THE CANCER NEWSLETTER

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CANCER RESEARCH EMPHASIS GRANTS (CREG) OFFERED AS A NEW WAY TO FUND CONTRACT RESEARCH EFFORTS

The program grant, developed as NCI's answer to critics of the use of contracts rather than grants in basic research efforts, was unveiled at the meeting this week of the National Cancer Advisory Board. There were few surprises in the draft outline of the new system, which included most of the provisions previously reported.

"This is not a new funding mechanism but a new use of grants," said Thomas King, director of the Div. of Research Resources & Centers which will administer the program. The term "program grants" has been

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In Brief

RESPONSES TO CONTROL GRANTS GUIDELINES POUR IN TO NCI, SOME FROM GRANTSMEN "OLD PROS"

NCI HAS BEEN swamped with inquiries about the cancer control grants program, with from 150 to 175 responses to the guidelines published two months ago (*The Cancer Newsletter*, Sept. 13). Proposals were asked for programs in prevention, detection and diagnosis, treatment and rehabilitation, and community research development. Control Div. Chief Diane Fink said she was "gratified" by the response. The first deadline for proposals was Nov. 1; the next will be Feb. 1, and then June 1. Fink said the guidelines and priority areas might be updated for the following year. Kenneth Nelson, special assistant for rehabilitation research, said "We're getting some responses from some particularly good people; some from people who have never submitted grant applications before; and some from old pros in the field of grantsmanship." Rehab grants will be made for projects involving devices, prosthetics, pain control and employment & acceptance. . . . FORMER CANCER patients are frequently discriminated against in seeking employment, Nelson said. Also, while gaining admission to schools at the undergraduate level not been a problem, they are encountering some resistance from professional schools which are reluctant to award any of their limited slots to students they think won't live long enough to practice in their professions. At least one grant will involve study of this problem and employment difficulties. . . . PROSTHETIC DEVICES for cancer patients are usually very expensive, Nelson reported. One as simple as a shoulder pad can cost $600. Family members and physicians, and patients themselves, sometimes delay ordering expensive devices waiting to see if metastasis appears, a practice "which all too often becomes self-fulfilling," Nelson said. . . . GEORGE CANELLOS, who has headed the hematology investigations section of NCI's Medicine Branch, has been named acting clinical director. Paul Carbone, acting clinical director since Alfred Ketcham retired and head of the breast cancer treatment committee, probably will spend most of his time on the breast cancer program.

CREG WON'T BE AVAILABLE TO COMMERCIAL FIRMS UNLESS HEW CHANGES ITS RULES

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dropped in favor of "Cancer Research Emphasis Grants," with the acronym CREG.

Because it is a grant program, rules and regulations pertaining to grants will apply to CREG--peer review by NIH Div. of Research Grants study sections; final review by the NCAB for grants over $35,000; all NIH and HEW rules governing biomedical research, human subjects, administration of grants.

The HEW rule against awarding grants to commercial organizations also will apply to CREG, which NCI Director Frank Rauscher said presents "a serious problem that still must be resolved." The National Cancer Act decrees that NCI will utilize all components of the scientific community, and NCI has awarded millions of dollars in research contracts to commercial firms which compete for them not only with each other but also with the not-for-profit and education institutions.

What especially rankles the commercial organizations ("tax paying institutions" as they refer to themselves) is that CREG will take them out of competition for most research awards, leaving them only the straight procurement jobs, if NCI fully implements its announced intentions.

As research contracts come up for recompetition, they will be considered for the switch to CREG. The emphasis will be on contracts already in the hands of the universities and not-for-profit institutions. Existing projects with the tax paying firms probably will not be offered up to CREG, but the program certainly will limit the private sector's prospects for expanding its share of the market.

NCI suggested one possible resolution of the problem, which would involve a modification of HEW's regulations. The document stated that precluding participation of commercial firms is detrimental to attracting and enabling all the best scientists of the U.S. to compete and be peer-reviewed for merit and cost. Consequently, of all options, the NCI would prefer to:

"Identify and advertise a research area for CREG; accept applications from "nonprofit" and "profit" organizations for peer review through the Div. of Research Grants; approve on the basis of innovative and scientific merit; pay academic and other nonprofit institutions through the grant mechanism, and pay "profit-making" organizations through the contract mechanism, including a negotiated fee.

