

NCAB To Review Coding Of Projects Addressing Minorities And Underserved

The National Cancer Advisory Board has formed a subcommittee to review the "coding" of NCI projects and programs addressing the cancer burden borne by minorities and the underserved.

However, two members of the President's Cancer Panel who took part in the NCAB deliberations Feb. 10 warned that an examination of methodology the Institute uses to decide whether projects can be counted as minorities research would distract attention from the more pressing problems affecting minorities and the underserved.

"The problem is not coding," Paul Calabresi, a member of the
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In Brief:

Visco Elected Chairman Of DOD Panel; Breast Cancer Stamp Raises \$4.9 Million

FRAN VISCO has been elected chairman of the Integration Panel of the Department of Defense Peer-Reviewed Breast Cancer Research Program. The panel sets the program's goals and ultimately determines allocation of funding, which is \$135 million in fiscal year 1999. Visco, president of the National Breast Cancer Coalition and a member of the President's Cancer Panel, has served on the Integration Panel since its formation. She is the first consumer to serve as the panel chairman. . . .

JOSEPH SIMONE was named interim vice president for cancer programs at the University of Utah, a temporary position until a new vice president is named within six months. Simone continues in his positions as medical director of the Huntsman Cancer Foundation and the Jon M. Huntsman Professor of Clinical Oncology at the University of Utah School of Medicine. Chief among Simone's duties will be the implementation of the university's project called "A Cancer Initiative for the 21st Century," a five-year plan to develop an interdisciplinary clinical cancer effort for the University of Utah Health Sciences Center. . . . **BREAST CANCER STAMP** has raised \$4.9 million for research since it went on sale last summer, according to the Postal Service. The stamp sells for 40 cents and is valid for 33-cent first-class postage, with the difference designated for breast cancer research at NIH and the Department of Defense. The Postal Service said about 61 million of the stamps have been sold. An additional 80 million are being printed, bringing the total number of breast cancer stamps printed to 280 million. That number is expected to meet demand until sales of the stamp end in July 2000. . . . **BRUCE ALBERTS**
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The Problem Isn't Research, It's Application, Says Calabresi

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President's Cancer Panel, said to **The Cancer Letter**.

"The President's Cancer Panel has looked at the issues of minorities and the underserved, and it was our conclusion that the problem is in the application of research to the care of patients," said Calabresi, a member of the Institute of Medicine and professor and chairman, emeritus, of the Department of Medicine at Brown University School of Medicine.

The issue of coding arose in the course of the NCAB discussion of a recent report by the Institute of Medicine, which recommended that only projects that ask research questions that address minorities and the underserved exclusively should be coded as minorities research (**The Cancer Letter**, Jan. 22, Jan. 29, Feb. 5).

Objecting to this approach, NCI officials said they would like to report three kinds of programs and projects: Research "targeted" at special populations; research that asks broader questions "relevant" to special populations; and "investments," which includes contracts and non-research programs aimed at minorities.

"It doesn't appear to me that we should be spending a lot of time focusing on the coding issue, because there are more substantive issues to be

addressed by NCI and NCAB," President's Cancer Panel member Fran Visco said to **The Cancer Letter**. "In this debate, as in most others, there is probably right on both sides. I can understand the frustration with NCI, because of their history of having the same response: 'Yes, we are already doing that,' and then they don't seem ever to address whatever the public is complaining about," said Visco, president of the National Breast Cancer Coalition.

"I think this is a situation where the right people need to sit down, face-to-face, and openly discuss the real issues," Visco said.

The President's Cancer Panel issued its report race and cancer in 1997.

"Conservative" v. "Liberal" Coding

Government agencies are known to use coding creatively to inflate the volume on their programs addressing specific needs.

However, NCI has been "conservative" in its use of coding of minorities programs, Institute Director Richard Klausner said to NCAB.

"We are not using, as the report says, 'gimmicks,'" Klausner said. "We try to be very careful. I think we are conservative."

"I would suggest that we take a completely new look at the coding system," disagreed Alfred Haynes, chairman of the IOM committee and former president and dean of Drew Postgraduate Medical School. "I think that you can approach the reality a lot better than you are doing at the present time.

