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Senators Urge Grassroots Support For Health Research Fund Legislation

Senators Arlen Specter (R-PA) and Tom Harkin (D-IA) last week urged cancer researchers and patient advocates to generate grassroots support for legislation that would institute a 1 percent surcharge on insurance premiums and channel these new funds to medical research.

The bill to create the National Fund for Health Research (S. 441), introduced by Specter and Harkin, seeks to raise as much as \$6 billion annually for NIH, of which about \$1.1 billion, would go to NCI, the bill's sponsors say.

The two senators requested grassroots support for the trust fund at (Continued to page 2)

In Brief

Baltimore Named President, Caltech; Watson, Weinberg, Win National Medals of Science

DAVID BALTIMORE has been appointed president of the California Institute of Technology. Baltimore, professor at the Massachusetts Institute of Technology, will assume the post this fall, according to a statement by the Caltech Board of Trustees. Baltimore succeeds **Thomas Everhart**, who has been president for the past 10 years. Baltimore, who received a Nobel Prize in 1975 for his work in virology, was founding director of the Whitehead Institute for Biomedical Research at MIT from 1982 to 1990, and president of Rockefeller University, until he was forced to resign in 1991 after defending a colleague, Theresa Imanishi-Kari, from allegations of scientific fraud. Last June, an HHS board exonerated Imanishi-Kari of the allegations. Baltimore plans to continue as chairman of an NIH committee coordinating the development of an AIDS vaccine. According to press reports, Baltimore's wife, Alice Huang, will leave her position as dean for science at New York University, to work at Caltech. . . . **JAMES WATSON**, president of the Cold Spring Harbor Laboratory in Cold Spring Harbor, NY, and ROBERT WEINBERG, member of the Whitehead Institute for Biomedical Research and professor of biology at the Massachusetts Institute of Technology, were among the nine 1997 recipients of the National Medal of Science, announced by President Clinton on April 30. Watson was cited for his five decades of leadership in molecular biology, including the co-discovery of the double-helix structure of DNA and advocacy for the Human Genome Project. He was founding director of (Continued to page 7)

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Advocates Support Trust Fund; Senators Call For More Letters

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a hearing of the Senate Appropriations Subcommittee on Labor, HHS and Education May 7. Specter is chairman of the subcommittee, and Harkin is a ranking minority member.

The hearing, attended by cancer professional societies, advocacy groups as well as celebrities with an interest in cancer research, was organized by Friends of Cancer Research, a nonprofit organization formed last year to mark the 25th anniversary of the signing of the National Cancer Act.

Testifying before the subcommittee, several advocates said they supported the goal of the trust fund to double the NCI budget in five years, but said that even more funding could be used fruitfully.

In recent months, several advocacy organizations and professional societies described the Institute's estimation of its funding needs, expressed in the Bypass Budget, as insufficiently ambitious (**The Cancer Letter**, April 25). Some organizations said the Bypass Budget request of \$2.7 billion for FY98 should be viewed as a starting point for larger increases (**The Cancer Letter**, May 9).

Unlike advocates, who are not restricted from asking for dramatic increases, NCI Director Richard Klausner is obligated to support the budget request presented by the President. At the most, he can

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request funding at the Bypass Budget level, which represents his assessment of research opportunities.

Thus, it has been something of a sport for legislators this year to try to provoke Klausner to quote a figure that would exceed the Bypass Budget. At last weeks' hearing, Specter began the provoke-Klausner maneuver by asking how much money NCI could use.

The Bypass Budget called for a nearly 20 percent increase, Klausner replied.

Hands shot up at the witness table. Advocates were eager to put Klausner's response in perspective:

"I see the grants that are not funded," said Ellen Sigal, chairman of Friends of Cancer Research and a member of the National Cancer Advisory Board. "We can do much more. There is good science out there. Double would be a good start, but we could productively use, over a longer time, much more money."

