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# Clinton Proposes $1.15 Billion Increase For NIH; Support For Cancer Research

President Clinton's budget proposal for fiscal 1999 will include a $1.15 billion, or 8.5 percent, increase for NIH over the current budget of $13.6 billion, the White House said.

*In his State of the Union* address, the President said increased funding for medical research would be a major component of his budget proposal, scheduled to be released Feb. 2.

"Tonight, as part of our gift to the millennium, I propose a 21st Century Research Fund for path-breaking scientific inquiry—the largest

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*In Brief*

## Breast Cancer Cells To Be Studied In Space; Grieshaber To Head Drug Discovery Program

**NASA** included lines of human endothelial and breast cancer cells in the cargo of the Space Shuttle Endeavor, launched into space Jan. 22. The cell lines will be studied on the Russian Mir space station for interactions in zero gravity. The experiment is a collaboration between NASA's Johnson Space Center and the Wistar Institute. The cell lines were developed in the Wistar laboratory of Elliot Levine, under a NASA grant titled "Multidisciplinary Studies of Cells, Tissues, and Mammalian Development in Simulated Microgravity." . . . **CHARLES GRIESHABER** was named director of the Barbara Ann Karmanos Cancer Institute's Drug Discovery and Development Program. Grieshaber is the former director of the FDA Division of Applied Pharmacology, and interim director of the office of testing and research. . . . **BARBARA RIMER** will receive the Herbert J. Block Memorial Lectureship Award at the Arthur G. James Cancer Hospital and Research Institute Comprehensive Cancer Center. Rimer, director of the NCI Division of Cancer Control and Population Science, will deliver a speech, "Facilitating Informed Decisions About Genetic Testing For Cancer Susceptibility" on Feb. 26. . . . **SUSAN BLUMENTHAL** was named associate vice president for health affairs and visiting professor at **George Washington University**, university officials said. Blumenthal, former director of the PHS Office On Women's Health, will remain in PHS, officials said. . . . **ARTHUR PORTER** and **GWEN MAC KENZIE** were named senior vice presidents of the Detroit Medical Center. Porter,

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# Clinton: Funds Needed So "Our Generation Finally Wins War Against Cancer"

(Continued from page 1)

funding increase in history for the National Institutes of Health, the National Science Foundation, the National Cancer Institute," Clinton said in the Jan. 27 address before both houses of Congress. "I ask you to support this initiative, so ours will be the generation that finally wins the war against cancer, and begins a revolution in our fight against all deadly diseases."

Clinton did not specify a dollar amount for the funding increase, but a White House background paper obtained by **The Cancer Letter** following the speech listed the $1.15 billion increase for NIH.

**Larger Increases For NCI?**

The proposed research fund would provide an increase of more than 50 percent for NIH over the next five years. "Under the President's proposal, the NIH will devote over $20 billion to biomedical research in 2003," the document said.

It could not be determined how the proposed research fund would be financed. Vice President Albert Gore and HHS Secretary Donna Shalala were scheduled to provide further information on the fund at a briefing Jan. 28.

Sources said that at the briefing, Gore would announce that the President's budget includes a 10 percent increase in funding for cancer research, about 9 percent of which will be provided to NCI.

The Administration also will propose that funding for cancer research increase 65 percent over the next five years, beginning with fiscal 1999, for annual increases of 11 percent, sources said. The bulk of the funds would go to NCI to fund the "extraordinary opportunities" for cancer research in the Bypass Budget.

**Coverage For Clinical Trials**

In another apparent victory for advocates and researchers, the Administration bill is expected to propose that for the next three years the Health Care Finance Administration cover patient care costs for Medicare beneficiaries enrolled in NIH-sponsored cancer clinical trials.

The demonstration project would be reviewed after two and one-half years by Shalala in consultation with the National Cancer Policy Board. The project could be expanded to include other cancer clinical trials, as well as clinical trials in other diseases.

