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NIH Forming Special Emphasis Panel To Review Clinical Oncology Grants

In a move long-awaited by cancer clinical researchers, the NIH Center for Scientific Review has begun the process of forming a Special Emphasis Panel to review grant applications in clinical oncology.

The new panel, formed in response to the recommendation of a report to CSR earlier this year, would consolidate the review of clinical oncology research. Studies have found that clinical research does not fare as well as basic research when both types of applications are reviewed by the same study section (**The Cancer Letter**, Feb. 20).

The panel would review applications in clinical cancer therapeutic

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In Brief:

Hutchinson Awarded $8 Million Grant For Pancreatic, Colorectal Cancer Studies

FRED HUTCHINSON Cancer Research Center was awarded an $8 million, four-year grant to support three studies of pancreatitis and chronic ulcerative colitis, inflammatory diseases that are risk factors for pancreatic and colorectal cancers. The NCI-funded Seattle Gastrointestinal Program Project will involve more than two dozen investigators at Hutchinson, the University of Washington, Group Health Cooperative, Veterans Affairs Puget Sound Health Care System, and Virginia Mason Medical Center. Principal investigator is **John Potter**, director of the center's Cancer Prevention Research Program. First Lady Hillary Rodham Clinton announced the grant award at a White House event Sept. 10. The first study will examine the role of oxidative damage in the progression of pancreatitis to pancreatic cancer. The second project will look at the role of oxidative damage in chronic ulcerative colitis and study the efficacy of chemoprevention using food-derived antioxidants in prevention of disease progression. The third study is designed to test whether rectal biopsy could be used to screen for malignancies throughout the colon, based on the presence of biomarkers in rectal tissue. . . . **THE MARCH** celebrity lineup continues to grow. Expected at the rally on the National Mall in Washington, DC, on Sept. 26 are: entertainers **David Crosby, Graham Nash, Aretha Franklin**, and **Michael Bolton**; model **Cindy Crawford**; figure skater **Scott Hamilton**; and ABC News anchor **Sam Donaldson**. Also speaking will be cancer survivors **Ellen Stovall**, president of The March; **Gen. H. Norman Schwarzkopf**, honorary chair;

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CSR Seeks Comment On Plan For Clinical Oncology Panel

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and chemoprevention research, according to a Sept. 14 announcement by CSR.

Grant applications received by Oct. 1 will be reviewed by the panel next March. Investigators whose applications are eligible would have the option of review by the new panel or by an existing study section, Jean Paddock, director of the CSR division of clinical and population based studies, said to **The Cancer Letter**.

"We are making a conscientious effort to respond to the field's concern," Paddock said.

CSR is looking at lists of names of potential panel members submitted by the American Society of Clinical Oncology and other organizations, Paddock said.

The panel would not yet be a chartered review group, because CSR wants to see how the panel works before beginning the lengthy chartering process, Paddock said. "It could become a chartered study section," Paddock said. "Existing study sections would be affected. Probably, we will be redesigning ET-2 [Experimental Therapeutics 2] perhaps for translational research. We are working on it at the same time."

Paddock said CSR is seeking comments on a draft proposal for the Special Emphasis Panel. The proposal is posted on the CSR website at http://www.csr.nih.gov/review/clinonc.htm

Comments may be sent to Jean Paddock by e-mail at: Paddockj@drg.nih.gov or by fax at 301-480-2241. The comment period ends Sept. 25.

Following is the text of the proposal:

The Clinical Oncology Special Emphasis Panel reviews applications in the area of clinical cancer therapeutic and chemoprevention research. Clinical therapeutic studies are defined as investigations in which clinician-investigators directly interact with human subjects with therapeutic intent. Prevention studies address interventions in human subjects that may inhibit carcinogenesis, i.e., initiation, promotion, transformation and/or progression of the malignant process.

Clinical studies may include, but are not limited to, chemotherapy, chemoprevention, immunotherapy, radiation oncology, gene therapy, image guided therapy, surgery, hormonal therapy, transplantation, and clinical trials methodology (including biostatistics). Prevention studies involving behavioral research are not included in this SEP.

