THE CANCER LETTER

Vol. 23 No. 23
June 13, 1997

Price $265 Per Year US
$285 Per Year Elsewhere

Intramural AIDS Vaccine Research Center In Development By NCI, NIAID Scientists

NCI and the National Institute of Allergy and Infectious Diseases have begun to develop an AIDS Vaccine Research Center within the NIH intramural research program.

Initially, the center will operate as a "laboratory without walls." Eventually, space will be found near the NIH campus to bring together scientists working in immunology, virology and biology, NIH Director Harold Varmus said to an advisory committee last week.

The creation of the center was announced by President Bill Clinton

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In Brief

Clinton Backs Ban On Human Cloning; Wisconsin Selects Niederhuber As Director

PRESIDENT CLINTON submitted proposed legislation to Congress to prohibit cloning a human being using somatic cell nuclear transfer technology, the technique used to create Dolly the sheep. The Cloning Prohibition Act of 1997 follows a recommendation by the National Bioethics Advisory Commission to enact legislation prohibiting human cloning. The Act does not prohibit the use of the technology for the cloning of molecules, DNA, cells, tissues, or animals. . . . **JOHN NIEDERHUBER** will succeed **Paul Carbone** as director of the University of Wisconsin Comprehensive Cancer Center. Niederhuber was also named assistant medical school dean for oncology, and will chair a task force on combining the center with the university's McArdle Laboratory for Cancer Research. . . . **JOHN SEFFRIN**, president of the American Cancer Society, joined the Advisory Panel on Tobacco Policy and Public Health, chaired by former Surgeon General C. Everett Koop and former FDA Commissioner David Kessler. The group plans to issue a report to Congress and the White House recommending a comprehensive public health policy toward tobacco. . . . **SUSAN G. KOMEN** Breast Cancer Foundation received the Centers for Disease Control and Prevention "Partners in Public Health" Honor Award. The award is in recognition of the foundation's support of the CDC National Breast and Cervical Cancer Early Detection Program. . . . **MARY WOODWARD LASKER** Charitable Trust, of New York, has begun a three-year program, "Funding First," to support national commitment to medical research. The trust named former Sen. **Mark Hatfield** as chairman of the project.

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Center Gives NCI Impetus For AIDS Program Restructure

(Continued from page 1)

in a commencement address at Morgan State University in Baltimore on May 18. In the speech, Clinton called for the development of an AIDS vaccine within a decade, but said "there are no guarantees" that such a deadline could be met.

The new AIDS Vaccine Research Center is likely to provide a test case of whether two NIH Institutes can work together on a high-profile project, at least until the center has its own director, observers said.

The NIH AIDS Vaccine Advisory Committee, headed by David Baltimore of Massachusetts Institute of Technology, will serve as the center's advisory group, Varmus said to the NIH Director's Advisory Committee at a meeting June 6.

NIAID Director Anthony Fauci told the advisory committee that he and NCI Director Richard Klausner work well together. "This endeavor has the full support of the two Institutes," Fauci said. "Rick and I are committed to working as a team."

NCI Hires Tufts Scientist

For NCI, the center's creation is likely to spark another round of restructuring in the intramural research program. The Institute's AIDS drug development program was criticized in a 1996 review of all NIH AIDS research programs by a panel led by Arnold Levine of Princeton University. The Levine report said the NCI program was outdated and lacked results.

To begin restructuring the program, NCI last month recruited John Coffin, the American Cancer Society Research Professor of Molecular Biology at Tufts University School of Medicine, to lead research on viral drug resistance to develop new strategies to attack HIV.

The new program will be under the NCI Office of the Director and based at the Frederick Cancer Research & Development Center, Coffin said. He plans to work two days a week on the project and maintain his research at Tufts. The program is developing a research plan, Coffin said.

$10 Million Proposed Funding

Discussions about creating an AIDS vaccine center began last year, Varmus said. The Levine report said the NIH AIDS program was fragmented across NIH and recommended a restructuring. NIH officials said that as a result of the "Levine Report," funding for AIDS vaccine research increased. Also, late last fall, NIH formed the AIDS Vaccine Research Committee, and convinced Baltimore to chair the committee.