The demonstration project would cost an estimated $750 million over three years, sources said. The funds would come from the proposed legal settlement between 40 state Attorneys General and five tobacco companies.

[Further coverage of the President's budget proposal will be provided in next week's issue of **The Cancer Letter**.]

In a gesture that appeared to be intended to emphasize the President's support for medical research, NIH Director Harold Varmus was one of 12 guests invited to sit in the VIP box with First Lady Hillary Clinton during the State of the Union address.

The guests, including leaders of the President's initiative on race understanding, an AmeriCorps volunteer, and a former Welfare recipient, were chosen to represent each of the initiatives outlined in the President's speech.

Varmus sat between the First Lady and Tipper Gore.

**Bill Of Rights for Medical Consumers**

In the speech, the President also outlined his support for a "Consumer Bill of Rights" that would allow patients enrolled in managed care to choose

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their own physicians.

"Medical decisions ought to be made by medical doctors, not insurance company accountants," Clinton said.

"I urge this Congress to reach across the aisle and write into law a Consumer Bill of Rights that says this: You have the right to know all your medical options, not just the cheapest. You have the right to choose the doctor you want for the care you need. You have the right to emergency room care, wherever and whenever you need it. You have the right to keep your medical records confidential."

The President also described his proposal for legislation that would prohibit discrimination based on genetic information.

"We must continue to see that science serves humanity, not the other way around," Clinton said. "We must prevent the misuse of genetic tests to discriminate against any American."

Clinton has previously supported legislation prohibiting insurers from using genetic information to change or deny coverage. Vice President Gore last week proposed legislation that would prohibit workplace discrimination.

**Tobacco Price Proposal**

The President proposed raising the price of cigarettes by $1.50 per pack over the next 10 years. Clinton's proposal would affirm the authority of FDA to regulate tobacco products and impose penalties on tobacco companies that do not meet goals in reducing teen smoking.

The proposal also would provide some financial relief to tobacco farmers for loss of income related to reduced smoking.

"Let's pass bipartisan, comprehensive legislation that will improve public health, protect our tobacco farmers, and change the way tobacco companies do business forever," Clinton said. "Let's do what it takes to bring teen smoking down."

Sen. Edward Kennedy (D-MA) has sponsored a bill that would raise cigarette prices by $1.50 over the next three years.

The bill would divide the proceeds between medical research, child development, anti-tobacco initiatives, and reimbursement for state Medicaid costs.

Reps. Rosa DeLauro (D-CT) and Frank Pallone (D-NJ) have sponsored a companion bill in the House.

*Research Funding Advocacy:*

## Bypass Becomes Floor, Not Ceiling, For Requests

In coming weeks, during appropriations hearings, several witnesses are expected to ask Congress to provide at least $3.191 billion to NCI.

That request for more than a 25 percent increase may be ambitious, but not frivolous, advocates and scientists say.

The figure comes directly from the NCI Bypass Budget, a document that reflects the NCI Director's professional judgment of opportunities for cancer research. Though the document is an acknowledged symbol of the special status of the National Cancer Program, in recent years it has not been treated as a serious appropriations request.

In the past, advocacy groups and professional societies asked for the Bypass Budget, with an all-important caveat that a much smaller increase would constitute a satisfactory first step toward funding the entire Bypass Budget.

In fiscal 1999, the fine line that that separated the symbolic from the practical appears to have faded, as several advocacy groups indicated that they would actually seek funding of the Bypass Budget or, possibly, an even greater amount.

"Either the Bypass Budget is a joke, or this is the most opportune time to advocate for its full funding, based on the excellent document written by NCI," Donald Coffey, president of the American Association for Cancer Research, said to **The Cancer Letter**.

**Bypass Now A "Serious Document"**

The American Society of Clinical Oncology, too, will ask for the Bypass Budget, said John Durant, the society's executive director.

