

THE

CANCER NEWSLETTER

Vol. 1 No. 20

June 21, 1974

© Copyright 1974
National Information Service Inc.
Subscription \$100 per year

11800 Sunrise Valley Drive. Reston, Virginia 22091 Phone 703-471-9695

CONTRACT AUTHORITY EXPIRATION CONFUSES NCI MONEY BILL ESTIMATES, WHICH RANGE FROM \$605 TO \$650 MILLION

NCI executives, health lobbyists and newsmen were outdoing each other this week in speculating on how much money the House HEW Appropriations Subcommittee had voted for the cancer program in its fiscal 1975 appropriations bill. Some in that group usually manage to get advance information before the subcommittee sends the bill to the full committee (scheduled for June 24); this year it appears that not even the subcommittee members are certain what is in the bill for NCI and the rest of NIH.

The picture is confused by the expiration of NIH's contract authority June 30. Chairman Dan Flood of the subcommittee decided to withhold appropriations for contracts (not for construction as reported in *The Cancer Newsletter* June 14) until the new authority is voted by Congress, probably as an addition to the cancer act extension bill.

Most of the institutes at NIH know exactly how much money was in their budgets for contracts. So does NCI - from \$220 to \$225 million, but some of that is in Cancer Control and some in construction, which
(Continued to page 2)

In Brief

TOP FREDERICK JOB DRAWS 90 APPLICANTS, WITH LIST NOW DOWN TO FOUR; NEW MEMBERS NAMED TO NCAB

MORE THAN 90 applications for the position of basic research director at the Frederick Cancer Research Center were received by the NCI-Litton Bionetics search committee. Thirteen candidates were interviewed, and the list has been narrowed to four. NCI Director Frank Rauscher will make the final selection, but the position will be carried on Litton's payroll . . . DONALD TOWER, who has been acting director of the National Institute of Neurological Diseases & Stroke for more than a year, now has the job on a permanent basis . . . NIH STILL looking for a new Heart & Lung Institute director to fill the vacancy left when Ted Cooper moved up to HEW as deputy to Asst. Secretary for Health Charles Edwards. Robert Ringler is acting NHLI chief while the search goes on. . . NEW MEMBERS of the National Cancer Advisory Board are William Baker, president of Bell Laboratories; G. Denman Hammond, Univ. of Southern California; Werner Henle, Univ. of Pennsylvania; and William Powers, Mallinckrodt Institute. Mary Lasker and Joseph Ogura, whose terms had expired, were reappointed . . . DEAN BURK, who has been at NCI since 1939 and has headed the cytochemistry section since 1946, has retired . . . GARY PEARSON was appointed head of NCI's microbiology section in the Viral Biology Branch . . . THE SOUTHEASTERN Cancer Research Assn., organized last year with representatives of 18 cancer centers, has scheduled its second annual meeting for Oct. 3-5 in Atlanta. Julius Schultz, president of Papicolaou Cancer Institute in Miami, is president of the association . . .

**NCI Will Encourage
More Activity In
Environmental
Carcinogenesis**

**Rauscher "Identifies"
Four More
Comprehensive
Centers**

**Eight States
Get Cervical
Cancer Screening
Planning Contracts**

**Sole Source
Negotiations**

Meeting Dates

Page 4
Page 4
Page 4

FLOOD WILL GIVE NIH SOME INCREASES BUT NOT AS MUCH AS HAD BEEN PROPOSED

(Continued from page 1)

have authorities separate from other contracts. This has confused at least some of the Flood subcommittee members who did not know if the contract money withheld from the cancer program included control and construction funds.

One figure was definite: the bill will go to the full committee showing \$425 million for NCI. If no control or construction money is included in that, the total for NCI when contract funds are added would be \$645 to \$650 million. That was the figure NCI had hoped to get out of Flood (not openly, of course — the President had asked only for \$600 million). The Senate then could be expected to vote for \$700 million, and the compromise would be about \$675 million.

If control and/or construction money is included in the \$425 million, however, that would reduce the total for NCI by from \$20 to \$40 million. The entire burden of getting a substantial increase over the President's request for the cancer program would then be on the Senate.

