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New NCI Division Wins Approval To Fund Grants In Basic Biobehavioral Research

Advisors to NCI have approved the Institute's plan to provide $2 million in extramural grant funding to support basic research on behaviors that increase the risk of developing cancer, such as smoking, eating unhealthy food, and lack of physical activity.

The NCI Board of Scientific Advisors unanimously approved a concept for the first new grants program in the Division of Cancer Control and Population Sciences, created last fall. The program would fund 10 to 12 exploratory grants (R21s) of about $100,000 each for basic biobehavioral research.

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In Brief:

Surgeons Oncology Group Gets NCI Funding To Conduct Multicenter Clinical Trials

AMERICAN COLLEGE OF SURGEONS Oncology Group received NCI funding to conduct multicenter cooperative group trials in surgical oncology, the group said. An NCI grant of about $3.7 million per year will support the trials program. The group's administrative staff will be located at the College's headquarters in Chicago. "The establishment of this cooperative clinical trials group provides an excellent opportunity for surgeons of all disciplines to design and conduct clinical trials that will comparatively evaluate surgical therapies in patients with cancer," **Samuel Wells Jr.**, principal investigator of the grant, said. The group plans to evaluate surgical therapies in the management of patients with malignant solid tumors, initially the most common tumors including breast, lung, and colorectal cancer. Trials will evaluate new operations, technology, and instrumentation. ACoSOG also plans to perform trials based on basic science discoveries, such as the evaluation of new molecular markers in diagnosis and treatment, and the role of interventional therapy in patients found to have a genetic predisposition for cancer. The College has more than 62,000 members. Large numbers of general surgeons and surgical specialists from academic medical centers and private practice community will participate in the clinical trials, the group said. "This collaborative effort with the American College of Surgeons will help ensure that new surgical approaches can be evaluated for both diagnosis and treatment," NCI Director **Richard Klausner** said. . . . **MARY BETH DONAHUE** was appointed chief of staff in the Department of Health and Human Services, HHS Secretary

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NCI To Fund Basic Research On Cancer-Causing Behaviors

(Continued from page 1)

NCI has rarely funded basic biobehavioral research because of a previous emphasis on the evaluation of interventions, DCCPS Director Barbara Rimer said to the board last month. Two working groups that examined the NCI prevention and control programs last year recommended greater emphasis on behavioral research.

"This is the R&D needed to produce more effective interventions," Rimer said. "For example, the low quit rates in many of our smoking trials may result from the fact that we really don't understand fundamental mechanisms."

"This kind of research is used by health psychologists, but rarely used by cancer control scientists," Rimer said. "We are looking for research on the link between biology, behavior, and environment as they affect cancer-related behaviors."

The board also approved in concept the division's plan to provide $10 million over four years to fund grants on health communications in cancer control.

The excerpted text of the concept statements follows:

[Editor's note: Concept statements reflect NCI's plans for future grant or contract solicitations. Actual issuance of RFAs or RFPs, as well as funding levels, are not certain. For further information about any concept, contact the NCI staff member listed.]

Basic Biobehavioral Research on Cancer-Related Behaviors. Concept for a new RFA, first-year set-aside $2 million, 10 to 12 awards (R21 exploratory grants), two years, approximately $100,000 per year direct costs per award. Program director: Susan Nayfield, 301-594-7344.

This RFA is intended to stimulate research on the bio-behavioral basis of cancer-related behaviors, especially those that increase cancer risk. Historically, mechanisms designed to stimulate and fund basic bio-behavioral research have not existed as they have for basic biomedical research. Thus, it has been difficult for scientists to obtain funding for these activities through the traditional investigator-initiated research project grant (R01) mechanism.

Because this RFA is designed to support innovative ideas, preliminary data as evidence of feasibility are not required. However, the work must be novel, hypothesis driven, and utilize pre-intervention research designs in human populations. Pre-intervention designs include basic analogue or laboratory research, case-control designs, and cohort/prospective studies. Although this mechanism is not designed to solicit phase III intervention research (i.e., clinical trials), the potential significance of the proposed research for future interventions will be a major consideration in the evaluation.