"The problem with having a report that is 'conservative' today is that next year you may have a different NCI director, and in his report he may be 'liberal,' and another one may do a lot more and be 'conservative,'" Haynes said at the meeting.

The IOM report estimated the NCI targeted programs as \$24 million in fiscal 1997. According to NCI estimates, these programs added up to \$44 million that year. On top of that, NCI spent \$89 million on "relevant" research, and another \$64 million on targeted programs, including black, Hispanic, and Appalachian "leadership initiatives." The numbers cited by Klausner totaled \$197 million in 1997, \$73 million above the estimate cited in the IOM report.

The report does not propose funding targets for these programs.

The Underserved Are Underserved

Addressing the board, Otis Brawley, director of the NCI Office of Special Populations Research,



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Founded Dec. 21, 1973 by Jerry D. Boyd



drew on 20 NCI-sponsored studies of cancer incidence and patterns of care, which conclude that (1) equal treatment leads to equal outcomes, regardless of race, and (2) that equal treatment does not exist in the US.

“If we are interested in decreasing the mortality of the minority and underserved people, we have to understand that they are underserved because they are under-*served*,” Brawley said to NCAB.

“Race is not a biologic category,” Brawley said to NCAB. “Race does not matter. Racism, however, does matter. Deprivation also matters. If we are truly interested in reducing mortality in our special populations, the fastest way to reduce that mortality would be by making the fruits of research that has already been done available to them.

“Perhaps too much emphasis has been put on the fact that minorities are dying because research is not being done, and not enough emphasis has been put on the fact that minorities are dying because the fruits of research are not being applied to them,” Brawley said.

Brawley’s office, which was established two years ago, has been something of a bureaucratic backwater at NCI, insiders say. The office has been suffering from staffing problems, and has been slow in amassing internal mandates and an extramural constituency.

However, the IOM report and the month-long debate it engendered appear to have given an enormous boost to Brawley’s program. Not only did the report call for giving the office greater authority, but in the ensuing debates, Brawley has emerged as NCI’s principal expert on issues that involve minorities and the underserved.

In the next few months, Brawley’s office is expected to convene an advisory “working group” that would solicit the input of advocacy groups and extramural scientists, potentially enabling the Institute to keep the balance between the politics and science of ethnicity and economic deprivation.

At the NCAB meeting, Visco and board member Vainutis Vaitkevicius said the data presented by Brawley were the crucial element of the NCAB discussion.

“I think an important presentation that we should not ignore is Dr. Brawley’s presentation,” said Vaitkevicius, president, emeritus, of the Barbara Ann Karmanos Cancer Institute. “The discrepancy of what we know and what we do is of tremendous importance in minority populations.

“The burden of mortality in poor people is not the fault of research, but of our medical system denying poor people our research results, and making them available only to the wealthy.

“This is the real problem, and that is the problem that the leaders should address,” Vaitkevicius said.

At the NCAB meeting Visco said the board should go beyond blaming the healthcare delivery system.

“I think the topic for the board—and I do not think you can do it today—is to what extent does NCI and the National Cancer Program have the obligation to get involved in making certain that the research is applied appropriately across all socioeconomic and ethnic lines,” Visco said.

The proposal to examine NCI coding of programs dealing with minorities and the underserved was made by Amelie Ramirez, a member of the IOM National Cancer Policy Board, who served as that board’s liaison with the committee on cancer in minorities and the underserved.

Ramirez, associate professor and associate director of the Center for Cancer Control Research at Baylor College of Medicine, said NCI needs “an oversight body” rather than Brawley’s office to coordinate minorities research.

“I am not even sure we need an Office of Special Populations, if each of the directors and each of the branch chiefs have mandated within their division that they would move forward the issues of minority populations,” said Ramirez. “I think we need an oversight body to make that happen.”

The NCAB subcommittee on coding will be chaired by Frederick Li, chief of the Division of Cancer Epidemiology and Control at Dana Farber Cancer Institute. The group includes Ramirez, Elmer Huerta, a cancer prevention specialist at Washington Hospital Center, and Sandra Millon-Underwood, the American Cancer Society Professor at the Health Management Department at the University of Wisconsin-Milwaukee School of Nursing.

