

THE

# CANCER NEWSLETTER

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## CONGRESS ORDERS PROGRAMS IN NUTRITION RESEARCH; CANCER ACT EXTENSION BEEFS UP NCI CHIEF'S AUTHORITY

Research involving the role of nutrition in both the cause and treatment of cancer will be stepped up by order of Congress after the bill extending the National Cancer Program for three more years becomes law. Nutrition research could be supported through grants or contracts, but more likely through the new program grants system if it gets off the ground.

Fifteen words added to the bill provide the impetus. In the section authorizing NCI's information programs is the statement, "including information respecting nutrition programs for cancer patients and the relationship between nutrition and cancer."

The House Health Subcommittee headed by Paul Rogers (D.-Fla) wrote that section into the bill after hearing testimony from the Candlelighters, a Washington-based organization of parents of young cancer patients. Members of the organization have been swapping information on  
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### In Brief

#### CLARK WINS SHEEN AWARD; RESEARCH TRAINING CUTS PROMPT PHD HOLDERS TO APPLY TO MEDICAL SCHOOLS

LEE CLARK, director of M. D. Anderson and member of the President's Cancer Panel, has received the \$10,000 Sheen Award of the American Medical Assn. for "unique scientific accomplishment" . . . .  
CANCER APPROPRIATIONS, along with the rest of HEW fiscal 1975 funds, are not expected now to clear Congress before September at the earliest, possibly as late as November. Although the House added \$205 million over the President's budget request for NIH, the total bill (which also included appropriations for the Dept. of Labor) is \$386.5 million less than the Nixon budget. Chairman Dan Flood of the House HEW Appropriations Subcommittee, said the Administration overstated welfare requirements by \$877.9 million, and his subcommittee cut the request accordingly. Meanwhile, HEW is operating in the 1975 fiscal year that started July 1 on a "continuing resolution" passed by Congress and signed by the President, essentially funding the department at the same level as 1974. For NCI, that is \$589 million . . . . CUTBACKS in support of research training have resulted in sharp increases in numbers of PhDs applying to medical schools, and may be causing a shift of predoctoral students from PhD to MD programs . . . . NCI'S NEW PROGRAM GRANT system continues to evolve. Rauscher says "It looks better to me all the time." Grant applications will be reviewed by new, multidisciplinary study sections made up entirely of non-government scientists, recognized and sanctioned by the NIH Div. of Research Grants. Tom King, new director of the Div. of Research Resources & Centers, believes NCI program grants will be a prototype for similar programs at other institutes of NIH . . . .

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## CONGRESS GIVES RAUSCHER MORE CLOUT ON TRAINING, PERSONNEL NEEDS, CENTERS

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effects they had observed of various diets in relation to type of cancer and medication.

The field seems highly suitable for program grants, which NCI is designing to leave as much freedom as possible for the investigator yet encourage research in specific areas. As Director Frank Rauscher has explained how he feels the system will work, NCI would set aside a block of money, outline the problem, and ask for proposals. Hopefully, the response would include a variety of ways to attack the problem, and NCI would fund all that seem promising.

Nutrition, or at least diet, has been the subject of some epidemiological studies that have pointed to certain foods as possible etiological factors. For instance, diets heavy on beef are related to greater incidences of stomach and colon cancer. Stepped up research along those lines might be expected as a result of the congressional fiat.

The National Cancer Act of 1971 attempted to establish NCI as a quasi-independent agency within NIH and HEW with certain powers that NIH and HEW brass could not limit. HEW, particularly Asst. Secretary for Health Charles Edwards, has objected and nibbled away at that independence.

Congress in the new bill tried to clarify and re-establish the authority of the NCI director. In most of the disputed areas, the language now is so clear that it defies obfuscation by HEW's loophole-seeking lawyers. These efforts include:

- Language in the act and committee reports giving Rauscher absolute and undisputed authority to establish any training programs "relevant to cancer." These may include pre and postdoctoral training grants, fellowships, career awards, and specifically permits the use of stipends. NIH, HEW, and the Office of Management & Budget are not permitted to interfere.

Rauscher has said he intends to use that authority even if it means defying his bosses. However, the research training bill now on the President's desk will take the heat off him if it becomes law. It mandates a biomedical research training program.

- A provision that requires Rauscher to report to Congress on his personnel needs. If he can convince the appropriate committees of those needs, he must be permitted to hire the full number. Rauscher has said that the greatest impediment to the cancer program has been NCI's position ceiling imposed by HEW and OMB. This provision should take care of that problem.

The 1971 act gave NCI authority to hire 50 consultants, experts in particular fields, without going through the regular civil service procedure. However, HEW charged those positions against the number in-

cluded in NCI's total and Rauscher was forced to limit the number. The new bill raises the number permitted to 100 and attempts to keep them out of those counted against NCI's total. The committee reports are clear in that respect, but the language in the act is not, and HEW can still interpret it that way if it so chooses.

