

NCI To Fund About 4,100 Grants; Increase Planned In Average Costs; Paylines Stable

Using part of its \$375 million increase in appropriations from Congress, NCI plans to fund about 400 more grants this year compared to last year, and raise the average cost of a grant, Institute officials said last week.

Under a preliminary fiscal 1999 budget plan NCI officials are developing, funding for research project grants would increase by about
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In Brief:

Chamberlain, Kupchella Lead Educators; Mattel Donates \$25 Million To UCLA Children's

AMERICAN ASSOCIATION for Cancer Education elected new officers at its meeting Nov. 5-8 in Portland, OR, in conjunction with the first meeting of the International Network for Cancer Education. The officers are: **Robert Chamberlain**, president; **Charles Kupchella**, president-elect; **Phyllis Rideout**, treasurer; and **Virginia Krawiec**, secretary. The Margaret Hay Edwards Award, the association's highest honor, was presented to **Richard Bakemeier** for outstanding contributions to cancer education. The Samuel E. Harvey Lecture was awarded to **James Armitage**. AACE recognized **Vincent Cairol**, who retired last April as chief of the NCI Cancer Training Branch, for "many years of dedicated service on behalf of cancer education activities in the U.S." The 1999 AACE meeting is scheduled for Oct. 7-10 in Cleveland. Abstract forms, due April 1, are available from Virginia Krawiec, phone 404-329-7612, email: gkrawiec@cancer.org AACE will sponsor a meeting with the European Association for Cancer Education Nov. 2-5, 2000, in Washington, DC. . . . **MATTEL INC.**, of El Segundo, CA, pledged \$25 million to UCLA Children's Hospital. UCLA said it will rename the hospital the Mattel Children's Hospital at UCLA. The donation will support the hospital and Child Life Program, and fund a new facility, designed by architect I.M. Pei. Construction will begin in 2000. . . . **RICHARD BORCH** was appointed director of the Purdue University Cancer Center, an NCI-designated basic cancer research center, earlier this year. He has been head of the Department of Medicinal Chemistry and Molecular Pharmacology at Purdue since 1996, and previously was director of the University of Rochester Cancer Center. Borch replaces **William Baird**, who moved to Oregon State University in 1997. . . . **CORRECTION:** Dennis Slamon received the National Breast Cancer Coalition Scientific Leadership Award (**The Cancer Letter**, Nov. 6).

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NCI To Spend \$1.38 Billion To Fund Research Grants

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\$150 million for a total of \$1.38 billion, compared to last year's funding of \$1.23 billion, sources said.

The funds would support about 4,100 research project grants, of which about 1,240 are new or competing, and the remainder are non-competitive renewals. Last year NCI funded 3,700 grants, of which 1,046 were new or competing.

"We will be funding an enormous amount of good science in all the many different areas that we must fund," Institute Director Richard Klausner said to the NCI Board of Scientific Advisors last week.

As part of the increased funding for grants, NCI plans to raise the average grant payment by 2 percent, Klausner said.

The research project grants budget include funding for the major investigator-initiated grants including the R01, P01, R29, and R37 awards.

The FY99 appropriation to NCI is \$2.927 billion, a 15 percent or \$375.8 million increase over last year's appropriation.

Applications Increase; Paylines Remain Same

Because the number of grant applications submitted to NCI has increased by 15 to 20 percent, the Institute does not expect to change the "paylines," the funding cut-off as determined by priority score,

Klausner said. R01 grants would be funded through the 24th percentile ranked by priority score, while the larger P01 grants would be funded through the priority score of 135, the same paylines as last year.

Klausner acknowledged that cancer researchers may have expected an increased budget would bring an increased payline. "With changing parameters, like changing numbers of grants, changing average size, cost per grant, the psychological expectations of budget increases may not be met with any one of the metrics that we like to think about," he said to the BSA on Nov. 12. "It's the same payline, but a proportionate increase in the dollars, a significant increase in the number of grants, and in the dollars per grant."

Persistence, however, could pay off for investigators whose grant applications are not initially funded, because the Institute will have more money to spend on funding exceptions. Klausner said 10 to 12 percent of the budget would be set aside to fund grants that fall below the paylines, but are considered important to the Institute.

