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New Source Of Research Funds?

As Clinton Derails Tobacco Deal, Prospects May Brighten For Tougher Measures In '98

President Clinton shifted the focus of the government's negotiations with tobacco companies as he announced Sept. 17 that he would not get involved in hammering out the fine points of the tobacco deal now going through Congress.

By offering only broad guidelines for tobacco regulation, the White House made it unlikely that any deal between the tobacco companies,

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In Brief

Senate Approves $13.69 Billion For NIH, House To Act This Week; Amounts Are Close

U.S. SENATE earlier this week passed the Labor, HHS, and Education Appropriations bill for the next fiscal year. The bill provides $13.692 billion for NIH, with $2.558 for NCI. Under a corresponding bill approved by the House Appropriations Committee and scheduled for a floor vote next week, NIH would receive $13.078 billion, and NCI would receive $2.513 billion. . . . **WILLIAM ROPER** was named dean of the University of North Carolina School of Public Health. Roper is the former senior vice president of Prudential HealthCare in Chapel Hill. Roper is the former director of the Centers for Disease Control, administrator of the Health Care Financing Administration, and a White House staff member under Presidents Reagan and Bush. . . . **FRANK LONGO** was named associate chief of staff and development at the San Francisco Veterans Affairs Medical Center. Longo is chief of neurology and rehabilitation service at the medical center, and associate professor and vice chairman of the department of neurology at the University of California, San Francisco. . . .**VIRGINIA MASON RESEARCH CENTER** broke ground on a biomedical research facility. The building, which is scheduled to open in 1999, will house more than 100,000 square feet of lab space. . . . **BETTY PATTERSON**, a biochemist, scientific editor, and historian at Fox Chase Cancer Center, died Sept. 6. Patterson had suffered a stroke the previous week. She was 87. Patterson joined the center in 1944 and served as editor of the annual Scientific Report from 1972 to 1983. Patterson was a member of the American Association for Cancer Research for more than 50 years.

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Clinton: Funds For Research Should Be Part Of Tobacco Bill

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the attorneys general of 40 states, and other plaintiffs would emerge during the current session of Congress, Capitol Hill sources said.

Though the pending deal states may have been dealt a fatal blow by the President, the debates over that deal may have given Congress the resolve to consider regulatory measures that would not require consent of the tobacco industry, Capitol Hill observers said.

That could mean higher taxes on cigarettes, stronger tobacco control measures—and, possibly, new money for cancer research.

The President's guidelines addressed every issue that was raised by the American Cancer Society following its review of the proposed agreement between the tobacco industry and the attorneys general, said John Seffrin, ACS chief executive officer.

On July 24, a month after the language of the settlement proposal was released, ACS said it would not support the deal, and produced a set of guidelines for reaching an agreement it would find acceptable.

"The President's statement today materially addresses all our principles in terms of the fatal flaws in the proposed settlement," Seffrin said to **The Cancer Letter.**

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"I would anticipate that there is a very good chance that the public health community will close ranks behind the Administration, and serious bipartisan effort in Congress would ensue to develop a public policy that really puts public health and kids first and money second," Seffrin said.

ACS, acting within a coalition of 11 organizations, will lobby for legislation that would both limit tobacco use and increase funding for biomedical research, Seffrin said.

Donald Coffey, president of the American Association for Cancer Research, said any tobacco control measures should include additional funding for cancer research.

"Its mandatory that the tobacco industry, which has left long-term genomic damange in former smokers, fund research to try to understand how to prevent lesions from becoming manifest," Coffey said to **The Cancer Letter**.

In a related development, the American Society of Clinical Oncology recommended that any biomedical research funds obtained through tobacco control legislation should be distributed through a peer-review system (see story on page 4).

Clinton Lists Five Requirements

In his speech, delivered in the Oval Office Sept. 17, Clinton said any tobacco control legislation would have to include five elements:

- A comprehensive plan to reduce teen smoking. Penalties under the plan would be "non-tax-deductible, uncapped, and escalating," Clinton said. The measure would also include a $1.50-a-pack increase in the price of cigarettes. The increase, which would be phased in over a decade, would be brought about through industry payments and penalties.
- FDA regulation of tobacco products. "I believe the FDA's jurisdiction over tobacco products must be as strong and effective as its authority over drugs and devices," Clinton said. "Legislation cannot impose any special procedural hurdles on the FDA's regulation of tobacco products."
- An obligation by the tobacco industry to stop advertising to children. "I call upon Congress to pass legislation providing for broad document disclosure so that the public can learn everything the tobacco companies know about the health effects of their products and their attempts to market to our children," Clinton said.
- Additional public health goals measures

would include the reduction of secondhand smoke, the expansion of smoking prevention and cessation programs, the strengthening of international efforts to control tobacco, and the provision of funds for medical research.

