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NCI Splits Prevention And Control Division; Rimer To Direct Division Of Cancer Control

NCI earlier this week announced plans to abolish the Division of Cancer Prevention and Control and form separate divisions for cancer control and cancer prevention.

Barbara Rimer, professor and director of the Duke University Cancer Prevention, Detection, and Control Research Program, will become director of the new Division of Cancer Control and Population Science (DCCPS).

DCPC Director Peter Greenwald will become acting director of the new Division of Cancer Prevention. NCI will begin a search for a
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In Brief

Hedlund To Head Prostate Cancer Coalition; USCF Forms Human Genetics Program

JAY HEDLUND was named president and CEO of the **National Prostate Cancer Coalition**. Hedlund is the former director, government and community affairs, at Children's Defense Fund. Prior to that, Hedlund was the vice president, grassroots lobbying, at Common Cause. NPCC, a group which is trying to employ the political strategies of the National Breast Cancer Coalition, will be based in Washington, at 1156 15th Street NW, eight blocks from NBCC headquarters. . . . **UC SAN FRANCISCO** has established a new program in human genetics to serve as a framework for all clinical, teaching, and research activities in human genetics at the university. The program will be directed by **Ira Herskowitz**, professor of biochemistry and head of the graduate genetics program, and **Charles Epstein**, professor of pediatrics and founder of the UCSF Genetics Clinic. The university said it will recruit six to 10 new faculty members in genetics in the next five to seven years. . . . **AMERICAN ASSOCIATION OF IMMUNOLOGISTS** presented its Public Service Award to **Sen. Connie Mack** (R-FL) and ABC News anchor **Sam Donaldson**, in recognition of their advocacy for biomedical research and efforts to increase funding for NIH. . . . **CORRECTIONS:** The July 18 issue of **The Cancer Letter** incorrectly reported percentage increases for NIH and NCI recommended by the House Labor, HHS, Education Appropriations Subcommittee. The bill provides NIH a 6 percent increase and NCI a 5.2 percent increase in fiscal 1998. Also, in the meetings listings, the email address for the Chemotherapy Foundation Symposium was incorrect. The address is J_silverman@smtplink.ssm.edu.

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Greenwald Heads Prevention, But NCI To Conduct Search

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permanent division director, the Institute said in a statement July 23.

The changes, scheduled to take effect Oct. 1, are intended to strengthen the Institute's prevention and control programs, NCI Director Richard Klausner said.

"The new Division of Cancer Control and Population Science emphasizes our commitment to population science, behavior, surveillance, and cancer control," Klausner said to **The Cancer Letter**. "Barbara Rimer is a natural and very talented leader. She will be a forceful spokesperson for cancer control. That we were able to recruit her is a symbol of the revitalization of the Institute."

In other changes announced this week:

- NCI plans to establish an Office of the Deputy Director for Extramural Science to coordinate planning among the Institute's four extramural divisions. Robert Wittes will be appointed to the new position. He will continue to serve as director of the Division of Cancer Treatment, Diagnosis, and Centers.

- The Centers, Training, and Resources Program, headed by Brian Kimes, will move from DCTDC to the extramural science office.

- "Centers" will be dropped from the DCTDC

name. The division will be called the Division of Cancer Treatment and Diagnosis.

- NCI Deputy Director Alan Rabson was named chairman of a search committee to recommend candidates for director of the Division of Cancer Prevention.

Role For Greenwald Uncertain

The DCPC reorganization had been anticipated for several months by NCI officials and some advisors to the Institute.

Klausner planned to act quickly after the Cancer Prevention Program Review Group issued a report last month which called for a stronger prevention research program, sources said.

The report said the committee had no preference whether NCI separated the prevention and control programs. The report called for recruitment of additional scientists and the development of a long-term strategy for cancer prevention research (**The Cancer Letter**, June 20).

Klausner's decision to abolish DCPC, form a new Division of Prevention, and conduct a national search for the division's director appears to indicate a lack of confidence in Greenwald, the director of NCI's prevention division for the past 16 years.

Greenwald came to NCI in 1981 from the New York State Department of Health. At the time, the Institute's prevention and control activities primarily emphasized the dissemination of state-of-the-art medical practices.

Greenwald led an effort to approach prevention research with the same rigor NCI used in treatment research. Greenwald maintained that the prevention scientist could study the effect of interventions such as smoking cessation techniques, educational messages about diet and exercise, and drugs or vitamins, on the prevention of cancer, just as clinical scientists study the effect of interventions such as drugs or surgery on the treatment of cancer.

