THE CANCER NEWSLETTER

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CANCER CONTROL SEEKS GRANT APPLICATIONS IN THREE INTERVENTION AREAS AND IN COMMUNITY DEVELOPMENT

The Cancer Control Program's grant-supported activities for the year were outlined in an NCI announcement this week, offering some details on what CCP will look for in grant applications for each of its three intervention areas.

"The grant-supported portion of this national program is intended to provide new concepts for a more effective utilization of existing procedures and for techniques and information on refinement of established procedures and/or techniques for a more vigorous prosecution of cancer control," the announcement said.

Intervention areas are prevention; detection, diagnosis, and pretreatment evaluation; and treatment, rehabilitation and continuing care.

A fourth area to which grant applications may be directed is special community research development.

PREVENTION

Projects considered here will be those designed to make people (health professionals and the public) more responsive to cancer pre-

(Continued to page 2)

In Brief

NCI CONTRACT PLANS SHAPING UP AS RFP "SEASON" APPROACHES; L-B PROFIT TOLD

THE "RFP SEASON", the October-December period when NCI makes available the majority of RFPs it will release for the current fiscal year, is approaching. Although RFPs can be generated throughout the year and turn up regularly through the spring and into the summer, NCI divisions try to get the bulk of their contract proposals in the mill as soon as they can be worked up into the new fiscal year–October and November, for most of them. Nathaniel Berlin cracked the whip on his Biology & Diagnosis Div. this year, pushing his staff members to get their contract plans wrapped up early (see immunology RFPs elsewhere in this issue. . . . **LITTON-BIONETICS** received 81.35% of the award money set aside as the firm's potential profit on operation of Frederick Cancer Research Center for the period from Jan. 1 to June 25–$439,490 out of $540,911 available. The amount available had been adjusted upward from the $468,134 previously reported (*The Cancer Newsletter*, March 1) as additions to the contract were negotiated. L-B had been awarded $460,300 for the first half of the year; the total of $899,790 was based on total spending of $15 million during the year. The current contract calls for an award of $852,423 based on a gross figure now pegged at $12.5 million, but additional construction and renovation probably will shove the total to at least $15 million and as much as $20 million. Michael Hanna's basic research program also will start adding some money to the contract in the second half of this fiscal year.

CONTROL DIVISION SPELLS OUT PRIORITY INVESTIGATOR-INITIATED PROJECTS

(Continued from page 1)

vention efforts. NCI is especially looking for methods and techniques in preventive medicine relative to reducing exposure to carcinogens among industrial and agricultural workers and others at high risk. Problems to be considered include worker attitudes, thinking, concepts, fears, and actions regarding preventive measures.

DETECTION/DIAGNOSIS

NCI hopes to stimulate investigator-initiated work in the biometric design and assessment of screening-detection systems with special emphasis on procedures and techniques for determining cost benefit ratios of various screening and detecting systems.

Other desired projects include studies designed to make people more responsive to detection, diagnosis and pretreatment evaluation procedures and to take advantage of the availability of such procedures; studies designed to develop a better understanding of the factors which inhibit certain physicians and dentists from dealing more appropriately with early detection, diagnosis and pretreatment evaluation; and studies to improve the techniques and procedures for the effective utilization of professional assistants in the detection and diagnosis of cancer.

TREATMENT/REHAB

Investigator-initiated projects in this broad control intervention area should be confined to rehabilitation and continuing care research. The program will support:

—Basic and clinical research on the mechanisms and management of pain in cancer patients.

—Research studies on the psychosocial aspects of cancer emphasizing the patient, his family, social contacts including health professionals.

—Development of new procedures and techniques for counseling cancer patients and families and for assessing the effects of such counseling.

—Research studies on the nutritional and alimentation management of cancer patients, especially those patients not cured of their disease.

—Studies for new approaches to the rehabilitation of patients with head and/or neck cancer, with special emphasis on new prosthetic materials, wound healing after surgery and radiation, and new methods of speech.

—Studies for the development of new physical techniques and procedures to rehabilitate cancer patients with paraplegia, stomas, etc.

—Studies for the development of new concepts and procedures for the continuing care of cancer patients with the disease in varying states of control.

COMMUNITY RESEARCH DEVELOPMENT

Applications here are to be concerned with the development of community outreach programs through NCI's designated comprehensive cancer centers and multi-protocol clinical cooperative groups.