The document, which was made accessible, well argued and mercifully brief by NCI Director Richard Klausner, constitutes a tenable political platform, Durant and other supporters of the document said. "Now that Rick Klausner has made the Bypass Budget a serious document, it's a serious mistake to dismiss it," Durant said to **The Cancer Letter**.

By demanding the Bypass Budget funding, cancer advocates are likely to cause a major realignment among lobbying groups on Capitol Hill. This shifting among lobbying groups has already begun, as AACR declined to sign on to the

recommendations of the Ad Hoc Group for Medical Research Funding, a loose alliance of as many as 200 organizations

The Ad Hoc Group calls for a 15 percent increase for NIH over each of the upcoming five years. Also, the group's document contains something of a manifesto for proportional increases for all aspects of biomedical research: "The Ad Hoc Group urges the Administration and the Congress to consider the breadth of this nation's research efforts as interdependent and to fund them accordingly."

The Ad Hoc Group has been making its recommendations on biomedical research funding since 1982.

Coffey and Durant will not be alone in reading the Bypass Budget literally.

"NCI has a special statutory authority to take its case to the public as well as directly to the President," said Ellen Stovall, executive director of the National Coalition for Cancer Survivorship and president of the March: Coming Together To Conquer Cancer, an event scheduled for Sept. 26.

"For the first time, scientists and advocates are working together to provide meaningful input and political follow up to the Bypass Budget," Stovall said.

Another leader of the upcoming march, Ellen Sigal, is undertaking an independent review of the Bypass Budget.

With the help of AACR leadership, Sigal has been conducting an examination of opportunities in cancer research, an effort that may produce a document that would call for appropriations in excess of the Bypass Budget.

"We are not finished yet, but I would imagine that if we funded several cancer control and prevention initiatives as well as 40 percent of R01 grants in cancer, the numbers are going to be higher than the Bypass Budget," Sigal said to **The Cancer Letter**.

The march will address the issue of cancer funding alone, the organizers of the event say.

Only a few advocacy groups and professional associations involved in cancer politics have become aware of a potential schism between supporters of the Bypass Budget and advocates for NIH overall.

David Moore, executive director of the Ad Hoc Group, said he knows nothing about the competing agendas. "I have no reaction," he said. "No one from that community has talked to us."

In the past, some organizations signed on to the Ad Hoc Group agenda, and then proceeded to seek greater appropriations than the group recommended, said Moore, associate vice president of the Association of American Medical Colleges. Similarly, some associations skipped endorsing the group's agenda on some years, but returned the following year.

"That's why it's called the Ad Hoc Group," Moore said to **The Cancer Letter**.

ASCO has not made the final decision on signing the Ad Hoc Group document, though sources said the society is almost certain to sign on to the document. "We are going to ask for the Bypass Budget, and if NIH gets 15 percent, that would be wonderful," Durant said.

Terry Lierman, president of Capitol Associates, a lobbying firm that represents cancer groups, said there is no conflict between advocating for a 15 percent increase for NIH and advocating for the Bypass Budget.

"I think there is no inconsistency, because either way you cut it, people want dramatic increases for medical and cancer research, and both options would afford that opportunity," Lierman said to **The Cancer Letter**.

Lierman and his firm are involved in advocating for both NCI and NIH. Capitol Associates is the Washington representative for AACR and the National Coalition for Cancer Research. In addition, the company is a permanent member of the Ad Hoc Group, and is a principal in NIH$^2$, an effort to generate grassroots support for doubling NIH budget over five years.

"I think for too long people have been too passive about making demands for what has turned out to be a skirmish on cancer," Lierman said. "AACR is serious now about generating a war.

"There is no question that when you look at the needs of the National Cancer Program, if you want to be serious about the goals of that program, you've got to be able to support funding at the bypass level," Lierman said.

It is unclear how well the Bypass Budget message will play on Capitol Hill.

The Bypass Budget notwithstanding, NCI Director Klausner would be expected to present the Administration's budget proposal on Capitol Hill. This would mean that the pressure for the Bypass Budget would have to come exclusively from outside the Institute.