"All priorities would be interdigitated and paid according to priority score, dollars available, and NCAB advice and approval.

"This option is currently being negotiated with NIH and HEW."

NCI estimates that of the $225 million it will put into contracts this year, about $41 million could be switched to CREG.

Two factors surfaced at the Board meeting which could affect CREG's implementation. Robert Carmody, from HEW's grants and procurement management office, warned that the department is ready to publish final guidelines to determine if a program fits the grant or contract mechanism. "This (CREG) has some aspects that do not fit those guidelines," Carmody said.

Also, Congress has been considering a bill (S.3514) which would add a third mechanism to grants and contracts known as "research agreements." The bill probably will not be passed this session but might have a chance next year if support is generated for it.

The outline of CREG presented to the Board did not include detailed guidelines yet to be worked out but is only a set of principles, King said. The entire document, except for a limited amount of editing to conserve space, follows.

INTRODUCTION

CREG will be used to support research projects for which (a) the applicant responds to an individual public announcement by NCI for research within specific program areas; (b) the research approach is proposed by the investigator; (c) the application is reviewed by the applicant's peers for its scientific merit.

The contract mechanism therefore will no longer be used to support best effort, basic research projects conducted in academic or other "non profit" institutions wherein the NCI does not need or want to provide frequent direction and control.

PURPOSE

CREG will provide each division of NCI an opportunity to select the most appropriate funding instrument to fulfill needs of the National Cancer Program. CREG will be used to promote and support research for which (1) a detailed statement of the purpose, the objectives, the rationale, and significance to program goals can be developed by NCI program directors and consultants; (2) specific approaches and methodology will be left to the creativity and initiative of the extramural scientists who apply; and (3) direction of approaches and technical supervision from NCI is unnecessary and undesirable.

The contract mechanism will continue to be used to support service and product oriented projects and research for which NCI can define specific methodology and procedures and for which NCI direction, supervision, and frequent monitoring is necessary, expected and desirable.

COORDINATION

1. Each division director will appoint a member of his staff as CREG coordinating officer.

2. CREG coordinating officers will meet at regular intervals as a committee to survey and coordinate the administrative aspects of these special programs throughout NCI.

3. The CREG committee will develop and review procedures needed to implement programs.

4. The Div. of Cancer Research Resources & Centers will be the central point in NCI for coordinating announcements, advertisements and solicitations.

5. DCRRC will provide financial and administrative services for awarded grants.

6. Program directors within the sponsoring division will have full authority and responsibility for the scientific administration of CREG projects.

7. The DCRRC will establish and maintain, within its Program Analysis & Evaluation Branch a data base of existing grants and contracts.

BUDGETING

1. The directors of sponsoring divisions will allocate funds each year separately to each CREG program on the basis of estimates for non-competing grant continuations, for competing grant renewals and for new grants.

2. The directors of sponsoring divisions may reprogram funds into or out of CREG at any time during the year, but in so doing, must make provision for the support of non-competing grant continuations.

PROGRAM INITIATION

1. Justification for designating an area of need will include a demonstration of (a) a knowledge gap that is not being sufficiently addressed by ongoing research; (b) a need for independent efforts to verify and corroborate ongoing research; or (c) a need to stimulate or intensify efforts in promising areas of cancer research.

2. Areas suitable for CREG will be identified with the help of outside advisors by NCI division directors and will be established upon the joint recommendation of the division directors, and the approval of the NCI director.

3. The director of each sponsoring division will appoint a program director for each CREG program approved for his division.

4. Program directors, with the advice of appropriate NCI staff and outside consultants, will identify research projects for grant support within previously approved areas of demonstrated need.

SOLICITATION

1. CREG announcements soliciting grant applications will be prepared by and will identify the sponsoring divisions.

2. The announcements will be published by DCRRC in the NIH Guide for Grants & Contracts and in other appropriate publications after approval by DCRRC for clarity and conformity to regulations.

3. Announcements will include specific and detailed statements of the purpose, objectives, rationale, and significance to program goals of the solicited research.

4. CREG will specify a deadline or deadlines for application receipt: Oct. 1, Feb. 1, and/or June 1.

5. Announcements will be published not less than 6 months before the receipt deadline.

6. Announcements may be republished by DCRRC with new deadlines at the request of the sponsoring division.

ELIGIBILITY

1. CREG will be awarded only to nonprofit organizations and institutions, governments and their agencies, and, occasionally, to individuals, in accordance with NIH policy.

