THE CANCER LETTER INTERACTIVE

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NCI Proposes New Grants And Centers For Molecular Target-Based Therapeutics

NCI officials propose to restructure the Institute's drug development and early clinical trials programs to emphasize research and development of therapies that target molecular processes of cancers.

The restructuring would provide more grant support to extramural investigators and would give investigators access to the Institute's contract resources for drug development.

Under a restructuring plan presented earlier this month to the NCI

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In Brief:

Einstein Center Wins BMS Research Grant; M.D. Anderson Honors Frederick Becker

ALBERT EINSTEIN College of Medicine Comprehensive Cancer Center has received a $500,000 Bristol-Myers Squibb Unrestricted Cancer Research Grant. **Susan Band Horwitz**, the Falkenstein Professor of Cancer Research and an associate director of the center, will supervise the five-year grant. "This grant will facilitate our investigations of new natural products for their ability to inhibit the growth the cancer cells, among other research projects," Horwitz said. . . . **FREDERICK BECKER** of University of Texas M.D. Anderson Cancer Center has been honored with the establishment of the Frederick F. Becker Distinguished University Chair for Cancer Research. Also, Becker received the M.D. Anderson President's Award, presented to individuals who make extraordinary contributions to the center. "Dr. Becker has been instrumental in creating the scholarly climate in which research has flourished at M.D. Anderson, and he has been the central force in bringing to M.D. Anderson some of our most respected faculty and securing the many physical and financial resources our faculty need for their laboratory research," M.D. Anderson President **John Mendelsohn** said. The chair will be awarded to a faculty member who conducts outstanding work in cancer research. Becker served as the center's vice president for research for almost 20 years before stepping down last fall. He is a special advisor to Mendelsohn and deputy director of the Cancer Center Support Grant and chief of the Section of Experimental Pathology. . . . **MICHAEL KATZ** was named chairman of the NCI Director's Consumer Liaison Group. Katz is chairman of the Eastern Cooperative Oncology Group Patient Representative Committee and vice president of the Executive Board of the International Myeloma Foundation. He is also chairman of

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NCI Plans New Infrastructure For Drug Discovery, Early Trials

(Continued from page 1)

Board of Scientific Advisors, the Institute would establish two extramural grant programs:

—**Molecular Target Drug Discovery Grants** would be awarded to investigators to identify molecular targets. Grantees would have access to supplemental funds for further research and development, and could be selected to work with NCI's preclinical drug development contractors.

—**Centers of Excellence in Early Therapeutics Development** would be modeled on NCI's Specialized Programs of Research Excellence, except that each center would be based on one or more cellular mechanisms rather than a specific type of cancer.

"At a time when cancer drug discovery has become based on specific targets and specific mechanisms, it makes no sense to have a situation in which the early clinical testing remains largely empirical and validation of target-based hypotheses is not addressed," Robert Wittes, NCI deputy director for extramural science and director of the Division of Cancer Treatment and Diagnosis, said to the BSA.

"This [plan] attempts to harness the momentum of the discovery going on in cancer biology today in academic laboratories in the service of drug discovery," Wittes said. "We propose to do that by a scheme that allows basic investigators and laboratories to affiliate with the machinery of drug discovery and development."

"This also would provide a new infrastructure that will provide the research community with the tools to make target-based early clinical trials a reality," Wittes said.

NCI estimated the proposed grant programs would cost about $20 million to $30 million annually, Institute Director Richard Klausner said.

NCI officials said they would present more detailed plans for the grant programs to the board at its next meeting, scheduled for June 23-24. The board's approval is required for the grant programs to be established.

Target-Based Drug Discovery

The Institute's plan for restructuring the drug development program was developed partially in response to recommendations of a report by the Developmental Therapeutics Program Review Group, presented last fall to the BSA (**The Cancer Letter**, Nov. 6, 1998).

NCI should "assume a leadership position in informatics to facilitate the development of cancer therapeutics," the report said. The Institute should make resources such as natural products repositories, chemical libraries, engineered cells lines, hybridization assay technology, and information databases available to investigators, the report said.

