

\$14.7 Million Earmark Of NCI Funds Triggers Protests By Advocates, Scientists

The 104th Congress was generous on words of condemnation of "Disease Olympics," a dreaded event in which advocacy groups compete for earmarks in the NIH budget.

Rhetoric aside, earmarking was not averted, and by the time the appropriations process was over, the bill for the departments of Labor, HHS and Education took \$14,750,000 in NCI money and placed it under control of the Office on Women's Health of the Public Health Service to administer the National Action Plan on Breast Cancer.

The appropriation is widely regarded as a testament to the political
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In Brief

NCI To Extend Frederick Contract To SAIC; Klausner, Gallin, Gail Elected To IOM

NCI CONTRACT with Science Applications International Corp., of San Diego, CA, for management and operation of the Frederick Cancer Research and Development Center will be extended for 18 months with a two-year renewal option, the Institute said. . . . **ELECTED TO** the Institute of Medicine last week were three NIH officials: NCI Director **Richard Klausner**; **Mitchell Gail**, chief, Biostatistics Branch, Division of Cancer Epidemiology and Genetics, NCI; and **John Gallin**, director, NIH Warren Grant Magnuson Clinical Center. Altogether, 55 new members were elected to IOM, raising the total active membership to 545. New members are elected by current active members from among candidates chosen for their major contributions to health and medicine or to related fields such as social and behavioral sciences, law, administration, and economics. . .

CIGARETTE TESTING method used by the Federal Trade Commission should be replaced with a new method which provides a range of tar, nicotine, and carbon monoxide yields that smokers should expect from each cigarette sold in the U.S., according to a report by an NCI expert committee. The report, "The FTC Cigarette Test Method for Determining Tar, Nicotine and Carbon Monoxide Yields of U.S. Cigarettes," contains the findings of a panel that met December 1994. The panel said the new test method should be accompanied by public education to make smokers aware that individual exposure depends on how the cigarette is smoked. The panel said other chemicals in cigarettes should be listed on each pack, and brand names such as "light" and "ultra light" represent health claims and should be regulated. Single copies of the 275-page report are available from the NCI Cancer Information Service, 1-800-4-CANCER.

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Activists, Scientists Question Funding For Action Plan

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proress of the Action Plan's administrator, Susan Blumenthal, head of the PHS Office on Women's Health and wife of Rep. Edward Markey (D-MA).

To get the money, Blumenthal needed to overcome three formidable obstacles:

1. Members of the Action Plan's steering committee have stated publicly that the plan needs no more than \$4 million to conduct its work in fiscal 1997.

2. Blumenthal, who serves as a co-chair of the plan, had to counter the opposition of Fran Visco, also a co-chair, who lobbied Congress and the Administration to crop the plan's budget. Visco's authority in this matter is hard to challenge. The plan was founded by President Clinton in response to a petition collected by the National Breast Cancer Coalition, a group over which Visco presides.

3. The Administration's budget proposal for 1997 made no explicit provision for funding of the Action Plan. Although a \$20 million expenditure for the plan was built into the Administration's calculation of the NCI budget, it was not accompanied by a "congressional justification" in the proposal's text. Thus, the Administration had the option of making adjustments in the plan's budget.

In the final hours of the appropriations process,

Sen. Arlen Specter (R-PA), chairman of the Labor, HHS, Education Appropriations Subcommittee, inserted the following language into the report that accompanies the Labor, HHS bill:

"The conferees agree that \$14,750,000 shall be used to fund the National Action Plan on Breast Cancer. Sufficient funds have been provided within NCI for this expenditure. The conferees further agree that this plan shall be coordinated by the PHS Office on Women's Health and shall be used for implementation of the plan's activities and other cross-cutting federal and private sector initiatives on breast cancer."

The language gave the Action Plan a congressional mandate, making up for the Administration's ambiguous stance and disregarding the wishes of the Action Plan's steering committee and the wishes of its founding constituency.

NBCC's Visco was outraged.

"On what basis did Congress determine that \$14.7 million is needed?" she wrote in an Oct. 10 letter to Specter. "What Congress has done is take needed funds away from quality breast cancer research at NCI, which is already underfunded."

In an earlier letter to Specter, dated July 23, Visco said that the plan required no more than \$4 million.

While the latest earmark for the Action Plan does not increase its budget from 1996, the controversy over the new earmark has elevated the long-simmering struggle between Blumenthal and NBCC into a public debate that, for the first time, has involved Congress as well as advocates for patients and scientists.

