THE CANCER LETTER

Vol. 23 No. 47
Dec. 12, 1997

Price $265 Per Year US
$285 Per Year Elsewhere

NCI Advisors To Evaluate SPORE Program; Large Grants To Be Weighed Against R01s

Having completed reviews of the cancer centers and the clinical trials programs, an NCI advisory board has begun an evaluation the Specialized Programs of Research Excellence, another of the Institute's large grant programs.

The NCI Board of Scientific Advisors formed a subcommittee to determine the criteria for evaluation of the program, which supports

(Continued to page 2)

In Brief

Bishop Named Interim Chairman Of NCAB; AACI Elects Wicha President, Herberman VP

J. MICHAEL BISHOP was named interim chairman of the National Cancer Advisory Board prior to the board's meeting last week. The White House has yet to appoint a replacement for former chairman Barbara Rimer, who stepped down to take a position at NCI. Bishop, director of the George Williams Hooper Research Foundation, University of California, San Francisco, was appointed to the NCAB in 1994. His term expires in 2000. . . . **MAX WICHA** was named president of the Association of American Cancer Institutes. Wicha is director of the University of Michigan Comprehensive Cancer Center. **Ronald Herberman**, director of the University of Pittsburgh Cancer Institute was named vice president of the association, and **Edwin Mirand**, vice president and dean of Roswell Park Cancer Institute, was named AACI secretary-treasurer. **Joseph Pagano**, the association's immediate past-president, was elected chairman of the board of directors. Pagano is the former director of the UNC Lineberger Comprehensive Cancer Center. . . . **SUSAN G. KOMEN** Breast Cancer Foundation awarded **Gabriel Hortobagyi** and **David Livingston** the 1997 Brinker International Awards for Breast Cancer Research. Hortobaygi, the Nylene Eckles professor in breast cancer research at M.D. Anderson Cancer Center, received the Clinical Research Award. Livingston, the Emil Frei professor of genetics and medicine at Harvard Medical School and Dana-Farber Cancer Institute, received the Basic Research Award. . . . **ROBERT WILKENS** was named vice president of development at Memorial Sloan-Kettering Cancer Center. Wilkens, former director of development, will be responsible for fundraising from private sources. He replaces Mortimer Chute, who retired earlier this year. . . .

(Continued to page 8)

URGENT: Please deliver this FAX edition to the person named on the cover sheet. For transmission problems or information, call 202-362-1809.

Committee To Set Criteria For Measuring SPORE Efficacy

(Continued from page 1)

translational research in breast, prostate, lung, and gastrointestinal cancers.

SPORE awards, which on the average provide about $1.9 million per grant, are among the Institute's largest awards. NCI funded 14 SPORE grants in fiscal 1997, for a total of $27.5 million.

At a time when the NCI leadership has made it a priority to increase funding for investigator-initiated grants, all large programs that remove potential funding from the investigator-initiated grant budget are under review.

However, NCI officials point to a growing need to support translational research and collaborative research, precisely the work that NIH funds through set-aside money for networks or consortia.

NCI Director Richard Klausner said the question before the Institute is not only how to evaluate the SPOREs, but also to learn what works in funding research networks. "We have been talking about the need to think about consortium mechanisms, and we keep talking about doing experiments [in designing programs], but we don't know how to do those experiments," Klausner said to the BSA at its meeting Nov. 14. "When do we evaluate them?

"It doesn't work to wait until the experiment is over," Klausner said. "We have to know whether we expand a program, or whether we sit and wait, and how big it has to be."

Earlier this year, a review of the NCI cancer centers program recommended that the Institute conduct a separate review of the SPOREs, which are administered by the centers program staff.

The SPORE grants support multiple research projects headed by teams of laboratory and clinical scientists within an institution. The awards include support for infrastructure, career development, pilot projects, and prevention and control research.

SPORE recipients and some observers express strong loyalty to the five-year-old grant program, established by former NCI Director Samuel Broder, for encouraging collaboration among groups of scientists who do not normally work together.

