, based in Dallas. Braun was director of marketing and strategic planning for Bristol-Myers Squibb Co. Braun served as a volunteer on the foundation's Race for the Cure committees. "Susan's commitment to the fight against breast cancer is both personal and professional and the Komen Foundation will benefit from her energy and knowledge," said Peggy Johnson, chairman of the board of the foundation. Braun also has worked in volunteer capacities with other organizations, including the National Coalition for Cancer Survivorship, the American Society of Clinical Oncology and the Industries Coalition Against Cancer. . . . **NATIONAL CHILDHOOD** Cancer Foundation has created a new research fellowship in honor of golf professional **Greg Norman** and his wife Laura, members of the NCCF board. The first fellow, **Kelly Maloney**, will begin work at the Children's Hospital in Denver. Nominations are being solicited from Children's Cancer Group institutions for the second two-year fellowship, to begin next year. . . . **CHILDREN'S CANCER GROUP** celebrated its 40th anniversary at its June meeting in Vancouver. CCG was organized in 1955 as the Acute Leukemia Chemotherapy Cooperative Study Group A. Over 800 members from 115 childhood cancer treatment and research institutions devoted a day of their regular meeting to recognize scientific accomplishments of the past 40 years. The event honored founding CCG chairman **Joseph Burchenal**, and former chairmen **M. Lois Murphy**, and **G. Denman Hammond**. . . . **MARSHALL LICHTMAN** has been appointed executive vice president for research and medical affairs, Leukemia Society of America. Lichtman is a professor of medicine and biophysics, University of Rochester School of Medicine and Dentistry.

DOD Prostate Cancer Program Would Exceed NCI's By $29M

(Continued from page 1)

programs that the Pentagon had not requested. The bill also includes $150 million to continue the Army Breast Cancer Research Program.

The bill would provide $244.6 billion to DOD for fiscal year 1997, about $11 billion more than the Clinton Administration requested. President Clinton is opposed to the additional $11 billion and is expected to veto the bill, sources said.

The House has passed its version of the defense appropriations legislation, which does not include the prostate cancer funding provision similar to Hatfield's. House and Senate conference negotiations on the bills would determine whether the provision is included in the bill that would be sent to the White House.

If the funding is enacted and signed into law, the Army's budget for prostate cancer research would surpass that of NCI. The Institute plans to spend about $71 million on prostate cancer research in the current fiscal year.

CaP CURE's Influence?

Hatfield's interest in prostate cancer research stemmed from reading a profile of Intel Corp. chairman Andrew Grove in Fortune magazine, according to a Hatfield staff member.

Grove, a prostate cancer survivor, is a board member of the Association for the Cure of Cancer of the Prostate (CaP CURE). CaP CURE founder Michael Milken hired the Washington firm Cassidy and Associates recently to lobby for increasing funding for cancer research.

According to sources who were involved in discussions with CaP CURE, Milken's goal in hiring Cassidy was to secure a $100 million appropriation for prostate cancer.

However, Hatfield staff members said Milken's lobbyists played no role in the Senator's decision to amend the DOD bill.

"Sen. Hatfield has a strong interest in medical research and would like to see this country spend money on true national defense, which is medical research, rather than weapons systems," Ken Hart, a spokesman for Hatfield, said to **The Cancer Letter**. "There was no organized campaign, no grass-roots effort that I know of."

Hatfield's amendment added $93 million to an existing $7 million program for prostate cancer research. The $7 million is intended for an intramural research program at the Uniformed Services University of the Health Sciences and Walter Reed Army Medical Center.

"It was very last-minute," Hart said. "He made one phone call, and the account was increased from $7 million to $100 million."

The phone call was to Sen. Ted Stevens (R-AK), chairman of the Senate Appropriations Subcommittee on Defense, a prostate cancer survivor, and an honorary CaP CURE board member.

The $93 million would provide for a "peer reviewed prostate cancer research program" administered by the Army's Medical Research and Materiel Command, based at Fort Detrick, MD. The unit administers the existing Army Breast Cancer Research Program.

