THE CANCER LETTER

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House Medicare Reform Bill Takes A Smaller Bite In Drug Reimbursement

Following heavy lobbying that involved oncologists, nurses and cancer patients, the House Ways and Means Committee and the Commerce Committee last week approved Medicare reform legislation that did not follow the Administration's plan to eliminate physicians' markup on oncology drugs.

While the Administration's language, contained in the President's Budget Proposal for fiscal 1998, proposed reimbursing office-based oncologists on "actual acquisition cost" of the drugs, the Ways and Means

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In Brief

DOE Honors Radiation Therapy Pioneers; Center Honors Nixon, Lansing, Coffey

DEPARTMENT OF ENERGY Enrico Fermi Award will be awarded to **Rodney Withers**, professor and chair of the department of radiation oncology at UCLA School of Medicine, and **Mortimer Elkind**, distinguished professor in the department of radiological health sciences at Colorado State University. The award, announced last week by **President Clinton**, is given for a lifetime of achievement in the field of nuclear energy. Withers and Elkind will jointly receive the award in recognition of their work on the response of normal and malignant cells to ionizing radiation, establishing a scientific basis for radiation therapy. The award, which includes a $100,000 honorarium, will be presented by Secretary of Energy **Frederico Peña** next month. . . . **SIDNEY KIMMEL CANCER CENTER** presented awards to **Richard Nixon**, **Sherry Lansing**, and **Donald Coffey** for their significant contributions to cancer research. Former President Nixon was posthumously awarded the Governmental Leadership Award; Lansing, chairman and CEO of Paramount Pictures received the Outstanding National Leadership Award, and Coffey, president of the American Association for Cancer Research, received the Outstanding Scientific Achievement and Leadership Award. In addition to the awards, each honoree will receive a post-doctoral fellow at SKCC in their name. . . . **FRANK McCORMICK** has been named director of the University of California San Francisco Cancer Center. McCormick is the former director of the laboratory science branch of the UCSF Cancer Center, and founder of Onyx Pharmaceuticals, of

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In Congress:

House Committees Propose AWP Minus 5% For Medicare

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language proposes reimbursement at average wholesale price minus 5 percent.

The Senate Finance Committee was expected to begin markup on the legislation later this week.

The Medicare provision approved by the two House Committees states:

"If a physician's, supplier's, or any other person's bill or request for payment for services includes a charge for a drug or biological… and the drug or biological is not paid on a cost or prospective payment basis…, the amount payable for the drug or biological is equal to 95 percent of the average wholesale price."

Though oncologists who were involved in lobbying against the Administration proposal had reasons to cheer about the Ways and Means and Commerce language, their good spirits had to be tempered by realization that the new language, too, represents a decrease in reimbursement for office-based oncologists.

Currently, Medicare reimburses office-based oncologists at AWP. Technically, reimbursement can be based on the lower of AWP or the "estimated acquisition cost." However, deriving the latter cost would have required the Health Care Financing Administration to conduct surveys of prices paid by physicians, a task HCFA has not undertaken.

AWP is derived through surveys of prices the companies that label the drugs charge the wholesalers and the standard prices charged by wholesalers.

By design, AWP excludes all deals and discounts, which means that AWP does not drop when an especially adept player negotiates a particularly low price.

Industry insiders say discounts from AWP can be as low as 5 percent and as high as 20 percent. In insurance coverage deals, reimbursement for drugs can be as low as AWP minus 10 percent and as high as AWP plus 10 percent.

"There is a fallacy in thinking that drug markup is purely profit," said Catherine Harvey, vice president, patient relations, of OnCare Inc., a San Francisco area firm that provides physician practice management services in oncology. "The indirect cost of providing care and managing pharmaceuticals are in part covered by revenues from drugs."

To the Administration as well as to legislators seeking to contain Medicare costs, the oncologists' markup on drugs has been a particularly conspicuous target (**Cancer Economics**, March 1997).

Under the Administration proposal, reimbursement would have been the lowest of:

•The physician's actual acquisition cost,

•The average wholesale price.

•The median actual acquisition cost of all drugs or biologicals for the 12 month period.

The proposal defined the actual acquisition cost as "the physician's cost, based on the most economical case size in inventory on the date of dispensing, or, if less, the most economical case size purchased within six months of dispensing."

Under the proposal, the actual acquisition cost included "all discounts, rebates, or any other benefit in cash or in kind (included, but not limited to, travel, equipment, or free products)."