Preclinical studies may be included only if the focus of the application is a human clinical/intervention trial. Clinical/intervention protocols must be included with all proposed trials. Correlative studies relevant to clinical studies are appropriate. The clinical correlates must relate to individual patients/subjects and to a specific therapeutic study/trial, such as understanding the mechanism of action of agents, or predicting response to cancer risk reduction from specific agents or therapies, or altering treatment dose, route, or schedule.

The following areas will not be under the purview of the SEP: cancer epidemiology, diagnostic clinical studies, human behavioral studies, symptom management, e.g., pain, nausea, and maintenance or correction of nutritional status. Generally, large multi-institutional clinical trials will not be reviewed in this SEP.

Membership: Members are selected on the basis of their expertise in the areas of medical, surgical, and radiation oncology (adult and pediatric), chemotherapy, chemoprevention, immunotherapy, hematology, transplantation, clinical trials methodology, image guided therapy, dosimetry, gene therapy, pharmacology, toxicology, pathology, and neurology.

Potential Overlap: There is potential overlap

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Cancer Prevention:

Tamoxifen Cut Breast Cancer By 49% In Trial, NSABP Says

Tamoxifen reduced the risk of invasive breast cancer by 49 percent in women at high risk of the disease who took the drug for five years compared to women who took a placebo, according to a report of the National Surgical Adjuvant Breast and Bowel Project study P-1.

The study also found that tamoxifen reduced the risk of noninvasive breast cancer by 40 percent. The effect was seen in all age groups and all of the risk categories in the study.

The findings of the study, also known as the Breast Cancer Prevention Trial, were published in the Sept. 16 issue of the Journal of the National Cancer Institute. The results are updated by six months from the initial release of data from the trial last April (**The Cancer Letter**, April 10).

"The updated findings continue to show that the benefits of tamoxifen in reducing the probability of developing a breast cancer remain and are actually stronger than initially reported," D. Lawrence Wickerham, associate chairman of NSABP and protocol officer for the study, said in a Sept. 14 teleconference.

NSABP initially reported a 45 percent reduction in risk of invasive breast cancer.

Over 13,000 women entered the trial, which began in 1992. Mean followup has reached nearly 4 years, and nearly a third of the women have been followed for more than five years.

"The updated findings also continue to show that tamoxifen is associated with an increased risk of endometrial cancer that is about two- to three-fold greater than the women receiving placebo, and the same holds true for blood clots in major veins in the body, again a two- to three-fold increase," said Wickerham, one of the authors of the report. "This magnitude of increase in blood clots is, however, quite similar to other hormonal therapies including hormonal replacement therapy after menopause."

The publication of the P-1 findings comes two weeks after the FDA Oncologic Drugs Advisory Committee recommended approval of tamoxifen (Nolvadex, sponsored by Zeneca Pharmaceuticals) for the short-term reduction of risk of breast cancer in high risk populations (**The Cancer Letter**, Sept. 11).

In another development, NSABP later this month plans to notify sites selected to participate in P-2, the study of tamoxifen versus raloxifene for the prevention of breast cancer, Wickerham said. About 200 sites will be selected.

Prevention Equals Risk Reduction

In addition to updating the findings released earlier this year, the NSABP report comments on two questions that ODAC discussed:

1. What is meant by "prevention"?

ODAC recommended that the package insert for tamoxifen use the words "risk reduction" rather than "prevention" in describing the drug's benefit.

The P-1 authors said risk reduction is what they meant by prevention.

"The term 'prevention,' as used in this article, indicates a reduction in the incidence (risk) of invasive breast cancer over the period of the study," the report said. "Although tamoxifen prevented the appearance of a substantial number of breast cancers over the duration of this study, the term 'prevention' does not necessarily imply that the initiation of breast cancers has been prevented or that the tumors have been permanently eliminated."

The distinction between a breast cancer that cannot be detected and a breast cancer that has been eliminated is irrelevant at this point, said Bernard Fisher, NSABP scientific director and lead author of the study.

"When we started the study in 1992, the word 'prevention' was used in the broadest sense: Prevention of the expression of a breast cancer," Fisher said during the teleconference.

