

Clinton To Propose Increase For NIH & NCI Significantly Higher Than In Previous Years

The President's budget proposal for fiscal 1999 is expected to provide a funding increase for NIH that will exceed the increases proposed by the administration in recent years, sources said.

Sources familiar with the proposal that is scheduled to be released Feb. 2 said the document is expected to propose a \$1 billion, or 7.3 percent, increase for NIH over the current budget of \$13.6 billion.

The budget proposal is expected to call for at least a 7 percent increase for NCI, sources said. According to several insiders, the Administration is considering a 10 percent increase for NCI, which would
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In Brief

Gift To Jefferson Funds Capizzi Professorship; Abrams Named Special Assistant To DDES

THOMAS JEFFERSON UNIVERSITY has received a donation of \$3 million from Dorrance Hamilton in honor of three physicians who cared for her late husband, Samuel Hamilton. The gift is in recognition of **Robert Capizzi**, Magee Professor and chairman of the department of medicine, **Anthony DiMarino**, William Rorer Professor of Medicine and chief of the division of gastroenterology/hepatology, and **Gregory Kane**, assistant professor of medicine and program director of internal medicine residency. A portion of the gift will establish the Robert Capizzi Professorship in Medicine, to be held by the new director of medical oncology at Jefferson. The university has not yet appointed a medical oncology director. The remainder of the gift will support medical research in cancer, pulmonary medicine, and digestive diseases. . . . **JEFFREY ABRAMS** was named special assistant to the NCI deputy director for extramural science, planning and operations. Abrams is a clinical research scientist in the Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program, and executive director of the NCI Breast Cancer Progress Review Group. . . . **MEHMET FATI H OKÇU** received the first Scott Carter Fellowship Award in pediatric oncology at MD Anderson Cancer Center. Okçu, a third year fellow at MD Anderson, received the award for his research in the biology of acute lymphoblastic leukemia. . . . **KAREN HOSTER HAVELIN**, an oncology nurse at Fox Chase Cancer Center, died Dec. 13 of internal injuries resulting from a car accident. She was 48. Havelin, a member of the Fox Chase nursing
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provide the Institute with \$254.7 million more than the current budget of \$2.547 billion.

However, top NIH officials were said to oppose a larger percentage increase for one Institute over NIH as a whole, and are advocating closing the gap between these increases, sources said.

The White House declined to discuss specific components of the budget proposal.

Last year, the Administration proposed a 2.6 percent increase for NIH, and in 1996, a 3.9 percent increase. Congressional supporters of NIH called the amounts "paltry" and "dishonest budgeting." Congress increased the NIH appropriation by about 7 percent in each of the past two years.

Even if the President's budget proposes a 10 percent increase for NCI, that amount would fall short of accomplishing the advocates' goal of doubling the Institute's budget over five years (*The Cancer Letter*, Dec. 19, 1997). To reach that goal, NCI would have to receive annual increases of about 15 percent over five years.

The President's proposal also is expected to include what was described as a "comprehensive package" of tobacco legislation, White House Office of Management and Budget Director Frank Raines said at a press conference Jan. 5. The legislation,

which is likely to include a tax increase on tobacco products, "will be self-contained and will have a net zero impact on the rest of the budget," Raines said.

Sources said the tobacco package would propose that the estimated revenues of \$10 billion from the proposed government settlement with tobacco companies—a settlement that is yet to be approved—become part of a "Presidential Priorities Trust Fund" that would support biomedical research and other health and education projects.

If funding for NIH is conditional on a tobacco tax increase or a trust fund, the proposal is likely to face strong opposition in Congress, sources said.

Dave Kohn, a spokesman for Rep. John Porter (R-IL), said HHS officials indicated that the President's budget proposal would include "a significant increase in NIH funding" that would be conditional on a tobacco tax increase.