Among the recommendations, the report said NCI should drastically cut a program that ran thousands of compounds through a 60 cell line screen to test for anticancer activity. Just three cell lines should be used to identify compounds that inhibit cell proliferation, reserving the use of the 60 cell line screen for compounds with prior evidence of activity in the prescreen, the report said. Extramural support should comprise 85 percent of the DTP budget, with the remaining 15 percent funding intramural research, said the report (available at http://deainfo.nci.nih.gov/advisory/bscdevtherprgmin.htm)

NCI officials plan to present a point-by-point response to the report to the BSA in June, but it appears that many of the recommendations have been accepted. The review group specifically proposed the Centers of Excellence grants.

"Our goal here is to create an entirely new national capability to harness biological and technological advances for target-based drug discovery," DTP Director Edward Sausville said to

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the BSA at its March 8 meeting. "The guiding premise is that useful agents for cancer therapy or prevention will extend from better understanding of the biology of the process; and therefore, efforts to elucidate those novel agents entail an understanding of where that target exists in the context of cancer progression."

Investigators awarded the Molecular Target Drug Discovery Grants would have the opportunity to receive additional funds to elucidate the structure of the proposed target or to produce large quantities of it in order to use the target as a screening tool, Sausville said.

NCI proposes to form a Compound Decision Group, similar to its current Decision Network Committee. The group of NCI staff would decide "whether or not a target which emerges from this type of grant could then be converted to a high-throughput screen," Sausville said.

The Compound Decision Group would seek expert advice from reviewers outside NCI on a regular basis, but because of conflict-of-interest provisions, the outside reviewers would not serve on the group, Wittes said to the board.

The principal investigator whose target is selected for further development would then have access to NCI's contract research resources, Sausville said. "This might involve developing the screen in high-throughput testing, to run the screen against chemical diversity libraries, either existing libraries or 'challenge' libraries that would be created to address the particular target. What would emerge from this is a series of lead structures."

From there, the development of a therapy could take several different routes, Sausville said. The extramural investigator could license the lead to industry and the company would sponsor the Investigational New Drug Application to FDA. The investigator could go through NCI's Rapid Access to Intervention Development program (http://dtp.nci.nih.gov/), utilizing NCI contracts to perform preclinical pharmacology and toxicology, and could file the IND individually or with a company. The investigator could bring the lead structure back to the Compound Decision Group, and NCI could file the IND, or the Decision Group could work with one of the Centers of Excellence for the preclinical work.

The Centers of Excellence would function as "centers without walls," Sausville said. "NCI views Centers of Excellence as extramural sites built around individual PI peer reviewed research," he said. "This PI, however, would work with a multidisciplinary team straddling the lab and the clinic. In this respect, they would resemble SPOREs, but rather than a disease focus, they would have a mechanism-based focus" such as signal transduction, angiogenesis, metastasis, cell cycle, or apoptosis.

The centers could receive funding supplements to perform research in collaboration with a Molecular Target PI on a lead, Sausville said.

NCI's role would be to "catalyze interactions between PIs and screening and acquisition organizations, between Molecular Target PIs and chemists, Center of Excellence PIs, NCI contracts, and clinicians," Sausville said. NCI would maintain centralized informatics resources for databases and screening libraries, repositories, natural product extracts, and would be available for development of a lead in the event a PI loses interest, Sausville said.

The two proposed grant programs would shift NCI away from its major emphasis on in-house screening, which led to phase I trials primarily for NCI-held INDs, Sausville said.

The Centers of Excellence would differ from the NCI-funded National Cooperative Drug Discovery Groups in that the centers would have a translational research focus, Wittes said in response to a question by BSA member Enrico Mihich, of Roswell Park Cancer Institute.

"The NCDDGs are focused on drug discovery itself," Wittes said. "These are not primarily on discovery. These are actually on the tools—for example, the assays and the probes—necessary to make meaningful translation from the laboratory to the clinic on target-based agents."

Early Clinical Trials

Susan Arbuck, head of the Developmental Chemotherapy Section in the Investigational Drug Branch, NCI Cancer Therapy Evaluation Program, described programs in the Division of Cancer Treatment and Diagnosis that would work with grantees of the proposed Molecular Targets awards and Centers of Excellence to move potential therapies into mechanism-based early clinical trials.

—Quick-Trials: NCI established a new grant program called Quick-Trials (http://www.nih.gov/grants/guide/pa-files/PA-99-070.html) that provides funding for early trials through a faster than normal application, review, and funding process. The program is being tested initially for early trials in prostate cancer, but NCI expects to expand the program to other cancers (**The Cancer Letter**, March 12).

