THE CANCER NEWSLETTER

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OMB'S REFUSAL TO RELEASE CONSTRUCTION FUNDS WILL COST COLUMBIA $1 MILLION, DELAY OTHER PROGRAMS

Futile, stubborn adherence by the Office of Management & Budget to the discredited Nixon Administration policy of opposing federal support for health facilities construction threatens to increase the cost of Columbia University's new cancer research center by $1 million.

The National Cancer Advisory Board approved at its October meeting a construction grant of nearly $6 million for Columbia, along with more than $10 million in other construction awards. But OMB is continuing its refusal to fund new construction, contending that the federal role should be limited to renovations and alterations.

Columbia has a commitment from a contractor for construction of the facility which expires Nov. 15. The contractor insists that if he can't proceed by that date, the contract will be renegotiated to account for inflationary factors, and the cost probably will go up by at least $1 million.

OMB's foot-dragging is futile because the authority by which it is refusing to release the funds will end as soon as Congress completes action on the HEW appropriations bill. The agency is using a technical-

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In Brief

NCI SENT 82 STAFF MEMBERS TO FLORENCE, 75 OF WHOM WERE SUPPORTED BY ACS-NAS POOL

U.S. DELEGATION to the International Cancer Congress in Florence totalled 360. Expenses for most were paid out of a pool supported by the American Cancer Society and National Academy of Sciences. NCI sent 82 staff members, 75 of whom were supported by the ACS-NAS pool. More than 1,300 applications were considered. . . . **BUDGET DEAL** similar to that struck by Congress, Nixon Administration on 1974 appropriations is in the works for FY 1975. This would give the President authority to trim any program up to 5%--but not more than that. With NCI's funding expected to be about $691 million, a 5% cut would put the final figure close to the amount voted by the House, $661 million. . . . **MAINLAND CHINA** is anxious to receive a delegation from NCI, Gregory O'Conor, associate director for international affairs, reported from Florence. The Chinese are studying herpes virus as the primary etiological factor in esophagus, cervix and nasopharyngeal cancers and are working on vaccine development . . . . **PROGRAM GRANTS**, the new funding mechanism being developed by NCI, will be known as "cancer research emphasis grants". . . . **CYCLAMATE** safety hearing by FDA is scheduled for Nov. 13, 9:30 a.m., in Washington. FDA asked Abbott Laboratories to withdraw its food additive petition for cyclamates pending further studies. Abbott objected, claimed "overwhelming" evidence from hundreds of scientific studies has already proven it poses no carcinogenic threat. . . .

OMB BALKS NEW CONSTRUCTION, PREVENTS ORDERLY CANCER PROGRAM DEVELOPMENT

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ity to get around the law, clearly violating the intent of Congress in doing so.

The National Cancer Act amendments of 1974 specifically authorize the NCI director to award grants for new construction as well as for alterations and renovations. Director Frank Rauscher, in his 1975 budget request submitted to the White House, included funds for new construction at cancer centers, as well as for alterations and renovations. OMB removed "new construction" from the language of the request before it was submitted to Congress.

NCI presently is operating on the "continuing resolution" by which Congress provides temporary funds until a regular HEW appropriations bill is passed. This resolution limits funding to the President's proposed budget which, without the specific request for new construction, permits OMB to deny release of such funds.

The House and Senate have passed appropriations bills and were attempting to resolve their differences in conference when Congress left for the election recess. Both bills restored the "new construction" language to the budget. When the appropriations bill becomes law, OMB will have no choice but to release new construction funds, or face another lawsuit for illegally impounding them.

In addition to the Columbia grant, OMB also is holding up the $8 million award to Albert Einstein College of Medicine in New York City. Einstein is not under a contractor's imminent deadline, as is Columbia, but a delay of several months which is possible could erode the purchasing power of the $8 million.

The board also approved a construction award of $1.5 million to Yale to complete the commitment made last June. The original award was made with fiscal 1974 money and released by OMB, which probably will honor that commitment and release the new funds.

Eight other construction grants were approved by NCAB at the October meeting, most of them for smaller projects in the $100,000-$200,000 range. Nearly all of them are for new construction, although a few could be interpreted as renovation if OMB chose to do so.

(HEW forbids its agencies to announce construction grant awards until money has been released and the Congressmen representing the areas involved are informed and can make the announcement. This case is a Catch-22 situation, since without the release of the money Congressmen have not been informed. *The Cancer Newsletter* learned the identity of the major grantees from other sources.)

