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The Meeting At The Beverly Hills Suite: Salick, Zeneca Part Ways Acrimoniously

Bernard Salick doesn't work for Salick Health Care anymore.

The way Salick's attorney tells the story, the ousting of the colorful, outspoken entrepreneur was a carefully planned operation that involved an element of surprise, some disinformation, as well as a cadre of armed guards and electronic surveillance specialists.

The final scene of the acrimonious ouster played out April 10, at the Beverly Hills Suite of Hotel Nikko in Los Angeles. That day, Zeneca concluded the buyout of Salick Health Care.

"Based on our investigation, this plan had to have been made months
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In Brief

Congresswomen Receive FASEB Awards For Public Service For Support Of NIH

NANCY PELOSI and **NANCY KASSEBAUM** will receive the Federation of American Societies for Experimental Biology Public Service Award for their support of NIH and biomedical research. Rep. Pelosi (D-CA) is a member of the House Labor, HHS, and Education Appropriations Committee, and co-chair for the Congressional Biomedical Research Caucus. Former Senator Kassebaum (R-KS) currently serves on the Robert Wood Johnson Foundation, the Ewing Kauffman Foundation, and the Kaiser Family Foundation. . . . **JOYCE LYNNE MURATA-COLLINS** has been named associate director of the Cytogenetics Laboratory at City of Hope National Medical Center. Murata is a former clinical genetics fellow in cytogenetics at Children's Hospital/University of Colorado School of Medicine. . . . **MORTIMER ELKIND** has received the Roentgen-Plakette Award for his research on the biological effects of radiation and his contribution toward establishing the scientific basis for radiation therapy. Elkind is a professor in the department of radiological health sciences at Colorado State University. The award was presented April 26 in a ceremony at the Roentgen Museum in Remscheid-Lennep, Germany. . . . **WILMA MANKILLER**, former Chief of the Cherokee Nation of Oklahoma, received the Dorothy I. Height Lifetime Achievement Award at the 6th Biennial Symposium on Minorities, the Medically Underserved, and Cancer, held in Washington last week. Mankiller received the award in recognition of her work in establishing the Cherokee Rural Health Network. Other awards presented
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Salick Didn't Want Advisory Role; Begins Another Firm

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in advance," said Marshall Grossman, a Los Angeles attorney who represents Salick. "It was very carefully orchestrated, and it was concealed from Dr. Salick right up until the end, when they dropped the bomb."

"The bomb" was dropped by Sir David Barnes, chief executive of Zeneca Group PLC, a London-based \$9-billion bioscience company, and by Thomas McKillop, CEO of Zeneca Pharmaceuticals.

The two officials informed Salick that his contract as CEO would be terminated and that the company would pay him about \$5 million, the value of his long-term contract, Grossman said. That money would be paid on top of Salick's total proceeds from the sale of stock which totaled \$109.5 million, Grossman said. Salick was asked to consider an advisory position of chairman-emeritus, which came with a salary of \$800,000 a year.

True, some people pray for bombs of this magnitude. However, for Salick, severance from the company was devastating, Grossman said. "This is not about money," he said. "It's about pride, and respect, and integrity. Bernie is well known for his loyalty, and he expected and deserved loyalty in return."

Salick has no plans for litigation and is busily building another chain of cancer and AIDS treatment

centers, Grossman said.

Zeneca's plan to take control of Salick Health Care was carefully thought out, said Judith Auchard, Zeneca spokesman.

"We are a thoughtful company, and—yes—this was discussed at the most senior level," Auchard said to **The Cancer Letter**. "The discussions were about how to best integrate Salick Health Care into Zeneca. The conclusion was that Zeneca wanted to appoint its own CEO. We hoped to retain Bernie Salick in a different role, and we were disappointed that he didn't accept the offer."

Auchard said she is puzzled by Salick's reaction to the ouster. "He sold his business, and I would have thought he must have considered the possibility of changes as a consequence," she said.

Writing On The Wall?

Bernard Salick and Salick Health Care president and chief financial officer Leslie Bell saw no signs of what was to come, Grossman said.

