

NCI Bypass Budget For FY99 Proposes Expansion Of Cancer Clinical Trials System

A new version of the NCI Bypass Budget proposes to expand the Institute's national cancer clinical trials system and increase support for clinical investigators, cancer centers, and investigator-initiated research.

If Congress were to agree to appropriate the full \$3.191 billion requested in the NCI Bypass proposal for fiscal 1999, the Institute said it would spend \$425.5 million to support seven key areas involving clinical research.

The new section on clinical research, called "NCI's Challenge," replaces and expands one of the "Extraordinary Opportunities" for cancer
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In Brief

Center Wins \$10 Million To Coordinate Study; Albert Einstein Center Named Comprehensive

RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER received a five-year grant from NCI of almost \$10 million. The award will fund the coordination of a large-scale study of pre-leukemic bone marrow disorders and resulting acute leukemias. The grant builds on research being conducted by **Harvey Preisler**, director of Rush Cancer Institute and principal investigator of the study, and **Azra Raza**, director of the institute's leukemia programs and co-principal investigator. The University of Illinois at Chicago Medical Center, University of Chicago Hospitals, Illinois Masonic Hospital, and Cook County Hospital will participate in the study. . . . **ALBERT EINSTEIN CANCER CENTER** of Yeshiva University received NCI designation as a Comprehensive Cancer Center. **David Goldman** is the center's director. . . . **AMERICAN CANCER SOCIETY** funded 10 new grants, totaling \$3.72 million, in prostate cancer research. The society announced earlier this year that prostate cancer would be its first targeted area of research, and provided 10 percent of ACS research dollars to prostate cancer grants. The research receiving funding emphasizes behavioral, psychosocial, and quality of life; health policy and outcomes; and novel ideas in tumor cell biology. . . . **STACEY BECKHARDT** was named associate director for strategic planning at the Allegheny University of the Health Sciences Cancer Center in Philadelphia. Beckhardt is the former director of public policy at the American Society of Clinical Oncology. . . . **THE INTERNATIONAL Association for the Study of Lung Cancer**
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NCI Finds \$3.19 Billion Needed To Speed Cancer Research

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research the Institute identified in last year's Bypass proposal.

"We must create a system of bridges among all aspects of research—between research and clinical practice, between research and industry, and between the cancer research enterprise and the American people," the budget proposal said. "In [the NCI Challenge] we present our plan to meet the challenge of building those bridges that will eventually conquer cancer."

The Bypass request of \$3.191 billion represents an increase of \$644 million over the Congressional appropriation of \$2.547 billion for FY 1998.

The seven areas included in the Challenge are:

- **National Clinical Trials Program**—The Institute would provide \$170 million to increase the number of Americans currently enrolled in clinical trials by five times over the next five years, and to initiate trials on 20 new anti-cancer agents. The plan would increase funding for the Research Project Grant pool, the Clinical Cooperative Groups, and NCI Extramural and Intramural Program clinical trials.

- **Investigator-Initiated Research**—The Institute would provide \$40.4 million to fund 1,500 new and competing renewal research project grants,

fund the top 40 percent of single investigator grants, and double the number of competing Program Project grants and collaborative agreements.

- **Support for Clinical Investigators**—The Institute would provide \$66 million to provide partial salary support for investigators in NCI-designated Cancer Centers and the Community Clinical Oncology Program.

- **Cancer Centers**—The Institute would provide \$70 million to expand the Cancer Centers Program to include 13 new centers over the next three years, and to double funding for the Specialized Programs of Research Excellence program.

- **Informatics and Information**—The Institute would provide \$20 million to support development of data collection and analysis systems for clinical trials, provide systems that would allow more data to be exchanged between researchers, and make cancer and clinical trials information more accessible to patients.

- **Studying Emerging Trends**—The Institute would provide \$25 million to enhance the Breast Cancer Surveillance Consortium, develop a population-based Colorectal Cancer Surveillance Health Information System, expand the Surveillance, Epidemiology, and End Results database, and support new databases and infrastructure systems.