Continuing this parallel with treatment research, Greenwald and the late Joseph Cullen, deputy director of DCPC, defined five phases of prevention research, which were analogous to the phases used in drug safety and efficacy trials. Greenwald led NCI to engage in chemoprevention clinical trials, as well as trials of public health interventions including the smoking cessation study ASSIST, and the 5-A-Day for Better Health program to encourage consumption of fruits and vegetables.

These large trials have been controversial. The



Editor & Publisher: Kirsten Boyd Goldberg

Editor: Paul Goldberg

Staff Writer: Catherine Fiore

Circulation: Rena Guseynova

P.O. Box 9905, Washington, DC 20016

Tel. (202) 362-1809 Fax: (202) 362-1681

Editorial e-mail: kirsten@www.cancerletter.com

Customer service: subscrib@www.cancerletter.com

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

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Founded Dec. 21, 1973 by Jerry D. Boyd

prevention review group recommended decreased funding for “large-scale dissemination efforts” such as ASSIST, and increased funding for interventions aimed at populations that are most resistant to smoking cessation.

The review group’s report did not directly criticize Greenwald, but said the division lacked a “long-term strategy for directing cancer prevention research into the next century,” and had “a paucity of outstanding scientists in leadership roles.”

“Dr. Greenwald has done a remarkable job over a long period of time of building, from very little, a very important cancer prevention program,” Klausner said to **The Cancer Letter**.

“Prevention is an area in which I expect great growth and great change, and I think it is going to be one of the most important areas of new opportunities,” Klausner said. “[The DCP directorship] is a position that I would like to open up for a national and international search. I have strongly invited Dr. Greenwald to apply.”

Greenwald, who was attending the World Conference on Clinical Nutrition in Alberta, Canada, at the time of the announcement, said he disagreed with the decision to separate prevention and control.

“Although I was told about the proposed change, my opinion was not sought, and I have not been involved in any discussions about this decision,” he said to **The Cancer Letter**.

“The decision seems to preempt the report from the Cancer Control Program Review Committee, and the prevention review did not directly address organizational structure,” Greenwald said. “I am very concerned that the decision could weaken cancer prevention at NCI, though I will do everything I can to keep it strong, and I will continue to work within NCI to do that.”

“The separation makes unequal the balance and size of NCI’s extramural divisions,” Greenwald said. “NCI will have one large therapy division and three other small and relatively weak divisions [cancer control, cancer prevention, and cancer biology].”

Greenwald, an admiral in the Public Health Service Commission Corps, would be eligible for retirement in two years. “I plan to stay at NCI,” he said.

Action Consistent With Control Report

The Cancer Control Program Review Group, another committee Klausner formed to advise the Institute, plans to deliver its report to NCI in

September, according to the committee chairman, David Abrams, professor and director of behavioral and preventive medicine at Brown University School of Medicine.

Abrams declined to discuss the recommendations until the report is made public, but said NCI’s actions were consistent with the report.

“Both Dr. Klausner and Dr. Rimer have spent a significant amount of time interacting with our committee, so we have been aware of their thinking,” Abrams said to **The Cancer Letter**. “I couldn’t think of a better person in the nation other than Barbara Rimer to run the cancer control division.

“We believe that behavioral and population factors account for as much as 50 percent of cancer; therefore, a strong emphasis of NCI on this area is to be applauded,” Abrams said. “Effective cancer control requires strong interdisciplinary collaboration between all the divisions of NCI, and from what I can tell, Dr. Klausner’s vision is consistent with that.”

Klausner said he met with the review group to advise them of his plans. “I went in front of that committee to discuss creating two new divisions, separating cancer control and cancer prevention,” he said to **The Cancer Letter**. “We had a complete and open talk so that they had an opportunity to let me know whether they thought that was problematic. They were extremely supportive and enthusiastic.”

Rimer To Step Down From NCAB

Rimer, who has served as chairman of the National Cancer Advisory Board since 1994, will resign following the board’s next meeting, scheduled for Sept. 24-26. She will begin working part-time at NCI in October, and full-time in December, she said.

It will be up to the White House to appoint a new chairman, either from among the board’s current membership or a new appointment to the board.

“With the integration of epidemiology and genetics, behavioral research and surveillance, and outcomes research, Dr. Klausner has provided a structure for a rational approach to cancer control,” Rimer said to **The Cancer Letter**. “I believe we can now move forward and build upon the foundation that already exists to develop the No. 1 cancer control program in the world.”

