

Congress Approves More Favorable Terms For Office-Administered Drugs

Medicare reform legislation passed by Congress last week and awaiting the President's signature will reimburse physicians at 95 percent of the average wholesale price for drugs and biologicals administered in the office setting.

The final version of the Balanced Budget Act of 1997 (HR 2015) is more favorable to oncologists than the Administration proposal, which
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In Brief

Mass. Selects Koh As Health Commissioner; Komen Foundation Selects Research Fellows

HOWARD KYONGJU KOH was named commissioner of the Massachusetts Department of Public Health. Koh is the director of cancer prevention and control at Boston University Medical Center and professor of public health, dermatology, and medicine at Boston University Schools of Medicine and Public Health. . . . **BARBARA GITLITZ** received a \$378,000 award from the American Cancer Society for her investigation of new treatments for advanced lung and kidney cancer. Gitlitz, assistant professor of medicine in the Division of Hematology-Oncology at UCLA School of Medicine and a member of UCLA's Jonsson Cancer Center, will study dendritic cells in patients with advanced cancer. . . . **BRUCE REDMAN** was named associate professor of internal medicine and director of the clinical trials program at University of Michigan Comprehensive Cancer Center. Redman is the former director of genitourinary oncology at Karmanos Cancer Institute. . . . **SUSAN KOMEN BREAST CANCER FOUNDATION** awarded 1997 postdoctoral research fellowship awards. The three-year, \$35,000 award goes to experienced investigators and their selected fellows. The recipients of the award are: **Judah Folkman** and **Wei Wen**, Children's Hospital, Boston; **Charis Eng** and **Patricia Dahia**, Dana-Farber Cancer Institute; **Robert Dickson** and **Edward Rosfjord**, Lombardi Cancer Center; **Simon Karpatkin** and **Xue Sheng Feng**, NYU School of Medicine; **Virginia Zakian** and **Andrew Taggart**, Princeton University; **Ronald Evans** and **Enrique Saez**, The Salk Institute; **David Curiel** and **Claudine Rancourt**, University of Alabama at Birmingham; **Ian Maxwell** and **Joe Corsini**, University of Colorado Health Sciences Center; and **Eva Lee** and **Gopal Dasika**, University of Texas Health Science Center.

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Medicare Reform Includes Drug Reimbursement Provision

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would have reimbursed physicians on acquisition price, in effect eliminating the markup on drugs.

The bill now before the President mirrors the House version of the bill, and does not contain the provisions of the Senate bill, which included the provision to institute a freeze in drug prices and gave the HHS Secretary the authority to develop an AWP compendium.

Also, the bill includes reimbursement for oral anti-nausea drugs administered with chemotherapy. That provision originally figured in the House bill, but was not included in the Senate bill (*The Cancer Letter*, June 20 and July 11).

The excerpted language of the bill follows:

"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... the amount payable for the drug or biological is equal to 95 percent of the average wholesale price.

"If payment for a drug or biological is made to a licensed pharmacy approved to dispense drugs or biologicals... the Secretary may pay a dispensing fee... to the pharmacy.

"The Secretary shall study the effect on the average wholesale price of drugs and biologicals of the amendments made... and shall report to the

Committee on Ways and Means and Commerce of the House of Representatives and the Committee on Finance of the Senate the results of such study not later than July 1, 1999."

The section on coverage of antiemetics covers FDA approved oral drugs prescribed or administered by physicians "for use immediately before, at, or within 48 hours after the time of the administration of the anticancer chemotherapeutic agent," and "as a full replacement for antiemetic therapy which would otherwise be administered intravenously."

Both provisions become effective Jan. 1, 1998.

Breast Cancer Funding

Shalala Approves Agreement On Action Plan's \$14 Million

HHS Secretary Donna Shalala approved the controversial agreement through which NCI and the PHS Office on Women's Health divided the \$14 million in the Institute's funds that had been earmarked to support the National Action Plan on Breast Cancer.

Last November, the steering committee which governs the unusual public-private partnership determined that the earmark for the plan's activities was excessive, and voted to return the funds to NCI to support peer reviewed research in breast cancer.

However, at a meeting July 29, the committee learned that the plan for spending the \$14 million entailed channeling \$3 million to the PHS Office on Women's Health and devoting at least another \$3.5 million to workshops, conferences and educational materials (*The Cancer Letter*, Aug. 1)..

Shalala's action came as a surprise and a disappointment to the breast cancer activists on the steering committee.