"When a breast cancer starts, those cells go through a variety of changes which nobody can yet follow," he said. "The tumors go through genetic changes, and then those cells begin to grow in one form, and certain cells take over and they begin to grow in another form, and then eventually a tumor occurs before we can diagnose it by means of a mammogram or by any other mechanism that is currently available.

"Now what we have done here is take a great leap in the sense that we are now able to prevent the expression of breast cancers before they can be identified by any means known," Fisher said. "That word 'prevention' indicates a reduction in the incidence of breast cancer, and [prevention of] the appearance of a substantial number of breast cancers over the duration of the study.

"It doesn't necessarily imply that the very beginning of a tumor, the initiation, was prevented," Fisher said.

"I don't think at this point in time there is anybody by any means who can tell us precisely what it is we are preventing," he said. "But I would suggest, based upon what we know about the biology of breast cancer, what we know about the nature of the mechanisms of tamoxifen, that we are probably doing a number of things, such as preventing small occult tumors from becoming visible, preventing certain stages of the development of a tumor from progressing, and so on.

"So at this point, it is not really material how we define the word prevention."

2. Who should take tamoxifen?

According to the P-1 report, the findings of the study indicate that the following populations should be candidates for the drug:

—Women age 50 or younger who would have been eligible for the study.

—Women with a history of LCIS or atypical hyperplasia.

—Postmenopausal women at high risk for breast cancer who have had a hysterectomy.

The study said the following populations "might also be candidates" for tamoxifen:

—Women with a history of DCIS. Findings from other NSABP trials indicated that the risk of invasive breast cancer in women with DCIS is at least as high as that for women with LCIS, the study said.

—Women who carry BRCA1 or BRCA2 genetic mutations. Studies are underway to determine how many P-1 participants have these mutations and whether tamoxifen decreased their breast cancer risk, the report said.

—Women age 50 or older who have stopped menstruating, have not had a hysterectomy, and have no history of LCIS, DCIS, or atypical hyperplasia. Determining whether a woman in this category should take tamoxifen is a complex decision based on each woman's projected risk of developing breast cancer. "The higher the risk, the more likely that tamoxifen would confer a benefit," the study said.

Amy Langer, executive director of the National Alliance of Breast Cancer Organizations, said each woman will have to decide whether to take tamoxifen. "Women who are at extensive risk for breast cancer have been very anxious to have options," she said.

Educational materials need to be developed on the benefits and risks of using tamoxifen, Langer said. "Women will need to determine whether, given the results of this study, that tradeoff is good for them individually," she said. "One responsibility we have is to help the NSABP, NCI and the manufacturer in getting this information out there."

NCI Develops "Risk Disk"

NCI has developed a breast cancer risk assessment tool to help health care providers inform women about their risk of developing breast cancer. The software program goes through a list of questions that women can answer to determine their risk of developing breast cancer.

The program, which has been nicknamed the "risk disk," will be sent to anyone who signs up for a copy on the NCI Cancer Trials website at http://cancertrials.nci.nih.gov (click on the Signup Area, then go to the Email Alert Service).

A second version of the program is planned to examine the risks and benefits of taking tamoxifen for individual women.

New Drug Approval:

Groups Urge FDA To Move Quickly On Herceptin Approval

Herceptin, the monoclonal antibody-based agent for the treatment of breast cancer, may be approved before Nov. 1, the deadline under the FDA fast track procedures, sources said.

Several patient groups chose Sept. 25 as the target date for FDA to complete its market clearance of the therapy. The Oncologic Drugs Advisory Committee recommended approval for the therapy at its meeting Sept. 2 (**The Cancer Letter**, Sept. 11).

However, based on discussions at ODAC, the agency and the sponsor have to work out several issues, including the label language and post-market commitments to refine selection criteria for women who stand to benefit from the therapy and to study cardiotoxicity of Herceptin (trastuzumab) when administered in combination with anthracycline-

based drugs.

"Genentech is doing everything we can to have Herceptin approved as soon as possible," said Steven Shak, senior clinical scientist at Genentech Inc., of South San Francisco. "Within two to four weeks of approval, we will be able to ship the drug upon the prescription by physicians in the US."

