THE CANCER NEWSLETTER

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Tracor Lands Second Biggest NCI Contract—$6.6 Million To Manage Commercial Labs' Portion Of Bioassay Program

NCI has awarded a $6.6 million prime contract—second biggest contract in NIH's history—to Tracor Jitco Inc., Rockville, Md., to run its carcinogenesis bioassay program. Tracor will take over the job of renegotiating each of the nine contracts NCI now has in force with commercial labs as they expire; they will then be handled as subcontractors by Tracor.

Tracor will direct and monitor all aspects of the program. Tracor's Carl Wessel is program director, with NCI's Norbert Page retaining scientific control. The eight universities which have been participating in the $7.3 million overall carcinogenesis testing program will continue with their contracts independently. Tracor's contract is on a cost plus award fee basis in which its profit will be determined by NCI on performance basis, similar to the $10.2 million contract held by Litton-Bionetics for the operation of the Frederick Cancer Center.

IN BRIEF

Survey Expected To Stimulate Surge Of Interest In Finding Etiological Factors In U.S. County-By-County Variations

NATIONAL CANCER survey to be released soon by NCI will show incidence rates for each cancer type county-by-county throughout the U.S. NCI expects that striking variations will stimulate interest of epidemiologists and local health authorities; applications for support of investigation of etiological factors will be channeled into program grants. . . .**PROPOSAL TO MOVE** the Clearinghouse for Smoking & Health to Atlanta is another of Secretary Weinberger's ideas that has aroused health forces. Weinberger suggests the Clearinghouse should be part of the Center for Disease Control, which is housed in Atlanta; others fear that removing it from Washington would curtail the cooperative programs it has with NCI and the Heart & Lung institute. NCI has contributed $2.9 million to the Clearinghouse. The American Cancer Society is pushing for the Clearinghouse to be brought into NCI. . . . **"MEDICAL WEST POINT"** being developed in Washington to train MDs for the military services has created envy among government career MDs and scientists. Legislation authorizing the new medical school orders that the director be paid $70,000 a year and that salaries for professors can exceed the $36,000 ceiling in effect for most other federal jobs. . . .**ROSWELL PARK** has announced two staff promotions: C. William Aungst, from associate chief cancer research internist to associate director for clinical affairs; and Claude E. Merrin, from acting chief of the urology department to permanent chief. . . .**JULIA APTER**, Rush professor who has been a thorn in the side of the male-dominated NIH establishment with her campaigns against sex discrimination and illegally closed advisory group meetings, is being considered for director of National Institute of General Medical Sciences. No woman has ever headed an NIH institute. . . .

Safer Cigarette Could Be Available In Three Years NCI's Gori Says; Others Feel More Research Needed

The prevailing (but not unanimous) opinion at NCI is that past studies have developed sufficient data on the harmful properties of tobacco smoke to permit the design of a "less-hazardous" cigarette. Gio Gori, associate director for program in the Div. of Cancer Cause & Prevention and chairman of the interagency Tobacco Working Group, believes that the first incremental improvement could be made now, and that the tobacco industry could produce a cigarette in no more than three years that could be smoked in moderation (up to a pack a day) with no harmful effects.

NCI recently issued a series of RFPs for tobacco-related research, which will add from eight to ten new contracts to the 12 now in force. The program has been spending at a $2.6 million annual rate, which will be increased to about $5 million by June 30, if contracts arising from the new RFPs are implemented by then.

Gori says that the program could grow to as much as $10 million a year, but no more than that. "That's our saturation point, and I believe it is all we will need," Gori said.

Animal studies and human epidemiological surveys have convinced Gori and others that the carcinogenic properties of tobacco smoke have been identified, and that when ingestion of those components is reduced—either through quantitative reduction in smoking or through lowering the level of those components in the smoke—corresponding decreases in cancer incidence follows.

What has not been clear, however, is the effects of cigarette smoke on the cardiovascular and pulmonary systems when the carcinogenic components have been reduced or removed. A major health problem would still remain and in fact could be exacerbated if removal only of the carcinogens would encourage smokers to increase cigarette consumption.

At least four of the new contracts will be designed to provide some answers in the circulatory and respiratory fields. Gori is confident that all toxic components will be identified and that methods will be devised for removing them in either the tobacco growing or cigarette manufacturing process.

A "less-hazardous" cigarette does exist now, and is on the market. Gori said that studies have shown that the extremely low tar and nicotine content cigarettes do not increase morbidity or mortality. Few smokers have found these cigarettes acceptable, however. Most complain that all they are getting is " a lot of hot air."

That's why one of the new contracts will attempt to elucidate just what smokers will accept. Again, Gori is convinced that an acceptable cigarette, with the "body" and bouquet to satisfy smokers and with the toxic elements removed, is possible.

