

House Appropriators Approve NIH Increase; Clinton Threatens Veto Over Education Cuts

The House Appropriations Committee earlier this week approved a bill that includes a 9.1 percent increase for NIH. However, President Clinton said he would veto the measure because it cuts \$2 billion from education programs.

Under the bill approved by the House Appropriations Committee July 14, NIH would be given a \$14.862 billion appropriation for fiscal 1999, a \$1.240 billion increase over the current year, and \$98.7 million

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In Brief:

Former PHS Official Jeffrey Koplan To Head CDC; Caligiuri Wins Freireich Award

JEFFREY KOPLAN was named director of the Centers for Disease Control and Prevention and administrator of the Agency for Toxic Substances and Disease Registry. Koplan, currently president of the Prudential Center for Health Care Research, will assume the post on Oct. 5. He replaces **David Satcher**, who was confirmed as U.S. Surgeon General last February. **Claire Broome**, CDC deputy director, will continue as acting director until Koplan takes office. Koplan served 22 years in the Public Health Service, starting as an Epidemic Intelligence Service officer at CDC. He became an assistant Surgeon General and was the first director of CDC's National Center for Chronic Disease Prevention and Health Promotion. Koplan is visiting professor of community health at Emory University School of Medicine and clinical professor of community medicine at Morehouse Medical School. . . . **MICHAEL CALIGIURI**, codirector of the Division of Hematology/Oncology and associate director for clinical cancer research at The Arthur James Comprehensive Cancer Center at Ohio State University, will receive the Emil J. Freireich Award from M.D. Anderson Cancer Center. The award recognizes Caligiuri's innovative work in biological therapy. . . . **ONCOLOGY NURSING SOCIETY** has expanded its cancer information service, ONS Online, in the clinical trials, spiritual care resource, and continuing education areas. The service was recently opened to the public. ONS Online may be accessed at www.ons.org. . . . **VITAL OPTIONS**, a national cancer support and communications organization, has signed Pharmacia & Upjohn to sponsor "The Group Room," a syndicated radio cancer talk show. . . . **SUSAN G. KOMEN** Breast

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House Bill Would Give NCI \$2.788 Billion; Veto Threatened

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above the Administration request.

The NCI appropriation would be \$2.788 billion, \$245.271 million above the current budget, and \$19.616 above the Administration request.

The veto threat is just one of the perils the bill is expected to encounter. House members, particularly conservative Republicans, have loaded the bill with legislative measures that make the bill unacceptable to moderates on both sides of the aisle.

The bill includes provisions that restrict abortion funding under the Medicare trust fund, prohibit federal funding for research using human embryos, ban the use of federal funds for needle exchange, require libraries to install obscenity filters on equipment accessible to minors, give states the authority to deny special facilities to disabled prison inmates, and require health clinics to notify parents whenever a minor requests contraceptives.

Putting the bill together was an enormous challenge for Labor, HHS and Education Appropriations Subcommittee Chairman John Porter (R-IL). To begin with, Porter had to work within a tight allocation to balance the priorities of funding education and biomedical research.

While the Administration wanted to emphasize both education and biomedical research, the means

for accomplishing this evaporated last month when the Senate dropped the tobacco legislation. Indeed, even when a tobacco settlement was still feasible, the allocation given to Porter did not reflect this potential watershed.

Sources said the House appropriation measure will face an uncertain future when it reaches the House floor in late July or early August. Ultimately, this would mean that the appropriations bill would have to be put together in the final days of the appropriations process, during reconciliation of the House and Senate bills.

This year, few observers are making predictions because of the absence of Sen. Arlen Specter (R-PA), chairman of the Labor, HHS and Education Subcommittee. *Since Specter has been ill, his committee has not completed markup of its version of the legislation.*

"The bill is fundamentally flawed," Clinton said in a statement issued on the day the House Appropriation Committee took up discussion of the Labor, HHS bill. "Overall, it cuts \$2 billion from our request for education investment, short-changing initiatives on education reform, on raising educational achievement for our children, and on providing focused help for students who need it most.

"In addition, the bill fails to fund my childcare initiatives, eliminates current job training and other programs for low-income Americans, and has many other problems as well.

"By turning their backs on America's young in this bill, the House Republicans are taking a step backward. I urge the Committee to provide the funds necessary for this bill to move America into the future, not backward," Clinton said.

"This bill shortchanges investments in education, and if it were sent to me in its current form, I would have no choice but to veto it."