Sources said Genentech and NCI are negotiating the issue of providing Herceptin to an estimated 400 women registered to receive the drug through a lottery. Lottery is available to women who failed two types of treatments for metastatic breast cancer.

Getting the drug to these patients is a priority for Genentech, said Genentech spokesman Geoff Teeter. "We'd like to do it as soon as possible, but no date has been set," he said.

After the ODAC vote, several breast cancer groups formed a coalition called Herceptin NOW Oversight Committee. The group met with the FDA officials Sept. 10, and has had two subsequent telephone conferences with the company, said Robert Erwin, chairman of the California Breast Cancer Research Council and founder of the Marti Nelson Cancer Research Foundation.

Teeter said Genentech has been discussing the issues of accelerating approval and expanding access with the Oversight Committee as well as with FDA, NCI, and the National Breast Cancer Coalition, the group credited with increasing enrollment in clinical trials of Herceptin.

"Approval completed even one month sooner than it would otherwise happen is going to be the difference between life and death for some very real individual people," said Erwin. "I don't know who some of those people are, but to me they matter. And there is no reason not to do it as fast as possible without compromising the integrity of the process at all. It's just a matter of people turning things around faster."

On Sept. 10, the group met with FDA officials to ask them to speed up the approval of the therapy. "We left with a very clear understanding that it was possible," Erwin said.

The committee includes the Breast Cancer Fund, the Cancer Support Community, Colorado Breast Cancer Treatment Committee, and SHARE. The group's demand for approval of Herceptin was supported by the National Coalition for Cancer Research.

"In 1996, FDA approved the use of a protease-inhibitor by AIDS patients in a record turn-around of three days following the Anti-Viral Drugs Advisory Committee meeting," NCCR president Carolyn Aldige wrote in a letter to FDA. "Herceptin promises improved quality of life and delayed time to disease progression for women with metastatic breast cancer. They deserve no less in terms of immediate access to a proven, safe and effective therapy than AIDS patients."

Shak said the issues that remain to be worked out with FDA are not major. "The main thing that I took away from the ODAC meeting was that the analyses of the results were very similar, and that there is a high degree of concordance in our analysis of the data," he said.

NBCC President Fran Visco said the drug should be approved as quickly as possible, but not at the expense of good science.

"The data show certain things like cardiotoxicity that have to be properly reflected in labeling," Visco said. "We have to make certain that we know for which women Herceptin will be effective, and that's the basis on which we think it should be approved.

"We want it done promptly and done right," she said.

In Congress:

NCI Apologizes For Delay In Report On Fallout Exposures

NCI officials this week apologized to a Senate committee for actions that delayed by several years a report on fallout exposures resulting from nuclear weapons testing in the 1950s.

At a Sept. 16 hearing of the Senate Permanent Subcommittee on Investigations of the Committee on Governmental Affairs, Bruce Wachholz, chief of the NCI Radiation Effects Branch, said a shortage of funding and an abundance of management problems at the Institute from 1993 to 1995 delayed the writing of the report.

The report, released in October 1997, estimated likely iodine-131 exposures across the nation (available on the NCI website at http://www.nci.nih.gov).

Congress requested a report on the I-131 exposures in 1983. The NCI study re-analyzed 40-year-old data on I-131 deposits and fallout cloud tracking, and developed mathematical models to estimate exposures to people living in every county of the contiguous U.S.

Wachholz said the recruitment of experts and the analysis of the study took 10 or 11 years, longer than expected.

The study database and analysis were completed by 1992, and the study's expert advisory committee was disbanded in 1993. The branch also was working with scientists in the former Soviet republics of Belarus and the Ukraine on studies of thyroid cancer in children exposed to radioactive fallout from the 1986 accident at the Chornobyl nuclear power plant.

"There had been no inquiry into the [U.S.] study for the preceding 10 years. The sense was that nobody was terribly interested," Wachholz said. "We were becoming increasingly involved in the Chornobyl studies, which were taking an increasing amount of time. We couldn't do both with the equal amount of attention."

