

THE

# CANCER LETTER

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## NCI Research Project Grant Funding To Exceed \$1 Billion In Fiscal 1997

NCI funding for research project grants is expected to surpass the \$1 billion mark in fiscal 1997, Institute officials said last week.

During the year, the Institute expects to spend \$1.06 billion to fund an estimated 3,480 research project grants. Last year, NCI spent \$991.2 million on 3,300 RPGs. These numbers, released at recent meetings of two NCI advisory boards, do not include small business grants.

"Maintaining the research project grant pool is our highest priority," NCI Director Richard Klausner said to the National Cancer Advisory  
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### *In Brief*

#### **Friedman Leads FDA During Search; Mead Retires From NCI; Freireich Honored**

**MICHAEL FRIEDMAN** has been named lead deputy commissioner for the Food and Drug Administration, following the resignation of David Kessler in February. Friedman, deputy commissioner for operations, leads three deputy commissioners while the Department of Health and Human Services conducts a search for Kessler's replacement. Friedman was formerly director of the NCI Cancer Therapy Evaluation Program. . . . **J.A.R. MEAD** has retired after 40 years at NIH. Mead spent two years at the National Heart, Lung and Blood Institute, followed by 38 years at NCI, the past 10 as Chief, Grants and Contracts Operations Branch, Developmental Therapeutics Program, Division of Cancer Treatment, Diagnosis, and Centers. **Mary Wolpert** will serve as acting chief of the branch . . . . **EMIL FREIREICH** will be honored in a symposium March 14-15 by M.D. Anderson Cancer Center for his early studies on the combination of anti-cancer drugs to treat leukemia. The symposium will commemorate Freireich's 70<sup>th</sup> birthday, and will present the first Freireich Award to **Hagop Kantarjian**, chief of the Leukemia Section in the Department of Hematology at M.D. Anderson. Freireich is director of the Adult Leukemia Research Program and a professor of medicine at M.D. Anderson. . . . **NORKA RUIZ BRAVO** was appointed deputy director of the NCI Division of Cancer Biology. Bravo was previously a program director in the Genetic Mechanisms Branch of the Division of Genetics and Developmental Biology at the National Institute of General Medical Sciences. . . . **KUMUDINI MEHTA** is the recipient of a Gallo Award, presented by the Cancer Institute of New Jersey and  
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## Researchers Submitting More Grant Applications To NCI

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Board at its meeting Feb. 25.

NCI funding for RPGs will represent nearly 45 percent of the Institute's budget this year, up from 44 percent last year, Klausner said.

The research project grant budget includes traditional R01 grants, program projects (P01s), FIRST Awards, MERIT Awards, Outstanding Investigator Grants, grants submitted in response to RFAs, cooperative agreements, Shannon Awards, small grants, and exploratory/developmental grants.

### Researchers Submitting More Applications

So far this year, the "payline" for traditional investigator-initiated R01 grants is set at the 22<sup>nd</sup> percentile, Klausner said. That means R01 grants that fall within the top 22<sup>nd</sup> percent of priority scores as determined by peer review are within the funding range.

Klausner said he hoped that the Institute would be able to fund R01 grants to the 23<sup>rd</sup> percentile by the fiscal year's end.

Last year, as a result of an increase in appropriations and a self-imposed \$30 million cut in NCI contracts, Klausner raised funding for research grants by \$47 million (**The Cancer Letter**, Feb. 16, 1996).



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The increase moved the payline from the 15<sup>th</sup> percentile in FY95 to the 23<sup>rd</sup> percentile in FY96 for traditional investigator-initiated R01 grants. Paylines for other types of grants also were improved.

"We have been sending a very discouraging message about constraint and constriction to all people, but especially to young people" considering careers in cancer research, Klausner said at the time. "The message I want to send to young people is that there are important opportunities in cancer research."

If the numbers of grant applications submitted to NCI are an indication, then cancer researchers are getting the message.

"For this year, we are seeing an increase projected in the number of applications being submitted and recommended for funding," Klausner said to the NCAB last month. "We are seeing this increase in R01s, R29s and a dramatic increase in P01s."