The Secretary acted before hearing the views of the committee, which obtained the documents and was in the process of formulating its own recommendation for the use of funds.

The document approved by Shalala was negotiated by Susan Blumenthal, head of the PHS Office on Women's Health, the bureaucracy that administers the Action Plan. NCI Director Richard Klausner, Blumenthal's counterpart in the negotiations, also signed the agreement.

"Our role as consumers is to make sure that the process for how this money was obtained and how it will be distributed must be open to public scrutiny," said Mary Jo Ellis Kahn, a patient activist and a



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Founded Dec. 21, 1973 by Jerry D. Boyd

member of a subcommittee that was appointed to review the agreement.

Despite Shalala's action, the steering committee is preparing to convey its views about the agreement to the Secretary, and, possibly, the President, sources said.

Informatics

Gore Helps NCI Open Website For Genome Anatomy Project

Vice President Al Gore last week announced the opening of the Cancer Genome Anatomy Project website, designed to link researchers worldwide to an online index of all known genes expressed in common cancers.

The index will allow scientists to submit specific queries through the Internet about the cancer genes, and have a response within seconds.

"I believe we have a chance that years from now, people will look back upon the creation of this new resource as marking a real turning point," Gore said at an Aug. 1 press conference.

The website, a collaboration between NCI, the Department of Energy, the National Library of Medicine, and several pharmaceutical companies, will provide scientists with an online database of tens of thousands of genes expressed in common cancers.

When the project is fully operational, researchers from NIH and the DOE Lawrence Livermore Laboratories will be adding up to 20,000 new readings into the database each week, said NCI Director Richard Klausner.

"If a gene transcript represented a book, one could think of CGAP as collecting and ordering into individual libraries all of the books that a normal, a precancerous, and a malignant cell prints at one time," Klausner said at the press conference.

"With further analysis of each library, it will be possible, ultimately, to read and contrast the full genetic text of a normal cell with that of a cancer cell, critical information in trying to understand the molecular causes of cancer," he said.

Klausner said the website is a work in progress which should reach its full potential within a few years.

NCI provided \$3.5 million to the project to support the infrastructure of the website. DOE provided \$1 million to prepare and characterize the information. Pharmaceutical companies including Glaxo Wellcome, Bristol-Myers Squibb, Genentech,

and Merck & Co provided further financial support.

The CGAP website can be accessed at www.ncbi.nlm.nih.gov/ncicgap.

In Congress

Senate, House List Priorities For NCI In Committee Reports

The appropriations committees in the Senate and the House have approved the fiscal 1998 appropriations bills for Labor, HHS and Education departments.

The Senate committee bill (S.1061) requests an appropriation of \$13.7 billion for NIH and \$2.5 billion for NCI. The House committee bill (H.R.2264) recommends a \$13.5 billion appropriation for NIH and \$2.5 billion for NCI.

The report that accompanies the Senate bill contains the following provisions for cancer-related programs within HHS:

- Make breast cancer research a top priority at NCI. Increase research into the mechanisms of breast cancer, and "strengthen [NCI] budgetary commitment to breast cancer." The report does not set a budgetary target for breast cancer research.

- Continue to implement the National Action Plan on Breast Cancer, to be funded by NCI, and administrated by the PHS Office on Women's Health. The amount of the earmark is not specified in the report.

- Support for a large-scale trial of digital mammography technology. The trial would be a collaborative program involving NCI, Department of Defense, and the PHS Office on Women's Health. Similar language is contained in the Senate appropriations bill for DOD and the PHS OWH.

- Appropriate \$13 million for the NIH Office of Alternative Medicine. The recommendation is \$5.5 million above the President's budget proposal and \$1 million above the current budget. OAM was given the mandate to implement an "aggressive program" to collect outcome data on alternative therapies, and to use the appropriated funds for "OAM-initiated" projects, as opposed to projects initiated elsewhere at NIH. The committee recommended that the authorizing committee enhance the OAM authority under NIH reauthorization.

- Expand research into the early detection, diagnosis, and staging of ovarian cancer.

- Expand the prostate cancer awareness outreach program at Centers of Disease Control and

Prevention. Also, CDC was mandated to give priority to breast cancer screening for low-income, underinsured women, and to expand the Wisewoman Program from three to eight states.

- Increase support for translational clinical research.

The House report contained the following cancer-related provisions:

- Strengthen research focus on minority and disadvantaged populations, with a greater research emphasis on early detection and treatments of breast and prostate cancer among African Americans.