Last April, a report by the Presidential Advisory Council on HIV/AIDS urged Clinton to "declare an urgent goal of developing a vaccine to prevent HIV/AIDS within a decade." The council recommended a "significant and sustained" increase in funding for the effort.

Varmus, Fauci and Office of AIDS Research Director William Paul met with Clinton, Vice President Al Gore and other White House officials last December to discuss a dedicated program for AIDS vaccine research.

"All the forces of influence reached a level of confluence to bring this about," Varmus said.

Funding for the center still requires Congressional approval. The NIH Office of AIDS Research has proposed allocating $10 million for the center in fiscal 1998, using part of the $150 million proposed for AIDS vaccine research in the President's budget request.

"We can accommodate the fiscal and space demands," Varmus said. "We expect there would be a request for additional funds."

Funding for AIDS vaccine research has increased 33.6 percent since fiscal 1996, Paul said

THE CANCER LETTER
An Independent Newsletter
Member, Newsletter Publishers Association

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World Wide Web URL: http://www.cancerletter.com

Subscription $265 per year US, $285 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc.

Founded Dec. 21, 1973 by Jerry D. Boyd

to the Director's Advisory Committee. "Our goal is not to do this on the back of extramural research," Paul said. "We see this as an add-on."

NIH plans to begin a search for a director for the center this summer, Varmus said. In several years, as more scientists are recruited for the center, NIH would consider constructing a building on the Bethesda campus to house the center, he said.

The center would have some manufacturing capacity to produce quantities of vaccines for clinical testing, Varmus said.

Scientific Opportunities Emerging

AIDS is expected to overtake tuberculosis, malaria and measles as the leading infectious cause of death in the world, NIH officials said. More than 29 million people worldwide have been infected with HIV.

"The need for a vaccine is widely recognized," Baltimore said to the Director's Advisory Committee. "Even though we can control the disease in many people, prevention is vastly superior."

Earlier this year, Baltimore's committee developed the INNOVATION Grant Program to provide small grants for AIDS vaccine research, particularly for investigators new to AIDS research (**The Cancer Letter**, March 28). More than 100 grant applications had been submitted to NIAID by the May 23 deadline, Baltimore said.

"We want to encourage people who haven't worked on HIV to get into the field," Baltimore said.

However, the scientific and logistical difficulties of developing an HIV vaccine are formidable, Paul said to the advisory committee.

The candidate vaccines that are the farthest along in testing were developed against HIV cells lines grown in the laboratory. It is becoming clear that these lab-grown cell lines are more easily neutralized than "wild-type" HIV, Paul said.

Two candidate vaccines, both made from the HIV surface protein gp120, are expected to enter small-scale efficacy trials in Thailand early next year. However, an NIH panel advised against U.S. government funding of the trials, on the grounds that the probability of efficacy of the drugs was too low.

"Why are we still testing gp120 made from lab strains?" Paul asked. "Vaccine development requires a very long period of testing. The process takes years. You are inevitably testing old concepts.

"Though a concept may seem outdated, it is the one on which we have the most information," Paul said.

NIH should try to identify opportunities and gaps in vaccine research, identify needs for development of vaccine concepts, and identify the NIH infrastructure to address the opportunities and gaps, Paul said.

"What we would most like to do is get more vaccines under testing," Paul said. "We must find a way of dealing with this issue of the very long development of vaccines and get ahead of the curve."

The center could take advantage of NIH expertise in immunology and virology, Paul said. "We can build on this to re-marry immunology and virology to build a new area of vaccinology," he said. "We want to do this in a 'hurry-up' manner."

Cancer Policy

Board Plans White Paper, Workshop On Tobacco Control

The National Cancer Policy Board plans to prepare a "white paper" on tobacco control following a workshop scheduled for July 15, the board said in a statement this week.

