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Weinberger, Edwards Back Away From Fight Over NCI's Independence, Ask For Authorization Figures To Be Dropped

HEW Secretary Caspar Weinberger and his asst. secretary for health, Charles Edwards, backed away from their intention to lobby Congress for National Cancer Act revisions that would strip the National Cancer Institute of its semi-independent status. In his testimony at Sen. Edward Kennedy's Health Subcommittee hearing on renewal of the act, Weinberger omitted the issue from his suggested revisions.

A spokesman for Edwards had told *The Cancer Newsletter* that HEW would press for such a change (Dec. 21, page 1).

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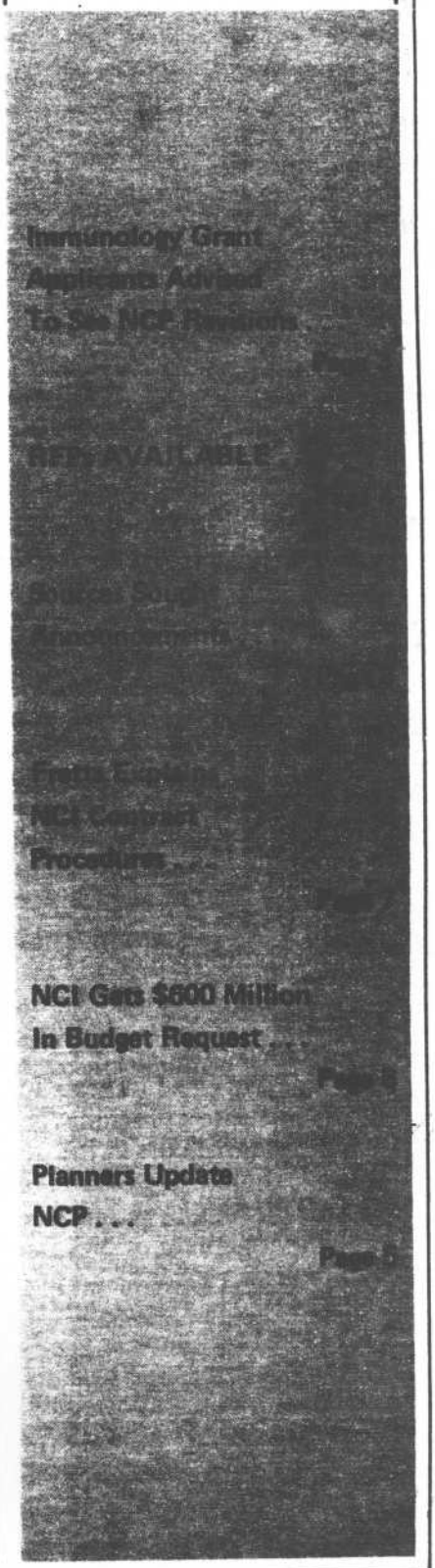
IN BRIEF

Administration Ignores Congressional Mandate To Revive Training Grants, Funds Fellowships

TRAINING GRANTS are still not being revived despite the congressional mandate in the HEW appropriations bill. Congress funded the training grant program over the Administration's objections; the President agreed to cut no program by more than 5%. Asked at the budget briefing what he planned to do with the training grant money, Asst. Secty. Charles Edwards passed the buck to NIH Director Robert Stone, who said most of it would be used to fund the new fellowship plan Secty. Weinberger has tried to impose as a substitute for the old training and fellowship. Some of the money will go to pay out remaining obligations on carryover training grants, and a little will be used to pick up a few new applications held over from last year's cutoff date. It is obvious the Administration won't restore the old program unless Congress acts . . . . **BRIAN HENDERSON**, USC virologist and epidemiologist, has been named director of the Cancer Control Program . . . . **CANCER CONTROL**, first envisioned as a contracts-only program, is now accepting grant applications from cancer centers and clinical cooperative investigations involving health care delivery organizations. Grants will be awarded for development of community outreach programs; planning community participation in disseminating latest knowledge dealing with diagnosis, treatment of childhood cancer; and projects to educate professional assistants in cancer screening and detection techniques . . . . **UMBERTO SAFFIOTTI**, associate director for carcinogenesis in NCI's Cause & Prevention Division, points out that his unit has already implemented an extensive program on cancer of the pancreas. Eight contracts for $637,000 have been awarded, and another will be initiated by the end of fiscal 1974. Saffiotti also is reviewing a research and management center contract for the scientific management of those projects . . . . **FRANK RAUSCHER** has started the search for a top-flight scientist to run the basic research program at Frederick