"Mr. Porter does not believe we should make a commitment to increase biomedical research funding that is conditional," Kohn said to *The Cancer Letter*. "He does not object to using tobacco tax revenues to fund biomedical research, but funding shouldn't be dependent on a tax increase. He expressed some disappointment with these early signals."

Similarly, Republicans do not like the idea of "trust funds" that remove budgetary decision-making from the purview of Congress, Kohn said. "Trust funds are way of segregating funds in the federal budget, so that it excludes the funds from debate in the budget process," he said.

Porter, chairman of the House Labor, HHS, Education Appropriations Subcommittee, has for many years favored increasing funding for NIH and first expressed his support for full funding for the NCI Bypass Budget in 1990 (*The Cancer Letter*, Jan. 19, 1990).

Whatever the President proposes next month, Congress is likely to support an increase for NIH at least equivalent to the 7 percent increases of the past two years. The list of Congressional proponents of increased funding for NIH seems to grow longer each year on both sides of the aisle, sources said.

Recently taking on the mantle of NIH proponent are House Speaker Newt Gingrich and minority leader Richard Gephardt (D-MO). At a health forum in Georgia last November, Gingrich said he supported doubling the NIH budget, the New York Times reported. Gephardt has proposed that in the event that the government generates a budget surplus, some of the surplus funds would be channeled to

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Founded Dec. 21, 1973 by Jerry D. Boyd

biomedical research.

Building Momentum

The movement toward a larger increase for NIH began to increase last year when patient advocacy groups and research societies proposed doubling the budget of the Institutes over a five-years. Congress, too, has approved a nonbinding resolution to double the NIH budget over five years.

Momentum continued to build. Last October, patient groups supported by professional societies, several pharmaceutical companies and voluntary organizations announced "The March: Coming Together to Conquer Cancer," an event scheduled for Sept. 26.

"The combination of the march announcement, a very compelling NCI Bypass budget, and the work by the advocacy community has enabled a climate to be created for budget increases," Ellen Sigal, chairman of Friends of Cancer Research, said to **The Cancer Letter**. "None of these can work in isolation."

Members of the Friends group met with Vice President Al Gore last Oct. 27 to discuss the need for cancer research funding. Attending the meeting were Sigal, Sherry Lansing, chairman and CEO of Paramount Pictures; Jack Valenti, president of the Motion Picture Association of America Inc.; and Donald Coffey, professor of urology, oncology, pharmacology and molecular sciences, and director of research in the Department of Urology at Johns Hopkins University School of Medicine.

Sigal said the meeting was "very successful." The advocates discussed the NCI Bypass budget in depth with the Vice President, she said.

However, the White House initially proposed a meager 3 percent increase for the Institute last month, sources said. HHS officials are said to have countered with the proposal for a \$1 billion increase for NIH, which Gore is said to support.

Terry Lierman, president of Capitol Associates, a Washington lobbying firm, also met with Gore, in early December. "Everyone has begun to listen to the economic argument and everyone has begun to understand that there is an important priority in improving peoples health and is best done by biomedical research," said Marguerite Donoghue, vice president for research and regulatory affairs of Capitol Associates. "It takes a while for it to begin to sink in. After a decade of pushing it, we are seeing the fruits of that labor."

Patient advocacy groups and other organizations are lobbying the White House to include in the budget proposal support for Medicare coverage for clinical trials, sources said.

The White House Office of Management and Budget is said to oppose the proposal.

FDA News:

Agency Provides "Tentative Approval" For IVAX Paclitaxel

FDA last month upheld the Bristol-Myers Squibb Co. orphan drug market exclusivity for Taxol as a treatment for Kaposi's sarcoma.

Acting on an application from IVAX Corp., the agency gave a "tentative approval" for that company's paclitaxel drug, allowing the drug on the market no earlier than Aug. 4, 2004, the expiration date of the BMS orphan drug exclusivity.

At first glance, the agency's decision Dec. 26 gave something to everyone: IVAX received an approval, while BMS retained its market exclusivity for KS. Nonetheless, a tentative approval of the drug, trade name Paxene, may have value to IVAX, observers said.