"Other Cross-Cutting Initiatives"

Several observers said they were puzzled by the appropriation report's reference to "other cross-cutting federal and private sector initiatives on breast cancer" that the Action Plan is authorized to undertake.

According to its documents, the Action Plan is what its steering committee says it is, which, presumably, leaves no room for "other" initiatives. According to the group's Operating Plan, "all [steering committee] members must acknowledge that the result of any vote is a decision of the NAPBC, and must agree to abide by the decision regardless of their particular position before the vote."

Furthermore, though Blumenthal's office has a claim to \$14,750,000 in NCI money, it is likely to need



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approval of the steering committee and the National Cancer Advisory Board to get as much as a single dollar.

“The NCAB takes its review function very seriously,” Barbara Rimer, the board’s chairman, said to **The Cancer Letter**. “Thus, any grants that are reviewed through NAPBC and come to NCAB will be subjected to our oversight. We expect that only applications of high scientific merit will be funded.

“The NCAB will continue to monitor the progress of the plan,” Rimer said.

The Action Plan’s steering committee is similarly tight-fisted.

“The steering committee is cost-conscious,” Mary Jo Kahn, a cancer survivor who sits on the steering committee, said to **The Cancer Letter**. “We bend over backwards to justify the funds we need.

“Breast cancer advocates in particular want to ensure that government money is used wisely, and as much as possible go to peer-reviewed research on breast cancer,” said Kahn, who represents the Virginia Breast Cancer Foundation, which belongs to NBCC.

At its upcoming meeting, scheduled for Nov. 7, the steering committee is expected to continue examining the Action Plan’s budget for 1996 and 1997, committee members said.

At this writing, not much is known about the Action Plan’s 1996 expenditures.

According to the steering committee, no more than \$3.4 million should have been used last year. According to an NCI estimate, \$5.6 million was actually spent.

Also, the Action Plan apparently made no claim to at least \$5.3 million of its 1996 earmark, NCI’s figures indicate. Sources said the Institute awarded these funds to projects consistent with the goals of the Action Plan.

The final tally of the expenditures on the Action Plan in 1996 will be available in about two weeks, after NCI closes its books for the year, sources said.

Plan Praised, Funds Questioned

The Action Plan was founded as a result of the NBCC campaign to force the government to spend more on breast cancer research. In those initial struggles, patient advocates were challenging government officials and scientists to increase their efforts to combat the disease.

Now the barricades are arranged differently:

patient advocates, supported by scientists, are challenging the bureaucratic structure erected in response to the patients’ earlier demands.

And, in another turn of events, even the opponents of earmarking pay homage to the achievements of the plan’s six working groups, which have provided a mechanism for scientists, patient advocates and others to confront various aspects of breast cancer.

“The Action Plan has been a very effective mechanism for bringing together scientists and patient advocates to define long-range goals, allow each group to educate the others as to what their perspectives might be, and make some important statements to the public,” said Louise Strong, president of the American Association for Cancer Research.

“Many positive things have been achieved, including the recent recommendations on genetic information and health insurance,” said Strong, a geneticist and pediatrician at M.D. Anderson Cancer Center.

However, Strong said she opposes both the the earmark and the report language.

“We have gone to great lengths to educate Congress as to why it is advantageous not to earmark,” Strong said. “Earmarking more money than what was requested for a coordinating effort seems particularly inappropriate. It’s taking dollars that could be in the investigator-initiated research pool.”

Harmon Eyre, the American Cancer Society’s executive vice president for cancer control and research, agrees.

“The National Action Plan on Breast Cancer should continue to be funded,” Eyre said to **The Cancer Letter**. “However, it is not in anyone’s interest to have money taken away from the research pool and overfund the Action Plan.

“The Action Plan steering committee should work with NCI to ensure that these extra moneys are spent in the best way to further the control of breast cancer,” Eyre said.

Paul Calabresi, a member of the President’s Cancer Panel, said the earmark for the Action Plan is contrary to the recommendations contained in Cancer at a Crossroads, a 1994 report to Congress which is regarded as the blueprint for the National Cancer Program.

“As we said in Cancer at a Crossroads, research money should be given to NCI without earmarks, and with as few limitations and restrictions as possible,”

said Calabresi, who was chairman of the committee that prepared the report. "Any possible diversion of these funds from research threatens the ultimate goal of conquering breast cancer."