HEW Destined To Lose Effort To Limit Centers; Panel's Power Demonstrated

(Continued from page 1)

The Administration requested only two significant changes from Kennedy's bill (S.2893) extending the act for three more years: elimination of specified authorization levels in favor of the phrase "such sums as may be necessary," and limination of the number of comprehensive cancer centers to 15.

Kennedy had incorporated the suggestions of the National Cancer Advisory Board into his bill, authorizing $750 million, $830 million and $985 million for the next three fiscal years; and removing the statutory limit of 15 centers.

Sen. Gaylord Nelson, who had opposed the original bill because it did grant some autonomy to NCI, asked Weinberger and Edwards for their reasons for abandoning the effort to cut the cancer institute's powers back to the level of other NIH institutes. Their response was only that they feel the system is working "primarily because of the good will of the people in the program" and because of the leadership of NCI Director Frank Rauscher.

A more likely reason would be that neither Weinberger nor Edwards, nor even President Nixon, is anxious to tangle again with Benno Schmidt, chairman of the President's Cancer Panel.

Events of the last few weeks have demonstrated clearly the powerful role the President's Panel can play in the National Cancer Program. The Panel's job, according to the language of the 1971 act that created it, is to "monitor the development and execution of the National Cancer Program . . . and report directly to the President any delays or blockages."

It may not have been envisioned by the act's framers that the "blockages" could include some supported by the President himself, such as:

—Abolishment of the training grant and fellowship programs, threatening to dry up research and clinical recruiting at a time when manpower needs are greater than ever.

—Iron clad restriction on NCI's staff level, ignoring the huge workload increase brought about by growth of the institute's programs.

—Substantial cuts in the budgets of other NIH institutes, threatening much research that has a direct bearing on finding the answers to the cancer problem.

—Impoundment of NCI (and all NIH) funds voted by Congress above the President's budget request.

The Panel had no statutory authority nor formal procedures to follow in an effort to remove those blockages, absent the backing of the President. Instead, Schmidt, supported by fellow Panel members Lee Clark of M.D. Anderson and Ray Owen of Cal Tech, steadily applied pressure, with intelligence and an accelerating degree of agressiveness.

Schmidt carried on a series of discussions with the Office of Management & Budget, armed with facts on the history of NIH training programs and their effectiveness; on just how the hiring freeze was hurting NCI's administration of contracts and grants; and on how cuts in other biomedical research could affect the cancer program. At the proper time, Schmidt went public with his story, in a New York speech that was widely quoted in the press.

The President's decision to accept the fiscal 1974 HEW appropriations bill with its budget increases soon followed. Then he gave in to the pressure (including that of assorted lawsuits) and released impounded funds, including nearly $60 million for NCI. Schmidt came away from a meeting at OMB with the promise of at least the minimum number of additional positions Rauscher said he needed, 109. And finally, Nixon revealed that all budgets at NIH would go up, with $600 million for NCI in the 1975 fiscal year.

If it wasn't a total victory, it certainly was a major one, for the biomedical community and for Benno Schmidt.

The entire Panel appeared at the Kennedy hearing, with Schmidt doing most of the talking. He emphasized that he had carried the fight for the entire NIH budget to OMB.

"At the time we were urging on the Congress and the Administration a greater effort in cancer," Schmidt said, "we were very explicit . . . that the increased cancer effort should not be at the expense of other biomedical research. I am not sure that the cancer effort has been the cause of these other institutes receiving less, but it is difficult to prove the contrary when the cuts have in fact taken place . . . . This country cannot afford to reduce the research efforts of these other institutes at this time. Therefore, we have urged OMB to give the highest priority to budget increases for these institutes."

