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AACR Campaigns For Doubling Funding For Cancer Research In Three Years

SAN DIEGO—The American Association for Cancer Research called on its membership of nearly 13,000 scientists and physicians to launch a campaign to double the funding for cancer research in three years.

At an annual meeting last week, AACR elected officers addressed the scarcity of research funds with an urgency more characteristic of patient activists than of a venerable 90-year-old professional society.

Throughout the five-day meeting, AACR President Donald Coffey,
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In Brief

ACS Appoints Directors For Government Relations And Grassroots Development

LINDA HAY CRAWFORD has been named national vice president for federal and state government relations for the American Cancer Society. Crawford has been active in government relations and public policy for over 25 years. She also accompanied her husband Victor Crawford, an ex-tobacco industry lobbyist who developed throat cancer, as he spent the last two years of his life speaking against tobacco industry marketing tactics. Catherine Grant, formerly of the National Rifle Association, has been named director for grassroots development. She will assist in facilitating state and local initiatives. The society said both appointments are part of a new direction in public policy advocacy, designed to enhance the government's role in eliminating cancer as a major health problem. . . . BERNARD SALICK rejected an offer of a senior advisory position by Zeneca Group PLC, and announced plans to start a global health care company that would treat cancer, AIDS, and other catastrophic diseases. Michael O'Brien was named CEO of Salick Health Care Inc. which became a wholly-owned subsidiary of Zeneca Group PLC. O'Brien is the former CEO of Zeneca's specialty chemicals unit. . . . THOMAS FEELEY has been named head of the new Division of Anesthesiology and Critical Care at M.D. Anderson Cancer Center. Feeley is the former associate director of intensive care units and professor of anesthesiology at Stanford University. The new division is made up of programs formerly within the divisions of Medicine and Surgery, and includes 26 anesthesiologists, seven critical care specialists, 33 nurse anesthetists, 47 respiratory therapists and five pain care nurses. . . .

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AACR Seeks Larger Role In Funding Advocacy, Policy

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professor of oncology at Johns Hopkins Hospital, appeared to miss no opportunity to fire off speeches, maxims and sound-bites to make the case for increased funding:

—“The public thinks there has been a war on cancer, but there has not been a war. There has been a skirmish.”

—“The American people have no idea how little we really spend in this war. If you pay \$10 in taxes, only one penny of it goes to cancer research. I’d like to see that be two pennies.”

—“We have only two Stealth bombers in this war. What we’re asking for is four Stealth bombers.”

—“Everyone has to die of something, but dying of cancer is not a pleasant thing... The biggest threat you have is not from a bullet, it’s from a berserk-o cell in your body.”

—“The most important thing we can do is to get more funding, because when the water gets stale in the well, the sharks start biting each other.”

Coffey’s advocacy for research appears to reflect the I-am-mad-as-hell mood of the society’s rank and file. In fact, Coffey’s designated successor, president-elect, Webster Cavenee, of the Ludwig Institute for Cancer Research, La Jolla, CA, pledges to be similarly aggressive.

“Don and I are on the same wavelength,” Cavenee said to **The Cancer Letter**. “We are looking at this as a two-year concerted effort. The association needs to have a more authoritative voice in cancer policy, in addition to the funding issue.

“We have been too quiet,” Cavenee said. “At some point you realize that you are sick and tired of it and don’t want to take it anymore.

“I don’t think we are going to convert all lab rats into activists, but we are taking a larger role in funding and policy,” he said.

Fran Visco, president of the National Breast Cancer Coalition and a member of AACR, said the society will need to forge an alliance with the patient groups if it is to accomplish its goals. “They are not going to be able to do it without us,” Visco, one of the speakers at the annual meeting, said to **The Cancer Letter**. “We will do it together.

“I could give them our blueprints; I could not give them our passion,” Visco said. “Passion is what made us successful. It took an incredible amount of sacrifice and hard work from a lot of people to get where we are.”

Motivated By Opportunity, Fear

In part, the society’s new activism can be attributed to the wealth of new research opportunities.

