

THE

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SURVEY COMMISSIONED BY CANCER CONTROL PROGRAM FINDS IMPORTANT RMP EFFORTS BEING PHASED OUT

The Cancer Control Program being developed by NCI spent \$35 million in the 1974 fiscal year and will spend \$50 million or more in the current year. Control was added by Congress as a major element of the National Cancer Plan to be administered by NCI. Authorizations for control during the three years in the newly-legislated renewal of the program are \$53.5 million, \$68.5 million and \$88.5 million.

All that, however, does not represent "new" money in federal support for cancer control. Fifty-one of the 53 Regional Medical Programs engaged in cancer control activities during the 1972, '73 and '74 fiscal years. RMP funds spent on cancer control during that period totaled \$14.4 million, while another \$15.9 million in the non-RMP funds were

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In Brief

HOUSE MEMBERS NOT TOLD THEY WERE VOTING ANTI-IMPOUNDMENT FEATURE INTO CANCER BILL

ANTI-IMPOUNDMENT of health appropriations – an important addition to the cancer program extension bill – was slipped through the House of Representatives without the members knowing it, unless they bothered to read the report filed by House and Senate conferees. The Senate bill had included the section permanently enjoining the President from withholding any funds appropriated under the Public Health Service Act or the Mental Retardation Facilities and Community Mental Health Centers Act (identical to the provision in the Hill-Burton bill passed three years ago over President Nixon's veto but which had expired). No such provision was in the House bill. When Commerce Committee Chairman Harley Staggers (D-W. Va.) brought the conference report to the floor, he said only "The Senate bill contained a provision similar to the expiring provision in section 601" of the Hill-Burton Act, did not use the words "anti-impoundment" and made no other reference to it. Few if any congressmen knew the bill included a provision that could provoke a veto and insured that health appropriations would be spent . . . BENNO SCHMIDT was praised by Sen. Kennedy, when Kennedy brought the conference report to the floor, as "a truly distinguished American who has been selfless in his willingness to dedicate his energies and his creative talents to public service." Kennedy's insistence on including the Biomedical Research Panel in the cancer bill and making the chairman of the Cancer Panel a member of the new body will further test Schmidt's "energies and creative talents" . . . DAN FLOOD, chairman of the House HEW Appropriations Subcommittee: "It is important to recognize the fact that the National Cancer Institute supports a great deal of basic research which contributes to the investigation of many, many other diseases than cancer. I wish the members (of Congress) would not forget that point" . . .

Nixon Signs
Bill Reviving
Training Grants

Connect Awards

How The
Extra \$60 Million
Will Be Spent

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RMP GENERATED SIGNIFICANT OUTSIDE SUPPORT; NEW CONTROL NEEDS CITED

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generated for RMP administered control activities.

RMP support for cancer control has dwindled over the last three years as the Nixon Administration has carried out its determination to phase out or transfer all RMP activities. Although the amounts for cancer programs may seem small compared with the \$50 million annual NCI control budget, the federal dollars plus the non-RMP matching funds are significant.

The extent of RMP participation in cancer control was turned up in a survey commissioned by NCI of all U.S. cancer control activities. The survey was performed by Messer Associates Inc., a Silver Spring, Md., consulting firm. Messer presented CCP with a two-foot thick stack of documents containing 63 reports.

Diane Fink, CCP director, told the Cancer Control Advisory Committee that her staff was in the process of analyzing the Messer findings and would have a preliminary report at the committee's September meeting.

The survey, intended to find out what is and is not being done in cancer control, included reports on these activities (number of activities for each in parentheses):

- All 50 states and U.S. territories (705).
- The 10 HEW regions (17).
- Regional Medical Programs (179).
- Six major cities (46).
- American Cancer Society (3,100).
- Leukemia Society of America (44).

Fink said none of the reports would be released until the staff analysis had been completed. However, *The Cancer Newsletter* has obtained a copy of the RMP report. In addition to the dollar figures cited above, Messer found that:

- RMPs consistently generated more non-RMP money than contributed by RMP for cancer control.

- More non-RMP money came in for diagnosis and treatment than for prevention and detection.

- While RMP financial support has declined, non-RMP support has remained relatively constant.

- RMP's greatest number of control projects has been in education and training (public education and professional training).

- Of the 352 cancer control activities supported by RMP during the three-year period, that support has been withdrawn from 278. These included 22 short-term activities that were successfully completed; 41 others that were completed; four that were continued as part of other activities; 52 that were discontinued "because of a change in RMP federal directives;" 59 dropped due to budget consider-

ations; and 12 discontinued because of insufficient progress.

- A total of 113 activities were continued by other sponsors after RMP support was withdrawn. Typically, the continued activities enjoyed multiple sponsorship and multiple non-RMP funding sources. Of those sources specifically identified, state governments were most frequently cited as the fund source for continued support.