The program, awardees say, has supported high-risk clinical research that is not generally competitive for traditional R01 grants, has helped train many investigators, and gives scientists greater flexibility in using these funds.

Robert Wittes, NCI deputy director for extramural science, said the Institute would like to answer the question, "Do we need to isolate this money separately from the [investigator-initiated] grant pool in order to get the same result? That is very much on our mind."

Is This Research Better Than R01 Research?

The BSA decision to form a subcommittee to study the SPOREs followed an update on the program by Brian Kimes, director of the Centers, Training and Resources Program.

Kimes said his staff asked SPORE grantees to list their most important published research results.

"Are the SPOREs producing high-quality translational research? From staff observation at this time, there is no doubt that some of these activities would not have been supported easily or at all by traditional R01/P01 funding," he said.

Other goals in establishing the SPORE program were to bring scientists and clinicians together to form interdisciplinary teams, develop tissue resources, attract new scientists to cancer research, and support more prevention and control research, Kimes said. SPORE grantees say that by these measures, the programs also have been successful, Kimes said.

In cases when research supported through SPOREs identifies scientific opportunities that

THE CANCER LETTER
An Independent Newsletter
Member, Newsletter Publishers Association

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@cancerletter.com
Customer service: service@cancerletter.com
World Wide Web URL: http://www.cancerletter.com

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

Founded Dec. 21, 1973 by Jerry D. Boyd

require a rapid infusion of funds, investigators have been able to use their NCI grant as a kind seal of approval to attract funds from other sources, Kimes said. Some have been able to "spin off" research projects to win separate R01 and P01 grants, he said.

"I suspect most of those labs were interested in those topics before the SPOREs were started, and a lot of the data was generated before the SPORE was started," said BSA member Frederick Appelbaum. "Also, I understand that people who get money are happy to keep it, and program managers at NCI who are invested in it want it to be successful.

"The issue is, is this producing more research or better research than if the same number of dollars were put into the independent grant pool?" said Appelbaum, director of the clinical research division, Fred Hutchinson Cancer Research Center. "What is going to be the evaluative process that is going to look and say, not 'Is good research being done?' but, 'Is this research better and fundamentally different than the same number of dollars probably would have resulted in if not for the concept of the SPORE?' "

KIMES: I think its an excellent question and is at the crux of the issue of how we use limited resources. Look at the publications, for instance, the discovery of the predisposition gene for prostate cancer. Look at the number of authors on that publication, and look at the number of collaborative organizations to get families to make this kind of study.

You tell me whether that could have been funded by an R01.

APPELBAUM: That's not my question. I'm happy for your testimony, and if that's how we are going to evaluate how this works, if it's going to be on your testimony, then that's something we have to know.

KIMES: It's your evaluation. You asked the question, and I said, just look at the paper and tell me.

APPELBAUM: My question is, what is the evaluative process going to be?

DAVID LIVINGSTON, BSA chairman (to Kimes): We're looking for guidance from the senior member of the staff, with respect to trying to figure out what is the added value for $27.508 million.

APPELBAUM: What is the procedure for evaluating it? Is it going to be staff? Are you thinking of bringing in a group of independent non-SPORE recipients? Are you going to take testimony from the SPORE recipients?

Specialized Programs Of Research Excellence Funded By NCI In 1997

SPORE	Director	Award (millions)
Breast Cancer		
Georgetown	Marc Lippman	$1.957
UCSF	Joe Gray	2.043
UNC	Shelton Earp	2.052
UT San Antonio	Kent Osborne	2.299
Duke	Dirk Iglehart	1.894
Sloan-Kettering	Larry Norton	1.765
Prostate Cancer		
Baylor	Peter Scardino	2.122
Johns Hopkins	Donald Coffey	2.261
Michigan	Ken Pienta	2.162
Lung Cancer		
Johns Hopkins	Stephen Baylin	1.573
Univ. Colorado	Paul Bunn	2.165
UT Southwestern	John Minna	1.960
Gastrointestinal Cancer		
Johns Hopkins	Stanley Hamilton	2.412
Nebraska	Margaret Tempero	.843
Total		**$27.508**

Source: NCI

KIMES: First off all, this is not an evaluation. The only way to evaluate this is to bring some scientists in to look at it, if you want to do it properly. This is merely a very quick presentation to you of information we obtained in the last three months from our SPOREs so you could at least guide us on how you might do that evaluation.... In fact, I would do a site visit at every one of these SPOREs and see what's going on.