Patient Advocacy:

NBCC Urges Treatment Funds For Women Screened By CDC

The National Breast Cancer Coalition is preparing the final push for legislation that would provide funds for treatment of underserved women who are diagnosed with breast cancer under a program administered by the Centers for Disease Control and Prevention.

The legislation will clear Congress this year,

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Founded Dec. 21, 1973 by Jerry D. Boyd

pledged Rep. Rick Lazio (R-NY), sponsor of H.R. 3779, and Sen. Alfonse D'Amato (R-NY), sponsor of S. 2017, at an NBCC press conference July 14. The House bill currently has 71 co-signers, and the Senate bill has 25.

Last year, a similar bill cleared the Senate, but was killed during reconciliation of House and Senate appropriations bills that fund the Departments of Labor, HHS, and Education.

"On the House side, we will move this bill," Lazio said. "We will make sure that it gets done, and we need to move quickly, because every month there are women who fall between the cracks, and we cannot allow this to happen."

Earlier this year, NBCC elevated obtaining funds for treatment of women diagnosed through the CDC Breast and Cervical Cancer Early Detection Program to the top of its legislative agenda. Other top priorities include obtaining funding for Department of Defense peer reviewed research in breast cancer and passage of legislation that prohibits genetic discrimination.

For NBCC, advocacy for treatment funds does not signal a new emphasis on screening. Rather, the coalition is focusing on a narrow issue that involves access to quality care, NBCC sources said.

Unlike other breast cancer groups, the coalition has never emphasized screening. In fact, the last time NBCC took a position on screening was a year ago, when it joined epidemiologists and other scientists in arguing that the data on screening of women between ages 40 and 50 do not justify an NCI guideline recommending screening in that group.

The bills supported by NBCC would extend Medicaid benefits to women diagnosed through the CDC screening program who do not qualify for *Medicaid*, have no insurance, and cannot pay for the care. The number of women who fit into this category is unknown.

Treatment Delays For Lack Of Coverage

Nonetheless, the problem is clearly there, as real as a California breast cancer survivor who addressed the press with a simple and horrifying story. "No woman should have to go through what I did," said Edna Harris, an Imperial Beach, CA, woman who had to delay treatment by four months while trying to raise \$3,600 to pay the surgeon and the hospital.

"To this day I still cannot understand how you can have a screening program that encourages women to get their mammogram, and then not have the

money to pay for the necessary life-saving treatment," Harris said.

A recent survey of health officials in seven states found that "some women experienced time delays between screening, definitive diagnosis, and initiation of treatment."

Still, arrangements for treatment were made for almost all women diagnosed with breast cancer or cervical cancer, said a study, published in the March 27 Mortality and Morbidity Weekly Report.

The study said the lack of coverage for diagnostic and treatment services "negatively affected recruitment of providers and restricted the number of women screened." Also, "an increasing number of physicians will not have the autonomy, because of changes in the health care system, to offer free or reduced-fee services" to the CDC program clients, the study said.

Altogether, the CDC program has provided 576,408 mammograms and detected 3,409 cancers between July 1991 and March 1997, the paper said.

"Most women do find treatment," said NBCC President Fran Visco. "However, what women have to go through to get treatment is something that no woman should be expected to do. There is a gap, a serious gap that we intend to fill, and that is to make certain that this public policy is complete and works well, and that women do get treatment.

"It's not really early detection that saves lives. Its early detection coupled with quality treatment that saves lives," Visco said.

Bill Would Provide State Medicaid Benefit

The proposed legislation would establish an optional state Medicaid benefit for low-income women who do not have health insurance coverage and who are diagnosed with breast cancer. While states would be expected to come up with matching funds for treatment, the federal share would be set above the standard Medicaid level.

The measure would require about \$200 million over five years, D'Amato said.

"We are talking about people who are barely above the poverty line," D'Amato said. "They are too poor to qualify for Medicaid, they don't have enough resources to have their own insurance, and we are literally abandoning them after their diagnosis, and they are dependent on charity and bake sales.

"That is something that we simply have to change," D'Amato said.

Institute of Medicine:
**Seek More Public Comment
On Science Priorities, NIH Told**

A report released by the Institute of Medicine last week recommends that NIH seek broader public input in setting research priorities.

The report, titled "Scientific Opportunities and Public Needs," recommends that NIH form public liaison offices in the Office of the Director as well as in its research institutes.

The report said the criteria that NIH uses to set priorities for funding research are scientifically sound and should be altered only by improving the opportunities for public participation.

