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NCI Developing Plan To Replace Research Contracts At Academic Institutions With "Program Grants"

"Program grants"–a hybrid of the research contract and grant mechanisms–may be the answer to the long-simmering controversy of grants vs. contracts, the NCI executive committee has concluded. Development of the concept is under way, and NCI hopes it will combine the best of both systems while avoiding deficiencies of the contract method that have aroused vehement opposition of the research community.

The executive committee came up with the plan at a two-day conference last week. Director Frank Rauscher revealed it at the Feb. 14 meeting of the President's Cancer Panel.

The plan is intended to replace research contracts awarded to academic institutions, Rauscher said. Peer review will be accomplished through a modified study section system. A uniform NCI policy for reviewing groups will be adopted that will limit membership to no more than 25% of each group. No NCI employee may serve as chairman of any group, and no project officer may serve on the group that reviews his project.

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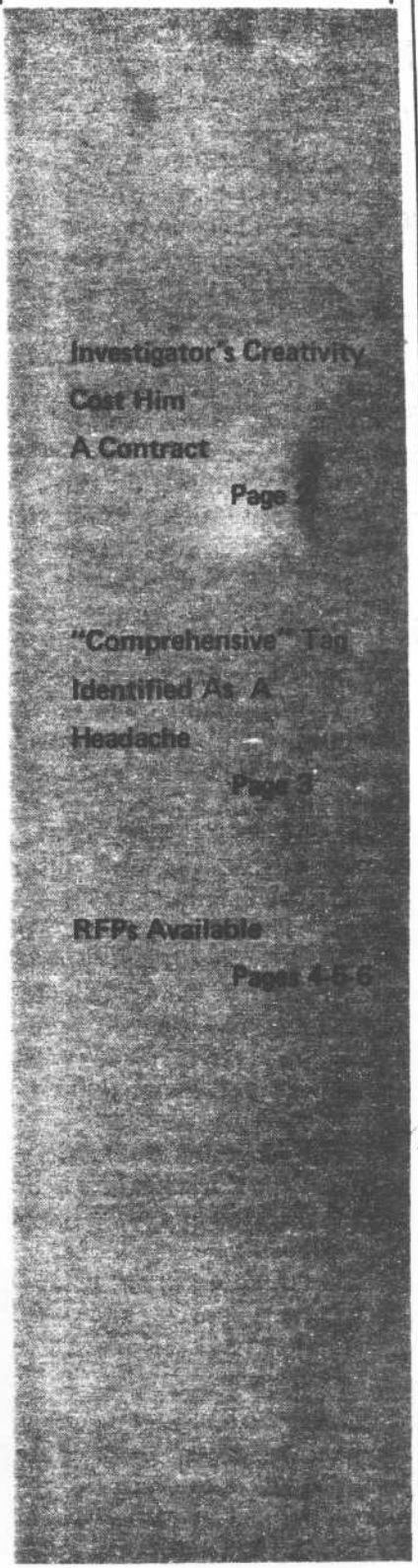
IN BRIEF

Cancer Act Renewal Hearings Completed; Administration Stays With Objections to More Centers, Specific Budget Figures

NATIONAL CANCER Act renewal hearing before Rep. Paul Rogers' Health Subcommittee produced nothing different from the same lineup of witnesses that appeared at the Senate hearing (*The Cancer Newsletter*, Feb. 8). No one opposes renewal; the Administration still wants to eliminate specific budget authorization figures and to retain the limit of 15 on comprehensive centers; and non-government health forces want more money and more clout for NCI. Rogers used the occasion to attack Secretary Weinberger and NIH Director Robert Stone for not hiring more nurses for the NIH clinical center, which is operating only at 60% capacity . . . . **BRIAN HENDERSON**, who had accepted the job of running the Cancer Control program, decided to stay at USC "for personal and family reasons." NCI Director Rauscher says he has three or four prime candidates for the job . . . . **SEN. BIRCH BAYH** has introduced one bill that would make the Pap test a deductible item under Medicare, plans another that would qualify breast prosthesis for reimbursement under Medicaid and Medicare . . . . **CONSTRUCTION** funded by NCI will be awarded through the grant mechanism rather than contracts. Both methods have been used in the past . . . . **GUY NEWELL**, NCI deputy director, and Marvin Schneiderman, who heads the field studies and statistics branch, went to the USSR to arrange for epidemiology reports. Varying and yet similar life styles and environmental factors offer the opportunity to use another large population base to compare with the US.