Grant submissions to NIH are level and may be decreasing, Klausner said. "Why the NCI is the recipient of this significant increase in number of grants is interesting," Klausner said. "We've decided to take it as a compliment."

So far this year, after the first two rounds of application deadlines, the grant submission rate is 2 to 3 percent higher than the same period last year, an NCI source said. This figure includes only R01 submissions, not grants submitted in response to Requests for Applications.

Last year, NCI funded a total of 1,960 R01 grants, 670 of which were either new or competing, while the rest were renewals. The Institute expects to fund more than 2,200 R01s this year, of which about 690 will be new or competing.

The average NCI R01 grant award was \$255,000 last year, Klausner said.

### More P01 Grants Submitted

Cancer researchers are also submitting more P01, or program project, grant applications, Klausner said. P01s are larger projects that may include three or more research components the size of R01s.

"Our current estimate shows that we are going to receive over 120 [P01s] this year, a 30 percent increase," Klausner said. "We don't know why this is happening."

The P01 submissions are split equally between new grant applications and renewals, he said.

"Our goal is to try to fund as many of the

outstanding grants as we possibly can,” Klausner said.

The payline for P01s is 135 this year, rather than last year’s 140, due to the increase in submissions. Last year, NCI funded 39 competing P01s of 89 submitted; eight were funded by exception.

“I believe we will be able to fund significantly beyond [the 135 payline] by using our exception process,” Klausner said. “Recently I provided additional funding to the division directors for grant exception funding, and I expect a significant portion of that will go to program project grants.”

### **Fighting The “Absurdity of the Payline”**

NCI has traditionally set aside about 10 percent of the grants budget for funding some grant applications “by exception.” These are grants that score just out of the funding range, but may include important research projects that the Institute considers desirable to support.

Last year, Klausner established a new process for funding more of these types of grants, in effect, moving the payline farther down for researchers who responded to the concerns of peer reviewers and quickly amended their research proposals.

The new process, called Accelerated Executive Review, was open to patient-oriented R01 grants that scored up to the 33<sup>rd</sup> percentile and all other R01s that scored up to the 27<sup>th</sup> percentile.

The NCI Executive Committee reviews the responses and makes the funding decisions for the AER grants.

In FY96, NCI funded 26 R01s out of 55 submitted through the AER process, for a total of \$6.7 million and an overall success rate of 47 percent.

Of the 55 submitted, 22 were patient-oriented and 33 were not. Of the 26 funded, nine were patient-oriented and 17 were not, resulting in a 41 percent success rate for patient-oriented AERs and a 52 percent success rate for all others.

NCI has set aside \$8.3 million to expand the AER program this year and expects to fund about 34 grants through this process.

“This is an excellent way to deal with the absurdity of the payline being an absolute cut-off,” Klausner said. “We will try to fund as many of these as we have money for that simply fulfill the scientific requirement of passing the second peer review of the Executive Committee.”

### **Small Business Grants Rise In Proportion**

The Congressionally-mandated Small Business Innovation Research program requires federal research agencies to set aside 2.5 percent of the extramural research budget for grants for research proposed by small businesses, and 0.15 percent for Small Business Technology Transfer cooperative agreements.

In FY97, NCI must spend \$47.2 million on SBIRs and STTRs. Last year, NCI used \$35.6 million for these grants.

The payline for phase I SBIRs will fall from 200 last year to 225 this year. The payline for phase 2 SBIRs will fall from 220 to 225, while the payline for STTRs will increase from 340 to 250.

### **Cancer Center Funding Up \$5 Million**

NCI plans to use \$168 million to fund Cancer Center Support Grants and Specialized Projects of Research Excellence, an increase of \$5 million from last year, Klausner said.

The funding for CCSGs and SPOREs represents about 7 percent of the NCI budget.

The new guidelines approved by the NCAB last month should tighten the scientific rigor of the review of cancer center grants, while improving the chances for newer institutions to win a center grant, Klausner said to the NCI Board of Scientific Advisors at its meeting March 3.

“We hope that this process will make it easier for new centers that ought to be able to have the advantages of being NCI-funded cancer centers to come into the program,” Klausner said. “We certainly expect that this new flexibility will allow the centers to function better, to support the science that they perceive needs to be supported, knowing that in the end, they will have to stand up to peer review and defend what they do.