FY 2000 Budget:

Success Rate Drop Projected, Would Take Years To Catch Up

Advocates for federal funding for cancer research often point to the “success rate”—the percentage of grant applications that receive NCI support—as one of the most important measures of the health of the National Cancer Program.



NCI Projection Models For Research Project Grants

(Dollars in thousands)

0% Average Cost Increase Per Year for Competing Grants

Annual rate of growth of the RPG budget required to achieve a 30% success rate...

... assuming 4% annual growth in applications:

	FY2000	FY2003	Amt Change	Cmpnd % Change	Annual Rate
Total RPG Dollars	\$1,362	\$1,722	\$360	26%	7.8%
Noncompeting RPG Dollars	\$1,025	\$1,316	\$291	28%	8.5%
Competing RPG Dollars	\$336	\$406	\$70	21%	6.5%
Competing RPG Awards	1,123	1,356	233	21%	6.5%

...assuming 8% annual growth in applications:

	FY2000	FY2003	Amt Change	Cmpnd % Change	Annual Rate
Total RPG Dollars	\$1,362	\$1,817	\$455	33%	10.0%
Noncompeting RPG Dollars	\$1,025	\$1,363	\$338	33%	10.0%
Competing RPG Dollars	\$336	\$455	\$119	35%	10.5%
Competing RPG Awards	1,123	1,518	395	35%	10.5%

Annual rate of growth of the RPG budget required to achieve a 35% success rate...

... assuming 4% annual growth in applications:

	FY2000	FY2003	Amt Change	Cmpnd % Change	Annual Rate
Total RPG Dollars	\$1,362	\$1,921	\$559	41%	12.2%
Noncompeting RPG Dollars	\$1,025	\$1,448	\$423	41%	12.2%
Competing RPG Dollars	\$336	\$474	\$138	41%	12.2%
Competing RPG Awards	1,123	1,581	458	41%	12.2%

...assuming 8% annual growth in applications:

	FY2000	FY2003	Amt Change	Cmpnd % Change	Annual Rate
Total RPG Dollars	\$1,362	\$2,032	\$670	49%	14.3%
Noncompeting RPG Dollars	\$1,025	\$1,502	\$477	47%	13.8%
Competing RPG Dollars	\$336	\$531	\$195	58%	16.5%
Competing RPG Awards	1,123	1,771	648	58%	16.5%

By that measure, the cancer program would experience a significant loss of function in fiscal year 2000 under President Clinton's budget proposal: an investigator's chance of getting a grant funded would fall by about 10 percent.

The overall success rate for NCI research project grants has risen from about 15 percent to 31 percent in the past four years, due to increases in appropriations from Congress, and to the efforts of Institute Director Richard Klausner to move funds from contract programs and intramural research to extramural grants programs.

Under the President's budget proposal, the overall success rate would fall by three percentage points to about 28 percent, Klausner said to the National Cancer Advisory Board at its meeting Feb. 9. That would represent a 10 percent drop.

It would take three years of budget increases

of nearly 10 percent per year to work back up to a 30 percent success rate, Klausner said. That's assuming only a 4 percent annual growth in the numbers of grant applications sent to NCI. This year, investigators flooded the Institute with a 23 percent increase in grant applications. That model also assumes NIH would give noncompeting grantees a 3 percent raise per year for inflation.

Under another budgetary model Klausner presented to the board, NCI would need a 16 percent annual increase in its budget for research project grants in the fiscal years 2001 through 2003 to give scientists a 35 percent chance of getting a grant funded, assuming an 8 percent annual growth in the number of applications received. That would require \$2.125 billion in funding for RPGs.

Klausner, who will have to defend the President budget proposal before House and Senate



NCI Projection Models For Research Project Grants

(Dollars in thousands)

3% Average Cost Increase Per Year for Competing Grants

Annual rate of growth of the RPG budget required to achieve a 30% success rate...

