THE CANCER LETTER

PO Box 9905 Washington DC 20016 Telephone 202-362-1809

Vol. 24 No. 26
July 3, 1998

Price $275 Per Year US
$295 Per Year Elsewhere

NCI To Seek Proposals For Less Invasive Detection, Diagnosis, Treatment Technologies

The NCI Board of Scientific Advisors last week approved the launch of a program to develop technologies for the non-invasive and minimally invasive detection, diagnosis, and treatment of cancer.

The program, which would require a different approach to soliciting proposals and external advice, is scheduled to invite "white papers" proposing approaches to development of these technologies sometime next fall.

In fiscal 1999, the program would be expected to spend $4 million on projects, and another $12 million in 2000 and 2001.

(Continued to page 2)

In Brief:

Moffitt Gets $100M From Fla. For Construction; Two Head And Neck Surgical Societies Merge

FLORIDA legislation allocating $100 million over 10 years toward construction of a 329,000 sq. ft. research tower for the Moffitt Cancer Center and another bill creating a prostate cancer task force at Moffitt have been signed into law by **Gov. Lawton Chiles**. The tower will triple research space at the center, located on the campus of the Univ. of South Florida in Tampa. . . . **TWO SOCIETIES** dealing with head and neck oncology have merged. The American Society of Head & Neck Surgery and the Society of Head & Neck Surgeons have joined to become the American Head & Neck Society. Co-presidents for 1998-99 are **Thomas Robbins** and **Ashok Shaha**; **Jesus Medina** is president-elect; co-secretaries are **William Farrar** and **Jonas Johnson**; and co-treasurers are **John O'Brien** and **Ernest Weymuller**. . . . **ROGER BYHARDT**, professor of radiation oncology at the Medical College of Wisconsin, is principal investigator of a $355,700 grant from NCI via the American College of Radiology to improve access to clinical trials for patients at veterans' hospitals and military treatment facilities. . . . **KRISTINE TURNER STORY,** president of the Oncology Nursing Certification Corp., announced that 451 registered nurses took the Oncology Certified Nurse test last month at the Oncology Nursing Society's annual congress. Eighty five percent (385) passed, and of those, 167 are newly certified, 146 renewed their credential, and 72 were repeating the exam. There are

(Continued to page 8)

NCI Advisors Approve Concept For Tech Development Program

(Continued from page 1)

The solicitation scheduled for next fall will be issued in the form of a "Broad Agency Announcement," a mechanism routinely used by the Department of Defense, and not NCI.

Though the BSA approved the program in concept unanimously, the Institute staff will be expected to return to the board in November to present a plan for oversight and solicitation of external advice for the program.

The function of the external board will be to evaluate the technical merits of the projects, while the BSA will evaluate the program on the policy level, said Robert Wittes, NCI deputy director for extramural science and director of the Division of Cancer Treatment and Diagnosis.

"We had imagined that we would obviously need a broad spectrum of advice across a whole range of technologically relevant disciplines, but the decision of whether this was a success or a failure in the trenches would come from this board," Wittes said to BSA at a meeting June 23.

BSA Chairman David Livingston agreed with this approach. "A lot of us like to think we are smart, but when it comes to this kind of technology, I personally would feel daunted by having to decide whether or not a nanometer resolution analysis imaging project really meets the standards of physics and engineering it would require," said Livingston, professor of medicine and genetics at Harvard Medical School and chief of the Charles Dana Division of Human Genetics at Dana-Farber Cancer Institute.

"For those kinds of highly technical judgments you need folks who probably aren't represented around this table," Wittes said. "But for the judgment about whether things are headed in the right direction en masse or whether it is dealing with the issues we originally envisioned for it, I imagine that people around this table are just the right people for the job."

The text of the program concept statement follows:

Help Define Technology Opportunities For The National Cancer Institute.