These opportunities notwithstanding, Congress can easily wipe out the recent increases in the NCI budget as part of cuts in discretionary spending that might be required to balance the budget by the year 2002.

“Experts have told us that, even if we are able to escape major cuts in fiscal year 1998, the national budget is so precarious that substantial cuts in funding for FY99 and beyond would be required to balance the budget,” Louise Strong, of M.D. Anderson Cancer Center and immediate past president of AACR, wrote in the association’s newsletter last month.

“It is not just that the rate of increase will be slowed; to achieve deficit reduction, individual R01s, SPORE grants and cancer center allocations are at serious risk,” Strong wrote.

AACR plans to fight the funding battle on several fronts, society officials said:

The association will attempt to build public support for the proposed National Fund for Health Research, introduced by Sens. Tom Harkin (D-IA) and Arlen Specter (R-PA).



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The trust fund would tap one percent of health insurance premiums to support NIH.

According to supporters, the bill, S.441, would raise an estimated \$6 billion annually for NIH, of which about 19 percent, or \$1.1 billion, would go to NCI. The funding would double the \$2.3 billion NCI budget in about five years, AACR said.

“This bill doesn’t stand a prayer unless there is a groundswell of support,” Coffey said at a press briefing at the meeting. “The insurance lobby is powerful, and they are not going to give up this amount of money—\$6 billion—without a fight.”

AACR members, while attending the annual meeting, wrote about 1,000 letters to their Congressional representatives thanking them for last year’s 6.9 percent increase for NIH and calling for doubling the NCI budget by the year 2000 through enactment of S.441.

AACR is lobbying for doubling the NCI budget in three years, with or without the trust fund.

Testifying on behalf of AACR before the House Labor, HHS, and Education Appropriations Subcommittee last week, Richard O’Reilly, chairman of pediatrics and chief of the bone marrow transplantation program at Memorial Sloan-Kettering Cancer Center, called for a “national clinical research effort” to place more patients on clinical trials, similar to the efforts over the past 25 years in children’s cancers.

“We believe the nation’s efforts in cancer research are in grave crisis,” O’Reilly said. “We are deeply concerned that the support requested in the proposed budget is grossly inadequate.

“At this time of national need and exceptional opportunity, research into cancer must not be viewed as a ‘contracting scientific enterprise,’” he said. “The opposite is called for.

“We as scientists and clinicians have often sat back and remained silent when activism was required. The reality of cancer is too monstrous, too ghastly a reaper of human life in its bloom as well as in its old age to be allowed to persist.

“This crisis in national will must be met,” O’Reilly said. “The time is now.”

AACR members will testify at other Congressional hearings during the appropriations season.

Role In Public Education

Looking beyond Capitol Hill, the society is taking its message to the public.

Beginning what will become a regular feature at the annual meeting, AACR held a public forum April 12, titled “Progress and New Hope in the Fight Against Cancer: A Public Forum Highlighting the Latest Discoveries.”

Advertised in San Diego and throughout Southern California, the forum drew an audience of about 1,000 to listen to a panel of scientists, physicians and patient advocates discuss research issues and answer questions from the audience.

At the end of the session, Coffey spoke about the need for federal funding for research.

“While you have been in this meeting for approximately two and a half hours, 161 Americans have died of cancer, 11 died of AIDS and seven were murdered,” Coffey said.

Coffey showed a bar graph comparing the NCI budget of \$2.3 billion to federal expenditures for NASA (\$14 billion), the U.S. mission in Bosnia (\$40 billion), the Persian Gulf war (\$60 billion) and the Department of Defense (\$243.4 billion). The bar representing the NCI budget was a barely visible sliver on the screen. Coffey’s slides will be posted on the AACR web site (<http://www.aacr.org>), society officials said.

While the session provided an opportunity to issue a plea for support, it’s goal was public education and access to information, Coffey said.

