THE CANCER LETTER

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NCI Proposes Inviting Academic Labs To Submit New Therapies For Development

NCI officials have proposed establishing a program that would provide funding and expertise to help academic laboratories move their discoveries into clinical testing.

In a draft proposal, the program, titled Rapid Access to Intervention Development, would invite academic scientists to submit their discoveries to NCI for development leading to phase I and phase II clinical trials. The process would include the preclinical drug development steps including synthesis, formulation, toxicology, and pharmacology, as well as planning for clinical trials and regulatory issues.

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In Brief

Gene Therapy Pioneer Michael Blaese To Leave NIH For Biotechnology Firm

MICHAEL BLAESE was named chief scientific officer and president of the molecular pharmaceuticals division of Kimeragen Inc., of Newtown, PA. Blaese, former chief of clinical gene therapy at the National Human Genome Research Institute, joins Kimeragen after 25 years at NIH. During his career at NIH, Blaese served as clinical director of the National Center for Human Genome Research, deputy chief of the NCI Metabolism Branch, and chief of the cellular immunology section, NCI Metabolism Branch. Blaese will continue to serve as chief of clinical gene therapy until a replacement is found. . . . **WANDA JONES** was named HHS Deputy Assistant Secretary for Women's Health. Jones, Associate Director for Women's Health at Centers for Disease Control and Prevention, replaces **Susan Blumenthal.** Blumenthal was named acting chief of staff at the Office of the Surgeon General last November, after her appointment as presidential advisor was derailed by protests by women's health activists. . . . **STEPHEN CARTER** was named senior vice president, clinical and regulatory affairs at Sugen Inc., of Redwood City, CA. He is the former senior vice president of worldwide research and development for Bristol Myers-Squibb. Carter also served as deputy director of the NCI Division of Cancer Treatment. . . . **PAUL OKUNEIFF** was named Phillip Ruben Professor and chairman of the department of radiation oncology at the University of Rochester Cancer Center. Okunieff is the former chief of radiation oncology at NCI. . . . **ALISON ESTABROOK** was named chief of the division of breast disease services

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NCI Considering Competition For Development Resources

(Continued from page 1)

"NCI wants to turn a substantial proportion of its development resources to the service of academic laboratories that are doing first-rate discovery work, but lack a clear-cut pathway to the clinic," Robert Wittes, NCI deputy director for extramural sciences, said to the National Cancer Advisory Board recently. "We have been thinking about how to do this for a long time."

NCI's expertise in drug development rivals that of many pharmaceutical companies, sources said. The Institute's drug development programs were established in an era in which private industry interest in cancer therapeutics was emerging. In the past 15 years, however, industry has increased spending on cancer drug development. The Pharmaceutical Research and Manufacturers Association projected that its member companies spent about $4.2 billion on cancer drug development in 1997—nearly twice NCI's annual budget.

The role of NCI in drug development as the pharmaceutical and biotechnology industries continue to expand their cancer drug development efforts has been debated inside and outside the Institute.

A 1995 report on the NCI intramural research program recommended that the Institute continue the drug discovery research in the Developmental Therapeutics Program and open the program to other NIH institutes. The report was written by an advisory group known as the Bishop-Calabresi committee, after its co-chairmen, Michael Bishop of University of California, San Francisco, and Paul Calabresi, of Brown University.

"Direct Path To The Clinic" Envisioned

Although cancer researchers have always been able to submit their discoveries to DTP, the *RAID* proposal would make the process more clear through an open competition, Wittes said.

"We see the need for something that has a much higher visibility and is intended squarely for the academic community, and allows *discoveries*—whatever they are—to take a direct path to the clinic," Wittes said to the NCAB.

"We're talking about a development pathway that would enable the link to exist that now is very difficult to navigate between first-rate discovery labs and proof-of-principle clinical trials, a back-and-forth between clinical observations and the lab," Wittes said. "This is a circumstance that industry itself does a variable job with.

"Generally, what industry cares about is a straight shot to the Food and Drug Administration approval, and will do anything they have to do that," Wittes said. "Many of the scientifically intensive companies are interested in validating the underlying science that is going on, but sometimes that gets short shrift in the headlong rush to [drug approval]."

Not every therapeutic discovery would be a likely candidate for the RAID program, Wittes said to the NCAB.

Most likely, investigators would seek NCI assistance in development of drugs that the industry considers too risky, Wittes said.

The Developmental Therapeutic Program's greatest success, by most accounts, was Taxol, a drug candidate which posed a long list of logistical problems. The drug, which was produced from the bark of yew trees, was insoluble, and not patentable.

