

THE

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FAX

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National Academy Of Sciences To Form Cancer Policy Board At NCI's Request

Responding to a request by NCI, the National Academy of Sciences plans to form an independent board that would provide advice on cancer policy issues.

The Institute asked the Academy to form the board in response to a Congressional recommendation, NCI Director Richard Klausner said.

The House Appropriations Committee last year asked NCI to re-establish coordination of the National Cancer Program, the program of federal and non-federal efforts in cancer research, treatment and control

(Continued to page 2)

In Brief

Emory Univ. Receives \$295 Million Endowment; Winship Cancer Center To Get Half Of Income

EMORY UNIVERSITY'S Robert W. Woodruff Health Sciences Center received an endowment consisting of \$295 million in Coca-Cola Co. stock from the Woodruff family foundations, university officials said. At least half of the income generated by the endowment will go to the Winship Cancer Center. Next year alone, the cancer center's share of the proceeds will be at least \$1.8 million, said **Howard Ozer**, director of the cancer center. "Obviously, we want to make Emory the very best in the country," said Ozer. "Recruitment of basic and clinical investigators who are at the very top of national reputation is our primary goal." The gift was made jointly by the Woodruff Foundation, the Joseph P. Whitehead Foundation and the Lettie Pate Evans Foundation. . . . **FOUR MEDICAL SCIENTISTS** were named recipients of the 9th annual City of Medicine Awards presented in Durham, NC. The winners are **Alfred Knudson**, geneticist at Fox Chase Cancer Center; **Kenneth Olden**, director, National Institute of Environmental Health Sciences; **Joan Steitz**, scientist at Yale University; and **Eng Tan**, director of the W.M. Keck Autoimmune Disease Center, Scripps Research Institute. Each receives \$5,000 and a crystal sculpture. The awards are given annually by the City of Medicine, a program based in Durham. . . . **SAM SOROF**, 74, a protein biochemist at Fox Chase Cancer Center, died Aug. 4 at his home in Huntingdon Valley, PA. He had lymphoma for more than 16 years. Sorof joined Fox Chase in 1952 following a postdoctoral fellowship at NCI. His work dealt with the interaction of cancer-causing chemicals and their target proteins in liver cancer cells from rats. He is survived by his wife, Phyllis; a son, Jonathan, of Houston; a daughter, Lauren, of New York City; and a sister, Marsha,

(Continued to page 8)

Prostate Cancer
Patient Groups
Consider Formation
Of Coalition Using
The "NBCC Model"

. . . Page 4

Data Collection
Completed In NCI
Study of BRCA1

. . . Page 7

Science Fellowships
Available; Grants For
Former Soviet Scientists

. . . Page 8

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Policy Board Needed To Tackle Difficult Issues, Klausner Says

(Continued from page 1)

as originally envisioned by the National Cancer Act of 1971 (**The Cancer Letter**, Aug. 4, 1995).

Members of the two top advisory committees to NCI have said repeatedly that their committees, the President's Cancer Panel and the National Cancer Advisory Board, are unsuited for conducting expert studies of national cancer policy issues. Since the advisory groups are not independent, their recommendations are sometimes viewed as politically or institutionally motivated.

The new entity, proposed to be called the National Cancer Policy Board, would bring together representatives from federal agencies, academia, cancer care providers, professional organizations, and patient advocacy groups.

The new board will operate under the auspices of the Academy, Klausner said at the Aug. 7 meeting of the NCI Board of Scientific Advisors.

"We believe that the issues that the National Cancer Program needs to confront vis-à-vis major societal issues, require some forum that can produce some useful advice, guidelines, or recommendations, independent of the constraints of a particular federal agency, a particular advocacy group, or a particular set of interests in the National Cancer Program," Klausner said to the BSA.

"[The Academy board] will be widely representative of all the stakeholders in the National Cancer Program," Klausner said. "It will be independent, establish its own agenda, as a neutral forum in which issues—especially policy issues that are of import to the National Cancer Program—can be discussed, and where recommendations can be made.

