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NCI Research Grant Funding To Exceed $1.5 Billion, Support 4,800 Grants, In FY00

NCI plans to spend $1.514 billion on research project grants in fiscal year 2000, an increase of $152 million, or 11 percent, over FY99 grants funding of $1.362 billion. The Institute would be able to fund about 4,804 research project grants in the current fiscal year, compared to 4,351 last year.

NCI officials earlier this week finalized the Institute's budget plans for FY 2000, after the Department of Health and Human Services determined the Institute's share of the Congressionally mandated across-the-board budget reduction.

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In Brief:

Grossman Leads Neuro-Oncology Society; NYU Recruits Radiation Oncology Director

STUART GROSSMAN, professor of oncology, medicine, and neurosurgery at Johns Hopkins Oncology Center was named president of the Society for Neuro-Oncology for a two-year term. Grossman is the director of the Clinical and Laboratory Neuro-Oncology Programs and co-directs the center's Pain Team. . . . **SILVIA FORMENTI** was appointed the first Sandra and Edward H. Meyer Chairman of the new Department of Radiation Oncology at New York University School of Medicine. Formenti was associate professor of radiation oncology and medicine at the University of Southern California School of Medicine. Formenti is principal investigator or co-PI on five multi-year grants with more tan $3 million in total funding, according to NYU. . . . **THOMAS DOUGHERTY**, director of the Photodynamic Center at Roswell Park Cancer Institute, will receive the Thomas B. Tomasi Achievement Award from the Roswell Park Alliance Community Fund-Raising Board on Jan. 22, in honor of his work on photodynamic therapy. . . . **M. D. ANDERSON CANCER CENTER** is seeking a candidate for chairman of the newly formed Department of Health Services Research. M.D. Anderson has a strong commitment to developing the theory and practice of health services research and would like to recruit an individual with a proven track record of funding, publication, and leadership in the field. The candidate should have a doctoral degree with formal training in one of the disciplines of health services research (e.g. clinical epidemiology, medical decision-making, etc.) and demonstrated effectiveness in teaching and advising. Experience in oncology is much preferred. Applicants should send a

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R01 Grants Payline To Tighten, Even As Funding Increases

(Continued from page 1)

Congress appropriated $3.332 billion to NCI for FY 2000, a 15 percent increase over last year's appropriation. HHS set the Institute's share of the budget cut at .53 percent, or $17.763 million. Thus, the NCI operating budget is $3.314 billion, an increase of $420 million over last year.

Within the research project grant budget, which includes 10 types of grants, the funding for non-competing R01 investigator-initiated grants will increase by $97 million, from $936 million last year to $1.032 billion, or almost one-third of the Institute's budget. This category, which represents NCI's obligations to researchers with multiple-year R01 grants, grew by $71 million last year.

Funding for competing R01 grants will increase by $41 million, from $344 million in FY99 to $385 million this year. NCI expects to fund 738 competing R01 grants within the payline, the same number as last year.

The R01 grant payline will become tighter this year, moving from the 24th percentile to the 22nd percentile, NCI Director Richard Klausner said last month to a meeting of the National Cancer Advisory Board.

Maintaining the 24th percentile would have required an increase in R01 grant funding of about 25 percent, Klausner said. "The Executive Committee and the chairs of the boards felt that the implications for out-year costs to allow the new and competing grants to grow 25 percent in dollars with a 14.5 percent increase in the budget was not wise fiscal policy," Klausner said at the Dec. 7 meeting.

Two factors that went into the payline calculation include the steady increase in the number of grant applications being submitted to NCI, estimated to be about 10 percent over last year's submissions, and a determination by Institute officials to allow for a 10 percent increase in the average cost of R01 awards, Klausner said.

"Research is getting more expensive," he said. "It doesn't mean that every grant goes up. It gives us the flexibility to more closely tailor the needs of the grants to the dollars the grants receive."

Congress provided a pay raise for principal investigators, from $125,000 to about $140,000. If the raise is applied this year to all grants, it would cost NCI between $11 million and $13 million, NCI officials said.

Funding for program project (P01) grants will increase by about 19 percent, from $38 million to $46 million. Investigators have been requesting increases of 40 to 50 percent on competing renewals of these grants.

Grant funding in response to NCI Requests for Applications will receive 12 percent of the total research project grants budget, up from last year's percentage of 10 percent, Klausner said.