If Weinberger felt he had to make some show at revising the cancer act, he did not pick his points wisely. It is inconceivable that Congress would vote to keep the number of comprehensive cancer centers at 15, which provide reasonable access to only about 45% of the U.S. population. NCI estimates that the optimal number of centers, within reasonable access of about 90% of the population, would be from 30 to 33.

Weinberger also is destined to lose the attempt to keep specific authorization figures out of the act. The Administration never submits budget requests that approach authorized limits for health programs; Weinberger told the committee that the President was asking $600 million for NCI in FY 1975 although Kennedy's bill would authorize $750 million. Yet the secretary managed to keep a straight face while telling Kennedy that the cancer program ought not to have financial limits placed on it three years ahead of time.

"You might need more than that ($985 million) three years from now."

"If you ever find you need more than authorized, just let this committee know," Kennedy said. "I guarantee you will get fast action. I'm glad you're thinking along the lines of the upper limits."

Real reason for Weinberger's position, of course, is that the Administration feels figures in authorization bills establish goals for pressure groups to aim at. He admitted as much: "Large authorizations create unrealistic expectations," he said.

Kennedy said in his opening statement that he felt major revisions in the act are not needed. He could change his mind after considering statements of non-government witnesses, however. Most offered suggestions that would strengthen NCI's independence, including provisions for:

—Anti-impoundment, prohibiting the President or OMB from withholding any cancer funds appropriated by Congress.

—Training programs, writing them into law and making them mandatory, precluding arbitrary termination such as was done by Weinberger last year.

—Writing into law a specified number of positions at NCI, getting around any hiring freeze.

—Limiting the use of the contract mechanism for research, and spelling out review procedures for research contracts.

—Expanding construction authorization.

—"De-politicizing" the appointments of both the NIH and NCI directors by giving them civil service protection and by making the NIH appointment for a seven-year term with Senate confirmation required.

Immunology Grant, Contract Coordination Set; Advice To Applicants--See New Plan

A formal procedure to coordinate NCI's grant and contract immunology programs has been established under immunology branch chief William Terry. With immunology one of the prime cancer research growth areas using both funding mechanisms, NCI determined it was a logical place to bring contract and grant program personnel together to avoid duplication and develop a coordinated approach.

Mary Fink is program director for immunology in the clinical investigations branch of NCI's Division of Cancer Grants. The program will spend from $15 to $17 million in the 1974 fiscal year supporting about 200 grants. From 60 to 80 new grants are awarded annually, but Fink hopes that with additional funds made available by higher NCI appropriations and release of impounded money, at least 25 additional new grants will be funded.

It appears that only applications in the top 30% of approved grants will be funded in 1974, up from about 20% the previous year. The immunology program received $13 million in 1973, and Fink believes the quality of applications and opportunities that are opening would permit her to spend an additional $10 million this year.

Since she won't get that much, some good applications will go unfunded. And the competition will get tougher in 1975 fiscal year, even if the immunology program keeps in step with the NCI budget growth.

The number of immunology grant applications submitted to the National Cancer Advisory Board has nearly tripled since 1971–from 151 to 406 in fiscal 1973, with a corresponding increase expected for the current fiscal year that ends June 30. NCI has encouraged prospective grantees in this field, which is gaining favor as the one in which the greatest progress may be made in the next decade as a result of opportunities pointed up in the National Cancer Program Plan.

Fink advises those who are preparing immunology grant applications to get copies of the updated plan when they are available, probably at the end of this month (see story on the updating planning conference, page 5). Revisions in the project areas pertaining to immunology are significant and will offer important clues to projects that fit into the overall strategy in the basic areas of immuno diagnosis, therapy and prevention.

Especially needed are investigators interested in the isolation and characterization of tumor antigens, Fink said.

The immunology program has the enthusiastic support of J. Palmer Saunders, director of the Division of Cancer Grants. Saunders said he likes the approach, of stimulating the body's own defense mechanisms as one with more promise ultimately than the other interventions.

Saunders will retire from government service in June to accept the position of dean of the University of Texas Graduate School of Biomedical Science in Galveston.