NCI is interested in implementing a new approach to funding the development of high impact, long range technologies to support cancer research in a program currently under development. The program will focus on the development of technology platforms that can support integrated strategies for the non- or minimally invasive detection, diagnosis and treatment of cancer based on tumor specific molecular and physiological profiles. NCI is soliciting input from the scientific community about technological opportunities that could contribute to this goal and fundamentally change the approach to the detection, diagnosis, and treatment of cancer. Information provided by the community will contribute to the definition of scope of this new program and related funding opportunities.

Background: Current approaches to cancer detection and diagnosis tend to be highly invasive and inadequately informative with regard to the underlying molecular basis of the specific disease. Therapies range from dramatically invasive procedures, such as surgery, to the administration of relatively nonspecific toxic or destructive agents, such as chemotherapeutic agents and radiation. Ultimately patients would benefit from the availability of non-invasive approaches to cancer detection and diagnosis linked to minimally debilitating treatments that are tailored to target the precise molecular and/or physiological alterations in the individual tumor.

The greatest benefit would be derived from systems that will allow detection and elimination of cancer cells in their earliest stages to prevent the

THE CANCER LETTER

Member, Newsletter Publishers Association

World Wide Web: http://www.cancerletter.com

Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg

Editorial: 202-362-1809 Fax: 202-362-1681
PO Box 9905, Washington DC 20016
E-mail: kirsten@cancerletter.com or paul@cancerletter.com

Customer Service: 800-513-7042
PO Box 40724, Nashville TN 37204-0724

Subscription $275 per year US, $295 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc.

Founded Dec. 21, 1973 by Jerry D. Boyd

development of significant tumor burden in the individual. To minimize patient inconvenience and incapacitation, the approaches taken for detection, diagnosis, and treatment need to be closely coupled, potentially building from the same technology base, such that detection, diagnosis, and treatment could be effectively administered in a single step, or seamless process.

It has become clear that cancer is a set of diseases that result from changes in the genome and genomic products. NCI has launched an initiative, the Cancer Genome Anatomy Project (http://www.ncbi.nlm.nih.gov/ncicgap/), which targets the definition of the molecular profiles of cancers. With the definition of the molecular fingerprints of cancers comes the opportunity to put in place a technology base that will allow for detection of the molecular fingerprints of individual cancer types in vivo in both research and clinical settings. Technologies need to be developed to support non/minimally invasive early detection and deciphering of the specific profiles of tumors developing in individuals. Potential approaches include, but are not limited to, assays to identify informative molecular profiles in accessible bodily fluids or products and imaging of molecular profiles or resulting physiological traits in vivo.

Concurrently, technologies are needed to support the development of therapies targeted toward the underlying altered molecular mechanisms or physiological phenotypes associated with the specific molecular profiles of individual tumor types. These therapeutic approaches would have greatest value if they are designed to utilize or interface seamlessly with the technological base underlying the noninvasive detection and diagnosis strategy.

To achieve the long term goal of noninvasive detection and diagnosis coupled to specific therapies will require quantum improvements in existing technologies or entirely new technological approaches. It is anticipated that innovation will be needed in technologies including, but not limited to, the following:

—Rapid, cost effective, methods for detecting alterations in the molecular profile of cells or molecules in readily accessible specimens or bodily fluids.

—Methods for the rapid generation of reagents that can specifically find and identify molecular alterations in cells and tissues.

—Methods for rapid generation of high affinity ligands targeted toward previously identified molecular alterations and novel molecular alterations as they are identified in cancer cells, associated endothelial cells and immune effector cells that could provide targeting specificity for contrast agents, reporter groups, or profile-specific therapeutics.

—Non-toxic molecular imaging agents and strategies.

—Instrumentation to support real time in viva and in situ monitoring or imaging of molecular species.

—Image-processing tools for in viva molecular images including but not limited to 3-D reconstruction, segmentation of normal from abnormal structures, multi-temporal or multi-modality image registration, and automatic target recognition methods.

—Associated information analysis and data management tools.

—Novel synthetic or natural compound, targetable, delivery systems, including remote release activation systems, suitable for the delivery of molecular profile specific therapeutics.

—Methods for destruction of aberrant cells that can be targeted to specific molecular and/or physiological alterations.