The 21-member board, formed last March by the National Research Council-Institute of Medicine at the request of NCI, outlined its tentative plans for future meetings and reports.

In a statement May 30 seeking public comment, the board said it is considering:

—Issuing a report or a series of reports on quality cancer care.

—Identifying a "Top Ten" list of barriers to reducing cancer mortality.

—Holding a "cancer summit" in 1998 of all interested cancer organizations.

The board plans to meet at least three times a year to examine "implications of ongoing research and new technologies, issues arising in prevention and delivery of care, and problems faced in the nation's battle against cancer."

The board also plans to serve as a "common meeting ground" for the federal, state and local agencies that address cancer, the statement said. To date, the board has held two meetings and a public forum.

"The board's purpose is dispassionately to address topics in the national interest," the board's statement said. "The board is not a group of individuals representing organizations, nor is it

expected to coordinate activities among different organizations. It is, rather, a group of experts with diverse backgrounds brought together for purposes of deliberation."

The board listed the following criteria for the selection of topics it would address:

—Is the issue national in scope, not a parochial or narrow problem?

—Is it ripe for policy action (a ready audience, a pending action, or a neglected issue)?

—Is it ripe for analysis (with extant empirical data or a nascent consensus that has not yet been clearly articulated)?

—Are other groups already addressing it? (If not, is there a good reason? If so, would the voice of the Board make a difference?)

—Is the topic general, or could it be addressed better by an organization focused on professional specialties, treatments, or cancer types?

Quality Of Care

"The Board has agreed that one of its major themes should be 'Providing Quality Cancer Care for All Americans,'" the statement said. "It further agrees that the evolving system of care should be client-centered and science-based."

The board is considering writing a report or a series of reports on the future of cancer care and ensuring access to high-quality cancer care, the statement said. The study would review the history of cancer care, discuss traditional fee-for-service medicine compared to managed care, and the problems that arise as the system changes.

"Cancer care builds on a unique set of institutions built over the past three decades, including comprehensive cancer centers, community oncology programs, and oncology-specific professional societies in medicine, nursing, social work and other fields," the board statement said. "This system has depended on cross subsidies that are now being reduced. Cancer care is unusually dependent on innovative therapy and research, and thus linkage between major research institutions and health care systems."

The improvements over the past 20 years in the treatment for childhood leukemias could be a model for progress in cancer care, the statement suggested. The progress developed as a result of systematic study of outcomes, made possible because most children with cancer are entered on clinical trials. In contrast, data linking outcomes and treatment is lacking for adult cancers, the board said.

"The board has begun to discuss how some principles might help guide those making decisions about cancer care, recognizing the need for patients, providers, and payers to trust the fairness and validity of decisions, especially those limiting coverage of screening and diagnostic methods or treatments," the statement said. "At its next few meetings, the Board will devote substantial effort to focusing its work agenda, in order to address access to high quality cancer care for all Americans."

Hold A Cancer Summit?

At a meeting earlier this year, the board discussed whether it might identify 10 or 12 gaps and barriers to reducing cancer morbidity and mortality by half, the statement said.

"The Board agrees that prevention, treatment and support are all improving but far from satisfactory, and progress will depend on research. Research is broadly defined to include the cellular and molecular basis of cancer, clinical observation and trials, epidemiology and population-based analysis, behavioral and social sciences, and health services research," the statement said.

In addition, the board said it is considering hosting a "cancer summit" in 1998 to bring together groups with an interest in cancer, including advocacy organizations, voluntary health organizations, federal research agencies, federal health services, state and local health offices, health care payers, provider groups, professional organizations, health foundations, and scientists, clinicians, and health services researchers.

"The purpose of such a meeting would be to bring the disparate groups with a stake in the nation's efforts to combat cancer," the statement said. "The purpose would not be to use the meeting to coordinate activities, but rather to map what the different players are doing in several different domains, looking for gaps and redundancies, or strengths and weaknesses."