The Accelerated Executive Review, an NCI mechanism for funding exceptions, will be open to patient-oriented R01 grant applications ranked through the 35th percentile, and all other R01 applications through the 30th percentile, Klausner said. Last year, 60 to 70 percent of the applications that went through the AER were funded, he said.

Under the AER, grant applicants are given the opportunity to respond to the concerns of peer review. Their responses are evaluated by the NCI Executive Committee, which then decides whether to fund the grants.

Pay Attention To Program Announcements

In another altered approach to funding mechanisms, NCI plans to issue fewer Program Announcements, but will provide more funding for grant applications submitted in response to them, Klausner said. PAs list the Institute's research interests, but no funds are set aside specifically for them as with Requests for Applications.

"We want to make sure the community knows that we are serious about Program Announcements," Klausner said. "They have dibs on exceptions dollars.

"[Program Announcements] are not just things that we put up because it makes us feel good, but we didn't want to set aside money for," Klausner said. "We are only going to have up to two dozen or less of those, and they really represent priorities."

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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

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Founded Dec. 21, 1973 by Jerry D. Boyd

[See recently issued PAs, page 8.]

Investigators applying for their first R01 grant this year can expect the same success rate as their more experienced colleagues, because NCI will provide additional funds to support first-time R01s as part of the phase-out of the R29 FIRST award program. The R29s provided much less funding than R01s, and the lack of adequate support was found to lower an investigator's subsequent chances of winning an R01.

"That really is the spirit of the movement from the R29s to the R01s, which is to keep a success rate, but allow people to actually have more success with their first grant than the R29 allowed them," Klausner said. "That also...is one of the reasons why I don't feel we can raise the payroll."

NCI Must Fund \$60 Million In SBIRs

Though the Institute's FY99 funding plans are not yet fully developed, Klausner and other Institute officials said the following changes could be expected:

—NCI, by law, must set aside \$60 million this year, an \$8.3 million increase over FY98, for the Small Business Innovation Research program grants and contracts.

—A 25 percent increase, or \$8.3 million, has been mandated for National Research Service Award stipends, which brings the funding for this program to \$55 million.

—In addition to the NRSA stipend increase, NCI will provide an increase of 25 percent, or about \$15 million, for training grants.

—About \$22 million is set aside so far this year to fund competing research project grant applications in response to RFAs.

—*The NCI Clinical Trials Cooperative Group Program* will receive an increase of about \$25 million. "The clinical trials system is the system that is funded at the lowest percentage of peer review recommended funding of any of our programs," Klausner said. "We have made a commitment, as we move to change and reform that system, to correct that."

—The Cancer Centers Program may receive about an 8 percent increase.

—The NCI intramural research program will receive an increase of about \$20 million, or 3 percent, but the program will represent less than 16 percent of the overall Institute budget. "I think really fantastic things are happening in the intramural program, but

at the same time, we made a commitment to drop its percentage of the NCI budget, which was about 22 percent when I started [in 1995] to about 15 percent as quickly as possible," Klausner said.

—NCI maintains a 1 percent "Director's Reserve" fund at the beginning of the fiscal year. The money pays for unexpected taps from HHS or NIH, "building disasters," or other unplanned expenses, Klausner said. If not used for these needs, the funds go back into funding research project grants at the end of the year.

Klausner said the *Institute is beginning* to feel the effect of the lack of increases in recent years to the administrative budget. NCI spends about 4 percent of its budget on "research management and support."

"It is not a very sexy, interesting [budget] line," Klausner said. "We are really feeling the crunch of how to administer a growing number of projects, a growing number of grants, a growing number of everything, with little, if any, increase in our administrative budget.

"Over the next few years, we hope to open discussions with the Appropriations committees about the need to make sure that we adequately fund the ability to run the Institute," he said.

New Programs Mean New Commitments

While a budget increase usually brightens the day of any government official, the euphoria is followed by apprehension over the commitments to grantees, staff, and programs, *in subsequent years*. With a 15.1 percent budget increase this year, NCI will have a lot at stake at next year's appropriations debates.

"We certainly hope that we will continue to enjoy large increases, but we don't know that for sure," Klausner said to the BSA. "This is a large increase. We do have to be careful about out-year commitments.