Helene Brown, director of community applications of research at the Jonsson Comprehensive Cancer Center at UCLA, speaking on behalf of the American Cancer Society, said Americans would support efforts to increase medical research funding. "What we have to beg you to do is turn a deaf ear to the lobby that says 'No," Brown said to the subcommittee. "What we have to do in support of you is step up to the plate and say to the insurers, 'Put some money where the rubber hits the road."

Harkin said NCI's ability to fund fewer than one in four investigator-initiated grants it receives means that a lot of leads are not explored.

"It's like having 10 doors in front of you and the answer may lie behind one," Harkin said. "Right now we can open only two or two-and-a-half of those doors."

"National Emergency"

"This is a national emergency," declared another witness, Sam Donaldson, a melanoma survivor and co-anchor of ABC news shows Prime Time Live and This Week.

"Here is the question I'd like you to put to Dr. Klausner," said Donaldson, who was sitting at the same witness table with Klausner. "Not how much money can you use. He has many considerations as to how he has to frame his answer. Put the door question to him: 'Dr. Klausner, if we open all 10 doors, how much money would that take?"

As Klausner considered a response, Donaldson

turned to the Senators: "He is freed now from worrying about the other considerations," he announced, as though questions about proverbial "doors" are less constraining to a government official than questions about appropriations.

SPECTER: Dr. Klausner, would you answer Senator Donaldson's question?

DONALDSON: If these grant requests have gone through peer review and show some promise... Not someone saying, 'Let's flap a bedsheet at Aurora Borealis...' All 10 doors, how much money, sir?

KLAUSNER: We believe that to do that would require a doubling of the NCI budget in three years.

DONALDSON: Then let's do it!

HARKIN: A doubling [shouldn't be] a one-shot deal. This has to be something that we know will be there for these young people.... If it's just up to the appropriations process, we're battling this, and battling that. If we had a dedicated source of revenue that's going to be there, that can double it.

DONALDSON: Americans will support it.

HARKIN: I believe they will, Sam, but darn it, you got too many people around here who say we don't want to raise another tax on anyone.

DONALDSON: You can roll over the people who say 'No.' We have the numbers out there, 10 million cancer survivors. If you took a show of hands in this room—and I'm not suggesting this—but people who have cancer or whose family members have cancer or who have died of cancer, almost every hand would go up. We've got the shock power. How many divisions has the Pope? How many divisions do the cancer people have? We have unlimited divisions. We will get behind you, perhaps through a march on Washington, as many of us have contemplated.

HARKIN: How many of the people in the audience have had a family member who had cancer?

The majority of the people in the hearing room raised their hands.

Hollywood Executives Form Task Force

At the hearing, Sherry Lansing, chairman of Paramount Pictures and an officer of Friends of Cancer Research, said Hollywood executives have formed a task force to help raise the profile of cancer research.

Lansing and Jack Valenti, president of the Motion Picture Association of America Inc., earlier this year formed the Creative Community Task Force, which operates in conjunction with Friends of Cancer Research. The task force includes executives of the major Hollywood studios and broadcast networks, as well as independent producers, writers, actors and directors, Lansing said.

The Task Force was formed following a meeting in February with Klausner and Vice President Albert Gore, Lansing said.

"We will use our TV, film and other programming to communicate what actions people can take to fight cancer—actions such as supporting cancer research, modifying diet, and scheduling regular diagnostic exams," Lansing said. "At the request of the Vice President, we also are evaluating how our industry, as well as the government, can help in the fight against teen smoking."

In addition, the task force will advocate for cancer research, Lansing said. "We have the visibility and the opportunity to talk to the public about this issue in the media," she said.

Lansing said her interest in cancer stemmed from her mother's death from ovarian cancer.

Arnold Palmer, the professional golf player and survivor of prostate cancer, testified about the need for funding. "If you gentlemen can find the money to fund those researchers, we will prevent a lot of deaths, I will do whatever I have to do to call for more dollars for research," he said.