"Best Possible Alternative"

Facing an attack on Capitol Hill, oncologists argued that the proposal to reimburse "actual acquisition cost" paid by oncologists to wholesalers would make the physicians absorb the costs of storing the drugs and maintaining inventories.

Under the definition used by the Administration, "actual acquisition cost" could be based on national median prices compiled over six to 18 months, a method that could mean that the

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prices would not reflect the prices actually paid by physicians, the American Society of Clinical Oncology argued on the Hill.

Also, Medicare, which pays for as many as 50 percent of patients in some practices, pays 80 percent of the patients' bills. The remainder, a co-payment of 20 percent, is often regarded as a poor collection risk, oncologists say.

"The Clinton Administration's proposal to cap drug reimbursement at actual acquisition cost would have resulted in out-of-pocket losses and would have been devastating to office-based oncology practice," said Joseph Bailes, chairman of the Clinical Practice Committee of the American Society of Clinical Oncology, who lobbied for the change of language.

"Treatment opportunities for patients would most likely have been restricted," Bailes said.

"We're continuing to work with the Senate finance committee to arrive at a reimbursement methodology that won't jeopardize the ability of oncologists to treat patients the way the whole National Cancer Program was intended to be—in the office based setting, which is not only convenient, but is humane, and cost effective," Bailes said to **The Cancer Letter**.

Harvey, whose company also lobbied on the issue, said the House language represents the best possible compromise for oncologists.

"Ideally, we would have liked for there to be no change, but given that there is tremendous pressure on the part of Medicare to drive down drug costs, this is probably the best possible alternative that we were presented with," Harvey said.

Patients, too, have played a role in the attempt to change the language of the bill.

In a recent letter, the Cancer Leadership Council, a coalition of patient advocacy groups, urged Rep. Bill Archer (R-TX), chairman of the Ways and Means Committee, to reject the Administration's proposal since it would harm patients as well as physicians.

"It appears that, despite the reference to `actual' cost, the result of [the Administration's] proposal would be an out-of-pocket loss for many physicians," the patient organizations wrote in a letter dated May 27. "Various `caps' envisioned by the proposal which even suggest that physicians could receive less payment from Medicare for anticancer drugs than the price they actually paid to obtain them.

"For oncologists and their patients, this portends serious consequences," the letter said.

The letter was signed by CancerCare Inc., Candlelighters Childhood Cancer Foundation, Susan G. Komen Breast Cancer Foundation, National Alliance of Breast Cancer Organizations, the National Coalition for Cancer Survivorship, US TOO International, Y-ME National Breast Cancer Organization, Alliance for Lung Cancer Advocacy, Support and Education, and the Leukemia Society of America.

In a related development, the House Ways and Means and Commerce committees' bill on Medicare included a provision for reimbursement of oral anti-emetics used in chemotherapy.

1.2% Raise For NIH Projected As Result Of Budget Deal

NIH could receive a 1.2 percent increase in fiscal 1998, less than half of the 2.6% increase promised in the President's budget proposal, the chairmen of the Senate and House Labor, HHS, and Education appropriations subcommittees said in separate hearings last week.

The projected lower increase is the result of the $100 million cut in the health account called for in the recent budget deal between Congress and the Administration, said appropriations subcommittee chairmen Sen. Arlen Specter (R-PA) and Rep. John Porter (R-IL) at separate NIH appropriations hearings last week.

In an effort to increase funding for NIH, Sen Connie Mack (R-FL) and 61 other Senators wrote a letter to Sen. Ted Stevens (R-AK), chairman of the Senate Appropriations Committee, requesting an increase of $2 billion for fiscal 1998 (**The Cancer Letter**, June 13).

A $2 billion increase would amount to a 7.5 percent boost for NIH.

"I think it's important when talking about a request for increase to focus on the budget agreement that has a health account which is $100 million [lower]," Specter said at a hearing June 11. "I think one of the things you have to understand are those hard facts."

The 1.2 percent increase projection first appeared in a document published by the Office of Management and Budget. OMB officials said it was merely applying a formula to illustrate the impact of the recent five-year budget deal between Congress and the Administration.

Thus, the lower increase for NIH by no means reflects the Administration's policy, OMB said.

In his testimony before Specter last week, NIH Director Harold Varmus said he has been assured by the Administration that the NIH budget request will stand at 2.6 percent.

Advocates: "Create Sense Of Urgency"

Delivering on that promise would not be easy, Capitol Hill observers said.

While the allocation for the programs covered by the House Labor, HHS and Education Appropriations Subcommittee received a $4.5 billion boost from last year, nearly all of these funds have been committed to education and training programs.

