THE CANCER NEWSLETTER

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

Vol. 1 No. 28

Aug. 16, 1974

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Subscription $100 per year

NIXON RESIGNATION WON'T HURT CANCER PROGRAM, MIGHT LEAD TO MORE MONEY; WEINBERGER STAYS

President Ford is not likely to make any changes detrimental to the National Cancer Program, and in fact his determination to maintain a good relationship with Congress could lead to a relaxation of Administration efforts to "hold the line" on health spending.

Congress has made it clear that it will not accept budget cuts in which the burden of the reductions falls on health programs. Biomedical research, with cancer leading the way, invariably fared better at the hands of Congress during the days of budget confrontations and appropriations vetoes.

Although, as House minority leader, Gerald Ford backed those vetoes, he would risk losing much of his rapport with Congress by starting out with a veto of the upcoming HEW appropriations bill unless it is too far out of line. NCI therefore is virtually assured of getting even more than the $660 million voted by the House for the current fiscal year.

HEW Secretary Caspar Weinberger agreed to stay on, as have all other cabinet members. Charles Edwards also will remain as Assistant Secretary for Health, at least through the transitional period. How long Weinberger and Edwards will remain in office could depend on how they accomodate themselves to Ford's attempt to get along better with Congress.

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In Brief

TREATMENT REORGANIZATION WILL GIVE RAUSCHER "LUMPS," HE SAYS; COORDINATING GROUP FAVORED

TREATMENT DIVISION reorganization suggestions have been pouring into NCI Director Frank Rauscher's office – from other NCI executives, from the NCI Board of Scientific Counselors, from the Treatment Division's steering committee, and from NIH headquarters. "I haven't seen anything that has elicited so much controversy," Rauscher said. "We're going to take our lumps whichever way we go." The division steering committee, which spent 1½ days in frequently heated discussions, finally settled on its preferred approach: establish a body to coordinate all treatment research sponsored by NCI. The steering committee suggested that the group should be a part of the Treatment Division and should have the authority and resources – in other words, the clout – to do its job. It's no coincidence that Rauscher is considering treatment reorganization while hunting for a new director of the division. He hopes at least some of the controversy will be resolved before the new man takes over . . . . **ZINDER COMMITTEE** recommendations on changes in the virus cancer program have been implemented for the most part. Harold Amos, who headed the National Cancer Advisory Board's effort to see that NCI followed the Zinder report's recommendations, will report to the board in November that the job is complete . . . .

NIXON RESIGNATION WON'T HURT CANCER PROGRAM, COULD LEAD TO MORE MONEY

(Continued from page 1)

If history records any domestic achievements by Richard Nixon, foremost among them will be the National Cancer Act of 1971, or as he called it when he signed it into law, the "War on Cancer."

Members of the Yarborough Commission, whose recommendations led to the legislation – Benno Schmidt, Mary Lasker, former Sen. Ralph Yarborough, Lee Clark, among others – and Sen. Edward Kennedy and Rep. Paul Rogers perhaps deserve as much or more credit than the President. But Nixon did play a significant role in moving the bill through Congress. He first supported the Kennedy measure which would have taken NCI completely out of NIH and made it completely independent of any other agency, responsible only to the President and Congress. Later, when it was obvious this would not make it through the House, Nixon backed the Rogers compromise which established the National Cancer Program essentially as it now operates, with NCI remaining in NIH but with some degree of independence.

From then on, however, Nixon's support of the cancer program was a mixed bag. His Administration tried to kill research training programs. He recommended budget increases for NCI, although not as much as NCI and Congress wanted, but starting in fiscal 1973 it became obvious that the increases for cancer were being made at the expense of other biomedical research. Congress refused to permit that and passed an HEW appropriations bill far exceeding Nixon's request.

This led to a veto of the appropriations bill and subsequent impounding of funds available through the congressional "continuing resolution." The impoundments were ruled illegal by the courts in one of the series of defeats the Administration suffered as it entered the Watergate era.

It was Nixon's commitment to an increased cancer budget for fiscal 1973 that opened the way for the successful overturning of the impoundments. Here's how it happened:

1. The President vetoed the 1973 HEW appropriations bill because it exceeded his budget. Congress failed to override the veto.

2. Since the fiscal year had already started when the veto was made, Congress had to pass a continuing resolution providing for operation of the department until a regular appropriations bill could be passed. The resolution permitted HEW to spend for all programs at either the level of the President's budget or at the fiscal 1972 level, whichever was lower, if neither house of Congress had passed an appropriations bill. The resolution went on to provide that, if either house had passed a bill, spending would be at the level in that bill or the President's budget, whichever was lower. And the resolution finally said that, if both houses had passed bills which had not yet been enacted into law, the budget would be ignored and the lower of the figures in the two bills would prevail.