Feinstein Proposes Additional Measures

Sen. Dianne Feinstein (D-CA), co-chairman of the Senate Cancer Coalition, said to the subcommittee that she plans to introduce three bills on cancer:

- —A bill to include a check-off on tax returns to encourage contributions to a Cancer Research Trust Fund. "Studies show that 60 percent of Americans would contribute to medical research in this way and that if the average contribution were just \$10, \$410 million could be raised," Feinstein said.
- —A bill to create a 33-cent stamp, one cent more than the First Class rate, to support breast cancer research. The U.S. Postal Service would be required to transfer the extra funds to NIH and the Department of Defense for breast cancer research. If the new stamp captured 10 percent of all stamp sales, the bill could raise about \$60 million a year, Feinstein said.
- —A bill to require insurance companies, Medicare and Medicaid, to cover screening mammograms for all women over age 40, consistent

with American Cancer Society and NCI guidelines.

Sen. Connie Mack (R-FL), co-chairman of the Senate Cancer Coalition, earlier this year introduced a "sense of the Senate" resolution calling for doubling the funding for biomedical research over the next five years (**The Cancer Letter**, Jan. 31).

"With all the problems in this country, if we don't focus on it, it won't be done," Mack said. "I think the No. 1 top priority is doubling the funding in five years."

Besides Specter and Harkin, other members of the subcommittee who attended the hearing were Sen. Thad Cochran (R-MS), Sen. Lauch Faircloth (R-NC), and Sen. Harry Reid (D-NV).

Other witnesses who testified included Donald Coffey, of Johns Hopkins Hospital, president of the American Association for Cancer Research; Amy Langer, executive director of the National Alliance for Breast Cancer Organizations; Toni Shaheen, of New York, a breast cancer survivor; Keith Black, of University of California, Los Angeles, Medical Center; and Charles Coltman Jr., director of the San Antionio Cancer Institute and chairman of the Southwest Oncology Group.

"A Dozen Letters Is A Trend"

Specter urged cancer research advocates to generate grassroots support for the trust fund proposal.

"We are often asked what can be done to increase funding for cancer research," Specter said. "The answer is, contact your member in the House and Senate. Have people from that district, in that state, write letters.

"I am personally convinced that we have the funding to do what is necessary on medical research, for the National Institutes of Health, and to focus on cancer with particularity," Specter said. "Early this year, we set a target of doubling NIH funding over the next five years. That is a very ambitious target, but it is one I think we can keep.

"We have a very strong case because of the advances made by NIH in so many diseases," Specter said.

A letter-writing campaign should target the members of Congress who opposed funding increases in the past, he said.

"Take a look a the people who voted against it; they are all on the record," Specter said. "Get people in their districts to tell them.

"If I get a dozen letters from Pennsylvania, with

12 million people, that is a trend," Specter said. "That is a matter of significance."

Harkin said the appropriations subcommittee has to balance medical research with other programs. "We get one bundle of money," he said. "Thus, I encourage you, I plead with you, we need a dedicated source of revenue, so we aren't pitting this against everything else."

Sigal said the advocates got the message. "All the organizations—patients, researchers, physicians, nurses, advocates—must write their Congressmen and talk to them about the need for more research funding," Sigal said to **The Cancer Letter**. "It is absolutely critical. The representatives are paid to listen to their constituents. The constituents must be heard, and the message must be our message: double the NIH appropriation."

Professional Societies CO Opposes FDA Propos

ASCO Opposes FDA Proposal On Stem Cell Transplants

An FDA proposal to regulate products derived from human cells and tissues would subject physicians and hospitals that treat cancer patients using stem cell transplantation to costly and unnecessary regulation, and impede clinical research, the American Society of Clinical Oncology said.

"ASCO objects in the strongest terms to FDA's proposed regulation of stem cell transplants," John Durant, the society's executive vice president, wrote in a recent letter to FDA. "This unprecedented proposal is unnecessary, would jeopardize the proper treatment of cancer patients and impede the development of new therapies, would substantially increase the cost of stem cell transplants, and exceeds FDA's legal authority."