- Increase the focus on research aimed at childhood cancers.

- Use the centers of excellence to develop new methods of treatment and prevention for brain tumors.

- Place a greater emphasis on funding clinical trials, and consider “a proposal to establish a clinical research study section dealing with cancer diagnosis, treatment, and prevention.”

Next, the two bills will have to be approved by the House and the Senate. Following approval, the bills will go to a conference committee that will reconcile the two pieces of legislation and issue its own report.

The edited texts of the Senate and House Appropriations Committee reports for fiscal 1998 Labor, HHS, and Education appropriations follow:

Text of Senate Report: NCI

It is abundantly clear that the hope of ameliorating the societal burden of cancer lies in the diligent pursuit of a comprehensive cancer research program to improve cancer prevention, early detection, treatment, and survival. The national investment in cancer research remains the key to bringing down spiraling health care costs, as treatment, cures, and prevention remain much cheaper than chronic and catastrophic diseases. The Committee continues to strongly support cancer research as a national priority.

Cancer Coordination—The Committee is pleased that NCI continues to recognize its leadership role as coordinator of the National Cancer Program. As facilitator of the Nation’s fight against cancer, the Committee encourages NCI to continue to work in collaboration with private/voluntary sector organizations, the CDC, and other Federal agencies to address the coordination challenges outlined in the NCAB report entitled: “Cancer at a Crossroads.”

Breast Cancer—The Committee continues to believe that an intensive research program on breast cancer should be among the top priorities of the NCI and the NIH. More research is needed to better understand the underlying mechanisms of this disease, and to improve the ability to detect, diagnose, and treat breast cancer. Research also is needed to develop new prevention strategies with respect to this form of cancer. The Committee urges the NCI to strengthen its budgetary commitment of breast cancer research.

The recommendations include sufficient funds to support the activities of the national action plan on breast cancer which the Committee understands will continue to be implemented by the PHS Office on Women’s Health. This important public/private partnership, which catalyzes breast cancer activities across the Federal Government and the private sector, has accomplished a great deal in the fight against breast cancer.

Digital mammography—The Committee is aware of promising technology to improve the early detection of breast cancer involving digital mammography. The Committee understands further that a number of small-scale trials are underway and encourages the Institute to give strong consideration to supporting a large-scale trial.

Ataxia telangiectasia—The Committee considers A-T research a high priority, and it is an outstanding example of how research on a rare disorder may ultimately benefit the public at large. In particular, the Committee strongly encourages NCI to sponsor workshops and participate at conferences on A-T aimed at sharing unpublished data, generating new research strategies, minimizing duplication of research efforts, and encouraging new collaborations.

Waldenstrom’s macroglobulinemia—The Committee is concerned about the lack of information and treatments available for this rare disease which is particularly debilitating and costly to adults under the age of 50. The Committee urges the Institute to intensify its research efforts with regard to Waldenstrom’s macroglobulinemia.

Neurofibromatosis—The Committee encourages the Institute to expand its NF research portfolio and support novel approaches in clinical development of NF research and therapies, including the use of: requests for applications, as appropriate; program announcements; the national cooperative drug discovery group program; and small business

innovative research grants. The Committee recognizes that progress in developing new technologies and enhancing our understanding of the fundamental process of cancer will benefit specific diseases such as NF. The Committee requests that the Institute be prepared to report on the status of the NF research program, including progress in implementing the recommendations in this and last year's Committee reports, at its hearing on the fiscal 1999 budget.

Nutrition science—The Committee is encouraged by the continued emphasis placed on nutrition research by the NCI. The Committee is especially interested in the clinical aspects of nutrition research and would urge the Institute to expand support for clinical nutrition units and similar programs which can serve to integrate the findings of basic science with improved patient care.

Ovarian cancer—The Committee understands that more than 70 percent of women with ovarian cancer are diagnosed by their physicians for the first time when the disease is in its advanced stages. The Committee encourages NCI to support expanded research into the early detection, diagnosis, and staging of ovarian cancer.

Prostate cancer—The Committee continues to be concerned about the increasing rates of prostate cancer, particularly among African-American males. The Committee is encouraged by NCI's investment in the prostate component within the prostate, lung, colon, and ovary screening trial and the formation of a prostate cancer progress review group. In addition, the Committee applauds NCI's research collaborations with the Department of Defense and Howard University aimed at determining why African-American males are at greater risk. The Committee urges NCI to continue to expand and strengthen its prostate cancer research program.

