HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Public Health Service
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HHS Secretary Otis R. Bowen, M.D., today announced the award of $10 million in cooperative agreements for research to discover new therapies for AIDS. Eleven newly formed National Cooperative Drug Discovery Groups received the funding by the National Institute of Allergy and Infectious Diseases.

In announcing the awards, Dr. Bowen said, "In our continuing search for new approaches in AIDS treatment, we must strengthen the alliance between scientists in government, academia and private industry.

"These research groups represent an expanded, coordinated effort to utilize the capabilities of universities, pharmaceutical companies, research institutes and other organizations, in cooperation with the federal government, to develop potential therapies for AIDS. We believe they will add greatly to the basic and applied research foundation for future AIDS drug development," Dr. Bowen said.

The National Cooperative Drug Discovery Group Program began in 1986, when five NCDD were established. The addition of the 11 new groups brings to $68 million the total projected funding for the program for 1987 through 1992. The program is managed by the Developmental Therapeutics Branch of NIAID's extramural AIDS program.

Dr. Anthony S. Fauci, NIAID director, said that cooperative agreements differ from both grants and contracts, which have been more commonly used mechanisms for government funding of scientific research. "The NCDDG's," Dr. Fauci explained, "allow the academic and industrial partners to define and manage their basic and applied programs, with NIAID having a

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substantial role in assisting or facilitating their efforts when appropriate. NIAID will not direct the activities, but will provide a formalized framework for collaboration."

Dr. Fauci enumerated several features of the program. The principal investigator of each NCDDG determines the composition of the group, which determines its own research objectives, maintains all patent rights to the therapies developed and is not required to divulge negative data. NIAID will assist in the transition from preclinical studies to clinical trials in human volunteers. NIAID helps to expand the multidisciplinary approach by making available research resources in the various contract programs of the institute.

NCDDG investigators exploit leads from basic studies in virology, immunology, molecular biology, protein chemistry, organic chemistry, X-ray crystallography, medicinal chemistry and pharmacology. NIAID has made strenuous efforts to contact and interest numerous experts in these areas in both the academic and industrial scientific communities during the past two years.

"We received a very enthusiastic response to our request for applications," Dr. Fauci said, "confirming our conviction that this approach is attractive to industry and academia. NIAID's AIDS program is using this cooperative agreement mechanism for additional initiatives in clinical studies, vaccine development and international research. We believe that a national emergency like AIDS requires this kind of extraordinary mobilization of scientific resources."

More than 42,000 persons in the United States have been diagnosed with AIDS since 1981, and nearly 60 percent of them have died. Scientists estimate that over 1 million Americans are infected with the AIDS virus. At present, only one antiviral drug, AZT, is licensed for the treatment of AIDS, and it is not regarded as a cure. Several other experimental drugs are now undergoing clinical trials at NIAID's 19 AIDS Treatment Evaluation Units and at the Clinical Center at the National Institutes of Health in Bethesda, Md.

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The new NCDDG's are headed by Stephen R. Byrn, Ph.D., Purdue University, West Lafayette, Ind.; Michael A. Chirigos, Ph.D., U. S. Army Medical Research and Development Command, Fort Detrick, Md.; Miles W. Cloyd, Ph.D., University of Texas Medical Branch, Galveston, Texas; Edgar G. Engleman, M.D., Stanford University School of Medicine, Stanford, Calif.; Richard A. Fisher, Ph.D., Biogen, Inc., Cambridge, Mass.; A. Ganju-Krishan, Ph.D., University of Miami School of Medicine, Miami, Fla.; Ti Li Loo, Ph.D., The George Washington University School of Medicine, Washington, D.C.; David M. Rekosh, Ph.D., State University of New York at Buffalo School of Medicine, Buffalo, N. Y.; Roy T. Steigbigel, M.D., State University of New York School of Medicine at Stonybrook, Stonybrook, N. Y.; Richard J. Whitley, M.D., University of Alabama at Birmingham School of Medicine; and John A. Zaia, M.D., City of Hope National Medical Center, Duarte, Calif.

The principal investigators of the five previously established NCDDG's are Donald Armstrong, M.D., Memorial Sloan-Kettering Cancer Center, New York, N. Y.; Dani Bolognesi, Ph.D., Duke University Medical Center, Durham, N. C.; William Haseltine, M.D., Dana-Farber Cancer Institute, Boston, Mass.; Andre Nahmias, M.D., Emory University School of Medicine, Atlanta, Ga.; and Paul Zamecnik, M.D., Worcester Foundation for Experimental Biology, Worcester, Mass.

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