3. The Administration ignored the secondary provisions of the continuing resolution and applied the rule of the lower figure in the budget or the 1972 level. It claimed that the House and Senate bills were part of the final bill which was vetoed and that the veto in effect had wiped them out.

4. The Nixon 1973 budget had called for less money for all NIH institutes, except Cancer and Heart & Lung, than they had received in 1972. The NCI budget was $425 million, up from $378 million in 1972. Caspar Weinberger, who had just been appointed HEW secretary, said at his confirmation hearing that the Administration was releasing funds at the lower of the 1972-budget levels and specifically said that NCI was being held to the $378 million.

5. However, the Office of Management & Budget had quietly passed the word to NCI that it would get the $425 million and NCI proceeded to make commitments permitted by that figure. Later, when this became known, the Administration announced that NCI and Heart & Lung would get the amounts recommended in the budget, ignoring the 1972 levels.

6. This either was illegal according to the terms of the continuing resolution, or the Administration had to acknowledge that it was going by the higher figures in the House and Senate bills but was impounding the difference.

7. Impounding of health funds, however, was strictly prohibited by law.

The courts eventually ruled that the Administration's actions were illegal and that it had to release funds up to the lower figures of the House and Senate bills.

By this time the Watergate and associated scandals had exploded and the move toward impeachment had started. The illegal impounding of health funds (and other appropriations which were also released by the courts) was suggested as a possible ground for impeachment. The House Judiciary Committee ultimately rejected that in favor of more obvious violations. But the bitter feelings aroused by the impoundments helped to start the erosion of Nixon's support in Congress, an erosion which culminated in decisions by his most ardent backers to vote for impeachment and to which he referred in the only resignation speech ever made by a U.S. President.

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 NCI-CN-55147-03

Title: Implementation of cervical cancer screening program

Deadline: Sept. 30, 1974

NCI's Cancer Control Program (CCP) is planning cervical cancer screening programs through a number of public and private agencies. This procurement is aimed at carrying out cervical cancer screening activities with and through the health departments of the states and territories solely. This program in no way constitutes the full spectrum of CCP activities with cervical cancer; nor should the initiation of this program be interpreted as precluding the submission to CCP of proposals for cervical cancer screening activities by private organizations or by public agencies other than state and territorial health departments. It is expected that multiple awards will be made under this procurement.

Specific objectives of this procurement are:

1. To reduce the incidence of an mortality from invasive cancer of the cervix uteri through cytologic examinations (i.e., "Pap" Papanicolaou tests) among high-risk women.
2. To provide funds for supplementing and expanding ongoing programs for cervical cancer screening, or for the establishment of screening programs in states and territories where there are no such activities now.
3. To encourage health departments to develop screening programs in close coordination with other state and territorial agencies, with federal agencies and with appropriate private organizations.
4. To encourage the use of high quality pathology laboratory procedures by qualified personnel.
5. To develop a system by which women are screened yearly by the Pap test.
6. To encourage screening activities which will assure appropriate medical management for all high risk women with positive or suspicious Pap test results.
7. To identify and employ those factors that optimize the cost-effectiveness of screening programs using the Pap test.
8. To develop, assemble and provide to CCP systematic data on the evaluations of state and territorial cervical cancer screening programs.

The contractor shall design, develop methods and perform activities to expand existing cervical cancer screening programs, or design, develop and implement entirely new activities in cervical cancer screening within six months of contract award. Expansion as used herein refers to an increase in the number of women screened.

Screenings shall be conducted in accordance with protocols and quality control procedures that are developed by the contractor as a part of the proposal submitted in response to the RFP.

Definitive diagnoses are required for all women with positive or suspicious Pap tests. It is mandatory that firm and specific plans be established to assure that women found to have cancer have ready access to quality therapeutic, rehabilitative, follow-up care.

Proposals must be limited to defined target population groups. Proposals generally should not exceed an amount of 15 cents for each female aged 16 and over in the entire state or territory, as determined by the 1970 census. That is, if there is a total of 1 million women over age 16 in the state or territory in question, the funds for that contract should not exceed $150,000 per year. Exceptions to the 15-cent limit will be made on convincing justification that additional financial support is necessary in order to carry out an effective screening program.