Saunders hasn't been too worried about the prospect of the grant and contract programs duplicating each other's work. The way he sees it, grants support the creative work that forms the underpinning for exploitation by contracts. The work of Terry's group should produce the kind of coordination that will enhance that exploitation.

Saunders, as one of the leading figures in the cancer program, surprises some when he insists that the National Institute of General Medical Sciences should have a bigger budget than NCI. "Not that NCI has too much, but GMS doesn't have enough."

Basic research supported by NIGMS is vital to progress in biomedical research, Saunders believes–in cancer as well as everywhere else. He doesn't see much chance for improving the NIGMS budget, unless it can become more identified with some categorical diseases.

"It's like Fred Stone once said," Saunders recalled. "No one ever died of General Medical Science."

RFP'S AVAILABLE

Requests for proposal described here pertain to contracts planned for award by the National Cancer Institute, unless otherwise noted. Write to the Contracting Officer indicated or phone the Contract Specialist. NCI's address is Bethesda, Md. 20014. All requests for copies of RFP's should cite the RFP number.

RFP NCI-CB-43937-33

Title: *Vaginal-cervical cell sample sources for cytology automation*
Deadline: *Feb. 27, 1974*

In developing methods and instruments for automating the screening of cytopathologic specimens, a fruitful approach is the use of zero- or low-resolution flow systems which examine cells in suspension. NCI is in the process of evaluating a multiparameter cell sorter for use as a routine diagnostic aid in cytopathology. It is therefore necessary to have a large volume of clinical samples for use in this evaluation.

The contractor shall undertake the collection, storage and transportation to NCI of gynecologic cytopathologic material. The contractor should have available large numbers of gynecologic patients, including normals, patients with cancerous and precancerous lesions of the uterus, cervix and vagina and patients with other types of abnormalities of the gynecologic tract such as cervicitis and infections which are diagnosible by cytopathologic methods. These specimens would be collected from patients according to protocols supplied by NCI.

The collection, storage and transportation of specimens to NCI will be the responsibility of the contractor and only the costs of these activities will be borne by the government. Reimbursement may be either per specimen or total yearly cost.

The contractor will be expected to collaborate with NCI to develop and evaluate techniques of collection.

The government anticipates the proposed contract will span two years. Offerors should submit budget on an annual basis for the total project period.

Contracting Officer: Harold P. Simpson
Cancer Biology & Diagnosis
Contract Specialist: J.H. Reynolds
301-496-5565

RFP NCI-CP-43293-58

Title: *Carcinogenesis abstracts volumes 12, 13 & 14*
Deadline: *March 2, 1974*

The chemical carcinogenesis program is interested in acquiring a resource to prepare carcinogenesis abstracts Vol. 12-14 by searching the scientific literature, including journal articles, reports, monographs and books, and selecting appropriate articles to be abstracted or cited. The material prepared must be presented either in a form usable by the computer-driven photo composition device of GPO, described as the 'Linotron,' or as camera ready copy, or as a combination of both forms. A readable reproduction of the manuscript copy and a copy of each article or report will be delivered to the project officer in advance of the manuscript copy. Twelve regular monthly issues plus a cumulative author and subject index as a 13th issue will be delivered per volume.

The contractor must have access to medical and technical library collections, acceptable to the project officer, that can provide complete coverage in the fields of chemical, viral, and physical carcinogenesis and cancer immunology, pathogenesis, epidemiology, and biometry. The contractor will determine if the logistics of scanning scientific periodicals can be made more efficient by using the NIH Biomedical Library.

From the literature available for scanning each month, approximately 600 of the most relevant articles shall be referenced in the manuscript copy. Of these, approximately 300 shall be abstracted, and approximately 300 cited. No specific number of abstracts or citations shall be required for each monthly issue; if necessary, the first issue may contain somewhat fewer abstracts and citations than later issues. However, the average number of abstracts and citations for each issue shall be not less than 300 apiece, and the numbers in each issue, possibly excepting the first, shall not vary greatly from these averages.