Specifically, this RFA is intended to solicit applications focused on the links between biology, behavior, and environment as they pertain to cancer-related risk behaviors. This RFA is not soliciting studies in the area of psychoneuroimmunology. New developments in genetics may lead to a greater understanding of cancer related health behaviors. The next generation of behavioral research should be built on this knowledge. For example, evidence from twin and animal studies suggests that cigarette smoking and nicotine dependence have significant heritable components (Carmelli et al., 1992; Collins and Marks., 1991). Such effects may be mediated by individual differences in acute and chronic reactions to nicotine; however, this has yet to be investigated extensively in human populations (Pomerleau, 1995). Research in this area is needed urgently because it could lead to better interventions for both prevention and cessation of nicotine. Likewise, investigators have begun to elucidate the genetic and neurobiological basis of obesity and feeding behavior. Despite these initial advances, there remain significant gaps in our knowledge about the complex interplay of genetic, neurobiological, and environmental factors in the initiation and maintenance of smoking, dietary practices, and exercise habits. A greater understanding of these basic biobehavioral mechanisms would be valuable for the development of novel pharmacologic cancer control interventions and the targeting of such approaches to

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individuals most likely to benefit and conversely, the development and targeting of behavioral interventions to persons for whom these behaviors have a less significant biological basis (Plomin, 1998). Opportunities for such research are numerous and include, but are not limited to:

—Interaction of genetic, psychiatric co-morbidity (e.g. depression), behavioral, and/or environmental factors in smoking initiation, maintenance and cessation;

—Psychophysiological response to nicotine (e.g., sensitivity, metabolism, tolerance, withdrawal) and relationship to nicotine dependence;

—Use of Ecological Momentary "real-time" Analysis in the examination of the relationship between basic bio-behavioral factors and cancer-related health behaviors;

—Genetic determinants of individual differences in the reinforcing versus aversive effects of nicotine;

—Genetic and neurobiological determinants of feeding-related behaviors, including taste, food preference, and satiety; and the

—Interaction between personality, psycho-physiological processes and cancer-related health behaviors;

—Interaction of genetic, behavioral, and/or environmental factors in obesity, metabolism, and physical activity.

Health Communications in Cancer Control. Concept for a new RFA, set aside of $10 million over four years, $2.5 million first-year direct costs, eight to 10 awards. Program director: Sherry Mills, 301-496-8520.

This RFA is intended to stimulate research on health communications in cancer control. Most intervention research in cancer control or clinical applications provides information to both the provider and the patient or general public on primary, secondary, or tertiary cancer control. However, little research has been done to understand how best to communicate to specific audiences. In recent years there has been an expansion in medical knowledge of cancer risk as well as a technologic breakthrough in information dissemination modalities, yet little is known about the process of communicating the right information to the end user. How should doctors counsel their patients about risk, how do health care providers understand risk, what is the best method to talk to the lay public about primary and secondary cancer control and what modalities are most appropriate to communicate these messages? Despite advances in the technology of communication, little research has focused on the process of communication particularly in cancer control.

This RFA is intended to stimulate research on: (1) the use of "new media" in cancer prevention and control, message development including but not limited to their impact on primary and secondary cancer prevention and on cancer-related decisions and (2) refinement and evaluation of systems to deliver cancer control-related information. Research on cognition, message framing and risk communication also is within the scope of this RFA. Applications that include development and evaluation of health communications in diverse populations (cultural, ethnic and economic diversity) will be strongly encouraged.

Communication interventions are an integral component of multi-disciplinary, multi-component cancer control efforts. Proposed studies could include personal interactive communication, computer information and/or decision making systems to enhance message delivery and impact in cancer control. The research proposed should be innovative and when possible, should employ cost-effectiveness analyses and discussion of the application and diffusion of trial results. The areas of research outlined below are not inclusive but are described to give applicants direction for the types of research that NCI wishes to stimulate. Studies are invited across the spectrum of cancer control, ranging from prevention and early detection to informed decision-making and survivorship. Research can range from basic (pre-intervention studies to evaluate message components and delivery) to intervention studies and broad-scale dissemination.