"This will bring us together to address pressing issues that are otherwise difficult to address for structural reasons, for political reasons, for institutional reasons, within any one of the organizations that make up the National Cancer Program," Klausner said.

"This will be a roof under which all of us can gather as individuals to deal with issues such as standards of care, cancer control policy issues, insurance and privacy issues, payment for clinical trials, standards of clinical trials, manpower needs, informational, educational needs, environmental/occupational policy in cancer, smoking policy, etc.," Klausner said.

NCI Contract Would Fund Board's Formation

The governing boards of the Academy's National Research Council and the Institute of Medicine approved the formation of the board on July 18, according to an NAS spokesman.

The NRC and the IOM regularly convene both standing committees and short-term study groups for federal agencies, said Robert Cook-Deegan, a senior program officer in the IOM.

Examples include the Space Studies Board, Transportation Research Board, the Government-University-Industry Research Roundtable, and the Board on Radiation Research Effects.

NCI plans to issue a contract to the Academy for the board's formation, most likely for a three-year period, said Cook-Deegan, who has been assigned to provide staff support for the new board.

Other federal agencies with interests in cancer issues could be asked to help support the board, Cook-Deegan said. The board would also seek support from foundations and other organizations.

Under the Academy's rules, funding by for-profit companies could not exceed 49 percent of the board's budget, he said.

Approximately 20 board members would be selected by the IOM and the NRC, Cook-Deegan said. Soon after the contract is issued, the Academy would



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publicly solicit nominations, as well as ideas for topics the board should address, he said.

Idea Grew From NCAB Subcommittee Report

The idea for an independent cancer policy board functioning outside NCI stems from the 1994 report of the National Cancer Advisory Board's Subcommittee to Evaluate the National Cancer Program, said Paul Calabresi, chairman of the subcommittee and a member of the President's Cancer Panel.

The report was issued prior to Klausner's appointment as NCI director in August 1995, but Klausner expressed support for the findings, Calabresi said.

According to the report, "Cancer at a Crossroads," better coordination of the work of federal agencies, non-profit groups, and private organizations is necessary to reduce the burden of cancer (**The Cancer Letter**, Oct. 7, 1994).

The report did not say who should coordinate the cancer program. Subcommittee members said further study was necessary. Although the Cancer Act originally envisioned the NCI director to act as the coordinator of the entire cancer program, bureaucratic and political constraints make that impossible, Calabresi said.

"It was clear to us that no one person could coordinate the National Cancer Program," Calabresi said to **The Cancer Letter**. Similarly, NCI's existing advisory groups, because they are within the Institute, do not have the authority to speak for the entire cancer program, he said.

"We've seen many flaws over the past several years in our attempts to deal with issues such as screening mammography, gene testing, or clinical trials," said Calabresi, who served on the NCAB prior to his appointment to the Cancer Panel.

The President's Cancer Panel, comprised of three members appointed by the President, has a budget that supports only four one-day meetings per year, Calabresi said. The panel is charged with alerting the President to obstacles in cancer research, treatment and control.

"The Cancer Panel has a limited scope in both funding and people, and the NCAB has a different mission of overseeing NCI," Calabresi said. "We thought there should be another body, and Dr. Klausner's suggestion was that this be outside of government. The model that came to mind was the

National Academy of Sciences."

The policy board would have a broad base of expertise, as well as financial support, to study the complicated issues that confront the cancer program, Calabresi said. "We would hope that once these studies are done, they would be filtered through the Cancer Panel and the NCAB," he said.

"It's an exciting venture, its a new direction," Calabresi said.

Stronger Voice For Cancer Program

John Durant, executive vice president of the American Society for Clinical Oncology, and a former NCAB member, said the policy board would give the cancer program a stronger, more authoritative voice.

"This is a creative, clever idea," Durant said to **The Cancer Letter**. "This group will have the full weight and power of the National Academy. The public and the Congress is highly likely to pay attention and do something with an opinion rendered by the National Academy. Dr. Klausner has made another good step in a series of good steps."