—DCTD contracts: New types of contracts for in vivo assay development. These contracts could fund correlative components of clinical trials, such as assay reference laboratories, imaging studies, tumor biopsies, gene chips, or other informatics approaches, Arbuck said.

—Early Therapeutics Development cooperative agreements: The division funds cooperative agreements for phase I and II trials. The mechanism could provide resources to institutions for interventional radiologists, or to develop tumor assays and reference laboratories. "These groups would have an increasing institutional commitment to study molecular endpoints," Arbuck said. "There are changes that would be implemented to facilitate that."

—Therapeutics Working Groups for Novel Targets: The division plans to form working groups of laboratory and clinical scientists from the proposed Centers of Excellence, other extramural experts, and NCI staff to identify scientific opportunities, develop criteria for prioritization of compounds and targets, evaluate assays and models for correlative studies, recommend strategies to overcome developmental barriers, and assess new paradigms and endpoints for clinical studies.

—NCI clinical trials initiatives: The Institute is supporting other initiatives to improve clinical trials, including the creation of standard templates for writing protocols, electronic data reporting, standardized reporting, central institutional review boards, standard intellectual property rights agreements, and faster protocol reviews.

Flexible Mechanisms For Complex Agents

"We are very much aware of clinical scientific opportunities that are presenting themselves, and so the intent of proposing new initiatives in early clinical trials is to try to match the scientific advances and put in place clinical trials mechanisms that will be flexible," Arbuck said to the BSA.

"Traditionally, cancer drug development in the early stages has been very straightforward," Arbuck said. "This is getting more complex. We need to look at other targets, develop assays and mechanisms to determine whether an agent is actually affecting the proposed target."

"It is important to change the conduct of our early clinical trials to emphasize proof of principle and target assessment and clinical endpoints," Arbuck said. "Of course, we also want to increase speed and efficiency in early trials of NCI-sponsored agents so that effective agents get to the public quicker."

To provide greater supervision for the restructured drug discovery program, NCI plans to form an oversight panel that would review the scientific direction, target emphasis, target prioritization, and portfolio of the program, Wittes said to the BSA. The panel would include members of BSA, other experts outside NCI, as well as NCI staff, he said.

"It would be an exciting thing to sit on for people whose passion is drug discovery or cancer biology or other areas, and who want to have a strong impact on how the Cancer Institute spends resources," Wittes said.

"Conceptual Continuity" For NCI Effort

The proposed new grant programs in drug development and the recent changes to the early trials program together provide a "conceptual continuity" to NCI's drug discovery efforts, Wittes said. However, he said the restructuring would take time.

"It's not going to happen overnight," Wittes said. "It isn't simply a matter of employing technology to do something that we basically know how to do. We don't in general know how to do this kind of clinical validation. When we discover drugs that have antiangiogenesis or apoptosis-inducing properties, we have no convenient way of assaying the target that shows compound-target activity in the clinic."

"We need to get past that to a point where the clinical trial itself provides validation," he said.

Klausner said many details of the proposal need to be worked on before the presentation to the board in June. "We will get into further discussions about funding, decision-making, interactions with industry, intellectual property, how to actually move to this new role," Klausner said. "We are aware of how difficult it's going to be to pull off. We have come to a conclusion that we have no choice but to try."

"This is what we have to do to capture all the biology that we're talking about in order to really change drug discovery."

Successful RAID Applicants

The NCI Developmental Therapeutics Program announced successful applicants to the initial funding cycle of the RAID program, and provided descriptions of the projects:

—Alan Gewirtz, University of Pennsylvania School of Medicine, "Oligonucleotide therapeutics for human leukemia," for antisense therapy of acute and chronic

myelogenous leukemia. DTP will produce enough GMP oligodeoxynucleotide to allow resumption of a current clinical trial.

—Paul Bunn, University of Colorado Cancer Center, "Preclinical studies of novel bradykinin antagonist dimer as a potential therapeutic agent for human lung cancers." These novel bradykinin antagonist inhibit the peptide hormone autocrine/paracrine growth factor pathway used by all small cell lung cancers and many nonsmall cell lung cancers. DTP will conduct complete preclinical development from GMP formulation and production through IND directed toxicology and pharmacology. DTP will produce enough material to support clinical trials in addition to full scale preclinical development of the agent.