"The single theme that runs through all of our recommendations is that NIH must revamp its approach to public input and outreach at every level, and without delay," said Leon Rosenberg, chairman of the 19-member committee and professor at the department of molecular biology and Woodrow Wilson School of Public and International Affairs at Princeton University.

NIH's Guiding Criteria "Sound"

NIH uses five criteria to set research priorities. These include public health needs, scientific quality of the research, potential for scientific progress, portfolio diversification along the broad and expanding frontiers of scientific knowledge, and support of the people, equipment, instrumentation, and facilities needed for research.

"The committee determined that these guiding criteria are sound, and we recommend that NIH continue to apply them in a balanced way," Rosenberg said in a statement. "However, we think that NIH has fallen short in its ability to explain to the public how these criteria are implemented."

While NIH continues to use these criteria, it should also be able to show that it has compared data on the burdens and costs of particular diseases against the resources devoted to them, the report said.

The public acceptance of the agency's priority setting process would be enhanced if these data are obtained systematically and consistently, the report said.

In Defense Of Spending By Disease

NIH officials and their supporters on Capitol Hill have repeatedly cautioned against paying excessive attention to comparisons of spending on

disease-specific research with the burden of diseases. Such comparisons can lead to "disease Olympics," a competition that may ensue when priority setting is politicized to the point where scientific opportunity becomes a minor consideration, critics of the approach warn.

The IOM report comes to the defense of this much-maligned approach, stating that considering the burden of disease with spending could help NIH identify opportunities and gaps in current research.

"Because the agency has not been more systematic in estimating research spending by disease and in developing ways to compare the burden of particular diseases with the resources NIH devotes to them, some of the public have concluded—incorrectly, we believe—that NIH cares more about curiosity than cure, more about fundamental science than clinical applications," Rosenberg said.

In his statement, Rosenberg acknowledged that information on NIH spending on specific diseases is difficult to collect.

"We are well aware that there is no simple metric for use of data estimating research spending by disease or burden, and that not all health problems are equally ripe for research advances," Rosenberg said. "But we believe that to enhance the legitimacy of its priority-setting process, NIH must obtain these data more systematically across its 21 institutes. To help identify opportunities and gaps in research spending, it should also obtain and disseminate information on research spending by other organizations—public and private."

Calls For Centralized Liaison

Noting that some institutes, including NCI, have developed mechanisms for soliciting public input, the committee recommended a *centralized structure* for interaction with the public.

Under the proposed structure, NIH would form a central Office of Public Liaison within the office of the NIH director to evaluate and coordinate the liaison activities of each institute and to work with groups concerned about cross-cutting issues. Also, the NIH director should establish a council of public representatives that would act as a forum for an exchange of information between the NIH director and the public, the report recommended.

The council would not set priorities regarding the NIH budget or its research programs.

The report noted that currently most priority setting at NIH is decentralized, with each institute

given responsibility for identifying key research opportunities in its area.

The report said the NIH director needs more authority to help ensure a unified, agency-wide planning, and to coordinate research that cuts across institutes. The report said the NIH director should require annual multi-year strategic plans from all institutes, and use this information in overseeing the priority-setting process.

Further, the report recommended that Congress make adjustments to the level of funding to enable NIH to improve its capacity for analysis, planning, and public interaction.

The report said Congress should use restraint in exercising its authority to dictate research priorities and should intervene only when other priority-setting approaches have proved inadequate.

"By demonstrating that its priority-setting process is fair and open, NIH can reduce the likelihood that Congress will mandate specific research programs, establish levels of funding for them, or implement new organizational entities," Rosenberg said.

The report was mandated by Congress and funded by NIH. Copies of the document can be obtained from The National Academy Press, tel. 800-624-6242.

HHS Web Site Opens For Info On Health Disparities Initiative

HHS has opened a site on the World Wide Web to make available information about its Initiative to Eliminate Racial and Ethnic Disparities in Health, a program unveiled earlier this year to eliminate racial and ethnic health disparities in six key areas of health status by the year 2010.

The new web site, at <http://raceandhealth.hhs.gov>, will include information about racial and ethnic health disparities in the U.S. as well as background material on the various components of the health disparities initiative.

President Clinton is seeking \$400 million over five years to support public-private collaborative efforts, led by HHS, to close the gaps between racial and ethnic populations and white Americans in six health categories where disparities have been identified as measurable and pronounced. Those areas are infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV/

AIDS infection rates, and child and adult immunizations.