Tobacco And Control Workshop

The white paper on tobacco control will consider a 1994 IOM report, "Growing Up Tobacco Free," and events since that report's release, including the new FDA regulation, as well as an IOM report released earlier this year, titled "Improving Health in the Community."

The board's workshop on tobacco control is scheduled for July 15 in Washington, DC. The

meeting is open to the public, but advanced registration is recommended.

Online registration is available through the board's website (http://www2.nas.edu/cancerbd).

The policy board's staff may be reached at tel: 202/334-1382, by fax: 202-334-1317, or by email: cancerbd@nas.edu.

In Congress

Mack Urges Stevens to Add $2 Billion To NIH Appropriation

Sen. Connie Mack (R-FL), joined by 61 other Senators, wrote a letter to Senate Appropriations Committee Chairman Ted Stevens (R-AK) asking that additional $2 billion be allocated to the NIH for fiscal 1998.

"As you know, there is an unprecedented commitment among your Senate colleagues, the biomedical research community, and patient and consumer advocates for doubling funding for NIH over the next five years," Mack and 61 others wrote in a letter dated May 22 and released earlier this week.

"The US leads the world in the field of biomedical research, and will continue to lead the world only through a national commitment to increased support for NIH," the letter continued. "Based on [the NIH] record of success and the tremendous potential for the future, we support… and increase of $2 billion for fiscal year 1998 over the current appropriated level."

Late last month, Senate unanimously approved a non-binding resolution to double the NIH funding over five years. Also last month, Sens. Arlen Specter (R-PA) and Tom Harkin (D-IA) tabled their amendment to the budget resolution that would increase the allocation for the Labor, HHS and Education Appropriations Subcommittee by $1 billion.

As Mack's letter to Stevens circulated through the Senate, members of the Creative Community Task Force on Cancer Research, a group of executives of the entertainment industry, were sending letters to all members of the Senate.

Creative Community Task Force, organized by Paramount Pictures Motion Picture Group chairman Sherry Lansing, is an offshoot of Friends of Cancer Research, a group organized to celebrate the 25th anniversary of signing of the National Cancer Act.

In their packet of letters mailed to every member of the Senate, 26 entertainment industry executives, directors and actors urged support for the Mack letter to Stevens.

Cancer Advocacy

Friends Of Cancer Research To Continue Another Year

Friends of Cancer Research, a group that was originally formed to run a public education campaign to mark the 25th anniversary of the signing of the National Cancer Act will continue its work for another year, said Ellen Sigal, the organization's chairman.

Sigal said Friends' board has decided to continue for another year, a move that means that the group will now have to raise another $350,000. Last year, Friends raised $438,000.

Next year, as in the past, Friends will continue its public education campaign, which includes visits to NCI designated cancer centers as well as its work in conjunction with the entertainment industry.

The latter effort has mobilized the executives of the Hollywood studios, including Paramount Pictures Motion Picture Group chairman Sherry Lansing, as well as actors Diane Keaton, Sally Field and Michael Douglas.

Visibility For Cancer Research

Friends and its affiliated group, Creative Community Task Force on Cancer Research, has been using celebrity appearances on Capitol Hill to give visibility to cancer research.

"There is more work to be done," Sigal said to **The Cancer Letter**. "We want to make sure that the message that cancer research is important continues to reach a broad constituency, and the Hollywood community is very powerful in terms of reaching a wide audience."

Sigal is a member of the National Cancer Advisory Board and the board of directors of the Duke Comprehensive Cancer Center.

The group's board of directors includes representatives of the American Scoiety of Clinical Oncology, the American Association for Cancer Research, the American Cancer Society, the National Coalition for Cancer Research, the National Coalition for Cancer Survivorship, the National Alliance of Breast Cancer Organizations and the Oncology Nursing Society.

NCI Advisory Boards

NCI Seeks Nominations For Consumer Liaison Group

NCI is seeking nominations for members of the Director's Consumer Liaison Group, a new advisory board.