"Taxol was seen as a set of a whole bunch of problems, until NCI figured out how to formulate and how to give it, and that it was 20 to 25 percent active in ovarian cancer," Wittes said. "It's value went up to industry.

"On multiple, smaller scales, that's the kind of relationship with industry that we are imagining here," Wittes said. "An investigator would be able

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to take a product and license it to a company, because there would be added value."

After NCI solved the initial problems, Taxol was picked by Bristol-Myers Squibb Co. through a Cooperative Research and Development Agreement.

According to the draft RAID proposal, the program "is not intended as competition for private industry, and we do not anticipate that investigators intending to license discoveries to companies will be deterred from doing so by the existence of a successful RAID program. Nor does it seem likely that companies interested in licensing an academic discovery will wish to risk loss of the opportunity by letting the compound go through RAID first.

"It does, however, seem quite likely that RAID will add value to certain discoveries initially regarded by companies as problematic and will make these discoveries more attractive licensing candidates for industry than they would be without the cost-sharing and proof-of-principle clinical information implicit in the RAID program," the proposal said.

Under the proposed program, NCI would issue a call for proposals from academic scientists twice a year. The proposals would be reviewed for merit and given priority scores by a review panel. The highest-scoring proposals would receive funding and access to the NCI development program.

According to a draft proposal, the RAID program would offer investigators assistance in the following:

—"The steps in preclinical development that are necessary to convert a new molecule into a drug candidate suitable for clinical testing and that are generally not otherwise available to academic investigators who lack a corporate partner. These steps include GMP synthesis (of small molecules, recombinant proteins, gene sequences), formulation, range-finding, and IND-directed toxicology and pharmacology.

—"Planning of clinical trials.

—"Regulatory affairs, so that the requirements of the Food and Drug Administration may be satisfied by any investigator who seeks to put a new molecule into the clinic.

—"Filing of the IND and direct study sponsorship by the NCI, where indicated."

The amount of funding for the program has not been set. Wittes estimated it would cost $1 million to bring each potential therapy to early clinical trials.

"The program is scalable," Wittes said to the NCAB at its Dec. 3 meeting. "If it turns out what we are getting is terrific, I think we have our answer about where the money should go."

The RAID proposal has not yet been reviewed by the NCI Executive Committee, which must approve the program in concept before it can be presented to the Institute's Board of Scientific Advisors. The BSA would have to approve the proposal before NCI could write a formal Request for Applications.

Are Discoveries "Languishing?"

It is unclear how many therapies would benefit from NCI assistance.

Wittes said the perception of a logjam in the development process may exist primarily with potential therapies for which the market is small.

"How pervasive this problem is, we really don't know," he said to the NCAB. "Whether we will get huge numbers of applications of high-priority things is something we will only see when we do this experiment."

NCAB member Philip Schein, chairman and CEO of U.S. Bioscience Inc., said he hoped NCI would "make a substantial investment" in the proposed RAID program. "There are many important discoveries that may languish for decades and many are lost forever," Schein said. "The pharmaceutical industry and biotech companies have a logjam of projects and priorities. This is really innovative."

Bruce Chabner, chief of medical hematology and oncology at Massachusetts General Hospital and clinical director of the MGH Cancer Center, said finding company sponsorship is not a problem for most scientifically sound, potential new therapies. "Companies are dying to find new things," Chabner said to **The Cancer Letter**. "I think there is more money out there than good ideas."

Chabner, who served as director of the NCI Division of Cancer Treatment until 1995, said he had not seen the RAID proposal and could not comment on it.

"If there is an avenue for making the NCI clinical trials program part of the deal, then it will be very valuable," Chabner said. "What makes the difference in developing a therapy through NCI is the clinical trials program. I was always convinced that if companies worked with NCI, they got there faster."

Judah Folkman, professor at Harvard Medical School, who presented his recent work on angiogenesis to the NCAB, said RAID could reduce

the financial risks of drug development.

"I think this experiment will help a lot, because there are many reasons why it is very hard to do translation," Folkman said. "You have to bet the company, or the company's money, on science that may look good, and then there may be many obstacles you can't predict. If NCI can do some things involving proof-of-principle, it eases fears of the manager who has to make a decision whether to go ahead."

David Parkinson, vice president for clinical research and head of the Oncology Therapeutic Area for Novartis Pharmaceuticals Corp., said he hoped that industry would have a role in the RAID program.