Carcinogenesis Abstracts, Vol. 12, will cover literature published from Jan. 1, 1974 through Dec. 31, 1974; Vol. 13 will cover literature published from Jan. 1, 1975 through Dec. 31, 1975; and Vol. 14 will cover literature published from Jan. 1, 1976 through Dec. 31, 1976.

The government estimates that performance of the above described services will entail approximately four man-years of professional effort and eight man-years of technical effort; however offerors should make their independent assessment of the level of effort required, and develop their proposals accordingly.

Contract Specialist: D.J. Dougherty
301-496-1781

RFP NCI-CP-VO-43325-65

Title: *Immunological studies on the relationship of embryonic antigen to virus-induced tumor antigens.*
Deadline: *April 8, 1974*

The virus cancer program is seeking proposals from qualified firms and organizations capable of performing studies of cellular and humoral immunity directed at determining the relationship between embryonic and virus-induced tumor associated antigens. The contractor will perform in vitro and in vivo immunological studies to determine whether or not the specificity of tumor-associated antigens in virus-induced tumor cells is related to the re-expression of embryonic anti-

gens in the transformed cells. Experience in tumor virology and humoral and cellular immunology is necessary. Previous experience in onco-fetal antigen research would be desirable. Facilities for housing adequate numbers of lab animals must be available.
Contracting Officer: Sydney Jones
Cancer Cause & Prevention
Contracts Section

RFP NCI-CP-VO-43330-65

Title: *Cellular immunity studies to herpes simplex associated antigens in cancer patients and controls*
Deadline: *April 8, 1974*

The virus cancer program is seeking proposals from qualified firms and organizations capable of performing studies of cellular immunity to herpes simplex virus (HSV) associated antigens in patients with cervical cancer and other neoplastic diseases associated with HSV intervention and in normal controls.

To qualify, organizations must possess adequate personnel, facilities and standard lab equipment. Experience in virology, cellular immunology and tissue culture and the capability to correlate clinical status with the results of immunological assays are essential. Familiarity with a variety of cellular immunity assays is desirable. The ready access of a clinical population of cervical cancer patients, patients with other neoplasms, and normal individuals with herpetic infections is necessary.
Contracting Officer: Sydney Jones
Cancer Cause & Prevention
Contracts Section

RFP NCI-CN-45058-05

Title: *Early identification of psycho-social problems and early intervention toward rehabilitation of cancer patients*

The Cancer Control Program of NCI is soliciting proposals for development and implementation of programs of early rehabilitation intervention in the psycho-social sphere so as to reduce the cancer patient's total or partial disability. This program must include the development of criteria for identifying diagnosed cancer patients with pre-existent psycho-social problems as well as development and use of methods of psycho-social intervention (i.e., treatment).

Offerors must also develop a methodology to evaluate the effectiveness of their proposed programs. Offerors must have access to the necessary physical facilities and professional staff to develop and support the health care team this program will require. They must also have access to adequate numbers of oncology patients (studied according to organ site) so that a sufficient sample can be obtained.
Contracting Officer: Hugh E. Mahanes Jr.
Cancer Control Contracts
Section

SOLE SOURCE

Proposals are listed here for information purposes only. RFP's are not available.

Title: *An organized approach by the family physician to the diagnosis and management of selected forms of cancer*
Contractor: *American Academy of Family Physicians*
Objective: To develop protocols for use by family physicians involving four to six selected carcinomas, to include details concerning symptomatology, pathologic identification for diagnosis including staging, current acceptable treatment procedures and alternates, toxicities that might be encountered and appropriate routes of referral to specialists and other resources or facilities available in the geographic area.

Title: *Biomedical engineering research services*
Constractor: *Arthur D. Little, Inc.*
Objective: To identify and solve biomedical engineering problems associated with research programs relating to drug control of cancer.

Title: *Natural occurence of RNA tumor virus (genomes) and host-gene control of their expressions*
Contractor: *The Jackson Laboratory, Bar Harbor, Maine*

Title: *Biomedical aspects of cancer chemotherapy*
Contractor: *Southern Research Institute*

Cancer Planners Revise Some Project Areas, Drop Some, Add New Ones

Some National Cancer Program Plan project areas were deleted, some new ones added and others were substantially revised when members of the original 41-group conference that developed the plan two years ago met in January to update it.