—Basic laboratory research to examine the impact of specific elements of tailored communications, e.g. effect of graphic style, format, degree of personalization, message style, etc.;

—Studies which examine message framing and its influence on decision making and behavior;

—Studies on risk communication in cancer control, including how individuals interpret and attend to risk information and how practitioners explain and interpret risk to the public, individuals at high risk for cancer and patients;

—Randomized trials to address unanswered questions about tailored message technology, including designs and enhanced measurement methods that will enable researchers to answer fundamental questions about what tailoring strategies are most effective, under what conditions, and for whom;

—Research to examine use of networks of communication, automated response systems and other technologic advances for use in behavioral change programs;

—Collaboration with the Cancer Information Service, PDQ, and other organizations to evaluate various communication strategies;

—Studies which evaluate the effectiveness of the World Wide Web and the ability of the "new media" to reach specific population segments in reaching objectives related to cancer control;

—Research that identifies and evaluates the optimal media strategies to reach underserved populations (elderly, rural, ethnic minorities, low literate).

Tobacco Control:

NCI Report Counters View That Cigar Smoking Is Safer

Daily cigar smoking causes cancers of the lip, tongue, mouth, throat, larynx, esophagus, and lung, as well as chronic obstructive pulmonary disease and coronary heart disease, according to an NCI report.

The report, "Cigars: Health Effects and Trends," released April 10, includes information on trends in cigar smoking, the toxic and carcinogenic compounds found in cigar smoke, the addictive potential of cigar smoking, marketing and advertising of cigars, and the policies regulating taxation, labeling, and sale of cigars.

"This monograph provides clear and invaluable information about the disturbing increase in cigar use and the significant public health consequences for the country," NCI Director Richard Klausner said. "The data are clear—the toxic substances and carcinogens in cigar smoke, like cigarettes, are associated with increased risks of several kinds of cancers as well as heart and lung disease. In other words, cigars are not safe alternatives to cigarettes and may be addictive."

In related development, a health advocacy organization has filed a petition asking the Federal Trade Commission to require warnings on cigar labels and in ads. In light of the NCI report, it would be deceptive to permit cigars to be sold without warning labels, said the group, Action on Smoking and Health. A copy of the complete petition is posted on the ASH web site: http://ash.org.

The smoke released from cigars and cigarettes contain many of the same toxic agents (carbon monoxide, nicotine, hydrogen cyanide, ammonia and volatile aldehydes) and human carcinogens (benzene, vinyl chloride, ethylene oxide, arsenic, cadmium, nitrosamines, and polynuclear aromatic hydrocarbons), the NCI report said.

However, the amounts of these substances present in cigar smoke are different than in cigarette smoke. For example, compared to a cigarette, a large cigar emits up to 20 times more ammonia, five to 10 times more cadmium (a cancer-causing metal) and methylethylnitro-samine (a cancer-causing agent), and up to 80 to 90 times as much of the highly carcinogenic tobacco-specific nitrosamines.

The result is that daily cigar smoking can cause many cancers as well as lung and heart disease, NCI said in a statement. Compared to nonsmokers, smoking one to two cigars per day doubles the risk of oral cavity and esophageal cancers, and increases by six times the risk of cancer of the larynx.

Even among daily cigar smokers (smoking one or more cigars per day) who do not inhale, the risk of oral cancers is seven times greater than for nonsmokers and the risk for larynx cancer is more than 10 times greater than for nonsmokers.

Secondhand smoke from cigars contains most of the same toxins, irritants, and carcinogens found in secondhand smoke from cigarettes, but many of these compounds occur in much higher quantities in cigars, the report said.

Researchers found that the concentrations of carbon monoxide at two cigar social events in San Francisco were higher than the levels found on a busy California freeway. Had these indoor exposures lasted eight hours, they would have exceeded the National Ambient Air Quality Standards for outdoor air established by the Environmental Protection Agency. In a separate study, smoke from a single large cigar burned in a home required five hours to dissipate. While no studies have been conducted to determine the health effects on nonsmokers at cigar social events, a significant body of evidence clearly demonstrates an increased lung cancer risk from secondhand smoke, the report said.

Since 1993, cigar sales in the U.S. have increased by about 50 percent. Small cigar consumption has increased modestly, about 13 percent, whereas consumption of large cigars has increased nearly 70 percent, the report said.

This marks a reversal in a 20-year decline in cigar smoking from 1973 to 1993. Most of the increase appears to be among teenagers and young adult males who smoke occasionally.

Copies of the monograph may be obtained by calling 1 800-4-CANCER.