- **Training and Education**—The Institute would provide \$34.1 million to increase funding for research grants and awards, augment the Cancer Education Program, and train new investigators through both in-house and grant mechanisms.

Bypass Sent To President, Congress

The Bypass Budget, a document submitted directly to the President that outlines funding opportunities at NCI, is prepared by the NCI Director and a Bypass Budget Planning Committee made up of NCI division directors and advisors to the Institute.

Copies of the document are sent to members of Congress to help guide discussions about NCI research priorities and appropriations needs.

"It ends up being the basis for many discussions that I have had and continue to have with what appears to be a widening array of members of Congress, beyond just the members of the appropriations or authorization committees, who look at this and are interested in discussions about where it came from," NCI Director Richard Klausner said to the National Cancer Advisory Board at a meeting Dec. 2.



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Founded Dec. 21, 1973 by Jerry D. Boyd

Dorothy Tisevich, the NCI legislative liaison, said the Bypass is valuable for interactions with members of Congress. "When the question comes up, 'What are NCI's needs and what are your priorities?' we can use the Bypass," Tisevich said to the NCAB. "The value of the document is that we are able to produce it, and it serves as a wonderful launching pad for discussion."

In addition to core support of \$2.58 billion and the NCI Challenge proposal for \$425.5 million, the 1999 Bypass proposal includes \$185.5 million for four Extraordinary Opportunities listed in last year's Bypass Budget.

"It's clear we have nowhere near the dollars to fund any of the extraordinary opportunities at the level we projected," Klausner said to the NCAB. "However, we do feel that because these represent priorities, each of them will be implemented at a certain level."

Extraordinary Opportunities

The Bypass identifies Extraordinary Opportunities as "areas of discovery with exceptional promise for achieving pivotal advances" in cancer research, treatment, and prevention.

The Extraordinary Opportunities in the 1999 Bypass Budget include:

Cancer Genetics: The Institute's goal is to identify every major cancer susceptibility gene within five years, begin to address cancer genetics in clinical practice, and to identify and address the psychosocial, ethical, and legal issues associated with inherited cancer susceptibility.

The budget proposes spending \$53.7 million to support six areas of investment in the cancer genetics program, including:

—\$4.35 million to map and clone all major human cancer susceptibility genes at 10 genes per year, and to develop an informatics system associated with the effort.

—\$7.5 million for a project that will identify five modifier genes per year, and to assess human homologues for correlation with familial cancers.

—\$10 million to collect and maintain a population-based repository of biological specimens, measure exposure to environmental risk factors, develop and employ a questionnaire for environmental risks, and develop informatics associated with the effort.

—\$6 million to establish initial members of the Cancer Genetics Network and develop informatics.

—\$850,000 to develop an informatics center linking breast and colon cancer family registries.

—\$25 million to establish six Technology, Development, and Resource Centers for comprehensive molecular analysis; conduct five molecular analysis pilots in breast, colon, prostate, lung, and ovarian cancers; identify and clone genes implicated in the pilots; develop a database of chromosomal aberrations in cancer; and create a BAC library representing chromosomal breakpoints and translocations in cancer.

Preclinical Models of Cancer: The Institute's goal is to study methods of cancer intervention and the biology of tumor development through the creation of mouse models of human tumors, and to use simple organisms like worms to study the normal role of human cancer genes.

The budget proposes spending \$29.3 million to support three programs for the development of preclinical models of cancer, including:

—\$11.8 million to develop programs to improve technology and expertise, and to support, validate, and disseminate models; establish database of all mouse models; conduct pilot projects to validate and improve usefulness of models; and support the training of scientists.

—\$6.5 million to promote study of cancer gene homologs in non-mammalian models, develop resources and centers for development of models, establish a multi-organism gene database, and support the development of screens for anti-cancer drugs in these systems.