Durant said the President's Cancer Panel has not been an effective voice because its authority depends on the panel members' ties to the White House.

What's more, NCI should not render opinions on national cancer policy issues because the Institute's mission is cancer research, Durant said. "NCI has gotten into the position of making pronouncements about the best forms of cancer care, which has obscured its mission of sponsoring the best research," he said. "When the Institute has gotten into disputations over its pronouncements, it has not been good for the cancer community.

"I think [the policy board] will be able to generate more clout, and help get the Cancer Institute out of the middle of some circumstances where it never belonged in the first place," Durant said.

The American Cancer Society, too, is a supporter of the creation of the policy board, said Harmon Eyre, ACS executive vice president for research and cancer

Two-Week Publishing Break Scheduled For Cancer Letter

Publication of **The Cancer Letter** will be suspended for the next two weeks while the staff takes its annual summer break.

The next issue of **The Cancer Letter**, Vol. 22, No. 34, will be dated Sept. 6.

control. "We have expressed our support to Dr. Klausner for this concept, with the hope that this will have a positive impact on the National Cancer Program and facilitate communication and coordination among the different entities, federal, state, private, and not-for-profit voluntary agencies," Eyre said to **The Cancer Letter**.

"The National Cancer Act, when it was passed, dictated that the NCI director is the coordinator of the National Cancer Program, but it has become clear that the NCI director can't tell the Department of Defense what to do in cancer, can't tell the Centers for Disease Control what to do in cancer, and can't tell the Health Care Financing Administration what to do in cancer," Eyre said. "The role of the President's Cancer Panel, in my judgment, has varied. If the chairman has not been intimately connected with the President, it has had less authority.

"The policy board, depending upon its membership, has the potential for being widely accepted," Eyre said.

Prostate Cancer Advocates Consider Coalition Modeled On Breast Cancer Movement

Jane Reese-Coulbourne is still surprised by the standing ovation she received at a recent meeting of the leaders of prostate cancer advocacy groups.

"I'd given that speech many times," said Reese-Coulbourne, executive vice president of the National Breast Cancer Coalition. "I walked in and said, here is what we did. I had pictures. I told anecdotes. I gave them a feel for how it could be."

While breast cancer advocates were constructing what could be the most effective organization in cancer politics, men with prostate cancer remained politically dormant. Now, five years after the formation of NBCC, prostate cancer survivors are finding inspiration in the breast cancer movement. More importantly, the men are adopting NBCC strategies.

The aim of the meeting Reese-Coulbourne addressed July 20 was the formation of an umbrella group tentatively called the "National Prostate Cancer Coalition."

On Aug. 18, a steering committee of prostate cancer advocates is scheduled to meet again, to devise the structure of the coalition, map out its political strategy, and to determine how to unite the disparate

political factions in prostate cancer.

As much as the men would like to follow the breast cancer model, it is apparent that at least in embryonic stage, the prostate cancer coalition is very different from NBCC.

The breast cancer coalition emerged as a grassroots organization of women who first became politicized at protests against the Vietnam war and in the women's movement.

The prostate cancer group, by contrast, is being started under an unrestricted educational grant from Zeneca Pharmaceuticals and with the organizational help from the American Foundation for Urologic Disease, a patient-oriented group founded 10 years ago by the American Urological Association.

Zeneca's products include Zoladex, a hormonal treatment for prostate cancer.

Since prostate cancer usually afflicts an older population, prostate cancer activists would be a generation older—and carrying a very different cultural baggage—than their counterparts at NBCC.

Wisdom of Solomon

"We were brought up with that John Wayne mentality that illness is a sign of weakness, so you didn't admit to it," said Robert Samuels, a retired banker and civil rights activist who has emerged as a likely leader of the prostate cancer coalition.

Samuels, who founded a prostate cancer education service in Tampa, said he did not seek to lead the emerging coalition when he departed for a "preliminary task force meeting" near Dallas last month.