Adolescent tobacco use—The Committee is pleased that NCI is seeking to increase the number of applications for prevention and cessation of tobacco use by children and youth. The Committee understands that NCI is seeking innovative behavioral proposals to target interventions that prevent use of tobacco, as well as community-based or health services research aimed at young people. The Committee is particularly interested to learn how lessons can be learned from youth populations with low use of tobacco, that is, African-American youth, and applied to populations with higher use.

Cancer in minorities—Recent statistics

continue to document the high incidence of cancer among the native Hawaiian population. The Committee encourages continued research emphasis in this priority area and expresses gratitude for the work NCI has done with the Hawaii Cancer Center.

Diethylstilbestrol—The Committee continues to strongly support increased efforts to study and educate the public and health professionals about the impact of exposure to the synthetic hormone diethylstilbestrol. NCI and other Institutes, along with the Office of Women's Health have developed a plan for expanded research activities in this area. The Committee encourages the Institute to carry out this plan. In addition, educational materials for consumers and health professionals have been developed as a result of a demonstration project funded by the Committee in previous years. The Committee also encourages the NCI, in conjunction with HRSA, CDC, and the Office on Women's Health, to disseminate these materials nationally and to undertake other educational efforts targeting consumers and health professionals on a national basis. The Committee expects NCI and these other agencies to continue to consult with organizations representing individuals impacted by DES as they carry out DES research and education efforts.

Brain tumors—The Committee continues to place a high priority on brain tumor research. The Committee strongly supports the approach of using centers of excellence to conduct basic, translational, and clinical research to determine the cause, mechanisms of development, and better methods of treatment and prevention of primary and secondary brain tumors.

Translational research—Translational clinical research is the bridge between the laboratory and new methods of diagnosis, treatment, and prevention and is, thus, essential to progress against cancer. Translational research is critical to fully develop the major advances made by basic scientists in areas such as molecular genetics, regulatory proteins, and cellular signaling into new detection technologies, targeted treatments, and prevention strategies for cancer patients. The Committee urges the Institute to strengthen its efforts in this area in an effort to rapidly translate our research progress.

Senate On Office of Alternative Medicine

The Committee continues to strongly support the work of the Office of Alternative Medicine. The Committee directed NIH to establish this Office in

1992 with the intent of assuring objective rigorous review of alternative therapies to provide consumers reliable information. However, it is now clear that without greater authority to initiate research projects and develop its own peer review panels, alternative therapies will not be adequately reviewed and inefficiencies will remain. Currently, much time and resources are wasted because the Office must work through an Institute in order to carry out research projects. The Committee encourages the authorizing committee to give consideration to enhancing the Office's authority during the reauthorization process for the National Institutes of Health.

In addition, the Committee is very concerned that despite repeated instructions OAM has not completed even one field investigation of an alternative therapy. The Committee, therefore, directs OAM to undertake field investigations to investigate and validate promising alternative and complementary therapies and to implement an aggressive program for the collection and evaluation of outcome data on promising alternative therapies. The Committee also is concerned that despite the existence of unfunded and underfunded OAM initiated projects, OAM expended a significant portion of its appropriated funds to supplement existing projects already funded through other Institutes. The Committee urges OAM to use appropriated funds for OAM initiated projects. The existing centers and the field investigation/outcome data initiatives should receive high priority for these funds.

Senate On CDC

Cancer—Prostate cancer, and its disproportionate impact on minority males, continues to be a major concern of the Committee. The Committee encourages the CDC to enhance its prostate cancer awareness/outreach program targeted at high-risk populations through collaborations with public and private nonprofit organizations with expertise in cancer education.

The Committee is very pleased with CDC's leadership in initiating a colorectal cancer screening public awareness campaign. Included in the bill is funding for the continuation of CDC's program.

The Committee has provided sufficient funds to continue the Cancer Registries Program. The information gleaned from these registries are important for planning, implementation, and evaluation of public health practices in cancer prevention and control at the State and national

levels. Funding also has been included to assist in the conversion of the Savannah River site cancer registry, formerly supported by the Department of Energy, and the South Carolina State cancer registry into a single statewide registry.

Breast and cervical cancer mortality prevention—In fiscal year 1998, 65 States, territories, and American Indian tribal organizations will receive resources for comprehensive programs. Funds provided for fiscal year 1998 will help improve access for all women to preventive services, and assist State programs in: Informing women of the value of early detection; educating physicians about recommended screening guidelines; ensuring the quality of screening mammography and pap test; and monitoring program effectiveness through appropriate surveillance and evaluation activities.