Others are not so sure, or at least feel that any attempt to design safer cigarettes now is premature. One of these is Umberto Saffiotti, NCI associate director for carcinogenesis, who feels that more research is needed before attempts can be made to make a less-hazardous cigarette, and especially before a supposedly safer cigarette is tested for its acceptability.

"It is dangerous to imply by an acceptance test that a particular cigarette is recognized as safe, when in fact it may be as dangerous or even more dangerous than others," Saffiotti said at the meeting of the Tobacco Working Group last week. He suggested that acceptability tests be delayed until a prototype cigarette is available and has undergone a spectrum of bioassays. "Until we have those data, it is dangerous to lead people to believe there is a safe cigarette."

Gori insisted that acceptability tests will be aimed at identifying elements which make a cigarette acceptable and will not be related to a specific model. But the tests will make use of models developed by cigarette manufacturers to NCI's specifications.

Marvin Schneiderman, NCI associate director for field studies and statistics, charged that the acceptability study would in effect be subsidizing tobacco industry marketing programs.

"It is up to the tobacco companies to find a product they can market. It isn't up to us," Schneiderman said. "What are our limits? Are we the research arm of the tobacco industry? If we can publish data on what is less hazardous in cigarettes, then the pressure is on the tobacco companies."

The improvement that could be made now on the basis of existing information, Gori believes, is in the use of more porous paper for cigarette wrappers. Tests have shown that greater air intake causes tobacco to burn at a higher temperature and converts more of the harmful components into harmless carbon dioxide and water.

Other improvements will be a gradual process. One of the more promising developments could be the use of reconstituted sheet tobacco. This process is much like paper making, in which the tobacco is converted to pulp, put through a chemical bath and then reformed into thin sheets. Various harmful components are removed by the chemicals.

Publications: *Annual Report for the Tobacco Working Group.*
Towards Less-Hazardous Cigarettes; Report No. 1—The First Set of Experimental Cigarettes.
Write to Office of Cancer Communications, NCI, Bethesda, Md. 20014.

Conference Deadlocked On Training Grants Bill; Kennedy Insists On Protection Of Human Subjects

Sen. Edward Kennedy continues to hold the revival of a research training grant program hostage to his effort to establish a national commission to oversee the conduct of biomedical and behavioral research involving human subjects. The Senate-House conference committee on the Rogers' training grant bill (H.R. 7724) is deadlocked on this point despite occasional signs of compromise. The legislation could have passed Congress easily by now if the Kennedy amendments had not been tacked on, but Senate forces refuse to consider the possibility of a separate bill. House conferees are just as adamant in claiming that the national commission is unnecessary because HEW is protecting human subjects under current regulations.

RFPs 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 or Contract Specialist for copies of the RFP. Some listings will show the phone number of the Contract Specialist, who will respond to questions about the RFP. Contract Sections for the Cause & Prevention and Biology & Diagnosis Divisions are located at: NCI, Landow Bldg, NIH, Bethesda, Md. 20014; for the Treatment and Control Divisions at NCI, Blair Bldg., 8300 Colesville Rd., Silver Spring, Md. 20910. All requests for copies of RFPs should cite the RFP number. The deadline date shown for each listing is the final day for receipt of the completed proposal unless otherwise indicated.

RFP NCI-CB-43957-33

Title: *A study for an operational impact evaluation system at NCI cancer centers*

Deadline: *May 13, 1974*

In response to the need for new knowledge through scientific research and rapid translation of the findings into coordinated care for cancer patients, NCI activated in the early 1960's a cancer research centers program to provide grants for the support and development of cancer complexes which could engage in clinical and basic research, improve diagnosis and treatment of patients, train an effective cancer cadre for the future, and radiate influence to upgrade cancer in surrounding areas. Cancer centers have increased in number during the past decade and have been diversified in function according to special expertise of facilities available.

There has been increasing emphasis in recent years upon centers of broad scope which can provide a comprehensive, multidisciplinary attack upon cancer problems. The National Cancer Act of 1971 has given further stimulus to this trend by providing for the establishment of additional cancer centers. The Div. of Cancer Research Resources and Centers has specific interest in evaluation of this support on the cancer centers program.

The objective of this contract is to provide methodology to collect data to evaluate the centers program in terms of the area supported. As such, the effects of the program on the supported areas will in turn reflect support by the cancer research program within each center.

The contractor will:

–Develop methodology for the design, installation and operation of a system to measure the effect of the centers program on the areas supported. These methodologies will provide specific target goals for development of an evaluation system for the cancer center program.

–Identify parameters influencing the measurement data set and relate these parameters to methodology.

–Perform that systems analysis to include design of (1) preliminary data capture forms, (2) operational procedures, and (3) system evaluation techniques to assure a feasible and workable data handling system is provided for implementation at cancer centers.

–Specify an orderly, well defined program, depicted in a set of related and coordinated tasks which will lead to an operational evaluation system. These tasks must be sufficiently distinct to permit centers to evaluate progress in the completion of each task prior to beginning the next task.