Now, Samuels is considering his impending role of forming a coalition and keeping it together.

"It's going to require the wisdom of Solomon to try to get us all focused on the same objective," said Samuels, chairman of the interim steering committee for the emerging group.

Indeed, the politics of prostate cancer unfold on a dizzying number of fronts:

National umbrella groups of prostate cancer organizations are competing for constituencies among support groups that have sprung up all over the US. Advocates of PSA testing are locked in battle with those who express reservations about the test and how it should be interpreted. Urologists are competing with radiotherapists and oncologists. Debates rage over the value of radical prostatectomy. Believers in cryosurgery and radiotherapy are

challenging believers in the virtues of cutting.

The stakes are high, the egos big, and the opportunities great.

In this environment, AFUD and Zeneca have undertaken an ambitious effort to jump-start the prostate cancer political advocacy movement, setting it on the course similar to one charted by NBCC.

Once the coalition becomes functional, AFUD and the sponsors will recede from the scene, said Thomas Bruckman, AFUD executive director.

“A year from now, the National Prostate Cancer Coalition is going to be an independent organization with offices in Washington, DC,” Bruckman said to **The Cancer Letter**. “It will employ a full-time staff. It will have a strategic plan to eradicate prostate cancer as a threat to men.

“I don’t want it as a branch of AFUD,” Bruckman said. “I will take a great deal of pride in saying we helped to get this thing launched. But it has to be independent, and it has to have a grassroots base.”

By following what he described as the “NBCC Model,” the prostate cancer coalition would be able to hit the ground running, Bruckman said.

“We think we can adapt the pieces of their model that we think work best to our way of doing things, and move quickly through the formative stages,” Bruckman said.

To make that possible, AFUD obtained funding from Zeneca, and brought together 60 patient leaders representing 10 prostate cancer groups at Las Colinas, TX, a resort near Dallas.

Speakers at the meeting included Reese-Coulbourne, NCI Director Richard Klausner, and Johns Hopkins University scientist Don Coffey, president of the Association for the Advancement of Cancer Research.

By the time the meeting was over, the majority of participants agreed that a coalition would be needed, and that an interim steering committee headed by Samuels would determine its structure and its charter.

The group’s founders also agreed to meet again on Aug. 18, following the Prostate Cancer Public Forum in Buena Park, CA, near Los Angeles.

In an interview, Bruckman declined to disclose the size of the grant from Zeneca. “It’s gone,” he said. “The money that’s been there for the conference has been spent on the conference. Now, the survivors have to find a way to keep this going..

“NPCC has \$1,050 in the checking account,” he said.

Genuine Independence

Observing the debates at Las Colinas gave NBCC’s Reese-Coulbourne a curious opportunity to compare the beginnings of the prostate cancer group and the beginnings of NBCC.

“They were struggling with what they want to do and how they want to do it,” Reese-Coulbourne said. “They are in the process of setting the boundaries.”

The initial meetings of NBCC were different.

“We formulated our mission and our goals back when we knew nothing,” she said. “Now, we still have the same mission and the same goals.”

In her remarks to the group, Reese-Coulbourne said one of the keys to the success of NBCC was that it was completely and unquestionably patient-driven.

“We have not been backed by a pharmaceutical company,” she said. “We are not run by medical people. We are run by patients, and we have a different perspective because of that.”

Reese-Coulbourne and others agree that the prostate cancer coalition’s success may be determined by how quickly its own agenda would supplant those of Zeneca and AFUD.

There is no question that prostate cancer groups should form a coalition, said Henry Porterfield, chairman of US-TOO, a national network of prostate cancer support groups.

“I don’t think the proposed coalition will succeed unless it is run by survivors,” said Porterfield, who took part in the July 20 meeting. “The only possibility of it succeeding is if we can get it directed in such a way that it is survivor-driven.”