The National Heart & Lung Institute would get the biggest percentage increase over the President's budget under the Flood bill — \$400.7 million, compared to \$309.3 million, an increase of nearly 30%. That higher figure includes \$79.5 million in contracts.

Other NIH figures in the Flood bill, including contracts (dollars in millions):

<u>Institute</u>	<u>Flood Bill</u>	<u>President's Budget</u>
Dental	\$49.3	\$44
Arthritis	\$174.5	\$153
Neurological	\$142	\$120
Allergy	\$118.2	\$110.4
General Medical	\$182.1	\$168.3
Child Health	\$140.5	\$124.9
Eye	\$41.2	\$40
Environmental	\$34.9	\$28.7

NCI TO STEP UP PROGRAMS INVOLVING ENVIRONMENTAL CARCINOGENESIS

NCI will undertake a major shift in priorities and attempt to develop new programs and stimulate greater grant activity in the field of environmental carcinogenesis following a report by a special committee of the National Cancer Advisory Board.

The effort will include a request to the NIH Div. of Research Grants to establish a new study section on environmental carcinogenesis as one means of encouraging more grant applications in the field.

The special committee, asked by the board to re-

view NCI's activities in environmental carcinogenesis, included Arnold Brown, Mayo; Philippe Shubik, Eppley; and Edward Burger, National Science Foundation.

The committee found that NCI's efforts in the field are "under-emphasized" and "uncoordinated," and was particularly critical of the lack of coordination between NCI and other government agencies. The committee's report criticized NCI for not playing a major part in the determination of dangers posed by stilbesterol, vinyl chloride and asbestos.

"We were impressed by the dedication and productivity of the NCI staff involved in various aspects of carcinogenesis," the report said. "The carcinogenesis area spends most of its funds in contract activity and its members are largely occupied as project managers. It did not appear that there is appropriate coordination between this area and the epidemiologists in terms of apprising the latter of new leads to be followed or with the Biometry Branch in terms of experimental design.

"The epidemiologists are first-rate in their field and are fully occupied with important studies. Little money is expended extramurally (in epidemiology). While they do respond to critical problems, it is obvious that they are severely limited in exploring new problems by the number of staff available."

The committee noted that the program is hampered by a lack of trained epidemiologists, "which is one reason for the relative paucity of investigator-initiated proposals being funded by NCI. Training in this area, as in others, is clearly being neglected."

Responding to the committee's report, Benno Schmidt pointed out another reason for the "paucity" of grant activity in this field. "If you take a good, and I mean first-rate, epidemiology proposal to a (DRG) study section, more than likely you will get a low priority rating." Existing study sections include few if any epidemiologists in their makeup and, generally, are not impressed by the science in the epidemiology proposals they review.

J. Palmer Saunders, director of the Div. of Research Resources & Centers, said, "The time has come for us to propose to DRG the creation of a new study section on environmental carcinogenesis. It is a new area that is not adequately represented." The last time NCI requested a new study section was in 1955 when the chemotherapy study section was established.

NCI Director Frank Rauscher suggested that the new program grant system being developed to replace some research contracts might be useful in encouraging more environmental grants.

"We can set aside a block of money after identifying an area that's underemphasized or where there is a lack of sophistication, and say, 'here it is, let's have some proposals.'"

FOUR NEW COMPREHENSIVE CENTERS NAMED; ILLINOIS GROUP EXAMPLE OF COOPERATION

Yale, the Georgetown-Howard Univ. combine in Washington D.C., the Illinois Cancer Council in Chicago, and the Colorado Regional Cancer Center in Denver are the new "identified" comprehensive cancer centers.

NCI Director Frank Rauscher revealed last week he had selected those four programs for the highly-prized comprehensive status from the list of nine that had been certified by the Centers Review Committee as deserving of such recognition (*The Cancer Newsletter*, May 24).