... assuming 4% annual growth in applications:

	FY2000	FY2003	Amt Change	Cmpnd % Change	Annual Rate
Total RPG Dollars	\$1,362	\$1,796	\$434	32%	9.7%
Noncompeting RPG Dollars	\$1,025	\$1,352	\$327	32%	9.7%
Competing RPG Dollars	\$336	\$444	\$108	32%	9.7%
Competing RPG Awards	1,123	1,356	233	21%	6.4%

...assuming 8% annual growth in applications:

	FY2000	FY2003	Amt Change	Cmpnd % Change	Annual Rate
Total RPG Dollars	\$1,362	\$1,898	\$536	39%	11.6%
Noncompeting RPG Dollars	\$1,025	\$1,401	\$376	37%	11.0%
Competing RPG Dollars	\$336	\$497	\$161	48%	13.9%
Competing RPG Awards	1,123	1,518	395	35%	10.6%

Appropriations committees next week, presented a series of number-crunching budget scenarios to the NCAB (see tables above, pages 4-5).

The purpose, he said, was to give the board “a sense of what we will be struggling with as we balance different needs and available dollars in terms of success rates, numbers of grants, policies in growth of grants, and uncertainty of applications coming in.”

Not much sense, or good eyesight, was required to read between the lines of the “projection models” Klausner flashed on the overhead display: If scientists want to increase their chances of winning grants, they had better start calling their Congressional representatives.

“Obviously these models have limitations, but the major limitation is what we don’t know about the number of applications,” Klausner said. “It points out the discussion that we need to have as we go through

Annual rate of growth of the RPG budget required to achieve a 35% success rate...

... assuming 4% annual growth in applications:

	FY2000	FY2003	Amt Change	Cmpnd % Change	Annual Rate
Total RPG Dollars	\$1,362	\$2,007	\$645	47%	13.8%
Noncompeting RPG Dollars	\$1,025	\$1,490	\$465	45%	13.2%
Competing RPG Dollars	\$336	\$518	\$182	54%	15.7%
Competing RPG Awards	1,123	1,581	458	41%	12.3%

...assuming 8% annual growth in applications:

	FY2000	FY2003	Amt Change	Cmpnd % Change	Annual Rate
Total RPG Dollars	\$1,362	\$2,125	\$763	56%	16.0%
Noncompeting RPG Dollars	\$1,025	\$1,547	\$522	51%	14.8%
Competing RPG Dollars	\$336	\$579	\$243	72%	20.0%
Competing RPG Awards	1,123	1,771	648	58%	16.5%

the next few years about setting goals for number of grants versus success rates versus paylines.

“I think this does give a flavor about the magnitude of maintaining the level of success that we’ve reached in the last few years in success rates for grant applications,” Klausner said.

The board clearly got the message, finding little flavor in the President’s budget proposal. The board voted to send a letter to the White House and Congress that said the President’s budget would “seriously damage the National Cancer Program” (**The Cancer Letter**, Feb. 12).

• • •

Research projects grants funding represents about 48 percent of the NCI budget, and has been growing at a rate proportional to the growth of the Institute’s budget, Klausner said to the NCAB.

The Institute expects to fund about 1,230 new



and competing grants this year, up from about 1,040 last year. The total number of grants in the RPG pool will increase this year from 3,700 to 4,100, Klausner said. While the overall success rate is expected to be 31 percent, the rate varies from about 30 percent for R01 grants to 40 percent for P01 grants, he said.

“We would like to be closer to a 35 percent success rate, though we actually feel very comfortable where we are now, about 31 percent,” Klausner said. “That is a lot better than where we were a few years ago. I think that is not an unreasonable success rate.”

• • •

As the NCAB’s Planning and Budget Subcommittee considered member Ellen Stovall’s proposal to send a letter to the White House and Congress drawing attention to the “roller-coaster” effect of last year’s 15.1 percent increase for NCI versus the President’s proposed 2.4 percent increase, some board members questioned whether President Clinton would want to hear from the board.

Stovall, executive director of the National Coalition for Cancer Survivorship, said it was the board’s responsibility to advise the President.

“He appoints us, so he must value us,” she said.

• • •

Make new extraordinary opportunities, but keep the old.