"The message is simple: the funds need to be found," said Marguerite Donoghue, executive director of the National Coalition of Cancer Research.

"Two things need to happen: "First, cancer advocacy groups need to engage in serious discussions with the Administration regarding the availability of funds for NIH and NCI, and second, cancer advocacy groups need to create a sense of urgency with members of the Labor, HHS and Education subcommittees in the House and the Senate as they prepare to mark up their bills," Donoghue said to **The Cancer Letter**.

At the Senate hearing last week, Specter asked all the directors of NIH Institutes to justify the funding request by specifying how past appropriations have been spent, and for which programs the 1998 budget would be used.

"There are too many people talking about druthers and too few people talking about dollars," Specter said. "And what I propose to do here today is talk about dollars."

In written testimony, Varmus said 80 percent of the $337 million would be spent toward increasing support for research project grants by funding about 7,100 new grants. An additional $90 million was requested for continuing construction of the Mark Hatfield Clinical Research Center.

NCI Director Richard Klausner was asked to hold his remarks until later this week, when Specter plans to hold a hearing to discuss the recent New England Journal of Medicine article "Cancer Undefeated" by John Bailar and Heather Gornik (**The Cancer Letter**, June 6).

At the House Labor, HHS, and Education appropriations hearing, chairman John Porter was no more hopeful about achieving the requested increase for NIH.

"I'm afraid the leadership of both the White House and Congress have made it very difficult to place [NIH appropriations] at a high priority, and have made our job much more difficult in the process," Porter said. "I think this is a subject that all of us have to address in the coming counter-year, and make certain that the resources follow the advocacy."

Porter called the 1.2 percent increase unacceptable, and said he hoped the subcommittee will succeed in allocating more funds to NIH.

Appeal To White House Expected

The Creative Community Task Force, an entertainment industry offshoot of Friends of Cancer Research, is expected to request a White House meeting to request a 7.5 percent increase for NIH next year, sources said.

The meeting will include Paramount Motion Picture Group Chairman Sherry Lansing, heads of three other studios, as well as Jack Valenti, chairman of the Motion Picture Association, sources said.

Friends of Cancer Research is an umbrella group organized last year to mark the 25th anniversary of the signing of the National Cancer Act.

The House subcommittee is expected to mark up the Labor, HHS and Education appropriations bill immediately following the July 4 recess. The full committee is expected to consider the bill the week of July 25.

No date has been set for the Senate appropriations subcommittee markup of the Labor HHS bill. However, observers expect that this will happen sometime before the August recess.

Reinventing NCI

Cancer Prevention Program Lacks Leadership, Panel Says

The NCI cancer prevention research program lacks strong scientific and administrative leadership, an advisory group to the Institute concludes in a report released earlier this week.

The Institute needs to recruit several outstanding scientists to form a "management team" to reorganize and set clear goals for the Division of Cancer Prevention and Control, according to a report by the Cancer Prevention Program Review Group, a panel of 19 non-federal scientists and physicians and

one cancer patient advocate.

"The review group perceived an apparent absence of a well-delineated, scientifically sound, long-term strategy for directing cancer prevention research into the next century, and a paucity of outstanding scientists in leadership roles within DCPC," according to the report, released at a meeting of the National Cancer Advisory Board June 17.

The review group, formed by NCI Director Richard Klausner in April 1996, studied the prevention program for the past year, interviewing NCI scientists and administrators as well as prevention researchers in academia.

Recommendations

Among the report's recommendations to NCI:

—Expand the NCI Board of Scientific Advisors to include additional prevention research investigators and form a subcommittee of BSA to serve as an advisory group to DCPC.

—Evaluate the Community Clinical Oncology Program to ascertain its contribution to the prevention effort and consider its relocation to the Division of Cancer Treatment, Diagnosis, and Centers.

—Increase funding for research in prevention and cessation of tobacco use in populations where tobacco use has remained high: adolescents, women, and those with less education and income.

—Decrease funding for large-scale tobacco control dissemination efforts, such as the American Stop Smoking Intervention Study.

—Identify respected senior scientists to assume major leadership roles within the prevention division for the development and coordination of the tobacco avoidance, diet/nutrition, and cancer prevention research agendas.

—Encourage research in diet and cancer prevention; biomarkers of the consumption of key dietary components; objective markers of physical activity; and biological mechanisms underlying the associations between diet and cancer incidence.