Detailed reports on the revisions are being compiled by the working group chairmen. NCI said it will make the revisions available when they are all in hand, probably near the end of February.

Upper levels of the program hierarchy (seven objectives, 35 approaches) were not considered for revision. The 57 scientists, split up into eight working groups, were asked to take another look at the 764 project area recommendations and their priority rankings in light of developments since January 1972,

(Continued from page 5)

when they completed the first version of the plan. The eight groups coincided with the seven program objectives plus one for cancer control.

Although the plan was not formally released by President Nixon and transmitted to Congress for more than 18 months after the scientists had drafted it, NCI has been using it "as a working document," Director Frank Rauscher told the group members. It is used daily by NCI executives, he said, and plays a valuable role in the development of the institute's annual report to the President.

RFPs AVAILABLE (Continued from Page 5)

RFP NO1-CN-45061-05

Title: *Demonstration of benefits of early identification of psychosocial problems and early intervention toward rehabilitation of cancer patients*

Deadline: *March 15, 1974*

This procurement addresses the need for improved understanding of those factors that enable a cancer patient and his family to successfully cope with the problems posed by a diagnosis of, and treatment for, cancer. Previous life experience, family competency, a sense of individual autonomy, social support, and economic resources may all affect the patient in the rehabilitation process. Psychosocial problems existent prior to the diagnosis of cancer, if not appropriately managed, may produce an active impediment to the rehabilitation process.

There is a lack of knowledge about the various coping mechanisms of cancer patients and their families, and early rehabilitation is not instituted. Available data and usable knowledge are not coordinated with the clinical care of cancer patients.

OBJECTIVE A:

To develop or utilize existing criteria for the early identification of cancer patients who are likely to have psychological and/or social problems. These criteria must also indicate those psychological and social problems that specifically interfere with the rehabilitation goal or with given rehabilitation tasks.

Task 1. Identify the health care team and implement a formal regularized procedure for providing them with the early case finding information.

Task 2. Offeror shall describe the action or activities expected to follow task 1, by whom, and the respondent group.

OBJECTIVE B:

Develop new or select established methods of psychosocial intervention and apply to patients designated in task 2 of objective A, providing a demonstration model to show the effectiveness of the total approach. The offeror will not initiate basic research in the development of new intervention methods. Rather it is expected that combinations or more creative employments of established techniques will be utilized.

OBJECTIVE C:

Develop a methodology to evaluate both the reliability and validity of the early identification criteria in objective A and the effectiveness of the intervention method in objective B.

The offeror will define the time factor so as to clarify early identifications, and describe intervention.

The instrument(s) for measuring pre- and past-diagnosis patient/family adjustment and competence to be utilized or developed by the offeror must be described.

An adequate number of patients with various forms and stages of cancer must be available to the offeror. Anatomical and demographic variables as related or organ site, degree of psychosocial stress and other salient factors should be included for analysis and evaluation in the methodology.

Proposed projects will include at least two of the following anatomical sites: (1) head and neck, (2) hematologic and lymphatic systems, (3) lung, (4) breast, (5) rectal-colon, (6) urogenital.

ADDITIONAL GUIDELINES

1. Offerors may refine, modify or otherwise change the methods of approach suggested by this RFP, provided that the goals are not changed and provided that costs, benefits, and feasibility are justified in terms of the project objectives, i.e., effective demonstration of improved patient benefits, and enhanced practices by cancer rehabilitators.

2. Project leaders and professional staff must be identified in each proposal. Capabilities and responsibilities, as well as recent related experience, should be described. Evidence of practioners' qualifications must be provided.

3. Patient/rehabilitation facilities, or therapy areas as well as equipment required, should be fully described and specific information concerning the appropriateness, and utilization of such in this project should be included.

4. A clear, logical and feasible program of demonstration of techniques of early identification and evidence of successful intervention practices should be described.

5. The contract may include funds for the development and production of necessary demonstration materials, evaluation services or aids within the limitations contained in the RFP.

6. It is expected that more than one contract may be awarded under this procurement.

7. Construction costs, major renovation or alteration, major medical equipment, office equipment, and patient care costs will not be supported by the Cancer Control Program.