—Don Diamond, City of Hope Medical Center, "Development of a GMP manufacturing strategy and acquisition of clinical-grade quantities of a lipopeptide vaccine with activity against cytomegalovirus." Applicant has developed a lipopeptide vaccine effective in reducing cytomegalovirus infections following allogenic bone marrow transplants by stimulating a cytotoxic T lymphocyte response. DTP will carry out full scale production including GMP production of agent, formulation, and IND directed toxicology in order to allow clinical trials.

—Albert Wong, Thomas Jefferson University, "A study of safety and immunological response of immunotherapy in patients with solid tumors." Applicant has developed a novel peptide vaccine based on a tumor specific variant mutation of the EGF receptor (variant III). This variant is frequently expressed in a high percentage of solid tumors including breast, ovarian, lung, and brain cancers. DTP will conduct production and IND directed toxicology and pharmacology in order to conduct phase I clinical studies.

—Andre Rosowsky, Dana-Farber Cancer Institute, "Preclinical development of PT523, a potent nonpolyglutamatable antifolate." PT 523 is a structurally novel DHFR inhibitor more potent than MTX, aminopterin, or TMTX. It is not affected by an impaired reduced folate carrier system, decreased folylpolyglutamate synthetase activity, or increased DHFR activity. DTP will carry out full scale development from early in vivo testing, through IND directed toxicology in order to support clinical trials.

—Maria Papadopoulou, Evanston Hospital, "NLCPQ-1 and NLCQ-1, two novel bioreductive compounds with potential for development as adjuvants to (radio/chemo) therapy in the clinic." Bioreductive compounds can act selectively upon reduction in the hypoxic environment of the tumor, thus making it more sensitive to the compounds' toxic metabolites and also can synergistically enhance the effect of radiation or chemotherapy on the tumor. DTP will conduct small scale synthesis, in vivo testing, and pharmacology.

—Thomas Burke, University of Kentucky, Markey Cancer Center, "The development of a liposomal formulation of highly lipophilic 7-t-butyldimethylsilyl-10-hydroxycamptothe-cin (DB67)." In cell culture experiments the agent was found to be 2 fold more cytotoxic than camptothecin, 25 times more lipophilic (thus more readily incorporated into liposomal bilayers) and the compound is more stable in human blood than any of the camptothecins in current clinical use. DTP will carry out formulation, GMP synthesis, preliminary toxicology and pharmacology studies.

—Steven Rosen, Northwestern University, Lurie Comprehensive Cancer Center, "8-chloro-adenosine is a potential therapeutic for multiple myeloma." This laboratory has observed that cyclic monophosphate nucleotides, specifically 8-chloro-cAMP, induces programmed cell death and is effective in multiple myeloma cell lines that are resistant to standard therapies. Subsequent studies have revealed a basis for this activity is the 8-chloro adenosine metabolite. DTP will conduct studies for acquisition of material, in vivo testing to optimize efficacy, formulation development, initial pharmacology and toxicology.

—Garth Powis, University of Arizona, Arizona Cancer Center, "Preclinical development of the phosphatidylinositol-3-kinase (PI3 kinase) signaling inhibitor OMDPI as an antitumor agent." PI3 kinase is an important constituent of growth factor and oncogene signaling pathways, OMDPI is a potent inhibitor of this pathway and may be clinically useful in the treatment of a variety of neoplasms. DTP will perform the following studies: synthesis, in vivo testing, initial formulation development, and initial toxicology and pharmacology.

—Suzy Torti, Wake Forest University, School of Medicine, "Tachpyr: potential as a novel cancer therapeutic." Applicant has developed a new and novel iron chelator, Tachpyr, which shows greater in vivo activity than the current compound in clinical trials, desferioxamine. Tachpyr exhibits a potential dual mechanism of action by also inducing the formation of oxygen free radicals as well as iron chelation. DTP will perform the following studies: formulation, synthesis (small scale), animal model studies, pharmacology, and initial toxicology studies.

—George Pettit, Arizona State University, Cancer Research Institute, "Proposal for preclinical development of cephalostatin 1 (NSC 363979-N)." Cephalostatin, originally isolated from a marine worm, is a very potent antineoplastic agent. A method for synthesis of the molecule has been recently announced. Studies will be limited to funding of synthesis of material to allow demonstration of in vivo activity and conduct of initial in vivo studies.