Programs slated for moving to the Division of Cancer Control and Population Science include the Office of Cancer Survivorship, headed by Anna Meadows; the Extramural Epidemiology and

Genetics Program, headed by Iris Obrams and currently under the Division of Cancer Epidemiology and Genetics; and the Cancer Control Research Program from DCPC, headed by Brenda Edwards.

The Cancer Control Program includes the Special Populations Studies Branch, the Public Health Applications Branch, the Prevention and Control Extramural Research Branch, the Cancer Statistics Branch, and the Applied Research Branch.

The division will have an initial budget of about \$235 million.

"I hope that we will be able to stimulate more cross-divisional research based on the multidisciplinary team model that those of us in academia and cancer centers have come to take for granted," Rimer said. "I also plan to develop a program of basic behavioral research, build a strong survivors program, continue to strengthen the tobacco and diet programs, while beginning to develop a focus on exercise as a behavioral prevention strategy.

"Also, I believe we have already some incredible strength in methodologic research, surveillance, and tobacco research, to name a few," she said. "I will be working with the staff at NCI and the extramural community to examine directions in some of these areas."

Rimer said she plans to continue her research, which emphasizes the behavioral aspects of cancer control. She will form an intramural research program in the NCI Division of Clinical Sciences. She is the principal investigator for five studies at Duke, four of which are funded by NCI. She serves as co-principal investigator for two NCI-funded studies.

"While I am a behavioral scientist and that's where my research skills lie, I will be committed to advocating for all research areas in the division, just as on the NCAB, where I have tried to be an advocate for all research," Rimer said.

Rimer received a BA in English in 1970 and MPH in medical care administration and health education in 1973 from the University of Michigan. After two years as an instructor at Wayne State University in Detroit, she became a program director in the former NCI Division of Cancer Control and Rehabilitation.

Rimer left NCI for the Johns Hopkins School of Hygiene and Public Health, where she received a PhD in health education in 1981. She served in several positions at Fox Chase Cancer Center for 10

years, becoming a member of the cancer center and director for population science. She moved to Duke in 1991.

CCOPs Stay Put, For The Moment

Programs that remain in the Division of Cancer Prevention include the Cancer Prevention Research Program and the Early Detection and Community Oncology Program, which includes oversight of the Community Clinical Oncology Program, a network of community hospitals involved in treatment and prevention studies.

The prevention review group report recommended that NCI study whether to move CCOP from the prevention division to the treatment division. The program, which has a budget of \$38 million, was established in 1983 as a way to disseminate state-of-the-art cancer treatment to community hospitals.

The program funds 51 CCOP awards and eight Minority-based CCOPs.

New Role For Wittes

In his new position as Deputy Director for Extramural Science, Wittes will be responsible for coordinating the four extramural divisions, which account for more than 80 percent of the Institute's budget, according to an NCI statement.

These are the Division of Cancer Treatment and Diagnosis, Division of Cancer Biology, the new Division of Cancer Control and Population Science, and the new Division of Cancer Prevention.

"Bob's task will be to serve as dean across the extramural programs and help disseminate best practices and to make sure that all of the programs are integrated in terms of institutional planning and review processes," Klausner said to **The Cancer Letter**.

The Office of the Deputy Director for Extramural Science will house the Centers, Training and Resources Program, with its Cancer Centers Branch, Organ Systems Coordinating Branch, Research Facilities Branch, and Cancer Training Branch.

NCI plans to form four new offices that Wittes will oversee. These are the Office of Clinical Research Promotion, the Office of Industrial Relations, the Outcomes Branch, and the Office of Informatics.

Wittes, a medical oncologist, has been director of the NCI treatment division since 1995, and before

that was chief of the NCI Medicine Branch, in the intramural research program. From 1988 to 1990, he was senior vice president for cancer research at Bristol-Myers Squibb Co.

Prior to moving to BMS, Wittes was director of NCI's Cancer Therapy Evaluation Program from 1983 to 1988. Before joining NCI, Wittes was assistant chief of the Solid Tumor Service, Memorial Hospital, New York, and associate professor of clinical medicine, Cornell University Medical College.