Opportunity for Input: NCI is inviting members of the academic, government, and industrial research communities to provide input that will contribute to defining the scope of funding opportunities for the new program.

Input is encouraged in the form of white papers. Interested parties are encouraged to provide information on new areas of technological opportunity that could speed progress toward the scientific goals stated above.

NCI is looking for opportunities that will yield quantum improvements in existing technologies or entirely new technological approaches. Projects or programs that represent direct extensions of work already supported by NCI or NIH are not considered responsive.

NCI intends to utilize a new approach to supporting high impact, long range technologies in this area and the proposed program will be distinct from the existing NCI research portfolio. Contributors are urged to put forward ideas that are highly innovative and might be considered to have unacceptably high risk or time frame for development by conventional NIH study sections.

The participation of investigators from varied

disciplines will be required for the development of system components and an integrated strategy for detection, diagnosis, and therapy. NCI welcomes the submission of ideas from investigators in all disciplines, including but not limited to, molecular and cell biology, engineering, physics, chemistry, and computational biology.

White papers should broadly address the following:

—What is the nature of the technological opportunity?

—What are the current capabilities of the technology?

—What technological barriers would need to be overcome to meet the defined goal?

—What would be the potential impact of the technology on approaches to the detection, diagnosis, and treatment of cancer?

—How would the technological opportunity contribute to the goal of a common technology platform for the non/minimally invasive detection, diagnosis and treatment of cancer based on tumor specific molecular or physiological profiles?

White papers should address areas of technology, not individual research projects. Do not include proprietary information. Text should be limited to three pages or less. White papers should be clearly labeled with a cover sheet indicating "White Paper."

White papers and requests for further information should be addressed to: Carol Dahl, Director, Office of Technology and Industrial Relations, NCI, Building 31, Room 11A03, 31 Center Drive, MSC 2590, Bethesda, MD 20892-2590. Phone: 301-496-1550, or email: carol_dahl@nih.gov

Clinical Trials Reimbursement:
Maryland Law Mandating Coverage May Serve As Model

Maryland's new law mandating insurance coverage of patient care costs in clinical trials, the most comprehensive in the U.S., could encourage other state legislatures to adopt similar legislation and might well be the model cited by health advocates lobbying for similar coverage throughout the country.

The law requires insurers to pay routine patient care costs associated with clinical trials for life threatening diseases. Cancer related organizations have been pushing insurers for coverage of these routine costs for years.

Companion bills sponsored by Sen. Thomas Bromwell (D-Baltimore County and City), chairman of the Senate Finance Committee, and Del. Carolyn Krysiak (D-Baltimore City), gained the support of a coalition including the insurance industry, academic health centers, and patient advocacy groups. NCI, the American Cancer Society, American Association for Clinical Oncology, Association of Community Cancer Centers, and others have long been negotiating with third party payers over the issue of patient care costs for those entered on research protocols.

The fact that the insurance industry was persuaded to support the Maryland legislation is significant. Some insurers have made independent arrangements with cancer clinical investigators, cooperative groups, and cancer centers regarding patient care costs. NCI has forged clinical trials partnerships with the health care plans of the Dept. of Defense and Dept. of Veterans Affairs. But most insurers have followed the policy of the federal government's Health Care Finance Administration in refusing reimbursement for patients in clinical trials. HCFA had planned a three year demonstration project on such reimbursement, but that was to have been paid for with money in the tobacco legislation which now appears unlikely to be approved by Congress this year.

"Hard And Heavy Negotiations" With Insurers

Turning the insurance industry around on this issue in Maryland, at a time when some elements of the industry are still fighting similar legislation in other states, was chiefly the work of Martin Abeloff, director of the Johns Hopkins Oncology Center; Barry Meisenberg, deputy director of the University of Maryland Greenebaum Cancer Center and head of the hematology/oncology division; and Mark Kochevar, administrator of the Greenebaum center.