“We want to reach out to the people and fill them in on what’s coming along in research,” Coffey said in one of the press briefings at the conference. “I thought the best moment was when a lady got up and talked about her son, who has a rare cancer. We were able to hook her up with NCI, with people who can help.

“Not only do we want to reach out to patients and the public, but also to young investigators and high school students,” Coffey said. “This is part of the social responsibility of AACR.”

President-elect Cavenee said the attendance at the forum demonstrated to AACR members that there is public support for research. “It was remarkable to me that people were there at 9 a.m. on a Saturday to hear what’s often described as dry and boring,” he said. “It was probably not surprising to our members who see patients, but most of us are not allowed anywhere near patients.

“It gave the research community a real boost,” Cavenee said.

In addition to the public session, AACR opened the meeting to 100 high-school students from San

Diego. After Coffey spoke to the students, AACR members led them on tours of the meeting's poster sessions.

Also this year, AACR established Science Education Awards for Students, to inspire undergraduates majoring in science and third-year graduate or medical students to enter the field of cancer research. The two-year award provides \$1,500 each year to be used for travel to the AACR annual meeting and related school projects.

"We Are Going To Find Our Passion"

AACR leaders say they have learned activism from the patients, said Anna Barker, president and CEO, OXIS International, of Portland, OR, and chairman of the AACR Public Education Committee.

"The advocates have brought us a sense of urgency," Barker said. "They are making us feel the heat."

Barker said she and Coffey first met Visco about three years ago, when they were appointed to the Department of Defense Integration Panel, the advisory group to the Army Breast Cancer Research Program.

The Army program, which was the direct result of lobbying by NBCC, has received a total of \$571 million in appropriations for its grants program since 1993, according to an Army spokesman.

"When the advocacy groups are told that something can't be done, their response is always, 'Why not?'" Barker said.

Besides Visco, other activists taking part in the AACR meeting included Ellen Stovall, executive director of the National Coalition for Cancer Survivorship, and Ellen Sigal, chairman of the Friends of Cancer Research. Stovall and Sigal are members of the National Cancer Advisory Board.

"I told them it's important to take a public stance and inform the public what's going on, to talk about the opportunities, and the missed opportunities," Sigal said. "We can't take the funding for granted anymore."

Barker said that Visco's comment about passion made an impression on her. Later in the meeting, she told another group of AACR members about it.

"The advocacy groups reminded us that one of the things that we may have lost is our passion," Barker said in a session with members of the NCI Board of Scientific Advisors.

"We believe the crisis in translational research and clinical research and young investigators is

now," Barker said. "We can't wait. We've got to do something."

"We talk about being bold, we're going to be bold, and Coffey is bold," Barker said. "Other people in this organization are going to become a lot more bold in this regard, and we are going to find our passion."

After Strong turned the gavel over to Coffey at the AACR meeting, Coffey praised Strong's work over the past year to develop the association's strategic plan. He showed slides of the association's new office space in Philadelphia and the 35-member staff.

The planning, building and growth of previous years has been prelude to the battle ahead, Coffey said.

"Louise is a good cop; I'm a bad cop," Coffey said. "She's mannered, and I'm a street fighter."



The AACR annual meeting in San Diego was the association's largest, with more than 7,500 attendees. The commercial exhibit raised over \$500,000 in gross revenue, the association said.

The association's membership is currently 12,851, comprised of the following categories: 6,371 active, 2,475 corresponding, 3,237 associate, 708 emeritus, 40 sustaining (corporate memberships) and 20 honorary.

AACR is considering two new membership categories: affiliate and auxiliary.

Affiliate memberships would be available for cancer professionals who are not directly involved in research, such as administrators, physicians, and technicians.

Another membership category, temporarily known as auxiliary membership, could include persons interested in cancer research who are not health professionals, such as patient advocates.

This year, for the first time, the association has a balance in its reserve fund of 50 percent of annual expenditures, the minimum considered prudent for a professional society, treasurer Bayard Clarkson said. AACR publications, the annual meeting, and special conferences now are self-sustaining.