Tobacco Industry Walkout Unlikely To Imperil Legislation

The decision by the tobacco industry to walk away from negotiations with the federal government is unlikely to immediately imperil the prospects of Congress and the Administration producing tobacco control legislation, Capitol Hill observers said.

A more immediate problem for cancer researchers is the provision in the legislation by Sen. John McCain (R-AZ) that the $2.5 billion in new funds slated for NIH should be used for studies in

prevention of tobacco use and treatment of tobacco-related diseases, said Marguerite Donoghue, executive director of the National Coalition for Cancer Research.

"The research mandated in the bill is research aimed to prevent the next generation from smoking, not research on diseases caused by smoking," Donoghue said. "The cancer community should be clamoring that this language be changed."

The McCain bill (S 1415) is currently in the Senate Committee on Commerce, Science and Transportation. The language that earmarks NIH use of funds derived from tobacco taxes was carried over from an earlier piece of legislation, introduced by Sen. James Jeffords (R-VT).

Jeffords remains a strong proponent of the earmark, Capitol Hill sources said.

In an interview on the CBS show "Face the Nation," McCain said that, the tobacco industry's withdrawal from a negotiated settlement notwithstanding, Congress should be able to complete its tobacco control legislation. "I'm optimistic that we can get this done by this summer," he said.

The current version of the bill would provide $2.5 billion in new funds to NIH between fiscal years 1999 and 2008.

"The [HHS] Secretary shall establish, within the Office of the Director of the National Institutes of Health, a Tobacco-Related Research Initiative, to be headed by the Director," the bill states. "The NIH Director... shall provide funds to conduct or support epidemiological, behavioral, biomedical, and social science research (including the training of researchers) related to the prevention and treatment of tobacco addiction, and the prevention and treatment of diseases associated with tobacco use.

At least a third of the new funds would be used to support epidemiological, behavioral, and social science research related to the prevention and treatment of tobacco addiction.

Funds slated for this research "shall not be used to support neurobiological research, or research in which behavior of an organism is observed for the purpose of determining activity at the cellular or molecular level," the bill states.

Also, HHS agencies would be obligated to develop smoking cessation programs for culturally diverse populations, and "seek to assure coordination of research service delivery and inclusion of community based organizations [addressing] tobacco-related diseases, prevention, and cessation programs for ethnic, socio-economic and culturally diverse populations."

Cancer Education:
NCI Offers Postdoc Training In Epidemiology & Genetics

The NCI Division of Cancer Epidemiology and Genetics is accepting applications for the Cancer Genetics and Epidemiology Training Program. The postdoctoral fellowship program emphasizes interdisciplinary training in clinical, quantitative, and molecular genetics, and genetic epidemiology.

The fellowship provides opportunities to conduct interdisciplinary research to identify genetic determinants of gene-environment interactions conferring cancer risk in individuals, families, and populations. The fellowships also include didactic courses and clinical and laboratory rotations. Applicants will be accepted for up to three years of training.

Applicants must have an MD, PhD, or equivalent degree in human genetics, molecular genetics, biostatistics, epidemiology, or a related field and be citizens or resident aliens of the US eligible for citizenship within four years.

Deadline is Nov. 15. Contact Dilys Parry, tel: 301/496-4948, fax: 301/496-1854, email: parryd@epndce.nci.nih.gov.

Funding Opportunities:
RFAs Available

RFA CA-98-009

Title: **Cancer Drug Discovery: Diversity Generation And Smart Assays**

Letter of Intent Receipt Date: Oct. 21

Application Receipt Date: Nov. 18

The NCI Developmental Therapeutics Program invites program project grant applications (P01s) proposing a) innovative approaches to the generation of structural diversity, such as combinatorial synthesis, parallel synthesis or genetic manipulation of biosynthetic pathways in producer organisms and b) smart assay development for cancer drug discovery (Nature, Supplement to Volume 384, Issue No. 6604, November 7, 1996). Applications will bring together multidisciplinary teams of chemists and biologists who will propose novel approaches to the discovery of compound classes potentially active against cancer. Participants may come from the same or different departments in the same academic institution, different

institutions, or academic departments and industry.

Inquiries: Biosynthetic Issues: Yali Hallock, DCTD, NCI, 6130 Executive Blvd Rm 841, MSC 7456, Bethesda, MD 20892-7456, tel: 301-496-8783, fax: 301-402-5200, email: yh11c@nih.gov.