Sen. Susan Collins (R-ME), chairman of the subcommittee, gently rebuked Wachholz. "The public can't be interested in what it doesn't know," she said. "Was there any concern about the public reaction, or was it only released when Congress became interested?"

Wachholz said he discussed the situation with his immediate superiors in late 1995 after newly-appointed NCI Director Richard Klausner had established a management structure. The branch was able to hire additional staff in 1996.

"We recognized that we had to get the report out," Wachholz said. "Once we had a management structure in place to help us, we got it out."

Klausner said he did not learn about the delay in the report until it was brought to his attention by Sen. Tom Daschle (D-SD).

NCI had no system for tracking progress on responding to Congressional requests, Klausner said. Now it does.

William Raub, deputy assistant secretary for science policy in the Department of Health and Human Services, said the department will review its procedures for monitoring such studies.

In addition, HHS plans to seek an independent review of the Chornobyl studies, and the department is reviewing the recent report by the Institute of Medicine on the I-131 study, Raub said.

The IOM report, released Sept. 1, found that, although some Americans are at higher risk for developing thyroid cancer after being exposed to I-131 from the nuclear bomb tests, the federal government should not sponsor thyroid cancer screening, because there is no evidence to suggest that early detection of thyroid cancer through a routine screening program would prolong lives or lead to other health benefits.

Screening for thyroid cancer is often inconclusive and the disease is rare, and rarely fatal, the IOM report said.

Copies of "Exposure of the American People to Iodine-131 from Nevada Atomic Bomb Tests: Review of the National Cancer Institute Report and Public Health Implications" are available from the National Academy Press, phone 202-334-3313 or 800-624-6242.

Funding Opportunities:

Lymphoma Foundation Offers Research Grants

The Lymphoma Research Foundation of America is accepting grant applications for the fiscal year July 1, 1999, to June 30, 2000.

Awards of up to $35,000 per year for salary are available for researchers working on lymphoma-specific studies. Applicants must hold a Ph.D., M.D., or equivalent degree. M.D.s must be at least third-year fellows. Applications must be postmarked on or before Dec. 14, 1998.

For grant applications and policies, contact: Lymphoma Research Foundation of America, 8800 Venice Blvd. Suite 207, Los Angeles, CA 90034. Fax 310-204-7043. For further information, phone 310-204-7040.

NCI RFPs Available

NCI-CM-97016-30

Title: **Treatment and Biology Section**

Deadline: Nov. 2, 1998

The Pharmaceutical Resources Branch of the Developmental Therapeutics Program, Div. of Cancer Treatment and Diagnosis, NCI, is seeking a contractor to develop and manufacture oral dosage forms of anti-cancer agents in support of NCI sponsored clinical trials for anti-cancer drugs. These dosage forms include tablets, capsules, and solutions to be ingested orally. The Contractor will be responsible for formulation development and optimization of the dosage forms and production of clinical oral product batches for the NCI, as well as provide a complete quality control evaluation of the products. Pre-formulation data may be provided to the Contractor by NCI, however, the Contractor may be requested to conduct limited pre-formulation studies. Sizes of runs will range from very small batches required for toxicology studies, to larger lots required for phase II clinical trials. The Principal Investigator should have at

least three years experience in the development and manufacturing of oral dosage forms. Other personnel should possess suitable training and experience to insure satisfactory performance of all phases of work under their purview. The facilities and equipment must be adequate to develop, manufacture, and quality control test oral dosage forms. The offeror should have facilities and procedures for handling highly toxic drugs at the time of Final Proposal Revisions. The offeror must be a U.S. FDA approved manufacturer of oral dosage forms at the time of contract award.

It is anticipated that one cost-reimbursement, completion contract will be awarded for a period of five years. This RFP may be accessed electronically at http://amb.nci.nih.gov/RFP.htm

Inquiries: Elsa Carlton, Acquisition Management Branch, National Cancer Institute, 6120 Executive Boulevard, Suite 603, MSC 7220, Bethesda, MD 20892-7220. Phone 301-435-3811, fax 301-402-6699. Email: ec39g@nih.gov

N02-SC-91004-42

Title: **Clinical Data Management**

Deadline: Oct. 2, 1998

The Div. of Clinical Sciences, NCI, is seeking qualified offerors to provide data management and data processing support relevant to identifying improved cancer and AIDS therapies and conduct statistical studies of clinical trials. This acquisition is under the direction of the Biostatistics and Data Management Section of DCS and is a recompetition of an ongoing contract currently being performed by Orkand Corp.