–Identify data sets which will include program components to be used in determining the effectiveness of the comprehensive program. The contractor will recommend means to develop the overall program effectiveness in terms of the evaluation parameter set.

–Provide estimates (in terms of manpower, facilities and other resources) of the level of effort, to include a time-phased plan for either inhouse or contractor supported development, installation, and operation of a national program for evaluation system.

Contract Specialist: J.H. Reynolds
301-496-5565
Biology & Diagnosis

RFP NO1-CP-43360-56

Title: *Chemical carcinogenesis tests in the Old World Monkey, Erythrocebus patas*

Deadline: *May 3, 1974*

NCI is interested in establishing a contract for a research project involving the Old World Monkey, Erythrocebus patas. The contractor will furnish facilities, services, equipment, animals and supplies.

A breeding facility for these animals will be estab-

lished and a chemical carcinogen will be administered to pregnant animals at specifically defined times during gestation in order to establish the effect upon offspring. Non pregnant animals will also receive the compound to establish toxicity.

The facility must be located within a 20 mile radius of the NIH reservation. Prospective offerors must have demonstrated expertise in animal care and have available the facilities and equipment necessary to undertake the work.

Contract Specialist: J.L. Tidmore
301-496-1781
Cause & Prevention

SOLE SOURCE

Proposals are listed here for information purposes only. RFPs are not available.

Title: Maintenance of a rodent production center
Contractor: Charles River Breeding Laboratories, Wilmington, Mass.(Continuation)

Title: Maintenance of a rodent production center
Contractor: Harlan Industries, Indianapolis (Continuation)

Title: Maintenance of a rodent production center
Contractor: ARS/Sprague-Dawley, Madison, Wisc. (Continuation)

Title: Study of drug research, development, and evaluation
Contractor: The Upjohn Co. (Continuation)

Title: Synthesis of bleomycin and structural modifications
Contractor: Massachusetts Institute of Technology

Title: Study and production of avian tumor viruses
Contractor: Life Science Inc., St. Petersburg, Fla. (Continuation)

CONTRACT AWARDS

Title: Screening of compounds for anti-tumor activities
Contractor: Litton Bionetics Inc., $317,699

Title: Acquisition of human tumor specimens
Contractor: Memorial Hospital for Cancer and Allied Diseases, New York City, $129,618

Title: Selection and propagation of somatic cells having specific physiological mutations
Contractor: Univ. of California (San Francisco), $99,995

MEETINGS

NCI advisory group meetings frequently are closed, usually for review of contract and grant applications. Times scheduled as open will be shown with each listing, but these sometimes are changed.

Biology & Immunology Segment Advisory Group, NIH Bldg 37 room 3A15, April 19, open 2-3 p.m.

Cancer Clinical Investigating Rewview Committee, NIH Bldg 31 conference room 6, April 22-24, open 8:30 a.m.-1 p.m. April 22.

Solid Tumor Virus Working Group, NIH Bldg 37 room 1B04, April 22-23, open 9-9:30 a.m. April 22.

Presidents Cancer Panel, NIH Bldg 31 conference room 2, April 23, 9:30 a.m., open.

Breast Cancer Epidemiology Committee, NIH Bldg 31 conference room 3, April 23, open 1-5 p.m.

Biometry & Epidemiology Committee,
Bio

Biometry & Epidemiology Review Committee, Landow Bldg room A313, April 24, open 9:30-10:15 a.m.

Cancer Control Treatment & Rehabilitation Committee, Holiday Inn, 877 Georgia Ave., Silver Spring, Md., April 25-26, open 8:30-9:30 a.m. April 25.

Committee on Cancer Immunotherapy, NIH Bldg 10, room 4B17, April 25, open 11-11:30 a.m.

Cancer Control Education & Rehabilitation Review Committee, NIH Bldg 1, Wilson Hall, April 26, open 8:30-10:30 a.m.

Cancer Treatment Advisory Committe, NIH Bldg 31, conference room 10, April 29, open 9 a.m.-5 p.m.

Lung Cancer Segment Advisory Group, NIH Bldg 31, conference room 3, April 29, open 3-4 p.m.

Cancer Special Programs Advisory Committee, NIH Bldg 31, conference room 8, May 9-10, open May 9 9-10 a.m.

Cancer Centers Review Committee, NIH Bldg 31 conference room 6, May 17-18, open May 17, 9-10 a.m.

President's Cancer Panel, NIH Bldg 31, conference room 5, May 20, 9:30 a.m.-12, all open.

Virus Cancer Program Scientific Review Committee, Landow Bldg, conference room C418, May 29, open 9-10 a.m.

Cancer Control Education Review Committee, NIH Bldg 31 conference room 3, May 31, open 8:30-9:30 a.m.

The Cancer Newsletter—*Editor* JERRY D. BOYD

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