Continued priority for breast cancer screening should be given to postmenopausal, low-income, underinsured and uninsured women, and those at high risk of breast cancer. The Committee requests that the CDC give consideration to expanding the Wisewoman Program from the current three States to a total of eight states.

House: No Specific Earmarks For NIH

Funding decisions— To enhance NIH's flexibility to allocate funding, the Committee has attempted to minimize the amount of direction provided in the report accompanying the bill. For example, there are no directives to fund particular research mechanisms, such as centers or requests for applications, or specific amounts of funding for particular diseases.

Priority setting in research funding allocations—The factors NIH uses to decide how to allocate research funding among disease areas have been a topic of great concern to the Committee and the outside community. It is clear that there is discomfort among some Members that NIH is not thought to be paying sufficient attention to the societal and economic factors related to a disease, such as the number of U.S. citizens afflicted with a disease, the infectious nature of a disease, the number of cases and deaths associated with a particular disease, the Federal and other monetary costs of treating a disease, the years of productive life lost due to a particular disease, and trends in the way diseases affect minority populations and different geographic areas. The Committee understands these concerns and sympathizes with the disease advocacy

groups who raise them, realizing that their dissatisfaction with NIH decisions is grounded in a deep commitment to bettering the lives of the patients whom they represent. The Committee does not presume to judge which of these criteria should take precedence or carry the greatest weight in individual funding decisions, but urges NIH to consider the full array of relevant criteria as it constructs its research portfolio.

House On NCI

Breast cancer—The Committee recognizes that breast cancer continues to require a significant allocation of NCI resources in order to decipher the complex mysteries of this disease. The Committee agrees with NCI, which places breast cancer research as a high priority within the Institute, and understands that significant scientific opportunities exist which are not currently being funded. Therefore, the Committee urges NCI to continue to strengthen its commitment to breast cancer research

National Action Plan on Breast Cancer—The Committee encourages NCI to maintain its support for the implementation of the National Action Plan on Breast Cancer. NCI and the Office on Women's Health within the Office of the Secretary will continue to implement the National Action Plan in close collaboration. This plan, which unites the efforts of all HHS and other Federal agencies and private sector groups, is an important element in the fight against breast cancer.

Ovarian cancer—Survival rates for women with ovarian cancer increase dramatically if the cancer is found in its earlier stages. Therefore, the Committee encourages NCI to increase its efforts in the area of ovarian cancer research, specifically, translational research and clinical trials in the area of early detection and prevention of ovarian cancer. The Committee encourages NCI to fund a specialized program of research excellence (SPORE) for ovarian cancer, if this mechanism is appropriate.

Prostate cancer— Given the high rates of incidence and mortality, the Committee encourages NCI to review the priority for prostate cancer in its research portfolio.

Minority populations—The Committee continues to be concerned about the disproportionately high prevalence of cancer among disadvantaged and minority populations, and urges NCI to strengthen its focus on cancer in these at-risk populations. In addition, NCI is also urged to

improve its tracking of the cancer survival rates for African American and other at risk minorities. The Committee remains concerned that despite an overall drop in breast cancer rates, breast cancer rates for African American women continue to increase. In addition, African American males continue to experience the highest rate of prostate cancer of any population group in the world. The Committee encourages continued research emphasis in breast and prostate cancer, and other high priority cancer areas in a concentrated effort to develop effective early detection techniques and effective treatments for the disease.

Childhood cancer .—Although cancer research has yielded impressive medical breakthroughs in recent years, scientists unfortunately have had less success in combating those cancers which particularly afflict children. Since cancer is already the leading medical cause of death among children age one through adolescence, and the incidence of childhood cancer is on the rise, the Committee urges an increased focus on research specifically aimed at childhood cancer afflictions.

Brain tumor research .—The Committee is aware that brain tumors account for more than 100,000 deaths per year, and are the second most common cancer of childhood and the third leading cause of death under the age of 34 years. The Committee encourages NCI to use centers of excellence, as appropriate, to conduct basic, translational, and clinical research to determine the cause, mechanisms of development, and better methods of treatment and prevention of primary and secondary brain tumors.