- RMP coordination in 39 regions identified 323 new cancer control activities they said were needed, and they estimated the cost of the new projects would be \$42.5 million in fiscal 1975.

The survey broke down reported activities into five areas of emphasis - education and training, rehabilitation, diagnosis and treatment, detection, and prevention. Education and training included 151 projects on which was spent \$5.1 million during the three years; rehabilitation, 35 projects and \$3.1 million; diagnosis and treatment, 102 and \$16.2 million; detection, 56 and \$3.1 million; and prevention, 8 and \$158,000.

These add up to \$27.7 million. Another \$2.6 million went for program staff cost.

Prevention activities were fewest in number and included identification of high-risk groups and innovative pilot efforts in anti-smoking campaigns.

Detection activities included development of breast, cervical and other screening programs with other organizations and demonstration of mobile cancer detection units in rural areas.

Diagnosis and treatment activities included a wide range of items such as development of dosimetry capability, regionalization of oncological or other specialty services, quality assurance implementation, and a demonstration of the feasibility of third-party reimbursement of selected ambulatory cancer treatment services.

Rehabilitation, follow-up and continuing care was a category under which tumor registry activities were classified. Others included such programs as development of socio-psychological support services for terminally-ill patients and their families, development of services for home health care, and demonstration of mobile rehabilitation services in rural and other underserved areas.

Education and training activities included public education efforts such as pilot projects designed to expose members of minority groups to health career opportunities. Also included were professional education efforts focused on clinical skill improvement and quality assurance methods.

Additional cancer control projects RMP coordinators said are needed, including number of activities and estimated cost, were:

PREVENTION - Demonstration projects in identification and intervention with high-risk groups, more

effective and innovative public education, 61, \$6.5 million.

DETECTION – Breast and cervical cancer screening programs, development of more and better means to reach greater numbers systematically, 71, \$11.8 million.

DIAGNOSIS AND TREATMENT – Development and upgrading of specialized treatment and diagnostic centers, development of care and quality assurance standards, and development of regionalized patterns of care for specialized services, 74, \$12.7 million.

REHABILITATION, FOLLOW UP AND CONTINUING CARE – Start up and upgrading of tumor registries, more systematic follow up, development of post-operative support services, 53, \$5.5 million.

EDUCATION AND TRAINING – Demonstration projects for evaluating public education efforts; training programs for support personnel; and programs aimed at demonstrating the effectiveness of expanded roles of support personnel, 64, \$6 million.

Guidelines used by the RMP coordinators to identify needs for new cancer control activities were: The activity would produce a significant, measureable impact on major cancer control problems in the region; and it could be effectively developed by RMP in a single year.

Will the Cancer Control Program pick up activities dropped because of RMP's demise? Fink told *The Cancer Newsletter* that some would be, and in fact a few already have. Where the former control activities of the old RMP will fit into NCI's overall program is in the process of being determined.

How about the needs as perceived by RMP coordinators? Will CCP follow their advice?

"That was the purpose of the survey, to find out where the needs are," Fink responded.

Will CCP generate the kind of non-federal, or non-NCI, financial support that RMP did?

Fink was emphatic in the affirmative. Some contracts, if not the majority of them, that CCP is planning will require that additional support be obtained from other sources. The result probably will be an increase in supplemental financial support.

CONTRACT AWARDS

Title: Therapy of patients with pancreatic carcinoma

Contractors: New York Dept. of Health & Health Research, Inc., \$209,409; Univ. of Southern California, \$100,380; Mayo Foundation, \$108,881; Yale University, \$107,279; UCLA, \$116,647; Children's Cancer Research Foundation, Boston, \$154,059; Univ. of Miami, \$106,458.

Title: Preparation and purification of viral components

Contractor: Pfizer Inc., \$537,821

NIXON SIGNS TRAINING GRANT BILL; NO ACTION YET ON CANCER ACT RENEWAL

President Nixon signed without fanfare the bill originally known as the Rogers Training Grant Revival Bill, which later became the National Research Act, thus making research training programs an act of law and removing the HEW secretary's discretion on implementing them.

Secretary Caspar Weinberger had decided to kill the training grant program when he was director of the Office of Management & Budget. He put that decision into effect as soon as he moved to HEW, arousing a storm of controversy in the scientific community. NIH executives, to a man, were appalled by the decision, and not even the firing of NIH Director Robert Marston over the issue could silence them.

When it became evident that Congress overwhelmingly supported research training, Weinberger backed down somewhat and offered a new post doctoral fellowship program. That did not satisfy anyone, and the push for training grant revival continued. The bill would have passed Congress last year, but Rep. Paul Rogers (D-Fla.) balked when Sen. Edward Kennedy added onto the Senate version a section creating a commission to study and make recommendations on the ethical problems involved in use of human subjects in research. Rogers and Kennedy finally worked out a compromise.