"If we get something like a 7-and-a-half percent increase next year—which we would have been very happy with—I don't know if we will be able to maintain the payroll," he said. "We will not be able to do any new initiatives."

To deal with this situation, the Institute is developing a series of one-year funding initiatives, Klausner said.

"There are a tremendous number of interesting opportunities that we all know about, needs for access to new resources, new technologies, new programs,"

Klausner said. "What we will be doing this year, because of available funds, plus my concern about the uncertainty of exactly how long this rate of increase will be continued, will be to present a series of what I think you'll find are very interesting, one-shot funding initiatives."

The initiatives probably will be issued as supplemental funds for grant awards, Klausner said.

Congressional Concerns

The report of the conference committee that finalized the NCI appropriations contained no specific dollar earmarks, but listed several areas that concerned members of Congress. Klausner said the Institute takes "very seriously what Congress has expressed in report language."

The conference report recommendations include the following:

—A recommendation to expand NCI tobacco-related research portfolio, with a greater emphasis on behavioral, community, and state intervention research.

—Concern about the need to increase funding for a comprehensive initiative for breast cancer research designed to assist minority cancer control prevention and treatment.

—Request for a report on NCI's actions in response to the Inspector General's report on the Cancer Information Service. The Institute is proposing to reduce the number of CIS offices from 19 to 14 in response to the report's recommendation to consolidate the entire system into one office, Klausner said.

"We are hearing from a lot of places that they don't like that, including from Congress," he said. "We are trying to be responsive to the Inspector General saying that the system will not be optimally efficient unless there is more integration and it be less fragmented."

—Encouragement to place greater emphasis on funding clinical trials.

—A request for a plan to manage a large-scale trial to evaluate digital mammography.

—A recommendation to expand research on skeletal metastases and malignancies, and to participate more fully in an NIH initiative on hepatitis C research.

—A request for a report on the barriers and impediments to clinical testing of new technologies.

—A report will be due in April on NCI support for prostate cancer research.

NCI Programs:

BSA Approves New Version Of Minority Outreach Program

Advisors to NCI have approved in concept the Institute's plan to revamp a 10-year-old program that serves as outreach to minorities and the medically underserved.

The NCI Board of Scientific Advisors voted in favor of a plan to fund a Leadership Initiative on Cancer when the current programs for blacks, Hispanics, the Appalachian region expire next year.

Under the new program, NCI would set aside \$30 million over the next five years to fund eight cooperative agreements with organizations that could establish infrastructures to support cancer control research in minorities and the underserved.

The concept statement for the new program generated considerable debate by the BSA at its Nov. 12 meeting. Several board members said the program appeared to lack focus, while other members disagreed.

NCI Director Richard Klausner said the program was designed not to "predetermine the focus" of the applications. When board members discussed delaying approval so that the concept could be rewritten, he said that "a number of people have worked a long time on iterating and reiterating this, and delaying this four months is not going to make a difference."

Barbara Rimer, director of the Division of Cancer Control and Population Science, also came to the support of the program, saying that it was not an "isolated initiative" within NCI. Rimer said she and other division directors would work with the Office of Special Populations Research to funnel relevant research through the *Leadership Initiative*.

The BSA voted to approve the concept statement, with board member Sharon Murphy, chairman of the Pediatric Oncology Group, opposed.

The excerpted text of the concept statement follows:

The Leadership Initiative On Cancer. Concept for an RFA (cooperative agreements), eight awards, five years, first-year set-aside \$6 million, total cost over five years \$30 million. Program director: Otis Brawley, director, NCI Office of Special Populations Research, phone 301-402-6362.

This is an initiative intended to foster cancer awareness, community-based educational activities, and particularly the establishment of an infrastructure to

support research in cancer control in minority populations and to enable investigators from these communities to compete successfully for research support.