—\$11 million to produce in one year 50cDNA libraries from mouse cancer models, produce 100cDNA libraries from different stages of mouse development, and to use the Human TGI infrastructure to identify 400,000 mouse transcripts.

Imaging technologies: The Institute's goal is to "discover and develop techniques that will increase the precision, accuracy, and scope of imaging diagnosis and integrate imaging further into the practice of clinical oncology."

The budget proposes spending \$39 million for six programs that will advance imaging technologies in oncology, including:

—\$11 million to develop functional and physiological imaging techniques for cancer.

—\$12 million to develop necessary hardware and software for pattern recognition and image enhancement.

—\$10 million to develop image-guided therapy.

—\$3 million to establish a national network of clinical trials for the assessment of new imaging techniques.

—\$2 million to establish training programs for imaging research.

—\$1 million to establish a national forum for information exchange.

**Defining the Signatures of Cancer Cells—
Detection and Diagnosis:** The Institute's goal is to "develop new methods for detecting tumors at their earliest stages and to develop diagnostic tests that will enable [NCI] to base treatment choice on the fundamental traits of a tumor that determine the course of its development.

The budget proposes spending \$63.5 million on eight programs in the detection and diagnosis of cancer, including:

—\$9.5 million to identify proteins secreted from tumor cells. The program would prepare full length cDNA libraries and perform 5' sequencing at 500,000 reads per year, test 200 candidate secreted proteins in 10 tumor types, and test candidate antibodies for each tumor type with 10 grants per year.

—\$5 million for 10 grants to develop high-throughput and sensitive assays for protein detection in blood samples.

—\$2 million for 10 grants on research for technologies to detect tumor cells in bodily fluids and other easily sampled areas.

—\$18.5 million for the tumor gene index. The investment will fund projects to clone and sequence one million additional human ESTs, tag 50,000 clones at 5' end to provide protein encoding sequences, develop human cDNA libraries with a high proportion of full-length transcripts, sequence full transcripts of 20,000 genes identified in TGI, map 20,000 cDNAs from TGI using radiation hybrid panels, develop vector systems to shuttle cDNA libraries into various expression systems, and to begin development of a high-resolution gene-based map of the human genome.

—\$9.5 million to establish patterns of genetic changes that accompany tumor development and establish five centers to test candidate genes and measure mutations.

—\$10.5 million to establish five centers for expression detection and to make available new high-throughput detection technologies.

—\$1.7 million to determine active pathways in various tumors by testing panels of antibodies against

phosphorylation sites.

—\$6.8 million to establish a database and tumor registries of known outcomes of clinical trials.

The fifth Extraordinary Opportunity from last year's Bypass, "Investigator-Initiated Research," was folded into the "NCI Challenge" section in the new Bypass document.

Copies of the 1999 Bypass Budget document, "The Nation's Investment in Cancer Research," are available by calling the NCI Cancer Information Service at 800/4-CANCER.

NIH Grants:

NIH Decides To Cut R29 Award, Increase Support For R01s

NIH will no longer accept applications for R29 (First Independent Research Support and Transition) awards beginning with the June 1, 1998, receipt date for research grant applications, the Institutes said.

The R29 awards, begun in 1986 for scientists who have not been principal investigators on an NIH grant, provided five years of research support.

The policy to phase out the R29 was adopted after an analysis by an NIH Working Group on New Investigators, NIH said in a statement Nov. 21. The committee concluded that while new investigators applying for either R01 or R29 funding are similar, they are subject to an artificial division of applicants which leads them to grant support mechanisms—either the R01 or R29—with several differences.

These differences include review criteria, requirement for letters of support, dollar and time limitations, and percentage of time required of the new investigators.

Some of these differences can penalize the R29 applicant, particularly the dollar limitation of the R29—\$350,000 over a five year period, with no single year exceeding \$100,000.

There is no set time limit, proportion of salary, or dollar cap attached to R01 grants. Letters of support are not needed.