The most notable feature of the new law, which authorizes \$208 million for fiscal 1975, is the pay-back requirement. Trainees and fellowship recipients must agree to work specified amounts of time in research, teaching, the National Health Service Corps, medically underserved areas, or HMOs. Such service could be avoided only by repaying all sums received.

The President has until midnight July 23 to sign or veto the Cancer Act extension bill. He had done neither by press time. Although Weinberger had once threatened a veto if the provision remained in that established the Biomedical Research Panel to do for all NIH what the Cancer Panel has done for NCI, a veto is now considered unlikely.

Nixon last week also signed the bill that drastically revises congressional appropriations procedures. This will move the fiscal year starting date from July 1 to Oct 1; establish timetables for actions by authorization committees which, theoretically at least, will enable the appropriations committees to better schedule their work; and attempt to hold the appropriations committees to the schedules.

If all the schedules and timetables are followed, appropriations bills will be completed by the end of September. That could be a big "if": Congress has had a law on the books for years requiring it to complete all legislative business by July 1, a deadline that hasn't been met since World War II.

The appropriations scheduling bill also limits the President's power to impound funds. An impoundment may be nullified by a vote of either the House or the Senate.

The new cancer bill prohibits impoundment of all health appropriations, but that provision probably will be superseded by the appropriations bill.

NCI USES \$4 MILLION OF EXTRA MONEY TO REVERSE TRAINING GRANT PHASEOUT

NCI wasted no time in implementing the new training grant authority. Director Frank Rauscher determined, even before the President signed the training grant revival bill, that one way or another he would have the authority to reverse the phaseout of research training grants.

Rauscher announced that \$5 million of the extra \$60 million the House voted NCI over the President's budget would go to manpower training, and that \$4 million of that would be used to beef up training grants.

The original budget had called for \$6,097,000 for NCI-supported training grants, down from \$12,259,000 in fiscal 1974. The \$6 million was to fund existing obligations, permitting no new trainees to be added to the program. The additional \$4 million will allow institutions to enroll new students in their training programs to replace in part, at least, those completing the program.

The other \$1 million of the \$5 million for manpower training will go to the newly-revived clinical education program, making a total of \$5 million for it.

The rest of the extra \$60 million will go to research grants, \$20 million; centers, \$15 million; intramural research, \$5 million; task forces, \$2 million; information activities, \$3 million; and construction, \$10 million. (*The Cancer Newsletter*, July 5). Here's how it will be distributed within those categories, as far as can be determined now:

RESEARCH GRANTS – The entire increase will go into new, competing regular research grants, making a total of \$40,265,000 available for that category, double the amount originally budgeted. Non-competing renewals are budgeted for \$74,512,000; competing renewals, \$16,837,000; and supplemental awards, \$3,526,000. That is a total of \$135,140,000 for regular research grants.

CENTERS – The budget had called for \$100,834,000. The additional \$15 million probably

will go, in part, to fund more comprehensive centers that will be "identified" during the year. The number of comprehensive centers now stands at 16. Rauscher still has authority from the previous year to add two more. The new cancer bill removes the limit of 18, and the House Appropriations Committee report noted that enough money was added to the appropriations bill to support up to 24 comprehensive centers. It isn't likely that NCI will name that many this year.

TASK FORCES – The extra \$2 million will bring the total to \$13,500,000.

INTRAMURAL LABORATORY AND CLINICAL RESEARCH – The additional \$5 million will bring the total to \$22,127,000. Part of the extra money will be used to establish a breast cancer unit at the clinical center.

INFORMATION ACTIVITIES – The \$3 million will be used to establish a communications unit in the Cancer Control Program. The unit will carry out public and professional education programs. Information activities are supervised by Frank Karel, associate director for public affairs. Last year, Karel's office spent about \$600,000, not counting salaries, mostly for printing and for the contract with Biospherics to handle responses to queries from the public.

Information services are carried in the budget along with other administrative costs in research management and program services. The extra \$3 million brought the total for that category to \$44,715,000.

CONSTRUCTION – The additional \$10 million increased the amount over the budget by nearly one-third, to \$32 million.

Categories not getting an increase over the budget request (unless the Senate adds money for them) are:

- Research career program, \$2 million.
- Scientific evaluation, \$326,000.
- Radiation development, \$4,250,000.
- Non-competing fellowships, \$5,516,000.
- Competing fellowships (all new awards), \$6,550,000.
- Research and development contracts, \$180,494,000.
- Collaborative research and support, \$37,353,000.
- Cancer Control, \$45,098,000.

Every year for the last 10 years the Senate has increased the amount voted by the House for NCI by 5 to 10%. If that pattern is continued this year, the Senate will approve from \$700 to \$720 million for cancer.