John Durant, executive director of the American Society for Clinical Oncology, said the steering committee members deserve praise for their stance.

"To take money out of research to provide funding that wasn't asked for is to raise questions about what they want to do with this money," Durant said to **The Cancer Letter**. "As far as I can tell, the steering committee has done a responsible job. Most of us feel that the bulk of the money ought to be headed to NCI, where peer review can assess what the money is going to accomplish."

"New Priority Areas" For Plan

Blumenthal said the earmark for the Action Plan has not hurt research.

"I know that there is some concern that the support may be coming out of the NCI budget," she said to **The Cancer Letter**. "You should know that the [HHS] Secretary had directed additional funds three years ago to go into the plan."

The 1997 funds would be additional, too, Blumenthal said.

"My interpretation is that it was Congress's intent that additional funds had been taken from elsewhere in order to ensure that the plan would be supported," she said.

"It's not taking it from research dollars. Their intent was to take it from wherever they got it, and add it to the NCI budget for the plan's operation and activity."

Blumenthal did not offer detailed responses to questions about the plan's expenditures in 1996. "This past year [the plan] spent about \$10 to \$11 million on plan activities," she said.

The Action Plan will be scaling up its operations in 1997, Blumenthal said. New working groups will be added to explore areas not yet addressed, and, if money is left over, new directions would be explored, she said.

"The plan was just building its infrastructure last year," Blumenthal said. "[The working groups] were just beginning to set their action agendas, to get organized. Now they are working very productively. There are lots of projects that are going to need additional support this year, plus a lot of working projects that will need more funding, and there will

be identification of new projects for this fiscal year, as well as new priority areas that will be identified that will need support," Blumenthal said.

"I don't think there is any way to say what this budget is going to look like until that planning process is well underway," she said.

The Action Plan's activities would not be limited by the wishes of the steering committee, Blumenthal said.

"Our first step is [to determine], what does the steering committee require?" she said. "What does the plan require? And then the next discussion is, are there any other potentially cross-cutting initiatives? And there will be recommendations made to the Secretary, who would make that final determination."

Asked to clarify that statement, Blumenthal said:

"The Department has a broad mission. There are things that are not going on in the Action Plan that may need to be addressed in a cross-cutting public/private sector way. And the issue is to see whether there are initiatives in that respect.

"But our first priority is the Action Plan, and that is what our meetings over the next few months will be determining, the level of support necessary for that..."

"There would be a lot of advice provided before those funds are expended," Blumenthal said.

"Unanswered Questions"

"This plan evolved in a collaborative process, bringing together participants from all segments of society concerned about breast cancer," Visco said to **The Cancer Letter**.

"If there is another process now being followed to address different areas, that has nothing to do with the Action Plan, then the National Breast Cancer Coalition would not be a part of it," she said.

Support for Blumenthal's position appears to be less certain in other quarters as well. The Susan G. Komen Foundation, a group focused on breast cancer screening, care delivery, and problems of access to care, initially supported the \$14,750,000 appropriation.

Last summer, Komen sent a bulletin to inform its members about the NAPBC's need for funds. However, after considering the issues raised in Visco's letters, Komen's board of directors called on NAPBC members to re-examine the Action Plan's original goals and to consider rescinding a

portion of the earmark.

The full text of the Komen statement follows:

“Komen has supported the NAPBC since its inception and holds a seat on the steering committee. We are concerned about the funding issues that have been raised and recognize that many questions remain unanswered. We believe that the NAPBC steering committee should discuss in an open forum its 1996 budget recommendations and the appropriate level for 1997 spending.

“In addition, it should address the specific proposal to rescind funds allocated to the Action Plan and place them within the National Cancer Institute or any other organization.

“We also believe that each steering committee member should poll its constituents in advance of this open forum and provide them with the opportunity to comment.

“Finally, we believe that the original intent of the Action Plan should be revisited in this open forum to determine if the present course is in keeping with the Plan’s intent and, if not, to recommend either a published change in course or a specific course of action to return to the original intent.

“We believe that the consensus of this meeting should be presented to the appropriate members of Congress and the Cabinet,” the statement said.

Short-Term Plan Or Long-Term Structure

The history of the Action Plan could serve as a case study of what can happen when the enthusiasm of activists is translated into a governmental structure.

This transformation began in the East Room of the White House on Oct. 18, 1993, when Visco and 200 other breast cancer survivors met with the President, the First Lady, and HHS Secretary Donna Shalala to present a petition demanding a national strategy to combat breast cancer.