WITTES (to Livingston): The purpose of this presentation is to ask you what evaluation you would recommend.... The issue here might be that you would look at this evidence and say, It's an absolutely open and shut case that this works, that stuff is getting done here of a quality and quantity that doesn't need an extensive evaluation. It would also be possible you would look at this with complete skepticism and say, basically, what Fred just said.

MARY DALY, BSA member, Fox Chase Cancer Center: I think this is a unique opportunity to develop an evaluative mechanism for these sorts of multi-collaborative and translational research. It's clear from our discussion that such a process doesn't exist. We can't just sit here and react and come up with a precise method, but I think we could, given time, be very helpful in developing this process.

SPORE Delivers "A Magic Spark"

BSA members who have been involved in SPOREs said the program has changed the "culture" of translational research in their institutions.

"There is no question in my mind, not only at our place, but across the country, whether you call it consortium or team-building, there has been a dramatic change in culture [as a result of SPORE grants], in bringing clinical and basic scientists together," said BSA member John Minna, director of a SPORE for the past year at University of Texas Southwestern Medical Center.

Minna said the board should determine the criteria for evaluating the program.

"The most important issue is whether translational research took place," Minna said. "One of the key things is to evaluate the peer-reviewed publications of the key research."

The results of the board's search for measures of success would be useful for other programs, including the pediatric brain tumor network the board approved in concept, Minna said. "The vote for the pediatric brain tumor network was a vote for a pediatric brain tumor SPORE. It wasn't called that but had many of the same elements," he said.

BSA member Virginia Ernster, professor of epidemiology and biostatistics, University of California, San Francisco, said the SPORE at UCSF has brought together clinical and basic scientists and epidemiologists, as well as cancer patient advocates. "This has become one of the closest groups of colleagues on the campus, and these were people, many of whom didn't know one another," Ernster said. "It has become the model for our evolving cancer center.

"It has had a kind of magic spark that other funding mechanisms seem not to have," Ernster said.

BSA member Franklyn Prendergast, director of the Mayo Cancer Center, who receives no SPORE funds, said the process of applying for a SPORE, even unsuccessfully, has helped change the way the center thinks about research.

"We have implemented a sort of internal SPORE on a much smaller scale, which is proving to be extraordinarily successful," Prendergast said. "I would forecast that some of the most productive cancer centers of the future are going to be predicated on a group of SPOREs as a fundamental, underlying mechanism.

"In terms of science, I have found no mechanism so far that generates as much inter-clinical and basic science interaction," he said.

"One criticism I have heard is that the tragedy is there are too few SPOREs; the program is too small," Prendergast said. "But the enthusiasm in a strong clinical environment is extraordinary for this sort of program."

Prendergast said the NCI Bypass Budget for FY99 requests a doubling of the SPORE funding (**The Cancer Letter**, Dec. 5). "I wonder if we can wait for that," he said. "We really need to trigger translational research. The P01 mechanism doesn't work as well.

"I agree some kind of objective measure needs to be determined," Prendergast said. "It is too young, however, to be too crass and too demanding. We need to give the program more time."

BSA member Sharon Murphy, chairman of the Pediatric Oncology Group, said the board needed a broader picture of the program's results. "Here is a $27 million program, but it is all going into cancer centers," Murphy said. "Is this the investment we want, to put more into cancer centers, or if you change the guidelines for cancer centers and have some of the expectations for translational research, would you accomplish the same aims and perhaps have more economies?"

Wittes said one solution could be to put the SPORE funds into the investigator-initiated research grant budget and review the applications the same way that P01s are reviewed. The idea might require approval by the Public Health Service, he said.

"If it were possible, then [the SPORE program] could contract or expand or remain the same according to whether peer reviewers thought the grants were meritorious," Wittes said. "It would completely finesse all of the angst that's going on here about whether this preserved pool of money is justifiable."