That could be the theme for the next installment of the NCI Bypass Budget for fiscal year 2001, which will represent the first volume of the second three-year cycle of the Klausner-era Bypass Budgets.

“Extraordinary opportunities,” in NCI lingo, are areas of research that deserve high priority for investment. These opportunities are supposed to change every three years, NCI says. The Institute director is required by law to submit to the White House an annual budget containing his professional judgement of the scientific opportunities in cancer research.

The new extraordinary opportunities NCI has selected for the FY2001 Bypass Budget are:

- Molecular targets
- Tobacco and tobacco-related cancers
- Cancer communication

The new opportunities join the current ones:

- Defining the signatures of cancer cells
- Imaging technologies
- Preclinical models of cancer
- Genes and the environment (renamed from the former “cancer genetics”)

The goals of the newly selected extraordinary opportunities include the following:

Molecular targets: To base discovery and clinical testing of new agents for cancer on the molecular mechanisms that underlie neoplastic transformation, cancer growth, and metastasis.

Tobacco and tobacco-related cancers: Understand the biological and behavioral basis of tobacco use in order to prevent and treat it successfully; understand the relationship of different kinds of tobacco products and passive smoking to carcinogenesis and cancer rates; reduce tobacco-use rates and prevent cancer in former and current tobacco users.

Cancer communications: Develop proactive communication systems that encourage whole populations to change their cancer-related behavior in ways that will reduce cancer risk, incidence, morbidity, and mortality.

NCI RFP Available

RFP N02-CM-97024-26: Cancer Trials Support Unit

To facilitate access by investigators to a broader menu of Cooperative Group clinical trials, to centralize and make more efficient a number of administrative tasks common to all the Cooperative Groups, and to relieve participating institutions of the burden of multiple clinical trials audits, the Cancer Therapy Evaluation Program of the Division of Cancer Treatment and Diagnosis, NCI, is seeking a Contractor to implement and manage a Cancer Trials Support Unit to coordinate selected cancer treatment trials. This CTSU will have several key functions: 1) development and operation of a comprehensive system for clinical trials management; 2) development of a regulatory support system; 3) development of a clinical trials informatics support system; 4) development and operation of a protocol access and referral system; 5) development and conduct of education and training in the CTSU system; and 6) development, operation and maintenance of a financial management system for distribution of per patient payments and leadership funds.

The menu of treatment studies for the accrual and trial data management part of this project will be limited to tumors of the lung, genito-urinary system, breast, gastrointestinal tract as well as adult leukemia (acute and chronic). A subset of open Phase 3 studies (adjuvant and metastatic trials) in these tumor types within the Cooperative Groups will be “grandfathered” into the system to provide a menu of protocols to begin operations. The specific studies to be opened will be negotiated between CTEP, the Cooperative Groups and the CTSU since it will depend on the status of particular studies (accrual and projected closure) at the time the CTSU is



able to begin accepting registrations. Other mitigating factors will have to be considered when selecting the initial studies for the CTSU (industrial sponsor agreements, technical expertise required, etc.). It is anticipated that the initial menu will consist of 15-20 protocols.

After development of an initial menu through this "grandfathering process," it is anticipated that approximately six new trials may enter the menu in Year 1, with 12 new trials per year in Years 2-5. With new trials opening and older ones concluding accrual, it is reasonable to assume a potential menu size of 50 or more open Phase 3 protocols at any one time, although the follow-up burden will likely number close to one hundred protocols over the duration of this contract.