Interview

Better Coordination Needed In Extramural Program; New Division Creates Focus For Cancer Control: Klausner

The Cancer Letter asked NCI Director Richard Klausner to discuss the reorganization announced earlier this week that abolished the Division of Cancer Prevention and Control and created a new Division of Cancer Control and Population Science, to be headed by Barbara Rimer, and a new Office of Deputy Director for Extramural Science, headed by Robert Wittes. The interview was conducted by Editor Kirsten Boyd Goldberg. The transcript follows:

KLAUSNER: I can't be more pleased at having Bob Wittes as the new deputy director for extramural science. This is going to solve a set of issues that I have observed in the Institute, and that is the need for an individual whose task it is to ensure integration, coordination, communication across all the divisions to provide a smooth mechanism to connect the Institute-wide planning and review processes with their implementation. Bob's task will be to serve as dean across the extramural programs and help disseminate best practices and to make sure that all of the programs are integrated in terms of institutional planning and review processes.

The Cancer Letter: Does this consolidate a lot of power into one individual?

KLAUSNER: It is not an issue of power, it is an issue of enhancing communications, integrating planning with implementation. It's a very large and diverse extramural program. The current divisional structure provides no single individual who can convene readily individuals with complementary and overlapping expertise for so many of the projects and programs that don't neatly fit into one division or

one program. One of the themes of our programs is going to be bridging communities, bridging approaches, making sure that our clinical programs are connected to the basic science, that our epidemiology is connected to our surveillance, that a more robust behavioral program has impact on all of our different programs, from prevention trials to genetic issues, to treatment and diagnostic trials.

There are many functions that serve and cut across all divisions and had no comfortable place to sit, such as cancer centers, informatics, training. It's more of an issue of communication and leadership, facilitation, than of power.

CL: Do you plan to name a director for intramural research?

KLAUSNER: I've thought long and hard about that, and have decided at this point the nature of the intramural programs are such that I think the three [intramural] divisions and Frederick [Cancer Research & Development Center] are learning to work as a team. One of my goals for the intramural program is to reduce the sense of isolation that one has found in the program to make sure that we function across labs, branches and divisions as a real community. I've told the leaders of the intramural program that that is my goal.

We've initiated a lot of things to try to stimulate that, such as trans-divisional working groups in molecular epidemiology. We're going to establish one for genetics, genomics, experimental therapeutics, and each of the divisions have established these new competitive intramural research awards largely aimed at collaborative research.

I felt in talking to the leadership of the intramural program, that we didn't have a clear description of the function of an office to superimpose on the divisions, but rather, that I wanted the leadership of the divisions to focus on working together. Then we will see as a group whether there is a need for an analogous integrating office.

CL: What is the reason for creating the new Division of Cancer Control and Population Science?

KLAUSNER: The main reason is to create an integrated focus for cancer control that will have three main program areas. One is epidemiology and genetics, so we are shifting the extramural program of the Division of Cancer Epidemiology and Genetics into the new DCCPS. That move completes the separation of intramural and extramural

administrative structures.

The other programs are behavior and community studies and the surveillance and statistics program. DCCPS will include things like special populations, behavior, tobacco, survivorship, outcomes research, health services research, SEER and our other surveillance programs.

That package of behavior, epidemiology, genetics, surveillance and statistics will make a very integrated program and allow us to move ahead with implementing recommendations we expect to get from the Cancer Control Program Review Group, and to implement a very strong program in behavioral research linked to cancer control.

This is the first cut at shifting around the pieces that are there, so that everyone in the Institute knows to whom they report. We suspect that as the new divisions move forward, there will be a significant amount of new program formation and restructuring.

CL: Does this complete the makeover of the divisional structure that you began in 1995?

KLAUSNER: Yes. I think what you will be able to report over the next several months is a variety of new offices to reflect new programs and programmatic structures, new initiatives.

CL: Why wasn't a search process necessary for the selection of the DCCPS director?

KLAUSNER: I have chosen for a variety of reasons to do searches for some of these administrative positions and not for others. There were a variety of reasons that I chose not to do a search, as I did not for [DCEG Director] Joseph Fraumeni or [Division of Cancer Biology Director] Faye Austin. A search does not need to be done for administrative positions. I have used it when I want to reach out to sample potential applicants when I'm not sure that we have quietly and privately done an informal search.

CL: In moving the cancer control program, why was it necessary to abolish DCPC? Couldn't you have simply cut off the final "C"?

KLAUSNER: By cutting off the final "C" and creating a new division for epidemiology, genetics, behavior and surveillance, it leaves the rest of DCPC as the division called DCP. So in fact, that's what we did.

CL: You abolished the existing division, DCPC. Was that for administrative reasons?