Straight Procurement Contracts To Be Screened Out, Reviewed In-House; New System For Research Only

(Continued from Page 1)

NCI first will attempt to identify all the straight procurement contracts. Although these deal with the purchase of goods and services with no research involved, they go through the dual review process now applied to all contracts. The new system would drop the review by non-government bodies for procurement contracts, leaving only the in house NCI review. An outside group would post audit these awards once a year.

Rauscher said he hoped the streamlining would speed up the award of non-research contracts. But the real advantage of the new system would be moving research out of the contract mechanism while still attempting to keep it "mission oriented."

The program grant system would be similar to the research agreement plan that has been discussed at NIH since the growth in the awarding of research contracts brought on the contract vs. grant controversy. Panel member Lee Clark defined the research agreement as that "when both sides want something done, you let him do it the way he wants to, and give him incremental funding for three years."

NCI deputy director Guy Newell defined the program grant system as that to be used when NCI and the grantee "are in agreement on what has to be done, and the investigator is free to use his ingenuity to get the job done."

Panel Chairman Benno Schmidt agreed that the plan seemed sound. "The reception of the scientific community will be good provided you put your feet to the fire on peer review, and get the best there is. Don't fudge on it."

James Peters, director of the Cancer Cause & Prevention Division, pointed out that some confusion would arise by calling the new mechanism "program grants." The Division of Research Resources & Centers awarded what it calls program project grants for several years. J. Palmer Saunders, director of the division, agreed that the two were similar. "This really is a program project," Saunders said. "I personally like the name programmed grant, because that's what it is."

Peters suggested calling the new system "targeted grants," but Rauscher and Schmidt quickly vetoed that. "Targeted and programmed are bad words," Schmidt said.

"One thing we're not going to do," Saunders said, "is to take a contract and call it a grant."

Saunders has been asked to write a "white paper" on the new plan.

Earlier in the Panel meeting, Schmidt had suggested that the "onerous" work of study sections could be reduced by abandoning the policy of writing detailed explanations to unsuccessful grant applicants on why they were not approved or funded. Schmidt said he felt that many highly qualified scientists were refusing assignments to study sections because they felt it was too much of a burden.

Saunders replied that the majority of study section members felt it was a rewarding experience and that many scientists eagerly sought those appointments. The job of responding to unsuccessful applicants is on the executive secretaries, Saunders said. "That's why we hire excellent people as executive secretaries. Responsible answers are needed (to the questions asked about what is wrong with the applications). You arouse too much criticism when you just say it was disapproved."

Investigator Loses Contract Because He Had A New Idea; Virus Working Group Incensed By Unfairness

The contract vs. grants controversy came to a head last week when one reviewing body--the Tumor Virus Working Group--discovered that one of its top priority recommendations had been thrown out by NCI as a direct result of the fact that the investigator was working on a contract and not a grant.

The contract was first awarded to Bio Labs, Northbrook, Ill., in 1971, to develop and evaluate methods for preparation of purified oncogenic herpes viruses, especially the Epstein-Barr virus. Clyde Goodheart was the principal investigator. It was worth $70,090 the first year and $77,293 the second.

When the contract came up for another renewal, it was sent for the first time to the Tumor Virus Working Group for review. The group is chaired by George Todaro, chief of the viral leukemia and lymphoma branch.

By this time, Goodheart had developed some new approaches to the work that had not been covered in the original RFP. The working group liked what he was doing and recommended the contract for renewal with a high priority.

If it had been a grant, there would have been no problem. But NCI's contracting officers determined that among the volumes of federal regulations dealing with contracts are rules that require readvertising of a proposal that deviates substantially from the original RFP. NCI overruled the working group's recommendation and prepared to throw the job open to new bidders, with Goodheart's ideas included in the RFP. Goodheart received a phaseout renewal worth $79,-301.

The working group members were incensed. They were offended by the prospect that an NCI contractor working in good faith could lose a proprietary idea and his contract to someone else because he had been creative; and by the fact that their recommendation had been reversed.

"It is presumptuous of the contract office to make that decision," one member said. "If such a decision

is necessary, it should be made by us." (The final authority rested with James Peters, director of the Cancer Cause & Prevention Division.)

Todaro and Bernard Talbot, executive secretary of the working group, pointed out that the group reviews only for scientific content. NCI retains the right to review for program relevance and legal requirements. They also pointed out that the viral oncology program has been subjected to heavy criticism in the scientific community for allegedly staying too long with the same contractors and not giving others a chance.

The unfairness of taking one person's idea and offering it to others was the source of the strongest objections, however. The stifling of creativity this practice could bring about was cited as one of the greatest dangers in the use of the contract mechanism. It may provide the most significant argument yet in favor of limiting contracts to straight procurements and performing research with grants, or the "program grants" concept being developed by NCI.