Chemistry Issues: John Beisler, (same address, phone) email: beislerj@dtpepn.nci.nih.gov. Screening Issues and Scope of Studies: Mary Wolpert, (same address and phone) email: wolpertm@dtpepn.nci.nih.gov.

RFA CA-98-012

Title: **Chemoprevention In Genetically-Identified High-Risk Groups: Interactive Research And Development Projects**

Letter of Intent Receipt Date: July 15

Application Receipt Date: Aug. 26

The purpose of this initiative is to establish integrated, multidisciplinary research programs that define and evaluate chemopreventive strategies in asymptomatic subjects at high risk for cancer. This RFA seeks programs with at least three independent but integrated research projects and the associated administrative core functions that share a common focus directed at designing and evaluating chemopreventive strategies in high-risk cohorts. This includes groups with clinical trials, core functions and laboratory support such as cooperative groups, CCOP research bases, NCI designated cancer centers, genetic testing programs and risk registries. At least two of the individual projects must involve phase I/II or phase II clinical chemoprevention trials or translational research needed for chemoprevention applications.

Inquiries: Gary Kelloff, DCPC, NCI, 6130 Executive Blvd Suite 201, Bethesda, MD 20892, Rockville, MD 20852 (for express/courier service), tel: 301-496-8563, fax: 301-402-0553, email: kelloffg@dcpcepn.nci.nih.gov

RFA OD-98-007

Title: **Clinical Research Curriculum Award**

Letter of Intent Receipt Date: Sept. 23

Application Receipt Date: Oct. 21

NIH invites educational and research institutions to apply for the new Clinical Research Curriculum Award (CRCA) (K30). This program will be supported by all NIH Institutes and Centers. The CRCA is an award to institutions. NIH recognizes that highly trained clinical researchers are needed in order to capitalize on the many profound developments and discoveries in fundamental science and to translate them to clinical settings. This RFA is intended to stimulate the inclusion of high-quality, multidisciplinary didactic training as part of the career development of clinical investigators. The CRCA supports the development or improvement of core courses designed as in-depth instruction in the fundamental skills, methodology, theories, and conceptualizations necessary for the well-trained, independent, clinical researcher.

For the purpose of this award, clinical research includes: patient-oriented research, epidemiologic and behavioral studies, and outcomes or health services research. NIH defines patient-oriented research as research conducted with human subjects (or on material of human origin such as tissues, specimens, and cognitive phenomena) for which an investigator directly interacts with human subjects. This area of research includes the development of new technologies, mechanisms of human disease, therapeutic interventions and clinical trials.

This is a trans-NIH program that is being administered and managed by the National Heart, Lung, and Blood Institute. An NIH Coordinating Committee will be established to participate in all phases of this program. Funding decisions will be based on the recommendations of the initial review group, the National Heart, Lung, and Blood Advisory Council (at its May 1999 meeting), and the NIH Coordinating Committee regarding scientific and programmatic merit as well as the availability of funds.

Inquiries: Lawrence Friedman, Division of Epidemiology and Clinical Applications, NHLBI, 6701 Rockledge Dr. Rm 8100, Bethesda, MD 20892, tel: 301-435-0422, fax: 301-480-1864, email: friedmal @gwgate.nhlbi.nih.gov

Program Announcements

PAS-98-040

Title: **Opportunities In AIDS Research Grant Program: Human Immunology**

Application Receipt Date: May 15

This program intends to encourage novel and innovative research in human immunology aimed at enhancing understanding of the behavior of the human immune system and the biology of human lymphocyte populations. The emphasis is on supporting human immunology research projects that are particularly innovative, novel, high risk/high impact and show clear promise for advancing the basic understanding of the development and functioning of the immune system needed to more rationally approach immune reconstitution in HIV-infected subjects during infection and in the period after introduction of effective antiviral therapy.

Inquiries: Fulvia Veronese, Office of AIDS Research, NIH, Bethesda, MD 20892, Rockville, MD 20852 (for express/courier service), tel: 301-496-3677, fax: 301-496-4843, email: fv10x@nih.gov.