KLAUSNER: Yes, I thought that was the best thing to do as we restructure and rethink the internal structure and the directions of our prevention

program.

CL: You appear to demote the former DCPD Director, Peter Greenwald, to acting director of DCP. Does this indicate that you are not satisfied with his leadership?

KLAUSNER: No, it doesn't indicate whether I'm satisfied with his leadership. I think that prevention is an area that I expect great growth and great change, and I think it is going to be one of the most important areas of new opportunities, and I feel that is a position that I would like to open up for a national and international search. I have strongly invited Dr. Greenwald to apply, so that there is an eminent search committee, which [NCI Deputy Director] Alan Rabson will chair, that will allow us to articulate and allow candidates to articulate or re-articulate their vision for where the NCI needs to take a robust and growing cancer prevention program, in light of the changes and opportunities in cancer prevention, the need to link cancer prevention with developments in other aspects of cancer, as well as in many of the recommendations of the Cancer Prevention Review Group.

CL: The review group called for enhancing the leadership of the prevention program. Are you satisfied with Dr. Greenwald's leadership of the division?

KLAUSNER: I think Dr. Greenwald has done a remarkable job over a long period of time, of building, from very little, a very important cancer prevention program. I view us as being at an important transition in the direction and the nature of our prevention program, and that is one of the reasons I wanted an overall review of where we are and where we need to be going.

What is most important to me about the prevention review is not any implied criticism, but rather, what I take as a charge to rethink the programs, realizing that cancer prevention is a field that is rapidly maturing, needs to integrate the dramatic changes in understanding risk and cancer development and cancer biology. The committee felt, and I agree, that this is an important time to take a hard look at a reinvigorated prevention program that can better integrate advances in all aspects of cancer with prevention. That means that I very much want to engage Dr. Greenwald, as I have been, and a variety of individuals, in a discussion about both my vision and their vision for what the NCI's cancer prevention program ought to look like.

CL: The Cancer Control Program Review

Group is scheduled to release its report in September. Does your action now preempt their recommendations?

KLAUSNER: I can't imagine. The charge to all of these groups was to look at all of these areas of research and describe for me not only how we are doing, but more importantly, what are the areas of opportunities, and what should a robust cancer control program, in this case, look like.

I've been in touch with that committee, we have talked about my interest in creating a separate cancer control program and they were very supportive. It's hard to imagine that any recommendation from the cancer control community for a very robust and well-supported cancer control program would be preempted or in any way detoured by elevating our cancer control program to its own division.

A new Division of Cancer Control and Population Science, I am convinced, will provide a very receptive and fertile field for the implementation of their recommendations.

CL: But you didn't want to wait until the report came out. Were there reasons to act now?

KLAUSNER: Yes, there were reasons to act now, and that's why I went in front of that committee to discuss creating two new divisions and separating cancer control and cancer prevention. We had a complete and open talk so that they had an opportunity to let me know whether they thought that was problematic. They were extremely supportive and enthusiastic.

I was very cognizant of their feelings.

In Congress

Specter Comes Through With 7.5% Increase for NIH

The Senate Labor, HHS, and Education Appropriations Subcommittee and the full Appropriations Committee earlier this week recommended a 7.5 percent increase for NIH in fiscal 1998.

The \$13.692 billion appropriation would increase NIH funding by \$952 million over the current budget, and \$615 million over the President's budget proposal. The bill was approved by the subcommittee July 22 and by the full committee July 24.

Under the Senate bill, NCI would get \$2.558 billion, a 7.1 percent increase over its current budget.

The recommendation is \$116.6 million above the President's request.

Last week, the House Labor, HHS and Education Appropriations Subcommittee approved a 6 percent increase for NIH and a 5.1 percent increase for NCI (**The Cancer Letter**, July 18). The full House Appropriations Committee approved the bill July 22.

NIH "One of the Real Treasures"

"NIH has been one of the real treasures of the US government," Senate Subcommittee Chairman Arlen Specter (R-PA) said at the markup session. "It is my hope that this appropriation will allow NIH to continue the phenomenal research undertaken in the past decade."

Sen. Tom Harkin (D-IA), ranking member of the subcommittee, said it would be impossible to double the NIH budget over the next five years unless appropriations climb at a higher rate. Earlier in the session, the Senate passed a non-binding resolution to double the funding for NIH.

"If we were to [double NIH funding] within the constraints of the balanced budget agreement, we would not leave one penny for any other health program that we have," Harkin said. "If we put in about a billion dollars a year for the next five years, that would be about a 30 percent increase."