The DCLG will consist of 15 "consumer-advocates" involved in cancer advocacy. The purpose of the group is to help NCI develop criteria for selecting other consumers for advisory committee positions, and to interact with scientists on a variety of programs and issues, the Institute said.

Nominations must be postmarked by Sept. 15.

To be eligible for the DCLG, a nominee must "be involved in the cancer experience as a cancer survivor, a person affected by the suffering and consequences of cancer, or a professional or volunteer who works with survivors or those affected," and must "represent a constituency with which he or she communicates regularly on cancer issues and be able to serve as a conduit for information both to and from the constituency," NCI said in a statement.

Nominees also must demonstrate cancer advocacy experience, ability to communicate effectively, ability to represent broad issues, ability to contribute to an effective group process, and leadership ability.

As a group, the DCLG will represent a range of cancer advocacy and voluntary organizations, cancer types, geographic and racial diversity, NCI said. The first meeting of the DCLG is planned for December.

To obtain a nomination package, mail or fax name, address, and advocacy organization affiliation, if any, to the Office of Liaison Activities, NCI, c/o Palladian Partners, 7315 Wisconsin Ave. Suite 440W, Bethesda, MD 20814, fax: 301/986-5047.

Funding Opportunities

ACS Offers Clinical Research Grants, Prostate Cancer Grants

The American Cancer Society is seeking applications for its Clinical Research Training Grant for Junior Faculty (CRTG) and the Targeted Research Project Grant.

The areas of targeted research include: Novel Ideas in Prostate Cancer Cell Biology, Behavioral, Psychosocial, and Quality of Life-Prostate Cancer, Health Policy, and Outcomes Research-Prostate Cancer.

The CRTG is intended to provide the resources for junior faculty members to achieve the mentored research training and experience required for successful careers as independent clinical researchers. The purpose of this grant is to support clinical research by individuals with doctoral or equivalent degrees who are not yet fully independent investigators. Through the CRTG, the Society hopes that this program will develop clinical researchers who should then be eligible to apply for the Society's Research Project Grants as independent beginning investigators.

Candidates for first-year Clinical Research Training Grants must be within the first four years of a faculty appointment in their discipline. These awards are intended to support the early development of academic careers which place emphasis on clinical research; individuals with well established careers and substantial research funding should not apply. In addition, candidates for these awards must be citizens or non-citizen nationals of the U.S. or its possessions or territories, or must have been lawfully admitted for permanent residence at the time of the application.

The grant provides up to $150,000 per year including indirect costs for a period of one to three years. During the third year, recipients may apply for a one or two year competitive renewal provided the total time of clinical research training support, irrespective of the source, does not exceed five years.

Deadlines are Oct. 1, 1997, and March 1, 1998, for awards to begin July 1, 1998, and Jan. 1, 1999.

Inquiries: Contact a local grants administration office or 404/329-7558 or -5734 (voice), 404/321-4669 (fax), or grants@cancer.org.

Materials also may be obtained from the ACS home page on the World Wide Web at http://www.cancer.org.

RFA: Health Policy and Outcomes Research-Prostate Cancer

ACS is earmarking $1.5 million for this grant cycle for Health Policy and Outcomes Research in Prostate Cancer. Application is open to independent investigators at any stage of their careers.

The next deadline is Oct. 15, 1997. Subsequent deadlines will be April 1, 1998, and on those same dates through 1999. The grants will be for three years, up to $250,000 per year, including 25%

indirect costs, and will be renewable as long as this remains a targeted priority area.

Inquiries: Dr. Ralph Vogler, tel: 404/329-7542 or Dr. Frank Baker, 404/329-7795.

RFA: Behavioral, Psychological, Quality of Life—Prostate Cancer

AC is earmarking $1.5 million for this grant cycle for Behavioral, Psychosocial, and Quality of Life Research relating to Prostate Cancer. Application is open to independent investigators at any stage of their careers.

The next deadline is Oct. 15, 1997. Subsequent deadlines will be April 1, 1998, and on those same dates through 1999. The grants will be for three years, up to $250,000 per year, including 25% indirect costs, and will be renewable as long as this remains a targeted priority area.