In fact, Salick was so unsuspecting that he left his personal possessions in his office, where they remained after Zeneca took over the company's Los Angeles office building, Grossman said.

This claim of gullibility comes as a surprise to many observers and company insiders. Salick's ouster, predicted for months, was widely expected to occur as soon as Zeneca increased its stake from 50 to 100 percent of the stock.

"I was not really surprised," said Sheldon King, executive vice president at Salick Health Care, who remains in his job. "The history of takeovers of smaller companies by larger ones is that the management team of the smaller company is likely to be removed."

Grossman's chronology of events leading up to Salick's ouster begins March 21, when Salick received a telephone call from McKillop, of Zeneca Pharmaceuticals.

"This was a very friendly call," said Grossman, whose account of Salick's ouster is based on extensive discussion with Salick and Bell.

McKillop told Salick that Zeneca was considering calling the balance of the Salick stock early. Under the 1995 merger agreement, Zeneca bought half of Salick Health Care stock and assumed the obligation to buy the remaining half any time before October 1997. The fact that the stock would be called was not a surprise, Grossman said.

McKillop requested that Salick assemble the



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company's board of directors so it could ratify the buyout if it occurred. Indeed, on March 26, the boards of the two companies approved the buyout.

Later that night, Salick and company president Bell pressed Zeneca on the wording of the press release that was being prepared to come out the following day. Why wasn't Bernard Salick mentioned? Why wasn't Bell?

After all, the company's 1994 press release that announced that Zeneca was planning to purchase a stake in Salick Health Care stated specifically that Bernard Salick would continue to run the company's day-to-day operations.

The hospitals and doctors nationwide would be concerned, Salick warned Zeneca, Grossman said.

"We now know what we didn't know at the time," Grossman said. "They intended the purge, but concealed it from Dr. Salick and from the medical community at large."

In early April, Salick received another call from McKillop, Grossman said. This time McKillop wanted to set up a meeting in Los Angeles on April 10, the day the company's buyout of Salick was scheduled to be completed.

Salick, who was in New York at the time, would have preferred to treat the buyout as a non-event. Why did the meeting have to be on April 10? Salick asked.

McKillop said he wanted advice on minor personnel changes. Was Zeneca planning to change the direction of anything the company was doing? No, McKillop replied, according to Grossman.

"Then McKillop said, 'By the way, Sir David Barnes will be coming to the meeting,'" Grossman said, reconstructing the conversation.

Barnes' visit would combine business and pleasure, McKillop said. Zeneca's chief executive would also visit his son in California. Barnes had met Bernard Salick in London, but had never visited Salick Health Care, Grossman said. Still unsuspecting, Salick decided that he would show Barnes the company's Cedars Sinai cancer center.

Soon thereafter, Salick called London and invited Barnes to dinner. The response arrived by fax: Barnes would be "delighted" to join Salick for dinner and would check with McKillop if he would be able to come as well. Mrs. Barnes, unfortunately, would be unable to attend, the note said.

"They were continuing to administer the anesthesia," Grossman said. "If it were a slow morphine drip, the patient would have been dead."

Auchard declined to discuss the specifics of Salick's ouster. "We don't want to comment blow-by-blow on things that happened in a private meeting," she said.

The Encounter at Beverly Hills Suite

On April 10, the day of the takeover, Bernard Salick was scheduled to meet Barnes and McKillop at 1:30 p.m. at the Nikko. Bell's meeting was scheduled for 2:15, Grossman said.

"So they separated the two of them," Grossman said. "They separate the doctor from the man who is his lawyer, business partner and best friend."

Before the meeting, around noon, Bell received a call from Michael Carter, who had been Zeneca's representative at Salick Health Care and a member of the company's board of directors, Grossman said.

Carter invited Bell to come to the Nikko a little earlier, at 2 p.m., Grossman said. "We want to meet with you," Carter said, according to Grossman. "Glenn Engelmann will be there, too."

This was the first indication that Engelmann, chief counsel for Zeneca Inc., the Wilmington, DE, based US subsidiary of Zeneca Group, was in Los Angeles, too.