● Some protection for tobacco farmers. "Any legislation must protect these farmers, their families and their communities from loss of income," Clinton said.

"Unprecedented Opportunty" For Legislation

Clinton said the suits by the attorneys general and other plaintiffs brought the industry to the bargaining table, creating "an unprecedented opportunity to enact comprehensive tobacco legislation."

"Today, I want to challenge Congress to build on this historic opportunity by passing sweeping tobacco legislation that has one goal in mind: the dramatic reduction of teen smoking," Clinton said. "In the coming weeks I will invite congressional leaders from both parties to the White House to launch a bipartisan effort to enact such legislation."

Well before the President announced his guidelines for tobacco control legislation, legislators and anti-tobacco groups began to stake out their claims for the measures that would ultimately clear Congress.

One piece of legislation, now being drafted by Sens. Tom Harkin (D-IA) and Connie Mack (R-FL), is expected to eliminate the ability of the tobacco companies to claim tax deductions for payments made under agreements with the state or federal government.

Just as importntly, the Harkin-Mack plan would establish a new funding source for biomedical research.

The legislation would not be contingent on the national settlement between tobacco companies and the attorneys general, and would be viable even if the tobacco industry ends up reaching separate settlements with the states, sources said

Under the proposed settlement with the attorneys general, tobacco companies would be able to deduct the $368 billion they are obligated to pay out over the next 25 years, a provision that could return as much as $100 million to the industry.

Sources said the Harkin-Mack legislation would amend the US tax code to eliminate this deduction and channel the funds to medical research at NIH.

In a recent letter to the President, Harkin and Mack said the payments by tobacco companies should be regarded as penalties rather than lawsuit settlements or fines.

"Forcing the tobacco companies to pay $368 billion over 25 years and then allowing them to receive about one-third of it back from the IRS is simply wrong," Harkin and Mack wrote.

"Think what $100 billion could mean for medical science," the letter said. "Researchers all across this country are on the verge of amazing new medical discoveries to unlock the mysteries of medicine to find cures for diseases such as cancer, Alzheimer's or juvenile diabetes."

Reacting to the President's speech Sept. 17, Mack challenged the White House to provide specific legislative language rather than rhetoric.

"The President, whose representatives were involved in crafting the details of the tobacco settlement, should have provided Congress and the American people with more than just a speech," Mack said in a statement.

"Rhetoric makes poor legislation. I am hopeful the President will sit down in Congress to craft the specifics of the legislation in the coming months," Mack said.

ACS executive Seffrin said the Harkin-Mack plan appears promising.

"I think any proposed legislation that would increase the price of tobacco products, protect kids, and support biomedical research is worthy of serious consideration," Seffrin said.

Coalition Invites New Members

ACS is a member of a coalition that was organized specifically to lobby for tobacco control.

Members of the coalition include the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Chest Physicians, the American College of Preventive Medicine, the American Heart Association, the American Medical Association, the Association of City and Territorial Health Officials, Campaign for Tobacco-Free Kids, National Association of County and State Health Officials, and Partnership for Prevention.

Seffrin said the coalition is inviting new member organizations.

"I imagine this list will be broadened tenfold over the next few months, as people see how this could be a watershed event for public health and biomedical science," he said.

ASCO Weighs In On Debate Over Tobacco Settlement

The American Society of Clinical Oncology earlier this week issued a statement on tobacco control.

Though the ASCO statement refers to the proposed settlement agreement between the tobacco industry and the attorneys general, the society's proposals can be incorporated into other legislation, society officials said.

"The settlement, while a step in the right direction, does not go far enough in protecting the public health, especially in reducing tobacco use among young people," said ASCO President Robert Mayer.

"As oncologists who see first-hand the deadly consequences of continued tobacco use, we strongly support the position that the tobacco industry should be held accountable for knowingly promoting products that are harmful and addictive," Mayer said.