SPORE Grantee A Non-Voting Member

Livingston appointed Robert Young, president of Fox Chase Cancer Center, to serve as chairman of

the SPORE evaluation committee.

"It's clear that at some level this works," Young said at the BSA meeting. "It would be unfair to the SPORE program and to SPORE recipients to develop, seven to 10 years after the fact, criteria that were suddenly new to them."

Controversy arose over whether the committee should include BSA members who are involved in SPORE grants. Several board members were opposed to including SPORE grantees on the committee. Kimes disagreed.

"To avoid conflict, any BSA members involved in SPORE program should be excluded [from the committee]," said board member Waun Ki Hong, professor of medicine, M.D. Anderson Cancer Center.

"I certainly wouldn't eliminate SPORE scientists from participating in some of these evaluations, because there is no other mechanism we have evaluated—we haven't evaluated clinical trials or cancer centers—without having key people involved in those making the recommendations about it," Kimes said. "They will give you a perspective of the actual things going on in a different way than outside people would."

"You can do that through testimony," said BSA member Caryn Lerman, associate professor of medicine and psychiatry, Georgetown University.

"There would be a knowledge base gained by having a player at the table to help us," Young said.

Livingston appointed Minna a non-voting member of the committee. Other committee members are Prendergast, Daly, Joan Brugge, professor of cell biology, Harvard Medical School; Nancy Mueller, professor of epidemiology, Harvard School of Public Health; and Peter Vogt, of the Scripps Research Institute.

The committee is to provide a report to the BSA at its next meeting, scheduled for March 2 and 3.

Clinical Trials:

NCI Forms Advisory Panel To Help Change Trials Program

NCI has established a committee to advise the Institute on implementation of recommendations made in the report of the Clinical Trials Review Group (**The Cancer Letter**, Oct. 3).

Committee members are:

Wade Aubry, Blue Cross/Blue Shield Association; Gregory Burke, Novartis Pharmaceuticals Corp.; Robert Califf, Duke University Clinical Research Center; Paul Carbone, University of Wisconsin Comprehensive Cancer Center; Deborah Collyar, Patient Advocates in Research; Lawrence Corey, Fred Hutchinson Cancer Research Center; Susan Ellenberg, Food and Drug Administration.

Harold Freeman, Harlem Hospital; John Glick, University of Pennsylvania Cancer Center; Allen Lichter, University of Michigan Medical Center; Marc Lippman, Vincent T. Lombardi Cancer Center; Michael Marco, Opportunistic Diseases Treatment Action Group; Deborah Mayer, oncology consultant.

Nicholas Robert, Fairfax Hospital; Richard Schilsky, chairman, Cancer and Leukemia Group B; Ellen Stovall, National Coalition for Cancer Survivorship; David Spriggs, Memorial Sloan-Kettering Cancer Center; Frances Visco, National Breast Cancer Coalition; James Wade III, Cancer Care Specialists of Central Illinois; Susan Weiner, North American Brain Tumor Coalition; and James Williams Jr., US TOO International Inc.

The committee includes the following NCI staff:

Jeffrey Abrams, Michaele Christian, Richard Kaplan, Richard Simon, Richard Ungerleider, and Robert Wittes, all of the Division of Cancer Treatment and Diagnosis; Leslie Ford and Lori Minasian, Div. of Cancer Prevention; Mary McCabe, Office of Clinical Research Promotion; and Barbara Rimer, Div. of Cancer Control and Population Science.

NCI Grants Funding:

More Than Half Of New Funds To Increase R01 Support

NCI plans to use about $86 million of the $166 million in new funds appropriated by Congress for fiscal 1998 for increasing support for the renweal and new R01 grants, NCI Director Richard Klausner said to the National Cancer Advisory Board at its meeting Dec. 2.

Klausner listed other NCI funding priorities for the new fiscal year:

—The intramural research program will receive a 4 percent increase to fund new initiatives. The program's total percentage of the NCI budget will drop from about 20 percent to 17.7 percent.