"It involved some hard and heavy negotiations, primarily with HMOs," Kochevar said to **The Cancer Letter**. HMOs, led by Kaiser Permanente (which never did agree to support the bill), were the most vociferous opponents, according to Kochevar. "Dr. Abeloff and Dr. Meisenberg made a tremendous effort to educate those people, convince them that they would not have to pay for any experimental costs, and that they would only be picking up costs they would pay anyway to treat those patients if they

were not in clinical trials," Kochevar said.

"We convinced them that they would not have to pay for junk science, and in fact would not have to pay any research costs," Meisenberg said. "We pointed out the bill is limited to research approved by government agencies or by reputable institutions with institutional review boards.

"The choice between being in a research study versus no therapy is a false choice," Meisenberg said. "Frequently, patients not in research protocols have as their only alternative therapy that is futile, and insurers have to pay for it. They (the insurers) understood that."

The insurance representatives were given specific examples of treatment advances achieved through clinical trials, "and also examples of when we got rid of useless therapy on the basis of clinical trials," Meisenberg said.

Eventually, the Maryland Association of Health Maintenance Organizations supported the legislation, along with Blue Cross/Blue Shield, United Health Care, and other insurers.

"There is no doubt that this can be translated into better prevention, diagnosis and treatment of human disease," Abeloff said. No coverage of clinical trials "is a disservice to cancer patients, number one. It's clearly a barrier not only to entering patients into clinical trials, but to their development as well."

Abeloff said that the opportunity to explain away some misunderstandings about clinical trials and open a real dialogue with the HMOs was an important step.

Meisenberg said he would welcome the opportunity to work with groups that are seeking approval of similar legislation in other states.

Law Covers Phases I Through IV

The Maryland law mandates payment for patient care costs of patients in phases I through IV cancer clinical trials, and for phase II and III clinical trials of other life threatening diseases.

Rhode Island had previously adopted legislation calling for payment for patients in phase II and III trials.

Recently adopted Georgia legislation limits coverage of patient care costs to children enrolled in approved pediatric cancer clinical trials.

The Maryland law covers clinical trials approved by the National Institutes of Health, or an NIH sponsored cooperative group or center, the Federal Dept. of Veterans Affairs, the Food and Drug Administration, and trials conducted by academic medical centers in Maryland.

Prevention and early detection trials, as well as treatment studies, are included.

Trials are included only where "the facility and personnel providing the treatment are capable of doing so by virtue of their experience, training, and volume of patients treated to maintain expertise; there is no clearly superior noninvestigational treatment alternative; and the available clinical or preclinical data provide a reasonable expectation that the treatment will be at least as effective as the noninvestigational alternative," the law states.

The law specifically requires payment for off label drugs and devices required for patient care but not included in the research protocol. All research costs, including drugs and drug combinations being tested, data managers, equipment, devices, data collection and analysis, and anything else specifically required to carry out the protocol are the responsibility of the sponsors, institutions, or companies involved.

The law includes these followup requirements:

—Annual reports from insurers on clinical trials patient care costs they paid.

—Annual summary of those reports by the state insurance commissioner.

—Creation of a workgroup on insurance coverage for patient care cost in clinical trials, to assess costs and benefits of the program, develop methodology for assessing the economic and clinical impact of the coverage, collect data to assess differences in patient care costs and clinical outcomes between patients in clinical trials and those treated outside clinical trials, and to review other issues the workgroup deems appropriate.

The workgroup will include one representative each from the University of Maryland and Johns Hopkins schools of medicine; the president of the Maryland Society of Clinical Oncology; a representative of the state Cancer Council; a representative of NIH; two health plan medical directors licensed to practice in Maryland, and two other health insurer representatives; one member of the general public; and the insurance commissioner or designee.

The workgroup is required to present a preliminary report on its findings and recommendations to the state legislature by July 1, 2000, and a final report a year later.

Cancer Meetings Listed Through December

July

Congress of the European Hematology Association and Congress of the International Society of Hematology—July 4-8, Amsterdam. Contact Eurocongress Conference Management, tel: 31 20 679 3411, fax: 31 20 673 7306.

Biennial Congress of the International Photodynamic Association—July 7-9, Nantes, France. Contact T. Patrice, Laser Dept, Neurosurgery, Laennec Hospital, tel: 33 240 165 679, fax: 33 240 165 935.