The new act specifically gives NCI authority to award grants for new construction of basic research lab facilities. HEW counsel had interpreted prior authorities as permitting new construction only for clinical labs and limiting grants to basic research facilities to alterations and renovations. The new bill also authorizes construction grants for biohazard control.

The act removes the limit of 15 on new comprehensive centers (in addition to the three already recognized prior to 1971). NCI has two more to identify to reach the 15.

Among the general provisions in the act not specifically concerned with cancer are:

- Prohibition against impounding by the President of any health funds. This will be superseded by the new appropriations control law which permits impoundment unless vetoed by either house of Congress. This bill also changes the fiscal year starting date from July 1 to Oct. 1 and establishes deadlines for appropriations bills.

- Authorizing HEW to require peer review of research contracts as well as grants.

- Providing for Senate confirmation of the NIH director, to be appointed by the President (this does not apply to present Director Robert Stone).

- Extending permanently HEW authority for research contracts.

- Establishes the seven-member Biomedical Research Panel, to include at least five scientists plus the chairman of the President's Cancer Panel. The President will designate one to serve as chairman.

## CANCER CONTROL PLANNING COMPLETED, GOING THROUGH FINAL REVIEW PROCESS

The Cancer Control section of the National Cancer Plan is in the final review stages, but it may be several weeks or months before it is released. Along with the rest of the updated NCP, it is being reviewed by HEW, Office of Management & Budget, and the National Science Foundation's Institute of Medicine.

The \$50 million (in fiscal 1975) Cancer Control program is spread among three control interventions in the plan: treatment, rehabilitation and continuing care; detection, diagnosis and pretreatment evaluation; and prevention. Objectives for each of the interventions are:

**TREATMENT-REHAB** - Assure that optimal palliative and supportive care methods and techniques are available to and utilized by patients with recurrent or disseminated cancer; assure that optimal reha-

bilitation methods and techniques are available to and utilized by cancer patients; assure that optimal treatment and followup care methods and techniques are available to and utilized by cancer patients; and assure, with the aid of health professionals and other groups, the continuous assessment of current practices and the development of principles for the optimal treatment of cancer patients.

**DETECTION-DIAGNOSIS** – Assure, with the aid of health professionals and other groups the continuous assessment of current practices and the development of principles for the optimal diagnosis of cancer patients; assure that practical and effective cancer screening and detection methods and techniques are available to and utilized by populations at risk; assure optimal methods and techniques for the diagnosis and pretreatment evaluation are available and utilized by persons with precancerous and cancerous lesions.

**PREVENTION** – Assure that practical and effective methods and techniques of cancer prevention are available to and utilized by the public and health professionals.

#### **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 and 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 CB-53855-37**

**Title:** *Optimization and standardization of 70 mm. photomammography and its clinical comparison with conventional mammography*

**Deadline:** *Sept. 25, 1974*

NCI is soliciting proposals from organizations having capabilities of establishing a testing procedure to determine the current technical aspects of 70 mm photomammography and optimize and standardize the apparatus for dosage and best resolution and imaging capabilities.

This should be followed by a clinical evaluation and comparison with conventional mammography. It is expected that the study will run for one year of optimization, two years of screening and two additional years of follow-up.

**Contracting Officer:** H. P. Simpson  
Cancer Biology & Diagnosis  
301-496-5565

#### **RFP CB-53856-37**

**Title:** *Mammographic study of postmastectomy patients for earliest radiologic recognition of malignant or precancerous lesions in the second breast*

**Deadline:** *Sept. 25, 1974*

NCI is soliciting proposals from organizations with capabilities of performing mammographic follow-up studies every six months on 500 patients amassed within one year who have had mastectomy performed for breast cancer within the past 2-5 years and who are clinically free of involvement with cancer and have no evidence of recurrence at time of entry into the study.

Follow-up will extend for a period of five years. Matched postmastectomy controls should also be avail. However, these will be followed by thermography or determinations of estriol/estradiol ratios.

**Contracting Officer:** H. P. Simpson  
Cancer Biology & Diagnosis  
301-496-5565

#### **RFP CB-53853-37**

**Title:** *Biochemical analysis of human breast cyst fluid and its correlation with the development of human mammary carcinoma*

**Deadline:** *Sept. 25, 1974*

NCI is soliciting proposals from organizations who will have available aspirated breast cyst fluid and be willing and able not only to apply the most current laboratory assay techniques in its analysis but to develop new methodology for its biochemical, hormonal and immunological study.

Availability of a total of about 1,000 breast cyst aspirations over a three-year period is anticipated based on the following. In order to establish feasibility it is desired that each contractor will analyze 150 breast cyst fluids during the first year; and if distinctive variation is demonstrated in any or several of the biochemical, hormonal or immunological determinations, the contractor will agree to supply and analyze aspirates from 350 breast cysts the second year and 500 the third year. The follow-up period will extend for 5 years after aspiration.