IVAX is "exploring alternative strategies to market Paxene for KS in advance of the expiration of Taxol's orphan drug exclusivity," the company said in a statement. These strategies could include filing Abbreviated New Drug Applications for breast or ovarian cancers, indications not protected by the Orphan Drug Act, or by filing additional NDAs for a generic version of the drug, IVAX said.

IVAX officials did not return calls from **The Cancer Letter**.

The FDA decision comes at a time when Bristol has been losing many of the protections it has enjoyed as the developer of Taxol, a drug that contributes an estimated \$1 billion to its revenues:

—Bristol's exclusivity for Taxol under the Waxman-Hatch Act expired Dec. 29, 1997, at least theoretically opening the door for generic competitors to enter the market.

—The company's Cooperative Research and Development Agreement with NCI expired two days later, on Dec. 31. The agreement, which was subject to renewal every year, led to the development of the drug and produced other innovations patented by the company (**The Cancer Letter**, July 4, 1997). "It was a fantastic CRADA and a spectacular partnership,

but its goals have been fulfilled," NCI Director Richard Klausner said to **The Cancer Letter**.

—The caliber of Bristol's competitors on the paclitaxel market may be changing, too, pharmaceutical industry insiders said. At least one major multinational pharmaceutical company is considering forming a strategic alliance with IVAX and its paclitaxel development partner, NaPro Biotherapeutics Inc. of Boulder, CO, sources said.

The goal for Bristol's competitors is to get US approval for paclitaxel for any indication, which would make the drug available to be prescribed off-label by physicians.

Bristol has the advantage of having obtained a number of patents for formulation and use of the drug.

Now, potential competitors are combing through Bristol's patents in search of opportunities for challenging validity of the claims, sources said.

Unless the courts move with uncharacteristic speed, patent disputes take years to resolve. In fact, under FDA rules, companies that file ANDAs are not allowed to market their drugs while the courts resolve their patent disputes with the pioneer companies. Approval is withheld for 30 months, or until the disputes are resolved.

Patent disputes allow innovator companies to extend their market exclusivity. Though technically physicians can be held liable for administering drugs in violation of use patents, drug companies do not pursue such claims.

Under these rules of engagement, victory and defeat can be elusive concepts. Even if every Bristol patent is invalidated by the courts, a drawn out defeat could amount to a victory, if the company is able to continue to generate Taxol sales during the court challenges.

By the same token, a competitor's victory that would cost many millions of dollars in legal fees and result in control of a small share of the market can amount to a defeat, especially if newer drugs come to eclipse paclitaxel.

So far, Bristol's leading competitors in the US include the IVAX-NaPro partnership and Immunex Corp. of Seattle, the first company whose application for a generic paclitaxel was accepted by FDA (**The Cancer Letter**, April 18, May 9, Aug. 15, Sept. 26, 1997).

Observers said that in the absence of a bigger player, Bristol's challengers may not be able to sustain protracted warfare with BMS or to implement

commercialization of their versions of paclitaxel.

IVAX lost \$145.6 million for nine months ended Sept. 30, with \$90.1 million of that loss generated during the third quarter, the company said in its filings with the Securities and Exchange Commission. In recent years, the company has been reducing its workforce, closing plants, selling off subsidiaries, and changing its management.

NaPro, the company that provides bulk paclitaxel to IVAX, lost \$10.99 million for nine months ended Sept. 30, with \$3.9 million of that loss generated during the third quarter. The company's cash needs are met partly through a \$3 million advance from IVAX against future sales of Paxene, the company said in its SEC documents.

Immunex, the sponsor of the generic paclitaxel, lost \$17.4 million for the two quarters ended June 30, with \$8.7 million of that loss generated during the second quarter. Immunex, a majority-owned by American Home Products Corp. of Madison, NJ, said earlier that it plans to dispute BMS US patents No. 5,641,803 and 5,670,537 (**Cancer Economics**, December 1997).