The Bypass Budget was funded *in full only*

once, in fiscal 1984, when Congress appropriated $1.075 billion for NCI, which amounted to a 12.4 percent increase (**The Cancer Letter**, Oct. 21, 1983). Meeting the Bypass was not a insurmountable challenge that year, since NCI deliberately limited the Bypass request to a level the Institute considered realistic.

The National Cancer Act of 1971 requires the NCI director to "prepare and submit directly to the President for review and transmittal to Congress, an annual budget estimate for the National Cancer Program after reasonable opportunity for comment (but without change) by the [HHS] Secretary, director of the National Institutes of Health, and the National Cancer Advisory Board."

## Medicare Coverage For Clinical Trials Tops NBCC Agenda

The highest priority of the National Breast Cancer Coalition in the coming year is to see legislation passed that will provide Medicare coverage for the routine costs of participating in clinical trials, NBCC president Fran Visco said at a recent Congressional luncheon.

Visco said legislation similar to last year's Medicare Cancer Clinical Trial Coverage Act (S. 381) sponsored by Sen. John Rockefeller (D-WV) and Sen. Connie Mack (R-FL), is essential for the progression of cancer research.

The Rockefeller-Mack bill would require Medicare to cover physician services and hospital charges for patients enrolled in cancer clinical trials. Coverage would be provided for trials with protocols approved by NIH, FDA, the Department of Defense, or the Department of Veterans Affairs

The Act was endorsed by more than 20 cancer advocacy and research organizations when it was introduced last year.

Other top priorities on the NBCC 1998 agenda include legislation to provide Medicare coverage for oral chemotherapy treatments and Medicaid coverage for women diagnosed with breast cancer through the Centers for Disease Control and Prevention Breast and Cervical Cancer Screening Program.

A provision to extend Medicaid coverage to treat uninsured women who were screened and diagnosed through the CDC program was included in last year's Budget Reconciliation bill. The provision was dropped from the bill during final negotiations between the House and Senate.

NBCC will also endorse legislation prohibiting health insurance and workplace discrimination based on genetic information.

The Genetic Information Nondiscrimination in Health Insurance Act (HR 306/S 89) prevents insurers from denying or changing health insurance based on genetic information. The bill also prohibits third-party payers from requiring genetic testing.

The Genetic Employment Protection Act (HR 2275) and the Genetic Justice Act (S 1045) prohibit genetic discrimination by employers.

The coalition's 1998 agenda is almost identical to last year's agenda because none of the NBCC-endorsed bills were enacted into law last year, Visco said.

"We were successful in getting appropriations for breast cancer research last year—not at the level we had requested, but we were successful in getting increased appropriations," Visco said at the Jan. 21 luncheon. "There were many Members [of Congress] who began wearing pink ribbons who hadn't in the past, there were many resolutions to support the breast cancer awareness fund, and there were many efforts to increase awareness here on [Capitol Hill]."

"But not one other piece of meaningful breast cancer legislation was enacted last year," Visco said.

The NBCC agenda for the next fiscal year also includes appropriations requests close to those made last year.

NBCC will request $175 million be appropriated in fiscal 1999 to the Department of Defense peer-reviewed breast cancer research program. The amount is the same as that requested for fiscal 1998.

Congress appropriated $135 million for the program in the fiscal 1998 budget—a compromise between the Senate proposal for $175 million and the House proposal for $100 million. The program received $100 million in fiscal 1997.

The coalition has not finalized an appropriations request for breast cancer research at NCI in fiscal 1999. The amount will be slightly more than the $590 million requested last year, NBCC field director Sharon Ford-Watkins said to **The Cancer Letter**.

The coalition estimated that NCI spent about $430 million on breast cancer research in fiscal 1997. The coalition said the Institute should spend $460 million this year on breast cancer research, since Congress provided a 6.97% increase in the NCI appropriation.