The working group also found that when applying for funding renewal, scientists who received R29 funding as their initial method of support are less successful than new applicants who received an R01, NIH said.

"This change in policy will allow investigators maximum freedom in identifying the level and period of support needed for the work they are planning," the NIH statement said. "In making this change, NIH

has committed to supporting at least the same number of new investigators and, as necessary, directing more resources to their support.”

In FY 1997, NIH supported 1,466 new investigators with R01 or R29 awards, NIH said.

NCI estimated that phasing out the R29 and providing a 25 percent payline for new R01 investigators would cost the Institute \$2.2 million to \$5 million a year (**The Cancer Letter**, Nov. 21).

Cancer Survivorship: **NCI, Komen Foundation, Fund Survivorship Research Grants**

NCI and the Susan G. Komen Breast Cancer Foundation announced the award of grants to support research on the issues of cancer survivorship.

The NCI Office of Cancer Survivorship awarded \$4 million for 17 two-year grants. The grants are intended to study cancer survivorship issues in patients who have completed treatment, are free of cancer, and have survived cancer at least five years.

The Komen Foundation committed an additional \$700,000 to support three two-year studies of breast cancer survivors.

“These awards are only the first step in NCI’s renewed commitment to cancer survivors and the issues which affect them,” said Anna Meadows, director of the Office of Cancer Survivorship. “The action of the Komen Foundation to fund studies that were reviewed by NCI increases the number of awards we are able to make and prevents duplication of effort.”

“We hope that our involvement with these and future grants will help sustain and move forward such critical research,” said Nancy Brinker, founding chairman of the Komen Foundation.

Two of the NCI awards are supported by \$500,000 of funding from the PHS Office of Women’s Health. OWH-supported studies include: **Tim Aheles**, Norris Cotton Cancer Center, “Cognitive impact of systemic chemotherapy in survivors of breast cancer and lymphoma;” and **Alfred Neugut**, Columbia University Cancer Center, “Studying complications in cancer survivors (lung cancer occurring after radiation treatment for breast cancer).”

Grants awarded by the Komen Foundation: **Anne Schott**, University of Michigan Cancer Center, “Evaluation, prevention, and treatment of

lymphedema due to breast cancer treatment;” **Charles Coltman**, Southwest Oncology Group, “A study of the late cardiac effects of two different adjuvant chemotherapy regimens in women with node-negative breast cancer;” and **Patricia Ganz**, Jonsson Comprehensive Cancer Center, “Effects of cancer treatment on gonadal function and reproductive health in long-term breast cancer survivors.”

Recipients of NCI-OCS grants: **Smita Bhatia**, Children’s Cancer Group, “Second malignant neoplasms following childhood cancer;” **Jean Sanders**, Fred Hutchinson Cancer Center, “Quality of life in adult survivors of childhood leukemia treated with bone marrow transplant or standard chemotherapy;” **Melissa Hudson**, St. Jude Children’s Research Hospital, “Non-invasive evaluation of late cardiac toxicity in patients treated for pediatric cancers;” **Leslie Robison**, University of Minnesota Childhood Cancer Survivors Study, “Issues in tracing a cohort of cancer survivors,” and “Molecular genetics in childhood cancer survivors: GSTT1 and GSTM1 genotypes and increased risk of second cancers;” **Anne Kazak**, University of Pennsylvania Cancer Center, “Quality of life and symptoms of post-traumatic stress in 18-35 year-old survivors of childhood cancer;” **Marcy List**, University of Chicago Cancer Center, “Quality of life and performance status of long-term survivors of head and neck cancers;” **Sharon Manne**, Fox Chase Cancer Center, “Attributable medical care costs and quality of life in long-term survivors of colorectal cancer;” **Cindy Schwartz**, Johns Hopkins Oncology Center, “Evaluation of risk for myocardial ischemia in survivors of Hodgkin’s disease treated with mediastinal radiation;” **Scott Ramsey**, Fred Hutchinson Cancer Research Center, “Attributable medical care costs and quality of life in long-term survivors of colorectal cancer;” **Fred Li**, Dana Farber Cancer Center, “Genetic testing of cancer survivors at high risk of second primary cancers: the RB1 prototype;” **Mark Chesler**, University of Michigan, “Psychosocial quality of life and related service needs in cancer survivors;” **Carolyn Gotay**, University of Hawaii, “Beating the odds: a study of patients who exceed the expected survival time;” **Linda Krebs**, University of Colorado Cancer Center, “Quality of life of female survivors diagnosed during child-bearing years;” and **Andrew Baum**, University of Pittsburgh, “Prostate cancer survivors’ quality of life.”