At its business meeting, AACR announced that the Italy-based Pezcoller Foundation had signed an agreement for the association to administer the prestigious Pezcoller Award, a prize of \$100,000 given annually to a cancer researcher.

The award will be renamed the International

AACR Pezcoller Award. Next year's awardee will deliver a lecture at the AACR annual meeting, to be held in New Orleans.

In other developments:

—AACR honored Ruth Fortson, an AACR employee for 20 years;

—The society recognized member Jay Levy, of the University of California, San Francisco, and chairman of the financial committee from 1993-96, for planning that was largely responsible for the association's current financial health.

Coffey Presses NCI Advisor On Research Funding Increase

SAN DIEGO—An aggressive strategy by AACR could put the association on a collision course with, of all places, NCI.

As a government agency, the Institute is obligated to support the President's budget proposal and is precluded from asking Congress for additional funds. In the past, advocates for extramural researchers carefully avoided pressing NCI on its potentially conflicting loyalties to science and the Administration.

At an AACR session titled "NCI Listens," AACR president Donald Coffey dispensed with that tradition by pressing David Livingston, chairman of the NCI Board of Scientific Advisors, member of the NCI Executive Committee and an official at Dana-Farber Cancer Institute, on the subject of how much support a campaign for dramatic increases in appropriations would receive from NCI officials and advisors.

Their exchange follows:

COFFEY: Dr. Livingston, as leaders we're working the Congress about appropriations. And you know the slack's sort of gone in the rope, and we are facing the balance in the budget. They ask, "What do you think it would really take to accelerate a cure for cancer? What kind of percent increase?"

If I were Sen. [Ted] Stevens [(R-AK), chairman of the Senate Appropriations Committee] and approached you and said, "Dr. Livingston, I've looked at the space station, it costs three or four times the cancer bill, and I've look at Bosnia, and its going to cost about 10 times that, and I'm going to give you carte blanche to tell me next year what you would raise the NCI budget to," what would you tell him?

LIVINGSTON: I don't think I ought to be the one to answer that question, but I like your

enthusiasm. I think you are definitely thinking in the right direction, but what would you suggest might be the approach one would take in that setting?

COFFEY: But, you as a leader, what would you say?

LIVINGSTON: Well, obviously, I believe that as much money as possible should be invested in cancer research in this country at a time when we're really—

COFFEY: Well, I did that, too. I started doing that, and he said, "Let's be specific. We don't give generalities in budgets. Give me a number." So what would you give him?

LIVINGSTON: I would ask you to refer that question. Quite frankly, I think that should be referred to the policy makers. The BSA's job is to oversee.

COFFEY: But as a scientist, what would you tell him?

LIVINGSTON: Well, I think I'd tell you what I told you before. We need a full employment economy.

COFFEY: Okay, let me tell you what worries me. That is what worries me. That is, they tell me they cannot get that answer from any of the leaders or advisors of our medical research programs. Since you all are looking for information, we would like you to address that question.

Now the reason I'm saying this—not to pick on you—I was at [NCI Division of Extramural Affairs Deputy Director] Paulette Gray's thing today [an event sponsored by Women in Cancer Research] and I sat at a table, and all these young ladies were absolutely brilliant, smart, and they said, "We're absolutely depressed, there are no jobs out there." Three other people who sat there as mentors said they found the same thing. It's like an absolutely, death knell has come over.

So then, I talked to Lovell Jones [co-chairman of the Intercultural Cancer Council], who's doing the minority [event], and he said, to a table, there's no jobs. Then I went over to Al Copeland, who runs our associate members group. He says it's never looked darker.

So that's jobs for young people.

On the second side, it turns out that you have to look at research grants. When the war on cancer started, we were funded at the 46 percent level. Then we dropped to the 13th [percentile]. And now we're back to 23rd. I've heard people insinuate that we can't handle a doubling of the funds next year.

I would like to see that go back to where it started, 46.

Then I heard from high officials that all the good work that's out there is being funded.