"It is getting pushed not simply by an increase in the number of RFAs, but by the extraordinary response by the community to the RFAs," he said. "The increases we put in to the RFAs allow individuals applying, in some cases, to experience the same success rate as they would if they were coming in with unsolicited applications."

"Split Funding" Awards

The NCI budget includes $499 million in "delayed obligations" the Institute cannot pay out until Sept. 29 and 30, Klausner said. About $370 million in grants and $125 million in contracts will be delayed.

"We can do this following the principle that we will not delay research," he said. "The emphasis will be on non-competing renewals. We are going to start by selecting large awards that exceed $400,000 to $500,000, and awards that are coming late in the year."

NCI will provide "split funding" awards,

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Founded Dec. 21, 1973, by Jerry D. Boyd

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providing funds from the anniversary date of a grant or contract through Sept. 29, and then on Sept. 29 the balance of funds will be provided, he said.

Exceptions Funding

NCI plans to set aside about $12 to $14 million for the Accelerated Executive Review program, which funds certain grants as exceptions from the paylines. This year, R01s eligible for the program will include all unamended R01s that fall between the 22nd and 27th percentile and all unamended R01s for patient-oriented research that fall between the 22nd and 32nd percentile.

Following peer review, these grant applications will be sent to the NCI Executive Committee and investigators will be invited to respond to the concerns of peer reviewers. The EC will then make a funding decision.

"We are shooting for a success rate of 45 percent for the AERs," Klausner said. Last year the AER success rate was 68 percent, and NCI spent $21 million to fund grants through this process.

Funds are also allocated to the NCI divisions for non-AER exceptions funding, administrative supplements, and Shannon Awards. This year, however, the division directors will receive $2 million to fund by exception R01 grant applications submitted in response to Program Announcements. This will provide a financial incentive for applicants to respond to PAs, according to an NCI funding policy statement.

NCI is reserving $1.5 million to improve the success rate of new R01 grant applicants. These funds are allocated to each division. The Division of Cancer Biology holds the largest amount of these funds, $995,000, followed by the Division of Cancer Treatment and Diagnosis with $275,000, and the Division of Cancer Control and Population Sciences with $230,000.

Klausner maintains a "director's reserve" of 1.5 percent of the total NCI budget for emergency and exceptions funding.

Other NCI budget highlights:

—Cancer Centers Program will receive about $20 million in new funding to provide about a 12 percent increase in funding for Cancer Center Support Grants.

—Research Careers Program is projected to increase by $12 million, from $31 million in FY99 to $43 million. This program funds the K-series awards.

—Intramural research program will receive an increase of 6.6 percent, not including the addition of personnel from the Frederick Cancer Research and Development Center who were shifted from contract staff to NCI last year. The largest increases will be in the Division of Clinical Sciences to support the new radiation oncology program, headed by C. Norman Coleman, and a new neuro-oncology program headed by Howard Fine.

—Clinical trials program will receive $18 million in new funding for accrual enhancement, leadership funding, statistical offices, and follow-up studies. Also, another $8 million will support the trials program restructuring projects, not including informatics. Last year, the clinical trials cooperative groups program received $120 million.

NCI grant paylines, lists of exception-funded grantees, and AER decisions are posted and publicly accessible on the Extramural Financial Data Branch's administrative Web site at: http://camp.nci.nih.gov/admin/oem/efdb under "FY 2000 Information." Other NCI administrative information is publicly accessible on the NCI "Intranet" at http://camp.nci.nih.gov.

NIH News:

Acting Director Kirschstein Preparing For Budget Hearings

Congress has planned an accelerated schedule for considering appropriations bills for next fiscal year, Acting NIH Director Ruth Kirschstein said earlier this week.

President Clinton is scheduled to give the State of the Union speech on Jan. 27, and send his budget proposal for FY2001 to Congress on Feb. 7.

Department of Health and Human Services Secretary Donna Shalala is scheduled to testify before the House Subcommittee on Labor, HHS, and Education Appropriations on Feb. 8. The following week, hearings on the NIH budget will begin, said Kirschstein in remarks to a Jan. 10 meeting of the NIH Center for Scientific Review Advisory Committee.

[NCI Director Richard Klausner is scheduled to appear before the House subcommittee on Feb. 15, and the Senate subcommittee on March 8.]

