

THE

CANCER NEWSLETTER

1411 ALDENHAM LANE RESTON, VIRGINIA TELEPHONE 703-471-9695

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FOX CHASE-PENN PROGRAM WINS COMPREHENSIVE DESIGNATION; OMB TRIES TO LIMIT NUMBER TO 21

The 17th cancer center to be designated as "comprehensive" by NCI is the joint program being developed by Fox Chase and the Univ. of Pennsylvania in Philadelphia. NCI Director Frank Rauscher made the announcement Tuesday at the meeting of the National Cancer Advisory Board.

Rauscher also told the board Monday that the Office of Management & Budget--the White House fiscal agency--is still trying to dictate the total number of comprehensive centers that eventually will be developed, now trying to hold the number to 20 or 21.

When the National Cancer Act was up for renewal by Congress earlier this year, the Nixon Administration lobbied to keep the limit at 18, as spelled out in the original 1971 Act. NCAB, the President's Cancer Panel, American Cancer Society and nearly every other health group that spoke out on the bill were unanimous in asking for removal of the
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In Brief

SABIN LEAVES FREDERICK FOR SO. CAROLINA; GEORGIA WORRIED OVER MISSING OUT ON COMPREHENSIVE CENTER

ALBERT SABIN, who has been working at the Frederick Cancer Research Center as a consultant to NCI, will join the Medical Univ. of South Carolina Nov. 1. He will help plan research development, with emphasis on cancer. Sabin, who earlier had announced that his team at Frederick appeared to have isolated a human cancer virus, retracted that statement when the findings could not be substantiated. . . . **IMMUNOTHERAPY** will be the subject of a minisymposium at the April, 1975, meeting of the Cancer Clinical Investigation Review Committee. Leading immunologists will be asked to discuss techniques they are using. . . . **GEORGIA HEALTH** officials and politicians, worried that the designation of comprehensive cancer centers in surrounding states will leave their state without one, recently journeyed en masse to Roswell Park to find out what it takes to get a comprehensive center. Roswell Park director Gerald Murphy and his staff explained their program, emphasizing their cancer control efforts. Charles M. Huguley of Emory Univ. has an exploratory grant from NCI to plan a multidisciplinary cancer center program and is attempting to put together a statewide network of institutions and hospitals. Here's a tip for the Georgians and anyone else thinking about building a cancer center: don't count on NCI for all the money you will need, or even for a major share. NCI grants and contracts can play an important role in a center program, but only after state and/or local financing has been assured for most of the construction and operation costs. . . . **NATHANIEL BERLIN**, director of the Div. of Biology & Diagnosis, confirmed that he soon may leave NCI. He is talking with Northwestern Univ. about heading up its cancer center.

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SAME OLD CROWD STILL RUNS OMB, TRIES TO IGNORE LAW, LIMIT COMP CENTERS

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limit. The issue was not even debated when Congress overwhelmingly approved the new bill.

Rauscher was careful to say Monday that his discussions with OMB on the 1976 budget were "going reasonably well," which probably means they weren't slashing his money requests as much as they have in the past. But the fact that the Ford Administration is attempting to stay with a discredited Nixon policy in opposition to a clear congressional mandate indicates that the same old crowd is still in charge at OMB. They didn't learn much from the destruction of the Nixon presidency and probably won't until Ford sacks OMB Director Roy Ash.

It is highly probable that the President is not aware that OMB is ignoring the law. The National Cancer Act gives Rauscher the power to support as many comprehensive cancer centers as he decides are needed to build a "nationwide network of institutions whose purposes are to conduct a broad range of cancer research and to develop and demonstrate the best method of cancer prevention, diagnosis, treatment and rehabilitation."

Rauscher, his staff, and his various advisors including NCAB, the Panel and others, have determined this eventually will be about 30. The Act does not award veto power over that decision to the clerks, accountants or former industrialists at OMB—nor to the President, for that matter.

Rauscher revealed that OMB also wants him to limit construction awards to renovations, again ignoring clear language in the law that permits NCI to support new construction as needed.

Panel Chairman Benno Schmidt recognized Rauscher's dilemma. "At the same time OMB is telling him that, the Senate is saying exactly the opposite. The Senate Appropriations Committee report orders him to report back in four months on how he is doing on following its instructions."

Limiting the number of comprehensive centers to 20 or 21 is a political impossibility even if it were desirable, which it is not (NCI's goal is to put a center within a half-day's drive of the greatest number of Americans). Geographic distribution and population density must be considered.

The new center in Philadelphia takes in a major population center. But it still leaves vast areas unserved: the area between Philadelphia and Chicago; from Washington-Baltimore to Denver; from Birmingham, Alabama, to Houston; from Los Angeles to Seattle; and Hawaii and Puerto Rico, both of which have been told they may get comprehensive centers.

For one reason or another, three other Philadelphia institutions which have extensive cancer programs were not included in the new comprehensive center—

Hahnemann Medical College, Thomas Jefferson Univ. and Temple Univ. In similar situations, NCI has encouraged the major institutions to join in one center. Rauscher said the three "are seeking to draw together their cancer research and out-reach activities to develop an integrated program," and he held out the possibility they, too, could get comprehensive status.