The FDA proposed regulations were published in the March 4 Federal Register, and are open for a comment period. FDA said its "tiered approach" would match the level of regulation with the degree of risk from tissue- and cell-based products (**The Cancer Letter**, March 21).

ASCO, based in Alexandria, VA, has a membership of about 11,600 physicians.

Not A "Product," But A Medical Procedure

Stem cell transplantation is a medical procedure conducted on a patient-by-patient basis, and should not be regulated by FDA as a biological product, Durant wrote in the letter dated April 17. Oncologists and their institutions handle each step of the procedure and do not manufacture or distribute products for broad use.

"The handling of stem cells used in transplants does not resemble even the handling of products by blood banks, since blood products are collected from many donors, stored for long periods of time, and redistributed to large numbers of previously unidentified patients," Durant wrote.

"The use of stem cell transplants has cured thousands of cancer patients and prolonged the lives of many others," Durant wrote. "Improvements in the procedures and their extension to additional conditions continue to be rapid. All of this 25 years of progress in successful treatment has occurred without the regulations that FDA now asserts are necessary to make the procedures safe and effective."

According to Durant, the FDA proposal would require three levels of regulation for various types of stem cell transplants:

—"For autologous procedures with minimally manipulated stem cells and family-related allogeneic procedures with minimally manipulated stem cells, FDA would require donor screening and testing for infectious agents. In addition, FDA would issue 'good tissue practice' regulations, which would set forth requirements intended to prevent contamination and preserve stem cell integrity and function through proper handling and processing practices."

—For non-family related allogeneic procedures with minimally manipulated stem cells, FDA would require donor screening, testing for infectious agents, and good tissue practice regulations, as well as "processing controls established by FDA on the basis of the scientific literature," Durant wrote. "These processing controls would include 'manufacturing' controls and 'product' specifications."

—"The most intense level of regulation is proposed for stem cell procedures involving more-than-minimal manipulation of cells, non-homologous use of cells, or cells used for metabolic function. These procedures could be conducted only pursuant to an approved investigational new drug application, in the case of clinical trials, or pursuant to an approved biologics license application in the case of other uses."

The FDA proposal does not provide any evidence that communicable diseases are being spread by stem cells procedures, Durant wrote. "It is already universal practice to screen donors for risk factors and to test for contaminating viruses and

bacteria," he wrote. "FDA's proposed regulations would add nothing useful to the procedures already followed by transplanters."

In addition, there is no need for FDA to impose requirements for clinical trials, Durant wrote. "The oncology community already imposes a much higher standard of proof of safety and effectiveness for stem cell transplants than is generally observed in medicine," he wrote.

The Health Resources and Services Administration maintains a registry and issues limited standards for tissue typing, donor screening and collection of bone marrow, Durant wrote. "The fact that FDA has found HRSA's essentially non-existent regulation of bone marrow transplants to be adequate to protect the public health demonstrates that the vastly more extensive controls proposed for transplants using stem cells from non-marrow sources are completely unjustified and unnecessary," he wrote.

Stem cell procedures are rapidly evolving, Durant wrote. If each institution performing stem cell transplants is required to obtain a license based upon clinical trials, institutions would not make modifications and advances in the therapy would slow, he wrote. "It is a seriously misguided notion that all procedures should be pursued through phase 3 trials, and FDA's proposal to demand that approach will stifle medical research and harm cancer patients," he wrote.

The proposed regulations also would increase the potential for insurance denial of payment for transplant procedures if not approved by FDA, Durant wrote.

Pamela Haylock, Linda Krebs, Lead Oncology Nurses

The Oncology Nursing Society appointed the 1997-98 president and Board of Directors at the ONS Annual Congress, held in New Orleans this month.