A major goal of the project is to directly reimburse investigators in the field for their research efforts. This reimbursement shall be awarded on a per-patient basis. The CTSU shall be responsible for distributing these funds which will be provided to the CTSU on an annual basis by NCI. There are likely to be over 750 or more sites participating in this part of the project (by Year 3) for which subcontracts will have to be negotiated. In Year 1, it is anticipated that 675 patients will be accrued, Year 2-1,550 patients, Year 3-2,800 patients, Year 4-3,400 patients and Year 5-4,000 patients. When new studies are approved for the Network menu, the CTSU shall also distribute "leadership" funds to the Protocol Chair (salary support), the Statistical Office (for salary support of the study statistician and data managers), and to the Operations Office (for protocol development). These funds are provided in order that the study sponsor has sufficient manpower and dedicated time to rapidly assemble the protocol and to direct the study. Included in the RFP as an optional task is the requirement that the CTSU have the capability to sponsor, file and manage Investigational New Drug Applications for agents used in trials included in the Network menu. The CTSU shall serve as the interface between the statistical centers and investigators in the national Network for all protocols included in the Network menu. It is important to note however that analysis of all study data collected via the CTSU will remain the responsibility of the study leaders (Cooperative Groups or others), not the CTSU, and the study leaders will provide the ultimate repository for all study data. The CTSU's tasks are therefore supportive in nature, and will require a close working relationship with all study leaders and their Statistical and Data Management Centers. Other parts of this project shall serve to help NCI transition its adult Cooperative Groups towards a more efficient, electronic-based system for clinical trials management. This part of the project will interface with all NCI's adult Cooperative Groups and their respective clinical trials, numbering about 350 active protocols at any time.

NCI is currently coordinating development of an informatics system for clinical trials, in collaboration with the Cooperative Groups, Cancer Centers and Industry, that

takes advantage of contemporary technical advances in the way clinical data is acquired, transmitted, and processed. The project termed the Clinical Trials Enterprise System (CTES) has already begun to develop new tools for trials management. The CTSU shall use CTES data and process models, maintained in Oracle's Designer 2000 tool, in the development of informatics tools to accomplish many of the tasks required of the CTSU. Capability and experience with Oracle design tools is required. The CTSU shall collaborate actively with NCI designated contractors who are developing and implementing components of the CTES. Included as tasks the CTSU shall perform that pertain to all adult Cooperative Groups and Network members are : 1) Development of an Institutional Review Board approval data base for all Cooperative Group and Network studies and a credentialing data base for all Cooperative Group and Network members; 2) Operation and maintenance of a referral service for all Cooperative Group and Network trials that shall enable referring physicians and patients to link appropriate trials to participating physicians closest to the patient and; 3) Development and oversight of a system for conducting a single site audit of all adult Cooperative Group and Network protocols, even if the site participates in several different Cooperative Group trials. There are about 8000 active members participating in Cooperative Group trials, representing nearly 1500 institutions/sites. Approximately 20,000 patients are enrolled annually on Cooperative Group treatment studies (Phase 1-3) with 12,000 of these also enrolled on ancillary laboratory or companion studies.

The government anticipates that one (1) cost-reimbursement, completion contract will be awarded on an incrementally funded basis for a period of five (5) years. SIC Code for this acquisition is 8741. There will be a preproposal conference in Bethesda, MD on March 22. The RFP may be accessed through the Research Contracts and Acquisition Branch homepage by using the following internet address: <http://amb.nci.nih.gov/>

Contracting Officer: Carolyn Swift, Treatment, Biology and Sciences Section, Research Contracts and Acquisition Branch, Executive Plaza South Room 603, 6120 Executive Blvd MSC 7220, Bethesda, MD 20892-7220, phone 301-435-3819, fax 301-402-6699, email: cs102w@nih.gov

RFAs Available

RFA CA-99-001: Research In State and Community Tobacco Control Interventions

Letter of Intent Receipt Date: June 18

Application Receipt Date: July 23

The purpose of this RFA is to stimulate research on new or existing tobacco control interventions relevant to state and community tobacco control programs. This will be achieved by supporting research on innovative tobacco prevention and control interventions at the community, state, or multi-state level. The results of this research will



guide tobacco control programs across the nation, in order to increase program effectiveness and produce real reductions in the prevalence of tobacco use.

This RFA will use the NIH research project grant (R01) award mechanism. Anticipated award date is April 2000. NCI intends to commit approximately \$18 million in FY 2000 to fund 12 to 20 new grants in response to this RFA. An applicant may request a project period of up to four years and a budget for direct costs of up to \$1 million per year, excluding indirect costs on consortium arrangements.