The Fox Chase Center is directed by Timothy Talbot, and the Univ. of Pennsylvania program is headed by Peter Nowell. Fox Chase consists of two contiguous institutions—the Institute for Cancer Research and the American Oncologic Hospital. Fox Chase currently is receiving \$5,627,225 in support of a variety of basic and clinical research activities from NCI. Penn and its affiliates get \$5,012,011 from NCI.

Hahnemann-Jefferson-Temple receive a total of \$6,599,588 from NCI.

The Institute of Cancer Research has long had special strengths in etiology of cancer and immunology. Penn has substantial research efforts in immunology and viral carcinogenesis. Children's Hospital, affiliated with Penn, has a major childhood cancer program.

The Hahnemann-Jefferson-Temple planning effort includes radiation oncology programs at the first two and research focused on skin cancer, cancer biology and etiology at Temple.

Rauscher said that "Philadelphia is a major medical and population hub. The comprehensive center formed by the affiliation of Fox Chase and Penn therefore marks an important milestone in expanding and intensifying cancer research and the delivery of cancer research advanced to the people of this country."

BUDGET MEMO: House and Senate conferees still had not reported by press time. Rauscher told the Board that President Ford had asked conferees to trim another \$1 billion from the bill. There was speculation that Congress would not attempt to complete action on the bill until after the election recess in order to prevent the President from trying to get away with a pocket veto. Nixon tried that during a short recess four years ago, and Sen. Edward Kennedy took him to court and won. The court ruled the pocket veto (in which Congress has no opportunity to override because it is not in session when the 10 days the President has to act on a bill expires) was intended for use only when Congress had adjourned at the end of a session.

HIGH RISK WORKSHOP PLANNED TO PRODUCE MONOGRAPH ON CURRENT KNOWLEDGE

A workshop on "Persons at High Risk of Cancer: An Approach to Cancer Etiology and Control" is scheduled Dec. 10-12 in Key Biscayne, Fla. The workshop is sponsored by NCI's Cancer Control and Cause

& Prevention divisions and the American Cancer Society.

The workshop is designed to produce a monograph or reference handbook which will summarize the state of current knowledge of populations at high risk. "This handbook will contain a significant review of each of the high risk groups and present an approach and recommendations for cancer etiology and cancer control activities," NCI said.

Sessions, topics and discussion leaders:

Host factors, Rulon Rawson, M.D. Anderson, chairman—genetic & congenital defects, John Mulvihill, NCI; familial susceptibility, David Anderson, M.D. Anderson; immunologic deficiency, John Kersey, Univ. of Minnesota; acquired disorders, A.C. Templeton, Univ. of Minnesota; precancerous lesions, Leopold Koss, Einstein; multiple primary neoplasms, Bruce Schoenberg, Mayo; overview of host factors, Robert Miller, NCI.

Environmental factors, Guy Newell, NCI, chairman—tobacco, E. Cuyler Hammond, ACS; alcohol, Kenneth Rothman, Harvard; radiation, Seymour Jablon, National Research Council; occupation, Philip Cole, Harvard; drugs, Robert Hoover, NCI; diet, John Berg, Iowa College of Medicine; air pollution, Malcolm Pike, Univ. of Southern California; viruses & other microbes, Clark Health, Center for Disease Control; sexual factors & pregnancy, Brian Henderson, Univ. of Southern California; overview of environmental factors, Brian MacMahon, Harvard.

Demographic leads to high-risk groups, Gregory O'Connor, NCI, chairman—high risk populations international variation, C.S. Muir, International Agency for Research on Cancer; U.S. cancer incidence demographic patterns, Sidney Cutler, NCI; U.S. cancer mortality geographic and socioeconomic patterns, Robert Hoover, NCI; ethnic and migrant groups, William Haenzel, NCI; overview, J.N.P. Davies, Albany Medical College.

Implications of high risk groups, Danial Miller, Preventive Medicine Institute, chairman—cancer etiology and prevention, John Higginson, International Agency for Research on Cancer; cancer detection programs, David Schottenfeld, Memorial Hospital for Cancer & Allied Diseases; public education, John Wakefield, Univ. Hospital of South Manchester, England; overview, Michael Shimkin, Univ. of California at San Diego.

CANCER CONTROL SURVEY "A FLOP," ADVISORY COMMITTEE MEMBERS SAY

The survey of U.S. cancer control activities for which NCI paid \$210,000 to the firm of Messer Associates was called a "flop . . . misleading . . . worthless . . . garbage," among other things, by the Cancer Control Advisory Committee when the long-awaited analysis of the report was presented to it by NCI staff.

The major criticism of the survey, or at least of the

analysis of the information it turned up, was that it compared state and local activities in numbers of activities with money spent by NCI. Committee members agreed the comparisons were "inappropriate" and "irrelevant."