Kirschstein was named acting NIH director on Jan. 1, following the resignation of Harold Varmus, who is now president and chief executive officer of Memorial Sloan-Kettering Cancer Center. Kirschstein has served as NIH deputy director since November 1993, and prior to that, was the acting NIH director

for six months in 1993. She directed the National Institute of General Medical Sciences from 1974 to 1993.

In her remarks to the CSR committee, Kirschstein said Varmus had left NIH with a clear "scientific road map." However, she said NIH officials and advocates need to demonstrate to Congress that the budget increases over the past few years have led to research projects that will improve medicine.

"We must be prepared—and we will be—to answer the question of what have we done up to now with this remarkable two-years-in-a-row increase that the Congress has given us," Kirschstein said.

NIH received an increase of $2 billion in FY 1999 and $2.3 billion in FY 2000.

Kirschstein told the advisory group that she is committed to making improvements in the NIH peer review system, which has been undergoing reorganization. Kirschstein said she served as chairman of a review task force in 1975 that led to changes in the handling of priority scores.

Kirschstein, a native of Brooklyn, received her B.A. degree in 1947 from Long Island University and her M.D. in 1951 from Tulane University School of Medicine. She interned in medicine and surgery at Kings County Hospital, Brooklyn, and did residencies in pathology at Providence Hospital, Detroit; Tulane University School of Medicine; and the NIH Clinical Center.

From 1957 to 1972, Kirschstein conducted research in experimental pathology at the Division of Biologics Standards in NIH. She helped develop tests to assure the safety of viral vaccines for polio, measles, and rubella. Her work on polio led to selection of the Sabin vaccine for public use. In 1972 she became assistant director of the division, and was appointed deputy director when the division was transferred to the FDA. The division now is known as the Center for Biologics Evaluation and Research. She served as FDA deputy associate commissioner for science before being named NIGMS director.

Reimbursement:

New Jersey Insurers To Cover Patient Care Costs In Trials

Health insurers in New Jersey have agreed to cover all costs of routine care for patients receiving treatment in all types of cancer clinical trials, Gov. Christine Todd Whitman announced recently.

Oxford Health Plans, Aetna/US Healthcare, Cigna HealthCare, and Prudential HealthCare agreed to cover the costs of patients participating in clinical trials for experimental cancer treatments that have been sanctioned by federal health agencies.

The agreement was crafted by the New Jersey Working Group to Improve Clinical Outcomes in Cancer Patients, a group formed by the Cancer Institute of New Jersey, the New Jersey Association of Health Plans, the New Jersey Commission on Cancer Research, and the American Cancer Society Eastern Division.

"If we continue to treat patients with the same standard therapies, we will get exactly the same results," Mary Todd, co-chairman of the working group and deputy director of the Cancer Institute of New Jersey, said at a press conference last month. "In the treatment of cancer it is not acceptable to follow the cookbook—we must write the new recipes. Clinical trials are the new recipes that we write for the treatment and eventual cures of cancer."

Under the agreement, routine patient care costs such as physician fees, laboratory expenses, the administration of treatment and continuing evaluation of the health of the patient during a clinical trial will be covered and reimbursed by insurers. A database and Internet website aimed at reducing paperwork for patients, physicians, and health insurers is planned.

"This is a model to address consumer health needs by cooperation and consensus-building instead of by legislation, regulation, or litigation," said Paul Langevin, president of the New Jersey Association of Health Plans.

NCI Director Richard Klausner said the New Jersey agreement "highlights the importance of clinical trials in the appropriate care of patients with cancer. It is only through this form of carefully designed research that the toll from cancer on our population will be lessened."

The American Society of Clinical Oncology urged insurance companies nationwide to follow the example of the New Jersey working group.

"It is high time that cancer patients nationwide benefited from promising new therapies offered in clinical trials," said Joseph Bailes, ASCO president. "These companies should be applauded for recognizing their role in encouraging cancer patients to participate in clinical trials."

ASCO also called on members of Congress to pass legislation to guarantee such coverage for Medicare beneficiaries. The legislation, sponsored by

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Sens. Connie Mack (R-FL) and Jay Rockefeller (D-WV), has been introduced in both houses of Congress for the past several years. About half of all people diagnosed with cancer are over age 65 and eligible for Medicare.

Specialists List 15 Criteria For Choosing Health Insurance

A coalition representing cancer specialists has identified 15 basic criteria for choosing a health insurance plan to ensure coverage of high-quality cancer care.