—Svend Freytag, Henry Ford Health System, "A novel gene therapy approach for the treatment of prostate cancer: a preclinical to clinical transition." Applicant has developed a modified, replication competent adenovirus (FGR) to deliver a pair of therapeutic suicide genes to prostate tumors. These genes (CD/5-FC and HSV-1 TK/

GCV) render malignant cells sensitive to specific pharmacological agents (prodrugs) and sensitizes them to radiation. Studies will be limited to production of GMP FGR virus , in vivo studies with the produced material and assessment of initial safety studies.

For information on the RAID program, contact program coordinator James Drake, 6130 Executive Blvd. Suite 843, Rockville, MD 20852, phone: 301-496-8720, fax: 301-402-0831, email: drakej@dtpax2.ncifcrf.gov

NCI Intramural Research Program:

Over 200 Scientists At FCRDC To Become NCI Employees

Later this year, more than 200 scientists working for a contract research firm will become NCI employees.

The "assimilation," as NCI officials call it, of scientists from the ABL-Basic Research Program into the NCI intramural research program starting in October will result in about a 10 percent increase in the Institute's total number of employees.

The scientists will not be packing their labs and moving to the NIH campus in Bethesda, MD. They will remain at the Frederick Cancer Research and Development Center, a government-owned, contract-operated facility near Frederick, MD, about 37 miles from Bethesda.

The ABL scientists "look like intramural scientists and function like intramural scientists, but are paid by a contractor," NCI Director Richard Klausner said to **The Cancer Letter**. "We felt we wanted the ABL investigators and intramural investigators to benefit from interaction, without problems of who is supervising whom."

The assimilation process will have taken about a year by the time it is complete, Klausner said. The move will be "at most cost neutral," he said.

NCI officials decided to bring the ABL program into the intramural program in response to recommendations of the 1995 report to the National Cancer Advisory Board, "A Review of the Intramural Program of the National Cancer Institute," also known as the Bishop-Calabresi report after the review committee's cochairmen, Michael Bishop, of University of California, San Francisco, and Paul Calabresi, of Brown University.

The report said NCI's activities at Frederick "are not well integrated, either among themselves or with other aspects of the intramural research program" and the scientists there are "intellectually isolated from the main intramural program." The report recommended physically moving the ABL program to Bethesda. (The report is available on the NCI website at http://deainfo.nci.nih.gov/ADVISORY/ncab_bc/HOME.HTM)

A physical move was not possible because lab space is scarce on the NIH campus, Klausner said.

NCI is evaluating whether to bring research programs conducted by another Frederick contractor, Science Applications International Corp., into the intramural program as well, Klausner said.

SAIC holds the contract for research support services at Frederick.

In addition to the ABL and SAIC programs, the Frederick center houses a supercomputing and statistical center and an animal resource facility.

Other management and operational changes have been put in place to better integrate the research at Frederick with the intramural program, Klausner said. He described these changes in a March 9 memorandum to the NCI Executive Committee, program directors, and lab and branch chiefs.

Among the changes:

—Klausner appointed Marjorie Strobel as Scientific Operations Manager, NCI-Frederick. Strobel was the deputy associate director for Frederick, and previously was associate director in the Office of Laboratory Animal Resources in the NCI Division of Basic Sciences. Strobel replaces Donald Summers, who had been associate director for Frederick since 1997. Summers has been appointed special advisor to DBS Director George Vande Woude. Strobel will report to Klausner.

—The Frederick Scientific Advisory Board has been incorporated into the NCI Board of Scientific Counselors-B (Basic Sciences). This will provide "uniform scientific oversight of all investigator-initiated basic research in the NCI intramural research program," Klausner wrote.

—Klausner established and will initially serve as chairman of the Frederick Management Oversight Group. The group will include Robert Wittes, deputy director for extramural science; MaryAnn Guerra, deputy director for management; George Vande Woude, director of the Division of Basic Sciences; Ronald Defelice, chief of the NCI-Frederick Management and Operations Support Branch; and Strobel.

The group will meet quarterly to "provide oversight and evaluation of the core services and dedicated research support programs," and will "assist in evaluating proposals for new or additional

resources," Klausner wrote.

NCI is reviewing the SAIC contract as well as the contracts held by Charles River Laboratories for the animal facility and Data Management Services for computing and statistical support, Klausner wrote.