Bio Labs is a commercial firm and thus is not eligible for grants under the normal grant procedure.

Group members suggested that one way of handling the problem would be to recompete Goodheart's contract under the terms of the original RFP and to award him a sole source contract to pursue his new ideas. Charles Fafard of the NCI contracts office agreed that this might be possible, provided the proposal met the legal requirements for sole sourcing a job.

The working group approved a motion asking that the decision to phase out Goodheart's contract be reconsidered in light of the high priority assigned to it.

"Comprehensive" Tag For Centers A Poor Choice, Word-Conscious NCI Staff, Committee Feel

Some NCI staff members and members of the Cancer Research Center Review Committee are sorry they ever heard the word "comprehensive." The mandate by Congress to designate (recognize, identify, etc.) 15 comprehensive cancer centers around the U.S. has caused more headaches than any other single aspect of the National Cancer Program.

The concept is a worthy one–to encourage development of multidisciplinary centers in such a way that the benefits of progress in cancer research and therapy may be more accessible to the greatest number of persons. Three and perhaps four such centers existed –M.D. Anderson, Sloan-Kettering, Roswell Park, perhaps Mayo Clinic–which had the characteristics the National Cancer Advisory Board determined were needed to be considered "comprehensive."

Others had some but not all of those characteristics, and seven of them have been "identified" by NCI Director Rauscher as comprehensive since they were well on the way to acquiring the desired attributes. Four more will be so identified in the next few months, to meet the goal of 15 established by Congress.

NCI avoids using the words "designate" and "recognize" in referring to comprehensive centers. NCI is reluctant to admit that it has the power to determine which centers shall be comprehensive and which will not. The term "identify" leaves an opening, conveying the impression that there are probably other comprehensive centers around the country which for one bureaucratic reason or another haven't been so identified. NCI and many of its advisory committee members fear that by selecting one center within a community and conferring upon it the august title of "comprehensive," other centers in the same geographical area will be deeply, bitterly offended, perhaps to the extent that their enthusiasm for participation in the National Cancer Program would diminish.

G. Denman Hammond, director of the newly-identified comprehensive center at University of Southern California, told the center review group's executive committee that just the opposite had occurred in Los Angeles. UCLA's fine center had hoped to land the comprehensive title, but its staff showed no signs of sulking, Hammond reported.

"The working relationship between USC and UCLA had a spurt in the willingness to work together," Hammond said. "Other institutions want to identify with us. The designation has accelerated progress throughout the area." Hammond acknowledged that the fact that the USC center is located off campus and that it was a community effort (with L.A. County) to start with may have made it easier for rivals to accept.

The fact remains that NCI has been getting complaints based on misunderstanding of the comprehensive center concept. A published list of characteristics of comprehensive centers created more questions than it answered. So did an explanation of how the core grant program works.

The result is that the executive committee is considering rewriting the characteristics, or guidelines, for comprehensive centers and core grants (which are available to any center for cancer-related activity). Howard Ulfelder of Massachusetts General and a member of the executive committee, heads a subcommittee that is studying the problem. The group is considering asking NCI to set up a workshop to permit a broad range of participants to attempt to revise the guidelines.

One of the major difficulties in applying the comprehensive center concept to real life is that regional differences work against a single nationwide set of guidelines. Ulfelder suggested, perhaps only half-seriously, that the National Cancer Advisory Board identify 35 centers as comprehensive, with at least one in each region. "That would wipe out the significance of the designation, and there wouldn't be any problem," Ulfelder said.

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. 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. All requests for copies of RFP's should cite the RFP number.

RFP NO1 CP-C-43327-62

Title: *The role of hormonal induction of permanent cellular alterations during perinatal exposure and the influence of subsequent events in its expression*

Deadline: *April 1, 1974*

This project will pursue a cellular basis for long-term changes to strategic mammalian target organs after perinatal exposure to hormones and hormone combinations. Proposers should consider cell selection and cell adoption as a mechanism for early carcinogenesis processes, the identification of events occuring primarily during perinatal phase of life which pay permanently alter target cells, which long-range implications for growth and morphogenesis as it relates to cancer induction at any age, and events occurring much later in life which promote or accelerate the development and utilization of animal models to study the etiology of human disease. Offerors must have demonstrated expertise in perinatal and hormonal research.