This concept draws upon a prior series of Leadership Initiatives launched in 1989. These earlier initiatives were based on the disproportionate burden of cancer on minority and medically underserved populations, identified in 1986 by the National Cancer Advisory Board as an important issue for NCI to address. The focus was on cancer awareness and related activities, and the initiatives aimed at reducing cancer incidence and mortality, increasing cancer survival, and improving access to health care within minority and medically underserved populations. The first of the Leadership Initiatives (National Black Leadership Initiative on Cancer) has been twice re-competed as a cooperative agreement with slight revisions in each instance (three awards were funded for three years in 1992, and a single four-year award was funded in 1995). The newest components were added through separate RFAs in 1992 (e.g. the Appalachian Leadership Initiative on Cancer, four awards for five years, and the National Hispanic Leadership Initiative on Cancer, two awards for five years). There are currently seven Leadership awards. The four ALIC awards and two NHLIC awards, initially funded for five years in 1992, received two-year funded extensions in 1997 and will end in September 1999. The NBLIC ends in November 1999.

Specific accomplishments for these Leadership Initiatives include the following:

- Establishment and maintenance of a nationwide organizational structure to facilitate the transfer of cancer prevention and control information from NCI to the community.

- Significant increases in cancer awareness levels *within the populations served.*

- Significant increases in the number of women screened for breast and cervical cancers.

- Encouraging increases in the number of men and women screened for colorectal cancer.

- First-time outreach to Black Americans in selected rural communities of Maryland, Virginia, North Carolina, Missouri, Louisiana, and Oklahoma.*

- First-time outreach to major populations of Hispanic/Latino men and women.

- Over 2,000 community-peer networkers trained and mobilized to provide community contact and reinforcement about cancer.

The NIH Revitalization Act of 1993 requires significant increases in minority accrual to clinical trials. We expect that the current Leadership Initiative will lead to increased community understanding of cancer research and that the resulting infrastructure and educational efforts will result in more effective recruitment to NCI-sponsored clinical trials. Another crucial aim is to increase the probability that community-based minority researchers

with good ideas will establish linkages and receive the infrastructure support they need to help them compete successfully for peer-reviewed research support. The present initiative will provide for improved community channels to access NCI resources so that research can be focused on issues that affect minorities and the underserved, and improved health promotion efforts can be developed that respect cultural traditions.

The major goal of this proposed RFA is to establish a robust and sustainable infrastructure to promote cancer awareness activities in minority communities and to launch from these communities more research and cancer control activities aimed at *specific population subgroups*. Examples of cancer awareness activities might include health fairs, lectures to community groups, courses in healthy cooking, promotional campaigns to encourage screening, and establishment of survivor support groups.

The specific goals of this initiative include:

- Infrastructure-building by the awardees. Establishment of relationships with relevant entities such as the Cancer Information Service, NCI-funded Cancer Centers, other government agencies such as the Centers for Disease Control and Prevention and the Health Care Finance Administration, voluntary organizations such as the American Cancer Society, and grass-roots community groups, programs and coalitions. These relationships would foster cancer awareness activities and would be formalized by the joint preparation of project plans describing the elements of the relationship and the activities to be conducted.

- Establishment of academic and/or clinical partnerships between the awardee and cooperating institutions to support enhanced minority accrual to clinical trials and to promote participation of minority scientists in research.

- Promotion of training opportunities, including mini-sabbaticals, for minority students/scientists, and enhancing awareness and utilization of training opportunities. Awareness of NCI training opportunities could be enhanced by establishment of informational links with the Comprehensive Minority Biomedical Program and the Cancer Training Branch. Utilization rates of NCI training opportunities will be tracked annually with the assistance of the CMBP.

- Planning and instituting collaborative developmental projects with relevant NCI divisions and with other partners, including Cancer Centers, Cooperative Groups, academic institutions, and community groups. Using its discretionary funds, each awardee may initiate one to four pilot projects per year, following review, approval and prioritization of applications by a science advisory committee.

- Developing with research partners grant applications stemming from the pilot projects. Success here would be measured by the awarding of an NIH grant to one or more of the research partners.

This proposed RFA differs from the earlier Leadership Initiatives by (1) providing first-time opportunities for applications from Asian Americans, Pacific Islanders, Native Americans and other population subgroups throughout the country that focus on America's minority populations; (2) providing an opportunity for applicants to propose large multi-site projects or small-scale projects that target one or more regions or even a tribal nation. This new initiative is intended to create-and maintain an infrastructure that will support a variety of *community-based* cancer prevention and control activities and foster collaborations between established researchers and minority/underserved communities.