Michael Reese, a spokesman for CaP CURE, said the organization had sought funding for prostate cancer research through the DOD appropriations. "This is a first step in a long campaign effort," Reese said. "We are going after many pots in various departments and this is just one of them.

"What Michael Milken embarked on is more funding for cancer research overall," Reese said. "While we are certainly gratified that some members of Congress have seen fit to earmark money for prostate cancer, we still feel strongly that there needs to be more money for all cancers."

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Hamilton Jordan, a CaP CURE board member, said CaP CURE was just one organization lobbying for the funds. "A lot of people were working on this," Jordan said. "We've been trying to work on cancer research funding broadly, not just on prostate cancer, but we are glad when they increase money for any kind of cancer."

Jordan said he did not know which other organizations were involved. "I don't know the details," he said. "I think a lot of people have been working on these things."

Us Too, the prostate cancer support group network, has lobbied since early 1995 for a prostate cancer research program through DOD, said Hank Porterfield, chairman and CEO of Us Too.

The group was instrumental is designing three unsuccessful bills over the past year to increase prostate cancer research funding, Porterfield said.

"This is the culmination of our efforts for a long time," Porterfield said to **The Cancer Letter**.

Stevens is a board member and honorary chairman of Us Too. However, the group has not had contact with Hatfield, Porterfield said.

"That's how it happens," Porterfield said. "You work and you work, then all of a sudden, out the hearts of good men, come great things.

"Prostate cancer is suddenly being recognized as the leading cancer among men," he said. "This $100 million is very important, and we're pleased with it."

DOD: "Another Cancer Institute?"

Other cancer patient advocates cautioned that in order for the funds to be put to the best use, the Army would need to build a solid research agenda.

The model should be the Action Plan on Breast Cancer, developed by the National Breast Cancer Coalition and HHS, said Ellen Stovall, executive director of the National Coalition for Cancer Survivorship. The Action Plan guides the grantmaking of the Army's Breast Cancer Research Program.

"Simply earmarking money without a plan for how the money could be spent is problematic," Stovall said. "The breast cancer groups worked very hard to write the Action Plan and to work with DOD. Contrary to a lot of skeptics, they have been very successful with it.

"I don't know whether others can be as successful, and it kind of worries me," Stovall said. "Will other cancer advocates begin to view the DOD as another cancer research institute?

"What this suggests to me is that people are frustrated and feel a tremendous need for cancer research funding to get more attention," Stovall said. "The result is a free-for-all out there."

Fran Visco, NBCC president, said the success of the Army breast cancer program created an opportunity for advocates for other cancers to request funding.

"We worked extremely hard over the past several years to develop and continue funding for a very high quality, peer reviewed breast cancer program that is not only well administered, but very well thought out," Visco said. "It was the evolution of this program that resulted from a great deal of hard work that created the atmosphere to allow prostate cancer funding to be considered.

"Our work over the past several years and the power of our grass-roots effort has opened the door," Visco said. "If the prostate cancer program does become reality, we hope that the money will be as well spent as the breast cancer money has been, and that they will continue to build on and learn from our efforts."

DOD's Center for Prostate Cancer Research

Since 1992, Congress has given DOD about $1 million to $2 million a year to continue a prostate cancer research program at the Uniformed Services University.

The funds came about because several members of Congress received surgery for prostate cancer at Walter Reed, sources said.

Last year, Congress increased the funding to $6 million, which has not yet been transferred to the university, said Lt. Col. Judd Moul, associate professor of surgery at USUHS and director of the Center for Prostate Disease Research.

"I'm an advocate for prostate cancer research, and I'm happy to see prostate cancer get the attention it deserves," Moul said. "Whether there are enough qualified researchers out there to utilize the money wisely, that's a concern."

Moul said the center he directs contains a molecular biology lab and a database of comprehensive information on 2,500 prostate cancer patients treated at Walter Reed. Plans are to expand the data collection to other military hospitals, he said.