Contract Specialist: Fred L. Suggs
301-496-1781
Contracting Officer: W.L. Caulfield
Cancer Cause & Prevention

RFP NO1-CP-C-43326-62

Title: *Susceptibility of fetal and neonatal tissue to carcinogenesis*

Deadline: *April 1, 1974*

In experimental animals, certain tissues of the fetus and neonate are more susceptible to the cancer inducing activity of viral, physical, and certain chemical carcinogens than their counterparts in the adult. Very little is known about the mechanisms of this greater susceptibility. Evidence exists that the immaturity of the fetal/neonatal immunological system probably plays a role, as does the rapid rate of cell division in fetal/neonatal tissues. It is extremely likely that multiple factors are involved in such enhanced susceptibility.

This RFP seeks propsals for discrete research projects intended to explore the mechanisms responsible for such high susceptibility of fetal and neonatal tissues to carcinogens. Awarded contracts will become a part of the NCI collaborative program on perinatal carcinogenesis, and investigators will participate with other researchers in pursuing solutions to the problems inherent in such a program.

A number of parameters of possible influence on this phenomenon may be conjectured, the list below being in no way complete:

a. morphogenesis, state of differentiation
b. pharmaco-dynamics
c. hormones and endocrine determinants
d. immunological factors

Proposers should consider any combination of these or other factors they consider significant. It is most important that a well thought-out protocol be concisely written, the scope of the project being limited to the institution's prime capability.

Investigators are invited to submit proposals which offer a reasonable likelihood of contributing to the understanding of this process. A few (but not all) of the areas to be considered in designing protocol(s) are:

a. Model system chosen–What carcinogen-host interaction offers the best chance of measuring the parameters considered to be significant in answering the basic question asked? The proposer must offer a rationale based upon documented evidence for the selection of his system(s).

b. Parameters chosen–A priority list of important parameters and their timing with respect to age of host and carcinogen treatment must be provided. A reasonable justification for this priority system should be provided.

c. Interactions–The design should consider the significance of interaction of two or more parameters (either qualitatively or quantitatively). There must be a valid method proposed to detect these interactions and measure their influence on the carcinogenic process.

A multi-award approach is anticipated, based upon the resources available, the cost of selected contractors, and the overall quality of the proposals received. Proposers are encouraged to limit the breadth of research to the area of the proposed staff's greatest experience.

For the first year of the proposed research each contract will support the equivalent of one professional investigator and supporting staff. The proposer must consider annual costs over a 2-5 year period, or that time estimated necessary to complete the research. Open ended proposals in which an end cannot be clearly identified will be considered unresponsive to this request.

Contract Specialist: Fred L. Suggs
301-496-1731
Contracting Officer: W.L. Caulfield
Cancer Cause & Prevention

RFP NCI-CN-45070-02

Title: *Support services for the National Cancer Program of NCI*

Deadline: *March 11, 1974*

NCI is seeking organizations having capabilities and facilities to provide services and administrative support for the National Cancer Program. The following types of administrative and logistical services are required:

(1) Data formatting/analysis, documentation, presentation, and visual displays.

(2) Conference administration and supporting services.

Services under item (1) above include, but will not be limited to data gathering, reduction, and report preparation; documentation formatting, editing, and preparation of camera ready copy; design and production of presentation material; design and development of visual aids; administrative and logistical support for cancer research and control related exhibits.

Services required under (2) above will depend upon the nature of the individual conferences and documentation tasks but can include conference site selection? lodging, facility, and travel arrangements; consultant reimbursement (as authorized by the NCI); preparation and distribution of documentation, briefing materials, and conference proceedings; all necessary preconference, conference, and postconference administrative and logistics support; senior conference session coordinators, as required; data gathering, analysis, and editorial services.

Organizations having personnel with demonstrated experience in the above areas 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 cited and provide names of key personnel on the task.

(d) Other pertinent information–any other information the proposer wishes to include that is pertinent to this procurement.

The evaluation of responses will focus on understanding of the problem–knowledge of the types of services required, problems and constraints associated with such services, understanding of the degree of responsiveness required; key personnel–experience in the areas of conference management, documentation, session coordination, numbers and types of personnel with directly applicable experience, applicability of personnel experience to the biomedical research and control environment; corporate experience–numbers and types of programs directly related to the proposed procurement.

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

Fifteen copies of the summary of experience and capabilities must be submitted.

Contracting Officer: Hugh Mahanes Jr.
Cancer Control

RFP NCI-CM-74-10

Title: *Synthesis of nucleosides and related derivatives for cancer chemotherapy studies*

Deadline: *March 8, 1974*

The Drug Development Branch, Division of Cancer Treatment, desires to develop, via synthesis, potential new antineoplastic drugs. A synthesis lab to conduct research in the design and synthesis of nucleosides and related derivatives (including C-nucleosides) with potential as antitumor agents is to be maintained.