Visitors to the site can click on an overview of the initiative, listen to President Clinton's Oval Office address announcing the initiative, or link to other related web sites. Also, the site contains links to specific information about each of the six goal areas of the initiative, where browsers can access details about each objective as well as statistics on each of the six areas of health status.

Funding Opportunities:

RFAs Available

Title: AIDS Associated Malignancies Clinical Trials Consortium Operations, Statistics, and Data Management Center: Request for competitive renewal application

NCI is requesting a competitive renewal application from the current incumbent awardee of the AIDS Associated Malignancies Consortium - Operations, Statistics and Management Center. The Center provides the necessary administrative, statistical and data management support to the AIDS-Associated Malignancies Consortium (AMC), a national clinical trials cooperative group.

For the past 3 years, the AMC has designed, developed and performed clinical trials using novel agents or innovative approaches in patients with AIDS associated malignancies. NCI wants to continue this effort and is seeking talented investigators from academic, non-profit and for-profit research organizations who will interact with other members of the consortium and with NCI in a concerted way in order to further conceive, create, and evaluate new approaches to therapy of AIDS associated malignancies.

The AMC will consist of the separately funded awardees from another solicitation for clinical trials members and the awardee of this solicitation. Scientific approaches taken by the consortium will continue to be broad and will reflect the creativity and capabilities of team participants. Clinical trials using conventional cytotoxic chemotherapy regimens alone would not be performed within the consortium. The potential exists for expanding to phase III studies and the applicant should consider relevant phase III questions as appropriate.

Inquiries: Roy Wu, Div. of Cancer Treatment and Diagnosis, NCI, 6130 Executive Blvd Rm 734,

Bethesda, MD 20892, phone 301-496-8866, fax 301-480-4663, email wur@ctep.nci.nih.gov.

RFA CA-98-010

Title: AIDS associated malignancies in clinical trials consortium

Letter of Intent Receipt Date: Oct. 21

Application Receipt Date: Nov. 18

The Cancer Therapy Evaluation Program of the NCI Division of Cancer Treatment and Diagnosis invites applications from single institutions or consortia of institutions for cooperative agreements (U01) to participate or to continue to participate in the activities of the AIDS Associated Malignancies Clinical Trials Consortium (AMC).

For the past 3 years, the AMC has designed, developed and performed clinical trials using novel agents or innovative approaches in patients with AIDS associated malignancies. NCI is seeking talented scientists from academic, nonprofit and for profit research organizations who will interact with other members of the consortium and with CTEP in a concerted way in order to further conceive, create, and evaluate new approaches to therapy of AIDS associated malignancies. The AMC will consist of awardees funded under this solicitation, and a separately funded Operations, Statistics and Data Management Center. Scientific approaches taken by the consortium will continue to be broad and will reflect the creativity and capabilities of team participants. Clinical trials using conventional cytotoxic chemotherapy regimens alone would not be performed within the consortium. The potential exists for expanding to phase III studies and applicants should consider relevant phase III questions as appropriate. The purpose of the proposed awards is to continue to stimulate cooperative efforts to improve treatment and to develop more effective therapies for AIDS associated malignancies.

Approximately \$3 million in total costs per year for five years will be committed to fund applications. It is anticipated that 10 to 13 awards for clinical trials members of the AMC will be made. Awards and level of support depend on receipt of a sufficient number of applications of high scientific merit. Because of the variation in numbers of patients to be accrued, it is anticipated that the size of awards will vary also. It is anticipated that the award for each clinical trials member will be approximately \$150,000 direct, and Data Management Center to reimburse institutions

that accrue above and beyond the basal level within these awards. The support provided to the clinical trials members in years two to five will be performance based and may be adjusted by NCI staff should accrual to clinical trials be minimal or unacceptably low.

The total project period for each application may not exceed five years. The earliest anticipated award date is Aug. 1, 1999.

Inquiries: Ellen Feigal, Div. of Cancer Treatment and Diagnosis, NCI, 31 Center Drive, Rm 3A44, MSC 2440, Bethesda, MD 20892-2440, phone 301-496-6711, fax 301-496-0826, email feigale@ctod.nci.nih.gov.

For programmatic information and copies of the complete RFA, and to address the letter of intent: Roy Wu, Div. of Cancer Treatment and Diagnosis, NCI, 6130 Executive Blvd, Rm 734, Bethesda, MD 20892, phone 301-496-8866, fax 301-480-4663, email wur@ctep.nci.nih.gov.