Women's Health Conference:

Treatment To Emphasize Pre-Cancer, Klausner Says

The future of cancer research is in the treatment of precancerous conditions as a means of preventing cancer, NCI Director Richard Klausner said at a conference on women's health held earlier this month.

The ability to systematically search through possible molecular markers to identify the markers for the development of cancer will be the future of cancer prevention, Klausner said.

"The ability to read and to detect early changes [in precancerous cells] provides a new way to think about prevention—to think about cancer as a process and not an event, to recognize that if cancer emerges over decades with partial changes those alterations ought to be the diseases or pre-diseases we learn to intervene in," Klausner said at the Nov. 18 conference. "We need to learn to recognize and then direct our treatment more and more not to cancer, but to pre-cancer."

The conference, Beyond Hunt Valley: Research on Women's Health for the 21st Century, was sponsored by the NIH Office of Research on Women's Health.

Lines Blur Between Prevention, Treatment

Klausner said that while more research needs to be focused on the prevention of cancer, viewing prevention and treatment as competing fields is foolish.

"The line between prevention and treatment will get dramatically blurred over the next few years," Klausner said. "As we argue about treatment versus prevention, we need to make sure that artificial distinction defined by where you get funded or how you identify yourself does not drive our view of the world."

The conference, held Nov. 17-19 in Washington, brought together over 400 advocates, policymakers, and researchers in women's health.

The conference included working groups focused on cancer, alcohol and drug use, behavioral and social science, bone and musculoskeletal disorders, cardiovascular disease, career issues for women scientists, digestive diseases, autoimmune diseases, mental disorders, neuroscience, oral health, pharmacologic issues, reproductive issues, and urologic and kidney conditions.

Obituary:

Rajko Medenica, 58, Physician Whose Cancer Treatments, Lab Tests, Were Controversial

Rajko Medenica, the controversial physician who practiced on Hilton Head Island, SC, and in the Denver area, died at his home in New York on Nov. 30, his family said. Medenica was 58.

According to information released by the funeral home, Medenica died of natural causes.

In October, the South Carolina Board of Medical Examiners suspended Medenica's license, citing his poor health.

The board's ruling said Medenica had a "life-threatening muscle damage and cardiac rhythm disregulation" which impaired his ability to practice medicine.

The recent suspension of the South Carolina license was just one of the problems that plagued Medenica, the Montenegro-born physician who claimed extraordinary response rates with cancers that mainstream clinicians and scientists regard as daunting (**The Cancer Letter**, April 30, 1993).

At the time of his death, officials in Colorado were going forward with the process aimed at revoking Medenica's license to practice medicine in that state.

Earlier this year, a Colorado administrative law judge concluded that Medenica had engaged in "grossly negligent medical practices" and "repeatedly performed unnecessary laboratory tests or studies without clinical justification."

The ruling, issued May 16, also said that Medenica violated Colorado law by failing to disclose a 1989 conviction on charges that he fraudulently billed his native Yugoslavia for treating cancer patients in Geneva.

Prior to his conviction in Switzerland, Medenica set up a practice in Hilton Head. However, in 1995, he was arrested while traveling in Europe and served 16 months in a Swiss prison.