Inquiries: Bob Vollinger, M.S.P.H., NCI, 6130 Executive Blvd Rm 241, Rockville, MD 20852-7337, phone 301-496-0273, fax 301-496-8675, email: bv26n@nih.gov

RFA OD-99-005: Centers For Mind/Body Interactions And Health

Letter of Intent Receipt Date: March 1

Application Receipt Date: April 23

The Office of Behavioral and Social Sciences Research, National Cancer Institute, National Heart, Lung, and Blood Institute, National Institute on Aging, and several other Institutes at invite applications for Specialized Center Grants (P50) grants to encourage behavioral, psychological, social, and biomedical research on the interrelationships among cognition, emotion, biological processes, and physical health. Applications in response to this RFA are encouraged to propose research topics ranging from basic research to those involving clinical applications.

Estimated funds available for the first year of support for a maximum of five centers are \$10 million. Applicants may request up to \$2 million in annual total costs. Total project period may not exceed five years.

Inquiries: Ronald Abeles, Office of Behavioral and Social Sciences Research, NIH, 7201 Wisconsin Ave. Room 2C234 MSC 9205, Bethesda, MD 20892-9205, phone 301 594-5943, fax 301 402-0051, email: Ronald_Abeles@nih.gov

Noreen Aziz, Division of Cancer Control and Population Sciences, 6130 Executive Plaza North Rm 211/E, Rockville, MD 20852, phone 301-496-0598, email: na45f@nih.gov

RFA NR-99-004: Research on Care at the End of Life

Letter of Intent Receipt Date: April 30

Application Receipt Date: May 21

The National Institute of Nursing Research, the Agency for Health Care Policy and Research, NCI, and several other NIH institutes seek research grant applications that will generate scientific knowledge to lead to improved care for those at the end of life. Research applications may include basic, clinical or health care studies focused on the clinical management of physical and psychological symptoms, patient-provider and patient-family communication, ethics and clinical decision-making,

caregiver support, or the context of care delivery for those facing life-limiting illnesses. The Institutes collectively intend to commit at least \$2.7 million in FY 1999 to fund 10-12 new grants in response to this RFA.

Inquiries: June Lunney, Division of Extramural Activities, National Institute of Nursing Research, Building 45, Room Number 3AN-12, MSC 6300, Bethesda, MD 20892-6300, phone 301-594-6908, fax 301-480-8260, email:

June_Lunney@nih.gov

David Lanier, Center for Primary Care Research, Agency for Health Care Policy and Research, 2101 East Jefferson Street, Rockville, MD 20892, phone 301-594-1489, fax 301-594-3721, email: dlanier@ahcpr.gov

In Brief:

Alberts Elected To Second Term As NAS President

(Continued from page 1)

has been re-elected to a second six-year term as president of the National Academy of Sciences. Alberts' final term runs from July 1999 through June 2005. His election, by a majority of NAS members voting by mail ballot, was reported to the Academy's governing council Feb. 10. Also elected from the membership of the Academy were **R. Stephen Berry**, as home secretary. Berry is James Franck Distinguished Service Professor, department of chemistry, University of Chicago. Elected as councilors at large were: **Brian Berry**, University of Texas at Dallas; **John Brauman**, Stanford University, Stanford; **Kenneth Kellermann**, National Radio Astronomy Observatory, Charlottesville, VA; and **Jane Lubchenco**, Oregon State University, Corvallis. All terms begin July 1. Alberts was elected to membership in the Academy in 1981. He came to Washington as Academy president in 1993 from the University of California, San Francisco. As president, Alberts also serves as chairman of the National Research Council. . . . "ORAL HEALTH, Cancer Care and You: Fitting the Pieces Together," is a new awareness campaign for health professionals and cancer patients sponsored by the National Institute of Dental and Craniofacial Research, with NCI, the National Institute of Nursing Research, the Centers for Disease Control and Prevention, and the Friends of the NIDCR. Campaign materials are available from the National Oral Health Information Clearinghouse, Attn: OCCT, 1 NOHC Way, Bethesda, MD 20892-3500; phone 877-216-1019; Internet: <http://www.aerie.com/nohicweb> e-mail: nidr@aerie.com



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