Then I served on a study section where we asked for prostate grants to come in with new people from outside. Eighty-seven beautiful grants come in to an RFA. It looks like we'll fund about 16. When the [NCI] SPORE grants came out, we got one. The Dana-Farber put in one grant with three to four National Academy of Medicine members on there. Absolutely beautiful grant—didn't get funded. M.D. Anderson, Leland Chung, who won the Bush award for the best research at M.D. Anderson—beautiful grant, but didn't get funded. Then the Mayo Clinic came in with an incredibly beautiful grant, and didn't get funded.

And then I heard the two highest leaders in our medical research, saying all the good work or most of it, is being funded.

Now, I think somebody's disconnected from reality here, and so I'd like to know, how do we convey that to the leaders?

(The audience applauds.)

LIVINGSTON: Let me just make two comments. Once again, we are you. I may be up here, but only for a short period, today, and in my life, and it's one of those really well-paying jobs, if you know what I mean.

Quite frankly, I think there are two points to make. First of all, let's just talk about what the BSA's responsibilities are. I think it's most important responsibility is to advocate for maximum possible funding of the body politic. And we, those of us here, and our colleagues outside, who do cancer research are the body politic. The first thing we look at in our books at each meeting is the payline, and the amount of money going for investigator-initiated research. And, by the way, that is the position that has been advocated at numerous times by the director of the National Cancer Institute, with whom we have an excellent relationship. That's number one.

Number two, I think Sen. Stevens might be referred, if he hasn't already read it, to the [NCI] Bypass Budget of 1997, which gives one of the first comprehensive, long-range policy documents, policy planning positions, processes, put forward by this Institute. In fact it will be the first of several. It will be the first of an iterative process that will emit from the Office of the Director and be the result of consensual opinion-making throughout the

leadership of the Institution and throughout the extramural community.

That's part of the BSA's responsibility. It's part of all our responsibility. That's an important document that so far has received warm, enthusiastic readings on both sides of the aisle in both houses of the Congress and in the Executive branch, and I recommend it to anybody who hasn't had a chance to read it. It's short, terse, and to the point.

COFFEY: Dr. Livingston, I love the Bypass Budget, and I think it's one of the most concise, easy-to-read things. I think that [NCI Director Richard] Klausner is doing a terrific job in bringing science, and focusing down, and reorganizing things.

But we cannot miss several important facts. One thing is, we think the NCI superstructure is falling apart. There's been freezes on hiring, there's been all sorts of staff things, that make it very difficult for that unit to function.

So I said, to a couple of high officials, that if we double the money to NCI, couldn't we handle it? They said, "No, we don't have the structure to handle it."

Now, I know that it's going to be hard for the NCI to go out and say we want to increase our support staff and the whole operation.

But we can do that. The AACR can do that. We can go out and beat on Congress to really put some supercharge into the structure. By the same token, we want to do the same thing for our young investigators and our research grants.

The Bypass Budget is beautiful, but the percent is so small, it's like a Band-Aid to treat cancer.

We've got to take a bold step forward. I have yet to hear anyone advising the director, or anyone else, taking that bold step. I understand you cannot do that if you work for the government because you have to sort of fall into step. But why can't we do that for you?

LIVINGSTON: Well, first of all, "we" is us. We is us. You and I and the 30 of us [members of BSA] are all the same. We are all on the same side in this one. And, as I indicated, we do advocate, the 30 of us advocate, for maximum possible funding within, you know, what's given to us.

We obviously are not a lobbying organization, but we ain't gonna turn down the support one can get from the community. So what you're doing, in my opinion, is God's work.

COFFEY: So what we would like to do, then, is present the Board of Scientific Advisors with a

plan for what we think it would really take to revitalize the cancer program in a way that would move forward, with some numbers and some things in it. We would wish that you might do that, too.

I don't think we can shake our heads and say, "I don't know the number."

You know that Dr. Klausner, when he faced [Sen. Arlen] Specter [(R-PA) chairman of the Senate Labor, HHS & Education Appropriations Subcommittee], they threw that at him, about breast cancer, and he said, "I don't know."