Contract Specialist: Shelby Burford
301-427-7984

NCI Contract Process Requires Eight Months, Probably Will Get Longer As Program Grows

Although a minimum of eight months is required from the time an NCI project plan is prepared until a contract is awarded, government regulations and review processes seem to preclude any prospect of reducing that time span.

If anything, the process probably will require even more time if the number of firms asking for RFPs and responding to sources sought announcements continues to grow as it has in the past year.

Carl Fretts, chief of NCI's research contracts branch, spelled out for the President's Cancer Panel steps involved in the contract awarding process and listed the average number of days required for each. Fretts separated the process into three categories: that in which RFPs are available to anyone and are sent to all who request it; the sources sought category, in which NCI attempts to screen respondents and send RFPs only to qualified organizations; and sole source procurements.

The sources sought process requires the most time, a minimum of 263 days from project plan preparation through contract award. The RFP available to all process requires at least 235 days, and sole source 187.

Contract proposals are reviewed at least twice by committees made up of both NCI staff and non-government advisors: first for technical merit, after initial evaluation by NCI staff; and then for final evaluation and selection for technical merit and cost. The review committees make the final ranking of proposals.

The National Cancer Act gives the NCI director authority to award contracts without review by any higher level. However, Director Frank Rauscher has permitted NIH to take a look at contracts in excess of $500,000, from 50 to 60 of the 1,000 active NCI contracts.

HEW Asst. Secretary for Health Charles Edwards is planning to impose another review in his office for contracts of $1 million or more. There are 12 to 13 in that range.

Panel Chairman Benno Schmidt expressed an inclination to fight Edwards on this issue. "Do we want to accede to this?" Schmidt asked fellow panel members Lee Clark and Ray Owens. "The process already takes too long. Maybe we should tell Edwards that if he's got anyone who knows more (about how to award contracts) than we do, to let us hire him."

Rauscher pointed out that the HEW general counsel has interpreted the cancer act to give the director final contract authority. "Not only do we not have to go to HEW, we don't have to go to NIH," Rauscher said.

"My own feeling is that we would like to cooperate in every way possible with NIH, within the limits of getting the job done," Schmidt said. "On the other hand it was not intended by Congress that either HEW or NIH should impose on the director regulations that impinge on his ability to get the job done.

"It strikes me that this added step HEW wants to put in needs scrutiny. It is exactly what Congress had in mind in creating the Panel–to see that HEW or NIH, if it comes to that, do not impose bureaucratic procedures unnecessarily, that impede NCI's efforts."

Clark felt that is is "absurd to require a lead time of a year" from inception of a new idea to the awarding of a contract. He asked Fretts for suggestions on changes that could speed up the process.

Regulations and the growing pressures to make the process more competitive do not leave much room for streamlining, Fretts insisted. An example of a recent stretch-out is the regulation establishing a minimum of 45 days from the time an RFP available or sources sought announcement is advertised in "Commerce Business Daily" until the deadline for receipt of proposals. A 30-day minimum is required for sole source announcements.

The practice of awarding sole source contracts has been considerably restricted. NCI must establish justification for non-competitive awards on the basis that the selected organization must have something unique or proprietary that makes it the only one that could effectively perform the work. NCI submitted 250 requests for non-competitive contracts to NIH in fiscal 1973; NIH refused only three or four of the requests.

Only 200 of the 1,000 contracts represent new awards each year, Fretts said. The rest are renewals to continue research or services started in prior years.

The sources sought process is used to screen out obviously unqualified organizations, as a means to save them the expense involved in contract bidding and negotiating as well as to reduce the workload on NCI, Fretts said. Contractors are permitted to spread some of the cost of unsuccessful contract preparations across other government contracts, so the prequalifying effort can help reduce government expenditures two ways.

Legally, however, any organization that is determined to submit a proposal may do so despite being judged as not qualified. NCI cannot refuse to accept proposals, and will send RFPs to those who insist on receiving them, as long as the supply lasts.