2. NIH will not accept an application in response to a CREG announcement and accept an identical application for concurrent consideration by other NCI or NIH awarding units.

SUBMISSION AND RECEIPT OF APPLICATIONS

1. Applicants will send applications to the Div. of Research Grants, NIH, and must identify in a covering letter the single CREG announcement to which they respond.

2. A copy of each application for a CREG received by DRG will be sent to the NCI program director who initiated the soliciting announcement; the DRG referral officer with the agreement of the program director will accept or reject the application as responsive or unresponsive to the announcement.

3. An applicant whose application is judged unresponsive to the announcement will be notified by DRG and will be given the opportunity to withdraw the application or submit it for consideration in the traditional grants programs of NIH.

4. Competitive applications received in DRG by Oct. 1, Feb. 1, and June 1 will be processed for study section review in January, April and September, and for NCAB action in March, June, and November, respectively.

5. Competitive applications will be submitted on NIH Form 398 in which the applicant may elaborate on the statement of purpose, objectives, rationale, and significance contained in the soliciting announcement and in which the applicant must complete portions of the application pertaining to procedural details, the investigator's previous research experience, facilities available, specific budgets for all years of support requested, and biographical sketches for all professional personnel.

INITIAL REVIEW

1. Review Committees: The DRG study sections will provide the initial review for CREG. If no established study section is appropriate for reviewing applications responding to an announcement, DRG special study sections will be used.

2. Review Procedures: Preparations for and the conduct of the initial review will follow the procedures established for DRG study sections and will adhere to study section policies governing potential conflicts of interest. Advanced mailings to study section members will include the announcement soliciting applications and background information that NCI program directors may wish to prepare for this purpose. Program directors may attend study section meetings and may discuss the content and back-

ground of their announcement in relation to program needs.

SECONDARY REVIEW

1. In compliance with the Public Health Service Act which requires the recommendation of NCAB for the award of grants over $35,000, dual review will be maintained for CREG.

2. Summary statements of the review of approved applications will be presented to NCAB for concurrence or non-concurrence with the recommendation of the study section.

3. Applications and other pertinent documents will also be provided to NCAB members on their request or on the request of the program directors.

4. A program director who advocates a different action than the study section recommended may, with his division director's approval, voice his position in the form of a staff recommendation to one of NCAB's subcommittees for resolution.

AWARDS

1. Applications approved by the study sections and by NCAB will be awarded in the order of priority scores recommended by NCAB.

2. Processing awards will be accomplished by the Grants Administration Branch, DCRRC.

SCIENTIFIC ADMINISTRATION

1. Program directors of sponsoring divisions will have the full authority and responsibility for the scientific surveillance and administration of CREG.

2. Program directors will be responsible for correspondence with applicants and grantees on scientific matters, including such communications as announcing NCAB recommendations and transmitting criticisms and reasons for disapprovals and reductions in time and amounts.

3. Site visits may be made by program staff with consultants as necessary during the term of the project to monitor progress.

4. Each year, preceding the anniversary date of the award, the investigator will submit a comprehensive scientific report as an integral part of his non-competitive continuation application. More frequent reports may be requested in the announcement.

FINANCIAL AND ADMINISTRATIVE MANAGEMENT

The Grants Administration Branch will provide financial and administrative services during the term of awarded grants in accordance with NIH policy.

RENEWALS

1. Applications for the renewal of CREG past the approved term must be reviewed by study sections if the program is to be continued.

2. CREG program directors must notify grantees 12 months in advance whether or not a program is to be continued.

3. If the program is to be continued, the program director will prepare an announcement for publication by DCRRC.

4. If the program is to be discontinued, grantees may respond to other published announcements or apply for a regular research grant.

ONCOLOGY NURSE "CINDERELLAS" NEED IMAGE UPGRADING TO SPECIALTY STATUS

Oncology nursing is the "Cinderella of the Profession" now, but it should be a recognized nursing specialty and in time will be, American Cancer Society nurse consultant Virginia Barckley told participants in an NCI-sponsored oncology nursing conference.

Oncology nursing combines the expert skills of medical, surgical, radiologic, pediatric, and mental health among others, Barckley pointed out. Nursing students frequently avoid oncology because they associate cancer with disfigurement, pain and death and do not see cancer nursing's "excitement and beauty," she said.