Before his arrest in 1995, a jury in Hampton County, SC, awarded \$13 million to the family of a cancer patient who experienced severe toxicity and permanent injuries as a result of receiving negligently administered treatment by Medenica, the jury found. The South Carolina Supreme Court upheld that verdict last year.

The plaintiff in that case, Gayle Taylor, died last month. She was 40.

Funding Opportunities:

Firm Issues Call For Abstracts From Oncology Fellows

Scientific Therapeutics Information Inc. is accepting abstracts and case studies to be presented at two Oncology Fellows Forums in March.

The forums, funded by an educational grant from SmithKline Beecham Oncology, will allow medical and gynecologic oncology fellows to participate in an interactive scientific forum moderated by faculty members in the oncology community.

Second and third-year fellows are invited to submit research or clinical case studies to be considered for presentation at two separate two-day forums—one for medical oncology fellows and the other for gynecologic oncology fellows.

Fellows may submit either basic science or clinical research findings applicable to medical or gynecologic oncology, or case studies that illustrate unusual presentations of common oncologic cases or rare oncologic conditions that demonstrate important diagnostic, therapeutic, or teaching points.

The fifty highest ranked abstracts will be chosen for presentation at the medical oncology forum. The thirty highest ranked abstracts will be chosen for presentation at the gynecologic oncology forum.

The top five presenters at each meeting will receive a travel grant of \$1,000 to attend the medical oncology meeting of their choice in 1998.

The medical oncology forum will be held March 5-8 in Tucson, AZ. Deadline for submissions is Dec. 19.

The gynecologic oncology forum will be held March 19-22 in San Diego. Deadline for submissions is Jan. 9.

For abstract guidelines and additional information, contact John Romankeiwicz at 973/376-5655.

NCI Program Announcement

PA-98-008

Title: Exploratory/Developmental Grants for Diagnostic Cancer Imaging

Application Deadlines: Feb. 1, June 1, Oct. 1, 1998

The Diagnostic Imaging Program of the NCI Division of Cancer Treatment and Diagnosis solicits exploratory/developmental (R21) grants that articulate highly innovative research concepts in diagnostic cancer imaging. Within each area of importance in imaging, there

exists a need for innovative and creative approaches leading to new avenues of research. One way to encourage research into high risk/high impact areas is to provide investigators with the initial resources required to accomplish feasibility and pilot testing of innovative ideas.

The R21 mechanism will provide investigators at all career levels with a defined level of funding adequate for the initial feasibility testing of high risk/high impact concepts and, if the concepts are viable, for the generation of experimental preliminary data. This would render the investigators competitive for funding through the research project grant (R01) and/or First Independent Research Support and Transition (R29) award mechanisms, thus potentially leading to the establishment of new research programs in areas that might have previously remained unexplored.

Applications may be submitted by foreign and domestic, for-profit and non-profit organizations, public and private. Applicants may request up to two years of support and up to \$100,000 per annum in direct costs. The award is non-renewable. If desired, the specific aims of the R21 project may be incorporated into a research project grant application (R01 or R29) submitted prior to the termination of the R21 award.

Research topics to be supported by the R21 mechanism will be those falling within broad areas of clear importance to the future of diagnostic imaging: development of new and innovative imaging modalities and their optimization, characterization and preclinical evaluation, with emphasis on their potential for cancer screening, diagnosis or treatment; development of new and innovative contrast or molecular/radiotracer agents for tumor visualization and interpretation for cancer diagnosis, staging or treatment or understanding the physiological states of organ systems and tumor systems; development of new and innovative methods for image acquisition, display, transmission, computer assisted analysis, teleradiology and telemedicine applications that impact cancer screening, diagnosis or treatment or improve cost effectiveness in the oncology setting; or development of innovative methods for interventional radiology and techniques for improved image guided diagnosis or treatment.

Contact Anne Menkens, DCTD, Executive Plaza North, Suite 800, Bethesda, MD 20892, tel: 301/496-9531, fax: 301/480-5785, email: menkensa@dtpepn.nci.nih.gov.