Radiation Therapy Oncology Group Semiannual Meeting—July 23-26, Washington, DC. Contact Nancy Smith, tel: 215/574-3205, fax 215/928-0153, e-mail nsmith@phila.acr.org.

ONS Case Management Conference—July 31-Aug. 1, Philadelphia. Contact ONS Customer Service, tel: 412/921-7373.

August

International Cancer Congress—Aug. 23-29, Rio de Janeiro. Contact Congrex do Brasil, Av. Presidento Wilson, 164/9 andar, 20030-020, Rio de Janeiro, RJ-Brasil, tel: +55 21 509-4080, fax: +55 21 509-1492, email: congrex@ax.apc.org.

Passive Smoking and Children: Clinical and Experimental Forums—Aug. 24-26, Essen, Germany. Contact Toxicology Laboratory, Intitut for Hygience und Arbeitsmedizin, Universitat Klinikum, Hufelandstr, 55-45147, Essen, Germany, fax: 49 201 723 5956.

Annual Hematology/Oncology Reviews—Aug. 28-30, Amelia Island, FL. Contact Mayo Clinic Jacksonville, tel: 800/462-9633.

International Conference on Cancer Nursing—Aug. 30-Sept. 4, Jerusalem. Contact Secretariat, PO Box 5006, Tel Aviv 61500, Israel, tel: 927 3 5140000.

International Conference on the Diagnosis and Treatment of Radiation Injury—Aug. 31-Sept. 3, Rotterdam. Contact Anna Karaoglou, European Commission, tel: 32 2 2 54956, fax: 32 2 2 66256.

September

Colon Cancer Prevention: Dietary Modulation of Cellular and Molecular Mechanisms—Sept. 3-4, Washington, DC. Contact American Institute for Cancer Research, tel: 800/843-8114, email: research@aicr.org.

Association of Community Cancer Centers 15th National Oncology Economics Conference—Sept. 16-19, Seattle. Contact ACCC, David Walls, Meetings, 301/984-9496.

4th Annual Jaffar Oncology Conference: Strategies for Cure: Breast Cancer—Sept. 18, Dearborn, Michigan. Contact Gayle Blakely, Providence Hospital Cancer Center, 22301 Foster Winter Dr., Southfield, MI 48075, phone 248/424-3183, fax 248/424-2919.

Cellular Targets of Viral Carcinogenesis—Sept. 24-28, Dana Point, CA. Contact Special Conference Registration, AACR, Public Ledger Bldg, Suite 826, 150 S. Independence Mall West, Philadelphia 19106-3483, phone 215/440-9300, fax 215/440-9313.

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

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

October

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

President's Cancer Panel: Decision Making Based on Quality of Care—Oct. 6, Buffalo, NY. Contact Maureen Wilson, tel: 301/496-1148, fax: 301/402-1508, email: prescan@nih.gov.

Cancer Survivorship throughout the Lifespan—Oct. 8-10, Atlantic City, NJ. Contact Nancy Petrucci, tel: 212/366-6565, fax: 212/366-6581, email: npetrucci@pgi.com.

Gene Regulation and Cancer—Oct. 14-18, Hot Springs, VA. Contact AACR, phone 215/440-9300, fax 215/440-9313.

Radioimmunodetection and Radioimmunotherapy of Cancer—Oct. 15-17, Belleville, NJ. Contact Lois Gillespie, Garden State Cancer Center, tel: 973/844-7000, fax: 973/844-7020, email: gscancer@worldnet.att.net.

Southwest Oncology Group Clinical Trials Training Course and Group Meeting—Oct. 20-24, San Antonio, TX. Contact Kimberly Jacobs, tel: 210/677-8808.

American Society for Therapeutic Radiation

and Oncology Annual Meeting—Oct. 25-28, Phoenix, AZ. Contact ASTRO, tel: 703/648-8900.