Applications must be received by Nov. 1, 1974, to be reviewed at the March, 1975 meeting of the National Cancer Advisory Board; by Feb. 1, 1975, for the June meeting; and by June 1, 1975, for the November meeting.

Applicants should type "CANCER CONTROL" in the top margin of the first page of PHS Grant Application form NIH 398. Mail it to the Div. of Research Grants, NIH, Bethesda, Md. 20014.

Direct inquiries to Diane Fink, director of the Div. of Cancer Control & Rehabilitation, NCI Blair Bldg., 8300 Colesville Rd., Silver Spring, Md. 20910, phone 301-427-7996.

COMMUNITY CENTER GROUP TO CONSIDER "CLINICAL STANDARDS, MEDICAL AUDIT"

The fledgling Assn. of Community Cancer Centers, which its organizers hope will play a key role in bringing the fruits of the National Cancer Program to cancer patients, has not backed away from controversy in its organizational efforts.

The Association will meet in Denver (Stouffer's Denver Inn) Sept. 20, 10 a.m. to 5 p.m., to adopt by-laws, a statement of the organization's goals and objectives, and a set of guidelines for community cancer centers.

Goals and objectives are the first agenda item, and the members could spend the rest of the day debating Objective 1:

"To promote the development of a defined system of cancer care to include cancer prevention, detection, diagnosis, staging treatment, follow-up, continuing care and rehabilitation in communities through development of clinical standards and medical audit, and the linking of cancer programs to PSRO and demonstration projects."

Assuming members get through that item, adopt the other proposed objectives and the center guidelines and approve the proposed program and service of the association (all within one hour), they will hear Diane Fink, whose NCI Cancer Control Program probably will attempt to stimulate community center development through demonstration projects and other grant and contract supported research. John Yarbro, who heads NCI's centers program, is also scheduled to speak.

Other organizational matters will be taken up at a "working luncheon" followed by a report of working groups. The meeting is scheduled to adjourn at 5 p.m. after a discussion of funding resources.

NAS TO PLAN INTERNATIONAL MEETING ON THREAT OF DNA BIOHAZARDS

The National Academy of Sciences will plan and convene, under contract with NCI, an international meeting of scientists to review the state of the art pertaining to DNA technology and to discuss appropriate methods to deal with potential biohazards of recombinant DNA molecules.

It was an NAS committee, headed by Paul Berg, that called for suspension of experiments in genetic manipulation of microorganisms because of the fear that new and uncontrollable forms might be created (*The Cancer Newsletter,* Aug. 9).

NIH insisted that NCI initiate a program to determine what could or should be done. NCI has handed the ball back to the Academy, although agreeing to pay at least some of the bill.

SOLE SOURCE

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

Title: Design, synthesis and biochemical action of agents affecting plasma membranes
Contractor: Yale Univ.

Title: Provide iso-antigenic and cytogenetic monitoring of mouse tumors and strains.
Contractor: New York State Dept. of Health

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-CB-53869-31

Title: *Quantitative assays of monocyte-macrophage Function*
Deadline: *Dec. 9, 1974*

Tumor immunology research requires an evaluation of the functional activity of the cellular components of the immune system. There are relatively few assays of human monocyte-macrophage function, especially assays that provide quantitative information.

The Tumor Immunology Program of NCI wishes to receive proposals for work to develop new quantitative tests for monocyte-macrophage function, or to develop significant improvements of existing tests. Strong preference will be given to proposals concerning human monocyte-macrophage function, and to tests that are quantitative and simple to perform. Proposals concerning new qualitative assays of human and/or non-human monocyte-macrophage function will also be considered.

New ideas, for which feasibility data do not exist, will be considered for small awards to permit feasibility testing.

The time estimated to complete this project is five years. However, each offeror should use his own best estimate based upon his research design as well as upon the resources and other local conditions available to him.

RFP NCI-CB-53870-31

Title: *Preparation and distribution of rabbit serum complement*
Deadline: *Dec. 10, 1974*

Many of the serologic assays in tumor immunology research require serum as a source of complement, and for a large number of assays rabbit serum has been the preferred complement reagent. Unfortunately, sera from most rabbits are unsatisfactory because the complement titer is too low and/or because the sera are themselves cytotoxic.