Participants were representatives of the three cancer centers, four community hospitals and five university medical centers recently awarded contracts by NCI's Div. of Cancer Control & Rehabilitation to develop and implement training programs to improve nursing care of cancer patients.

Veronica Conley, of the DCCR committee and review activities office, told the conference that "the state of the art in cancer nursing is considerably below the optimal level" in the opinion of cancer nursing experts. The oncology nursing contracts represent NCI's effort to improve the situation.

NCI expects to award additional nursing oncology contracts, Conley said.

Hugh Mahanes, chief of the DCCR contracts section, explained procedures involved in the contract program. He pointed out that when contractors obligate 75% of funds allocated for the project, they are to so advise NCI and to determine whether additional funds are required, or the contract should be terminated. In most cases, the necessary additional funds are made available, Mahanes said.

Participants objected to the fact that trainee stipends and travel expenses were not permitted by the contracts. The larger centers which serve extensive geographical areas especially felt the program was hampered by lack of such funding.

Mahanes replied that the decision not to allow travel or per diem funds "was made at a high level of NCI" and is not likely to be reversed. ACS, other health organizations and commercial firms were suggested as possible sources for such funding.

Principal investigators described some of the programs they are developing under the contracts:

–Six week courses, some core, some specialized, of classroom instruction and clinical practice. Some call for follow-up at the trainee's agency or by return to the institution.

–Four-week courses, again, some core, some specialized. One offers 140 hours divised 30 for lecture,

110 for clinical practice and conferences, with enrollment limited to 15. Another focuses on psychological and psychosomatic aspects of care of cancer patients. Another variation is four-week courses for faculty of baccalaureate and higher degree nursing programs to update their skills in cancer nursing.

–Three-week oncology specialty programs, such as surgical, medical or pediatric nursing, usually stressing practice in patient care.

–Numerous 80-hour courses with varying schedules–two consecutive weeks, or on Fridays and Saturdays for eight weeks, or in two evening sessions a week for 10 weeks. Some offer basic or overview training, others specialized site training, others instruction for special audiences such as nurses in supervisory positions, or on nursing home and extended care staffs. One is to be followed by three-hour seminars monthly for eight months.

–One-week overview courses focused on nursing care of patients receiving the four therapeutic modalities.

–One-week workshops on psycho-sociological aspects of cancer nursing.

Courses for allied health personnel and other special audiences described included:

–One-week workshops for health assessment and screening training experience for staff in detection centers, GYN offices, industrial firms.

–Twenty-hour courses for aides, orderlies and other paramedical personnel in the areas of caring and concern; working within the patient care team; grief and grieving.

–Twenty-hour courses for volunteers in hospitals and clinics.

–One-day seminars conducted by skilled and knowledgeable cancer nurses for general personnel.

–Series of 12 lectures to be offered seven times in a three-year contract for all levels of cancer nursing care.

–Weekly lectures for 25 weeks of the year on care of the cancer patient open to RNs, LPNs, nursing students, paramedical personnel.

–Summer work/learn programs for student nurses.

–Development of 30 specialized teaching packets on cancer care, for self-study by both nurses and patients.

–A "Dial Access System" to provide taped cancer information on toll-free telephone calls to physicians, dentists and nurses; a "Can Help Line" to provide information for professional personnel.

–Seminars for hospital adminstration staffs, to keep them abreast of the nurses' oncology training.

Although most projects will serve several levels of nursing personnel, except for survey courses, RNs, LPNs, non-licensed personnel, etc. will not be trained together. There was unanimity of opinion that not even the most expert instructors can overcome the educational and emotional problems that result from mixing levels of expertise in one student body in intensive training.

Again except for survey courses, most programs will pre-test trainees for baseline attitudes and factual knowledge. Many will ask trainees to enumerate their primary learning objectives based on their personal and institutional needs, so that training can be tailored to areas of greatest need. Several plan to have trainees draw up lists of prerequisites of ideal quality care nursing, then over the period of training to compare their own nursing care to these models.

All programs directed to patient care include material on patients' psychological, social, economic and rehabilitative needs. Typical competencies named as objectives of training were:

–Increase in the knowledge and understanding of all aspects of cancer.

–Increased knowledge of and ability to utilize proper nursing techniques and new ideas, methods and procedures in cancer nursing.