Pamela Haylock has been appointed ONS president for 1997-98. Haylock, a cancer care consultant in Kerrville, TX, works for health care and community organizations to plan care services, cancer program management and implementation, and programs for professional staff development, staff support, publication and professional education.

Haylock succeeds Kathi Mooney, professor of parent-child and adult nursing at the University of Utah College of Nursing.

Linda Krebs was named president-elect of the society. Krebs is leader of the University of Colorado Health Science Center's nursing oncology program.

Paula Trahan Rieger was named secretary. Rieger is a cancer detection specialist in the department of clinical cancer prevention at M.D. Anderson Cancer Center.

Judy Kostka was named ONS treasurer. Kostka is nurse manager at the Center for Alternative Medicine Research at Beth Israel Deaconess Medical Center in Boston.

Newly elected directors at large are: Cindy Jo Horrell, nurse practitioner at the Regional Cancer Center in Erie, PA; and Carole Edwards, staff nurse at Bartlett Memorial Hospital in Juneau, AK. Both will serve a three-year term.

Public Service Awards To Kessler, Wigand

Also at the annual congress, ONS presented several awards. The Public Service, Distinguished Researcher, Distinguished Service, and Friend of the Foundation awards were announced at the May 1-4 meeting.

David Kessler and Jeffrey Wigand received the 1997 Oncology Nursing Society's Public Service Award.

The award recognizes individuals who use their public prominence to positively impact oncology services.

Kessler, former FDA Commissioner, received the award in recognition of changes he instituted in the structure and operation of FDA, in particular for his efforts to speed approval time for new drug therapies. The society also recognized Kessler's work toward significant FDA improvements including: nutrition labeling, drug and biologic user fees, preventive controls to improve food safety, measures to strengthen the blood supply, and establishment of the MEDWatch program.

Wigand, former vice president for research and development at Brown & Williamson Tobacco Corp., was awarded for his cooperation with government agencies to investigate the tobacco industry, and his recent participation in action against the companies.

Christine Miaskowski, professor and chair of the department of physiological nursing at the University of California San Francisco, received the Distinguished Service Award and the Excellence of Scholarship and Consistency of Contributions to the Oncology Nursing Literature Award.

The ONS/Roche Distinguished Service Award

recognizes an oncology nurse who has made outstanding contributions in the field of oncology and fosters high professional standards which improves the image and practice of oncology nursing. The ONS/Chiron Therapeutics Excellence of Scholarship award recognizes consistent and excellent contributions to oncology nursing literature.

The ONS/Bristol-Myers Squibb Distinguished Researcher Award was presented to Marylin Dodd, professor and associate dean of academic personnel at the University of California San Francisco.

The \$3,000 award recognizes contributions of an ONS member who has conducted or promoted research which has enhanced the science and practice of oncology nursing.

Dodd received the award in recognition of her program of research on self-care interventions to prevent and manage the side effects of cancer treatments. The research has evolved into the PRO-SELF Program large-scale patient studies.

The Oncology Nursing Foundation, which provides resources for cancer nursing education, research, and public awareness projects in support of ONS, presented the 1997 Friend of the Foundation Award to Fred and Diane Gottheil.

The Friend of the Foundation Award recognizes continuous support of the mission of the Oncology Nursing Foundation.

The Gottheils have supported the foundation through bone marrow transplant career development awards that help to further professional goals or supplement tuition for an oncology nurse.

<u>NCI Programs</u> ners With Two Gr

NCI Partners With Two Groups On Psychosocial Issues

NCI, the Association of Oncology Social Workers, and Cancer Care Inc. have agreed to work together to increase awareness of psychosocial issues faced by cancer patients and the resources available to support patients, the three organizations said last week.

Under the partnership, NCI's Cancer Information Service will provide referrals to social workers through ASOW's network and Cancer Care's programs.

The three organizations also said they will share publications and other resources for patients, families, and health professionals.

In addition, the groups will coordinate activities and programs to strengthen outreach and awareness of psychosocial concerns of people with cancer, the organizations said.