The American Federation of Clinical Oncologic Societies developed the criteria to inform consumers about what to look for when choosing a health insurance plan.

The criteria include:

—Access to care and speciality care.

—Access to clinical trials.

—Access to supportive care.

—Access to childhood cancer specialists.

—Coverage of state-of-the-art treatment.

—Coverage regardless of pre-existing conditions, genetics, or other risk factors.

AFCOS is a coalition of nine professional medical societies formed to advocate for quality cancer care. The detailed criteria are available from the AFCOS website at http://www.asco.org.

Funding Opportunities:

Leukemia Society Program In Translational Research

Preliminary Application Due March 1

Complete Application Due March 15

Leukemia Society of America provides early-stage support for clinical research on leukemia, lymphoma, and myeloma. The Translational Research Program is intended to support work that has clinical application as a near-term goal. Proposals should be based on epidemiological, molecular, cellular or integrated systems findings and be conceptually innovative. The application should have a clear plan for the clinical exploitation of the studies proposed.

Awards will be limited to$100,000 in direct costs and 8 percent overhead per year for three years. Funding for two additional years may be available. Requests for additional support require a competitive renewal application and must include an IRB-approved clinical trial as the centerpiece of the research plan.

Inquiries: Director of Research Administration, Leukemia Society of America,600 Third Avenue, New York, NY 10016, phone 212-450-8843; fax 212-856-9686; e-mail lermandb@leukemia.org; website http://www.leukemia.org

NCI RFPs Available

Recompetition of NCI-FCRDC System of contracts in Frederick, MD

NCI intends to compete the system of contracts for operations and technical support (which includes research and research support), animal production, computer services (small business set-aside), scientific library services (small business set-aside), and a biopharmaceutical development program at NCI Frederick Cancer Research and Development Center, a government-owned, contactor-operated facility which is a Federally Funded Research and Development Center. A draft statement of work for the Biopharmaceutical Development Program will be available on or about Jan. 14.

The facility consists of approximately 100 buildings and structures on approximately 70 acres in Frederick, MD. NCI intends to recompete this requirement which is presently being performed under four separate contracts as follows: Operations and Technical Support, Contract N01-CO-56000, Science Applications International Corporation; Animal Production, Contract N01-CM-46004, Charles River Laboratories, Inc; Computer Services, Contract N01-CO-46002, Data Management Services, Inc.; Scientific Library Sciences, Contract N01-CO-46003, Data Management Services, Inc. All contracts are anticipated to be cost type, either performance based const-plus-award- fee, or cost-plus-fixed-fee. Offerors will have the option of submitting alternate proposals.

The RFP will require that each alternate proposal will be accompanied by a base proposal. Anticipated beginning date of new contracts is Sept. 26, 2001. Further notice to be published, including RFP availability, on or about April 2000. Term of resulting contract(s) is anticipated to be five years. Current annual negotiated amount for the last year of each contract: Operations and Technical Support, $121,370,546; Animal Production, $4,822,994; Computer Services, $3,684,424; Scientific Library Services, $2,185,497. Current operating level for the Biopharmaceutical Development Program is $10-12 million. Announcement is intended to apprise all interested organizations of this future full and open competition opportunity. No collect calls will be accepted.

Inquiries: Patricia White, Contract Specialist, or John Baker, Contracting, NCI Frederick Cancer Center and Development Center, PO Box B, Frederick, MD, 21702-1201, phone 301-846-1113; e-mail white@mail.ncifcrf.gov or baker@mail.ncifcrf.gov; website http://www.baker@mail.ncifcrf.gov (cite: w-348 SN408468)

RFP CA-00-002: Early Therapeutics Development with Phase II Emphasis

Proposal due date: March 2

The Cancer Therapy Evaluation Program, of the

Division of Cancer Treatment and Diagnosis, NCI, is seeking organizations or consortia to provide a resource for the conduct of phase II and early clinical trials of NCI-sponsored agents, to evaluate biologic effects of these agents on their molecular targets, to evaluate other relevant biologic effects and to determine clinically relevant outcomes/correlates. Major emphasis will be on phase II studies, pilot protocols that explore promising combination therapies, and high priority studies that are pivotal for drug development and require rapid initiation, completion, and data reporting. NCI staff will notify the contractor of high priority studies as they are identified. NCI will also consider investigator initiated trials for credit under this contract based on available resources and priorities. CTEP requires a total resource that will provide 800 to 1600 patients accrued to 32 to 64 trials per year.