Carter offered to brief Bell on what was about to transpire, but urged him to keep the matter confidential, Grossman said. Salick was not to be told.

"For the first time, Les was concerned," Grossman said. Bell said he would be unable to meet with Zeneca officials in secret from Bernard Salick "as a matter of integrity," Grossman said.

"They said, 'In that case, don't come early. Come at 2:15. But don't tell Bernie,'" Grossman said.

Naturally, Bell walked over to Salick's office and described the conversation to him, Grossman said.

The Beverly Hills Suite is located on the main floor of the Nikko. Except for a table set with dishes, the room was empty.

"Que pasa?" Salick said, according to Grossman.

There was a chuckle from Barnes. A chuckle from McKillop. A chuckle from Salick.

"Gee, there is no coffee, and the table is set," Salick said. "What's going on?"

Room service was called.

Barnes reached for a note pad with handwritten notes, Grossman said.

"The civility quickly left the room," Grossman

said. "David Barnes pulled out a script and began to read. The meeting consisted of Barnes reading from his notes, and every time Bernie asked a question or made a comment, Barnes went back to his notes for the answer."

Barnes said Salick would no longer serve as the company CEO. Since his contract, which runs through 1999, was to be terminated without cause, Salick would be paid \$5 million, the contract's full value. Salick was asked to remain chairman-emeritus, an advisory position that came with a salary of \$800,000 a year.

Salick was stunned, Grossman said. To him, "chairman-emeritus" meant "a coffin and a gold watch," he said.

"To whom would I report?" Salick asked.

"Well, no one," Barnes said, according to Grossman. "We very much cherish your relationships in the industry, your strategic planning, your thoughts."

"And to whom would I convey those?"

"Well, you would just convey them."

The new team of executives would include Michael O'Brien, CEO of the company's specialty chemicals division and a member of Zeneca Group executive council, Salick was told. Before he was transferred to specialties, O'Brien worked in pharmaceuticals marketing in the US.

Other new officials were Peter Jessup, formerly from the agrochemicals unit, who would serve as senior executive vice president, and Dan Wilbur, an official from specialty chemicals. Wilbur would run human resources.

The three were already in Los Angeles, Salick was told.

These appointments stunned Salick, Grossman said. "Three British guys? Brand-new in an American company?" Salick exclaimed, according to Grossman. "Are you kidding me? And they make poison? Insecticides and fungicides? Are you mad? Every doctor in the country will go nuts. How can they run a cancer company? They don't know a thing about a cancer company." [Human resources chief Wilbur is American, Auchard said.]

"Then Bernie asked, 'What will happen to my office?'" Grossman said.

"We want you to move out of your office," Barnes said.

"Are you kidding?" Salick asked. "Are you going to humiliate me and make me move out of my office? Are you going to take my office away

tomorrow?"

"No, we are going to wait a month," Salick was told, according to Grossman.

"Are you going to take my parking pass away, too?"

"We are going to talk about that."

The meeting, scheduled to last only 45 minutes, was not coming to a close, not even after Bell walked into the suite. Intercepted in the lobby by Carter and Engelmann, Bell was briefed on the events, and was stunned by what he heard, Grossman said.

Finally, with Salick still in the room, Barnes returned to the beginning of the script he had gone through earlier, this time for Bell's benefit, Grossman said. At this point Salick left the room.

"After they finished with Bernie, they went to work on Les Bell," Grossman said. "They told Les what they were doing with Bernie, and Les said to them that this was not smart. There were many deals pending. Who would handle them?"

Barnes and McKillop responded with an offer. Bell would receive a \$75,000 raise to continue in his job, Grossman said.

"They told Les that they were waiting for a counter-proposal from Dr. Salick," Grossman said. "Why don't you talk to him? He is your best friend."

"So, Les Bell, left the meeting and joined Bernie outside in a complete state of shock."

Like Salick before him, Bell was asked to return the following morning.

Meeting in the hotel lobby, Salick and Bell talked for a few minutes, then returned to the Beverly Hills Suite, Grossman said. Barnes and McKillop were still there.