Each application must identify a Research Director to lead the project who has an established track record in cancer control, prevention, and for public health. This Research Director, who may also be the application's *Principal Investigator*, must also have demonstrated research credentials, a record of research publications in peer reviewed journals, and competence in addressing the cultural traditions and nuances of the targeted population.

The initiative will involve three phases. Activities initiated during each phase, once begun, will continue for the entire award period. Successful applicants who were participants in the former Leadership Initiatives may begin by launching Phases I and II concurrently, while new awardees may need time before initiating Phase II. Initial funding decisions will be based upon the awardee's demonstrated level of readiness, geographic and ethnic diversity, and scientific merit.

Phase I is aimed at establishing or maintaining a *continuum of cancer awareness* and education activities while organizing and building a community infrastructure for research participation. During this phase awardees, should focus on establishing relationships with government and non-government entities, as well as community groups and coalitions, to jointly develop project plans for pursuing cancer awareness and education goals. For example, awardees are encouraged to draw upon the expertise of the Cancer Information Service, utilizing and modifying as appropriate their health promotional and educational materials. In addition, applicants should consider partnering with the CDC, HCFA, and other federal and state health units, utilizing their health resource programs to develop and implement a variety of culturally competent health promotion activities at the community level. Examples of activities that may be conducted include (but are not limited to) seminars, workshops, and campaigns that address such issues as the benefits of mammography and the Pap test, screening for colorectal cancer, presenting scientifically accurate cancer control messages relative to smoking, diet and physical activity, and the pros and cons of prostate cancer screening. Other types of activities that could be supported through the infrastructure established by the

Leadership Initiative might include efforts that identify and bridge gaps between culture and obtaining cancer services and programs that complement or improve upon, not duplicate, existing programs.

The structure and function of the NCI and the mechanisms by which it supports cancer research are not well understood by many individuals outside the Institute. To help make the NCI and cancer control research more transparent, employees and key volunteers in all funded institutions will be expected to attend an NCI-sponsored Cancer Control Academy early in the first year of funding. The Academy will be a three-day course organized and taught by cancer control scientists from the NCI and the extramural community and will include cancer advocates. The target audience will be the grantee institution's employees and volunteers, some of whom will be medical professionals. The Academy's curriculum will include a series of didactic lectures on cancer, cancer control research, and research funding. It is anticipated that the course syllabus will be a useful resource for some years for graduates of the Academy. The Academy will begin with a pretest to assess knowledge of cancer control issues and a post-test which will allow for assessment of the Academy's impact.

To proceed from Phase I to Phase II, awardees will have established a robust working relationship with at least one major NCI Cancer Center and/or Clinical Cooperative Group, or with an NCI-funded independent researcher to implement a research project or protocol within the targeted population.

Phase II involves establishment of formal clinical/academic partnerships between Leadership Initiative grantees and Cancer Centers, other academic institutions, and Clinical Cooperative Groups, and collaborations with NCI Divisions such as the Division of Cancer Prevention and the Division of Cancer Control and Population Sciences.

These partnerships have three purposes:

A. To enlist the community partners in efforts to enhance minority accrual to clinical treatment and prevention trials. Such efforts might, for example, include lectures to relevant audiences in the community and arranging working relationships and linkages between community groups and research organizations (Cancer Centers and Cooperative Groups).

B. To enhance training opportunities for minority scientists. To this end, awardees shall identify junior minority researchers and students participating in the Initiative and facilitate their pursuit of further training assignments in cancer control and related areas. Awardees shall also arrange short-term training assignments for minority researchers in cancer prevention and control in the programs of the NCI and at NCI-funded cancer centers. Awardees are expected to demonstrate that they are taking advantage of training opportunities offered by NCI (e.g., the Comprehensive Minority Biomedical Program or other

grant mechanisms) or other appropriate organizations.

C. To facilitate planning and pursuit of pilot projects in collaboration with research partners. Awardee institutions may request developmental funds to support one to four such pilot projects, at a maximum of \$50,000 per year for each project. Institutions must include a detailed description of the process by which applications for pilot projects will be reviewed, approved, and prioritized by a science advisory committee comprised of Leadership Initiative participants, outside scientific experts, and community representatives. It is anticipated that these pilot projects will lead to the subsequent development in Phase III of grant applications, submitted independently of the Leadership Initiative, for new and innovative research projects involving special populations.