The Tumor Immunology Program is seeking proposals from investigators interested in preparing large quantities of rabbit serum of demonstrated usefulness in tumor immunology serology, and in distributing appropriate amounts to investigators as approved by the project officer.

In addition, proposals may include requests for support to develop methods that would significantly improve production of such a complement source (e.g., development of reliable methods for removing nonspecific cytotoxicity from rabbit serum; development of lines of rabbits with inherently low levels of nonspecific serum cytotoxicity). Proposals requesting support for method development must include well-documented evidence of feasibility and preliminary success of the approach.

Preference will be given to proposals that include a plan for converting to a commercially self-sustaining operation.

The time estimated to complete this project is five years. However, each offeror should use his own best estimate based upon his research design as well as upon the resources and other local conditions available to him.

RFP NCI-CB-53871-31

Title: *Effects of cancer treatment on the function of the human immune system*
Deadline: *Dec. 11, 1974*

Clinical immunotherapy of cancer will generally be carried out in combination with surgery and/or radiotherapy. Each of these therapeutic modalities affects the immune system, and the proper integration

of immunotherapy into the treatment of cancer patients requires that there be information concerning these effects.

The Tumor Immunology Program is interested in receiving proposals designed to study the effects of single and/or combined modality cancer treatment on the human immune system. The objectives of studies should be to assess changes in immune function as reflected in in-vivo and in-vitro assays of general immunologic responsiveness and/or specific anti-tumor responsiveness caused by carefully defined types of treatment applied to well-defined and staged malignancies.

Clinical protocols must be provided which cover appropriate details of patient selection, staging, stratification and randomization procedures, patient evaluation, immune evaluation, and treatment schedules, including a treatment flow chart. The protocol must provide for documentation, at regular intervals, of patient status, evidence of toxicity reactions, time to progression of disease and survival time. Investigators should also give plans to document degree of treatment toxicity, frequency and severity of intercurrent infection, and ease of remission reinduction if applicable. In-vivo skin testing with a battery of antigens to evaluate immune status and regular followup with appropriate antigens is required. In-vitro tests of patients' immune capacity are not regarded as necessary for this proposal, but consideration would be given for additional support of such procedures by research groups experienced in their use.

The time estimated to complete this project is five years.

RFP NCI-CB-53872-31

Title: *Immunotherapy: New approaches to immunotherapy*

Deadline: *Dec. 12, 1974*

Immunotherapy is regarded as a promising approach to treatment of cancer, and is currently being investigated in both animals and humans. These studies tend to be limited to the use of a few nonspecific immune stimulants such as BCG and C. parvum, or to a few techniques for manipulation of tumor cells. While considerable work remains to be done with existing approaches, there is also a substantial need for stimulation of creative approaches in the use of the immune system for cancer therapy.

The Tumor Immunology Program wishes to support investigations of novel approaches to immunotherapy in tumor-bearing animals. Those approaches should not rest primarily on agents currently under widespread investigation, such as BCG or neuraminidase-modified tumor cells. In addition, proposed models should be relevant to ultimate employment as immunotherapeutic techniques in man. Preliminary data suggesting the feasibility of a proposed approach will be required.

While the emphasis of this RFP is on animal models, proposals dealing with novel approaches to immunotherapy in man will also be considered, provided substantial supportive data is provided. This could be either from an animal model or from preliminary studies in man.

The time estimated to complete this project is five years.

RFP NCI-CB-53873-31

Title: *Immunotherapy of disseminated human cancers in combination with optimal conventional therapy*

Deadline: *Dec. 12, 1974*

Animal and clinical experimental evidence suggests that the combination of immunotherapy with oncolytic drugs or other treatments which reduce tumor burden may increase the individual's capacity to control a cancer. Controlled clinical trials of immunotherapy in disseminated cancer are already under way but additional studies are desirable, especially in those forms of disseminated cancer that are relatively responsive to chemotherapy or radiotherapy.

The Tumor Immunology Program is soliciting proposals for clinical studies (in cancers other than melanoma) which will combine therapy of known effectiveness with immunotherapeutic agents. In any given approach, optimal cancer treatment must be given to all patients, and a rational strategy for combining the schedule for surgery and/or chemotherapy and/or radiotherapy with immunotherapy must be presented. Immunotherapy must be the sole experimental variable, and patients with widespread cancer in relatively good clinical condition should be selected.