The 2.6 million signatures on the petition matched the number of breast cancer survivors in the US.

Two months later, on the NIH campus, Shalala oversaw the Action Plan’s initial conference, where advocates, scientists, government officials, and industry executives met for an energized debate over what was to be done (**The Cancer Letter**, Jan. 7, 1994).

The initial meeting was organized by the NIH Office of Research on Women’s Health, which was expected to continue the work on the plan.

However, at the conference, the advocates learned that the Action Plan would instead be transferred downtown, to HHS, where it would be overseen by Blumenthal, a psychiatrist from the National Institutes for Mental Health who had been appointed to run the PHS Office on Women’s Health.

“Our vision was that through this plan, the public/private partnership, representing diversity of opinion and varied expertise, would design a road map for breast cancer in certain specific priority areas, areas that were not being sufficiently, or innovatively, addressed elsewhere,” Visco recounted the Action Plan’s history in an Oct. 23, 1995, letter to Shalala.

“The road map would be fluid... The process would not be permanent. We hoped that a short-term, intense focus would suffice,” Visco wrote.

The goal of the 1993 conference was to come up with a list of problems related to breast cancer. Altogether, 92 problems were identified, and ultimately, the list was boiled down to six areas of emphasis.

Blumenthal appears to be in a minority in her interpretation of what took place at Shalala’s conference. In an interview, she said the six priorities that are being addressed by the Action Plan’s working groups do not represent a distillation of the entire conference.

Rather, they are only the first priorities to have been addressed, she said. Now, the Action Plan would proceed to work its way down the list of 92 priorities, Blumenthal said.

“There is so much left to do,” Blumenthal said to **The Cancer Letter**. “I mean, the Secretary’s conference report that formed the framework for the plan identified 92 recommendations. We’ve only attacked six of them.

“If you think that we’ve solved all the problems of breast cancer, I am perplexed by this,” she said. “There are so many things we don’t know. We are just starting to harvest the progress from all of our activities. And it has to be done on multiple fronts...

“Our Department has made breast cancer and the fight against it a top national priority, and we will work with our partners in the government and in the private sector,” Blumenthal said.

“We will work tirelessly until the fight has been won.”

92 Priorities?

The six priority areas selected as a result of

Shalala's conference reflected the NBCC's emphasis on research, and did not address the problems of access to care, several observers said.

"There were additional critical issues that were not addressed by the six working groups, and the most important of these was the issue of access to care," ACS official Eyre said. "There is a finite list of issues that can be addressed."

Ellen Stovall, a member of the National Cancer Advisory Board and the executive director of the National Coalition for Cancer Survivorship, agreed that the issues of access were not addressed.

However, the six priority areas represented a distillation of nearly all the issues presented, she said.

"I attended the original meeting called by the Secretary, and it was my understanding coming out of that meeting that the working groups that were ultimately formed reflected much of the spectrum of the priority areas," Stovall said to **The Cancer Letter**.

"It was never the intent for this to be a drawn out process, and surely not one that would lead to the kind of set-asides as the one being talked about in the report language," Stovall said.

"I would put my money—literally—behind the people who are saying we can do more with less," she said.

"I question whether [Dr. Blumenthal] was actually there," said Susan Love, a surgeon and author who serves on the Action Plan's steering committee and the NBCC board.

"She has obviously misconstrued the intent of the Secretary's conference, which was a brainstorming to come up with as many ideas as we possibly could, and there was never an intent that each one of those [points] would be addressed by the National Action Plan.

"That's absurd. The idea was that we would pick the top priority areas that we thought could make a difference. We might decide as a steering committee that there is another priority that we need to address, but so far that hasn't happened.

"The notion that the Action Plan is going to spend other money however they want is completely off the wall," Love said.

Visco, too, is puzzled by Blumenthal's plan to work down the list of priorities.

"How can you have 92 priorities?" she asked rhetorically.

The Funding Spigot Opens

Following Shalala's conference, the Administration included a \$10 million earmark for the Action Plan into the NCI appropriation for 1995.

"When I first heard that the President's 1995 budget had \$10 million for the plan, I was amazed, and puzzled, because I never thought we would need that much. And we did not," Visco wrote in a subsequent letter to Shalala.

Other NBCC members said they, too, were surprised by the 1995 appropriation.