Frederick Mills, an activist with a newly formed group called the National Coalition for Prostate Cancer Patients, said he left the Las Colinas meeting with the understanding that both the name and the structure of the new group remained to be finalized.

“We are still in the interim phase,” said Mills, who is assisting Samuels in solidifying plans for the coalition.

In separate interviews, Mills and Porterfield and several other participants said they were surprised by the wording of a press release put out by AFUD on July 25:

“A newly formed army of prostate cancer patients, advocates and supporting organizations, the National Prostate Cancer Coalition, was created this weekend at a major meeting in Las Colinas, TX,” the press release stated.

In another press release, CoMed Communications

Inc., a public relations firm hired by Zeneca, said that it “applauded the successful launch of the National Prostate Cancer Coalition.” The press release identified CoMed as “one of Philadelphia’s leading health care communications companies.”

The announcements and the congratulations were premature, several participants of the meeting said.

“The coalition does not exist until it is identified by its steering committee and approved by the majority of the people present at the preliminary task force meeting,” said Porterfield.

White Polo Shirts

Zeneca officials apparently saw it differently. On Aug. 13, members of the interim steering committee for the coalition received packages containing white polo shirts emblazoned with the group’s interim name: National Prostate Cancer Coalition.

The gift was accompanied with a letter from a Zeneca Pharmaceuticals official. “We thought that you might enjoy the enclosed polo shirt to wear at the Buena Park meeting... in order to promote NPCC,” wrote Mark Reisenauer, product promotions manager at Zeneca.

“I am not going to be wearing my white polo shirt,” Mills said to **The Cancer Letter**. “Sending out a polo shirt sends an inappropriate message when the steering committee is yet to come to grips with the organizational issues, including finalizing the name, the structure and the mission of the organization.”

Critics point out that the press releases and polo shirts add excessive hype to a group that agreed only on one resolution, which stated that “the mission and the goals of [the coalition] are still to be determined,” and pledged “to support the development and implementation of such a coalition.”

Ed Kaps, a founder and former board member of US-TOO, who now serves on the AFUD board, said the press releases stemmed from “excitement” on the part of Zeneca and the meeting’s organizers.

“They are so excited that this is finally going to be reality that they may have acted too soon,” Kaps said to **The Cancer Letter**. “You can’t fault them because they are as excited as they are. How can you fault somebody for being excited?”

AFUD’s Bruckman said his group was not attempting to hype the story.

“I don’t care what we call it,” he said. “I think a number of us have assumed that it’s going to be called the National Prostate Cancer Coalition. If the steering

committee decides to change it, then we are going to support that decision.”

Zeneca’s polo shirts caused no damage, either, Bruckman said. “I applaud Zeneca’s enthusiasm,” he said. “If the coalition ends up printing new polo shirts in two weeks, then so be it.”

Samuels Wasn't Seeking Responsibility

Samuels, the coalition’s likely leader, said he did not go to last month’s meeting to take on additional responsibility.

“If anything, I retired early to give up responsibility,” he said to **The Cancer Letter**. “I guess the Good Lord gave me prostate cancer, because I have something to contribute as an organizer.”

The coalition will be the second national group to be organized by Samuels, who retired four years ago as a vice president of Manufacturers Hanover Trust. Early in his career, 28 years ago, he founded the National Association of Urban Bankers, a group that addresses minority issues in the banking industry.

“It was a delicate situation, getting a number of people in different locations to agree on a common objective,” Samuels said of that effort. “But we were able to pull it together.” Now the association has 55 chapters, and every year it hands out a “Robert J. Samuels Founder’s Award.”

Since being diagnosed two years ago, Samuels founded the Tampa Bay Men’s Cancer Project, an organization that has provided prostate cancer information to as many as 10,000 men in central Florida.

“For quite some time, many of us have been talking about the need for a coalition,” Samuels said. “I salute Zeneca and I salute AFUD for making this happen. Someone had to light that spark, but this will be a survivor-driven organization that will be independent and self-sufficient.

“I understand it’s an enormous task, but I am one of those who believe that you can climb mountains,” he said.