Two other major construction grant applications will be presented to the Board Nov. 19--the UCLA cancer center, for $5-6 million, and the Sidney Farber Comprehensive Cancer Center in Boston, for $4.7 million. Unless the situation is resolved by then, they also may not get their money until the appropriations bill is passed.

An example of how OMB's obstinence threatens the orderly development of the cancer program is seen in this situation with one prospective grantee:

-The institution has obtained property ideally situated for its clinical cancer center, located near its basic research facilities. The plan is for the cancer center to occupy the first five floors, with nurse training facilities in the upper levels.

-The institution has an urgent need for the nurse training space, and unless it obtains its cancer center money very soon, it will proceed with construction of the nurse facility on the site, leaving out the cancer center.

-No other property is available in the vicinity, which means that when the cancer center finally is built, it will be located several miles away, permanently and unnecessarily impeding the cancer program at the institution.

COMMITTEE DRAFTS CIGARETTE REGULATION PLAN BASED ON EPIDEMIOLOGICAL STUDIES

If President Ford expected to get from the National Cancer Advisory Board "an assessment of the extent to which there exists a scientific basis for the responsible regulation of cigarettes" that will neutralize opposition from tobacco-state congressmen and the tobacco lobby, he will be disappointed.

NCAB Chairman Jonathan Rhoads convened a special subcommittee last week to draft a proposal for the Board's consideration at its Nov. 18-20 meeting. The subcommittee came up with a draft which relies on epidemiological studies for the scientific basis requested by the President.

Tobacco industry scientists have scoffed at epidemiological studies as a basis for pinning the blame on cigarettes for lung cancer and other diseases. They also downgrade skin painting tests which have shown that cigarette tars and nicotine can cause cancer in mice. The industry claims there have been no scientific studies which prove that any component of cigarettes is carcinogenic in man.

Most NCI scientists and all the members of Rhoads' subcommittee feel the epidemiological studies offer sufficient evidence of the health hazards of cigarettes. They feel it is all the evidence the President needs on which to base a legislative proposal that will award regulatory power over tar and nicotine content of cigarettes to some government agency.

The draft that will be presented to the board reads:

"Whereas:

"1. A dose response relationship between amount of cigarettes smoked and morbidity and mortality for cancer of the lung, of the larynx, of the pharynx,

of the esophagus, of the bladder, for respiratory and cardiovascular diseases (and other forms of disease) has been established beyond doubt by numerous epidemiological studies in man.

"2. Epidemiological studies have indicated that risk of developing smoking-associated diseases decreases after smoke cessation.

"3. The tar and nicotine levels of commercial cigarettes have decreased approximately 40% in the last 20 years; this resulted in a slight increase of cigarette consumption, far below the levels required for a 100% compensation, and in an overall net reduction of tar and nicotine intake in smokers.

"4. The pathogenic components of smoke are found both in the condensate and in the gas phase. From available toxicological evidence and quantitative analysis, the major pathogenic components of smoke are: condensate (tar) without nicotine, nicotine, carbon monoxide, hydrogen cyanide, nitrogen oxides.

"5. The sales-weighted approximate average cigarette yield of commercial cigarettes manufactured and marketed in the United States during 1973 was 19.2 milligrams for tar and 1.3 milligrams for nicotine.

"Therefore:

"The NCAB recommends legislative and/or regulatory action by the federal government as follows:

"1. A government agency be empowered to set maximum cigarette levels of tar and nicotine that are progressively lower than the 1973 averages of 19.2 milligrams and 1.3 milligrams respectively. It is emphasized that the reduction of tar and nicotine levels should be accomplished gradually, to avoid the possibility of a compensatory increase in cigarettes consumed. Regulatory action should also insure the availability of commercial brands offering a range of tar and nicotine contents, down to extremely low values.

"2. Because smoking has a severe impact on cardiovascular disease and respiratory disease, the government agency empowered to regulate maximum emission of noxious cigarette components should get appropriate scientific input and advice from the National Heart & Lung Institute to determine which other smoke components besides tar and nicotine should be limited in cigarettes.

"3. All efforts should be made to educate and search and preventive action dealing with other factors associated with smoking as health hazards—occupational dangers, environmental pollution, diet and genetic determinants of individual susceptibility.

L-PAM WHEN NODES NEGATIVE? BERLIN SAYS HE WOULD USE IT, DeVITA SAYS NOT NOW

Benno Schmidt, chairman of the President's Cancer Panel, initiated the following discussion at the Panel's meeting last week, the subject of which was the effect of the Breast Cancer Task Force report. Responding to Schmidt's questions were Panel member Lee Clark, president of the Univ. of Texas System Cancer Center; Nathaniel Berlin, chairman of the task force and director of the Div. of Cancer Biology & Diagnosis; and Vincent DeVita, director of the Div. of Cancer Treatment.