"With all of the advances in the understanding of the biological nature of malignancies, there are going to be major challenges in taking therapies into the hypothesis testing stage in humans, so any sort of innovative approaches that speed this process would be extremely welcome," Parkinson said to **The Cancer Letter**.

"It might be interesting for NCI to explore how this translational process might be conducted in partnership with industry," said Parkinson, who was chief of the NCI Cancer Therapy Evaluation Program before joining Novartis. "Although you are talking about situations that may involve certain niches that industry doesn't want to take on yet, this could be a way to explore how industry can partner with investigators and government to speed new therapies to cancer patients."

CTEP: Diminishing Drug Availability

Another problem NCI faces is the diminishing availability of potential therapies for the Cancer Therapy Evaluation Program to take through clinical development, several observers said.

In recent years, as the industry's interest in cancer drug development grew, CTEP has had difficulties convincing companies to allow NCI to hold the INDs for drug candidates, sources said. NCI generally prefers to hold the INDs, because it assures that clinical investigators will have access to the drugs.

In some instances, companies that have held INDs have decided to take drug candidates out of the development process, sometimes abruptly cutting off the drug supply, sources said. The decision often comes a great cost to the therapy's momentum for reaching the market, sources said.

"We expect people would come to this program with varying degrees of knowledge about the regulatory issues," Wittes said to the NCAB. "Some would end up with the original lab filing the IND, and some with NCI filing the IND, with consent of the original laboratory.

"We are prepared to make this a very flexible program, tailored to the individual needs of the laboratories or clinical groups that are submitting these application," Wittes said.

Cancer Research Funding

30 Groups Sign On To Letter Urging Double NCI Funding

As President Clinton prepares to submit his budget proposal for the next fiscal year, more than 30 cancer organizations are requesting that the President commit to doubling federal funding for NIH and NCI by the end of his presidency.

Thirty-two organizations involved in cancer research have attached their names to a letter written by Donald Coffey, president of the American Association for Cancer Research, calling for the president to "support a full-scale war against cancer," (**The Cancer Letter**, Dec. 19).

The letter calls on Clinton to announce a doubling of the NIH budget when he delivers the State of the Union Address on Jan. 27.

"This could be your greatest legacy to the American people and indeed to the world," the letter said. "With our knowledge of cancer increasing rapidly, there have never been more compelling reasons to take this courageous action, and we desperately need your Presidential leadership in this national effort."

The letter outlines initiatives in research funding, cancer prevention, clinical trials, and outreach programs that would benefit from a doubling of the budget.

"Fighting a full-scale war to conquer cancer requires that the Nation unite," the letter said. "Winning will require that we dedicate, for the first time, the financial and human resources needed to conquer the disease that robs us of more citizens each year than all of the wars that we have ever fought."

The organizations that have signed on to the letter include: Albert and Mary Lasker Foundation; Alliance for Lung Cancer Advocacy, Support and Education; American Association for Cancer Education; American Brain Tumor Association; American Cancer Society; American Institute for

Cancer Research; American Society for Cytotechnology; American Society for Preventive Oncology; American Society of Clinical Oncology; American Society of Pediatric Hematology/ Oncology; Association of American Cancer Institutes; Brain Tumor Society; Breast Cancer Resource Committee; Cancer Care Inc.; Cancer Research Foundation of America; Cancer Research Institute; Candlelighters Childhood Cancer Foundation; Hereditary Cancer Institute; Mathews Foundation for Prostate Cancer Research; National Alliance of Breast Cancer Organizations; National Childhood Cancer Foundation; National Coalition for Cancer Research; National Kidney Cancer Association; National Lymphedema Network; *Oncology Nursing Society*; Radiation Research Society; Research! America; Society of Gynecologic Oncologists; and the V Foundation for Cancer Research.

Tobacco Regulation:

ACS Asks FTC To Give FDA Full Authority Over Tobacco

The American Cancer Society has requested that the Federal Trade Commission put aside a proposal to regulate tobacco products, and give full authority over tobacco to FDA.

In a letter to FTC, ACS president David Rosenthal said a proposal to revise FTC methods for determining tar, nicotine, and carbon monoxide levels in cigarettes should be discarded. Past FTC methods for determining tobacco content were flawed and misleading, and led consumers to believe that "low-tar" was less dangerous, Rosenthal said.

"The present testing methodology is fraught with problems and raises serious concerns about its reliability," the letter said. "We believe that the supervision of tobacco product testing is clearly within FDA jurisdiction and expertise and we know that this opinion is shared by many in the public health community."

