

THE

CANCER NEWSLETTER

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NEW CANCER CONTROL PROJECTS AIMED AT UPGRADING CARE AT COMMUNITY LEVEL; 56 CONTRACTS ANTICIPATED

Fourteen new projects, including some that will deeply involve NCI in the question of the quality of care, have been proposed by the Treatment, Rehabilitation & Continuing Care Branch of the Div. of Cancer Control & Rehabilitation for funding in fiscal 1975. The new projects could result in as many as 56 contracts. RFPs have been released on only three, with the biggest--and perhaps most controversial--yet to come.

At least three of the projects are aimed at upgrading diagnosis and treatment offered by the community physicians and family practitioners. Another is directed to the assessment of the quality of care available in pediatric oncology. Others are designed to encourage development of programs to treat cancer patients in their homes.

These projects will be welcomed by many physicians who recognize that clinical oncology frequently has not kept pace with research findings and development of improved therapeutic techniques. There are others, however, who fear any government moves toward clinical

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In Brief

COMMUNITY ASSN. DEVELOPING CLINICAL STANDARDS CATALOGUE; PERRY LEAVES NCI FOR NIH POSITION

CLINICAL STANDARDS catalogue for cancer treatment at the community level will be developed by the Assn. of Community Cancer Centers. The organization also is working on finding ways to get the latest information on clinical cancer care to community physicians. ACCC has named Lee Mortenson, former AMA regional director, executive secretary. Mortenson is with the management firm, CDP Associates. . . .

SEYMOUR PERRY, former deputy director of the NCI Div. of Cancer Treatment and acting director after Gordon Zubrod retired, has left NCI after 14 years. He's now a special assistant to NIH Director Robert Stone and will be working with the new Biomedical Research Panel. . . .

CLEARINGHOUSE for Smoking & Health, the HEW agency that handled the government's only smoking education efforts, has just about been put out of business by the Administration. The Nixon budgets of the past two years included zero dollars for the Clearinghouse, which was kept alive only by \$1.6 million in fiscal 1974. \$1 million this year from NCI's Cancer Control division. HEW moved the agency from D.C. to Atlanta, discouraging many key employees.

Finally, Director Daniel Horn is leaving to join the World Health Organization. It appears it will be up to the Cancer Control Program to carry on any anti-smoking campaigns by the government. . . . **CHRISTIAN DE DUVE**, Nobel Prize winner, will participate in a seminar Nov. 19 at the NIH Mazur auditorium on the relationship of lysosomotropic agents to cancer chemotherapy.

More Control Project Plans, Future RFPs Listed

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COMMUNITY, FAMILY MDs TARGET OF NEW CANCER CONTROL UPGRADING PROGRAMS

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standards as interfering with medical practice.

For that reason, NCI is careful to refer to the development of clinical management guidelines as "suggested criteria to upgrade management practices."

The new projects for which RFPs are being developed by the Treatment, Rehabilitation & Continuing Care Branch are:

—Clinical Oncology Programs. Objective is to develop multidisciplinary teams of clinical oncologists practicing in community hospitals. Teams will be responsible for developing management schemes for the use of modern diagnostic and staging techniques as well as proven combined modalities of therapy and advanced rehabilitation and continuing care techniques for patients treated at the community level. NCI hopes to award 10 contracts for this project.

—Guidelines for the Clinical Management of Cancer Patients. Such guidelines shall be developed via consultation with experts in the field and shall be used as suggested criteria to upgrade current management practices. NCI plans to award one contract for this project.

—Patterns of Care in Pediatric Oncology. Objective is to determine the current status of the management of pediatric malignancies and to assess the quality of care available. Patient accessibility to treatment facilities, as well as patterns of referral, will be identified. Recommendations will be made concerning the impact of training of personnel in order to provide for a multidisciplinary approach to the management of pediatric malignancies. One contract.

—An Organized Approach by the Family Physician to the Diagnosis and Management of Selected Forms of Cancer. This project will provide for the development, implementation and evaluation of guidelines for the family practitioner on the early diagnosis and current acceptable treatment of cancer. Emphasis will also be placed on appropriate patient referral alternatives. This program is anticipated to affect the practice and attitudes of family practitioners toward the cancer patient. One contract.

—Cancer Coordinating Teams. Objective is to develop a team and evaluate the function of institution-based visiting nurses as the primary contact for cancer patients throughout the course of their illness. Five contracts.

—Oncologic Home Care Program. This project is designed to provide an approach to avoid disruption to family function and to assess possible cost benefits by providing treatment and rehabilitation within the home context for the cancer patient. Five contracts.

—Oncologic Treatment on a Day Basis. Utilizing the day hospital concept, this project is designed to provide treatment, rehabilitation and continuing care on a day basis in order to minimize the direct and

indirect cost of illness. Five contracts.

—Malignant Brain Tumor Home Care Program. Objective is to provide in the home treatment, rehabilitation and continuing care for patients with malignant brain tumors in order to avoid disruption and severe transportation problems. Five contracts.