—Emphasize basic and applied studies on the role of viruses in the etiology of certain cancers, and begin research on appropriate vaccines.

—Develop new animal models for assessing the efficacy of chemopreventive agents.

—Expand identification of high-risk healthy populations based on genetic predispositions.

—Develop new molecular markers for the early detection of cancer.

—Develop and expand biorepositories.

—Design recruitment strategies to attract healthy people as participants in cancer prevention trials.

—Restructure the chemoprevention preclinical drug development effort.

—Establish an extramural cancer prevention trials group.

—Incorporate behavioral research as an integrated but independent component of the NCI prevention program.

—Develop new training mechanisms in cancer prevention for health professionals.

—Strengthen relationships with other groups involved in cancer prevention, such as the Centers for Disease Control and Prevention, the American Association for Cancer Research, the American Society of Clinical Oncology, and the American Cancer Society.

Second Of Five Reviews Planned

The prevention review group was the second of five committees convened by NCI Director Richard Klausner to evaluate five of the Institute's most visible extramural research programs.

Last fall, the first of the committees, the Cancer Centers Program Review Group, submitted its report to NCI, calling for simplification of the Institute's review process for cancer center grants (**The Cancer Letter**, Oct. 18, 1996).

Reports of the committees studying clinical trials and cancer control are scheduled to be made public in late September, sources said. A committee reviewing developmental therapeutics is being appointed.

*[Excerpts from the Cancer Prevention Program Review Group report will be published in next week's issue of **The Cancer Letter**.]*

Health Organizations:

ACS: Yearly Prostate Screen For High-Risk Men Under 50

The board of directors of the American Cancer Society last week recommended a change in the society's guideline for screening for prostate cancer.

The society recommends that both the prostate specific antigen test and digital rectal examination should be offered annually, beginning at age 50, to men who have at least a 10-year life expectancy, and to younger men who are at high risk.

Information should be provided to patients regarding potential risks and benefits of screening, ACS said.

The language of the new guideline follows:

—"Men who choose to undergo screening should begin at age 50. However, men in high risk groups, such as those with a strong familial predisposition (e.g. two or more affected first degree relatives) or African Americans may begin at a younger age (e.g. 45 years). More data on the precise age to start prostate cancer screening are needed for men at high risk.

—"Screening for prostate cancer in asymptomatic men can detect tumors at a more favorable stage (anatomic extent of disease). There has been a reduction in mortality from prostate cancer, but it has not been established that this is a direct result of screening.

—"An abnormal PSA test result has been defined as a value above 4.0 ng/ml. Some elevations in PSA may be due to benign conditions of the prostate.

—"The DRE of the prostate should be performed by health care workers skilled in recognizing subtle prostate abnormalities, including those of symmetry and consistency, as well as the more classic findings of marked induration or nodules. DRE is less effective in detecting prostate cancer compared with PSA."

The society said that patients need to be told by their physicians that a normal PSA of less than 4.0 ng/ml does not guarantee that cancer is not present, and that 25% of men with cancer can have a normal PSA at diagnosis.

To determine the cause for PSA elevation, the patient may need to undergo transrectal ultrasound and biopsies of the prostate. These procedures are unpleasant and the biopsies can be associated with a small risk of bleeding and infection. A man with an abnormal PSA whose biopsy does not show cancer may be subject to psychologic stress of worrying about his PSA, and will also require close follow-up and scrutiny.

The society's previous guideline, updated in 1992, recommended that annual DRE and PSA be performed on men 50 years and older.

"Since 1992, new data have become available that have impacted the society's guideline for the early detection of prostate cancer," said Andrew von Eschenbach, chairman of the society's Advisory Group on Prostate Cancer and professor of urology and director of the Prostate Cancer Research Program at the M.D. Anderson Cancer Center.

"These data indicate clearly that PSA is an effective tool for detecting prostate cancer and especially at stages early in its clinical course. This tool has resulted in a significant difference in the stage at which prostate cancer is being diagnosed."

To arrive at its new guideline, the Society convened a workshop of experts in March to review current scientific data impacting its guidelines.

"Reduction in mortality as a direct result of screening has not yet been documented in ongoing randomized clinical trials," von Eschenbach said.

"However, indirect evidence suggests that prostate cancer screening has resulted in greater numbers of younger men being diagnosed with earlier disease, which could influence mortality. These guidelines are based on compelling intermediate data from non-randomized studies. Intermediate data from non-randomized trials have helped us to modify our clinical approach to men at risk for this disease, which remains the most common malignancy and the second leading cause of cancer death in men in the U.S.," he added.