Klausner outlined a "set of principles by which all Frederick contracts will operate." Among these, the director will allocate all space at the center and fiscal resources will provided by each NCI division and requested through the annual budget review process.

"The contracts will remain strong and will provide research support and be used to develop specialized research programs," Klausner said to **The Cancer Letter**. "But programs that in essence look just like the intramural program really are best integrated into that program."

"The new management structure linked to me and the intramural program division directors will assure that the Frederick operations planning are better integrated into institute planning," Klausner said.

Funding Opportunities:
NCI RFAs Available

RFA CA-99-006: Community Clinical Oncology Program

Letter of Intent Receipt Date: July 22

Application Receipt Date: Aug. 27

The NCI Division of Cancer Prevention invites applications from domestic institutions for cooperative agreements to the Community Clinical Oncology Program. Applicants for new and currently funded CCOP and research bases are invited to respond.

Inquiries: Lori Minasian, MD, FACP, NCI Division of Cancer Prevention, 6130 Executive Blvd Rm 300-D MSC-7340, Bethesda, MD 20892-7340, phone 301-496-8541, fax 301-496-8667, email lm145a@nih.gov

RFA CA-99-007: The Early Detection Research Network: Clinical And Epidemiologic Centers

Letter of Intent Receipt Date: June 11

Application Receipt Date: July 16

The NCI Division of Cancer Prevention invites applications for cooperative agreements to establish a national Network that will have responsibility for the development, evaluation, and validation of biomarkers for earlier cancer detection and risk assessment. Biomarkers are defined as cellular, biochemical, molecular, or genetic alterations by which a normal or abnormal biologic process can be recognized or monitored. Biomarkers are measurable in biological media, such as in tissues, cells, or fluids. The purpose of the Network is to establish a scientific consortium of investigators, academic as well as industrial, with resources for basic, translational, and clinical research. The consortium will have three components—Biomarkers Developmental Laboratories, Biomarkers Validation Laboratories and Clinical/Epidemiologic Centers. The Biomarkers Developmental Laboratories will have responsibility for the development and characterization of new, or refinement of existing biomarkers. The Biomarkers Validation Laboratories will serve as a Network resource for clinical and laboratory validation of biomarkers, which include technological development and refinement. The Clinical/Epidemiology Centers will conduct clinical and epidemiological research regarding the clinical application of biomarkers. A Steering Committee composed of the Principal Investigators in the Network and appropriate NCI staff will coordinate the work of the consortium. Logistic support and informatics will be provided through an auxiliary Data Management and Coordinating Center.

Inquiries: Sudhir Srivastava, Ph.D., M.P.H., NCI Division of Cancer Prevention, Executive Plaza North Rm 330F, Bethesda, MD 20892, phone 301-496-3983, fax 301-402-0816, email ss1a@nih.gov

RFA CA-99-008: The Early Detection Research Network: Biomarkers Validation Laboratories

Letter of Intent Receipt Date: June 11

Application Receipt Date: July 16

The NCI Division of Cancer Prevention invites applications for cooperative agreements to establish a national Network that will have responsibility for the development, evaluation, and validation of biomarkers for earlier cancer detection and risk assessment. The purpose of this Request for Applications is to establish the Biomarkers Validation Laboratories.

Inquiries: Sudhir Srivastava, Ph.D., M.P.H., NCI Division of Cancer Prevention, Executive Plaza North Rm 330F, Bethesda, MD 20892, phone 301-496-3983, fax 301-402-0816, email ss1a@nih.gov

RFA OD-99-007: Centers For Dietary Supplements Research: Botanicals

Letter of Intent Receipt Date: April 13

Application Receipt Date: May 13

Several NIH Institutes and centers invite applications to establish Specialized Research Centers to investigate the biological effects of botanicals including, but not limited to, botanicals available as dietary supplements. Applications in response to this RFA are encouraged to propose research projects ranging from basic research to those involving clinical applications. It is anticipated that a fully integrated Center eventually will have the capacity to 1) identify, characterize and authenticate botanicals, 2) assess the bioavailability and bioactivity of botanical ingredients, 3) identify active constituents in botanicals, explore their mechanism(s) of action, and 4) conduct both

pre-clinical and clinical evaluations of botanicals. Phase III clinical trials are beyond the scope of this RFA.