—About $9 million of the NCI budget will be transfered to NIH for various programs.

—Funds are distributed to the NCI extramural divisions according to prioritization of initiatives by the division directors, Klausner said. These priorities include:

Division of Cancer Prevention:

—Develop a program in pivotal trials for prevention.

—Increase minority representation on the Prostate, Lung, Colorectal and Ovarian Cancer screening trial.

—Evaluate the use of new and developing estrogen receptor modulators as chemopreventive agents.

—Expand survivorship initiatives (DCP and DCCPS).

Division of Cancer Control & Population Sciences:

—Establish a basic biobehavioral program.

—Establish the Cancer Genetics Network.

—Expand cancer control in children, particularly with new funding mechanisms aimed at stemming tobacco use.

—Expand cancer surveillance activities through evaluation of the surveillance program and the development of a cancer control report card.

Division of Cancer Treatment and Diagnosis:

—Cancer drug discovery, particularly funding chemistry-biology centers using new approaches to the generation of diversity of small molecules, coupled to the development of cancer-relevant "smart assays" that target specific biologic processes.

—The Rapid Access Interventional Development Program, a competitive program to expedite the movement of academic discoveries from the laboratory to clinical trials.

—Clinical trials reconfiguration, a major effort to improve the clinical trials program, including the design and testing of an informatics infrastructure.

—Diagnostic imaging.

Division of Cancer Biology:

—Enhancement of collaborative research approaches.

—Developmental diagnostics, including the Cancer Genome Anatomy Project, to link cytogenetic maps to physical maps and then to clonable DNA.

"This is a big ship," Klausner said to the NCAB. "How do you actually begin to move it when you want to shift direction? It is at this margin of these sorts of dollars, and by having this process of prioritization and funding those priorities, we can actually see where people want to move their divisions."

Public Health Service:

NIEHS, CDC Fund Study Of Environmental Estrogens

The National Institute of Environmental Health Sciences and the Centers for Disease Control and Prevention's National Center for Environmental Health have begun a study of blood and urine samples to determine the amount of exposure that Americans have to environmental estrogens.

Although the effects of any exposure are unknown, some scientists have suggested that environmental estrogens might be reducing sperm counts in men and causing breast cancer, fibroids, and other reproductive diseases in women.

"This kind of assessment of exposure to environmental estrogens is absolutely critical to the scientifically credible assessment of potential health risk from these compounds," said Richard Jackson, director of CDC's National Center for Environmental Health.

"We hope this kind of collaboration will be expanded in the future to address many other toxic substances that we know or suspect cause cancer, reproductive, and other health effects," said Kenneth Olden, director of both NIEHS and the National Toxicology Program, which is headquartered at NIEHS.

NIEHS and NTP are providing $2.1 million to CDC to measure approximately 50 environmental estrogens in 200 persons to determine levels of exposure to the population.

CDC and NIEHS will jointly agree on the final list of environmental estrogens to be measured in people.

Among the more familiar chemicals that will be tested for are: insecticides such as arsenic, dieldrin, mirex, lindane, parathion and DDT and its metabolites; herbicides such as 2,4-D, alachlor and atrazine; nematocides such as aldicarb; fungicides, plant and fungal estrogens, and industrial chemicals such as cadmium, lead, mercury, PCBs and dioxins.

CDC will use existing analytical methods for blood and urine to measure most of the chemicals and develop new analytical methods to measure 10 to 20 of the environmental estrogens.

"This project will give us an idea of human exposure to each of the chemicals and help us set priorities for the studies done in the National Toxicology Program," said George Lucier, the coordinator for the study for NIEHS and NTP.

Funding Opportunities:

NCI RFPs Available

SOL NO2-CM87035-74

Title: **Development, Operation, and Maintenance of the NCI Drug Information System**

Deadline: Jan. 12

The NCI Developmental Therapeutics Program is seeking an organization to provide support for their Drug Information System. This system is used to record drug shipment and structure information for synthetic and natural product compounds that DTP screens for anti-cancer and anti-HIV therapeutic activity. This system serves as a storage and retrieval mechanism for both current and historical data. It is implemented as a client-server architecture consisting of a PC/Microsoft Windows based user interface and an Oracle database server on a DEC10000 Model 720. The user interface is written in Omnis7.