**Contracting Officer:** H. P. Simpson  
Cancer Biology & Diagnosis  
301-496-5565

#### Contract Awards

#### **CONTROL PROGRAM BEATS DEADLINE WITH \$12 MILLION MORE IN AWARDS**

NCI's Cancer Control Program continued to pour out contract award announcements last week, still reflecting the somewhat frantic effort to get all of the

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program's \$34 million committed before the end of the fiscal year. Most of the announcements were dated June 27 and June 28, the last two working days before the midnight, June 30, deadline.

Cancer Control executives insisted that they met the deadline and will spend all their money. Contracts announced last week totalled \$12.7 million, bringing the amount of awards announced in the last two weeks alone to more than \$22 million.

The Div. of Cancer Treatment announced June contract awards, including one for \$904,109 to IIT Research Institute, Chicago, for screening of chemical agents against animal tumors. The division also awarded a \$50,000 contract to the American Cancer Society to organize, conduct and provide support for a National Conference on Advances in Cancer Treatment, Part I: Treatment and Rehabilitation, scheduled for New York City, Nov. 25-27.

**Other contracts announced:**

**Title:** Oncology nursing programs in medical centers.

**Contractors:** Yale Univ., \$427,458; Univ. of Utah, \$417,414; Waterbury Hospital Health Center, Waterbury, Conn., \$159,444.

**Title:** State cervical cancer screening programs.

**Contractors:** Ohio Dept. of Health, \$899,977; Charity Hospital of Louisiana at New Orleans, \$838,132; Tennessee Dept. of Public Health, \$607,872; Michigan, \$1,035,380; Nebraska, \$498,301; New York Dept. of Health and Health Research Inc., \$2,454,630.

**Title:** Prototype network demonstration project in breast cancer.

**Contractors:** Univ. of Vermont, \$208,184; Wilmington Medical Center, Wilmington, Del., \$196,816; Univ. of Louisville Foundation Inc., \$172,000; New England Medical Center, Boston, \$143,098; The Institute for Cancer Research, Philadelphia, \$213,630.

**Title:** Data management center for the breast cancer demonstration projects.

**Contractor:** Univ. City Science Center, Philadelphia, \$685,600.

**Title:** Maintenance of a primary center for inbred and outbred rodents.

**Contractor:** Charles River Breeding Laboratories Inc., North Wilmington, Mass., \$87,336.

**Title:** Production of inbred and outbred rodents in a germfree environment.

**Contractor:** Charles River Breeding Laboratory, \$61,452.

**Title:** Evaluation of thermography in mass screening for breast cancer.

**Contractor:** Jefferson Medical College of Thomas Jefferson Univ., Philadelphia, \$756,000.

**Title:** Cancer control radiologic physics center.

**Contractors:** Allegheny General Hospital, Pittsburgh, \$123,118; Univ. of Washington, \$106,878; Univ. of Colorado Medical Center, \$79,230; M. D. Anderson, \$106,300.

**Title:** Coordinating committee for the cancer control radiologic physics centers.

**Contractor:** American Assn. of Physicists in Medicine, NYC, \$155,000.

**Title:** Prototype comprehensive network demonstration project for head and neck cancer.

**Contractors:** Rush Presbyterian - St. Luke's Medical Center, \$144,528; SUNY Research Foundation, \$175,000.

**Title:** Demonstration of cancer rehabilitation facilities and/or departments.

**Contractor:** Institute for Cancer Research, Philadelphia, \$219,339.

**Title:** Evaluation of the effectiveness of cancer rehabilitation systems leading to the improvement of educational requirements.

**Contractor:** Emory Univ., Atlanta, \$746,428.

**Title:** Integrated cancer rehabilitation services.

**Contractor:** Ellis Hospital, Schenectady, \$256,261.

**Title:** Curricular guidelines for cancer education in dental schools.

**Contractor:** The American Assn. of Dental Schools, \$76,164.

**Title:** Prototype clinical chemotherapy program in cancer control.

**Contractor:** Mt. Sinai School of Medicine, NYC, \$395,000.

**Title:** Study of the incidence and natural history of genital tract anomalies and cancer in offspring exposed in utero to synthetic estrogens.

**Contractor:** Massachusetts General Hospital of Boston, \$183,587.

**Title:** Cancer consultative programs for hospitals.

**Contractor:** American College of Surgeons, \$197,486.

**Title:** Development and production of anti-tumor agents.

**Contractor:** Ben Venue Laboratories Inc., Bedford, Ohio, \$49,345.

**Title:** Development and production of clinical doses of antitumor agents.

**Contractor:** Ben Venue Laboratories, \$25,998.

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