"The bill does have a generous increase for NIH," Harkin said of the subcommittee bill. "However, I still think we have to do more."

After approval by the full House and the full Senate, the two appropriations bills will be reconciled by conferees.

Bias Against NCI?

Several observers noted that under the House bill, NCI received a lower percentage increase than NIH overall.

"It appears that there is a bias against NCI, because it is the largest institute," Marguerite Donoghue, executive director of the National Coalition for Cancer Research, said to **The Cancer Letter**. "There is a precedent demonstrating a smaller proportion of increase in growth over several years."

"The bottom line is that cancer afflicts 4.5 million Americans every year, and it costs as much to administer a grant at NCI as it does at other institutes."

Dave Kohn, press secretary to Rep. John Porter (R-IL), chairman of the subcommittee that

determines the appropriations for NIH, said the distribution of increases is generally decided by the subcommittee in consultation with the NIH director. However, even after the appropriation levels are set, NIH would be able to redistribute as much as 1 percent of each institute's funds.

"[NIH Director] Dr. [Harold] Varmus and the institute directors maintain some flexibility to reallocate dollars after the fiscal year is underway, and if they feel that they need to make larger reallocations, they are free to approach Congress," Kohn said.

"Unlike the work of NIH, the work of allocating the research dollars by institute in anticipation of the activities they are in is not an exact science," Kohn said to **The Cancer Letter**.

Nonetheless, Ellen Sigal, member of the National Cancer Advisory Board and chairman of Friends of Cancer Research, a coalition that has been working to increase funding for NCI, applauded the narrowing of the margins of the increases for NCI and NIH in the Senate committee bill.

"This is good news," she said.

In another development, the Centers for Disease Control Breast and Cervical Cancer Screening Program would receive \$142 million under the Senate subcommittee bill, \$3 million less than the House subcommittee recommended.

Cancer Surveillance

Risk Factors Explain Higher Breast Cancer In SF, Study Says

The higher incidence of breast cancer among women living in San Francisco is a result of known risk factors, and not due to an unknown environmental factor, according to a recent study.

The findings are reported in a study conducted by Anthony Robbins and colleagues at Stanford University, and published in the July 2 Journal of the National Cancer Institute.

The most recent Surveillance, Epidemiology, and End Results Program estimate of breast cancer incidence in the San Francisco area is approximately 25% higher than New Mexico, the lowest incidence region.

"Although the incidence of breast cancer in the San Francisco Bay Area has consistently been higher than in non-San Francisco Bay Area regions, data indicate that the elevation can be completely

explained by known risk factors," the study reports.

Investigators used age-adjusted breast cancer incidence rates from 1978 through 1982 obtained from SEER, and risk factor data from 1980 to 1982 computed from the Cancer and Steroid Hormone Study (CASH).

Incidence rates adjusted for age alone showed the relative risk of breast cancer for women in the Bay area to be 1.14 for white women, and 1.10 for black women. After adjusting for established and probable risk factors, investigators found the relative risk to be between 0.96 and 0.99 for white women, and between 0.75 and 0.83 for black women.

Using data from CASH, a population-based case-control study of women 22-55 years old residing in eight SEER regions, researchers examined the following risk factors for the San Francisco area: years of education completed, parity, number of spontaneous and induced abortions, months of breast-feeding, age at first full-term pregnancy, months of oral contraceptive use, months of estrogen-replacement therapy use, age at menarche, age at menopause, menopausal status, history of hysterectomy, number of ovaries present, history of infertility, body mass index, weight, height, alcohol consumption, lifetime pack-years of cigarettes smoked, family history of breast and ovarian cancer in a female first-degree relative, history of benign breast disease, frequency of breast self-examination, and frequency of mammography.

Funding Opportunities

Lymphoma Foundation Offers One-Year Fellowship Grants

The Cure for Lymphoma Foundation is seeking candidates for fellowship grants. Research may be laboratory or clinic based, with results directed toward the etiology or treatment of lymphoma.

Grants will provide \$30,000 in salary support for one year, with an additional \$5,000 of support for fringe benefits.

Applicants must hold an MD, PhD, DDS, or equivalent degree and have completed at least two years of postdoctoral research. Only one candidate may be proposed by a supervising sponsor.

Application deadline is Nov. 1. Grants will be announced in February and will begin July 1, 1998. Contact Cure for Lymphoma Foundation, 215 Lexington Ave., New York, NY 10016, tel: 212/213-9595, fax: 212/213-1987.