"We are the 'intramural' prostate cancer researchers within DOD," Moul said. "I have no idea

whether [the Army] will consult with us to help set up a program for the $93 million. I would imagine that it would be handled in a similar manner as the breast cancer money."

The New England Journal of Medicine plans to publish in August an article by the USUHS researchers on prostate cancer screening using the PSA test of African-American men in the military, Moul said.

"In the military health system, there is no lack of access to health care or insurance, so we can begin to sort out issues of behavior," Moul said. "We have good compliance, a racially diverse population, and a good followup rate.

"We're providing a lot of bang for the buck," he said.

NCI RFP Available

Title: Drug Development Support for the Cancer Therapy Evaluation Program
Deadline: Approximately July 19

One five-year incrementally funded contract is expected to be awarded in order to assist CTEP, in the NCI Division of Cancer Treatment, Diagnosis and Centers. The government's requirement is 27 FTEs per year totaling 135 FTEs over the five-year period. This is a 100 percent set-aside for small business concerns with SIC code 7375.

The contractor shall provide support for a wide range of services related to CTEP's responsibilities. To help the Investigational Drug Branch fulfill its responsibilities as an IND drug sponsor, the contractor shall provide support for investigational agent development and clinical research information management. The contractor shall be responsible for information and data collection, compilation, maintenance and retrieval, technical report and manuscript preparation, monitoring of clinical activities, administrative coordination, and general logistical support, particularly in the area of investigational agents. The contractor shall maintain up-to-date project plans and databases relating to various aspects of drug development. To assist the Regulatory Affairs Branch in fulfilling its responsibilities as an IND sponsor, the contractor shall provide assistance in writing and organizing IND applications. The contractor shall make copies of IND submissions and deliver them to FDA. The contractor shall maintain existing databases for Adverse Event Reports for commercial and investigational agents. The contractor shall maintain additional databases for FDA communications tracking, CRADAS, and clinical trials agreements, as well as IND status.

Inquiries: Todd Cole, contract specialist, NCI, RCB, TCS, 6120 Executive Blvd. EPS Rm 603, Bethesda, MD 20892-7220, tel: 301/496-8620, fax: 301/402-6699.

ORI Misconduct Findings Announced In Two Cases

The HHS Office of Research Integrity (ORI) has made final findings of scientific misconduct in the following cases:

—Robert J. Altman, University of California at San Francisco: Based on an investigation conducted by the institution as well as information obtained by ORI during its oversight review, ORI found that Altman, a research fellow, Department of Obstetrics, Gynecology, and Reproductive Sciences, UCSF, committed scientific misconduct by fabricating and falsifying data in research supported by two National Institutes of Health grants.

Altman fabricated an experiment related to an ovarian cell line injected intraperitoneally into 12 nude mice, ORI found. The resulting data were reported in (1) a manuscript in page proof entitled "Inhibiting vascular endothelial growth factor arrests growth of ovarian cancer in an intraperitoneal model" (Journal of the National Cancer Institute); (2) a manuscript entitled "Vascular endothelial growth factor is essential for human ovarian carcinoma growth in vivo," submitted to the Journal of Clinical Investigation; and (3) a published abstract entitled "Vascular endothelial growth factor is essential for ovarian cancer growth in vivo" (Society for Gynecologic Investigation, abstract #079).

Further, in the JCI manuscript, Altman (1) falsified the number of subjects with ovarian tumors from whom he obtained sections of tissue for examination of the expression of vascular endothelial growth factor (VEGF) purportedly by both in situ hybridization and immunohistochemistry, and (2) falsely reported that VEGF expression was examined by in situ hybridization and immunohistochemistry in papillary serous- (n=7) and mucinous- (n=5) cystadenocarcinomas, when the number of surgical cases involving papillary serous tumors was four and the number of mucinous tumors was zero. Altman examined VEGF expression in only three papillary serous tumor specimens, one specimen both in situ and by immunohistochemistry and the remaining two solely by immunohistochemistry.