ACS said FTC does not have the necessary expertise to address the issues surrounding regulation of "light" cigarettes, and that current FTC testing methods do not allow for differences in the way a light cigarette is smoked.

"The FTC should remain in the business of consumer protection, not product analysis, and sanction the tobacco industry if it makes deceptive or misleading claims in the advertising of its products," the letter said. "The Society supports giving FDA full authority over tobacco products."

In a related development, ACS will post nicotine levels of the most popular brands of cigarettes on the ACS website. Nicotine yield levels of the top 85 cigarette brands will be available at www.cancer.org.

Yield levels will be made available by the Massachusetts Department of Public Health, through the Tolman Tobacco Disclosure Law that requires tobacco companies to report ingredients and nicotine levels to the State.

Funding Opportunities:

ACS Research Fellowships

The American Cancer Society is accepting proposals for ACS Research Fellowships.

The fellowships are designed to provide unique research opportunities for outstanding, mid-career scientists making important contributions in cancer research and are considered exceptional leaders in their areas of research.

Candidates must be US citizens or permanent residents with at least ten years of experience beyond receipt of the terminal doctor or MD degree. Candidates must be full professors or of equivalent rank for less than 15 years. Employees of for-profit organizations, federal agencies, or agencies supported entirely by the federal government are not eligible.

ACS will award up to two Research Professorships, providing up to $600,000 annually for five years.

Application deadline is March 1. Contact ACS scientific program directors Betty Tarnowski, tel: 404/329-5752, email: btarnows@cancer.org, or Donella Wilson, tel: 404/329-7717, email: dwilson@cancer.org.

Program Announcements

PAR-98-018

Title: **NCRR Shared Instrumentation Grant**

Deadline: March 20

The National Center for Research Resources is continuing its competitive Shared Instrumentation Grant Program. The SIG Program provides a cost effective mechanism for groups of NIH-supported investigators to obtain commercially-available, technologically sophisticated equipment costing more than $100,000.

Applications are limited to instruments that cost at

least $100,000 per instrument or integrated instrument system. The maximum award is $400,000. Grants will be awarded for a period of one year and are not renewable. Supplemental applications will not be accepted.

Applications proposing the direct purchase of an instrument that the institution has secured or is planning to secure via a leasing agreement are urged to consult with their institutional sponsored projects office regarding applicable PHS policy prior to executing the leasing agreement.

If the leasing agreement was executed more than one year prior to submission of the SIG application, the applicant must provide strong justification for the requested Federal funds. Further, the instrument must be considered state-of-the-art at the time of submission of the SIG application.

Types of instrumentation supported include, but are not limited to, nuclear magnetic resonance systems, electron and confocal microscopes, mass spectrometers, protein and DNA sequencers, biosensors, x-ray diffractometers and cell sorters.

Support will not be provided for general purpose equipment or purely instructional equipment, personal computers, personal work stations, printers, and Ethernet interfaces. Proposals for "stand alone" computer systems will only be considered if the instrument is solely dedicated to the research needs of a broad community of NIH-supported investigators.

Since the intent of the program is to promote sharing, a major user group of three or more investigators must be identified. A minimum of three major users must be Principal Investigators on NIH peer reviewed research grants at the time of the application and award.

The application must show a clear need for the instrumentation by projects supported by multiple NIH research awards and demonstrate that these projects will require at least 75 percent of the total usage of the instrument. Major users can be individual researchers, or a group of investigators within the same department or from several departments at the applicant institution. NIH extramural awardees from other nearby institutions may also be included.

Contact Marjorie Tingle, Shared Instrumentation Grant Program, NCRR, 6705 Rockledge Drive, Room 6154, MSC 7965, Bethesda, MD 20892-7965, tel: 301/435-0772, fax: 301/480-3659, email: SIG@ep.ncrr.nih.gov.

PA-98-019

Title: **Management of Symptoms at the End of Life**

The National Institute of Nursing Research, National Cancer Institute, National Institute of Allergy and Infectious Diseases, National Institute of Mental Health, and Office of Alternative Medicine seek research grant applications concerning the clinical management of symptoms and syndromes that are associated with life-limiting illness, such as pain, dyspnea, delirium, cachexia, nausea, fatigue, and depression.

The purpose of this initiative is to stimulate research that will lead to improved quality of life for those at the end of life and decreased distress for their caregivers.

Specific areas of interest include:

--studies comparing the incidence and combinations of symptoms that are experienced at the end of life in specific populations, such as persons with cancer, AIDS, end-stage heart disease, etc.

