After its first year of sales, the special breast cancer stamp has raised more than $7 million in research funds, $4 million of which have been earmarked for a National Cancer Institute program called, “Insight Awards to Stamp Out Breast Cancer,” according to the US Postal Service and the NCI.

The brainchild of a California clinician, the semi-postal stamp was created as a result of the Stamp Out Breast Cancer Act spearheaded by US Senator Diane Feinstein (D-CA) and former Senator Alfonse D’Amato (R-NY). A semi-postal stamp is a first-class stamp that is issued for an amount other than the going rate for a first-class stamp. The special breast cancer stamp, which costs 40 cents instead of 33 cents—with 7 cents allocated to the cancer research fund—will be available for one more year.

The majority, 70%, of the research funds raised from sale of the stamp will go to the National Institutes of Health; the remaining 30% will fund breast cancer research within the Department of Defense.

According to Daniel Gallahan, PhD, Program Director in the Cancer Biology Branch at the NCI, the Insight Awards program grew out of the recommendations of the Breast Cancer Progress Review Group, a body of experts convened two years ago to guide the NCI regarding future directions in breast cancer research.

Specifically, the Breast Cancer Progress Review Group recommended research in the following areas: Biology, etiology, genetics, prevention, detection, prognosis/diagnosis, treatment, and control. Moreover, it was strongly recommended that the NCI encourage innovative, exploratory, and novel research sometimes characterized in funding circles as “high-risk, high-payoff.”

When the funds generated by the breast cancer stamp became available, Dr. Gallahan explained, it seemed like the ideal opportunity to begin implementing the findings of the Review Group by funding smaller, pilot projects that might not be ready for RO1-type (i.e., standard, well-established investigator-initiated research) awards. “We solicited applications from the research community for small awards—$75,000 in direct costs for a maximum of two years,” he said. The NCI hopes that these pilot projects will help prove concepts that can then be funded on a larger scale with conventional mechanisms.

“We’ve been pleasantly surprised by the response,” Dr. Gallahan told CA, “which indicates both that there are a lot of creative ideas out there, and that
there is definitely a need for this type of program.” Traditional mechanisms are not adequate for certain types of pilot studies, he said.

Because of the complex, even cutting-edge nature of the research proposed by those applying for Insight Awards, the NCI has assembled a special team to review applications, which were due in October. The first awards will be paid starting in July 2000.

Pregnant Women Kick the Habit... But Only Temporarily?

Women who stop smoking during pregnancy are disappointingly likely to pick up the habit again within the first postpartum year, according to a study published in the American Journal of Public Health (Am J Public Health 1999;89:706-711).

In their report, the researchers, led by Colleen McBride, PhD, Director of Cancer Prevention, Detection & Control at Duke University in Durham, NC, noted that interventions developed specifically to address factors leading to such relapses in the immediate pre- and postpartum periods may reduce maternal smoking rates. Moreover, they suggest that both obstetricians and pediatricians be trained to offer smoking relapse prevention assistance to mothers as part of postpartum and well-baby visits, respectively.

Pregnant women are often successful in their efforts to stop smoking because they are highly motivated by concern for the health of their babies, as well as by the various professional, social, and familial support systems to which they are exposed in the prepartum period. Unlike other smokers, however, even a long period of abstinence from cigarettes does not seem to prevent eventual relapse.

“JUST FOR THE BABY”

“Some of these women have been non-smokers for seven to 10 months,” McBride said. “Other groups of smokers who stay off cigarettes for 10 months are home free, but that’s not true for pregnant women.” She observed that if a woman stops smoking “just for the baby,” she’s likely to resume as soon as she delivers.

The researchers’ primary study question was whether intervention provided during pregnancy would be enough to prevent smoking relapse, or whether intervention had to be extended into the postpartum period. Results showed that while postpartum contact with a trained health educator delayed relapse, it didn’t prevent it entirely. Six months after giving birth, the group of women who received the most intensive intervention were less likely to be smoking than the other groups. By the end of the first postpartum year, however, all intervention groups had similar smoking rates.

According to the report, some of the factors that contribute to high smoking relapse rates in the postpartum period include decreased societal pressure to maintain abstinence; the stress of caring for a newborn; exposure to high-risk situations (e.g., certain social settings) that may have been avoided during pregnancy; and cessation of breast-feeding.

PARTNERS CAN HELP

In addition, as one of the major predictors of relapse is living with another smoker, McBride is enlisting women’s partners for help in a new study. “Our first study relied on telephone counseling by someone the women didn’t know,” she explained. “When that went away,