“I think the new guidelines will provide a real revitalization of the program, and allow excellent institutions that have not seen their way into this very complex program, to come into it,” Klausner said.

The more rigorous scientific review of CCSGs proposed in the guidelines will require “outstanding people” to help with reviews, Klausner said.

### **Cooperative Groups “Under-Funded”**

Funding for the NCI-supported clinical trials cooperative groups increased from \$89 million last year to \$91 million in FY97. Klausner said that

amount is not enough and he will try to increase the funding.

"We recognize that these groups are under-funded and we are trying to correct that," Klausner said. "This is the program that receives the lowest funding of that recommended by peer review, something between 50 to 70 percent of the approved level.

"We think we will be able to free up money so we can raise that percentage of funding," he said.

### Health Organizations

## **ACS Panel Urges Annual Mammograms For 40-49**

An expert panel has urged the American Cancer Society's Board of Directors to change its present recommendations on the frequency of mammographic screening for women age 40-49.

The panel, reporting at an ACS Breast Cancer Screening Guidelines Review Workshop, concluded that annual mammography could result in a greater mortality benefit than the present one to two year interval recommended by ACS.

At the meeting, held March 7-9, follow-up data from major clinical trials were presented, reporting significant reduction in the breast cancer mortality rate in women under 50 who were regularly screened.

"The evidence strongly suggests that the time that it takes a breast cancer to move from a pre-clinical phase when it can be found through mammography, not physical examination, to evolve to a clinical phase when it is larger, palpable, and may have spread to a number of lymph nodes, is shorter in younger women," said Marilyn Leitch, a surgical oncologist at the University of Texas Southwestern Medical Center. "The current average 2-year interval between screens may be too long for this age group and their faster-growing cancers."

The panel's recommendation follows an NIH consensus conference held last January, which found insufficient evidence to recommend regular screening for women in their forties (**The Cancer Letter**, Jan. 31).

The recommendations of the workshop will be presented to the ACS Board of Directors in late March. If the report is approved, the society's mammography screening guidelines will be changed to recommend annual screening for women age 40-49.

### Appropriations

## **Obscure Budget Document Gains Attention In Congress**

The NIH Professional Judgment Budget, usually an obscure, internal document, has been receiving an inordinate amount of attention in recent weeks.

Two coalitions advocating for biomedical research have cited the document in their recommendations to Congress. Rep. John Porter (R-IL), too, aimed the spotlight on the obscure document and its recommendation to increase the NIH appropriation by 9 percent over the current year.

Though the Professional Judgment Budget has been around for years, very few people have seen it, and fewer still are willing to discuss it. The content of the document notwithstanding, the level of funding it recommends appears to contribute to its appeal during the FY 1998 appropriations process, sources said.

Capitol Hill sources said that the fact that an authoritative NIH document states that the government's biomedical research efforts can use a 9 percent increase makes it reasonable for Sen. Arlen Specter (R-PA) to seek the increase of at least 7.5 percent, which he has pledged to secure.

The Federation of American Societies for Experimental Biology and the Ad Hoc Group for Medical Research Funding, the two groups that endorsed funding NIH at the level of the Professional Judgment Budget, had not referred to the document in their previous recommendations.

FASEB, a coalition of 12 societies that include 43,000 scientists involved in biology, pharmacology and immunology research, released its recommendation March 3. The Ad Hoc Group, a 200-member coalition which represents medical and scientific societies, biotechnology companies, patient groups and academic and research organizations, similarly released its recommendation earlier this month.

### **An Internal Document**

The Professional Judgment Budget summarizes the NIH Director's view of scientific opportunities. The NIH document is a part of budget-making process and is submitted to the HHS Secretary, usually alongside a more modest budget request.

To compile the Professional Judgment Budget,



NIH asks all institute directors to submit summaries of research opportunities they would like to pursue. NCI satisfies that request by submitting its Bypass Budget, sources said.

After collecting the wish lists of the institute directors, the NIH director makes modifications that ultimately reflect his professional judgment, sources said.

Though the NIH Professional Judgment Budget relies on the input of the NCI Bypass Budget, the two documents are very different in form and intent.