Inquiries: Dr. Ralph Vogler, tel: 404/329-7542 or Dr. Frank Baker, 404/329-7795.

RFA: Novel Ideas in Prostate Cancer Cell Biology

ACS has earmarked $750,000 for this grant cycle for Novel Ideas in Prostate Cancer Cell Biology. Application is open to investigators at any stage of their careers.

The first deadline is Oct. 15, 1997. Subsequent deadlines will be April 1, 1998, and on those same dates through 1999. Grants will be for three years, up to $65,000 per year, including 25% indirect costs, and will not be renewable.

Inquiries: Dr. Peter Ove, 404/329-7552.

NCI RFAs Available

The full text of the NCI funding opportunities listed below may be obtained electronically through the NIH Grant Line (data line 301/402-2221), the NIH GOPHER (gopher.nih.gov), and the NIH Website (http://www.nih.gov), and by mail and email from the program contacts listed under "Inquiries."

RFA CA-97-015

Title: **Community Clinical Oncology Program**

Letter of Intent Receipt Date: July 10

Application Receipt Date: Aug. 26

The NCI Division of Cancer Prevention and Control invites applications from domestic institutions for cooperative agreements to the Community Clinical Oncology Program. Applicants for new and currently funded CCOP and research bases are invited to respond.

Using the national resource of highly trained oncologists in community practice, the CCOP: 1) provides support for expanding the clinical research effort in the community setting; 2) stimulates quality care in the community through participation in protocol studies; 3) fosters the growth and development of a scientifically viable community cancer network able to work closely with NCI-supported clinical cooperative groups and cancer centers; 4) supports development of and community participation in cancer prevention and control intervention research, which includes chemoprevention, biomarkers and early detection, patient management, rehabilitation, and continuing care research; 5) involves primary care providers and other specialists in cancer prevention and control clinical trials; and 6) increases the involvement of minority and underserved populations in clinical research. Combining the expertise of community physicians and other health care professionals with NCI-approved cancer treatment and prevention and control clinical trials provides the opportunity for the transfer of the latest research findings to the community level.

This issuance of the CCOP RFA seeks to build on the strength and demonstrated success of the CCOP over the past fourteen years by: 1) continuing the program as a vehicle for supporting community participation in cancer treatment and prevention and control clinical trials through research bases (clinical cooperative groups and cancer centers supported by NCI); 2) expanding and strengthening the cancer prevention and control research effort; 3) utilizing the CCOP network for conducting NCI-assisted cancer prevention and control research; and 4) evaluating on a continuing basis CCOP performance and its impact in the community.

It is anticipated that up to $4.2 million in total costs per year for five years will be committed to fund applications. Approximately four research base awards and 12 CCOP awards will be made.

Inquiries: Margaret E. Holmes, Division of Cancer Treatment, Diagnosis and Centers, NCI, 6130 Executive Blvd Rm 502-MSC 7383, Bethesda, MD 20892-7383, tel: 301/496-8531, fax: 301/402-0181, email: mh67g@nih.gov.

RFA CA-97-004

Title: **Cancer Genetics Network**

Letter of Intent Receipt Date: June 20

Application Receipt Date: Sept. 12

The NCI Extramural Epidemiology and Genetics Program, Division of Cancer Epidemiology and Genetics invites applications from organizations with demonstrated excellence in human cancer genetics for resource-related cooperative agreements (U24s), a new mechanism for NCI.