--research on the mechanisms and interactions of these symptoms, including biochemical, neurological, endocrine, and immune approaches.

--studies of the efficacy of combination therapies to address clusters of symptoms with multiple determinants

--small scale studies to develop and test instruments that are sensitive to the distress associated with symptoms at the end of life and useful for monitoring the effectiveness of interventions, especially for culturally diverse populations and disadvantaged groups, such as the cognitively impaired

--research on the impact of depression and anxiety and of their treatment on patient status and management at the end of life

--research on the ethical issues associated with research at the end of life, including the needs and expectations of dying persons and their families

Projects may be descriptive or experimental. Because of the complex interaction of clinical symptoms and the associated subjective responses, a multidisciplinary research approach is recommended.

Inquiries: June R. Lunney, Division of Extramural Activities, National Institute of Nursing Research, Building 45, Room 3AN-12, Bethesda, MD 20892-6300, tel: 301/594-6908, fax: 301/480-8260, email: Lunneyj@ninr.nih.gov.

Claudette G. Varricchio, Division of Cancer Prevention and Control, NCI, Executive Plaza North, Room 300, Bethesda, MD 20892-7340, tel: 301/ 496-8541, fax: 301/496 8667, email: varriccc@dcpcepn.nci.nih.gov

Fred Batzold, Division of AIDS, NIAID, 6003 Executive Blvd Rm 2B27, Bethesda, MD 20892-7640, tel: 301/402-0143, fax: 301/402-3171, email: fb10c@nih.gov

Benedetto Vitiello, Office on AIDS, NIMH, Parklawn Bldg Rm 18/103, Bethesda, MD 20892-8030, tel: 301/443-7281, fax: 301/443-9719, email: Bvitiell@nih.gov

Richard L. Nahin, Office of Alternative Medicine, NIH, Bldg 31 Rm 5B-36, Bethesda, MD 20892-2182, tel: 301/496-4792, fax: 301/480-3519, email: Richard_Nahin@nih.gov.

RFAs Available

RFA DE-98-008
Title: **Genetic Mechanisms in Oral Cancer**
Letter of Intent Deadline: March 1
Application Deadline: June 10

The National Institute of Dental Research invites investigator-initiated research grant applications for investigation of genetic mechanisms involved in the initiation and progression of oral cancer, the invasion by and metastasis of oral cancer cells, the recurrence of oral cancer, the occurrence of second primary lesions and the development of gene therapy for these malignancies. Applications are also encouraged for the development and application of genetic markers for diagnosis and prognosis.

It is anticipated that the NIDR will allocate approximately $3 million in total (direct plus indirect) costs to support projects from this RFA provided that a sufficient number of applications of high scientific merit are received. Requested increases in direct costs for subsequent years may not exceed three percent.

Inquiries: Martin Rubinstein, Division of Extramural Research, NIDR, 45 Center Drive, Room 4AN-44A, MSC 6402, Bethesda, MD 20892-6402, tel: 301/594-4800, email: Martin.Rubinstein@nih.gov

RFA HG-98-002
Title: **Research Network for Large-Scale Sequencing of the Human Genome**
Letter of Intent Deadline: July 1
Application Deadline: Oct. 9

The purpose of this RFA is to seek applications to participate in a Research Network, the goal of which is to make a major contribution to the completion of the first human genome sequence by 2005. This Research Network will be comprised of sequence production centers, specialized sequencing projects and a quality control center.

The Research Network will be composed of three separate, but complementary, activities: sequence production centers, specialized sequencing projects, and a quality control center.

The project period that may be requested for each type of project is as follows: 1) up to five years for sequence production centers, 2) up to three years for specialized sequencing projects and 3) up to three years for the quality control center. Similarly, the sizes of the different types of awards will vary.

The estimated funds available for the first year of support for awards under this RFA will be $60 million per year (total costs) for three to five sequence production projects and at least $10 million per year (total costs) for up to four specialized sequencing projects and one quality control center.

Contact Jane Peterson or Adam Felsenfeld, Division of Extramural Research, NHGRI, Building 38A, Room 614, MSC 6050, Bethesda, MD 20892-6050, tel: 301/496-7531, fax: 301/480-2770, email: Jane_Peterson@nih.gov, email: Adam_Felsenfeld@nih.gov.