The NCI Bypass Budget is a public document which is required by the National Cancer Act and is submitted by the NCI director to the President.

The NIH Professional Judgment Budget, by contrast, is regarded as a sensitive document seen by a small number of senior NIH and HHS officials and the few members of Congress who know enough to request it.

For several years, Porter, chairman of the Labor, HHS and Education Appropriations Subcommittee, has asked Varmus to state his Professional Judgment Budget.

“Mr. Porter, in a broad sense, is trying to draw into the public debates the inner workings of grant-making for biomedical research,” said Dave Kahn, Porter’s spokesman.

Usually, Porter’s question about the Professional Judgment Budget seemed to be merely an attempt to bring the NIH’s obscure budgetary target into the light.

However, at a public hearing last month, Porter appeared to bring political heat into the question. In one of his first questions, Porter asked Varmus to disclose his Professional Judgment Budget, as well as the amounts allowed for NIH by HHS and the Office of Management and Budget allocation (**The Cancer Letter**, March 7).

“I realize that you and the NIH have to be good soldiers in all of this, but our job is to determine priorities for the country, and where our money could best be spent,” Porter said to Varmus. “If your Professional Judgment Budget is \$13.89 billion, that means that you believe that you can wisely spend that amount in the next fiscal year.”

**The Cancer Letter** obtained a one-page summary of the Professional Judgment Budget. The text of the document follows:

The Professional Judgment Budget level would enable NIH to take full advantage of the exciting

research opportunities in biomedical research. This level was developed using the FY 1997 Conference level of \$12,747.2 million, a \$6.9 percent increase over the FY 1996 Enacted Level, as the base.

The Professional Judgment Budget is a 9 percent increase over the FY 1997 Conference Level, for a total of \$13,888.7 million.

- Noncompeting commitments, beginning with the FY 1997 competing awards, increase by 3 percent on the average.

- Average cost of competing [research project grants] increase by the [Biomedical Research and Development Price Index].

- Level funding for Clinical Research center—\$90 million.

- [Small Business Innovation Research grants and Small Business Technology Transfer cooperative agreements] increases by the overall NIH program level increase.

- All mechanisms increase by 7 percent, with the following exceptions:

- Research Training increases by [Gross Domestic Product], or 2.2 percent.

- [Research Management and Support] increases by 4 percent.

- Intramural research increases by 5 percent.

- Office of the Director increases by 5 percent.

- Extramural construction increases to \$40 million.

- Funds one out of three new and competing investigators.

- Funds approximately 8,500 competing RPGs. No multiyear funding.

### **FASEB Adjusts Recommendation**

By requesting the 9 percent increase, FASEB’s recommendation is a revision of an earlier request for a 6.5 percent increase.

The more recent request, contained in a consensus recommendation drafted by a panel of scientists, supersedes an earlier recommendation, announced in a statement by FASEB last December.

The level of funding requested in the internal document would “sustain NIH’s high standard of scientific achievement and most effectively pursue the many new opportunities for improving health and fighting disease,” FASEB said in its recent document.

FASEB’s other recommendations are:

- NIH should stop using the R01 designation to

categorize grants solicited through RFAs. This would make it possible to distinguish such grants from the usual investigator-initiated grants.

- NIH should provide interim funding for awards that fall just below the threshold of full funding and are likely to be funded in a subsequent cycle. Such awards would prevent disruptions in work.

- NIH should phase out its requirement that the average duration of grants be exactly four years. "Greater flexibility in determining the average duration of the grant pool would provide a more rational basis for setting the length of individual research projects," the document states.

### NCI Training

## **Cancer Prevention Fellowships Available From NCI DCPC**

The NCI Division of Cancer Prevention and Control is accepting applications for the Cancer Prevention Fellowship Program. This program is designed to train medical professionals from a variety of disciplines in the field of cancer prevention and control.

The program provides for:

- Master of Public Health training at an accredited one year university program.
- Participation in the DCPC Cancer Prevention and Control Academic Summer Course.
- Working at DCPC directly with individual preceptors on cancer prevention and control projects.
- Brief field assignments in cancer prevention and control programs at other institutions.