"I guess in light of these circumstances you won't want to have dinner with me," Barnes said to Salick following a brief restatement of positions, Grossman said. "But maybe we will have it tomorrow night."

Before parting, Salick got in the final word: "When the Zeneca board decides that your time is up, David, I hope that they do it with more grace than you've accorded me," he said to Barnes, Grossman said.

At 6 a.m. the following morning, Salick called Grossman, who had represented him and Bell in contract negotiations with Zeneca. The final meeting with Zeneca officials took place at 4 p.m.

"Meanwhile, the deception continued," Grossman said. "Before we showed up at the meeting at 4 p.m., they had called a special meeting of the

stockholders of a holding company through which they controlled Salick Health Care stock, and removed Salick as director of the company, chairman of the board and CEO.” Zeneca removed the company’s former board of directors and elected a new one.

The second meeting was less dramatic than the first. Salick and Bell showed up for a few minutes, then left the room, allowing the lawyers to take over.

“At the meeting Glenn Engelmann confirmed that what had happened was final,” Grossman said. Bernard Salick was being terminated as the company’s chief executive without cause, an action that voided the contractual clause that barred him from setting up a competing business, Grossman said.

“The meeting ended inconclusively,” Grossman said. A week after the meeting at the Nikko, in a letter to Zeneca, Bell stated that the company had, in effect, breached and terminated his contract, Grossman said.

“His legal position is that, notwithstanding the charade of a salary increase, they effectively terminated him, stripping him of his authority, and instructing him not to do anything without Michael O’Brien’s consent,” Grossman said. “And he was not able to continue to report to Dr. Salick, to whom he had to report under the contract.”

Grossman said he does not represent Bell at this time. Bell could not be reached for comment.

By the afternoon of April 11, Salick learned that armed guards were deployed at the company headquarters, Grossman said. Electronic surveillance teams combed the building, too, he said.

At the same time, people entering another office building owned by Bernard Salick were being openly photographed. It is in that building, located in Beverly Hills, about a mile away from Salick Health Care headquarters, that Salick set up his new business.

“Security Deficiencies”

Zeneca spokesman Auchard said the takeover of Salick Health Care headquarters was not the paramilitary operation described by Grossman.

“The security and search arrangements were unexceptional,” Auchard said. “They were what any company would do. It is Zeneca’s policy to do this to ensure the space we were taking over was secure and suitable for conducting confidential business.”

Only two security guards were used in the

operation, she said. “One was very visibly posted at the entrance; another was in the executive parking lot,” she said. “They had specific instructions not to confront anyone.”

Both guards were off-duty officers of the Los Angeles Police Department who were hired through a security firm. In accordance with LAPD practice, both carried pistols, Auchard said.

Auchard confirmed that the Salick Health Care building was swept for electronic surveillance devices. “We did take some security and search measures, and found deficiencies,” she said.

Asked to describe the deficiencies, Auchard said, “We found concealed cameras and a voice transmitter.” She said there was “more than one” camera, but declined to reveal the number.

“As a result, we had to introduce improvements to correct the deficiencies,” Auchard said. Auchard said she had no information about alleged photographing of people walking into Salick’s building in Beverly Hills.

Grossman said Salick did not plant electronic surveillance devices in the Salick Health Care building.

“The statement that there was a voice transmitter in the building is pure mad cow disease,” Grossman said. “If there was a voice transmitter, then it would have to have been made in Great Britain.

“The only security cameras in the building are those that are visible and routine in any office building,” Grossman said.

“The New York Times” Factor

On April 15, the story of the ouster of Bernard Salick appeared on the front page of The New York Times.

The story stated that it was “universally expected that Salick... would remain in charge of the company’s day-to-day operations and serve as a buffer between Zeneca and the hospitals.” The story presented the perspectives of analysts, economists and a bioethicist on the uniqueness of Zeneca’s position of being able to prescribe the drugs it makes.