The two patents claim "methods for reducing hematologic toxicity in cancer patients undergoing Taxol treatment comprising parenterally administering an antineoplastically effective amount of about 135-175 mg/m² Taxol over three hours." The patents were issued last year.

While Immunex appears to be focusing its efforts on the courts, IVAX appears to stand poised to seek additional NDAs or ANDAs for other indications for Paxene. According to materials previously disclosed by IVAX and NaPro, the companies have been conducting clinical trials in breast and ovarian cancers.

Interim results of trials on ovarian cancer were published in the proceedings of the 1997 annual meeting of the American Society of Clinical Oncology. The abstract, No. 1251, lists authors from the London Royal Marsden Hospital, Hospital Vrije Universiteit in Amsterdam, the Amsterdam National Cancer Institute, McGill University in Montreal, Baker Norton Pharmaceuticals, a unit of IVAX, and Synertron Inc., of Madison, WI. The lead author was Richard Smalley, of Synertron.

The abstract was titled "An international multicenter study of a three-hour infusion of Paxene in platinum-refractory ovarian cancer patients with a rescue to 96-hour infusion on failure."

Sources said that an abstract on Paxene trials

in breast cancer was submitted for the proceedings of last month's San Antonio Breast Cancer Symposium, but was subsequently withdrawn.

The FDA decision to give a tentative approval to Paxene failed to increase the value of the IVAX and NaPro stock. On Jan. 6, IVAX traded at \$7 per share, down from the yearly high of \$13.5. NaPro traded at \$2.5 per share, down from the 52-week high of \$14.5 per share.

Medicare Program:

HCFA Expands Coverage For Mammograms, Other Tests

The Health Care Financing Administration announced that Medicare would expand coverage for three cancer screening modalities as of Jan. 1:

—**Mammograms:** Medicare will cover annual screening mammograms for all women age 40 and over, and a one-time initial ("baseline") mammogram for women ages 35-39. Beneficiaries will pay a 20 percent copayment, but Medicare will pay the other 80 percent even if the beneficiary has not yet met the annual deductible.

Previously, Medicare covered annual screening mammograms for women ages 50-64, and for women 40-49 at high risk for breast cancer. Screening mammograms for women age 40-49 at normal risk and women age 65 and over were covered only every two years, and one baseline mammogram was covered for women ages 35-39. Beneficiaries paid both 20 percent coinsurance and any unmet portion of their deductible.

—**Pap Smears:** Medicare coverage will be expanded for a screening pap smear to include both a pelvic exam and clinical breast exam every three years for most women. The exams are covered every year for women at high risk for cervical or vaginal cancer; those of childbearing age who have had an indication of cervical or vaginal cancer; and those who have had an abnormal pap smear during the preceding three years. Medicare will pay the full claim for the pap smear, and 80 percent of the claim for the pelvic and clinical exams, even if the beneficiary has not yet met the annual deductible.

In the past, screening pap smears were covered every three years or more often for women at high risk for cervical cancer. The pelvic exam and clinical breast exam were not covered. Beneficiaries will continue to pay no coinsurance on the Part B deductible for any clinical laboratory test, including

pap smears.

—**Colorectal Cancer:** Medicare will cover colorectal cancer screening. The coverage includes fecal-occult blood tests, flexible sigmoidoscopy, colonoscopy (for people at high risk for colorectal cancer), and in certain cases, barium enemas. In the past, the tests were covered only when a physician suspected the patient had cancer or other disease, and was using the tests for diagnostic rather than screening purposes.

In addition, the agency announced last week it would expand coverage of positron emission tomography scans for diagnosis and staging of lung cancer.

The expanded coverage allows Medicare payment when PET scans are used to determine the type of lung cancer or how advanced it is when it is diagnosed. Previously, the PET scan was covered only when used to determine the perfusion rate.