Applicant must be a U.S. citizen or resident alien eligible for citizenship in the next four years, have an M.D., D.D.S., or D.O. from a U.S., territorial, or Canadian Medical School, or a current USMLE or ECFMG certification and appropriate experience.

Also eligible are residents with a Ph.D. or other doctoral degree in a related discipline, such as epidemiology, biostatistics, or the biomedical, nutritional, public health, or behavioral sciences.

Funding permitting, Fellows will be accepted for up to three years of training, beginning July 1, 1998. Benefits include selected relocation and travel expenses, paid federal holidays, and participatory health insurance. Clinical associates in the NCI's Clinical Oncology Program wishing to spend their second and third years training in cancer prevention

may be offered the same program provisions.

Application deadline is Sept. 1, 1997.

To receive an application catalog, send name and home address to: Douglas Weed, Director, Cancer Prevention Fellowship Program, DCPC, NCI, Executive Plaza South, Suite T-41, 6130 Executive Blvd MSC 7105, Bethesda, MD 20892-7105. Or contact Barbara Redding at tel: 301/496-8640, fax: 301/402-4863, email: REDDINGB@dcpcepn.cni.nih.gov.

### In Brief

## **Wisconsin Honors Wilson; City Of Hope Hires Scientists**

(Continued from page 1)

the New Jersey State Commission on Cancer Research, in recognition of outstanding cancer research in her study on chronic lymphocytic leukemia. . . . **J. FRANK WILSON**, professor and chair of radiation oncology and director of the Cancer Center of the Medical College of Wisconsin, will receive the College's highest honor of the Distinguished Service Award for his work in the developmental aspects of clinical brachytherapy. Wilson chairs the American College of Radiology Breast Committee of the Patterns of Care Study, and the Constitution and Bylaws Committee of the Radiation Therapy Oncology Group. Others to be honored at the May 17 commencement ceremony are Harvard Medical School dean, **Joseph Martin**, and Medical College faculty member **Tom Anderson**, professor of medicine, chief of hematology/oncology, and American Cancer Society, Wisconsin Division, Professor of Clinical Oncology. . . . **JOSEPH ROSENTHAL**, has been named director of Pediatric Bone Marrow Transplantation at **City Of Hope National Medical Center and Beckman Research Institute**. Rosenthal, author of more than 50 papers, abstracts, and presentations on topics related to pediatric hematology and oncology, received his fellowship training in Pediatric Hematology/Oncology at the University of Colorado School of Medicine. Prior to joining City of Hope, Rosenthal was on the staff of the Children's Hospital of Orange County where he was a member of the transplant program. Beckman Research Institute also named **Timothy O'Connor** an associate research scientist in the

Department of Biology, studying the repair of alkylation damage to DNA as a result of chemotherapy. O'Connor was a staff scientist in the Department of Molecular Biology at the Centre National de la Recherche Scientifique at the Institut Gustave-Roussy. . . . **PEGGY TIGHE** has joined Capitol Associates Inc. as a legislative assistant, leaving her position as associate director of external affairs for the Veteran Health Insurance Association of America. Capitol Associates, based in Washington, D.C., is a government relations firm specializing in legislative and policy efforts in the areas of health, education, and human resource programs . . . . **JUDITH HABERKORN** received the National Alliance of Breast Cancer Organizations Celebrate Life Award at a luncheon on March 6. Haberkorn is Vice President, Consumer Markets at NYNEX, and a breast cancer survivor. **Doug McCormick**, president and CEO of Lifetime Television, received NABCO's Pathbreaker Award, which recognizes his work against breast cancer.

## Cancer Meetings Listed From March To August

### March

**Association of Community Cancer Centers Annual Meeting**—March 19-22, Washington, DC. Contact David Walls, ACCC, tel: 301-984-9496, fax: 301-770-1949.

**American Society of Preventive Oncology Annual Meeting**—March 23-25, New Orleans, LA. Contact Judy Bowser, ASPO, tel: 608-263-6809.

**NIH Consensus Development Conference on Management of Hepatitis C**—March 24-26, Natcher Conference Center, NIH, Bethesda, MD. Contact Conference Registrar, TRI, tel: 301-770-0610, fax: 301-468-2245.