“Salick said that he was concerned the new arrangement might make the doctors at his centers less independent,” the story said. “He said that he had hoped his management team would serve as a ‘safety valve’ to make sure that doctors were able to prescribe whatever medicines they saw fit,” the story continued. “He said that he had insisted that his doctors be allowed to collaborate with competing

drug companies in their research.”

The story quotes Salick saying: “I am very distressed about this. I don’t feel I would be able to control quality.”

A careful reading of Salick’s quote would show that Salick said that, being out of the company, he could no longer personally vouch for independence and integrity of Salick Health Care’s cancer centers, Grossman said. Salick did not say that Zeneca would be using the cancer centers to promote the sale of its own drugs, Grossman said.

Nonetheless, the story fostered the perception that Salick Health Care centers were the place to get Zeneca drugs, said Bruce Ross, former CEO of the National Comprehensive Cancer Network and former Bristol-Myers Squibb executive.

“Whether or not the allegations are true is irrelevant,” Ross said. “The publicity is potentially devastating for Salick Health Care, namely the allegation that Zeneca would control drug prescription practices in the cancer centers.

“It may even induce the oncologists in Salick centers to prescribe Schering or Hoechst drugs in order to avoid even an appearance of impropriety,” Ross said to **The Cancer Letter**.

Perceptions make a formidable adversary, Zeneca officials acknowledge.

“I understand that this perception is being created, and our response to it is, (a) we wouldn’t do it because ethically it doesn’t make sense, and (b) business-wise it doesn’t make sense,” Salick Health Care CEO O’Brien said to **The Cancer Letter**.

It is also not feasible for Salick Health Care to pressure physicians to change their practices, O’Brien said. Typically, the physicians who practice in Salick centers are either in private practice or are on full-time faculty of universities.

“Even if somehow this were to happen, it’s financial benefits to Zeneca would be totally insignificant,” he said. Drugs dispensed through Salick Health Care account for a miniscule share of Zeneca’s sales. While Zeneca’s pharmaceutical sales were \$4.1 billion last year, Salick’s total sales, which include various components of cancer care as well as dialysis services, were \$186 million.

“Physicians would not accept [prescribing] restrictions,” O’Brien said. “It would be bound to come to light.

“It can’t be done,” O’Brien said.

King said the integrity of Salick Health Care physicians and Zeneca executives would be the best

safeguard of all.

“What gives me comfort is the kind of physicians we have,” King said. “They value their integrity. They would not compromise it, even if someone put pressure on them.

“I also have my sense of what Zeneca leadership is like as people and professional managers. They have high standards, and they present the kind of ethical approaches that I like seeing in health care.

“They are not quick-profit people. They are far above the general cut in terms of how they approach business, and how they don’t cut corners or make ‘deals’ that are shady in nature,” King said.

Zeneca’s Plans for Salick Health Care

Patience is key to Zeneca’s strategy at Salick Health Care, O’Brien said.

While the company intends to add centers and expand managed care capabilities, the company is also interested in information that can be obtained through observing clinicians at work. That information can then be applied to research and development programs, company officials said.

The portrayal of Zeneca’s venture into patient care as an effort to boost pharmaceutical sales is “preposterous,” Auchard said.

“Acquiring Salick was not about increasing the sales of Zeneca drugs,” Auchard said. “Acquiring Salick was about having access to data about the treatment of cancer patients and being able to channel these data back into our research and development, so we can design better treatments. It was about getting access to information about the care end of the activity.”

“[Salick Health Care physicians] are at the very forefront of the treatment of cancer,” O’Brien said. “Dialogue between clinicians and people doing pharmaceutical research and new product development is a good way to test out theory through discussion.”

Through ongoing dialogue with clinicians, Zeneca scientists would be able to prioritize development and select indications for drug candidates in preclinical and early clinical development, O’Brien said.

“From what I’ve seen, there are plenty of opportunities for the type of comprehensive cancer center that Salick Health Care has developed,” O’Brien said.

While the company is likely to add centers, the new centers may differ from those built by Salick.

"I can't say to what extent you build new brick-and-mortar, and to what extent you use existing brick-and-mortar," he said. "At this early stage I am trying not to rule out anything."