Clinical protocols must be provided which cover appropriate details of patient selection, staging, stratification and randomization procedures, patient evaluation, immune evaluation, and treatment schedules, including a treatment flow chart. The protocol must provide for documentation, at regular intervals, of patient status, evidence of toxicity reactions, time to progression of disease and survival time. Investigators should also give plans to document degree of treatment toxicity, frequency and severity of intercurrent infection, and ease of remission reinduction if applicable. In-vivo skin testing with a battery of antigens to evaluate immune status and regular followup with appropriate antigens is required. In-vitro tests of patients' immune capacity are not regarded as necessary for this proposal, but consideration would be given for additional support of such procedures by research groups experienced in their use.

The time estimated to complete this project is five years.

RFP NCI-CB-53874-31

Title: *Cancer Immunotherapy: Phase I study of effects of immune stimulants on human immune response*

Deadline: *Dec. 13, 1974*

The toxic and immunostimulatory potential of new agents to be used for immunotherapy in man must be quantitatively evaluated in man. The Tumor Immunology Program is soliciting protocols for the systematic evaluation of substances already in use in immunotherapy in man and for new substances of interest as they become available.

These studies would be considered Phase I trials, i.e., they will be aimed at determining the maximally tolerated dose, toxicity, and the effect on the immune response in man of a given agent tested in various doses, schedules and routes of administration. A clinical protocol must 1) be submitted for each tumor and for each therapeutic agent proposed; 2) include a control group of patients; and 3) give complete details of patient staging and assessment, stratification steps, randomization procedures, and evaluable parameters. In addition, the number of patients of any tumor type to be studied and the time expected to achieve scientifically useful results should be specified. Biostatistical analysis of these projections is required.

Immune evaluation must include studies of both humoral and cellular immunity. Assays to be done on treated and control patients could include: quantity and types of lymphocytes; in-vitro response to recall antigens and to mitogens; in-vivo delayed hypersensitivity response to recall antigens; assays for macrophage-monocyte function; immunoglobulin levels; isohemagglutinin levels; and responses to primary and secondary immunizations with defined antigens; and/or other assays considered appropriate by the investigator.

The time estimated to complete this project is five years.

RFP NCI-CB-53875-31

Title: *Immunotherapy for tumor patients with no detectable disease or minimal tumor burden*
Deadline: *Dec. 13, 1974*

Animal and clinical experimental evidence indicate that various forms of immunotherapy may have a beneficial effect, and suitably controlled clinical studies are needed. On the other hand, immunotherapy is most likely to benefit patients with minimal tumor burdens, whose general health has not been compromised.

The Tumor Immunology Program plans to support further studies of the effects of immunotherapy on the results of primary treatment regimens employing surgery, radiation therapy or chemotherapy, singly or in combination, in patients with solid tumors other than melanoma. Patients who have no evidence of disease or minimal residual tumor after primary therapy but whose expected relapse rate is 50% or more within 24 months are candidates for these studies. Examples of apprpriate patient groups are those with locally advanced carcinomas of the breast, larynx and other head and neck sites, lung, colon and rectum that are amenable to eradication by surgery or radiation therapy, but with a stage of disease such that the known relapse rate is as specified above.

It is required that any surgery and/or radiotherapy and/or chemotherapy will be the best available treatment for the tumor type selected, and that immunotherapy will be the sole or major experimental variable. Proposals should be limited to study of no more than two tumor types and no more than one approach to immunotherapy.

Clinical protocols must be provided which cover appropriate details of patient selection, staging, stratification and randomization procedures, patient evaluation, immune evaluation and treatment schedules, including a treatment flow chart. The protocol must provide for documentation, at regular intervals, of patient status, evidence of toxicity reactions, time to progression of disease and survival time. Investigators should also give plans to document degree of treatment toxicity, frequency and severity of intercurrent infection, and ease of remission reinduction if applicable. In-vivo skin testing with a battery of antigens to evaluate immune status and regular followup with appropriate antigens is required. In-vitro tests of patients' immune capacity are not regarded as necessary for this proposal, but consideration would be given for additional support of such procedures by research groups experienced in their use.

The time estimated to complete this project is five years.