ASCO calls for a review of US trade policies to institute tight controls on tobacco exports, FDA regulation of all tobacco products, including smokeless tobacco; institution of penalties that would be assessed against tobacco companies if smoking by the underaged tobacco users fails to decline; and ensuring that the funds raised through taxes on tobacco products would be disbursed through peer review process.

The excerpted text of the ASCO statement follows:

FDA Authority: FDA has a longstanding tradition of establishing rigorous standards and procedures for regulating drugs and devices. The pharmaceutical and medical device industries, which make products that save lives, are required to meet those standards. The tobacco industry, which sells products that cause disease and death, should not be given special treatment.

FDA should be allowed to regulate nicotine and tobacco products as it would any other drug or device. ASCO calls for the removal of any substantive or procedural limits on FDA's regulatory authority in this area.

As a public health matter, ASCO recognizes that an immediate ban on nicotine could pose great problems for the 77-92% of adult tobacco users who are addicted to nicotine. Thus, ASCO acknowledges there may have to be a phase-in period for full FDA authority over tobacco. That period, however, should be no more than 6 years, during which time there should be more research and other funds directed toward expediting the development and distribution of more effective smoking cessation products and therapies.

Look-Back Penalties: ASCO's policy statement advocates a substantial increase—in the range of $2.00 per pack—in the federal excise tax on cigarettes or other tobacco products. That policy is based on the economic evidence that price increases lead to decreased consumption, particularly among underage tobacco users. The settlement agreement calls for "look-back" provisions to set targets for reduced youth smoking. As of the fifth year of the settlement, the industry must show a 30% reduction in underage smoking and a 25% decline in underage use of smokeless tobacco, with additional targets thereafter. If the industry fails to meet such targets, there is an $80 million penalty for each percentage point below the goal, up to a cap of $2 billion annually, with the possibility of significant rebates.

ASCO's overriding goal is to prevent children from using tobacco and the look-back targets help accomplish that goal. But ASCO is concerned that the proposed penalties are insufficient incentives to achieve the desired reduction. Therefore, in addition to a capped monetary penalty, the settlement agreement should also rely on excise tax increases, which have a track record in reducing consumption, as the fail-safe mechanism. The significant health risks associated with tobacco use outweigh any concerns that such taxes may be perceived as regressive.

The excise tax program should be implemented consistent with the approach adopted for the look-back provisions. For every percentage point below the goal, there should be an automatic increase, in the range of 10 cents, in the federal excise tax on tobacco and smokeless tobacco products. For example, if there is only a 15% reduction in underage smoking in the fifth year, there will be an additional $1.50 federal excise tax on tobacco products in the sixth year. This same formula would be applied to smokeless tobacco products. The total tax may be greater if a state or local government decides to impose its own excise tax on tobacco. Thus, if the tobacco industry reaches the reduction targets, there will be no automatic federal tax increase but if they fail, the tax will be added in order to achieve reduced consumption. Monies from both the look-back

penalties and the excise tax should be used to supplement the Public Health Trust Fund.

Research Funds: ASCO members know all too well how difficult it is to treat cancer, particularly the cancers associated with tobacco use. The key to improving this situation is research on basic mechanisms involved in cancer; identification of susceptibility genes and current and former smokers at highest risk for cancer; and development of effective chemoprevention, new diagnostic tests, and improved treatment options for tobacco-related diseases. ASCO is encouraged that the settlement agreement funds a $25 billion Public Health Trust Fund. But it is essential that the trust fund establish a rigorous, science-based, peer review system to award research grants. Otherwise, we run the risk of wasting valuable research dollars on projects that do not expand the current state of knowledge. Scientific expenditures through the trust fund should be patterned after the existing grants program administered by NIH; one possibility is that it be administered by the NIH.

Research priorities must be sufficiently defined in order that an expanded scientific effort be focused and well coordinated:

—Preventive strategies are needed to interrupt the process of carcinogenesis that is initiated by exposure to carcinogens in tobacco smoke. This will require an understanding of the biologic consequences that follow from the interaction between these cancer causing chemicals and human DNA.

—There is critical need for the development of diagnostic assays that will permit detection of tobacco-related cancers at, or as close to, their inception as possible. This need is underscored by the relatively good survival rates for the minority of patients who present with early lung cancer, and the high fatality rates observed in the majority of patients who present at a late stage of the disease.