I think it's our job to know these things. We can't say, "You guess, I guess, we guess."

We ought to say: "We believe that to really supercharge these things in a meaningful way for young people, we need this amount of money, and we can't lobby, but that's what we need."

Why is that not forthcoming? I'm sort of alarmed that I can't get that number from somebody.

LIVINGSTON: Let's put it this way: We look forward to reading—I'm sure that the 30 of us look forward to any expression of support in the form of a formal report, suggestion, oral or written, with respect to funding in the Institute.

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Later in the session, Livingston said the board's next meeting, scheduled for June 19-20, will include a two-hour period for board members to discuss ideas that should be brought to the attention of NCI. He said the comments by AACR members at the "NCI Listens" session would be included.

The BSA, comprised of extramural researchers and patient advocates, shares the goals of AACR, Livingston said. "So, 'we' are us. 'We' are not we. 'We' are you. You are we, and you—a number of you in this room—will occupy these seats in the years ahead. The job is to set a standard of conduct that makes your opinion heard right at the center of the Institute, which is a very important new development in the history of the Institute."

BSA member John Minna, of University of Texas Southwestern Medical Center, said the board should discuss the issue of advocacy for increased funding.

"I've been stimulated by Dr. Coffey over the past couple of days," Minna said at the question-and-answer session. "The board cannot go and lobby to Congress, but the BSA can advise [Klausner] that he is being too timid. Probably the board needs to seriously consider this question about the level of funding."

Eight Firms Join AACR As Sustaining Members

Eight companies have joined the American Association for Cancer Research's Sustaining Membership Program.

This brings the total number of program members to 40, the association said.

Abbott Laboratories and Wyeth-Ayerst Research joined the program as Major Sustaining Members.

Janssen Pharmaceutica and SmithKline Beecham Pharmaceuticals increased their level of support to become Major Sustaining Members. ALZA Corp., ASTA Medica, Kellogg Co., and Kirin Brewing Co., joined as Sustaining Members.

Major Sustaining Members donate \$10,000 per year to AACR. Sustaining Members donate \$5,000 per year.

AACR said the firms receive benefits such as complimentary subscriptions to AACR journals, acknowledgment in AACR publications, preferential rates on advertising, and preferential location at the AACR annual meeting.

Member corporations also "enjoy enhanced opportunities for interaction with the AACR's member scientists, and the chance to foster excellent scientific programs by making substantial contributions to the AACR," the association said in a statement.

"The high scientific standards of the AACR and its work serve the purposes and goals of the Sustaining Members," the association said.

Other AACR Major Sustaining Members include: Amgen, Genentech Inc., Glaxo Wellcome Oncology, Hoffman-La Roche Inc., Novartis Pharma AG, Rhone-Poulenc Rorer, and Zeneca Pharmaceuticals.

Sustaining Members include: BASF Bioresearch Corp., Bayer Corp., Berlex Biosciences, Bristol-Myers Squibb Oncology, Coulter Corp., Cytogen Corp., DuPont Merck Pharmaceutical Co., Eli Lilly and Co., Hoechst Marion Roussel, Ilex Oncology Inc., Merck Research Laboratories, Oncor Inc., Ortho Biotech Inc., Parke-Davis Pharmaceutical Research, Warner-Lambert Co., The Pezcoller Foundation, Pfizer Central Research, Pharmacia & Upjohn Inc., Procter & Gamble Co., Sanofi Winthrop Inc., Schering-Plough Research Institute, Searle, Taiho Pharmaceutical Co., Varian Associates Inc., and Yamanouchi Pharmaceutical Co.