Altman has voluntarily agreed to exclude himself for three years from any contracting or subcontracting with any government agency and from eligibility for, or involvement in, nonprocurement transactions (grants and cooperative agreements), and

serving in any advisory capacity to the Public Health Service.

The voluntary exclusion shall not apply to Altman's future training or practice of clinical medicine whether as a medical student, resident, fellow, or licensed practitioner, as the case may be, unless that practice involves research or research training, ORI said.

—Vipin Kumar, California Institute of Technology: Based upon a report forwarded to ORI by the California Institute of Technology dated January 10, 1991, as well as information obtained by ORI during its oversight review, ORI found that Kumar, formerly a scientist at CIT, engaged in scientific misconduct in biomedical research supported by PHS funds.

ORI found that Kumar committed scientific misconduct by falsifying and/or fabricating Figures 2a and 2b in a scientific paper published in the Journal of Experimental Medicine, 170:2183-2188 (1989) (JEM paper). ORI accepted the CIT conclusion that Kumar freely admitted that he mislabeled the lanes in Figures 2a and 2b, which are labeled to indicate they represent the results of research from different DNA samples when in fact a number of lanes are duplicates. CIT concluded in its report that the "deliberate presentation of duplications of one experiment which are labeled to indicate they came from separate DNA samples deceives the reader as to the real source of the DNA in the experiment, where the central point of the experiment is the similarity of results among different sources." ORI also accepted the CIT conclusion that Kumar presented Figure 2c of the JEM paper "in a very misleading fashion." The central observation of the JEM paper is that both alleles of the alpha chain of the T-cell receptor gene are frequently rearranged. This conclusion was based, in part, on Figure 2c, which CIT found had been labeled in a misleading fashion that led the reader to believe that the heavy band at the top of the blot was an 8kb restriction fragment (i.e., representing an internal control) rather than undigested material that failed to enter the gel. Examination of the original film indicates that there was no evidence that the second alpha-chain rearranges in mature T-cells. Thus, ORI further accepted the CIT conclusion that Figure 2 was intentionally falsified and/or fabricated and that, as a result, "one of the main scientific results of this paper was not substantiated by the original data."

In addition, ORI found that Kumar committed scientific misconduct by falsifying and/or fabricating Figure 5b of a manuscript that was submitted for publication to the journal Cell (Cell manuscript), but was later withdrawn. ORI accepted the CIT conclusion that lanes 6, 7 and 8 of Figure 5b are the same as lanes 11, 12 and 13, respectively, even though they are labeled as being from different samples. ORI also accepted the CIT conclusion that Kumar made a number of other materially misleading statements in the Cell manuscript that were not supported by the primary data. For example, CIT concluded that Kumar made a number of materially misleading statements about the age of mice and the timing of the injection of peptides into these mice in a paper published in the Proceedings of the National Academy of Sciences, 87:1337-1341 (1990) (PNAS paper). This information is material because induction of the disease studied (i.e., allergic encephalomyelitis) is dependent upon the age of the mice.

Based upon the findings of scientific misconduct in the CIT report, the JEM and PNAS papers were retracted prior to ORI's findings in this case.

ORI and Kumar agreed to resolve the case through a negotiated settlement and limited voluntary exclusion agreement, which the parties agreed shall not be construed as an admission of liability or wrongdoing on the part of Kumar.

Kumar plans to submit a letter to ORI in which he summarizes his response to ORI's findings. Kumar has agreed to exclude himself voluntarily from serving in any advisory capacity to the PHS for three years. Kumar has also agreed to exclude himself voluntarily, for a period of 18 months, from any contracting or subcontracting with any government agency and from eligibility for, or involvement in, nonprocurement transactions (grants and cooperative agreements). However, this provision will not apply to a currently pending PHS grant application involving Kumar.