Cancer Meetings Listed Through October 1998

January 1998

15th Annual Symposium of the Society of Gynecologic Nurse Oncologists—Jan. 17-21, Seattle, WA. Contact L. Winkelman, tel: 708/301-7868.

Synthetic Non-viral Gene Delivery Systems—Jan. 19-25, Keystone, CO. Contact Keystone Symposia, tel: 970-262-1230, fax: 970/262-1525.

Molecular and Cellular Biology of Gene Therapy—Jan. 19-25, Keystone, CO. Contact Keystone Symposia, tel: 970-262-1230, fax: 970/262-1525.

28th Annual University of Florida Radiology Oncology Clinical Research Seminar—Jan 22-24, Gainesville, FL. Contact William Menenhall, tel: 352/395-0287, fax: 352/395-0546.

AACR Conference: Angiogenesis and Cancer—Jan 24-28, Orlando, FL. Contact AACR, tel: 215/440-9300, fax: 215/440-9313.

T Lymphocyte Activation, Differentiation, and Death—Jan. 26-Feb. 1, Keystone, CO. Contact Keystone Symposia, tel: 970-262-1230, fax: 970/262-1525.

Integrating Complementary Therapies for Cancer Care—Jan 29-20, Atlanta, GA. Contact Cambridge Health Resources, tel: 617/630-1330.

February

International Congress on Anti-Cancer Treatment—Feb 3-6, Paris. Contact Edith Ben

Brahim, Service d'Oncologie Médicale Pitié-Salpêtrière, tel: (33-1) 42 16 04 76, fax (33-1) 42 16 04 77, email: edith.benbrahim@psl.ap-hop-paris.fr.

UICC International Workshop on Nasopharyngeal Cancer—Feb. 12-14, Singapore. Contact Singapore Cancer Society, 15 Enggor St., #04-01 to 04-06, Reality Center, Singapore 179716, tel: 65/221-9577.

3rd Annual Cancer Information Exchange—Feb. 12-15, Amelia Island Plantation, FL. Contact Adina Cook, Columbus CCOP, tel: 614/443-2667, fax: 614/443-5245.

Clinical Hematology and Oncology: 1998—Feb. 16-19, La Jolla, CA. Contact Laurie REgis, Scripps Clinic, tel: 619/554-8556, fax 619/554-6310.

AACR Conference: Innovative Molecular Biology Approaches to the Prevention, Diagnosis, and Therapy of Cancer—Feb. 16-19, Maui. Contact AACR, tel: 215/440-9300, fax: 215/440-9313.

Radiation Therapy Oncology Group Semi-Annual Meeting—Feb. 19-22, Houston, TX. Contact Nancy Smith, tel: 215/574-3205, fax: 215/928-0153, email: nsmith@acr.org.

Advances in Oncology Nursing—Feb. 20-21, Houston, TX. Contact Office of Conference Services, M.D. Anderson Cancer Center, tel: 713/792-2222, fax: 713/794-1742, email: meetings@utmdacc.uth.tmc.edu.

Breast and Prostate Cancer—Feb. 21-26, Copper Mountain, CO. Contact Keystone Symposia, tel: 970/262-1230, fax: 970/262-1525.

Motility and Metastasis—Feb. 21-26, Copper Mountain, CO. Contact Keystone Symposia, tel: 970/262-1230, fax: 970/262-1525.

Adjuvant Therapy of Primary Breast Cancer—Feb. 25-28, St. Gallen, Switzerland. Contact Beatrice Nair, Haus 09, Kantonsspital, CH-9007, St. Gallen, Switzerland, fax: 41-71-245-6805, email: mccs@msl.kssg.ch.

6th Annual Genitourology Conference—Jan 26-27, Houston, TX. Contact MD Anderson Cancer Center, tel: 713/792-2222, fax: 713/794-1724.