Congress passed only two pieces of legislation

last year that were endorsed by NBCC: the Breast Cancer Early Detection Act (HR 418), providing Medicare coverage for annual mammography screening; and the One Stop Shopping Information Service Act (S 87), establishing a central data base of available clinical trials and investigational therapies, included in the FDA reform bill.

## Law Should Protect Improper Use Of Genetic Info, Gore Says

Vice President Albert Gore last week released a report outlining future legislation needed to prohibit employment discrimination based on genetic information.

Gore, speaking at the Genome Action Coalition's Third Annual James Watson Lecture Jan. 20, announced the Administration's support of the suggested legislation.

The report, prepared by the Department of Health and Human Services, the Department of Labor, and the Equal Employment Opportunity Commission, recommends legislation that prohibits employers from:

—Requiring or requesting employees to take a genetic test or provide genetic information as a condition of employment or benefits,

—Using genetic information to discriminate against, segregate, or classify employees,

—Obtaining or disclosing genetic information under most circumstances.

"Federal legislation is needed to ensure that knowledge gained from genetic research is fully utilized to improve the health of Americans and not to discriminate against workers," the report said. "Workers should not be forced to avoid tests that can help prevent disease because of fear of discrimination. At the same time, we must preserve the ability of scientists to continue the research, including studies of occupational health and safety, that is so vital to expanding our knowledge of genetics and health."

The report recommends legislation that will permit employer use of genetic information in cases where the effects of certain substances found in the workplace are being monitored to assess genetic damage. In those cases, informed consent of employees should be required, and confidentiality of all genetic information should be assured, the report said.

President Clinton last year announced the Administration's support of legislation to prohibit genetic discrimination by health insurance providers (**The Cancer Letter**, July 18, 1997). The President backed The Genetic Information Nondiscrimination in Health Insurance Act of 1997 (HR 306) introduced by Rep. Louise Slaughter (D-NY), but was criticized by other members of Congress for supporting a bill that did not include employment discrimination.

Gore said the Administration would like to work with the sponsors of genetic discrimination bills to ensure legislation that includes the report's recommendations.

The report is available on the Department of Labor website at http://www.dol.gov.

*Regulatory Agencies:*

## FDA Raises Inspection Fees For Mammography Facilities

FDA has increased the cost of the annual mammography facility inspections required under the Mammography Quality Standards Act of 1992.

Beginning Feb. 13, facilities will pay a higher rate for annual and follow-up inspections to cover the rising cost of MQSA inspections, FDA said. Since the program began in 1995, the cost of annual inspections has risen by $4 million, the agency said.

The new fees will range from $1,549 for one unit to $2,773 for seven units. Follow-up inspections will cost a flat rate of $878.

The fee system is designed to recover the costs of personnel, equipment and calibration of instruments, design and maintenance of data systems, training and certification of inspectors, cost of billing, tracking and coordination of inspections, and overhead and support.

All certified non-government mammography facilities are required to pay for annual inspections.

FDA is inviting comments on fee exemption, assessment, and collection. Deadline for submitting comments is March 13. Written comments can be sent to the Dockets Management Branch, FDA, 12420 Parklawn Dr., Room 1-123, Rockville, MD 20857.

For more information contact John McCrohan, Center for Devices and Radiological Health, FDA, 1350 Piccard Dr., Rockville, MD 20850, tel: 301/594-3332, fax: 301/594-3306.

## Clarification: Full Text Of ACS Prostate Screening Guideline

In an article in the Dec. 19 issue of **The Cancer Letter**, a portion of the American Cancer Society guideline for prostate cancer screening was omitted.

The complete text of the ACS guideline follows:

"Both prostate specific antigen and digital rectal examination should be offered annually, beginning at age 50 years, to men who have at least a 10-year life expectancy, and to younger men who are at high risk. Information should be provided to patients regarding potential risks and benefits of intervention.

"Men who choose to undergo screening should begin at age 50 years. However, men in high risk groups, such as those with a strong familial predisposition (e.g., two or more affected first degree relatives) or African Americans may begin at a younger age (e.g., 45 years). More data on the precise age to start prostate cancer screening are needed for men at high risk.