RFA DK-98-017

Title: Hepatitis C: Natural history, pathogenesis, therapy, and prevention

Letter of intent receipt date: Oct. 13

Application receipt date: Nov. 13

The following organizations--National Institute of Diabetes and Digestive and Kidney Diseases, National Cancer Institute, National Institute of Allergy and Infectious Diseases, National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, Office of AIDS Research, Office of Research on Minority Health, and American Digestive Health Foundation--invite grant applications for both basic and clinical research in the areas of pathogenesis, natural history, therapy and prevention of hepatitis C.

The hepatitis C virus is a major cause of acute and chronic liver disease in the United States and now ranks second only to alcoholism as the cause of cirrhosis and end stage liver disease. Acute hepatitis C leads to chronic infection in approximately 75% of cases. Chronic hepatitis C is often asymptomatic and can be mild, but in a proportion of patients, the chronic infection leads to progressive liver disease and ultimately cirrhosis and end stage liver disease, including cancer.

The determinants of outcome and progression of liver disease in hepatitis C are unknown but may be related either to viral, behavioral, environmental

or genetic factors of the infected host. Alcohol use, other medical conditions, and coinfection with other viruses may also affect the disease outcome of hepatitis C infection.

At present the therapy of hepatitis C is unsatisfactory. Only 20-25 percent of patients respond to currently available therapies with long term remission of liver disease. The mechanism(s) by which alpha interferon and other antiviral agents induce clearance of virus and improvement of liver disease in only a subpopulation of patients is not known. In addition, its lack of response in a high proportion of patients with hepatitis C is also unexplained. Thus, the elucidation of the mechanism(s) by which hepatitis C leads to liver injury and the factors determining the course and outcome of chronic infection with and without therapy are the focus of this RFA.

Noting that the most effective way to prevent the liver disease of hepatitis C is through the generation of a preventative vaccine, this RFA also supports the submission of applications with the aim of generating a vaccine for hepatitis C.

In recognition of the importance of this research, the American Digestive Health Foundation (a cooperative effort of the American Gastroenterological Association, the American Society of Gastrointestinal Endoscopy, and the American Association for the Study of Liver Disease) will be providing partial funding through NIH for direct costs of the portfolio of grants that receive support under this initiative.

Total requested project period may not exceed five years. The anticipated award date is July 1, 1999. For FY 1999, \$5.15 million will be committed to fund applications. It is anticipated that 17 to 22 awards will be made. The American Digestive Health Foundation will provide additional funds for across the board support for this initiative, but funding decisions will be the sole prerogative of NIH.

Send letters of intent to Chief, Review Branch, Div. of Extramural Activities, National Institute of Diabetes and Digestive and Kidney Diseases, 45 Center Drive, Room 6AS-37F, MSC 6600, Bethesda, MD 20892-6600, phone (301) 594-8885, fax 301) 480-3505.

Inquiries: John Cole, Div. of Cancer Biology, NCI, 6130 Executive Boulevard, Room 540, MSC 7398, Bethesda, MD 20891-7398, phone (301) 496-1718, fax 301) 496-2025, E-mail

jcole3@helix.nih.gov; or Sandra Melnick, Dr.PH, Div. of Cancer Control and Population Sciences, NCI, 6130 Executive Boulevard, Room 535, MSC 7395, Bethesda, MD 20891-7395, phone (301) 435-4914, fax (301) 402-4279, Email sm33k@nih.gov.

Program Announcements

PA 98-088

Title: **Research on the Hematologic Abnormalities in AIDS**

The National Institute of Diabetes and Digestive and Kidney Diseases, National Institute of Allergy and Infectious Diseases, National Heart, Lung, and Blood Institute, and National Cancer Institute invite grant applications for support of research addressing fundamental questions of hematologic abnormalities exhibited by humans infected by HIV.

Hematologic abnormalities in patients with the HIV infection are common. These abnormalities can have a significant impact on the course of treatment for these patients. Fundamental progress has been made in understanding the molecular biology and clinical aspects of retroviral infection. It has become clear that further studies of retroviral induced neoplasms of immunodeficiency states will continue to provide useful new information about the cellular and humoral basis of the immune responses, including the mechanisms leading to hematologic abnormalities which are seen following HIV infection.

This PA is intended to solicit applications for support of studies on the cellular basis of these hematologic abnormalities, using NIH individual research project grant (R01) award mechanism.