Joint Cancer Conference of the Florida Universities—Jan 26-28, Orlando, FL. Contact University of South Florida, Office of Continuing Education, tel: 813/974-4296, fax: 813/974-3217.

15th Annual International Breast Cancer Conference—Feb. 26-28, Orlando, FL. Contact Lois Osman, Miami Cancer Conference Inc., tel: 305/447-3804.

Joint Cancer Conference of the Florida Universities—Feb. 26-28, Orlando, FL. Contact Continuing Education Office, University of South

Florida, tel: 813/974-4296 or 800/852-5362, fax: 813/974-3217.

Breakthrough! How News Influences Health Perception & Behavior—Feb. 27-March 1, Cold Spring Harbor, NY. Contact Eric Rosenthal, tel: 215/728-2700.

March

National Comprehensive Cancer Network Third Annual Conference: Practice Guidelines and Outcomes Data in Oncology—March 1-4, Fort Lauderdale. Contact NCCN Conference, c/o PRR Inc., tel: 516/424-8900 x300.

International Symposium on Drug Resistance in Leukemia and Lymphoma—March 4-7, Amsterdam. Contact VU Conference Service, De Boelelaan 1105, 1081 HV Amsterdam, The Netherlands, tel: 31-20-444-5790, fax: 31-20-444-5825.

Association of Community Cancer Centers Annual Meeting—March 11-14, Arlington, VA. Contact David Walls, tel: 301/984-9496.

Supportive Care in Cancer 10th International Symposium—March 14-17, San Antonio, TX. Contact conference secretary, Imedex USA, tel: 770/751-7332, fax: 770/751-7334, email: imedex@aol.com.

11th International Conference on Monoclonal Antibodies for Cancer—March 19-21, San Diego. Contact Cass Jones, tel 619/565-9921, fax: 619/565-9954.

Breast Cancer, Sexuality, Intimacy, and Communication—March 21, San Francisco. Contact Pamela Priest Naeve, Northern California Cancer Center, tel: 510/429-2500, fax: 510/429-2550.

Prostate Cancer Advances in Understanding, Diagnostics, and Therapy—March 23-24, McLean, VA. Contact Cambridge Healthtech Institute, tel: 617/630-1300, fax: 617/630-1325.

American Society for Blood and Marrow Transplantation Annual Meeting—March 25-28, Miami Beach. Contact ASBMT, tel: 847/427-0224, fax: 847/427-9656.

American Association for Cancer Research Annual Meeting—March 28-April 1, New Orleans. Contact AACR, tel: 215/440-9300, fax: 215/440-9313.

Diagnosis of Lymphoproliferative Disorders—March 30-April 3, Maui. Contact Laurie Regis, Scripps Clinic, tel: 619/554-8556, fax: 619/554-6310.

April

15th Annual National Preventive Medicine

Meeting: Translating Science into Action—April 2-5, San Francisco. Contact Prevention 98 Meeting, tel: 202/466-2569, fax: 202/466-2662.

18th Annual Meeting of the American Society of Laser Medicine and Surgery Inc.—April 3-7, San Diego. Contact ASLMS, tel: 715/845-9283, fax: 715/848-2493.

The Nuclear Matrix: Involvement in Genomic Organization, Function, and Regulation—April 4-9, Copper Mountain, CO. Contact Keystone Symposia, tel: 970/262-1230, fax: 970/262-1525.

2nd National AIDS Malignancy Conference—April 6-8, Bethesda, MD. Contact TASCAN Inc., tel: 301/907-3844, fax: 301/907-9655.

7th World Congress of Cancers of the Skin—April 23-25, Rome, Italy. Contact The Skin Cancer Foundation, tel: 212/725-5176, fax: 212/725-5751.

International Meeting of the Psychosocial Impacts on Breast Cancer—April 26-29, Lucerne, Switzerland. Contact Jeanne Froidevaux Miller, Swiss Cancer League, Effingerstrasse 40, CH-3001, Berne, Switzerland, tel: 41/31-389-91-60.