"Screening for prostate cancer in asymptomatic men can detect tumors at a more favorable stage (anatomic extent of disease). There has been a reduction in mortality from prostate cancer, but it has not been established that this is a direct result of screening.

"An abnormal PSA test result has been defined as a value of above 4.0 ng/ml. Some elevations in PSA may be due to benign conditions of the prostate.

"The DRE of the prostate should be performed by health care workers skilled in recognizing subtle prostate abnormalities, including those of symmetry and consistency, as well as the more classic findings of marked induration or nodules. DRE is less effective in detecting prostate carcinoma compared with PSA."

## RFA Available

**RFA CA-98-005**

Title: **A Resource of Arrayed BAC Clones for FISH Mapping of the Human Genome**

Letter of Intent Receipt Date: Feb. 19

Application Receipt Date: March 27

The Tumor Genetics Program, Cancer Genetics Branch, Division of Cancer Biology, NCI, invites applications for research projects to generate a resource of mapped human large-insert Bacterial Artificial Chromosomes (BAC) clones that can be used for fluorescence in situ hybridization (FISH) mapping studies, with a resolution of approximately 1 megabasepair, which is equivalent to 3,000-5,000 BAC clones for the whole human genome.

The administrative and funding instrument to be used for this program will be a Resource Related Support cooperative agreement (U24), an "assistance" mechanism in which substantial NCI scientific and/or programmatic involvement with the awardee is anticipated during performance of the activity. The project period for an application submitted in response to this RFA may not exceed two years. The anticipated award date is no later than September 30, 1998.

Approximately $500,000 in total costs will be available for this initiative in fiscal 1998, and $500,000 in total cost for the remaining year. It is anticipated that one to three awards will be made. If more than one award is made, the NCI Program Director will work with all awardees to avoid overlap and to ensure that the maximum number of reliable mapped clones will be generated.

NCI plans to establish an Advisory Committee on "Cancer Chromosome Aberrations." The Committee will be comprised of the NCI Program staff responsible for this RFA, NCBI scientists responsible for the setting up of a public database on "Cancer Chromosome Aberrations," and NIH intramural and extramural experts on cancer chromosome aberrations. It is envisioned that the mapped large insert-clones generated under this RFA will be useful in providing the reference points for the development of such a database.

The objective of this RFA is to solicit applications for projects that will use state-of-the-art methods to generate a high quality resource of mapped human large-insert clones that can be used for FISH mapping studies and to do so rapidly, efficiently, and at low cost. BAC clones will be the preferred resource. PAC clones may also be included in the arrayed resource. However, mapping funded under this RFA should exclusively be BAC clones selected from libraries constructed with DNA from donors with appropriate informed consents according to the 1996-NHGRI-DOE Guidance. The clones selected should have immediate utility as FISH mapping reagents. Beyond this immediate utility, this resource ultimately can be used in Comparative Genome Hybridization (CGH) arrays or as the starting point of contig assembly around regions with chromosome aberrations.

Applicants should discuss in their applications the rationale for their approach. They must also describe plans to accommodate requirements and criteria stated in this RFA. State-of-the-art approaches other than the whole genome approach may be proposed. However, this RFA is focused on the generation of a high quality mapped BAC clone resource and is not designed to support technology development.

Inquiries: Grace Shen, DCB, NCI, 6130 Executive Blvd Rm 501, Bethesda, MD 20892-7381 Rockville, MD 20852 (express/courier service), tel: 301-435-5226, fax: 301-496-8656.

# Nonprofit Hospitals May Apply For STTR Funding, SBA Says

Annual Grant Application Receipt Dates: April 1, August 1, and December 1

For purposes of the Small Business Technology Transfer (STTR) program, the Small Business Administration (SBA) has clarified the definition of "research institution" to include "nonprofit medical and surgical hospitals," per se.