—Novel therapeutic approaches are intensely needed, since tobacco-related cancers are among the most refractory to standard medical interventions. These can only emerge from a redoubled effort at basic research into the fundamental processes that govern the cancer cell, which in turn will lead to the identification of molecular targets for new therapeutic interventions. Lastly, and most emphatically, these funds should be allocated to clinical research, whereby the research advances that have been made can be extended to new therapies that are offered to the patient.

Export Controls: According to the World Health Organization, smoking kills approximately 3 million people worldwide each year. If current trends continue, that figure will grow to 10 million deaths annually by the year 2025. The enormity of this problem is exacerbated by US trade policies that encourage the export of tobacco products, particularly to less developed countries. ASCO believes these policies are unconscionable and perverse. Our Society feels a particular responsibility to address this problem because 20 percent of our members and more than 50 percent of participants in our scientific and educational meetings are from outside the US.

The settlement agreement omits the tobacco export issue. That silence is morally unacceptable. Tobacco is not just another exported commodity. As evidenced by the settlement itself, it is an highly addictive substance that causes pain, suffering and death. Those problems occur whether tobacco is consumed in this country or abroad. ASCO urges that the settlement call for a full-scale Presidential review of all U.S. trade policies that affect tobacco and tobacco products and shift those policies, either by executive order or through legislation, to discourage, rather than encourage, such exports.

Moreover, exports can be further discouraged by funding a retraining program for America's tobacco farmers to wean them off this cash crop. In addition, the warning labels and packaging restrictions detailed in the settlement agreement for domestic products should be retained for exported products to foreign markets that have not already developed comparable requirements.

Clinton Picks CDC Director Satcher For Surgeon General

President Clinton last week nominated David Satcher for Surgeon General and HHS Assistant Secretary for Health.

Satcher, 56, director of the Centers for Disease Control and Prevention since 1993, is the former president of Meharry Medical College in Nashville, TN. Prior to taking that job, he was chairman of community medicine and family practice at Morehouse School of Medicine in Atlanta.

If the nomination in confirmed by the Senate, Satcher would be the first person to hold the dual appointment since the Carter Administration.

President Reagan separated the jobs to contain controversy over C. Everett Koop, who was appointed Surgeon General.

Clinton's first Surgeon General, Joycelyn Elders, resigned in December 1994 over controversy about her remarks on sex education. The Senate failed to approve the nomination of her successor, Henry Foster, when conservatives raised questions about abortions he had performed as a practicing physician.

Audrey Manley, acting Surgeon General, left that office July 1.

"Dr. Satcher is a physician, a scholar and a public health leader of national stature who is uniquely qualified for this dual appointment," HHS Secretary Donna Shalala said in a statement Sept. 12. "More than that, he is a man of dignity and integrity who will bring to these two offices the weight of judgment and experience that they require.

"It is particularly fitting that his emphasis at CDC has been on preventing disease, through immunization, through breast and cervical cancer screening, and through the many other programs that make CDC the nation's prevention agency," Shalala said.

Satcher graduated in 1963 from Morehouse College, and earned medical and doctoral degrees at Case Western Reserve University. He developed the family medicine department at the Martin Luther King Jr. Medical Center in Los Angeles, and directed the center's sickle-cell anemia program.

In Congress:

House Committee Inquires About Role Of NCI Advisor

The Subcommittee on Oversight and Investigations of the House Committee on Commerce has asked NCI for information about the appointment of a private-sector scientist to an advisory position.

In a letter to HHS Secretary Donna Shalala, the committee chairman, Rep. Joe Barton (R-TX), requested documentation on the appointment of George Vande Woude as a special advisor to NCI for basic sciences.

Vande Woude, an employee of Advanced Bioscience Laboratories, a company that holds the contract to operate the Institute's Basic Research Program at the Frederick Cancer Research and Development Center, "also appears to be the acting director of the Division of Basic Sciences," the letter, dated July 30, said. "The subcommittee is seeking information to determine if this arrangement is in conformity with federal rules and regulations."

Though NCI has sent the subcommittee materials responding to the inquiry, the subcommittee has not decided whether to pursue the issue further, a spokesman for the commerce committee said to **The Cancer Letter** earlier this week.

NCI Director Richard Klausner, in a telephone interview, said Vande Woude's role did not violate federal regulations. Vande Woude was selected two years ago to advise Klausner on the restructuring of the Institute's intramural research program.