May

American Radium Society Annual Meeting—May 2-6, Monte Carlo. Contact ARS, tel: 215/574-3158, fax: 215/923-1737, email: ars@acr.org.

Association of Oncology Social Work Annual Conference—May 6-9, La Jolla, CA. Contact Kim Bell, tel: 410/614-3990.

Combined Meeting of American and European Musculoskeletal Tumor Societies—May 6-10, Washington, DC. Contact MSTS Registration Office, tel: 202/828-7048.

American Society for Clinical Oncology Annual Meeting—May 16-19, Los Angeles. Contact ASCO, Dept. of Science and Education, tel: 703/299-0150.

American Brachytherapy Society Annual Meeting—May 30-June 4, Albuquerque, NM. Contact ABS, tel: 215/574-3158, fax: 215.923-1737, email: abs@acr.org.

June

Critical Issues in Tumor Microcirculation, Angiogenesis, and Metastasis: Biological Significance and Clinical Relevance—June 1-4, Boston, MA. Contact Carol Lyons, Massachusetts General Hospital, tel: 617/726-4038, fax: 617/726-4172.

11th Mediterranean Congress of Chemotherapy—June 7-12, Jerusalem. Contact Kenes, PO Box 50006, Tel Aviv 61500, Israel.

State of the Art Liver Disease Conference—June 10-14, Orlando, FL. Contact MD Anderson Cancer Center, tel: 713/792-2222, fax: 713/794-1724.

Transfusion Medicine—June 12-14, Houston, TX. Contact MD Anderson Cancer Center, tel: 713/792-2222, fax: 713/794-1724.

NCI-EORTC Symposium on New Drugs in Cancer Therapy—June 16-19, Amsterdam, The Netherlands. Contact EORTC, PO Box 7057, 1007, MB Amsterdam, The Netherlands, tel: 31-20-4442768, fax: 31-20-4442699, email: nddo@euronet.nl.

4th International Symposium on Adjuvant Nutrition in Cancer Treatment—June 20-24, New Orleans. Contact Joni Shulman, Cancer Treatment Research Foundation, tel: 847/342-6484, fax: 847/342-7320.

2nd Cuneo Lung Cancer Conference: Therapeutic Options for the Locally Advanced Non-Small Cell Lung Cancer—June 20-24, Cuneo, Italy. Contact Gianfranco Buccheri, Ospedale A. Carle, 1-12100 Cuneo, Italy, tel: 39-171-441777, fax: 39-171-611579.

August

17th International Cancer Congress—Aug. 24-28, Rio de Janeiro. Contact Congrex do Brasil, Av. Presidente Wilson, 164/9 andar, 20030-020, Rio de Janeiro, RJ-Brasil, tel: +55 21 509-4080, fax: +55 21 509-1492, email: congrex@ax.apc.org.

September

Tumor Suppressor Genes—Sept. 26-30, Victoria, Canada. Contact AACR, tel 215/440-9300, fax: 215/440-9313.

First European Breast Cancer Conference—Sept. 29-Oct. 3, Florence, Italy. Contact FECS Conference Unit, Avenue E. Mounier 83, B-1200 Brussels, Belgium, tel: 32 (2) 775-0206, fax: 32 (2) 775-0200.

October

15th Meeting of the International Society for Pediatric Oncology—Oct. 4-8, Yokohama, Japan. Contact Imedex, PO Box 3283, 5203 DG's-Hertogenbosch, Netherlands, fax: 31-73-41-47-66.

40th Annual Meeting of the American Society for Therapeutic Radiation and Oncology—Oct. 25-28, Phoenix, AZ. Contact ASTRO, tel: 703/648-8900.

American College of Surgeons Clinical Congress—Oct. 25-30, Orlando, FL. Contact ACOS Communications Dept., tel: 312/664-4050 ext. 409.