John Finerty, Cancer Immunology Branch, NCI, 6130 Executive Blvd Rm 513, Rockville, MD 20852, tel: 301-496-7815, fax: 301-402-1037, email: fin@nih.gov

PA-98-052

Title: **Mentored Patient-Oriented Research Career Development Award**

Application Receipt Dates: Feb. 1, June 1, Oct. 1

The purpose of the Mentored Patient-oriented Research Career Development Award (K23) is to support

the career development of investigators who have made a commitment to focus their research endeavors on patient-oriented research. This mechanism provides support for a period of supervised study and research for clinically trained professionals who have the potential to develop into productive, clinical investigators focussing on patient-oriented research.

For the purposes of this award, patient-oriented research is defined as research conducted with human subjects (or on material of human origin such as tissues, specimens, and cognitive phenomena) for which an investigator directly interacts with human subjects. This area of research includes: 1) mechanisms of human disease; 2) therapeutic interventions; 3) clinical trials, and; 4) the development of new technologies.

NIH is especially interested in increasing the number of scientists trained to conduct high-quality clinical research. NIH intends to target a significant increase in funds for these entry level career development awards.

The Mentored Patient-Oriented Research Career Development Award provides research development opportunities for clinicians with varying levels of research experience, who are committed to developing into independent clinical investigators. This Award will enable candidates holding clinical degrees to undertake up to five years (a minimum of three years) of special study and supervised research with the goal of developing into independent investigators capable of conducting patient-oriented research. While the focus of the development program is on the conduct of patient-oriented research, there can be complementary appropriate laboratory research directly related to the patient-oriented research proposed in the application.

Because of the focus on a progression to independence as a researcher, the prospective candidate should propose a period of study and career development consistent with her or his previous research and clinical experience. For example, a candidate with limited experience in a given field of research may find a phased developmental program lasting for five years that includes a designated period of didactic training together with a closely supervised research experience the most efficient means of attaining independence. A candidate with previous research experience may require a program with appropriate patient-oriented research and complementary laboratory research related to the patient-oriented research for the transition to independence. All programs should be carefully tailored to meet the individual needs of the candidate and must include a mentor(s) who is competent to provide the appropriate research guidance.

Candidates must have a clinical degree or its equivalent: MD, DDS, DMD, DO, DC, OD, ND (Doctor of Naturopathy), and doctorally prepared nurses. In addition, individuals holding the PhD degree may apply for the award if they have been certified to perform clinical duties, such as a clinical psychologist, clinical geneticist, etc. Candidates must have completed clinical training, including specialty and, if applicable, subspecialty training prior to receiving an award. However, candidates may submit an application prior to the completion of clinical training. Candidates must identify a mentor with extensive research experience, and must be willing to spend a minimum of 75 percent of full-time professional effort conducting research career development and clinical research.

Former principal investigators on NIH research project (R01), FIRST Awards (R29), SBIR/STTR awards, sub-projects of program project (P01) or center grants (P50), K08 awards, or the equivalent, are not eligible. Former principal investigators of an NIH Small Grant (R03) or Exploratory/Developmental Grants (R21) remain eligible. A candidate may not concurrently apply for any other PHS award that duplicates the provisions of this award nor have another application pending award.

The project period may be for up to five years with a minimum of three years. The goal of NIH is to support approximately 80 competing awards in FY 1999 and in each succeeding year through FY 2003. The actual number of awards to be made by each Institute or Center will vary yearly and will be dependent upon the number and quality of applications submitted and funds available.

NIH will provide salary of up to $75,000 per year plus commensurate fringe benefits for a minimum of 75 percent effort. NIH will provide generally up to $25,000 per year for the following tuition, fees, books, and research expenses.

Inquiries: (Consult the full text of the PA for complete listing of all contacts at each NIH Institute) Lester Gorelic, Office of Centers, Training and Resources, NCI, 6130 Executive Blvd Rm 520, Bethesda, MD 20892-7390, tel: 301-496-8580, fax: 301-402-4472, email: gorelicl@dcbdcep1.nci.nih.gov

Foundation To Fund Studies In Testicular Cancer Issues

A new organization in the field of urologic cancers has issued two RFPs for the study of testicular cancer survivorship and screening issues.

The Lance Armstrong Foundation plans to sponsor grants, lectureships, fellowships, and a yearly conference focused on research and education in testicular, kidney, bladder, prostate, and other urologic cancers.

Lance Armstrong, a professional cyclist diagnosed in 1996 with advanced testicular cancer, founded the organization. Armstrong entered complete remission shortly after completing treatment, and returned to cycling.