The contractor shall: conduct research in the design and synthesis of nucleosides and related compounds and furnish to the government samples of all compounds synthesized; assay completely all materials as to identity and purity and determine physical and chemical properties as required; and perform cancer oriented biological evaluation (in vitro and/or enzymatic tests) of the compounds prepared as an adjunct to the synthetic program.

It is anticipated that an incrementally funded contract will be awarded for five years. Each increment will be for a period of one year.

Contracting Officer: George E. Summers
Cancer Treatment

RFP NCI-CN-45058-05

(This is a re-listing of RFP NO1-CN-45061-05)

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

Deadline: *March 15, 1975*

The Cancer Control program is soliciting proposals for early rehabilitation intervention in the psychosocial sphere to reduce the cancer patient's disability. This program must include development of criteria for identifying pre-existent psycho-social problems as well as development and use of intervention methods.

Offerors must also develop a methodology to eval-

uate the effectiveness of their proposed programs. Offerors must have or 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

RFP NCI-CP-VO-43334-52

Title: *Processing virus-containing tissue culture fluids*
Deadline: *March 14, 1975*

NCI is seeking a contractor capable of processing large volumes of virus-containing tissue culture fluids, batch production, in tissue culture of a wide variety of oncogenic and/or suspected oncogenic viruses, and characterization of these materials by electron-microscope assays and tests for biological activity. Because the virus-containing fluid will be freshly provided from NCI labs and because of restrictions on common carrier transport of such materials, prospective offerors must be located within 100 miles of Bethesda, Md.
Contracting Officer: J.M. Gibbons
Cancer Cause & Prevention

RFP NCI-CP-VO-43333-65

Title: *Immunological assays for DNA and RNA viruses*
Deadline: *April 8, 1974*

The virus cancer program is seeking proposals from qualified organizations capable of performing humoral and cellular immunity assays in virus systems. Qualified organizations will have adequate personnel, facilities (including biohazard areas) and standard lab equipment, located within 50 miles of NIH; will have experience in virology, cellular immunology and tissue culture; and will be familiar with RNA tumor viruses, herpes viruses, and a variety of humoral and cellular immunity assays.
Contracting Officer: Sydney Jones
Cancer Cause & Prevention

RFP NCI-CN-45072-04

(This is a re-listing of RFP NCI-74-11)
Title: *Oncology nursing programs in community hospitals*
Deadline: *April 15, 1974*

The Cancer Control program is soliciting proposals from community hospitals for comprehensive cancer education programs for nursing personnel. The purpose is to upgrade nursing services in the care of patients with cancer.

RFP NCI-CP-C-43322-58

Title: *Establishment of a gnotobiote originated rodent production colony*
Deadline: *April 1, 1974*

The carcinogenesis program has assumed the obligation to provide animal resources to the individual bioassay contracts for the screening of potential carcinogens. The bulk of these animals are Fischer rats and B6C3F1, (C57Bl/6oo X C3H/Heoo) mice. These animals are presently distributed from the animal farm project at the Frederick Cancer Research Center. It is the intent of this RFP to solicit for an additional supply of this rat strain and mouse hybrid to supplement that source.

The objective is to develop a rodent production colony conducted under the best concepts of a "barrier" system. The breeders for the barrier rooms will be supplied by a pedigreed expansion colony, of associated flora status, held in isolaters. The expansion colony will not recycle breeders; only the nucleus colony will be self-sustaining. At 12 month periods, germ-free pedigreed litters will be received from the genetic unit of the NIH inhouse colony to restart this contract's nucleus foundation and maintain homogeneity with the NIH strains.

All organizations responding to this RFP must be accredited by either the Division of Cancer Treatment or the American Assn. for Accreditation of Laboratory Animal Care.

More than one award may be made under this solicitation. Proposals are requested on a cost plus fixed fee basis. The contract awarded as a result of this RFP will be for a four year period. Offerors are requested to furnish proposals covering the full four year period, but itemized on a year to year basis.
Contract Specialist: D.J. Dougherty
Cancer Cause & Prevention

RFP NCI-CN-45063-04

(This is a re-listing of RFP-NCI-CN-74-10)
Title: *Oncology nursing programs in medical centers*
Deadline: *March 18, 1974*

The Cancer Control program is soliciting proposals from medical centers for development and implementation of comprehensive programs to upgrade and supplement the education of nurses in specialized techniques and practices in the care of cancer patients. Offerors must have necessary clinical facilities, patient loads, and teaching staff to provide the most appropriate clinical experiences in the latest and best nursing care for patients with a wide variety of cancers in various states.
Contracting Officer: Hugh E. Mahanes Jr.
Cancer Control

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