"It is a general principle of cancer control that early diagnosis is preferable to late diagnosis, and it is also recognized that treating a prostate cancer that is localized has a much higher probability of eradication than when it is locally advanced," said Myles Cunningham, ACS national president. "There is no effective treatment for advanced stage prostate cancer, but there is curative treatment for early stage prostate cancer."

Regulatory Agencies:

HHS Group To Study Policies On Academic Health Centers

HHS Secretary Donna Shalala has established a policy group to determine the role of the government in the future of academic medical centers.

The interagency policy-development group will be led by Ciro Sumaya, acting deputy assistant secretary for health, and former head of the HHS Health Resources and Services Administration.

"Most of the policies in effect today which impact on these centers were developed many years ago, and the conditions which led to these policies have changed," Shalala said.

Shalala said the group's recommendations

should include "a targeted set of actions which can be taken at the federal level to ensure that academic health centers are able to continue to provide their essential public services in a new and evolving health care system."

The group will focus primarily on what the federal role should be in the areas of: education and work force training policies; research infrastructure; access to capital for managed care restructuring; and policies involving special services such as uncompensated care for vulnerable populations, leading edge technology, and complex care needs such as bone marrow transplants and burn treatments.

Recommendations should be complete by October, and will include a top-to-bottom review of department policy, an HHS spokesman said.

Funding Opportunities:

RFAs Available

HS-98-001

Title: **National Research Service Award—Institutional Grants Policy and Guidelines**

Letter of Intent Receipt Date: July 10

Application Receipt Date: Sept. 23

The Agency for Health Care Policy and Research awards National Research Service Award institutional training grants to eligible institutions to develop research training opportunities for qualified individuals selected by the institution who have demonstrated an interest in health services research and who seek to prepare for careers in the systematic examination of the organization, provision, financing, and effectiveness of health care services. AHCPR expects to award up to $3,500,000 in FY 1998 to support the first year for approximately 15 to 24 projects under this RFA.

Inquiries: Global Exchange Inc., 7910 Woodmont Ave. Suite 400, Bethesda, MD 20814-3015, tel: 301/ 656-3100, fax: 301/ 652-5264.

HS-98-002

Title: **AHCPR Institutional Training Innovation Incentive Award Program**

Letter of Intent Receipt Date: July 10

Application Receipt Date: Sept. 23

The Agency for Health Care Policy and Research invites applications for incentive awards for innovative approaches to health services research training that are responsive to the research and analytic needs of the evolving health care delivery system. The intent of the awards is to support the design and implementation of new models for training health services researchers in order to address emerging issues in health care policy and delivery and to respond to the changing analytic needs of health care providers, payers, and policymakers.

AHCPR expects to award up to $1 million in fiscal 1998, depending on the overall availability of funds to support the first year for approximately 20 projects under this RFA.

Inquiries: Global Exchange Inc., 7910 Woodmont Ave. Suite 400, Bethesda, MD 20814-3015, tel: 301/ 656-3100, fax: 301/ 652-5264.

HS-98-003

Title: Health Care Quality Improvement and Quality Assurance Research

Letter of Intent Receipt Date: Aug. 1

Application Receipt Date: Sept. 16

AHCPR invites applications for research and demonstration projects on the use of measurement in improving the quality of health care. Applications are sought in three areas: (1) methods and measures to allow translation of scientific information about medical care into quality measures and strategies to improve clinical practice; (2) studies of the relationship between organizational change and quality measurement and improvement in health care; and (3) studies of the use of information derived from measurement about quality of care by consumers, patients, employers, providers, and insurers to make decisions.

AHCPR is especially interested in projects that will produce results within one to two years, although a balance is sought between short-and long-term projects, and projects of up to five years will be considered.

Depending on the availability of funds, AHCPR expects to award up to $2.0 million in fiscal year 1998 to support the first year of 8 to 10 projects under this RFA.

Inquiries: Global Exchange Inc., 7910 Woodmont Ave. Suite 400, Bethesda, MD 20814-3015, tel: 301/ 656-3100, fax: 301/ 652-5264.

Program Announcement

PAR-97-067

Title: **MBRS Research Initiative for Scientific Enhancement**

Application Receipt Dates: February 1, June 1, October 1

The purpose of the MBRS Research Initiative for Scientific Enhancement (RISE) program is to enhance the research environment at minority serving institutions. The goal is to increase the opportunities for underrepresented minority faculty and students to become acquainted with, and motivated to pursue biomedical research careers. The RISE program replaces and expands upon the student development component of the traditional MBRS (S06) program and the MBRS program for undergraduate colleges (S14). The MBRS RISE program supports faculty, student and institutional development activities at both undergraduate and graduate institutions.