Activities in this phase emphasize the functioning of the partnerships, now fully operational and actively engaged in a suitable spectrum of pilot projects involving the community. The partnerships should now be capable of sustaining the infrastructure from which multiple independent investigator-initiated research projects in cancer control can be launched. During Phase III, grantees are expected to develop grant applications based on results stemming from projects supported by developmental funds during Phase II. These grant applications are, however, *independent* of the Leadership Initiative, and will be submitted and reviewed according to usual NIH procedures for investigator-initiated research proposals. Activities initiated in Phases I and II also continue through the end of Phase III.

Awards made under this Initiative may provide support for: a) large projects, for example with a primary office and one or more regional units, and b) small-scale projects involving a single site. Funding levels for projects in the former category might, for example, include support for 2-3 FTEs in the primary office, 4-5 FTEs at each regional unit, and additional monies for facility cost, supplies, travel and meeting support. Funding for small-scale projects would include support for 2-3 FTEs, facilities cost, supplies, travel and meeting support. All applicants must set aside travel funds for PIs, Research Directors, and other key staff members to attend annual Leadership Initiative meetings to be held in Bethesda, MD.

[Editor's note: Concept statements reflect NCI's plans for future grant or contract solicitations. Actual issuance of solicitations, as well as funding levels, are not certain. For further information, contact the Program Director listed in the concept statement.]

Funding Opportunities:

NCI Offers Funds To Develop, Validate Mouse Models

NCI has announced the availability of administrative supplements to NCI-funded research project (R01) and

program project (P01) grants to assist with unanticipated costs associated with the development and validation of mouse models of human cancer.

Also, NCI-funded investigators whose research involves investigations of mouse models and who require supplemental support to take advantage of new opportunities afforded by these cancer models may submit a request detailing the basis for the needed supplement.

Any inadequate support or unanticipated costs in this broadly defined area may be the basis for a supplement request under this program. However, funds are limited, and NCI will give highest priority to administrative supplement requests that meet the *following criteria*.

1. The grantee has substantial evidence that an existing model may be a good preclinical model for human cancer.

—Funds are needed to develop or refine the model further through additional studies, such as detailed molecular or genetic characterization, or in-depth pathobiology.

—Funds are needed for pilot experiments to determine a model's suitability for testing therapy or prevention modalities.

2. Studies to develop or refine or validate existing mouse models that may be useful as preclinical models for cancer will take priority over plans to derive new models for this purpose, because the latter experiments will likely exceed the limited scope of an administrative supplement.

3. Grantees may request 1 to 4 years of support; however, the funding request may generally not exceed \$50,000/year of direct costs, and the requested budget must be appropriately justified.

4. Requests must meet the criteria required for all administrative supplements:

—the supplement funding may not exceed the project period for the grant;

—the work proposed must be within the scope of the research originally approved.

5. Requests should contain enough detail to allow NCI to judge the merit of the research opportunity and the need for additional funds. All requests require an itemized budget and must be countersigned by the grantee institution business office.

A request for an administrative supplement should be sent directly to the NCI program director responsible for administration of the grant and identified on the latest Notice of Grant Award. Grantees are strongly encouraged to discuss with their NCI program directors the specific reasons for their supplements before submission.

Requests will be considered for funding three times only; submission deadlines are Dec. 15, 1998, and April 15 and June 1, 1999. The requests will be first evaluated by the program director for the grant, then by an internal NCI review committee of extramural program staff with experience in the area of research. NCI expects to make

decisions about these supplements within about 60 days of the submission deadlines.

Inquiries: Cheryl Marks, Division of Cancer Biology, NCI, Executive Plaza North, Room 501, Bethesda, MD 20892-7381, phone 301-435-5226, fax: 301-496-8656, email: cm74v@nih.gov

Program Announcements

PA-99-014: Economic Studies In Cancer Prevention, Screening And Care

The NCI Division of Cancer Control and Population Sciences, the Agency for Health Care Policy and Research, and the National Institute of Dental and Craniofacial Research invite investigator-initiated grant applications for research directed at increasing the knowledge base in the area of the economic aspects of cancer prevention, screening and care.