The agreement is part of an NCI initiative to work more closely with advocacy and support organizations.

"As treatment becomes increasingly effective in the coming years, we will need partnerships like this to renew our commitment to improve the quality of life for those who develop cancer," NCI Director Richard Klausner said in a statement last week.

AOSW is a nonprofit, international organization of more than 800 oncology social work professionals. Cancer Care Inc. is a nonprofit, non-sectarian, social service agency.

"The partnership will strengthen the role of social workers as a part of a comprehensive team for cancer patients and provide them with resources for helping patients," Susan Stensland, president of AOSW, said in a statement.

"A cancer diagnosis continues to awaken fear and trepidation," said Diane Blum, executive director of Cancer Care Inc. "Providing support to these patients and their families is a critical step in dealing with cancer and a key component in the quality of life of patients."

In Brief

Inventor Of Whole-Body CT Wins Technology Medal

(Continued from page 1)

the National Center for Human Genome Research. Weinberg was honored for discoveries that clarified the genetic basis of human cancers, influencing the current understanding of the origins of cancer. . . . **ROBERT LEDLEY**, director of medical computing and biophysics and professor of radiology, physiology and biophysics at Georgetown University Medical Center, Washington, DC, was among the 1997 recipients of the National Medal of Technology. Ledley was cited for pioneering innovations in biomedical computing and engineering. Ledley invented and commercialized the whole-body CT scanner, contributed to the creation of computerized databases for patient biomedical data and biochemical sequences developed and instrumentation and computer algorithms essential for automated chromosome analysis. . . . SHARON

GREEN has been named deputy director of the Illinois Department of Public Health, heading the state Office of Women's Health. Green is the former executive director of Y-Me, a national breast cancer advocacy organization. Y-Me is conducting a search for Green's replacement. . . . ERNIE ROSENBAUM was honored at the first San Francisco Drive for the Cure for his work in breast cancer research and his commitment to treating underprivileged women with breast cancer. Rosenbaum is associate chief of medicine at Mount Zion Hospital in San Francisco, and professor at UCSF Medical Center. The event was sponsored by the San Francisco branch of the Susan G. Komen Breast Cancer Foundation and BMW as part of the Komen Foundation's 15th anniversary. . . . SHIRLEE MOHIUDDIN will unveil the first ovarian cancer quilt at an NIH ceremony, May 19. Mohiuddin, an ovarian cancer survivor, created the quilt with fabric artist Nancy **LeGendre**. The unveiling will be attended by **Rep.** Patsy Mink (D-HI), NIH researchers Eddie Reed and Elsie Kohn, and ovarian cancer patients and family members who contributed to the quilt.

ORI Finds Hopkins Coordinator Fabricated Data On NCI Grant

The HHS Office of Research Integrity has issued a finding of scientific misconduct in the following case:

Ann Marie Huelskamp, Johns Hopkins University School of Medicine. Based upon a report forwarded to ORI by Hopkins, information obtained by ORI during its oversight review, and Huelskamp's own admission, ORI found that Huelskamp, a research program coordinator in the Oncology Center at Hopkins, engaged in scientific misconduct by fabricating patient interview data for a study of quality of life measures in cancer patients. The research was supported by a grant from NCI.

ORI also found that Huelskamp engaged in scientific misconduct by falsifying patient status data by failing to update the status of treated breast cancer patients and misrepresenting data from previous contacts as the updated status for a study. These data were reported in a grant application to NCI and gave the appearance that some patients' outcomes were more favorable than they actually were.

ORI said the investigation report acknowledged Huelskamp's excessive workload, the difficulties

associated with recruiting and following up on patients, and a lack of supervisory oversight. Huelskamp agreed, for three years, to exclude herself from serving in any advisory capacity to the Public Health Service, and that any institution that submits an application for PHS support for a research project on which Huelskamp's participation is proposed or which uses her in any capacity on PHS-supported research must concurrently submit a plan for supervision of her duties.