–Ability to prevent, detect, and intervene appropriately in complications and treatment of cancers.

–Ability to impart and interpret facts about cancer to the patient and his family.

–Increased ability to identify and effectively utilize community and other resources available to cancer patients and their families.

–Increased awareness in all participants of the importance of cancer prevention and early detection, and the extent of the problems created by cancer.

Evaluation will be an integral part of all courses offered. Evaluation measures include the standard forms of written tests; self-evaluation; evaluation by instructors, peers, and supervisors; by patients and their families; by indirect measurements, as in findings reported by detection centers. No institution claimed to have ideal or wholly adequate methods of evaluation.

To date, two programs of this project have been concluded–a one-week workshop at the College of Nursing, Univ. of Utah, on psycho-sociological aspects of cancer nursing for 20 RNs from across the state, and a week-long overview course at Sloan-Kettering attended by 28 RNs. In evaluation of the latter course, percentages of trainees varying from 78% to 93% stated "to a great degree" the course met their learning needs, were timely, important, useful and applicable. The vast majority rated the course "excellent" or "good." In ranking program teaching methods according to preference, nursing rounds came first. Lecture and observational experiences tied for second place. The three presentations selected as offering the most valuable learning experiences were nursing management following radical head and neck surgery; nursing management following breast cancer; nursing rounds.

Problems brought out in discussion of audio-visual and written teaching materials were:

–What are the best resources, in addition to the American Cancer Society? How to evaluate and review masses of material, in the time available? What to do about the fact that most cancer literature is produced for the public rather than health professionals? Further, the majority is on specific sites, a minority on general concerns and considerations. Finally, how can one be sure of choosing the best teaching modality, and the best materials available?

Solutions suggested included:

–Concept Media & Trainees of California are potential sources; an abundance of material on death and dying is available from NCI, ACS, Univ. of Southern California, Univ. of Minnesota, among others; oncology equipment manufacturers and supply houses have material available; professional societies such as the United Ostomy Assn. produce materials; libraries and the Nurses Book Club are good sources.

–The potentialities of involving cancer patients in training programs–by film or on panels–prompted emphasis on the importance of scrupulous observance of human rights and legal considerations pertinent to such usage.

Discussion in the session on oncology nurse specialization led to the conclusion that definition of an oncology nurse specialist is difficult, if not impossible. In cancer centers the specialist might be a radiology therapist. In general hospitals, the specialist would be a cancer generalist. In all cases, it was agreed the oncology nurse needs a broad base of knowledge and a high degree of dedication. A newly graduated nurse could not be expected to deal with the complexities of care, patient and family attitudes, personal motivation, and other problems regularly faced in cancer nursing.

Qualities named as most needed in an oncology specialist were sound theoretical knowledge and proven clinical skills; compassion; patient orientation; objectivity; creativity; knowledge of individuals' motivations. It was concluded that more study should be directed to definitions of oncology nurse specialists, since this category of nursing specialization will come, in time.

Primary concerns of the group discussing community relationships were:

–"Outreach" difficulties in providing cancer services for distant areas that have none. A suggested solution was formation of traveling health teams.

–The failure of hosptials to offer cancer screening to their own employees, a serious policy error.

–The paucity of attention to problems occurring when a head of household contracts cancer. Aspects needing more study were determined to be financial, insurance and job problems; communication with family members.

–More efforts should be directed, it was suggested, to orient new nursing graduates to oncology nursing.

–Lack of time for nurses to take continuing education courses should be alleviated by making paid release time standard policy.

Questions discussed under evaluation methods were:

–How evaluate improvement of nursing care afforded cancer patients, the prime objective of this project?

–How identify the common criteria that can be evaluated in the widely differing programs?

–What should be evaluated, in addition to course content; change in trainee attitude? community impact?

–Why the lack of funding in the contracts for evaluation experts?

–Will follow-up evaluation actually measure the original training?

–Are visits by instructors to evaluate trainees at their home agencies feasible?

–Can trainees' supervisors effectively evaluate trainee performance–by what guidelines?

–What components should comprise pre- and post-testing? Are case studies appropriate? Videotaping?

–How can behavioral change be validly measured?

No major solutions were tabulated for the specific questions. Some answers, it was suggested, can be found in standard reference books on evaluation. It was strongly recommended that NCI establish a central consulting service and clearing house to provide the assistance in evaluation most of the projects represented at the conference need.