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

November

Endogenous Sources of Mutations—Nov. 11-15, Fort Myers, FL. Contact AACR, Public Ledger Bldg, Suite 826, 150 S. Independence Mall West, Philadelphia 19106-3483, phone 215/440-9300, fax *215/440-9313.*

Hereditary Predisposition to Common Cancers—Nov. 12-13, New York. Contact Jean Campbell, Memorial Sloan-Kettering Cancer Center, tel: 212/639-8961, fax: 212/717-3311.

Society for Neuro-Oncology Annual Meeting—Nov. 12-15, San Francisco. Contact Jan Esenwein, M.D. Anderson Cancer Center, tel: 713/745-2344, fax: 713-794-4999, email: esen@audumla.mdacc.tmc.edu

President's Cancer Panel: Issues in Environmental Carcinogenesis—Nov. 17, Tucson, AZ. Contact Maureen Wilson, tel: 301/496-1148, fax: 301/402-1508, email: prescan@nih.gov.

Commission on Cancer 3rd Annual Conference—Nov. 18-19, Chicago. Contact Elaine Fulton, American College of Surgeons, 633 N. Saint Clair St., Chicago 60611, phone 312/202-5401, e-mail efulton@facs.org.

December

American Society for Cell Biology Annual Meeting—Dec. 12-16, San Francisco, CA. Contact ASCB, tel: 301-530-7153, fax: 301-530-7139, email: ascbinfo@ascb.org. Abstract deadline Aug. 3.

Funding Opportunities:

NCI Seeks SBIR Applicants For Detection Assay Research

Development of High Throughput Assays for Exfoliated Cells in Tumor Detection (SBIR/STTR)

Application Receipt Dates: April 1, Aug. 1 and Dec. 1 for STTR; April 15, Aug. 15, and Dec. 15 for SBIR

The purpose of this notice is to emphasize the importance of the above research topic to the Early Detection Branch, Div. of Cancer Prevention, NCI. The focus is on the development of high throughput, sensitive assays or technologies for the detection of exfoliated cells in body fluids, such as serum, stool, sputum, urine, brochioalveolar lavage, pancreatic juice, and breast nipple aspirates.

In pursuit of these goals, NCI invites applications that address, but are not necessarily limited to, the following research areas exploiting molecular and genetic changes in tumor cells for early cancer detection:

(1) Development of technologies for identifying abnormal exfoliated cells in body fluids, including the development of sampling technologies for capturing and preserving exfoliated tumor cells in body fluids and the development of enrichment methods for the isolation of tumor cells and tumor cell associated macromolecules.

(2) Development of standardized sensitive, high throughput assays for the detection of molecular and genetic abnormalities, such as somatic mutations, clonality, RNA expression patterns, protein alterations, and evidence of other genomic instability in exfoliated cells.

A collaborative approach among academic and industry leaders is strongly encouraged to advance translation research coupled with the development of relevant detection technologies and complex information integration into clinical settings aimed at early detection. Through the Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) mechanisms (R41/R43/R42/R44), small businesses can receive funding for early phase development of innovative technologies and proof of principle studies leading toward commercialization of these technologies.

The solicitations are available electronically through the NIH Office of Extramural Research Small Business Funding Opportunities home page located at http://www.nih.gov/grants/funding/sbir.htm. In addition, a limited number of hard copies of the solicitations have been produced. Subject to availability, they may be obtained from the PHS STTR/SBIR Solicitation Office, phone (301) 206-9385; fax (301) 206-9722; Email: a2y@cu.nih.gov.

Inquiries: Sudhir Srivastava, Div. of Cancer Prevention, NCI, 6130 Executive Blvd., Room 330F, MSC 7346, Bethesda, MD 20892-7388, Tel: 301- 496-3983, fax: 301-402-0816, email ss1a@nih.gov.

Program Announcement

PAR-97-063

Title: **Planning Grants for NCI Cancer Research Centers**

NCI will provide an additional receipt date for applications for this PA. Although the annual receipt date of Jan. 7 still applies, for this year only there will be an additional receipt date, Aug. 27, 1998.