O'Brien declined to characterize the quality of data amassed by the company. "Is there any managed care organization that has optimal data?" he said. "My suspicion is that everyone is learning as they go, and Salick Health Care is no different."

Acrimony with the company's founder notwithstanding, Salick Health Care plans to keep its name since it is widely recognized in the industry, O'Brien said.

Side-By-Side Test

While Zeneca is reinterpreting Bernard Salick's vision under the imprimatur of Salick Health Care, the visionary himself is busily setting up another firm, which he calls Bentley Health Care.

Bentley, located literally down the road from Salick Health Care, will treat cancer and AIDS as well as provide dialysis services and organ transplantation, Salick said.

Salick's new fascination with the treatment of AIDS is not limited to centers. Last week, the entrepreneur gave \$4.5 million to endow a chair for Luc Montagnier, an AIDS researcher who would move his research from the Institut Pasteur in Paris to Queens College of the City University of New York, Salick's alma mater.

In the managed care environment, building outpatient cancer centers goes against conventional wisdom, many industry observers say. While most cancer managed care organizations prefer constructing networks to constructing buildings, Salick Health Care and Bernard Salick appear to be committed to brick-and-mortar.

Is the concept of a national chain of outpatient centers still viable?

Lee Newcomer, an oncologist and chief medical officer at United HealthCare Corp. of Minneapolis, cautions against ruling out the Salick concept of care.

"What Bernie Salick did was create an organization that was really responsive to patients," Newcomer said to **The Cancer Letter**.

"If you had a choice between driving to an inconvenient location, having to pay for parking that's a mile away from your clinic, walking over to a clinic that isn't well run and having to sit and wait for a long time versus driving to the front door of Bernie's shop and a valet escorts you in, and getting

your chemotherapy within a few minutes, which would you take?"

United has only recently begun to serve one of Salick's markets and has no relationship with the company, Newcomer said.

Newcomer said he devotes little time to considering the institutional structures of health care providers. As a medical director, he is concerned about the quality of service and the outcomes.

"So if Bernie Salick or any other organization shows me that they are not treating pancreas cancers with every drug known to man, that's important to me. Also, I want to see that they are treating Hodgkin's disease with the appropriate first-line medication and that they have appropriate cure rates.

"That's my focus, but my customers' focus is service. And today, I have a tough time getting good results for either of those," Newcomer said.

In Brief

Activists Receive Awards At Minorities Symposium

(Continued from page 1)

at the symposium were the LaSalle D. Leffal Jr. Award, presented to **Reginald Ho**, former president of ACS, and a medical oncologist at the Straub Clinic and Hospital in Honolulu. Ho received the award for his efforts toward reducing cancer pain. The Hope Volunteer Awards, in recognition of exceptional service in the areas of cancer prevention, control, treatment, and survivorship in minority and medically underserved communities were presented to: **Venus Gines**, for her work as an advocate on health and welfare issues in the Hispanic-American community; **Mary Lovato**, for founding A Gathering of Support, a program providing support and education to American Indian families dealing with cancer; **Karen Jackson**, president and co-founder of the Sisters Breast Cancer Survivors Network, the first national breast cancer support group geared toward African-American women; and **Jacob's Ladder**, a bone marrow registry in Cary, NC, for bringing attention to the need for bone marrow donations for all Americans. . . . **CENTER FOR THE ADVANCEMENT OF HEALTH** has published a new, expanded edition of its directory of funding sources for research into the psychosocial aspects of cancer. Each listing identifies the funding organization's interest, funding range, recent grants, application process, and contact information. For a

free copy, contact Center for the advancement of Health, tel: 202/387-2829, fax: 202/387-2857, email: cfah@cfah.org, website: <http://www.cfah.org>.