The goal of this program announcement is to generate new economic knowledge that will promote the optimal design of cancer prevention and control trial studies and interventions and will facilitate the formulation of effective health care policy related to cancer prevention and control. NIDCR has an interest in economic and health services studies as these relate specifically to oral and pharyngeal cancers and health care policies related to prevention and control of oral cancers. This initiative requests research applications on new methods development, the synthesis and extension of existing methods, and innovative data gathering strategies. Applications that propose to implement actual data collection on a pilot or full-scale basis as well as analytical studies that use existing data and methodology will be entertained.

Three broad topics are included in this PA:

1. The cost of cancer treatment and care in various organizational settings.
2. Collection of economic data in the context of clinical trials and the use of economic data and analysis in the design of trials.
3. Cost-effectiveness of cancer prevention and screening trials and cancer prevention and control interventions.

Inquiries: Martin Brown, Applied Research Branch, NCI, Executive Plaza North Room 313, Bethesda, MD 20892-7344, phone 301-496-5716, fax 301-435-3710, email: mb53o@nih.gov

Yen-pin Chiang, Center for Outcomes and Effectiveness Research, Agency for Health Care Policy and Research, 6010 Executive Blvd Suite 300, Rockville, MD 20852, phone 301-594-4035, fax 301) 594-3211, email: ychiang@ahcpr.gov

Patricia Bryant, Division of Extramural Research, National Institute of Dental and Craniofacial Research, 45 Center Drive Room 4AN-24E, MSC 6402, Bethesda, MD 20892-6402, phone 301-594-2095, fax 301-480-8318, email: pb36q@nih.gov

PA-99-015: Cancer Surveillance Using Health Claims-Based Data System

The NCI Division of Cancer Control and Population Sciences, the National Institute of Dental and Craniofacial Research, and the Agency for Health Care Policy and Research invite investigator-initiated grant applications for research to investigate the utility of health claims information as a reporting source for assessing the national cancer burden. Health claims include secondary data sources, for example fee-for-service insurance bills, managed care encounter data, and discharge summaries. Utility is broadly defined to include topics such as the use of health claims information to estimate patterns of care, outcomes of care, and effects of cancer therapies. Responses to this program announcement would initiate mechanisms to expand understanding of the capability of and methods needed to use claims data for cancer surveillance as well as applying these findings to the claims data in order to assess all aspects of cancer surveillance, such as cancer screening, incidence, treatment, and outcomes. The NIDCR's specific interests focus on health claims-based data as related to oral and pharyngeal cancers or the oral complications of cancer therapies.

Inquiries: Joan Warren, Applied Research Branch, NCI, Executive Plaza North Room 313, Bethesda, MD 20892, phone 301-496-5184, fax 301-435-3710, email: jw227v@nih.gov

Patricia Bryant, Division of Extramural Research, NIDCR, 45 Center Drive, Room 4AN-24E, Bethesda, MD 20892-6402, phone 301-594-2095, fax 301-480-8318, email: pb36q@nih.gov

Bernard Friedman, Agency for Health Care Policy and Research, 2101 East Jefferson Street Suite 605, Rockville, MD 20852, phone 301-594-6819, email: BFriedma@ahcpr.gov

PAS-99-010: Bioengineering Research Partnerships

NCI and other participating institutes and centers of the National Institutes of Health invite applications for R24 awards to support bioengineering research partnerships (BRPs) to support basic bioengineering research addressing important biological or medical research problems. A BRP is a multidisciplinary research team applying an integrative, systems approach to developing knowledge and/or methods to prevent, detect, diagnose, and treat disease and understand health and behavior, and must include bioengineering expertise in combination with basic and/or clinical investigators. A BRP may propose design directed or hypotheses driven research in universities, national laboratories, medical schools, private industry and other public and private entities.

Inquiries: Carol Dahl, NCI, Bldg 31 Rm 11A03 MSC 2590, Bethesda, MD 20892-2590, phone 301-496-1550, fax 301-496-7807, email carol_dahl@nih.gov