As it stands, the steering committee is reviewing the NBCC charter, in an attempt to adapt its applicable portions to the needs of the prostate cancer coalition and mulling over plans that are virtually identical to early actions by NBCC.

Those include starting a petition drive aimed at collecting 317,000 signatures, to match the number of cases of prostate cancer that will be diagnosed in

the US this year, and calling a conference of experts to determine how much money can be usefully spent on prostate cancer research.

As prostate cancer activists are preparing to recreate the journey of NBCC, Reese-Coulbourne is in an unusual position of knowing exactly what lurks around the corner.

“They will have to think about prostate cancer above all their individual agendas,” Reese-Coulbourne said. “I don’t know whether they are willing to do that.”

And if the men succeed at forming a coalition, they should prepare for Challenge No. 2: keeping the coalition together.

“A ton of work goes into pulling together and keeping together,” she said.

Data Collection Completed In DC-Area BRCA1 Study

NCI scientists have completed the data collection phase of a study in the Washington, DC, Jewish community to see if a particular genetic alteration in the first identified breast cancer gene, BRCA1, is associated with an increased risk of cancer.

The recruitment effort, which began on Feb. 26, was complete on April 30. A total of 5,377 volunteers donated a blood sample from a finger-prick and filled out a brief family medical history of cancer. Participants included Jewish men and women over the age of 21, with and without personal or family histories of cancer. The goal was to recruit 3,000-5,000 Ashkenazi Jews (Jews of European descent).

“We are grateful to the enormous support of the Jewish community that allowed us to surpass our goal,” said Jeffery Struewing, principal investigator in NCI’s Genetic Epidemiology Branch. Local organizations helped to set up the test sites and publicize the study, he said.

Analysis of the data has begun and the results are expected to be available by the end of the year. DNA from the blood samples will be tested for specific BRCA1 alterations, including the alteration known as 185delAG.

A preliminary study found that 1 percent of Ashkenazi Jews have this particular mutation, but it is not known to what degree having this mutation increases the chance of getting cancer. Breast, ovarian, prostate, and colon cancers are possibly associated with the alteration.

By comparing the cancer histories of the relatives of persons with the alteration to the histories of the relatives of persons without the alteration, researchers can estimate the cancer risk.

“This study will provide important information that up to now has not been known,” NCI Director Richard Klausner said in a statement. “We need to know whether a person who has an alteration in this gene has an increased risk of cancer, and if so, which kinds of cancer.”

The study is unusual in that volunteers from the general population will be tested for an alteration in a cancer-predisposing gene. Until now, studies of these gene alterations have involved families with a high incidence of cancer throughout several generations of family members.

From these high-risk families, it is estimated that alterations in BRCA1 account for about half of inherited breast cancer, over three quarters of inherited breast/ovarian cancer syndrome, and perhaps some portion of inherited prostate and colon cancer.

The 185delAG is one of over 100 alterations in the BRCA1 gene observed in the high-risk families. In general, each mutation is unique to a particular family. However, a surprising observation made last year was that a large percentage of unrelated high-risk families with the 185delAG alteration were Ashkenazi Jewish.

It was this observation that led Struewing and Lawrence Brody, of the National Center for Human Genome Research, Laboratory of Gene Transfer, to test for the 185delAG alteration in over 800 stored DNA samples from Ashkenazi individuals, previously screened for Tay-Sachs and cystic fibrosis.

The unexpected high frequency of the alteration, 1 percent, was reported in the October issue of *Nature Genetics*. The 1 percent frequency is about eight times higher than the estimated frequency for BRCA1 mutations in the general US population.

Volunteers in the study will not receive their individual results but, if they request, will receive a summary of the overall results of the study.

“If the results show that all people with this alteration have a high risk of cancer, we anticipate that separate follow-up studies will be offered in which participants can receive their test results,” Klausner said. “At that time, participants would receive information and counseling about the implications of the results before they decide whether to take the test.”