The purpose of this solicitation is to support the formation of a multi-center, interdisciplinary cooperative, the Cancer Genetics Network. This consortium will serve as an infrastructure for collaborative research

investigations into the genetic basis of human cancer susceptibility, explore mechanisms for integrating this information into medical practice, and identify means to address the psychosocial, ethical and legal issues associated with human cancer genetics. To capitalize on advances in the area of hereditary cancer predisposition requires scientific resources and study populations which are currently unavailable to most human genetics programs. Thus a new infrastructure is needed that is a hybrid between the traditional models of Cancer Centers (with recognized scientific excellence) and the cooperative clinical trials groups (with efficient multisite recruitment). Funding through this RFA will be used to support the development of this new model of research infrastructure, the Cancer Genetics Network, in which potential study populations are preassembled through multiple participating centers and linked to a collective scientific expertise in cancer genetics. Through the formation of the Cancer Genetics Network consortium it is envisioned that participating groups will have access to resources, information, and expertise which are beyond the scope of any single institution or organization. The Cancer Genetics Network will also facilitate the exchange of human cancer genetics information and resources within the larger cancer genetics community. The Network will develop mechanisms to broaden access to genetic services and educational materials by both the public and health care professionals. It will establish a clearinghouse of human cancer genetics resources and develop means to extend access to and connections between cancer genetics researchers, providers of genetic services, and the general public.

Approximately $5 million in total costs per year for five years will be committed to fund applications that are submitted in response to this RFA. It is anticipated that up to eight individual Network Center awards will be made.

Contact: Susan Nayfield, Extramural Epidemiology and Genetics Program, NCI, 6130 Executive Boulevard, Suite 535 MSC 7395, Bethesda, MD 20892-7395, tel: 301/496-9600.

Program Announcement

PAR-97-063

Title: **Planning Grants For NCI Cancer Research Centers**

Application Receipt Date: Jan. 7

The Cancer Centers Branch of the NCI Division of Cancer Treatment, Diagnosis, and Centers invites planning grant applications for the development of Cancer Research Centers in a variety of organizational settings. The purpose is to expand the scientific, geographic and demographic diversity of the Cancer Centers Program of the NCI by encouraging research-oriented organizations to develop the qualities of a strong cancer research center and become competitive for a Cancer Center Support Grant. Cancer center planning strategies may focus on a specific research theme (e.g., diagnosis, therapy, epidemiology) or integrate a broad spectrum of research to include the basic, clinical, prevention and control, and population sciences (i.e., an NCI-designated comprehensive cancer center). All approaches to planning cancer centers are encouraged, as long as they address the six essential features of an NCI Cancer Center (i.e., cancer focus, institutional commitment, organizational capabilities, facilities, center director authority, and interdisciplinary coordination and collaboration) and as long as they take advantage of the full range of the organization's capabilities in cancer research.

Inquiries: Margaret E. Holmes, DCTDC, NCI, 6130 Executive Blvd Rm 502-MSC 7383, Bethesda, MD 20892-7383, tel: 301/496-8531, fax: 301/402-0181, email: mh67g@nih.gov

RFP Available

RFP N02-CM-87014

Title: **Biochemical Genetic Monitoring of Rodents**

Deadline: Approximately July 25

The NCI Biological Testing Program, Developmental Therapeutics Program, Division of Cancer Treatment, Diagnosis and Centers is seeking organizations having the capability to provide a genetic monitoring resource for the BTP. Genetic monitoring for quality assurance will accompany the long standing efforts in microbiological quality, in order that each animal produced from re-derived stock, under our production contracts, is as well defined as possible. Genetic monitoring will be accomplished by biochemical means, i.e., testing for loci involved in producing cellular enzyme or protein variants. It is anticipated that one (1) contract will be awarded for this effort, as a result of this RFP, for a period of 60 months. This RFP is a recompetition of the "Biochemical Genetic Monitoring of Rodents" project being performed by Texas A&M University.

Contact: Patricia White, Management Operations and Support Branch, Frederick Cancer Research and Development Center, NCI, Building 427, Room 25, Frederick, MD 21702-1201, tel: 301/846-1113.

NCI Contract Awards

Title: Support Services for the Pharmaceutical Management Branch, CTEP, DCTDC, NCI. Contractor: Professional & Scientific Associates Inc., McLean, VA, $2,835,849.

Title: Synthesis of Selected Chemical Carcinogens and Chemopreventive Agents. Contractor: American Health Foundation, Valhalla, NY, $1,521,508.