VIRUS PROGRAM CHANGES REVIEWED; FINAL SUBCOMMITTEE REPORT DELAYED TO JUNE

An interim report conducted by a National Cancer Advisory Board subcommittee on the implementation of the Zinder report recommendations reached no conclusion on the effectiveness of steps taken by NCI. The subcommittee, headed by Harold Amos, Harvard, instead suggested that a formal evaluation be made in April or May of 1975 and a formal report be made to the Board in June.

The Zinder report dealt with a variety of criticisms of NCI's Special Virus Cancer Program. The report suggested that review committees dominated and controlled by non-government scientists be established to review and approve SVCP contracts.

The Amos subcommittee reported that two new scientific review committees had been created and are in operation. Mathilde Krim of Sloan-Kettering is chairman of Committee A and Charlotte Friend of Mt. Sinai is chairman of Committee B.

The review committees are subdivided for effective study section function into five subcommittees–solid tumor viruses, tumor virus detection, developmental research, breast cancer viruses, and immuno-epidemiology.

Each subcommittee has a chairman for review purposes. Of the 38 members now constituting the voting membership of the two committees none are

from NCI. NCI staff will participate, as is essential, in the reviews, but will not vote approvals or assign priorities. Each committee will meet a projected six times per year for review purposes.

The Zinder report also recommended that an advisory committee be established. It is now chartered and the selection of members is underway. All seven committee members are to be selected from the non-government biomedical community.

The purpose of the advisory committee is "to advise on the broad directions for the virus cancer program under the National Cancer Program Plan for the conquest of cancer. Particular emphasis to be placed on allocation of resources, areas for expanded research and development, latest findings, leads and opportunities, and application of research findings to the control of cancer in man. In rendering this service, the committee's activities will be separate and apart from the review and approval of individual contracts."

A new and uniform application is being designed for all new contracts as well as for renewal requests.

Inhouse review of contracts for relevance, priority, and need has been altered. The project officer, segment chairman and vice-chairman no longer vote on their own contracts nor assign priorities to those contracts. Priorities will be assigned by other members of the committee, and, as before, by secret ballot.

Planning includes an extensive reorganization of viral oncology as a collaborative research branch to embrace all the contract segments. This is still in the planning stages and will be presented in a future discussion.

The scientific review committees for chemical carcinogenesis and cancer treatment are in process of reorganization along the lines now effected for viral oncology.

Board members Irving London and Howard Skipper worked with Amos on the subcommittee.

CRITICS ASKED TO BACK UP CHARGES THAT CANCER PROGRAM IS WASTEFUL

The James Watson-Benno Schmidt confrontations that enlivened National Cancer Advisory Board meetings when the Nobel Prize winner was a member are being carried on now long-distance through the press.

Schmidt, chairman of the President's Cancer Panel, brought up Watson's latest criticism of the cancer program at this week's NCAB meeting. Watson was quoted in a recent newspaper article as charging that a great amount of money was being wasted in the cancer program.

Without mentioning Watson, Schmidt said, "If there is waste, we want to find it out and cut it out. My own efforts in discussing this question with those scientists who have made these charges had led to the conclusion that what they really mean is, 'You aren't spending the money the way I would, therefore there must be waste.' Or, 'I'm not getting all I think I should have, therefore it must be wasted.'

"If anyone on this board knows of any waste," Schmidt continued, "at their own institutions or elsewhere, I'd like to know about it. If there isn't any waste to any significant degree, then those remarks by responsible scientists create a tremendous resource for those who would like to cut the cancer program."

Board Member Mary Lasker said she wanted to "warn those people who talk about waste, that if they can't find it and continue to talk about it, they will eventually discover that money for the cancer program will be cut in half. Congress is looking for ways to cut spending."

Board member Laurence Rockefeller commented that he felt the concept of establishing 20 or more comprehensive cancer centers could be wasteful. "Maybe we should go slower, and not rush right out for that many," Rockefeller said. "It is a political and geographical concept that could lead to great waste."

Schmidt replied by pointing out that none of the new centers "were created out of whole cloth as new institutions. They have already been receiving substantial NCI support. The program establishes that with certain changes and improvements, they could use those dollars more effectively," under the comprehensive cancer center program.