The text of the RFPs follow:

Title: **Survivorship Issues in Testicular Cancer Patients in Long Term Remission.**

Deadline: July 1.

The hypothesis for this RFP is that there are significant issues in survivorship for patients undergoing curative surgical, chemotherapeutic or radiotherapeutic treatment of germ cell cancer. Better understanding of these issues would serve as the basis for raising awareness of such complications. Such data would also lead to interventional trials designed to lessen the burden of these treatment and disease associated consequences.

This RFP is issued for the purpose of supporting pilot projects in survivorship that will lead to larger peer-reviewed projects. The focus of this RFP is designed to:

—Identify areas of concern for long-term survivors of germ cell cancer by clarifying disease related and treatment induced physiological, reproductive, psychological, and social issues.

—Identify risk factors for the development of these consequences.

—Define pathophysiological mechanisms for these long-term consequences.

—Define interventional approaches to ameliorate these consequences.

Applications must contain summary abstract of the proposal; objectives; introduction, purpose, and rationale; methods and proposed statistical review; proposed annual budget not to exceed $50,000 including indirect costs for up to three consecutive years; abbreviated biosketch of the required personnel; and a bibliography.

Contact the Lance Armstrong Foundation, Attn: RFP for Survivorship, 1210 Parkway, Austin, TX 78703, tel: 512/236-8820 or 512/236-8482.

Title: **The Practice, Prevalence, and Outcome of Mass Screening Programs for Testicular Cancer.**

Deadline: July 1.

The hypothesis of this RFP is that testicular self-examination is an effective method for improving the consequences and eventual overall outcome of testicular cancer. Furthermore, the contention is that the education of physicians and physician directed associates to provide and promote wide-spread effective testicular self-examination is presently inadequate. Thus, determination of such inadequacies with appropriate amelioration would lead to increased awareness, improved screening, reduced health care costs, and improved outcome.

This RFP is issued for the purpose of supporting pilot projects in screening that will lead to larger peer reviewed projects. The focus of this RFP is designed to:

—Determine the present extent, understanding, and performance by physicians and physician directed associates to provide or promote regular testicular screening in reference to routine self-examination on an individual basis; the prevalence of education in testicular examination in primary pediatrics, medicine, and family practice; the prevalence of routine screening as practiced by the primary medical care profession; and the extent of testicular examination during routine large-scale medical evaluation processes such as school, athletic, and armed services physical examinations.

—Improve the performance of testicular self-examination in the previously cited situations.

—Use the above information to define target populations to initiate programs for improving testicular examination screening.

—Work in concert with the Lance Armstrong Foundation in developing additional tools for improving the likelihood and effectiveness of testicular screening.

—Initiate screening programs using currently available and newly created screening tools.

—Formally evaluate such prospective evaluations in reference to utilization, adequacy, and benefits.

Applications must contain summary abstract of the proposal; objectives; introduction, purpose, and rationale; methods and proposed statistical review; proposed annual budget not to exceed $50,000 including indirect costs for up to three consecutive years; abbreviated biosketch of the required personnel; and a bibliography.

Contact the Lance Armstrong Foundation, Attn: RFP for Screening, 1210 Parkway, Austin, TX 78703, tel: 512/236-8820 or 512/236-8482.

In Brief:

Visiting Professorship Honors Cornell's Richard Silver

(Continued from page 1)

Donna Shalala announced recently. Donahue will serve as a principal advisor to the secretary on policy and management issues, and as liaison between the department and the White House. Donahue has served as deputy chief of staff since June 1995. She joined HHS in April 1993 working for the Office of the Assistant Secretary for Legislation. . . . **RICHARD T. SILVER** Distinguished Visiting Professorship was established at Cornell University Medical College by families, patients, and colleagues of Silver, clinical professor of medicine and the director of the clinical oncology chemotherapy research section. The first guest lecturer was **James Holland**, distinguished professor emeritus of oncology, Mount Sinai School of Medicine. Holland's topic for the March 26 lecture was "The Search for HMTV, A Human Mammary Tumor.". . . **CORRECTION:** In the April 10 issue of **The Cancer Letter**, in the "In Briefs" section on new officers of the American Association for Cancer Research, Webster Cavenee's name was misspelled.