Applicants may propose activities in any one or more of these areas.

Inquiries: Ernest D. Marquez, MBRS Branch, National Institute of General Medical Sciences, 45 Center Drive, Suite 2AS.37, MSC 6200, Bethesda, MD 20892-6200, tel: 301/594-3900, fax: 301/480-2753, email: marqueze@gm1.nigms.nih.gov.

RFP Available

SOL N02-CM-87013

Title: **Iso-Antigenic Typing o Mouse Strains**

Deadline: Approximately July 16

The NCI Biological Testing Program, Developmental Therapeutics Program, Division of Cancer Treatment, Diagnosis and Centers, is seeking an organization having the capability to perform reciprocal tail skin grafts between mice of various strains sublines and counterparts from the NTH colony. It is estimated that 6,300 skin grafts involving 3,000 animals will be supplied at no charge to the contractor. It is estimated that one 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 "Iso-Antigenic Typing of Mouse Strains" project being performed by Research Triangle Institute.

Contact Paul Miller, NCI Management Operations Support Branch, NTH, Frederick Cancer Research and Development Center, Building 427, Room 12, Frederick MD 21702-1201, tel: 301/846-5660, email: millerp@ncifcrf.gov.

In Brief:

Langer Wins Advocacy Award; Endowed Chair Honors Levitt

(Continued from page 1)

Richmond, CA. . . . **SHELTON EARP** has been named director of the University of North Carolina at Chapel Hill Lineberger Comprehensive Cancer Center. Earp is professor of medicine and pharmacology at UNC Chapel Hill Medical School, and has been deputy director of the Cancer Center and Lineberger Professor of Cancer Research for six years. . . . **AMY LANGER**, executive director of the National Alliance of Breast Cancer Organizations, was selected for the 1997 Advocacy Achievement Award in Women's Health Research, presented by the Society for the Advancement of Women's Health Research. The award recognizes Langer's work on the 1990 Consensus Conference on the Treatment of Early Stage Breast Cancer, the National Mammography Advisory Committee, and the National Action Plan on Breast Cancer Steering Committee. . . . **SEYMOUR LEVITT** was honored with an endowed chair in his name at the University of Minnesota, where he is professor and head of the department of therapeutic radiology-radiation oncology. The Seymour H. Levitt Clinical Radiation Oncology Chair will not be filled until after his retirement. Levitt also received an honorary Doctor of Science degree from the University of Colorado School of Medicine, where he received both his undergraduate and M.D. degrees. . . . **CHARLES COLTMAN JR.** was re-elected to a four-year term--Coltman's fifth--as chairman of the Southwest Oncology Group at the group's Board of Governors meeting recently. **John Crowley** was re-elected for a four-year term as group biostatistician, his fourth term in that position. . . . **LYMPHOMA RESEARCH FOUNDATION OF AMERICA** has awarded one-year research grants to 11 fellows whose projects seek to better understand the origins of lymphoma or to investigate promising new treatments. Grants were presented to **Eric Chang**, University of Southern California; **Yung-Kang Chow**, UCLA; **Bhavana Dave**, Meyer Rehabilitation Institute, University of Nebraska Medical Center; **Dean Felsher**, UC San Francisco; **Larry Herrera**, University of Texas Southwest Medical Center; **Matthew Rettig**, West Los Angeles VA Medical Center; **Joachim Schultze**, Dana-Farber Cancer Institute; **Michael Streiff**, Johns Hopkins University School of Medicine; **Thomas Sweeney**, Stanford University; **Michael Alan Teitell**, UC San Francisco; and **Scott Todd**, Stanford University. The foundation is accepting requests for applications for fiscal 1998 medical grants. Contact Lymphoma Research Foundation of America, tel: 310/204-7040, fax: 310/204-7043.

NCI Contract Awards

Title: NCI Science Enrichment Program. Contractor: University of Massachuetts at Amherst, Amherst, MA, $499,999.

Title: NCI Science Enrichment Program. Contractor: University of Kentucky Research Foundation, Lexington, KY, $228,317 and University of Southern California, Los Angeles, CA, $293,580.

Title: Analysis of Anti-Cancer and Anti-AIDS Chemical and Pharmaceutical Formulations. Contractor: SRI International, Menlo Park, CA, $3,079,331.