### April

**Diagnosis and Treatment of Neoplastic Disorders**—April 3-4, Baltimore, MD. Contact Program coordinator, Johns Hopkins CME office, tel: 410-955-2959, fax: 410-955-0807.

**Management of Cancer & AIDS Pain: Challenges and Opportunities Within a Changing Health Care Environment**—April 4-5, Memorial Sloan-Kettering Cancer Center, New York City. Contact Myra Glajchen, tel: 212-639-2097.

**National Consortium of Breast Centers Inc. Annual Meeting**—April 4-6, Orlando, FL. Contact NCBC, tel: 219-267-8058, fax: 219-267-8268.

**Second US/Japan Symposium on Pediatric**

**Oncology**—April 6-8, Houston, TX. Contact Office of Conference Services, M.D. Anderson Cancer Center, tel: 713/792-2222, fax: 713/794-1724, email: meetings@utmdacc.uth.tmc.edu.

**Nuclear Oncology: From Genotype to Patient Care**—April 7-9, Baltimore, MD. Contact Program coordinator, Johns Hopkins CME office, tel: 410-955-2959, fax: 410-955-0807.

**International Symposium on Recent Advances in Hematopoietic Stem Cell Transplantation**—April 10-12, San Diego, CA. Contact CME office, University of California, San Diego, tel: 619-534-3940, fax: 619-534-7672.

**American Urological Association 1997 Annual Meeting**—April 12-17, New Orleans, LA. Contact Bill Glitz, tel: 703/532-3797, or Jim Augustine, tel: 703/644-6824.

**American Association for Cancer Research Annual Meeting**—April 13-16, San Diego, CA. Contact AACR, tel: 215-440-9300, fax: 215-440-9313.

**Current Issues in the Pathology and Classification of the Non-Hodgkin's Lymphomas**—April 19, Houston, TX. Contact Office of Conference Services, M.D. Anderson Cancer Center, tel: 713/792-2222, fax: 713/794-1724, email: meetings@utmdacc.uth.tmc.edu.

**Skeletal Complications of Malignancy**—April 19-20, NIH Natcher Conference Center, Bethesda, MD. Contact The Paget Foundation, tel: 212-229-1582, fax: 212-229-1502, email: pagetfdn@aol.com.

**Biennial Symposium on Minorities, the Medically Underserved and Cancer**—April 23-27, Washington, DC. Contact Ruth Sanchez, tel: 713-798-5383, fax: 713-798-3990.

**Life After Breast Cancer: The 6<sup>th</sup> Annual Symposium for Breast Cancer Survivors and their Loved Ones**—April 29, Philadelphia, PA. Contact University of Pennsylvania Cancer Center, tel: 215/349-8387.

**UNC Lineberger Comprehensive Cancer Center Annual Symposium**—April 30-May 1, Chapel Hill, NC. Contact Sarah Rimmer, tel: 919-966-2997.

### May

**Oncology Nursing Society Annual Congress**—May 1-4, New Orleans, LA. Contact ONS, tel: 412-921-7373.

**Molecular Aspects of Myeloid Stem Cell Development**—May 4-7, Annapolis, MD. Contact Patti Hall, FACS, tel: 410-658-2882, fax: 410-658-3799, email: hall3915@dpnet.net.

**Multidisciplinary Radiation Oncology Conference**—May 9-10, Washington, DC. Contact Fox Chase Cancer Center, Kathy Smith, tel: 215-728-5358, fax: 215-728-5359.

**Cutaneous Melanoma: Clinical Symposium for Primary Care Practitioners**—May 16, New York City.

Contact Memorial Sloan-Kettering Cancer Center, tel: 212-639-6754, fax: 212-717-3140.

**American Lung Association/American Thoracic Society International Conference**—May 16-21, San Francisco, CA. Contact ATS, tel: 212-315-8808.

**American Society of Clinical Oncology Annual Meeting**—May 17-20, Denver, CO. Contact ASCO, tel: 703-299-1050, fax: 703-299-1044.

**American Brachytherapy Society Annual Meeting**—May 18-23, Palm Beach, FL. Contact ABS, tel: 215-574-3183, email: abs@acr.org.