The contractor shall take responsibility for the current DIS and all of its subsystems. The responsibility shall include design and/or redesign of system programs as well as initial coding, revising, testing, debugging, documentation, operation, and/or maintenance of all system software. The contractor shall also provide support for the installation and operation of the subsystems and development of new hardware/software systems as required for further development of the DTP drug discovery and development programs.

The offeror must be accessible and available for frequent face to face meetings with the DTP DIS user community and Information Technology Branch. These meetings may be as frequent as once a month. The Project Director and the Senior Analyst should be available for these meetings, which will be conducted with no less than one week's notice.

Contact Odessa Henderson, NCI, Research Contracts Branch, 6120 Executive Blvd., Room 603, MSC 7220, Bethesda, MD, 20892, tel: 301/435-3821, fax: 301/402-6699, email: henderso@rcb.nci.nih.gov.

SOL NO2-CM-87020-26

Title: **Clinical Trials Monitoring Service**

Deadline: Feb. 12.

The Cancer Therapy Evaluation Program is requesting organizations to submit proposals which will provide a Clinical Trials Monitoring Service for the Cancer Therapy Evaluation Program and other selected investigators using Division of Cancer Treatment and Diagnosis sponsored investigational agents.

This service shall have five components: to provide a central data management resource for DCTD and for clinical investigators conducting phase I and selected phase II clinical trials; to provide an on-site monitoring resource for the DCTD to assure that cooperative agreement holders and other clinical investigators conducting phase I and selected phase II clinical trials are in compliance with Federal regulations, policies, and procedures and to verify submitted data and assure protocol compliance; to assure the DCTD that quality assurance programs of the Cooperative Groups, Community Clinical Oncology Program Research Bases, and other selected multi-institutional consortiums are actively monitoring their NCI sponsored clinical studies in compliance with the "Guidelines for Monitoring of Clinical Trials for Cooperative Groups and CCOP Research Bases"; to assure the DCTD that all cancer centers or single institutions participating in clinical trials using DCTD sponsored trials are in compliance with Federal regulations, policies, and procedures; and to assure the DCTD that foreign groups/institutions who are collaborators in CDTD sponsored clinical trials are conducting these trials in accordance to Good Clinical Practices and International Conference on Harmonization standards.

Contact Carolyn Swift, NCI, Research Contracts Branch, 6120 Executive Blvd, Room 603, Bethesda, MD 20892, tel: 301.435-3819, fax: 301/402-6699, email: cs102w@nih.gov.

RFAs Available

RFA: HD-98-002

Title: **Network of Pediatric Pharmacology Research Units**

Letter of Intent Deadline: Jan. 12

Application Deadline: March 17

The National Institute of Child Health and Human Development plans to continue to support an ongoing cooperative Network of Pediatric Pharmacology Research Units that serve as a resource for studies of drug action and disposition in infants, children and adolescents. These studies will be conducted by pediatric clinical pharmacologists, either cooperatively with investigators at other Units in the Network, collaboratively with pharmaceutical companies, or independently with other support. The goals of studies conducted by the network are: 1) to provide the clinical data on new drugs and drugs already on the market that are necessary for FDA approval for use in children; and 2) to investigate the pharmacology of new molecular entities and biopharmaceuticals for use in children. The Network will also serve as a resource for the training of health professionals in pediatric pharmacology and clinical trials. It is anticipated that up to 10 clinical centers will be involved in the program.

Applications may be submitted by domestic non-profit organizations, public and private. Awards will be made to children's hospitals or their equivalent or to educational institutions with accredited medical schools, within the U.S. Each PPRU must be an identifiable unit within its institution, its Principal Investigator reporting to the chief of pediatrics or to the chairperson of the

pediatrics department. Current Network participants are eligible for competing continuation awards.