Contract Specialist: Donald W. Broome
Cancer Control
301-427-7984

RFP NCI-CN-55156

Title: Planning for cervical cancer screening program

Deadline: Sept. 30, 1974

This procurement is aimed at planning cervical cancer screening activities through the health departments of the states and territories which at present have no cervical cancer screening activities supported by state and territorial governments. The aim is to encourage and assist these particular states and territories in the planning of cervical cancer screening programs. Multiple awards will be made under this procurement.

Specific objectives of this procurement are:

To provide contract funds for planning cervical cancer screening programs which would be operated by the state or territorial health department. The target population (high risk women) shall be screened by the Papanicolaou ("Pap") test.

To assist in the planning of cervical cancer screening programs which: aid in reducing the incidence of and mortality from invasive cancer of the cervix uteri through Pap tests for high risk women, emphasizing women 40 +, particularly in low-income or indigent population elements; promote public and professional appreciation of the value of cervical cancer screening programs; call for close coordination with other state and territorial agencies, with federal agencies and with private organizations; to encourage the use of high quality pathology laboratory procedures by qualified personnel; provide firm and specific arrange-

ments for the retesting of all women with positive or suspicious Pap tests, along with proper diagnostic procedures and quality services in therapy, rehabilitation, and follow-up; identify and employ those factors that optimize the cost-effectiveness of cervical cancer screening programs using the Pap test; develop and utilize systematic data from the evaluation of state and territorial cervical cancer screening programs.

Contract Specialist: Donald W. Broome
Cancer Control
301-427-7984

SOURCES SOUGHT

Responses to these solicitations will be technically evaluated by NCI to determine R&D capabilities and potential sources for solicitation.

RFP NCI-CB-53851-37 (Project No. CB-53851-S)

Title: Suppression of endocrine function by systemic agents as treatment of human breast cancer

Deadline: Sept. 16, 1974

NCI is interested in organizations having the capabilities to carry out clinical studies in systemic drug therapies designed to achieve the same hormonal effects and breast tumor regression as follow ovariectomy, adrenalectomy and hypophysectomy. The program should include studies to elucidate the mechanisms by which these systemic agents produce their hormonal alterations and tumor regressions.

Interested organizations should be able to (1) devise protocols which will involve clinical and laboratory studies and (2) provide follow-up data as to tumor response, toxicity and physiologic effects.

Organizations should be aware that existing NCI funded core laboratories for assaying tumor estrogen receptors and blood prolactin are available and should be incorporated into the study plan where appropriate.

Resumes of experience and capabilities must be no longer than 4 pages and should cover: (1) name, professional experience and capabilities of the investigators; (2) availability of and description of facilities; (3) access to patient study material; and (4) brief summary of the proposed study design, emphasizing the laboratory studies. Forty copies of the resume must be submitted and must reference RFP and project numbers.

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

RFP NCI-CB-53852-37 (Project No. CB-53852-37)

Title: Clinical and laboratory investigations on minimal breast cancers

Deadline: Sept. 16, 1974

NCI is interested in organizations having the capabilities to carry out a research and development program in conducting clinical and laboratory studies for the evaluation of women with minimal breast cancers, described as lesions equal to or less than 0.5 cm in diameter which consist of invasive or of non-invasive carcinoma.

Further capabilities are desired in the development of means to complement the usual histological interpretation of the pathogenicity of such lesions.

Interested organizations should be able to (1) design a protocol to acquire information about the prevalence of minimal breast cancers, the biochemical and antigenic composition of such lesions, and the selection of therapy for these cancers; (2) provide follow-up data as to outcome of therapy, and as to potentially significant laboratory parameters such as biochemical or immunological findings.

Resumes of experience and capabilities must be limited to 4 typewritten pages and should cover (1) name, professional qualifications and experience of investigators available for this project; (2) availability and descriptions of facilities required to perform the studies under consideration; (3) access to patient study material; and (4) a summary of the planned approaches to the study. Forty copies of the resume must be submitted and must reference RFP and project numbers.

Contracting Officer: H. P. Simpson
Biology & Diagnosis
301-469-5565

SOLE SOURCE

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

Title: Embryonic cell lines with variable growth rates

Contractor: Litton Bionetics

Title: Cell biology facilities and tumor immunology

Contractor: Meloy Laboratories, Springfield, Va.

Title: Procurement of human hematopoietic tissue culture cell lines

Contractor: Associated Bionetic Systems, Buffalo.

Title: Evaluation of the antitumor properties of streptovaricin

Contractor: New York State Dept. of Health & Health Research Inc.

The Cancer Newsletter—*Editor* JERRY D. BOYD

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