RFP Available

RFP-N01-CN-75023-82

Title: **Phase II-Clinical Trials Of New Chemopreventive Agents**

Deadline: Approximately July 7

The NCI DCPC Chemoprevention Branch is interested in establishing a Master Agreement pool with the objective of encouraging cancer chemoprevention clinical trials that use biochemical and biological markers as intermediate endpoints. The application of biological markers to clinical prevention trials carries great promise in relation to ultimate cancer prevention. When cancer incidence reduction itself is used as an endpoint in studies of this type, a very large number of subjects tested for long durations is often required. The design of phase 2a clinical trials will be small, short-term, efficient studies that determine the dose-response of a given chemopreventive agent on pharmacological and intermediate endpoints, the minimum dose at which this biological effect is observed, and the maximum safe dose. The second segment phase 2b study will involve a randomized, placebo-controlled, blinded trial in a small group of subjects in which the endpoint will be a modulation of a quantifiable biological effect that is correlated with cancer incidence reduction in the agent versus the placebo treated groups. Offerors whose work is judged acceptable will be awarded an MA, and will then be eligible to compete for work as MAO RFPs are issued.

Inquiries: Michelle Scala, Contract Specialist; tel: 301/435-3829, fax: 301/402-8579, email: scalam@rcb.nci.nih.gov.

Program Announcement

PA-97-055

Title: **Priorities In Behavioral Research In Cancer Prevention And Control**

NCI and the National Institute of Dental Research invite researchers to submit research project grant (R01) applications that address behavioral research issues in cancer prevention and control. This PA addresses recommendations made by a Behavioral Research in Cancer Prevention and Control Working Group in 1996 that consisted of leading national experts. Copies of the Report of the Working Group: Priorities in Behavioral Research in Cancer Prevention and Control can be obtained from NCI, tel: 301/496-8520, or via the Internet: <http://www.dcpc.nci.nih.gov/PCEB/research/>.

Examples of priority areas for behavioral research in cancer prevention and control areas which might be addressed by applicants are listed below.

—Prevention and Cessation of Smoked and Smokeless Tobacco Use among Children, Teenagers, and Adults. New efforts are needed to identify determinants of smoking initiation and maintenance in U.S. youth and, especially, to design and evaluate innovative strategies to reduce the prevalence of this high risk behavior among both youth and adults.

—Enhancing Risk Communication, Comprehension, and Informed Decision-Making Under Uncertainty: As new technologies are integrated into mainstream medical and dental care, patients are being challenged to make difficult decisions in the face of uncertain risks and benefits. Research is needed to design and evaluate strategies to improve cancer risk communication, enhance comprehension, and facilitate informed decision-making about options for cancer prevention, screening and treatment.

—Integrating Preventive and Early Detection Services into Changing Health Delivery Systems: The proportion of the insured population covered by a managed care arrangement has increased from 47% in 1991 to 65% in 1994, and continues to rise steadily. Behavioral research must respond to this change in healthcare delivery by designing and testing innovative cancer prevention and control interventions that can be integrated into healthcare systems in a cost-effective manner. Research directed toward health care providers, such as dentists, who deliver care in predominantly solo practice settings, is still needed to test innovative approaches to improve dissemination/adoption of up-to-date approaches in oral cancer prevention and detection.

—Improving the Outcomes of Genetic Testing for Cancer Susceptibility: A better understanding of the behavioral and social impact of disclosure of genetic information is critical to designing optimal education and counseling approaches. Efforts are needed to evaluate behavioral interventions to enhance quality of life and maximize adoption of cancer control practices among participants in genetic testing programs.

—Enhancing Survivorship of Cancer Patients: Behavioral and psychosocial interventions are needed to enhance functional health status, improve delivery of palliative care, and promote health behaviors that may reduce the risk of second malignancies.

—Promoting a Healthy Diet and Physical Activity: Efforts are needed to examine the determinants of changes in these behaviors and to design innovative interventions, particularly those that can be targeted to populations at high risk for cancer.

Inquiries: Veronica Chollett, NCI, 6130 Executive Blvd Rm 232-MSC 7330, Bethesda, MD 20892-7330, tel: 301/435-2837, email: vc24a@nih.gov; or Patricia Bryant, Behavior, Health Promotion, and Environment Program, National Institute of Dental Research, 45 Center Dr., Rm 4AN24E, Bethesda, MD 20892, tel: 301/594-2095, email: BryantP@de45.nidr.nih.gov