NIH Releases Schedule On Phase-Out Of R29 Awards

NIH released the following statement recently on the phasing out of the R29 FIRST awards:

In order to allow new investigators maximum freedom in identifying the level and period of support needed for the work they are planning and thus enhance their opportunities to establish careers in research, NIH has announced a new policy. Under this policy, new investigators are encouraged to submit traditional research project grant (R01) applications, which will be clearly identified as being from new investigators. At the same time, First Independent Research and Transition award applications will no longer be accepted (effective June 1998.)

For the January-May 1998 receipt dates for grant applications, new and amended R29 applications will be accepted but, in view of the new policy to be implemented in June 1998, new investigators may want to submit these applications as R01s. They can make their most informed choice by talking with program staff in the relevant Institute or Center. We anticipate most of the questions would center around what to do if a new investigator wishes to resubmit an R29 application that has been reviewed but not funded.

An investigator whose R29 application will not be funded has three choices for the January-May 1998 receipt dates:

—Submit an amended R29, with an Introduction (as indicated in the PHS 398 application form instructions, p.15, C 9, Research Plan) and include letters of recommendation.

—Submit an amended application but change this application from an R29 to an R01; this application also should have an Introduction addressing changes to the application in response to the critiques of the previous review; it should not include letters of recommendation. Whether the amended application is an R29 or an R01, it would receive the same grant application identification number as the original application, with an "A1" or "A2" added to that number. In the review process, the summary statement of the previous review would be included in the review materials considered by

the scientific peer review group (according to standard NIH peer review procedures.)

—Make substantial changes in the application and submit it as a new R01; such an application should NOT contain an Introduction and should have a new title (different from the R29 title.) New applications, even when derived from ideas presented in a previous application, are not accompanied by information about any previous reviews of applications by that investigator.

Starting with the June 1998 grant application receipt date, no R29 applications will be accepted, whether new or amended. An investigator who wishes to amend an R29 application has two choices:

—Submit an amended application as an R01; it will have the same grant application identification number as the R29, with an "A1" or "A2" added to that number. This application should contain an Introduction but should not be accompanied by letters of recommendation. The summary statement of the previous review will be provided to the scientific peer review group along with the amended application.

—Submit a new R01 application using ideas derived from the previous R29. In this case, as with all new R01 applications, there should be no Introduction and the title should be one that has not been used before.

Questions about the policy should be directed to program staff in NIH institutes, centers or divisions.

NIH Updates Appeals Process For Grant Application Review

NIH has updated its rebuttals and appeals process and streamlined it into the new NIH appeals process.

The appeals process is designed to accommodate the concerns of investigators who feel the review process for grant application funding was biased or in error, and who wish to contest a review committee's findings. Communications from investigators consisting of additional information that was not available to the reviewers are not considered to be appeals.

Investigators who want to appeal a review should first contact the Program Administrator assigned to their application. If, after discussion with the PA, the investigator still has concerns, a formal letter of appeal should be submitted to the PA specifying the perceived flaws in the review.

Under the appeals process, the PA will consult with the SRA who administered review of the application to discuss a possible re-review.

If the investigator, PA, and SRA cannot agree on a course of action, the appeal case will be reviewed by the Institute's Appeal Officer, a senior official not directly involved in peer review. The Institute will make the appeal letter available to the Council together with staff recommendation and any written comments from the SRA or review group.

The Council can recommend that the review stand, or recommend that the application be re-reviewed. Written documentation of the outcome of the Council's deliberations will be sent to the investigator, and the appeal letter and associated correspondence will be retained in the official file for the application.

Details of appeal procedures may vary for each Institute. Additional information about an Institute's appeal procedures may be obtained from Program Administrators and will soon be available on the Institutes' home pages.

In Brief:

Gerson Named To Oncology Professorship At Case Western

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of the department of surgery, and director of the Comprehensive Breast Center at St. Luke's-Roosevelt Hospital Center. Estabrook, former chief of the Columbia-Presbyterian Hospital Breast Service, will also serve as associate director of the Beth Israel Cancer Center. . . . **MARK SULTAN** was named chief of the division of plastic and reconstructive surgery at Beth Israel Medical Center, and a member of the attending staff in the department of surgery at St. Luke's-Roosevelt Hospital Center. Sultan is a former attending surgeon at Columbia-Presbyterian Hospital, and associate professor of clinical surgery at the Columbia University College of Physicians and Surgeons. . . . **STANTON GERSON** was named as the Asa and Patricia Shiverick—Jane B. Shiverick Professor of Hematological Oncology at Case Western Reserve University. Gerson is chief of the University Hospitals of Cleveland division of hematology and oncology, and associate director for clinical research at the Case Western Reserve University Ireland Cancer Center.