Funding Opportunities:

NCI RFAs Available

RFA CA-98-002

Title: Prevention and Cessation of Tobacco Use by Children and Youth in the U.S.

Letter of Intent Deadline: Feb 19

Application Deadline: March 27

NCI, National Institute of Child Health and Human Development, National Institute on Drug Abuse, National Institute of Dental Research, National Institute of Mental Health, and the National Institute of Nursing Research seek grant applications for innovative research that have clear implications for the immediate and significant reduction of tobacco use by children and youth in the US.

Applicants may be submitted by domestic and foreign, for-profit and non-profit organizations, public and private, such as universities, colleges, hospitals, laboratories, units of State and local governments, health boards, public health departments, territorial health departments, volunteer organizations, clinics, coalitions, and consortia. Teams of applicants are encouraged.

The total project period may not exceed four years.

The total (direct and indirect) costs for any application in any one-year budget period may not exceed \$500,000. The anticipated award date is Sept. 30.

Approximately \$5.6 million per year in total costs for four years will be committed to fund applications. It is anticipated that 12 to 18 new individual awards will be made through this solicitation.

Contact Sherry Mills, NCI Division of Cancer Control and Population Sciences, 6130 Executive Boulevard, Room 232, Bethesda, MD 20892-7330, Rockville, MD 20852, tel: 301/496-8520, fax: 301/480-6637, email: sherry_mills@nih.gov.

RFA CA-98-003

Title: The NCI Scholars Program

Letter of Intent Deadline: Feb. 13

Application Deadline: April 24

The purpose of the NCI Scholars Program is to provide an opportunity for outstanding new investigators to begin their independent research careers within the special environment of the NCI and to continue their careers at an institution of their choice.

The program is designed to encourage exceptionally well qualified new investigators to establish themselves in the cancer research field by providing them with independent research funding. This is accomplished by providing the necessary resources to initiate an independent research program for three to four years at the NCI followed by an extramural funding mechanism to support their research program for two years at the extramural institution to which they are recruited.

Individuals with a research or health professional doctoral level degree or equivalent, who are recognized by their peers and mentors as exceptional but with no more than five years of postdoctoral research training at the time of application, are eligible. The candidate should possess outstanding abilities in basic, clinical or population-based behavioral, prevention or control) research.

Individuals who have had more than five years of postdoctoral research training at the time of application are not eligible to apply, however clinical training does not count against the five years of research experience. Individuals who have been principal investigators on either Public Health Service research grants or non-PHS peer reviewed research grants are not eligible to apply for this award. Postdoctoral fellows at the NCI who meet the requirements are eligible to apply, but will not be placed in Laboratories/Branches where they have previously trained.

The budget for the intramural support phase will be approximately \$150,000 per year in total costs excluding equipment. The final budget for this phase of the award will be negotiated with the sponsoring NCI intramural division and will depend upon the nature and scope of the research as recommended by the peer review process.

The budget for the two year extramural transition phase may not exceed \$125,000 plus fringe benefits per year in direct costs. At the extramural institution, Scholars will be provided salary support of up to \$75,000 plus applicable fringe benefits commensurate with the applicant institution's salary structure for persons of equivalent qualifications, experience and rank.

Contact Lester Gorelic, Office of the Deputy Director for Extramural Sciences, NCI, Executive Plaza North, Room 520, Bethesda, MD 20892-7390, tel: 301/496-8580, fax: 301/402-4472, email: gorelicl@dcbdcepl.nci.nih.gov.

In Brief:

Fox Chase Nurse Havelin Dies, Served On ONS Press Board

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staff for 25 years, also served as president of Friends of the Hospital of Fox Chase Cancer Center and as a member of the board of directors of the Oncology Nursing Society Press. She is survived by sons Michael and Paul, and by her father Henry Hoster. Memorial donations may be sent to Fox Chase Cancer Center, Tree of Life, Friends of the Hospital of Fox Chase Cancer Center, 7701 Burholme Ave., Philadelphia, PA 19111.