If there was a surprise in the announcement, it was the selection of Georgetown-Howard over the program headed by the Univ. of California at San Francisco – surprising not necessarily because of their comparative qualifications but because of geographic considerations. The Washington D.C. area is 40 miles from the already-recognized Hopkins-Univ. of Maryland comprehensive center; the densely populated Central-Northern California area is 400 miles from the nearest center, at Univ. of Southern California.

Geography is not the overriding factor, however. Georgetown-Howard was deemed farther along toward meeting the comprehensive center guidelines than San Francisco.

Rauscher still has authority to "identify" (the term NCI prefers over "recognize" or "designate") two more comprehensive centers under the terms of the National Cancer Act of 1971, which would bring the number so identified to 18. When the extension of the act becomes law, the limit of 18 will be removed, and Rauscher expects to eventually name as many as 30.

Best guess for the next two centers would be San Francisco, if organizational problems there can be overcome, plus either Ohio State, the budding consortium in Philadelphia, or one of four programs in Oklahoma, Kansas and Missouri. UCLA is a long-shot possibility.

The distribution of comprehensive centers by location now is:

Northeast (4) – Boston Children's, Yale (New Haven), Sloan-Kettering (New York), Roswell Park (Buffalo).

Midwest (2) – Hopkins-Maryland, Georgetown-Howard.

South (3) – Duke (Durham), Univ. of Miami, Univ. of Alabama (Birmingham).

Southwest (1) – M. D. Anderson (Houston).

Midwest (3) – Illinois (Chicago), Univ. of Wisconsin (Madison), Mayo (Rochester, Minn.).

Mountain States (1) – Colorado (Denver).

Pacific Coast (2) – Univ. of Southern California (Los Angeles), Hutchinson-Univ. of Washington (Seattle).

This leaves some big gaps in meeting the long-range

goal of putting a comprehensive center within at least 120 miles of the greatest number of Americans. Some of the biggest gaps, in addition to Northern California: the area between Denver and Chicago, where the competitors for comprehensive recognition are the Univ. of Kansas, Univ. of Oklahoma, and centers in St. Louis and Columbia, Mo.; the area between Birmingham and Houston; the Cleveland-Columbus-Pittsburgh region; and Hawaii and Puerto Rico.

The Chicago program's recognition may be the most significant in terms of what NCI is looking for, one which those who still harbor hopes of eventual recognition should note. No less than 12 public, private and non-profit institutions put aside their individual aspirations, jealousies and antagonisms to form the Illinois Cancer Council. Each is pledged to cooperate with the group, an effort that will include personnel exchanges, patient referrals, collaborative research efforts, cooperatively developed grant programs – all amounting to a surrender of autonomy. It was not an easy achievement.

The 12 institutions are the Univ. of Chicago, Northwestern, Rush-Presbyterian-St. Luke's, Univ. of Illinois, Chicago Medical School, Southern Illinois Univ., Loyola Univ., Chicago College of Osteopathic Medicine, Veterans Administration Hospital, Illinois Dept. of Public Health, Illinois Division of the American Cancer Society, and the Illinois State Medical Society.

The concept of a cooperative comprehensive center was developed by J. Palmer Saunders, retiring director of NCI's Div. of Research Resources & Centers. A lively debate developed within NCI over the cooperative group vs. single institution approach; Saunders' argument for cooperation wherever possible carried the day.

NCI Centers Program Director John Yarbro and Saunders' deputy, William Walter, carried out the implementation of that decision in Illinois. Through persuasion and head-knocking, and with the leadership of Sam Taylor of Rush, John Ultmann of the Univ. of Chicago and John Brewer of Northwestern, they worked through months of wrangling to put the group together.

The Colorado program is a cooperative group, although not so diverse, with the Univ. of Colorado at Denver and Boulder, Colorado State Univ. at Fort Collins, and Children's Hospital in Denver.

The 16 comprehensive centers now recognized bring the services of such a center within a maximum 120 miles of about 120 million persons. NCI selected the 120-mile figure because that was determined as the farthest a patient or his family could drive to a center and return home in the same day.

The two additional centers Rauscher can name could raise that figure by 5 to 10 million. From then on, the numbers picked up by each new center drops considerably.