Fretts said from 200 to 300 copies of RFPs are usually printed and are sent out on a first-come first-served basis. When supplies are exhausted, persons interested are told they may examine the RFP at NCI.

As the cancer program and NCI's budget have grown, so has the interest of organizations–profit, not-for-profit and non-profit. Cutbacks in other NIH research programs, and in government procurements in the defense and space fields, have helped stimulate interest in the cancer program.

SOURCES SOUGHT

These RFPs will be sent only to organizations NCI considers as qualified to perform the work described. Submit the indicated copies of resumes to the Contracting Officer or Contract Specialist. Note deadlines for receipt of resumes. Responses to Cancer Control announcements should be sent to NCI, Blair Bldg., Room 7A-07, Silver Spring, Md. 20910. Phone requests will not be honored.

NCI-CN-45069-02

Title: *System planning support services for the National Cancer Program of NCI*

Deadline: *March 11, 1974*

NCI is seeking organizations having capabilities and facilities to provide systems planning support services to the Office of Planning and Analysis.

The services required include: assistance in program planning and analysis relative to the National Cancer Program (NCP); assistance in the development of systems planning techniques applicable to the NCP; assistance in studies relative to non-NCI supported cancer related programs; assistance in the development and implementation of program evaluation techniques; and NCP reporting and presentation assistance.

The contractor will be required to assist in the updating of the National Cancer Program Plan (NCPP) and the preparation and updating of related planning documents. The contractor will also be required to provide a full range of administrative and logistical services for planning conferences directly associated with the updating of the NCPP.

NCI is continually reviewing methods of improving its planning methods. The contractor will be required to assist NCI in this area by investigating and evaluating existing and modified planning techniques to determine their applicability to the NCP planning process.

Organizations have personnel with demonstrated experience in the above areas and desiring consideration for this contract award are invited to submit a summary of their qualifications (not more than 40 pages) covering the following items:

(a) General understanding of the work required–a brief discussion of the services to be provided for the purpose of demonstrating an understanding of the required support.

(b) Resumes of individual personnel who can be assigned to this project–the experience of the individual personnel should be directly related to the provision of the required services.

(c) Organization background and experience in similar projects–a brief discussion with specific citations of the organization's prior experience in providing services similar to those required. Include references for each task included and corporate key personnel on the task.

The nature of the effort will require daily liaison with NCP personnel, response to quick turn-around support requirements, attendance at ad hoc meetings on short notice, and interfacing with various scientific and administrative personnel in the program areas. Therefore, the contractor's facility should be located within approximately a 20 mile radius of the main NIH campus in Bethesda, Md.

Contracting Officer: Hugh Mahanes Jr.
Cancer Control

President Asks $600 Million For NCI In '75; Research Grants Would Get $19 Million Hike

President Nixon has requested $600 million for the National Cancer Institute in fiscal 1975. That is $100 million more than he had asked for in 1974, but only $11 million more than NCI wound up getting after Congress appropriated $529 million and the President released $60 million from impounded 1973 funds.

Every Nixon budget request for NCI has been increased by Congress, and this year is not likely to be an exception. The budget serves as a reliable guide, however. None of NCI's divisions or programs will get less than the budget calls for.

Research grants are scheduled for a $19 million increase, to $238.1 million, the biggest dollar increase for any classification, according to preliminary reports. Overall, the Division of Research Resources & Centers (formerly Cancer Grants) will take a cut, from $283.5 to $277.7 million. The 1974 level included $41.6 million for construction, which got a one-shot increase due to the release of impounded money. Construction in 1975 is listed for only $17 million.

The centers program is listed for $100.8 million, up from $87.7. Cancer control would get $45.1 million, compared with $34.1 in 1974.

The other three NCI divisions are scheduled for modest increases: $114.3 million for Cause & Prevention, up $2.3 million; $76.3 million for Treatment, up $600,000; and $42.5 million for Biology & Diagnosis, up $1.8 million.

Each of the five organ site task forces will get small increases, with breast cancer getting the most, from $8 to $9.1 million. Lung cancer goes from $5.2 to $5.7 million; bladder from $3.5 to $3.8 million; and prostate from $3.1 to $3.7 million.

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