Science Fellowships In Japan Available

Through arrangements made with the Fogarty International Center, the Japan Society for the Promotion of Science will award up to 30 short-term fellowships for US researchers in the biomedical and behavioral sciences to pursue collaborative research visits to Japan for periods ranging from seven to sixty days.

Applicants must be U.S. citizens or permanent residents and hold a doctoral degree or equivalent in the biomedical or behavioral sciences. Ph.D. and M.D. candidates who can demonstrate that their collaboration with Japanese colleagues holds exceptional professional promise also may apply. The deadline for receipt of applications is Oct. 1.

Inquiries: Michael Snyder, Fogarty International Center, Bldg 31 Rm B2C11, 31 Center Dr., MSC 2220, Bethesda, MD 20892-2220, tel: 301/496-4784, fax: 301/480-3414, e-mail: snyderm@nih.gov

Grants for US And Former Soviet Union Scientists

Through a program made possible by an award from NIH, the US Civilian Research and Development Foundation for the Newly Independent States of the Former Soviet Union has announced a new competition for grants to support research projects between US scientists and their counterparts in the FSU.

Current NIH grantees and intramural scientists are invited to apply jointly with their counterparts in the FSU. Two-year cooperative grants of up to \$80,000 will be awarded. All proposals will be evaluated through competitive peer review. The deadline for receipt of applications is Feb. 15.

Inquiries: US Civilian Research and Development Foundation, <http://www.crdf.inter.net>; e-mail: information@crdf.org; tel: 703/526-9720; fax: 703/526-9721; and Karen Peterson, Fogarty International Center, Bldg 31 Rm B2C11, 31 Center Dr., MSC 2220, Bethesda, MD 20892-2220, tel: 301/496-4784, fax: 301/480-3414, e-mail: p9k@cu.nih.gov.

RFA Available

RFA GM-96-012

Title: **Structural Biology of AIDS-Related Proteins**

Letter of Intent Receipt Date: Nov. 18

Application Receipt Date: Dec. 18

The National Institute of General Medical Sciences reannounces its interest in receiving applications to apply modern methods of molecular structure determination and analysis in developing new approaches to structure-based drug design. The intent is to develop new approaches to the treatment of AIDS and associated opportunistic infections. The mechanism of support will be the program project grant (P01). The estimated funds (total costs) available for the first year of support for the entire program is \$8,000,000. It is anticipated that six to ten new and competing applications will be funded.

Inquiries: James C. Cassatt, Division of Cell Biology, NIGMS, 45 Center Dr, Rm 2AS-19C-MS-C 6200, Bethesda, MD 20892, tel: 301/594-0828, fax: 301/480-2004, e-mail: czj@cu.nih.gov

In Brief

Garden State, USC/Norris Recruit For Key Positions

(Continued from page 1)

of Maryland. . . . **GARDEN STATE CANCER CENTER**, the clinical unit of the Center for Molecular Medicine and Immunology, is seeking candidates for the position of physician-in-chief. Research activities of the center include biological response modifiers, particularly monoclonal antibodies in detection and therapy, and cytokine research. Recruitment in other areas is planned. The physician-in-chief will be responsible for internal and external clinical research and care, and will have an academic appointment at an affiliated medical school. Medical oncology background is preferred. Mail or fax c.v. with salary requirements and three letters of reference to: Director of Personnel, Garden State Cancer Center, 1 Bruce St., Newark, NJ 07103, fax: 201/982-7047. . . . **USC/NORRIS** Comprehensive Cancer Center is recruiting an associate director for basic research. The candidate is a basic scientist with an international reputation in cancer research who can provide scientific leadership to the preclinical and translational work of the center. An endowed chair has been established to support this position, which also receives funding from an NCI Cancer Center Support Grant. Research space in a new building will be provided. Send c.v. with names of three references to Peter Jones, director, USC/Norris Comprehensive Cancer Center, 1441 Eastlake Ave., Los Angeles, CA 90033-0800.