Contract Awards

STATES GET CERVICAL CANCER SCREENING PLANNING CONTRACTS; MORE ON THE WAY

Eight contract awards totalling \$239,477 have been made by the Cancer Control Program to state health departments for planning cervical cancer screening programs among low-income women. NCI plans to award at least two more planning contracts in the 1975 fiscal year, and RFPs will be re-issued then.

RFPs also will go out to state health departments in the new fiscal year for implementation of cervical cancer screening programs.

The eight awards went to Arizona, \$30,216; California, \$49,282; Maine, \$19,100; Minnesota, \$28,678; Missouri, \$33,062; Nevada, \$22,616; Washington, \$44,648; and Wyoming, \$11,875.

Other contract awards announced last week were:

Title: Collection, fractionation and purification of plant extracts

Contractor: Univ. of Arizona, \$125,480

Title: Preparation of radioactive labeled materials

Contractor: Monsanto Research Corp., \$209,983

Title: Salmonella diagnostic laboratory

Contractor: Battelle Memorial Institute, Columbus, Ohio, \$26,254

Title: Preparation of radiolabeled chemicals and drugs

Contractor: Stanford Research Institute, \$199,993

Title: Studies on human dihydrofolate reductases

Contractor: Univ. of Chicago, \$28,625

Title: Preparation of polymeric materials

Contractor: Collaborative Research Inc., Waltham, Mass., \$50,996

Title: Preliminary planning for a cancer access information system

Contractor: Colorado Regional Cancer Center, \$29,300

Title: Expansion of South Carolina's cervical cancer screening program

Contractor: State Dept. of Health, \$337,524

Title: Demonstration of cancer rehabilitation facilities and/or departments

Contractor: Mayo Foundation, \$585,631

SOLE SOURCE

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

Title: "Dial Access" telephone communication consultation cancer service for cancer control

Contractor: M. D. Anderson (2-year extension)

Title: Cancer consultative programs for hospitals
Contractor: American College of Surgeons (1-year extension)

Title: Carcinogenesis by irradiation plus estrogen
Contractor: Alton Ochsner Medical Foundation, New Orleans (continuation)

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.

American Assn. for Study of Neoplastic Diseases, Chicago, June 22-27.

American Medical Assn. annual meeting, Chicago, June 22-27.

Eastern Cooperative Oncology Group, Jasper Park, Alberta, Canada, June 23-25.

NCI Board of Scientific Counselors, NIH Bldg 31 conference room 9, June 23-24-25, open June 24 9 a.m.-5 p.m.

8th Miles International Symposium, Role of Immunotherapy, London, June 24-25.

Gynecologic Oncology Group, Denver, June 27-29.

National Prostatic Cancer Project Workshop, Buffalo, June 28-29.

European Organization for Research on Treatment of Cancer Plenary Session, Paris, June 29.

President's Cancer Panel, NIH Bldg 31 conference room 2, July 2, 9:30 a.m.

Second International Conference on Biology & Pharmacology of Cyclic AMP, Vancouver, July 8-11.

Cancer Control Education Review Committee, NIH Bldg 31 conference room 3, July 12, open 8:30 a.m.-10:30.

Radiation Research Society, 22nd Annual Meeting, Seattle, July 14-20.

Vth International Congress of Radiation Research, Seattle, July 14-20.

Breast Cancer Task Force Steering Committee, Warrenton, Va., July 15-16.

Workshop on Estrogen Receptor Clinical Correlations, Warrenton, Va., July 18-19.

Virus Cancer Program Scientific Review Committee B, NIH Bldg 37 room 1B04, July 22, open 9-9:30 a.m.

Colon-Rectum Cancer Conference, Leeds, France, July 22-25.

President's Cancer Panel, NIH Bldg 31 conference room 2, July 30, 9:30 a.m.

The Cancer Newsletter—Editor JERRY D. BOYD

Published weekly by National Information Service Inc., 11800 Sunrise Valley Drive, Reston, Va. 22091.
May not be published in any form without written permission.