In Brief:

NCI Forms Genetics Branch; NBCC To Hold Conference

(Continued from page 1)

CANCER GENETICS BRANCH has been established within the NCI Division of Cancer Biology. The branch supports basic research on genes that, when altered, lead to malignant transformation and tumor progression. **Faye Austin**, director of the DCB, will serve as acting branch chief, and **Cheryl Marks** and **Grace Shen** are the branch program directors. . . . **NATIONAL BREAST CANCER COALITION** will hold an Annual Advocacy Training Conference May 4-6 in Washington. The conference includes lobby day on Capitol Hill, where attendees will deliver over 2.6 million signatures to the President and Congress, demanding \$2.6 million to be allocated to breast cancer research through the year 2000. . . . **OTTO GANSOW**, chief of the radioimmune and inorganic chemistry section of NCI's clinical science division died of a stroke on April 19 at Georgetown University Hospital. Gansow was 56 years old. . . . **UNIVERSITY OF PITTSBURGH CANCER INSTITUTE** is seeking a Deputy Director for Basic Research with expertise in either molecular or cell biology. Candidates should be tenurable as either associate or full professor, with a proven track record in NIH funding. Candidates should be recognized as national leaders in the field of molecular oncology or cell biology, with the ability to serve as a senior leader of the institute, as a mentor for junior faculty, and as the focal point for program development and collaboration. Candidates should send a letter of interest and curriculum vitae to Ronald Herberman, Associate Vice Chancellor for Research, Health Sciences, Suite 201, Liliane Kaufmann Building, 3471 Fifth Ave., Pittsburgh, PA 15213. . . . **CORRECTION:** Stuart Schlossman is the Baruj Benacerraf professor of medicine at Harvard Medical School. His title was incorrectly spelled in the April 4 issue of **The Cancer Letter**. . . . **CLARIFICATION:** Proposal deadline for the U.S. Army Medical Research and Materiel Command Broad Agency Announcement published as submitted by the program in the March 28 issue of **The Cancer Letter** did not list the year of the deadline. The deadline is June 25, 1997; pre-proposal deadline for Clinical Translational Research awards is June 11, 1997. The Army must obligate all funds by Sept. 30, 1998.

AREA Awards Changed By NIH

NIH issued the following notice in its Guide to Grants and Contracts, April 11 issue:

This notice is to highlight for the research community recent changes to the Academic Research Enhancement Award (AREA) program. In response to comments and suggestions from interested parties, an NIH committee examined the program and recommended several changes to it. NIH extramural officials have decided that the following changes will be implemented immediately:

- o Applications will be accepted in response to ongoing Program Guidelines and will not be solicited through a request issued annually.

- o Applications for these awards will be accepted and reviewed three times per year, instead of once per year. The receipt dates will be January 25, May 25, and September 25. In view of the short time frame, the May 25, 1997 receipt date will be extended to June 25, 1997.

- o Applications for competing continuations (or renewals or Type 2s) of AREA grants will be accepted. Thus, recipients of AREA awards may apply for an AREA grant to continue their research project.

- o Applications for AREA grants may now include appendices, and must follow the instructions for submitting these in the Application for a Public Health Service Grant PHS 398 Form.

- o As part of the initial merit review, a streamlined review process, which is employed for the review of most NIH research grant applications, will be used. Under this process, reviewers are asked to identify the approximate upper half of applications. These applications are discussed at the review group meeting and receive a "priority score" ranging from "best" (100) to "average" (250-300), while the lower half of applications are normally not discussed nor given a priority score. Nevertheless, all applicants will receive summary statements which will consist of the written critiques of two or more assigned reviewers.

- o Applications must provide specific information regarding the investigator's experience in supervising students in research, the institution's student population, its success in training students who pursue careers in the biomedical and behavioral sciences, and its suitability for an AREA award. In the initial scientific review, applications will be evaluated on these factors in addition to the usual scientific merit considerations.

- o AREA grantees will be required to submit both annual Progress Reports and a Final Progress Report.

The Program Guidelines are available on the NIH Homepage (<http://www.nih.gov>) under the Grants and Contracts sub-menu.

Inquiries: Dr. Janet Cuca, Office of Extramural Research, NIH, 6701 Rockledge Dr., Rm 6192, Bethesda, MD 20892, tel: 301/435-2691, email: janet_cuca@nih.gov