**Current Issues in Anatomic Pathology 1997**—May 22-24, San Francisco, CA. Contact UCSF, tel: 415-476-5808.

### June

**Critical Issues in Tumor Microcirculation, Angiogenesis and Metastasis**—June 2-6, Boston, MA. Contact Carol Lyons, Massachusetts General Hospital, tel: 617-726-4083, fax: 617-726-4172.

**National Race for the Cure**—June 7, Washington, DC. Contact Race Information, tel: 703-848-9364.

**AACR Special Conference: Cancer of the Central Nervous System**—June 7-11, San Diego, CA. Contact American Association for Cancer Research, tel: 215-440-9300, fax: 215-440-9313.

**Genetic Testing for Familial Cancer Conference**—June 5-6, Houston, TX. Contact Office of Conference Services, M.D. Anderson Cancer Center, tel: 713/792-2222, fax: 713/794-1724, email: meetings@utmdacc.uth.tmc.edu.

**NCI-EORTC Symposium on New Drugs in Cancer Therapy**—June 16-19, Amsterdam, The Netherlands. Contact EORTC, PO Box 7057, 1007, MB Amsterdam, The Netherlands, tel: 31-20-4442768, fax: 31-20-4442699, email: nddo@euronet.nl

**IICC First International Meeting on Advances in the Knowledge of Cancer Management**—June 28-July 1, Vienna, Austria. Contact A.J. Turnbull, 3 rue du Conseil General, 1205 Geneva, Switzerland, tel: +41/22/809 18 11, fax: +41/22/809 18 10, email: turnbull@uicc.ch.

### August

**Fourth Anticancer Drug Discovery and Development Symposium**—Aug. 4-6, Annapolis, MD. Contact Frederick Valeriote, Wayne State University, tel: 313/745-8252, fax: 313/745-8139.

## NCI RFAs Available

The following Requests for Applications were issued last week by NCI. The full texts of the RFAs may be obtained electronically through the NIH Grant Line (data line 301/402-2221), the NIH GOPHER

(gopher.nih.gov), and the NIH Website (<http://www.nih.gov>), from the program contacts listed.

### RFA CA-97-005

Title: **Chemoprevention In Genetically-Identified High-Risk Groups: Interactive Research And Development Projects**

Letter of Intent Receipt Date: April 3

Application Receipt Date: May 22

The purpose of this initiative is to establish integrated, multidisciplinary research programs that define and evaluate chemopreventive strategies in asymptomatic subjects at high risk for cancer.

This RFA seeks programs with administrative core functions supporting at least three independent but integrated research projects that share a common focus directed at designing and evaluating chemopreventive strategies in high-risk cohorts. This includes groups with on-going administrative clinical trials core functions and laboratory support such as cooperative groups, CCOP Research Bases and NCI designated cancer centers.

At least two of the individual projects must involve Phase I/II or Phase II clinical chemoprevention trials or translational research needed for chemoprevention applications.

It is anticipated that approximately \$3 million in total costs will be committed specifically to fund three to four research program cooperative agreement (U19) awards in response to this RFA.

Inquiries: Gary Kelloff, NCI Division of Cancer Prevention and Control, 6130 Executive Blvd Suite 201, Bethesda, MD 20892, tel: 301/496-8563, fax: 301/402-0553, email: kelloffg@dcpcepn.nih.nci.gov

### RFA CA-97-014

Title: **Pivotal Clinical Trials For Chemoprevention Agent Development**

Letter of Intent Receipt Date: April 3

Application Receipt Date: May 22

The NCI Division of Cancer Prevention and Control invites applications to further the drug development efforts of the Chemoprevention Branch by carrying out intermediate-sized Phase II/III efficacy trials of promising chemopreventive agents in major cancer target organs, particularly prostate, breast, lung, colon, and bladder.

Approximately \$3 million in total costs for the first year of support for the program will be committed specifically to fund three to four cooperative agreement (U01) applications submitted in response to this RFA.

Inquiries: Gary Kelloff, NCI Division of Cancer Prevention and Control, 6130 Executive Blvd Suite 201, Bethesda, MD 20892, tel: 301/496-8563, fax: 301/402-0553, email: kelloffg@dcpcepn.nih.nci.gov