CTEP intends to make multiple contract awards. The contracts will require single institutions or multi-institutional consortia of clinicians, statisticians, data managers, research nurses and others with early phase clinical trial expertise with investigational agents in cancer. They must be organized to attract adequate patient cohorts for prompt completion of trials. Contractors will have flexibility to reform consortial arrangements or subcontract with additional sites to meet accrual goals, enhance accrual of unusual patient populations, increase accrual rates for high priority trials and/or provide biologic/cellular pharmacology expertise for correlative studies. Institutions or consortia interested in the contracts must demonstrate they have expertise in cancer drug development, knowledge in the clinical management of specific tumor types, phase II clinical trials, pharmacology and pharmacodynamics. They need to provide evidence of their own expertise, or access to such expertise, in diagnostic and functional imaging, interventional radiology, pathology, and other potentially relevant laboratory methodologies. Institutions or consortia who propose must either 1) document the accrual of at least 100 evaluable adult cancer patients to IRB approved phase II trials by the investigators (including all sites in the consortium) during a recent 12-month period during the last three years or 2) document sufficient access to a minimum of 1000 new patients in a recent twelve month period to ensure accrual of at least 100 patients per year.

Institutions or consortia must document the completion and reporting of at least two phase II trials completed at the offering institution/consortium during 1998-1999. As many as eight awards will be made and the resulting contracts will be awarded on an incrementally funded basis for a period of three years plus two additional option years. The SIC Code for this acquisition is 8731. Copies of the RFP may be obtained at http://amb.nci.nih.gov/ncics/rfps_published.asp

Inquiries: Odessa Henderson, Contract Specialist,TBSS, RCAB, NCI,6120 Executive Blvd., Executive Plaza South, Room 603, Rockville, MD 20852; phone 301-435-3821; fax 301-402-6699; e-mail oh4o@nih.gov

RFAs Available

RFA OD-00-004: Centers for Dietary Supplement Research: Botanicals

Applicant Information Meeting: Jan. 28
Letter of Intent Receipt Date: March 25
Application Receipt Date: April 25

The Office of Dietary Supplements, National Center for Complementary and Alternative Medicine, Fogarty International Center, NCI, National Heart, Lung, and Blood Institute, National Institute of General Medical Sciences, National Institute of Diabetes and Digestive and Kidney Diseases, National Institute on Aging, National Institute on Drug Abuse, National Institute of Environmental and Health Sciences, and the Office of Research on Women's Health invite proposals to establish Specialized Research Centers to investigate he biological effects of botanicals including, but not limited to, botanicals available as dietary supplements. The creation of such centers is needed to advance the quality and quantity of scientific information on botanicals and to promote further research in this area.

To evaluate systematically the efficacy and safety of botanicals, particularly botanicals available as dietary supplements, innovative approaches are needed. The classical drug development model may be inappropriate. Botanicals used in folk and traditional medicine and products available commercially as dietary supplements usually contain many diverse compounds rather than a single active pharmacological agent. In many instances, the active ingredient(s) is not known. Furthermore, drugs tend to have specific targets while many botanicals appear to have biological effects that may derive from multiple activities.

The major goal of the RFA is to foster interdisciplinary research in order to promote the scientific study of botanicals, particularly those available as dietary supplements. Applications in response to the RFA are encouraged to propose research projects ranging from basic research to those involving clinical applications. It is anticipated that a fully integrated center 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; 4) conduct both pre-clinical and clinical evaluations of botanicals; and 5) serve as a primary information resource for the public.

The RFA will use the NIH specialized center grant P50 award mechanism. This mechanism supports the full range of research and development from basic to clinical and intervention studies, as well as health services, policy, and surveillance research. The grants differ from traditional program project grants in that they are more complex and flexible in terms of the activities that can be supported.

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Support may be provided for career development research activities, a limited number of pilot research projects, and specialized core resources and shared facilities aimed at supporting the range of proposed research. A Specialized Center of Research must contain both clinical and basic science research studies.

One award will be made for $1.5 million in total costs (direct and facilities and administrative (costs combined) in the first year of the program. Annual increases are limited to three percent. The total project period for an application may not exceed five years. The anticipated award date for applications is September 29.