Inquiries: John Finerty, Div. of Cancer Biology, NCI, 6130 Executive Boulevard, Room 513, Bethesda, MD 20892-0001, phone (301) 496-7815, fax (301) 402-1037.

PA 98-091

Title: **Mechanisms of AIDS pathogenesis: collaborative teams**

The purpose of this PA is to solicit hypothesis driven in vivo HIV and AIDS pathogenesis research by collaborative multidisciplinary research teams. In vivo research includes studies of human clinical or epidemiological cohorts, studies of animal models, or studies of appropriate specimens from humans or animals.

Often, in vivo research requires an integrated multidisciplinary collaborative team approach involving state of the art methods and approaches within the context of animal models and/or well defined human cohorts or patient samples. Collaborative multidisciplinary research teams are defined as two or more laboratories at the same or different institutions specializing in different scientific disciplines, e.g., animal models, biochemistry, biophysics, cellular biology, epidemiology, genetics, immunology, molecular biology, gastroenterology, cancer virology, cancer biology, neurobiology, and pathology.

Not within the scope of this PA are support for epidemiology cohorts, therapeutic or vaccine trials, or proposals from a single laboratory.

Inquiries: Kenneth Cremer, Div. of Cancer Biology, NCI, Executive Plaza North 540-MSB 7398, Bethesda, MD 20892-7398, phone (301)496-6085, fax (301) 496-2025, email kc47i@nih.gov.

NCI Contract Awards

Title: Laboratory Support for Structural Studies of Membrane Proteins by Electron Microscopy

Contractor: Johns Hopkins Univ. School of Medicine, \$337,931.

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Title: In Vitro Screening of Chemopreventive Agents Using the Rat Tracheal Epithelial Focus Inhibition Assay

Contractor: Mantech Environmental Technology, Inc., \$278,206

• • •

Title: In Vitro Screening of Chemopreventive Agents in DMBA-Induced Mammary Lesions

Contractor: University of Illinois, \$235,488

• • •

Title: In Vitro Screening of Potential Chemopreventive Agents Using Human Oral Mucosal Cells

Contractor: The Ohio State University Research Foundation, \$260,274

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Title: In Vitro Screening of Chemopreventive Agents that Inhibit the Spontaneous Immortalization of Breast Epithelial Cells from Individuals Predisposed to Cancer

Contractor: Strang Cancer Prevention Center, \$415,096

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Title: In Vitro Screening of Chemopreventive Agents that Inhibit the Spontaneous Immortalization of Mutant Cells Derived from APC Mutant Mice Predisposed to Colorectal Cancer

Contractor: Strang Cancer Prevention Center, \$299,564

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Title: In Vitro Screening of Chemopreventive Agents for Activity Inhibiting the Induction of Angiogenesis by Human Tumor Cells In Vitro

Contractor: Mantech Environmental Technology, Inc. \$232,374

• • •

Title: Telomerase: Evaluation of Its Role in Cellular Immortality and Carcinogenesis and as a Molecular Target for Chemopreventive Strategies

Contractor: Strang Cancer Prevention Center, \$322,276

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Title: Innovative Approaches to Clinical Trials Informatics

Contractor: Humanitas Inc., Olney, MD, \$99,941

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Title: Clinical Trials Monitoring Service

Contractor: Theradex Systems Inc., Princeton, NJ, \$8,953,120.

In Brief:

Komen Foundation Awards Postdoctoral Fellowships

(Continued from page 1)

Cancer Foundation has announced the recipients of its 1998 postdoctoral fellowship grants, which total more than \$1 million: Brian Schlegel and sponsor Jeffrey Parvin, Brigham and Women's Hospital; Rene Vargas-Voracek and sponsor Carey Floyd, Duke Univ.; Dov Schwartz and sponsor Philip Leder, Harvard; Claudius Malerczyk and sponsor Anna Riegel, Lombardi Cancer Center; Martin Trepel and sponsor Renata Pasqualini, Burnham Institute; J. Dinny Graham and sponsor Kathryn Horwitz, Univ. of Colorado; Xia Xu and sponsor Mindy Susan Kurzer, Univ. of Minnesota; Stephen Hiscock and sponsor Jeffrey Winkler, Univ. of Pennsylvania; April Charpentier and sponsor Marcelo Aldaz, M.D. Anderson Cancer Center; and Anne Lenferink and sponsor Carlos Arteaga, Vanderbilt. . . . **BECKY LEVIN** has joined the health lobbying firm, Capitol Associates Inc., as a legislative assistant.