"I am very proud that we have the ability to get people of George's stature to serve the country," Klausner said to **The Cancer Letter**. "His performance as an advisor has been spectacular. People are amazed at how quickly we were able to make such significant changes in the intramural program.

"Rather than being investigated, he should be commended," Klausner said.

Over the past two years, the Institute has reorganized and consolidated its basic sciences laboratories, put a rigorous new review process in place to evaluate the work of intramural scientists, and reduced the percentage of the budget spent on the intramural program.

While contractors can serve as advisors, they cannot perform managerial duties. A contractor who makes personnel or funding decisions for an agency could be in a position to favor his or her company unfairly.

Barton's letter made no allegations, but requested contracting documents between NCI, ABL and Vande Woude.

Counsel Approved Advisory Role

The Institute's arrangement with Vande Woude was reviewed and approved by the NIH general counsel, Klausner said.

"While I recognize there may have been an appearance that George was acting as the division director, it was not the case," Klausner said.

Klausner said he has made all decisions involving personnel and allocation of resources at DBS over the past two years.

"I was personally involved with every site visit report," Klausner said. "None of the personnel decisions were George's."

Soon after Klausner was appointed NCI director in August 1995, he formed the Division of Basic Sciences and named Vande Woude a special advisor for basic sciences.

Some press accounts referred to Vande Woude as the director or the acting director of the division (**The Cancer Letter**, Sept. 15 and Oct. 13, 1995), but Klausner clarified this later, saying the division director position was vacant and Vande Woude's title was special advisor for basic sciences (**The Cancer Letter**, Dec. 15, 1995).

"One of the best things we did was to convince George to make major personal sacrifices to provide his advice to the intramural program in this time when we were moving quickly to act on the great changes that the Bishop-Calabresi report demanded," Klausner said. "We saw this as a two-year transition to refine the rules of intramural practice."

The report, by an external review panel chaired by Nobel laureate Michael Bishop and President's Cancer Panel member Paul Calabresi, recommended that NCI reduce the size of the intramural research program, establish a more rigorous review process for evaluating intramural scientists, and create a more collegial work atmosphere that encourages creativity.

The report made 60 recommendations, including the recommendation to bring in more external scientific advisors (**The Cancer Letter**, May 19, 1995).

Vande Woude, a member of the National Academy of Sciences and an expert in molecular oncology, began his career at NCI in 1972. He moved to ABL to direct the Basic Research Program in 1983.

The Bishop-Calabresi report praised the ABL program. "Every effort should be made to retain current ABL operating practices," the report said. The report suggested that the program move from Frederick to the NIH campus in Bethesda.

Vande Woude serves on the NCI Executive Committee, along with top NCI officials and external advisors, including David Livingston, of Dana-Farber Cancer Institute, and Alfred Knudson, of Fox Chase Cancer Center.

Klausner has been praised in the scientific community for bringing in outside advisors to help "reinvent" NCI in response to criticism of the Institute as being insular.

Vande Woude declined to comment.

Rabson Named Acting Division Director

Klausner said his own role in the detailed oversight of the division ended Sept. 1, as he had planned prior to the committee's inquiry.

With a search underway for the permanent division director, Klausner appointed NCI Deputy Director Alan Rabson as acting director of the division.

"This was intended to be a transition, and I feel good about how quickly and decisively we were able to establish real principles for the program, and they work," he said. "I just can't keep doing that."

Rabson will work with the division's deputy director, Douglas Lowy, and Vande Woude, Klausner wrote in a memo to NCI staff.

The division has 33 laboratories and more than 200 principal investigators.

Asked what qualifications he expected in a candidate for DBS director, Klausner said, "I want someone of real national or international stature, someone with vision, who is an active and very well respected scientist, and someone with the leadership and administrative abilities required."

"This is a big division, but the person who gets the job will inherit a division that now works well," Klausner said.

Inquiry Into A Scientist's Move

Barton's letter also requested information on the move of Michael Waalkes and his laboratory from NCI to the National Institutes of Environmental Health Sciences, in Research Triangle Park, NC.

Waalkes was chief of the Inorganic Carcinogenesis Section in the Laboratory of Comparative Carcinogenesis, at Frederick. According to the DBS research directory, his research examines how inorganic compounds including lead, arsenic, and cadmium transform cells to cause cancer in mice and rats.