No scientific publications were required to be corrected as part of the agreement.

<u>Funding Opportunities</u> **RFAs Available**

RFA ES-97-003

Title: Cancer and TEFs for Dioxin and Dioxin-Like Chemicals

Letter of Intent Receipt Date: June 6 Application Receipt Date: July 9

This RFA encourages research to utilize animals/ tissues/cells or sera from a National Toxicology Program two year carcinogenicity bioassay involving exposure todioxin-like chemicals. Research will complement the NTP study by providing data on the mechanism of action of the test agents designed to improve the overall risk characterization of dioxin-like compounds and thereby provide a sound basis for protecting human health. It is anticipated that approximately \$400,000 will be available to support six to eight small grants.

Contact Jerrold Heindel, Division of Extramural Research and Training, National Institute of Environmental Health Sciences, 111 T.W. Alexander Drive, P.O. Box 12233, MD 3-02, Research Triangle Park, NC 27709-2233, tel: 919/541-0781, email: heindelj@niehs.nih.gov.

RFA CA-97-006

Title: Cancer Drug Discovery: Diversity Generation and Smart Assays

Letter of Intent Receipt Date: June 20 Application Receipt Date: August 22

The NCI Developmental Therapeutics Program, Division of Cancer Treatment, Diagnosis and Centers invites Program Project (P01) grant applications proposing innovative combinatorial chemical and biosynthetic approaches to the generation of structural diversity and smart assay development for cancer drug discovery (Nature, Supplement to Volume 384, Issue No. 6604, 7 November 1996). Applications responsive to this RFA will bring together chemists and biologists who will propose novel approaches to the discovery of compound classes potentially active against cancer. This initiative seeks to

catalyze the formation of multidisciplinary teams for the discovery of new agents that will exploit opportunities presented by the rapidly advancing state of contemporary chemistry and biology. It is estimated that \$3.75 million total costs (direct plus facilities and administrative costs) will be available for the first year to support approximately four to five awards for up to five years.

Contact Mary Wolpert, DCTDC, NCI, 6130 Executive Blvd Rm 841-MSC 7456, Bethesda, MD 20892-7456, tel: 301/496-8783, fax: 301/402-5200, email: wolpertm@dtpepn.nci.nih.gov.

RFA CA-97-007

Title: The NCI Scholars Program

Letter of Intent Receipt Date: June 27 Application Receipt Date: July 30

The purpose of the NCI Scholars Program is to provide outstanding new research investigators who are ready to initiate their first independent program in cancer research with an opportunity to develop their program in the supportive and uniquely interactive intramural environment of the NCI. The overall goal is to facilitate their successful transition to an extramural environment as independent researchers. This program is also intended to continually enhance and invigorate the NCI intramural community by providing a cadre of new, creative scientists who will interact with and expand the collaborative research opportunities of NCI intramural scientists. This program will uniquely address the need of the NCI intramural laboratories to attract outstanding scientists, and of the extramural cancer research community to identify for staff appointments new investigators capable of sustaining a successful research program.

There will be about 10 awards made for approximately \$1,500,000 per year in total costs excluding equipment for up to four years for the Intramural Support Phase.

There will be about 10 awards made for approximately \$1,250,000 per year in direct costs for up to two years for the Extramural Support Phase.

Contact Vincent Cairoli, DCTDC, NCI, 6130 Executive Blvrd Rm 520-MSC 7390, Bethesda, MD 20892-7390, tel: 301/496-8580, fax: 301/402-4472, email: vc14z@nih.gov.

NCI Contract Awards

Title: Drug Development Support for the Cancer Therapy Evaluation Program. Contractor: Techinical Resources International Inc., Rockville, MD, \$13,565,294.

Title: Phase II Safety and Efficacy Study of a Selective Inhibitor of Cyclooxygenase-2 or NSAID in HPNCC Patients and Carriers. Contractor: M.D. Anderson Cancer Center, \$1,525,403.