NCI Contract Award

Title: Maintenance of an Animal Holding and Breeding Facility and Provision of Attendant Research Services.

Contractor: Bioqual Inc., Rockville, MD, \$958,535.

Letter to the Editors:

BSA P01 Review System Vote Was Advisory; NCI To Consult Other Boards, Advisors, Also

To the Editors:

This is to correct the record concerning the article appearing in **The Cancer Letter** of Nov. 21, describing the Program Project (P01) review policy discussion at the November meeting of the NCI Board of Scientific Advisors.

At the request of the Chair, information was presented on the potential pros and cons of the NCI returning to a one-step initial scientific review of P01s as compared to the current two-step review process involving a site visit followed by parent committee review. In the press of Board business, however, time did not permit discussion of the merits of the present two-tiered parent review committee system.

In response to a question as to when, if adopted, how soon such a policy change would be possible, the Feb. 1, 1998, receipt date was mentioned. The subsequent discussion and motion in favor of adopting that policy occurred as reported.

As with all recommendations of the BSA, the NCI will take this recommendation under advisement. However, no final decision on P01 review will be made without fully consulting the other appropriate NCI internal and external constituencies, including the National Cancer Advisory Board, NCI Extramural Advisory Board, applicants, and current P01 review committee members.

The goal of peer review is to provide a fair and uniform evaluation of the scientific merit of all applications in order to inform the funding decision process of the NCI, utilizing the resources required to do so effectively and efficiently.

Monitoring and evaluation of peer review procedures is an ongoing process which experience has shown to be one of continuing evolution, both within NCI and the NIH as a whole.

The NCI is committed to maintaining a dialogue with its review and advisory bodies, applicants and reviewers to ensure these goals of peer review are met.

Marvin Kalt
Director

NCI Division of Extramural Activities

In Brief:

Award Honors BMS Executive

(Continued from page 1)

established the **Thomas Jordan Travel Awards**, which will be given to two physicians or fellows from developing countries to attend the association's congresses. Jordan is the vice president, worldwide oncology, at Bristol-Myers Squibb Co. The association's next congress will be held in Japan in the year 2000. . . . **BARRY MEISENBERG** was named deputy director of clinical affairs at the University of Maryland Greenbaum Cancer Center. Meisenberg is the former director of bone marrow transplantation at the Scripps Clinic and Research Foundation. **Sanford Stass**, professor of pathology and medicine at UMD School of Medicine, was named director of Greenbaum Cancer Center in March. . . . **NATIONAL INSTITUTE** of Child Health and Human Development will receive a \$500,000 grant from the American Medical Association to support studies conducted in the institute's Pediatric Pharmacology Research Unit Network. The grant will be used to test non-patented pediatric drugs, and to provide data to FDA for pediatric labeling. . . . **MICHAEL FIORE** received the 1997 Dan Anderson Research Award, sponsored by the Hazelden Foundation Butler Center for Research and Learning. Fiore, associate professor in the department of medicine and director of the Center for Tobacco Research and Intervention at University of Wisconsin, received the award in recognition of contributions to the advancement of scientific knowledge of addiction recovery. . . . **JOHN HORTON** received the American Association for Cancer Education's Margaret Hay Edwards Award, in recognition of outstanding contributions to cancer education. Horton is professor of medicine and associate dean of education at H. Lee Moffitt Cancer Center & Research Institute Division of Medical Oncology and Hematology. . . . **THOMAS FEELEY** was appointed to the Charles M. McBride Professorship in Surgical Oncology at M.D. Anderson Cancer Center. Feeley, an anesthesiologist, received the seven-year appointment in recognition of achievements in clinical cancer treatment and research. . . . **CAROLYN ALDIGE** was elected to the board of directors of Fox Chase Cancer Center. Aldige is president and founder of the Cancer Research Foundation of America, and president of the National Coalition for Cancer Research.