—Rehabilitation Services on an At-Home Basis. "The most pressing and immediate problem in the rehabilitation of the cancer patient is the availability of any kind of rehabilitation services for the increasing numbers of surviving cancer patients," NCI said. Objectives of this program are to increase not only the availability of rehabilitation resources and services, but to provide them in such a way as to increase patient accessibility to the services. This project calls for the development of follow-up at-home rehabilitation care for cancer patients. Six contracts.

—Counseling of Patients and Families—A Psychosocial Approach. The psychological and emotional impact of a diagnosis of cancer is a growing concern. The impact of cancer and its treatment affects not only the patient but his family, friends and frequently members of the medical teams treating him. This project will support the identification of better methods for understanding and providing the psychological support needed by the cancer patient as he undergoes treatment and rehabilitation. The project will focus on counseling for both the patient and family. Five contracts.

—Specialty Training Programs for Rehabilitation Oncologists. Objectives are to increase the national capacity to provide cancer patient rehabilitation services and to develop improved means to provide totally integrated rehabilitation treatment for the cancer patient. To achieve these goals, the early development of a high level medical professional with special medical competence in oncological rehabilitation is required. This project is for planning and developing programs to train such individuals.

The new projects with RFPs already "on the street" are Demonstration of Cancer Rehabilitation Facilities (NCI-CN-55182-05, *The Cancer Newsletter*, Oct. 4); Integrated Cancer Rehabilitation Facilities (NCI-CN-55183-05, *The Cancer Newsletter*, Nov. 1); and Training Programs for Maxillofacial Prosthodontists and Maxillofacial Dental Technicians (NCI-CN-55184-05, *The Cancer Newsletter*, Nov. 1).

The Treatment, Rehabilitation & Continuing Care Branch was scheduled to receive approximately 52% of the \$45 million earmarked for the Cancer Control Program in the President's budget (the Prevention Branch is down for 12% and the Detection, Diagnosis, Pretreatment & Evaluation Branch, 36%). A major share of the approximate \$23 million will go into the new projects.

NCI appropriations for fiscal 1975 are still awaiting completion of the House-Senate conference that started in September.

OTHER CONTROL BRANCHES DEVELOP MORE PROGRAMS; MOST RFPs STILL TO COME

Other branches of the Div. of Cancer Control & Rehabilitation are developing programs nearly as ambitious as that of the Treatment, Rehabilitation & Continuing Care Branch, and most of their RFPs are still to come although some will be awarded on a sole source basis.

The Detection, Diagnosis, Pretreatment & Evaluation Branch also has proposed 14 projects, only four of which have reached the RFP stage. Those coming up are:

- Breast Cancer Detection Projects: Interviewing Contract. NCI plans to award one contract.
 - Coordination of Mammography Education Programs. One contract, sole source, to American College of Radiology.
 - Cancer Control Program Pathology Reference Centers: Planning Project. One contract.
 - Cancer Control Program Demonstration Project: Early Clinical Diagnosis of Cutaneous Malignant Melanoma. One Contract.
 - Monograph for the Early Detection & Diagnosis of Head & Neck Cancer. One contract.
 - NCI Support for 14th Annual Conference on Detection & Treatment of Breast Cancer. One contract, sole source.
 - Female Cancer Activities Prime Contract. One contract.
 - Factors Impinging Upon Use of Allied Health Personnel in Cancer Detection. One contract.
 - State of the Art in Cancer Detection: Compendium and Conference. One contract.
 - Feasibility of Cancer Risk Factor Profiling in the Home Environment. Two contracts.
- Those projects with RFPs already released are:
- Mammography Training for Early Detection of Breast Cancer (NCI-CN-55179-06, *The Cancer Newsletter*, Nov. 1). Six to 10 contracts.
 - Head and Neck Demonstration Projects (NCI-CN-55180-04, *The Cancer Newsletter*, Oct. 25). Five contracts.
 - Planning for Cervical Cancer Screening (NCI-CN-55156, *The Cancer Newsletter*, Aug. 16). Eight contracts.

Implementation of Cervical Cancer Screening Program (NCI-CN-55147-03, *The Cancer Newsletter*, Aug. 16). One contract.

The Community Resources Development Branch has released an RFP for another ambitious project, the Development of Community-Based Cancer Control Programs (NCI-CN-55173-06, *The Cancer Newsletter*, Nov. 1). NCI plans to award an estimated eight contracts for this "saturation" program aimed at mobilizing all resources within a community—physical, professional, and dollars—in cancer control efforts.

A proposer's conference on this RFP is scheduled for Nov. 22. NCI tentatively plans to award six con-

tracts for the planning phase and two for implementation.

The Resources Branch has released two RFPs for oncology nursing programs, one for community hospitals, and has two more ready for early December release, one of which is sole source. The competitive award will be Education for Cancer Control (NCI-CN-55194-07, which appears in this issue).

Twelve contracts will be awarded for the community hospital nursing program (NCI-CN-55185-07, *The Cancer Newsletter*, Oct. 11). From six to 10 will be awarded for program in larger hospitals (NCI-CN-55186-07, *The Cancer Newsletter*, Oct. 11).

The Resources Branch is developing other projects, including at least one aimed at smaller hospitals.