The contractor shall provide qualified personnel, material and equipment to engage in a wide variety of projects such as: 1) Enhance, maintain and document current and future computerized clinical database systems; 2) Retrieve clinical and laboratory data on patients treated by NCI; 3) Respond to the reporting and data analysis needs of the DCS; 4) Design, develop and operate new data collection systems and develop new retrieval programs; 5) Prepare eligibility randomization and registration materials; 6) Provide training, quality assurance, and data standardization programs; 7) Meet with NIH personnel at NIH, frequently, and on short notice.

Virtually all of the work will be performed at government supplied offices in the NIH campus and/or nearby offices located in Bethesda and Rockville, Maryland due to the extensive use of patient medical records and the regulations pertaining to handling of these documents. The offeror shall be required to meet with NIH personnel in Bethesda and/or Rockville and to furnish courier services between corporate headquarters and various locations within the NIH facility. It is anticipated that the proposed contract will be a cost reimbursement, level of effort type contract for a five year period of performance with a requirement for 273,750 total productive labor hours.

Contract Specialist: Veronica Rozier, phone 301-435-3776, fax 301-480-0241, e-mail vr45e@nih.gov.

NO2-CM-87032-26

Title: **Clinical Trials and Information Management Support System**

Deadline: Oct. 2, 1998

This is a 100% small business set aside.

The Cancer Therapy Evaluation Program of NCI's Div. of Cancer Treatment and Diagnosis is seeking a contractor to provide direct organizational, data management, and statistical support for specific clinical trials programs and to provide support to CTEP professional staff in the acquisition of information and review and analysis of data which result from extramural clinical research to assist in planning future clinical trials.

The workscope is divided into three broad areas of support: clinical trials management support; information management support; and statistical, mathematical, and database programming support. NCI staff may require frequent analyses and reports from the data files maintained at the contractor's facilities, and frequent contact (several times a week) with the contractor's program manager or designees to discuss technical problems and to review data.

The contractor will need to access information as often as daily that is maintained in various files and libraries of CTEP. It is anticipated that the base effort requirement for this contract will be 46.5 productive FTEs over a period of five years (approximately 9.30 FTEs/year). In addition, options for additional effort will be offered for the expanded participation project (17 productive FTEs over the first four years, with approximately 4.25 FTEs/year and for additional information specialists, (10 productive FTEs over the full five years, with approximately 2.0 FTEs/year.

The proposed acquisition is a recompetition of a contract awarded to the EMMES Corp. The government anticipates that one contract will be awarded on an incrementally funded basis for a period of five years. This RFP may be accessed by using the following internet address: http://amb.nci.nih.gov/rfp.htm.

Contracting officer: Carolyn L. Swift, phone 301-435-3819, fax 301-402-6699.

Program Announcements

PA-98-099

Title: **Correlative Studies Using Specimens from Multi-Institutional Treatment Trials**

Application Receipt Dates: Nov. 17, 1998; Feb.1; June 1; and Oct. 1, each year thereafter

The Cancer Therapy Evaluation Program and Cancer Diagnosis Program of NCI's Div. of Cancer Treatment and Diagnosis invite research grant applications from

institutions or consortia capable of and interested in performing translational research on promising predictive and prognostic markers. These studies should focus on correlations between biologic features of tissue specimens collected from the NCI Clinical Trials Cooperative Groups or other large multi-institutional clinical trials and patient outcomes. The markers should be assessed for their ability to predict clinical outcomes in the context of therapy or response to particular therapies.

This PA is intended to support collaborations between researchers with promising correlative markers and clinical trials groups with access to patient populations essential for validation studies. Researchers are encouraged to contact the NCI groups if ongoing collaborations are not in place.