There should be at the applicant institution an ongoing program of excellence in clinical pharmacology, preferably with an emphasis on pediatric applications. The quality of this program must be evident from the receipt by its staff of research support in peer-reviewed competition, or from their consistent record of publication in peer-reviewed research journals. The applicant institution must have available and accessible a sufficient number of eligible research subjects in the pediatric age groups.This is an essential component of the network and must be spelled out in detail in the application.

It is expected that up to 10 applications, including competing continuation and new awards will be funded. An estimated total cost of $3 million will be available for the first year. Therefore, the maximum total cost request (first year) for individual applications should not exceed $300,000.The number of awards is dependent on the receipt of a sufficient number of applications of high scientific merit.

Contact George Giacoia, Center for Research for Mothers and Children, NICHHD, Building 61E, Room 4B11/MSC 7510, Bethesda, MD 20892-7510, tel: 301/496-5593, email: giacoiag@hd01.nichd.nih.gov.

RFA: RR-98-001

Title: **Extramural Research Facilities Construction Projects**

Application Deadline: Jan. 23

The National Center for Research Resources is authorized to make grants to public and nonprofit private entities to expand, remodel, renovate or alter existing research facilities or construct new research facilities for biomedical and behavioral research and research training.

The FY98 appropriation for the NIH is expected to include $20 million in the budget of the NCRR for extramural facilities construction grants to be awarded competitively, with special provisions made for institutions of emerging excellence. The NCRR is issuing this RFA for support of construction and renovation of facilities for biomedical and behavioral research and research training.

Domestic, non-Federal, public and private non-profit institutions, organizations, and associations that conduct or support biomedical or behavioral research are eligible to apply, including, for example, allied health professional schools. Applications are encouraged from institutions of emerging excellence as defined in the PHS Act, Section 739 as amended by PL 102-408.

An institution may submit only one application in response to this RFA; two components of the same institution, e.g., a medical school and a dental school, even if separated geographically, may not submit separate applications. However, applications from RPRCs or institutions of emerging excellence that have received FY97 PHS Centers of Excellence Awards do not count against the one application limit.

The total project period for an application submitted in response to this RFA may not exceed two years and no indirect costs or continuation costs will be awarded. The anticipated award date is September 30, 1998.

Matching funds will be required for the specific project awarded. The maximum award amount will be $1.5 million for applications from RPRCs, and institutions of emerging excellence, and $1.0 million for other applicant institutions. A description of the sources of non-Federal funding for the project (both matching funds and funds needed to complete the total project) must be provided with the application. Applications proposing a Federal share of less than $500 thousand or more than the maximum Federal award amount specified above will not be accepted.

Contact Charles Coulter, Research Infrastructure, NCRR, 6705 Rockledge Drive, Room 6142 - MSC 7965, Bethesda, MD 20892-7965, tel: 301/435-0766, fax: 301/480-3770, email: charlesc@ep.ncrr.nih.gov.

In Brief:

Foundation Honors Greenspan

(Continued from page 1)

CHEMOTHERAPY FOUNDATION established the **Ezra M. Greenspan** Professorship of Clinical Cancer Therapeutics at Mount Sinai Medical Center. The professorship will be awarded to a clinical oncologist who will carry on Greenspan's work in innovative combination chemotherapy treatments. Greenspan is clinical professor of medicine/oncology at Mount Sinai School of Medicine and medical director of the Chemotherapy Foundation. . . . **WOMEN'S HEALTH INITIATIVE** expects to complete enrollment 164,500 women by the end of January. The NIH-sponsored clinical trial is studying the effects of hormone replacement therapy, dietary change, and calcium and vitamin D supplements on heart disease, breast cancer, colon cancer, and osteoporosis. The trial, coordinated by Fred Hutchinson Cancer Research Center, has met recruitment needs for women in their 50s, but seeks women in their 60s and 70s. . . . **ONCOLOGY NURSING CERTIFICATION CORP.** established the Roberta Scofield Memorial Certification Award, in memory of ONCC's first president. The award will be presented to 50 ONS members who demonstrate a commitment to oncology nursing. For an application packet, contact ONCC at 412/921-8597. Deadline is Jan. 9.