Inquiries: Christine Swanson, Office of Dietary Supplements, NIH, 31 Center Drive, 1B29-2086, Bethesda, MD 20892-2086, phone 301-435-2920; fax 301-480-1845; e-mail: SwansonC@od.nih.gov.

RFA RR-00-002: Extramural Research Facilities Construction Projects

Application Receipt Date: Feb. 25

National Center for Research Resources is authorized to make grants to public and nonprofit private entities to expand, remodel, renovate or alter existing research facilities or construct new research facilities. The facilities will be used for basic and clinical biomedical and behavioral research and research training.

Fiscal Year 2000 appropriation for NIH includes $75 million for the NCRR Research Facilities Improvement Program to award grants competitively. Special provisions are made for institutions of emerging excellence, designated under section 739 of the PHS Act as revised in PL 102-408. For this RFA, the needs of smaller and developing institutions will be given special consideration. NCRR is issuing the RFA for support of construction and renovation of facilities for biomedical and behavioral research and research training.

The RFA will use the NIH research facilities construction grant mechanism CO6. The total project period may not exceed five years; and no facilities and administrative costs or continuation costs will be awarded. The initial budget period is usually 2 or 3 years in length, although extensions may be requested. The award date is Sept. 2000.

Inquiries: W. Fred Taylor, Research Infrastructure, NCRR, 6705 Rockledge Dr., Room 6142 - MSC 7965, Bethesda, MD 20892-7965, phone 301-435-0766; fax 301-480-3770; e-mail: taylorf@ncrr.nih.gov

Testing Interventions to Improve Adherence to Pharmacological Treatment Regimens

The Office of Behavioral and Social Sciences Research, Office of the Director, NIH, and several NIH institutes are developing a trans-institute initiative that will encourage behavioral and social research to improve adherence to pharmacological treatments regimens.

The forthcoming RFA will solicit regular research grant applications where (1) the therapeutic regimen is for an existing illness or condition rather than a primary disease prevention or health promotion regimen and (2) the adherence intervention has been demonstrated to be effective in either (a) controlled settings (e.g., laboratories, clinical trials), (b) has been tested only with limited populations (e.g., small samples or samples from restricted populations) or with short periods of follow-up, or (c) has been researched on a health condition or treatment regimen different from that in the proposed research. In addition, the RFA will encourage research that adjusts interventions to the characteristics of different patient groups as well as patients suffering from and receiving treatments for multiple acute and/or chronic illnesses and conditions. The RFA is interested in promoting research that cuts across the traditional boundaries of NIH institutes and centers.

The release date for the RFA is Jan. 2000. In Sept. 2000, OBSSR/NIH anticipates making available $3 million for approximately six awards. RFA information is available by subscribing to the OBSSR automated e-mail service: listserv@list.nih.gov.

Inquiries: Ronald Abeles, Office of Behavioral and Social Sciences, Research, Office of the Director, NIH, Gateway Bldg., Rm. 2C234, MSC 9205, 7201 Wisconsin Ave., Bethesda, MD 20892-9205, phone 301-496-7859; fax 301-435-8779; e-mail: Abeles@nih.gov

Program Announcements

PAR-00-033: Cancer Education Grant Program

The NCI Cancer Education Grant Program is a flexible, curriculum-driven program aimed at developing and sustaining innovative educational approaches that ultimately will have an impact on reducing cancer incidence, mortality and morbidity, as well as on improving the quality of life of cancer patients. The CEGP invites investigator-initiated R25 Grant applications that pursue a wide range of objectives from short courses, national forums, seminars, and/or hands-on workshops designed to educate scientists, health care professionals and the lay community; to the design, development and evaluation of new curricula of special significance to cancer in educational institutions; to structured short-term didactic and research experiences designed to motivate high school; college; and medical, dental and other health professional students to pursue careers in cancer research; to the development and evaluation of new educational methods and tools directed at different audiences with the intent of having an impact on reducing cancer incidence and mortality. The R25 can also be used to fund symposia and support rapidly evolving areas (e.g., courses in innovative screening).

Education Grants can focus on education activities before, during and after the completion of a doctoral level degree as long as they address a need that is not fulfilled adequately by any other grant mechanism available at the

NIH and are dedicated to areas of particular concern to the NCI. The CEGP encourages innovative uses of the R25 grant to explore educational approaches that will help promote progress in preventing and curing cancer.