"There's another kind of waste," Board Chairman Jonathan Rhoads said: "The people who die of cancer while we're waiting to do something about 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-CN-55197-07

Title: *Development and evaluation of cancer care coordinating team*

Deadline: *Probably late January*

The Div. of Cancer Control & Rehabilitation is soliciting proposals for a project to develop and field test a team to coordinate cancer patient care (both inpatient and outpatient) to minimize the time spent by physicians at non-medical tasks, to optimize the utilization of existing facilities and services where appropriate, in order to improve adequacy and continuity of care at all stages of illness.

The team shall provide liaison services prior to hospital admission when appropriate and shall serve as the primary patient contact for all problems that are not specifically dealt with by the patient's treating physician.

This RFP will be issued in late December.

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

RFP NO1-CP-55639-62

Title: *Metabolism of carcinogenic compounds*
Deadline: *Jan. 31, 1975*

NCI is interested in establishing a contract to study the metabolism of certain classes of known or suspect carcinogens to gain information on their mechanisms of action. It is expected that this project will be divided into chemical and biological phases. A single contractor need not be responsible for both phases.

Contract Specialist: D.J. Longen
Cause & Prevention
301-496-6496

RFP NCI-CB-53890-31

Title: *NCI histocompatibility testing center*
Deadline: *Changed from Nov. 13 to Dec. 13 (Summary was published in* The Cancer Newsletter, *Oct. 4)*

The deadline was extended one month to allow for clarifications in errata No. 1, sent Nov. 4 to those who received copies of the RFP. Any changes may be incorporated into the proposal, or, if the proposal has already been submitted, may be sent in by separate letter with the appropriate copies by the due date.

RFP NCI-CB-53891-33

Title: *Logistical and managerial support for scientific conferences for the Div. of Cancer Research Resources & Centers*
Deadline: *Jan. 6, 1975*

NCI is interested in awarding a contract to provide logistical and managerial support in the conduct of scientific conferences, meetings and workshops on cancer research and related activities. The contractor shall furnish all necessary personnel, labor, facilities and equipment, materials and supplies except as may otherwise be provided by the government.

Offeror must have working experience in the specific type of tasks involved. Offeror must also be capable of "quick-reaction" response to the tasks designated and conferences scheduled and must have qualified personnel to perform such tasks.

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

The following three RFPs involve subcontracts for tobacco-related studies administered by Enviro Control, Inc., under a prime contract with NCI. Write for RFPs to Enviro Control, Subcontract Administrator, 1530 E. Jefferson St., Rockville, Md. 20852.

RFP ECI-SHP-74-102

Title: *Bioassay in baboons*
Deadline: *Dec. 9, 1974*

Objective of the smoking and health program is the development of less hazardous cigarettes. The purpose of various bioassays being used is to evaluate and reduce all of the major health hazards to the smoker.

This subcontract will seek 1) to determine whether baboons can consistently be trained to smoke cigarettes; 2) to develop equipment to present cigarette smoke and reward to the animals; 3) to develop techniques and equipment to record the number of smoking episodes and amount of smoke taken in daily by each animal.

RFP ECI-SHP-74-1-3

Title: *Pulmonary screening tests*
Deadline: *Dec. 20, 1974*

Develop a screening test for very early response of small airway passages in the lung to cigarette smoke or other causal factors. The goal is a standard test which correlates with significant preliminary effects and which can be applied to large scale screening; it is not a basic study of physiological mechanisms.

RFP ECI-SHP-74-104

Title: *Clinical trials*
Deadline: *Dec. 20, 1974*

This subcontract will pursue pharmacological approaches to smoking withdrawal. There is reason to believe that nicotine plays an important role in smoking dependency. It may be possible to alter the response to nicotine by the use of drugs so that smoking cessation will become less difficult for many people.

The purpose of this subcontract is to investigate two classes of drugs for this purpose: nicotine agonists which lower the threshold of nicotine acceptance; and nicotine antagonists which block, or reverse, the physiological effects of nicotine.

CONTRACT AWARDS

Title: Brain Tumor chemotherapy studies
Contractors: Univ. of California (San Francisco), $77,101; and Duke Univ., $67,346.

Title: Study of the multifaceted chemotherapy and drug distribution
Contractor: Microbiological Associates, $331,166.

The Cancer Newsletter—*Editor* JERRY D. BOYD

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