SCHMIDT (to Clark): How much inbred resistence is there by surgeons to accept any kind of combination treatment or adjuvant therapy, based on the feeling that they don't want to do anything but surgery?

CLARK: That's an interesting question. Most surgeons want to do what is best for the patient. It took so long to get surgery accepted as the treatment for breast cancer. It's now ingrained in their training and experience. Also, they have had the very strong feeling that you cannot deny patients the accepted treatment. That attitude is changing, and they now accept the idea of clinical trials, particularly for an area where they are not curing more than one in three patients. Radiotherapy is now accepted by surgeons, and the quality of it is getting better. But chemotherapy has yet to be proven except for temporary improvement. . . . The task force report and the national interest right now in breast cancer has resulted in all 27 of the breast cancer screening centers (the joint NCI-ACS program) being flooded, with long waiting lists.

SCHMIDT: What do we know about the side effects of L-PAM?

BERLIN: We have found a few instances where there is a small decline in the white cell count. It is not statistically significant. The potential gain seems well worth the risk. From one-half to three-fourths of breast cancer patients, at the time they present themselves to physicians, have metastatic disease, most of

SCHMIDT: In your own personal view, if you were personally involved--if your daughter had breast cancer surgery and the nodes were positive, would you recommend L-PAM to her physician?

SCHMIDT: What if no positive nodes were found?

BERLIN: I probably would recommend L-PAM. We're really not yet ready for that, and what you are asking is out of the context of the research data. Even women with negative nodes, in one of three or one of four cases, develop metastatic disease. Personally, I would use the systemic treatment, recognizing that three of four times it may not be necessary. The task force should begin a study of this. We should design a careful study, to include variables such as age, size of tumor.

CLARK: In two years, we may have a better drug, and we may know more about immunology.

DeVITA: I would not use L-PAM for patients with negative nodes at present. Nor would I be willing to design such a study. We have no data. There are two different pieces of information coming from the studies so far--examining the value of different surgical procedures, and drug treatment. There are only 37 patients (in the drug study). The data is very good, and I'm excited about it. But I would prefer to look at 200 patients. There are so many variables. I would put my daughter in the hands of a physician I trusted and walk away from it.

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-CO-55193-04

Title: *Technical support services*
Deadline: *Dec. 23, 1974*

NCI is requesting proposals for a technical support services contract for the International Cancer Research Data Bank (ICRDB) Program. This project involves multi-faceted tasks in support of ICRDB, monitoring services and products, preparing documents and presentations, evaluating, promoting, and assisting in various operational aspects of the program.

The organization selected must be prepared to enage in a wide array of technical biomedical information activities in order to carry out the objectives of the program in promoting and facilitating the exchange of cancer-related information on a world-wide basis. The organization must exhibit capabilities for but not limited to: Technical information system monitoring and evaluation, controlling the quality of ICRDB services and products; preparing and assisting in questionnaire development and user surveys; preparing professional briefings, handling exhibits and technical meetings/seminars, conducting site visits, collecting information on technical activities in the cancer field, promoting ICRDB products and services, developing methodologies for responding to requests for various types of information; and other activities as needed by the program.

Contracting Officer: Hugh E. Mahanes Jr.
Office of Director
Research Contracts Branch
Bldg 31 Rm 10A24
NCI, Bethesda, Md. 20014

Response deadlines have been established for RFPs previously announced. These include:

RFP NCI-CM-53774-15 (Published in The Cancer Newsletter, Oct. 4)
Title: *Administrative and technical support services*
Deadline: *Nov. 27, 1974*

RFP NCI-CB-53888-31 (Published in The Cancer Newsletter Oct. 4)
Title: *Systems analysis and information services resources for the international registry of tumor immunotherapy*
Deadline: *Nov. 15, 1974 (changed from Nov. 1)*

RFP NCI-CN-55186-07 (Published in The Cancer Newsletter Oct. 11)
Title: *Oncology nursing programs in medical centers and cancer hospitals*
Deadline: *Dec. 27, 1974*

RFP NCI-CN-55180-04 (Published in The Cancer Newsletter Oct. 4)
Title: *Prototype comprehensive cancer control projects for head and neck cancer*
Deadline: *Dec. 30, 1974*

RFP NCI-CN-55185-07 (Published in The Cancer Newsletter Oct. 11)
Title: *Oncology nursing programs in community hospitals*
Deadline: *Dec. 27, 1974*

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