Direct inquiries regarding programmatic issues to Margaret Holmes, Cancer Centers Branch, NCI, 6130 Executive Blvd, Room 502, MSC 7383, Bethesda, MD 20892-7383, tel: 301-496-8531, fax: 301-402-0181, email mh67g@nih.gov.

NIH Study Sections To Use New Scoring Procedure

NIH has announced that its peer review study sections will use a new scoring procedure beginning with the June study section meetings.

Following is the text of the NIH Center for Scientific Review statement about the new procedure:

In order to provide reviewers increased capability to discriminate among the applications being evaluated CSR is asking them to score the top half of applications between 1.0 and 3.0.

The top quarter of applications should be scored between 1.0 and 2.0. This change will take place beginning with the June 1998 study section meetings.

Applications considered by the reviewers to be in the lower half of those being reviewed should be scored greater than 3.0 or streamlined.

By spreading scores for the most meritorious applications, those being considered for funding, over a wider range, reviewers will be able to provide program staff a clearer indication of the scientific merit of a specific application.

Coincident with this change in scoring, percentile ranks of applications being reviewed at study section meetings this June will be computed using only the scores of applications reviewed at the June 1998 meeting. This will allow reviewers to alter their scoring behavior without adversely affecting the percentile ranks of applications being reviewed.

NCI Contract Award

Title: Cancer Control Research Program Support

Contractor: The Scientific Consulting Group Inc., Gaithersburg, MD, $2,191,495.

In Brief:

Nearly 17,000 OCNs, 823 Advanced OCNs, Society Says

(Continued from page 1)

now 16,929 oncology certified nurses. The Advanced Oncology Certified Nurse examination was administered to 65 candidates; 49 passed. There are now 823 advanced oncology certified nurses. . . **JULIE PAWELCZYK** has joined Capitol Associates, Washington government relations firm specializing in health, eduction and human resources. She will be responsible for health, education and university related issues. . . . **SEK WEN (STEVE) HUI** has been named director of the Dept. of Molecular & Cellular Biophysics at Roswell Park Cancer Institute. He will continue as head of the Electron Optics/Membrane Biophysics Laboratory within the department and as research professor at the Univ. of Buffalo. . . . **OLIVER SARTOR** has been appointed director of the Stanley S. Scott Cancer Center at LSU Medical Center. Chancellor Mervin Trail also announced that Sartor has been named chief of the Dept. of Medicine's Section of Hematology/Oncology and professor of medicine and urology. Sartor worked for five years at NCI, where he became senior investigator in the Clinical Pharmacology Branch. He left NCI to join the LSU School of Medicine with a joint appointment in medicine and urology. . . . **LUTHER BRADY**, university professor at Allegheny Univ. of the Health Sciences, received honorary membership in the Austrian Society for Radiooncology, Radiobiology & Medical Radiophysics at the society's meeting in Salzburg. The award recognized Brady's contributions in radiation oncology. . . . **ALFRED COHEN**, chief of the Colorectal Service at Memorial Sloan-Kettering Cancer Center, has been elected president of the New York Clinical Society and appointed chairman of the Approvals Committee of the American College of Surgeons Commission on Cancer. . . . **CAROL PORTLOCK**, of the Memorial Sloan-Kettering Lymphoma Service, has received the Evelyn HoVman Memorial Award from the Lymphoma Research Foundation of America. . . **ROSEMARIE SLEVIN PEROCCHIA**, director of Memorial Sloan-Kettering Cancer Center's Cancer Information Service, has received the *CIS* Marion Morra award. . . . **MEDICAL COLLEGE** of Wisconsin breast cancer research has received $345,000 from the Milwaukee Foundation, established by Richard and JoAnn Duffey, whose daughter, Kathy Fogarty, died of the disease at age 38. . . . **ONCOLOGY NURSING** Foundation has established two new scholarships: The $3,000 Genetics Institute Master's Scholarship; and the $1,000 Genetics Institute Congress Scholarships (two awards). . . . **AMERICAN CHEMICAL** Society has announced plans for two new publications: Modern Drug Discovery and the Journal of Combinatorial Chemistry.