RFP NCI-CB-53877-31

Title: *Human tumor-associated antigens and corresponding antibodies*
Deadline: *Jan. 3, 1975*

One of the consequences of transformation of normal cells into malignant cells seems to be the development of new cell surface antigens. In some cases the immune response to the tumor leads to the production of circulating antibody to these antigens. More information about these antigens and antibodies could be useful in the development of diagnostic tests and therapeutic approaches for cancer. The Tumor Immunology Program (Immunobiology), therefore, wishes to support studies related to:

1. Identification of human tumor-associated antigens where circulating antibody to the antigen can be detected in tumor bearing patients;
2. Surveys of prevalence of such antibodies in patients with that cancer, in their relatives and in the general population;
3. Investigations of the nature and origin of the antigen.

Proposals dealing with one or more of the above topics will be entertained and multiple awards are envisioned if funds are available.

The time estimated to complete this project is three years. However, as with all immunology RFPs

listed here, each offeror should use his own best estimate based upon his research design as well as upon the resources and other local conditions available to him.

Contract Specialist (for the immunology RFPs shown here): Robert S. Townsend
Biology & Diagnosis
301-496-5565

RFP NCI-VO-5351367

Title: *Organic synthesis of radioactive DNA oligonucleotides*

Deadline: *Oct. 25, 1974*

NCI is interested in contracting with a laboratory possessing the necessary equipment and facilities, knowledge and background in organic chemistry.

Contracting Officer:
Cause & Prevention
301-496-6496

SOURCES SOUGHT

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

RFP NCI-CN-55158-05

Title: *Research and development sources sought history of cancer control*

Deadline: *Sept. 24, 1974*

NCI is interested in organizations with capabilities to develop an objective, data-based and reasonably concise history of United States cancer control activities between the years 1945 and 1971, with structuring and indexing so arranged as to facilitate the use of the final documentation by planners, programmers and administrators of the Div. of Cancer Control & Rehabilitation. It is expected that a single contract will include the following tasks:

–The design and presentation of a plan for the history and an outline of the final documentation, for approval by DCCR, together with a plan as to how the history will be structured, indexed and cross-referenced to facilitate use.

–Reviews of the appropriate cancer and cancer control literature back to 1945 (in the U.S. only), and preparation of an annotated bibliography.

–Identification of between 50 and 100 past and present U.S. leaders of cancer control activities (NCI, old Bureau of Medical Services, RMPs, etc.), and between 10 and 20 prominent federal and state public health programs (federal program directors, deans of schools of public health with backgrounds in cancer control, etc.).

–Extensive interviews with persons indicated above.

–The history should include where possible the identification of those major federal/state/private cancer control programs, projects and activities which were carefully evaluated in quantifiable terms, along with the bases for evaluation (including appropriate epidemiological data) and the evaluation findings.

–The bases, other than quantification, on which particular activities were adjudged "successful" or "unsuccessful."

–The major changes in federal legislation with respect specifically to cancer control, reflecting the vicissitudinous attitudes of the Congress and the Administration between 1945 and 1971.

–Major social, economic and political conditions at federal and state levels between 1945 and 1971 which can be identified as having had a significant beneficial or detrimental effect on cancer control.

–Major health and medical developments between 1945 and 1971 which can be identified as having had a significant impact on cancer control (scientific advances, Surgeon General's report on smoking, etc.).

Responses should include concise evidence which demonstrates that the offeror has expertise in public health, historiographical technique, medical bibliography, scientific documentation; legislative research; assessments of sociological and economic factors as they impact on public health, assessments and uses of cancer epidemiological data; federal, state and private cancer control program analysis. Also responses should include concise evidence of avilable personnel, organizational experience, and facilities, including necessary data management capability. Irrelevant material asserting comprehensive experience or generalities of capabilities are not appropriate. Sales materials, brochures, or other like descriptions should not be submitted.

Response should be limited to a total of 15 pages. This synopsis is not a request for proposal. Only those sources considered to be fully qualified for this project will be invited to submit proposals.

Eight copies of the statement of qualifications should be submitted to Contracting Officer, NCI, Blair Building, Room 7A07, Bethesda, Md. 20014.

Contracting Officer: Hugh E. Mahanes Jr.
Cancer Control
301-427-7984

CONTRACT AWARDS

Title: Operation of genetic production center for rodents in germ free and bio-containment environments

Contractor: Univ. of Kansas, $307,649

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