In addition, any institution that uses Kumar in any capacity on PHS supported research must concurrently submit a plan for supervision of Kumar's duties, designed to ensure the scientific integrity of Kumar's research, for a period of three years. Similarly, any institution employing Kumar must submit, in conjunction with each application for PHS funds or report of PHS funded research in which Kumar is involved, a certification that the data provided by Kumar are based on actual experiments or are otherwise legitimately derived and that the data,

procedures and methodology are accurately reported in the application or research report, for a period of three years.

NIH Describes Peer Review Rebuttal, Appeal Processes

From the July 5 edition of the "NIH Guide to Grants and Contracts":

NIH provides an applicant who feels that some aspect of the handling or peer review of his/her grant application has been inappropriate, biased, or wrong with two sequential opportunities, respectively referred to as "rebuttals" and "appeals," to have his/her concerns addressed.

The first opportunity, or rebuttal, is available after the applicant has received the summary statement that documents the results of the initial review of the application's scientific and/or technical merit. The applicant should submit a detailed letter rebutting the review, not to the Scientific Review Administrator of the initial review group that reviewed the application, but to the Program Administrator of the relevant NIH Institute/Center (IC) who is responsible for the application. If the letter is judged to be a rebuttal and not simply a communication providing additional information, it will usually be made available to the IC's National Advisory Council/Board for consideration, if the IC staff cannot handle the concerns administratively. If the Council takes a specific action on the rebuttal, and if the Council deems that the applicant's objections have merit, it may recommend that the application be deferred and rereviewed. However, if the Council does not recommend deferral and rereview but concurs with the initial review and deems that it should stand, then the applicant has a second opportunity to have his/her concerns heard, by submitting a formal appeal of the Council's decision.

"The PI and the applicant institution, represented by the institutional official authorized to sign applications, must jointly sign an appeal and send it to the NIH Peer Review Appeals Officer. The official representative's signature indicates that the applicant institution endorses both the form and substance of the appeal" (NIH Manual Chapter 4518). The appeal letter must explain fully the reasons for the disagreement, append supporting documentation, and be sent to: NIH Appeals Officer, Office of the Director, National Institutes of Health, 6701 Rockledge Drive, Room 6192, Bethesda, MD 20892.

Two points that are important for applicants considering an appeal to weigh for themselves concern the possible outcomes and the timing of the appeal process. The most favorable possible outcome for an applicant in an appeal case can only be a decision that the application in question be rereviewed, since appeals cases examine only whether there were any flaws in the peer review process. The other possible outcome is that the review of the application was not substantially flawed and any minor flaws in the review did not affect the recommendation regarding the application. In that case, the review would stand and the application would not be rereviewed. As the conduct of an appeal case involves several steps of process and review, it may take at least four months (or one review cycle) to complete. Thus, given the possible outcomes and the timing of the appeal process, an applicant may wish to consider whether deficiencies in the review of his/her application were substantive enough to have had a major deleterious effect on the review of the application and, if not, to revise and resubmit it instead.

Applicant concerns about the acceptance for review, responsiveness to a Request for Applications, other receipt issues, or the referral of their application, when submitted prior to the initial review, are entirely the responsibility of the Division of Research Grants or of the IC assigned to review the application (as indicated on the computer-generated notice of assignments sent to applicants). This DRG or IC process also provides two opportunities (both of which are internal to either the DRG or the IC) for applicant concerns to be addressed.

Decisions regarding the funding of applications, as they are actions that are external to the peer review process, may not be appealed.

Inquiries: For additional information about the peer review rebuttal and appeal processes or to discuss a particular matter, contact the NIH Appeal Officer, Dr. Janet Cuca, at 301/435-2691 or email: cucaj@odrockm1.od.nih.gov.

NCI Contract Awards

Title: Surveillance, Epidemiology and Ends Results Program

Contractors: Emory University, $13,619,929; University of Iowa, $22,274,640; Fred Hutchinson Cancer Research Center, $16,706,817.