Though NCI already had a system for making grants, the Action Plan ultimately set up a parallel system, awarding about \$6.7 million that year. The final installment of these grants, \$3.5 million, was paid out in 1996.

At the conclusion of the grant review process, the activists said, "Never Again."

"I now find myself in an unusual position for an activist: I want to argue for less, rather than more, money for a program," Visco wrote to Shalala.

"The National Action Plan should not become a new funding bureaucracy and broadly fund breast cancer proposals. With the \$10 million allocated to the plan in 1995, it functioned in that capacity, and as a result, the plan participants were diverted from what they should be doing: actually designing a plan of action...

"When we asked for this plan, we did not contemplate, or desire, that the Plan would create a new funding bureaucracy or granting agency. We did envision that funds would be allocated to the Plan in an amount necessary for the working groups to function: for their background research, necessary workshops and planning efforts.

"What the \$10 million allocation caused was a diversion of the work of the plan. The working groups spent the majority of their time figuring out how to spend \$10 million, rather than on designing a plan," Visco wrote.

Visco's protest went unheeded.

In fiscal 1996, the Action Plan wound up with a \$4.75 million increase in place of the budget cut Visco requested.

And, at the year's end, several members of the steering committee said they had no idea of how the Action Plan's money was spent.

"I know where \$3.4 million is going, but I don't know what the rest of the money is about," said Love.

"The women's health movement has worked

very hard to increase the funding for research for women's health. We've lobbied, and faxed, and marched, and did all kinds of things to get this money for women's health issues, and we can't afford to have that money spent frivolously," she said.

Since the working groups are close to accomplishing their planning work, the Action Plan should be preparing to phase itself out, Love said.

"We need to be planning on how to stop this," she said. "We have another year or two worth of work, but that's about it. I know it's unique in government to have a program that actually ends, but we had a specific purpose, we worked very hard at it, and I certainly don't see this as a lifetime commitment."

Visco: Give Less Money. Please.

During the 1997 appropriations process, Visco resumed her quest for a budget cut.

"On behalf of the National Breast Cancer Coalition, I note that the steering committee of the plan has determined that the plan requires between \$3 and \$4 million to implement the plan's activities," she wrote in a July 23 letter to Specter.

"The National Breast Cancer Coalition asks that, should any sums be appropriated for the plan, those sums not exceed \$4 million. Any appropriation in excess of that amount will deplete the funds available at NCI for quality breast cancer research into the cause and cure of this disease and will be in excess of what the Plan requires."

Capitol Hill sources said Blumenthal had lobbied them on the subject of appropriations for the Action Plan as well as the PHS Office on Women's Health.

Proposed report language for the Action Plan had been faxed to the House from Blumenthal's office at the time the House was considering the appropriations bill, sources said. The language was not formally requested, sources said.

The report accompanying the appropriations bill passed by the House acknowledged that funding for the Action Plan had been included in the NCI appropriation, but did not specify the amount. The language submitted by Blumenthal's office was not incorporated in the House bill, sources said.

Blumenthal said she did not lobby for the Action Plan. "We've responded to questions only," she said. Asked whether she had sent suggested report language to the House, Blumenthal said, "That's not correct."

Federal agencies allow officials to provide information in response to questions from Congress. Generally, information provided is expected to be consistent with the Administration's policies.

As the appropriations bill moved to the Senate, the report language for NCI stated that the funding for the Action Plan would remain at the FY 1996 level.

At the last possible moment, when the House and Senate conferees met to reconcile their versions of the bill, the report language for the Office of HHS Secretary was amended to include a description of the workings of the Action plan as well as to give it the option to undertake "other" initiatives in breast cancer.

Blumenthal's Office on Women's Health, too, was given a dramatic increase that was nearly \$10 million above the level requested by the Administration. The office, which had a budget of \$5.4 million in 1996, was slated to receive \$2.6 million during the current year. Instead, the office ended up with \$12.5 million.

After learning that her plea for less money for the Action Plan was not heard by Specter, Visco fired off another letter to the Senator:

"As the NAPBC co-chair and on behalf of [NBCC] I write to say that the \$14.7 million allocated to the [Action Plan] by Congress is **too much money**," she wrote in a letter dated Oct. 10.