It is estimated that $1.5 million total costs are available in the first year of the program. It is anticipated that one award will be made.

Inquiries: Christine Swanson, Office of Dietary Supplements, NIH, Bldg 31 Rm 1B25, Bethesda, MD 20892, phone 301-435-2920, fax 301-480-1845, email SwansonC@od.nih.gov

NCI RFP Available

RFP N01-CN-85080-70: Phase I Clinical Studies of Chemopreventive Agents

Deadlines: June 1 and Dec. 1

The Chemoprevention Branch of the Division of Cancer Prevention, NCI, is expanding the existing Master Agreement pool with the objective of conducting phase I clinical trials to evaluate the pharmacokinetics, pharmacology, and toxicology of chemopreventive agents, as well as to evaluate the modulation of biological markers of carcinogenesis. All MA holders already in the MA pool need not respond to this announcement.

The RFP is available at http://deaxtra.nci.nih.gov/awards/rfps_published.asp

Inquiries: Erin Lange, Contracting Officer, NCI, RCB, PCPSS, 6120 Executive Blvd Executive Plaza South Room 635, Rockville, MD 20852, phone 301-435-3828, fax 301-402-8579, email: el45g@nih.gov

In Brief:

Roswell Park Forms Board, Corporation, Under New Law

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the Association of Cancer Online Resources. "Mr. Katz was appointed because of his track record of outstanding leadership in the cancer advocacy community and his ability to bring together the patient and scientific communities," NCI Director **Richard Klausner** said. . . . **ROSWELL PARK CANCER INSTITUTE** has formed the Roswell Park Cancer Institute Corporation and Board of Directors. The board chairman is **Patrick Lee**, chairman and CEO of International Motion Control Inc. Legislation passed by the New York State Legislature in 1997 gave the institute the ability to establish itself as a corporation. . . . **HUMAN GENOME PROJECT** said it has completed the pilot phase of sequencing the human genome and has begun the full-scale effort to sequence all 3 billion bases. An international consortium predicts it will produce at least 90 percent of the human genome sequence in a "working draft" form by the spring of 2000, about a year an a half earlier than previously expected. The consortium includes three U.S. laboratories funded by the National Human Genome Research Institute, the Joint Genome Institute of the U.S. Department of Energy, and the Sanger Centre supported in the United Kingdom by the Wellcome Trust. To kick off the full-scale sequencing phase, the NHGRI and the Wellcome Trust announced awards to four sequencing groups. NHGRI is awarding new grants totaling $81.6 million to sequencing groups at the Whitehead Institute in Cambridge, MA; Washington University School of Medicine in St. Louis, MO; and the Baylor College of Medicine in Houston, TX. The Wellcome Trust said it is adjusting the funding of the Sanger Centre to make available approximately US $77 million for human DNA sequencing over the next 12 months. NHGRI will review additional applications in March and plans to award additional funds for large-scale human DNA sequence production in May. . . . **MICHAEL LEVY** has been elected president of the American Academy of Hospice and Palliative Medicine. Levy is director of the Supportive Oncology Program at Fox Chase Cancer Center and an assistant professor of medicine at Temple University. . . . **AMERICAN CANCER SOCIETY** has approved a plan to target about $8 million per year to fund studies directed at poor and medically underserved populations. Grant proposals dealing with a variety of behavioral, epidemiologic, policy, health delivery, clinical and basic sciences issues will be considered for funding. Deadlines for applications are April 1 and Oct. 15. Application materials are available at http://www.cancer.org . . . . **SMITHKLINE BEECHAM** announced eight winners of the 1999 SmithKline Beecham National Gynecologic and Medical Oncology Fellows Forums, who will receive grants to attend and present their research at a national medical oncology meeting. They were: Lee-may Chen, University of California, Los Angeles; Sharad Ghamande, Roswell Park Cancer Institute; John Schorge, Brigham and Women's Hospital, Boston; Dan Veljovich, University of North Carolina at Chapel Hill; Rebecca Chan, Indiana University; Chung-Tsen Hsueh, Memorial Sloan-Kettering Cancer Center; Helen Chen, Georgetown University; and Nancy Lewis, Temple University. . . **ARNOLD PALMER**, pro golfer and prostate cancer survivor, received the Society of Surgical Oncology's 1999 James Ewing Layman Award at the society's annual meeting in Orlando earlier this month.

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