Nutrition science—The Committee is encouraged by the continued emphasis placed on nutrition research by NCI. The Committee is especially interested in the clinical aspects of nutrition research and encourages NCI to enhance support for clinical nutrition units and similar programs which can serve to integrate the findings of basic science with improved patient care.

Neurofibromatosis—The Committee encourages the Institute to strengthen its NF research portfolio and support novel approaches in clinical development of NF research and therapies, including the use of requests for applications; program announcements; the national cooperative drug discovery group program; and small business innovative research grants. The Committee requests that the Institute be prepared to report on the status

of the NF research program, including progress in implementing these recommendations, at its hearings on the fiscal 1999 budget.

Waldenstrom's macroglobulinemia—The Committee is concerned about the lack of information and treatments available for this rare disease, and encourages NCI to intensify its research efforts with regard to this disease.

Cancer coordination—The Committee is pleased that NCI continues its leadership role as coordinator of the National Cancer Program. The Committee encourages NCI to continue to work in collaboration with private and voluntary sector organizations, the Centers for Disease Control and Prevention and other Federal agencies to address the coordination challenges outlined in the National Cancer Advisory Board's report entitled "Cancer at a Crossroads."

Clinical research—The Committee would be interested in NCI's view of a proposal to establish a clinical research study section dealing with cancer diagnosis, treatment, and prevention.

The Committee encourages NCI to place greater emphasis on funding clinical trials, and to continue its efforts to establish mechanisms to ensure that the basic research conducted through NCI is translated to clinical benefit when appropriate.

House On CDC

Breast and cervical cancer screening—The Committee continues to be concerned about the disproportionately high prevalence of cancer among disadvantaged and minority populations. Despite an overall drop in breast cancer rates, breast cancer rates for minority groups continue to increase. The Committee encourages CDC to place continued and expanded emphasis on these populations in the breast and cervical cancer screening program.

Funding Opportunities

RFAs Available

RFA CA-97-011

Title: **Novel Technologies For Evaluation Of Molecular Alterations In Tissue-Addendum**

Letter of Intent Receipt Date: Sept. 15

Application Receipt Date: Nov. 13

The purpose of this notice is to invite applications proposing the development of novel technologies to facilitate the generation of a comprehensive molecular

profile of human tissues for the second receipt date of Nov. 13. This initiative is intended to support the development of efficient, cost effective, sensitive technologies that permit the simultaneous, rapid evaluation of the spectrum of molecular alterations in tissue specimens and, ultimately, in single cells.

Approximately \$1.5 million from NCI and \$150,000 from the National Institute on Deafness and Other Communication Disorders are available and it is anticipated that six to eight applications will be funded.

Inquiries: James Jacobson, DCTDC, NCI, 6130 Executive Blvd Rm 700-MSC 7388, Bethesda, MD 20892-7388, tel: 301/402 4185, fax: 301/402 7819, email: jj37d@nih.gov.

RFA CA-97-019

Title: **Cancer Genetics Network-Informatics And Information Technology Group**

Letter of Intent Receipt Date: Aug. 21

Application Receipt Date: Oct. 7

The Extramural Epidemiology and Genetics Program, Division of Cancer Epidemiology and Genetics, NCI, and the U.S. Public Health Service Office on Women's Health invite applications for cooperative agreements (U01s) to form an Informatics and Information Technology Group (ITG) to provide informatics support for the NCI Cancer Genetics Network. The Network, supported under a separate RFA, is a multicenter interdisciplinary cooperative which will conduct research investigations of the genetic basis of human cancer susceptibility, explore mechanisms for integrating this information into medical practice, and identify means to address the public health issues associated with human cancer genetics. The ITG will be responsible for the design, implementation, and maintenance of an information management system that supports multicenter Network-wide research protocols. The group will also be responsible for developing information systems that facilitate the exchange of human cancer genetics information and resources within the larger cancer genetics community. This includes electronic mechanisms to broaden public and health-professional access to genetic services and educational material, the establishment of a clearinghouse of human cancer genetics resources and development of means to extend access to and connections between cancer genetic researchers, service providers, and the general public. Support for this program will be through the cooperative agreement U01).

Approximately \$1 million in total costs per year for five years will be committed to fund approximately three to six awards, with at least one award for each objective of the ITG.

Inquiries: Susan Nayfield, Extramural Epidemiology and Genetics Program, NCI, 6130 Executive Blvd Suite 535-MSC 7395, Bethesda, MD 20892-7395, tel: 301/496-9600, email: nayfiels@epndce.nci.nih.gov.