This PA will use the investigator initiated research project grant (R01) mechanism for analysis of specimens from large multi-institutional clinical trials and the exploratory/pilot grant (R21) mechanism for pilot exploratory studies. Applicants are asked to submit, one month prior to the application receipt date, a letter of intent. The letter of intent may be sent to, and further information obtained from Diane Bronzert, Div. of Cancer Treatment and Diagnosis, National Cancer Institute, 6130 Executive Boulevard, Room 734, MSC 7432, Bethesda, MD 20892-7432, Rockville, MD 20852 (for express/ courier service). Phone: (301) 496-8866. Fax (301) 480-4663. Email: db85g@nih.gov

PA-98-100

Title: **National Cooperative Drug Discovery Research on Opportunistic Infections**

Application Receipt Date: Nov. 19, 1998

The National Institute of Allergy and Infectious Diseases and the National Cancer Institute invite investigator initiated research project grant applications to support projects with adequate preliminary data for serious development of new therapies to treat AIDS and cancer associated opportunistic infections. Studies may include research on identified targets for rational design of inhibitors or projects with chemically identified candidate compounds with suitable efficacy and selectivity for exploration as candidate drugs. Applications that include collaborations with the private sector (e.g., pharmaceutical, chemical or biotechnological companies) are strongly encouraged.

The opportunistic pathogens emphasized in this program announcement are human cytomegalovirus, mycobacterium tuberculosis, mycobacterium avium, cryptosporidium parvum, systemic candidiasis, aspergillus, and the Microsporida.

Inquiries: Mary Wolpert, PhD, Div. of Cancer Treatment and Diagnosis, National Cancer Institute, 6130 Executive Boulevard, Room 841, Bethesda, MD 20892-7456, phone 301 496-8783, fax (301) 402-5200, Email mw8u@nih.gov.

PA-98-102

Title: **New Directions In Pain Research: I**

The National Institute of Neurological Disorders and Stroke and the National Institute of Dental Research, serving as the lead Institutes for the NIH Pain Research Consortium, together with the National Cancer Institute and other institutes encourage investigator-initiated research project grant applications to study mechanisms underlying analgesic response and pain to advance the development of novel pain interventions, treatments and management strategies.

Applications are particularly encouraged to study pain throughout the lifespan from the perspectives of molecular genetics, transcriptional controls, signal transduction, including cellular/molecular mechanisms, innovative imaging technologies, plasticity and from hormonal or gender influences. The pain experience needs to be examined at all levels of analysis from the gene, molecule, cell, tissue, and organ, to the individual, family and community, with the goal of developing new insights into pain intervention, treatment and management.

Inquiries: Dr. Cheryl Kitt, Division of Convulsive, Infectious and Immune Disorders, NINDS, Federal Building, Room 504, Bethesda, MD 20892. Phone 301-496-1431; fax 301-402-2060. Email: ck82j@nih.gov

Claudette Varricchio, Division of Cancer Prevention, NCI, 6130 Executive Blvd, Room 300, Bethesda, MD 20892-7340. Phone: 301-496-8541; fax 301-496-8667. Email: CV9h@nih.gov

In Brief:

Rally At Mall Of America Planned By Minnesota Centers

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Michael Milken, founder of Association for the Cure of Cancer of the Prostate, and **Sidney Kimmel**, founder of Kimmel Foundation for Cancer Research. . . . **MINNESOTANS** who can't get to Washington for The March can attend a rally and information/ research fair at the Mall of America in Bloomington, MN, on Sept. 26. The event is sponsored by the University of Minnesota Cancer Center, Mayo Clinic Cancer Center, Minnesota Breast Cancer Coalition, American Cancer Society, and other organizations. For information, contact Coleen Southwell, director of communications, University of Minnesota Cancer Center, phone 612-626-1107. . . . **ALLIANCE FOR AGING RESEARCH** honored **Sens. John Glenn** (D-OH) and **Connie Mack** (R-FL) for their support of research on aging, at an awards dinner Sept. 10 in Washington. The alliance also gave its $200,000 AlliedSignal Award for Research on Aging to **Edward Koo**, of University of California, San Diego.