The STTR program provides support to small business concerns—in collaboration with U.S. research institutions—for research and development of new technologies and methodologies that have the potential to succeed as commercial products. In addition to federal R&D centers (government-owned, contractor-operated facilities, such as Argonne National Laboratory), "research institutions" are defined as nonprofit institutions "owned and operated exclusively for scientific or educational purposes." This phrase had been interpreted to mean that hospitals not owned by educational institutions are not eligible to be the single, partnering research institution in an STTR project.

The clarification by the SBA encompasses these "stand-alone" nonprofit hospitals within the definition of research institution, as follows:

"Nonprofit medical and surgical hospitals are eligible to collaborate with small businesses on STTR projects as these institutions are exclusively engaged in scientific research and/or the application of scientific principles and techniques. Therefore, nonprofit medical and surgical hospitals are eligible to participate with small business in the STTR program."

The STTR program offers significant funding opportunities to small business concerns, as well as to scientists at research institutions, including colleges and universities. The applicant organization must be the small business concern. At least 40 percent of the project is to be performed by the small business concern and at least 30 percent of the project is to be performed by the research institution. It is estimated that about $16 million of fiscal year 1998 funds will be set aside by the NIH to make STTR grant awards.

The STTR program consists of the following three phases:

Phase I: The objective of this phase is to determine the scientific and technical merit, feasibility, and potential for commercialization of the project and the quality of performance, before consideration of further federal support in Phase II. Normally, awards do not exceed $100,000 for direct costs, indirect costs, and negotiated fixed fee for a period normally not to exceed one year.

Phase II: The objective of this phase is to continue, in depth, the research efforts initiated in Phase I. Funding is based on the results achieved in Phase I and the scientific and technical merit and commercial potential of the Phase II application. Normally, awards do not exceed $500,000 for direct costs, indirect costs, and negotiated fixed fee for a period normally not to exceed two years, that is, normally, a two-year project does not cost more than $500,000 for that project. A Phase I award must have been received in order to obtain Phase II funding.

Phase III: The objective of this phase, where appropriate, is for the small business concern to pursue, with non-STTR funds, the commercialization of the results of the research project supported in Phases I and II.

Both Phase I and Phase II applications—initial and revised—will be accepted on the application receipt dates identified above. However, NIH will accept no more than two revised (amended) applications within a time period of two years from the receipt date of the initial, unamended application.

Inquiries: Eligibility requirements, definitions, submission procedures, review considerations, application forms and instructions, and other pertinent information are contained in the Omnibus Solicitation Of The National Institutes Of Health For Small Business Technology Transfer Grant Applications. This solicitation, including application forms, is available electronically from the NIH "Small Business Funding Opportunities" home page at http://www.nih.gov/grants/funding/sbir.htm on the World Wide Web.

A limited number of hard copies of the solicitation for 1998 receipt dates will be produced. They may be obtained from: SBIR/STTR Solicitation Office, 13687 Baltimore Avenue, Laurel, MD 20707-5096, tel: 301/206-9385, fax: 301/206-9722, email: a2y@cu.nih.gov

## *In Brief:*

(Continued from page 1)

chief of radiation oncology and specialist-in-chief for the DMC health care system, will oversee new health care systems and will lead the development of a Management Services Organization. MacKenzie, former chief operating officer of the Barbara Ann Karmanos Cancer Institute, will oversee development of primary care services and management of employed physician operations. . . . **RICHARD PIETRAS** received an award of $441,500 from NCI and the National Institute on Aging to investigate new treatments and prevention strategies for breast cancer in post-menopausal patients. Pietras is an assistant professor in the division of hematology/oncology at UCLA School of Medicine, and a physician at the UCLA Jonsson Cancer Center. . . . **CORRECTION**: The professorship awarded to Paul Okuneiff was incorrectly spelled in the Jan. 23 issue of **The Cancer Letter**. Okuneiff was named the Philip Rubin Professor at the University of Rochester.