"I'd like to see this contract terminated," said committee member Michael Shimkin. "If we add more to this, it will just create more misinformation. The problem was that it was an impossible assignment. . . I'm not criticizing the people who did the survey. They had an impossible assignment."

Committee member Margaret Sloan agreed. "There was no good way to obtain the kind of information we were seeking. But if we develop a plan for a continuing data collection system, it could be worthwhile."

"It was obvious that they couldn't get the kind of information NCI expected," committee member George Rosemond commented. "I have never seen a survey that wasn't disappointing."

The Messer contract was terminated last June, Cancer Control Director Diane Fink said.

Further delineation of high-risk groups, James Peters, NCI, chairman—sources, resources & tsois, Marvin Schneiderman, NCI; multiple risk factors, Irving Selikoff, Mount Sinai; interdisciplinary and experimental approaches, metabolic epidemiology, Ernst Wynder, American Health Foundation; overview, Alfred Knudson, Univ. of Texas.

Recommendations for future work, Philippe Shubik, Eppley Institute, chairman—reports by committees on recommendations, cancer control, Lester Breslow, UCLA; cancer etiology, A.B. Miller, National Cancer Institute of Canada.

RFP NCI-CN-55185-04

Title: *Oncology nursing programs in community hospitals*

Deadline: *Probably mid-November*

The Cancer Control Program is soliciting proposals from community hospitals for the development and implementation of comprehensive cancer education programs for nursing personnel. The purpose is to upgrade nursing services in communities with respect to specialized techniques and practices used in the care of patients with cancer. Offerors must have the necessary facilities and teaching staff, as well as accessibility to prospective trainees.

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

RFP NCI-CN-55186-04

Title: *Oncology nursing programs in medical center hospitals and cancer hospitals*

Deadline: *Probably mid-November*

The Cancer Control Program is soliciting proposals for the development and implementation of comprehensive programs to upgrade and supplement the edu-

cation of nurses with respect to specialized techniques and practices used in the care of patients with cancer.

Offerors must have the necessary clinical facilities, patient loads, and qualified teaching staff to provide the most appropriate clinical experiences in the latest and best nursing care for patients with a wide variety of cancers in various stages. Subsequent improvements in the quality of cancer patient care as a result of the learning experiences must be demonstrated.

This procurement is directed toward medical center hospitals and cancer hospitals only.

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

RFP NCI-CN-55178-06

Title: *Survey of biopsied women in the breast cancer demonstration projects*

Deadline: *Probably early November*

The Div. of Cancer Control & Rehabilitation is soliciting proposals for a program to administer a Comprehensive Patient History (CPH) to women in 27 geographical locations across the United States over a period of six years in a study of breast cancer detection. The program will cover approximately 12,000 women, about 4,000 of whom will have been positively diagnosed as having breast cancer.

The contractor will be responsible for conducting and analyzing a pretest of the CPH and conducting interviews using the CPH, of all 12,000 women in the study. Offerors will be evaluated on experience and expertise of the personnel proposed; comprehension and understanding of the requirements; method of approval and commitment; past experience with national health surveys; resources and organization.

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

RFP NCI-CN-55179

Title: *Mammography training for the early detection of breast cancer*

Deadline: *Probably early November*

The Cancer Control Program is soliciting proposals for an effort to expand the capability of health professionals in performing breast cancer screening examinations utilizing the techniques of mammography, thermography and clinical examination of the breast.

Proposals under this program must demonstrate ability to:

—Initiate and/or develop new or expanded educational programs for the training of physicians and other health professionals in performing breast cancer screening examinations.

—Develop course plans or curricula using educational methods and instructional media consistent with the backgrounds and experience of the proposed trainees in each type of course or other educational activity.

—Develop a recruitment plan which will attract adequate members of appropriately qualified and motivated trainees.

—Identify, select or recruit staff to conduct the program.

—Develop an evaluation design for the overall program and for each proposed course.

It is anticipated that multiple awards may be made under this RFP.

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

CONTRACT AWARDS

Title: Conduct immunopathologic study of leukemia

Contractor: Scripps Clinic & Research Foundation, La Jolla, Calif., \$85,892

Title: Conduct investigations of suspected oncogenic viruses in non-human primates

Contractor: Litton Bionetics, \$304,900

Title: Induction, biological markers, and therapy of tumors in primates

Contractor: Hazleton Laboratories, \$26,785

Title: Oncology nursing programs in community hospitals

Contractor: Hillcrest Medical Center, Tulsa, \$270,725

Title: Breast cancer detection demonstration project

Contractor: St. Joseph Hospital, Houston, \$185,000

SOLE SOURCE

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

Title: Resource for preparation and examination of experimental biological material for histological and ultrastructural study

Contractor: Litton Bionetics

Title: Provide iso-antigenic and cytogenetic monitoring of mouse tumors and strains

Contractor: New York State Dept. of Health

Title: Breast cancer detection demonstration project

Contractors: Pacific Health Research Institute, Honolulu; Wilmington Medical Center, Wilmington, Dela., and Albert Einstein Medical Center, Philadelphia.

The Cancer Newsletter—Editor JERRY D. BOYD

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