The Prevention Branch has released only two competitive RFPs—Survey of Exposure to Chemical Carcinogens and Recommended Control and Intervention Programs (NCI-CN-55176-03, *The Cancer Newsletter*, Nov. 1); and Industrial Stewardship with Regard to Cancer Risks from Chemical Manufacturers (NCI-CN-55175-03, *The Cancer Newsletter*, Nov. 1).

Prevention has two projects under way on inter-agency agreements—an Occupational Cancer Information and Action Program, with the Occupational Safety & Health Administration; and Prevention and Reduction of Radiation Risks Through Education Programs, with FDA's Bureau of Radiological Health.

DES STUDY SO FAR INDICATES THREAT OF VAGINAL CANCER MAY NOT BE SERIOUS

Preliminary data from an NCI-supported study on the threat of vaginal cancer among young women who were exposed in utero to diethylstilbesterol (DES) indicates that the risk may not be as great as had been feared.

Raul Mercado, chief of the Treatment, Rehabilitation & Continuing Care Branch, reported to the Cancer Control Advisory Committee that the study so far has shown only that some degree of benign abnormality is being found in 25-35% of the women exposed. This compares with an incidence rate of 5% in women not exposed.

"We don't know what, if anything, the benign abnormalities will lead to," Mercado said. "There is some feeling that most eventually will clear up." On the other hand, some investigators fear that malignancies will develop more generally when the women reach menopause and it starts showing up as carcinoma of the uterus.

An estimated 500,000 to 2 million women received DES as an antiabortifacient between 1945 and 1960. The use for that purpose began to decline after a 1953 random study in which half of the participants received a placebo and half DES showed there was no difference in the rate of spontaneous abortion between the two groups.

A 1970 study found that 200 young women whose mothers had taken DES during pregnancy had devel-

oped vaginal cancer. The threat of an explosion of such cases prompted NCI to initiate a contract to study the problem. Baylor, Univ. of Southern California, Massachusetts General and Mayo are participating, with Mayo also acting as coordinator.

Each contractor will identify at least 1,000 women exposed in utero to DES, perform examinations and follow up.

NCAB TO HEAR DETAILS OF NEW GRANT PROGRAM, HANNA'S FREDERICK PLANS

Details of NCI's much-discussed new funding mechanism, known first as "program grants" and now as "cancer research emphasis grants," will be unveiled at the Nov. 18 meeting of the National Cancer Advisory Board.

The Board will meet three days, Monday through Wednesday, with all but the Tuesday morning portion open. The new grant program, which is intended to take over a major portion of NCI's research contracts, will be brought up during Director Frank Rauscher's report Monday morning.

Also on the agenda Monday morning will be the Board's response to President Ford's request for scientific support of cigarette regulation. Other items scheduled for Monday are a report on the National Prostatic Cancer Project by Board Member Gerald Murphy; an NCAB subcommittee report on NCI's carcinogenesis program by Members Philippe Shubik, Arnold Brown and Edward Burger; another subcommittee report on implementation of the Zinder committee recommendations by Member Harold Amos; and Michael G. Hanna's first appearance before the Board, to discuss his plans for operation of the basic science program at the Frederick Cancer Research Center.

Tuesday afternoon will be taken up with staff reports on the international cancer research data bank, NCI support of basic research and the safety program. Wednesday, the Board will discuss the new nutrition research program; will hear a report from George Todaro on "Detection of Tumor Virus Information in Human Cancers: How Did It Get There?"; and a report on "New Observations on Primate RNA Tumor Viruses in Human Tumor Cells," by Robert Gallo.

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 NO1-CN-55194-07

Title: *Education for cancer control*

Deadline: *Probably mid-December*

NCI is soliciting proposals for a project to develop a cancer control education program. Since there is a relative shortage of individuals who presently can qualify to organize, direct, and/or participate extensively in programs where the major objective is the control of cancer, it was considered expedient and necessary to develop a cancer control education program wherein a reasonable number of individuals already qualified by background and interest could be trained to implement cancer control activities in a variety of settings.

The objective of this procurement is to determine where such educational programs would best be implemented, what curricula should be pursued, the optimal length of training, and the number and background of trainees to be matriculated in such a program.

The RFP will be issued in mid-November.

Contracting Officer: Hugh E. Mahanes Jr.

Control & Rehabilitation

CONTRACT AWARDS

Title: Brain tumor chemotherapy studies

Contractor: Ohio State Univ., \$38,281

Title: Preparation and testing of Vitamin B12 analogs

Contractor: Scripps Clinic & Research Foundation, \$12,000 three month extension.

Title: Salmonella diagnostic laboratory

Contractor: Battelle Memorial Institute, \$15,057.

Title: Design, synthesis and biochemical action of agents affecting plasma membranes

Contractor: Yale Univ., \$174,000.

Title: Chemotherapy, drug distribution & genetic center for rodents

Contractor: Microbiological Associates, \$242,294.

SOLE SOURCE

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

Title: Radioisotope labeling of bleomycin

Contractor: Washington Hospital Center

The Cancer Newsletter—Editor JERRY D. BOYD

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