Klausner said Waalkes requested the move to be closer to other scientists studying metals.

"Dr. Waalkes asked for this. It was his request to move to NIEHS. He spoke to me about it, and I am the one who made the decision," Klausner said. "There was a postdoctoral fellow who was unhappy with the decision, which I can understand."

NIH has encouraged better collaboration between scientists working in different Institutes, Klausner said.

"From what I understand, this is working very well for him," Klausner said. "To me, this whole issue is quite strange."

Waalkes could not be reached for comment.

Federal Agencies:

EPA, NIEHS Allocate $10M For Centers On Child Health

The Environmental Protection Agency and the Department of Health and Human Services have allocated $10 million to fund grants to academic research centers for the study of environmental factors on children's health.

The research centers are funded by the EPA Science to Achieve Results Program and the National Institute for Environmental Health Sciences. The Centers for Disease Control and Prevention also pledged support for the project.

The grants, announced in a Request for Applications, and discussed by HHS officials at a conference in Washington earlier this week, respond to a Presidential Executive Order that called for a federal task force, co-chaired by HHS Secretary Donna Shalala and EPA Administrator Carol Browner, to develop a federal strategy for the protection of children from environmental risks.

At the two-day Conference on Preventable Causes of Cancer in Children, sponsored by the new Office of Children's Health Protection, scientists and government officials began to develop a national research agenda on environmental causes of cancer in children.

The conference emphasized the impact of pesticides, parental occupation, and environmental toxins on childhood cancer risk.

"The death rate from childhood cancer has declined dramatically in recent years in the US, thanks to the advent of vastly improved approaches to cancer treatment," Philip Landrigan, director of Environmental and Occupational Medicine at Mount Sinai School of Medicine, said at the conference Sept. 15. "But the occurrence of new cases of cancer among children and the incidence rate have been steadily increasing and have not been adequately explained."

"The increases are too rapid to reflect genetic changes and better diagnostic detection is not a likely explanation," Landrigan said. "The strong probability exists that environmental factors are playing a role."

The conference convened four working groups to develop a research agenda on preventable causes of cancer in children. The recommendations will be forwarded to Shalala and Browner for review.

The working groups were titled Epidemiology and Prevention: Brain Cancer, Testicular Cancer, Leukemia and Lymphoma, Parental Occupation; Susceptibility Factors; Molecular Markers of Exposure and Effect; and Quantitative Measurement of Exposure to Environmental Agents.

The research agenda will be presented to President Clinton on Oct. 9, at the first meeting of the Task Force on Environmental Health Risks and Safety Risks to Children.

Text Of Centers RFA

The excerpted text of RFA ES-97-004, "Centers for Children's Environmental Health and Disease Prevention Research" follows:

NIEHS and EPA invite grant applications for Centers that will develop multidisciplinary basic and applied research in combination with community-based prevention research projects to support studies on the causes and mechanisms of children' disorders having an environmental etiology, identify relevant environmental exposures, effects, and eventually decrease the prevalence, morbidity, and mortality of environmentally related childhood diseases. The purpose of this program is to:

--Provide for multidisciplinary interactions among basic, clinical, and behavioral scientists interested in establishing outstanding, state-of-the-art research programs addressing environmental contributions to children's health and disease.

--Support a coordinated program of research/ prevention Centers pursuing high quality research in environmental aspects of children's disease, with the ultimate goal of facilitating and accelerating translation of basic science knowledge into clinical applications or intervention strategies that can be used to reduce the incidence of environmentally related childhood disease.

--Develop fully coordinated programs that incorporate exposure assessment and health effects research with development and validation of risk management and health prevention strategies.

--Establish a national network that fosters communication, innovation, and research excellence with the ultimate goal of reducing the burden of morbidity among children as a result of exposure to harmful environmental agents.

Letters of intent due Sept. 30. Application deadline is Jan. 21. Send to: Ethel Jackson, Chief, Scientific Review Branch, Division of Extramural Research and Training, NIEHS, PO Box 12233, EC-24, 111 T.W. Alexander Dr., Research Triangle Park, NC 27709.

Inquiries should be directed to Allen Dearry, Chemical Exposures and Molecular Biology Branch, Division of Extramural Research and Training, NIEHS, PO Box 12233, EC-21, Research Triangle Park, NC 27709, tel: 919/541-4500, fax: 919/541-2843, email: dearry@niehs.nih.gov.