"The National Action Plan is designed and overseen by a steering committee that consists of public and private representatives. The co-chairs of each of the six working groups of the Plan sit on the committee, as do others in the field of breast cancer. This committee determined that the Plan requires funding of no more than \$3.4 million. This figure was arrived at as follows: each working group is made up of at least 20 experts in the field addressed by that group. After assessing needs and designing responses, each group developed a plan of action in their area of consideration, and a budget. The plans and budgets were then presented to and discussed by the steering committee. After some modification, the budgets were approved. In addition, an administrative budget addressing support for the Plan's activities was presented, discussed and approved," Visco wrote.

"On what basis did Congress then determine that \$14.7 million is needed?"

Board Of Governors Appointed To Oversee NIH Clinical Center

HHS Secretary Donna Shalala has appointed members of a newly established Board of Governors for the NIH Clinical Center.

John Finan Jr., president and chief executive officer of the Franciscan Missionaries of Our Lady Health System in Baton Rouge, was named chairman of the 17-member board. Finan was a member of a panel that reviewed the Clinical Center and, in a report earlier this year, recommended the establishment of a governing board (**The Cancer Letter**, March 15).

Developing a strategic plan for the 43-year-old Clinical Center, another recommendation of the report, will be the board's first priority, Finan said.

"The board's role is to bring added value to the great work already being done at NIH and at the Clinical Center," Finan said in a statement by NIH on Oct. 18. "The board members have a depth and breadth of experience that will strengthen the systems and processes of the hospital, and ultimately, the ability to support scientific research."

A third major recommendation of the report was the construction of a new facility for the hospital and research laboratories. The FY 1997 NIH appropriation includes \$90 million as the first payment for the new facility. Under the budget law, the facility will bear the name, "Mark O. Hatfield Clinical Research Center," in honor of the Republican from Oregon who chaired the Senate appropriations committee. Hatfield retires this year after 29 years in the Senate.

Total construction cost of the new center will be \$310 million, to be spread over several years, NIH said in a statement.

The budget law contains language allowing NIH to contract for the full scope of the project even though future year appropriations will be needed to complete funding.

"The Clinical Center at NIH is the country's premier medical research facility," Shalala said in a statement. "The board's experience and expertise will enhance the hospital's ability to support research that stands to enhance the lives and health of each American."

Named to the governing board from outside of NIH are: J. Claude Bennett, president of the University of Alabama at Birmingham; William Kerr,

chief executive officer of the Medical Center at the University of California-San Francisco; Stephen Schimpff, executive vice president of the University of Maryland Medical Center, Baltimore; Helen Smits, president and medical director of HealthRight Inc., Meriden, CT; and Ellen Zane, network president of Partners in HealthCare System Inc., Boston.

Appointed to the board from NIH are: Patricia Grady, director of the National Institute for Nursing Research; Jeffrey Hoeg, chief of the cell biology section, Molecular Diseases Branch, National Heart, Lung & Blood Institute; Carl Kupfer, director of the National Eye Institute; Griffin Rodgers, chief of the molecular hematology section, Laboratory of Chemical Biology, and Allen Spiegel, scientific director, National Institute of Diabetes and Digestive and Kidney Diseases; Susan Swedo, acting scientific director, National Institute of Mental Health; and Robert Wittes, director of the NCI Division of Cancer Treatment, Diagnosis and Centers.

Four positions on the board remain to be filled.

John Gallin, director of the Clinical Center, will serve as an ex officio member of the board.

NCI Contract Awards

Title: Phase I single and multiple dose safety and pharmacokinetic clinical study of 1,4 phenylenebis (methylene) selenocyanate. Contractor: University of Kansas Medical Center, \$612,246.

Title: Clinical trial of anetholtrithrone in smokers with dysplasia of the bronchial epithelium. Contractor: University of Texas Southwestern Medical Center, \$1,243,543.

Title: In vitro screening of chemopreventive agents using the rat tracheal epithelial focus inhibition assay. Contractor: ManTech Environmental Technology Inc., Research Triangle Park, NC, \$266,025.

Title: In vitro screening of chemopreventive agents using human tumor cells. Contractor: ManTech Environmental Technology Inc., Research Triangle Park, NC, \$147,237.

Title: In vitro screening of chemopreventive agents in DMBA-induced mammary lesions. Contractor: University of Illinois, \$205,748.

Title: In vitro screening of chemopreventive agents using human epithelial. Contractor: University of California, Irvine, \$221,409.

Title: In vitro screening of chemopreventive agents using rapid mechanism-based assays. Contractor: Southern Research Institute, Birmingham, AL, \$129,686.