Inquiries: Lisa Begg, Office of Centers, Training and Resources, NCI, 6116 Executive Bvd, Suite 7011, MSC 8346, Bethesda, MD. 20892-7390, fax 301-402-4472; e-mail: beggl@mail.nih.gov

PA PAR-00-035: Mentored Medical Student Clinical Research Program

Application Receipt Date: Feb. 15

This program is intended to serve as a catalyst for medical students to introduce them to the potential of a career in patient-oriented research. The activities may range from supervised participation in clinical trials, didactic coursework related to patient-oriented research, or acquisition of laboratory skills that can be applied to patient-oriented clinical research efforts.

Inquiries: David Wilde, General Clinical Research Centers Program, National Center for Research Resources, One Rockledge Centre, Room 6030, 6705 Rockledge Dr., MSC 7965, Bethesda, MD 20892-7965, phone 301-435-0790; fax 301-480-3661; e-mail: dw171w@nih.gov

PA PAR-00-027: Complementary and Alternative Medicine Education Project Grant

National Center for Complementary and Alternative Medicine intends to establish a new Complementary and Alternative Medicine Education Project Grant R25 to support the development, refinement and expansion of innovative educational approaches to incorporate CAM information into the medical, dental, nursing, and allied health professional school curriculum, into residency training programs, and into Continuing Education courses. The annual requested direct cost is limited to $300,000. Total project period may not exceed five years.

Inquiries: For NCI—Lisa Begg, Chief, Cancer Training Branch, NCI, Executive Plaza North, Room 520, Bethesda, MD 20892-7383, phone 301-496-8580; fax 301-402-4472; e-mail beggl@mail.nih.gov

PAS-00-024: Complementary and Alternative Medicine Clinical Research Curriculum Award

Application Receipt Dates: Feb. 1; Feb.1, 2001; Feb. 1, 2002

This award is intended to support the development of new didactic programs in clinical research at institutions that do not currently offer such programs or, in institutions with existing didactic programs in clinical research, to support or expand their programs or to improve the quality of instruction.

Inquiries: Neal West, Program Officer, National Center for Complementary and Alternative Medicine, Bldg., 31/ Room 5B58, Bethesda, MD 20892-2182, phone 301-402-5867; fax 301-402-4741; e-mail westn@od.nih.gov.

In Brief:

Toxicology Program Board To Review Nine Substances

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curriculum vitae to: **Bernard Levin**, vice president for cancer prevention, University of Texas M. D. Anderson Cancer Center, 1515 Holcombe Boulevard, Box 203, Houston, TX 77030-4095. . . . **TOBACCO INDUSTRY DOCUMENTS** Web site was opened recently by the Department of Health and Human Services. The Web site allow users to conduct full-text searches of 27 million pages of tobacco industry documents made public by state lawsuits, congressional subpoenas, and the November 1998 master settlement agreement between the states and tobacco companies. The site, developed, coordinated, and housed by the Centers for Disease Control and Prevention, can be found at http://www.cdc.gov/tobacco. . . . **NATIONAL TOXICOLOGY PROGRAM** Board of Scientific Counselors subcommittee on the Report on Carcinogens is scheduled to meet Jan. 20-21 at the Crystal City Marriott in Arlington, VA, for a public scientific review of nine substances for possible listing in the 10th edition of the federal report. The subcommittee usually meets in Research Triangle Park, NC. Industry and consumer groups recommended that the review take place in the Washington area. "We hope this location will encourage more public participation in this important process in which substances are determined by the Department of Health and Human Services to be 'anticipated' or 'known' human carcinogens," said **George Lucier**, director of the Environmental Toxicology Program at the National Institute of Environmental Health Sciences. Background documents on the substances may be obtained by contacting William Jameson, phone 919-541-4096. The substances being considered are: beryllium and beryllium compounds used in fiber optics, aerospace and other industrial applications; a fire retardant called 2,2-bis-(bromomethyl)l-1,3-propanediol; 2,3-dibromo-1-propanol used as a flame retardant and in pesticides and drug preparations; dimethoxybenzidine dyes; dimethylbenzidine dyes; IQ, a substance found in cooked meat and fish; styrene-7,8-oxide, used in preparing fragrances and in some epoxy resin formulations; vinyl bromide used in making flame retardant synthetic fibers; and vinyl fluoride used in making polyvinylfluoride.

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