

THE

CANCER NEWSLETTER

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"ABSURD" BUDGET CUTS WOULD DEVASTATE CANCER PROGRAM, SLASH NCI FUNDS BY \$125 MILLION

President Ford's recommendations for federal spending cuts in the 1975 fiscal year would be devastating to the National Cancer Program, if Congress permits him to carry them out. The President proposed \$33.5 million in specific cuts from the NCI budget. That would be bad enough in any case, but what made it especially hard to swallow was that the cuts are to come from the original Nixon budget for NCI of \$600 million, not from the \$691.7 million voted by Congress.

The fact that this would slash cancer funds by more than \$125 million makes it extremely unlikely that Congress will approve the cuts. Under the new budget act, Congress must approve the President's request for spending reductions within 45 days. If either the House or Senate fails to act on the proposal in that time, the cuts are disallowed.

Congress has the option of agreeing or disagreeing on the specific cuts recommended by the President. For the cancer program these include:

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In Brief

LSU WILL BE HEADQUARTERS FOR NATIONAL PANCREATIC PROJECT; BUDGET FOR FIRST YEAR WILL BE \$1 MILLION

HEADQUARTERS INSTITUTION for the new National Pancreatic Cancer Project (*The Cancer Newsletter*, Nov. 29) will be Louisiana State Univ., with Isadore Cohn as project director, assuming NCI approves Cohn's grant application. Since Cohn did the planning that resulted in the project's acceptance by NCI and the National Cancer Advisory Board, approval of his application to run the project is almost automatic. The project will have a first-year budget of about \$1 million. Grant applications will be submitted directly to LSU for review by working cadre to be organized by Cohn. Announcement of guidelines for grant applications are expected to be ready early in 1975. David Jofte, acting chief of NCI's National Organ Site Programs Branch, will be program director for the pancreas project. He's also program director for the National Large Bowel Project. . . . **NCI WILL TRANSFER** \$4-5 million to the National Institute of General Medical Sciences to support predoctoral research training grant programs clearly related to cancer. Such programs are authorized by the National Research Service Act. NCI prefers not to operate its own predoctoral training programs, but will expand its postdoctoral fellowships as authorized by the act. . . .

NCI WILL SHARE some of the 100 consultants (whose positions will not be charged against personnel ceilings it is allowed by the National Cancer Act) with other government agencies. About 25 consultants will be "farmed out" to other agencies, including NIH headquarters, Environmental Protection Agency, and FDA, where they will work on joint projects with NCI or in programs that have direct impact on the cancer program.

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FORD'S BUDGET CUTS WOULD FALL HEAVIEST ON EXTRAMURAL RESEARCH

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-25% reduction from the Nixon budget request in funds for new grants and contracts, including competing renewals, and 5% cut in funds for continuation grants and contracts. This would cut \$27.8 million from the extramural research proposed in the original Nixon budget.

-\$2 million reduction in money available for "program direction," which probably will come out of NCI's international activities, planning, communication programs and management information systems—all items mandated by the National Cancer Act.

-\$3.3 million in cuts from grants and contracts with "national organizations, consultant services and management surveys."

-\$400,000 cut from NCI travel funds.

If the proposals are permitted to stand, leaving NCI's budget at \$566.5 million, more than \$20 million less than it had in fiscal 1974, the impact would be most severely felt in grants programs. Of the \$91.7 million voted by Congress over the Nixon request, \$50 million was earmarked for grants. This would have permitted NCI to fund about 60% of approved grants; Ford's proposal would cut that to about 30%.

Other programs slated to receive some of the additional \$91.7 million included expanded Pap test and breast cancer detection efforts; nutrition research; some cancer control programs; expansion of combined modality treatment research; some diagnosis research; environmental carcinogenesis research; \$15 million in funds for cancer centers; and \$8 million in construction funds.

If the President's cuts are not overturned, most of those programs would either go unfunded this year or suffer severe budget reductions.

The Ford proposal overall cut more than \$4 billion from the budget submitted by his predecessor last January, falling short of the announced intention of holding federal spending to \$300 billion this fiscal year.

The proposal was reminiscent of the game the Nixon Administration played with the HEW budget in 1973. Congress passed an appropriations bill which added about \$300 million to NIH funds over the President's request. Nixon not only vetoed that bill, but rubbed it in by coming back with a proposal to trim his original NIH request by about \$200 million. Congress and the courts finally had to force the Administration to release the \$500 million.

The House and Senate both gave final approval to the HEW money bill last week by overwhelming margins—525 to 25 in the House, 68 to 17 in the Senate. The bill increased the overall NIH budget by \$245 million over the original Administration request.

Ford asked that NIH funds be trimmed by \$113

million under the Nixon request, or a reduction of \$358 million less than voted by Congress.

"That's absurd," one NIH executive said. "No one expects it to stand up."

The absurd proposals further reflect the Ford Administration's continuing refusal to acknowledge the intent of Congress in specific legislative actions that are matters of law. Some actions by the Administration and especially by the Office of Management & Budget appear to flaunt their disdain for Congress.

OMB is still refusing to release funds for construction of new cancer facilities despite specific directives by Congress providing for such funding. Cancer Panel Chairman Benno Schmidt appealed personally to Paul O'Neill, who has just been nominated by the President to be deputy director of OMB, to no avail.

O'Neill is the OMB executive responsible for the review of HEW budgets. His hard-nosed attitude toward biomedical research, various elements of the cancer program, and research training programs has contributed heavily to the disarray in those programs in recent years. In that regard, he had considerable help from HEW Secretary Weinberger.

The Senate may have some questions for O'Neill on those matters when it considers his nomination. Under a law passed after Nixon appointed Roy Ash director of OMB, both the director and deputy now must be approved by the Senate.

It seems incredible that OMB would so totally ignore the work of Congress on the HEW appropriations bill. Congress did heed the call to hold the line on spending and turned out a bill a half-billion dollars under the Nixon request. The bill left intact the priorities established repeatedly in lop-sided votes on biomedical research authorization bills, especially the cancer program.

Congress has insisted that health programs will not have to bear the brunt of anti-inflation efforts, that there are other, less vital, areas in which to make cuts.

Yet, displaying the same arrogance that characterized the Nixon regime, OMB has continued to show its contempt for Congress, and at times, for the law. The budget cutters at OMB acted as if the congressional appropriations committees had not yet had their first meetings of 1974, had not held a single hearing on the budget, had not worked for 11 months on the bills, had not sent any legislation to the floor. OMB went right back to its original budget documents as if they were the only ones that were worth considering.

No further evidence is needed that the Nixon policy makers are still in the saddle and apparently will remain there, with O'Neill's promotion.

The President's proposal has all but stopped NCI work on new programs. NCI has been ordered to hold up all new awards, including those approved at the November meeting of the National Cancer Advisory Board. Contract RFOs are still being processed, but most awards will be delayed until NCI

knows where it stands.

NCI executives predict the budget picture won't clear up before April. Then it will require a furious pace to make the grant and contract awards before June 30 when the fiscal year ends.

DIET-NUTRITION RESEARCH PROGRAM, PRIORITY AREAS OUTLINED BY NCI

Three main thrusts in nutrition research have been recommended by an NCI group charged with establishing the outlines of a program to carry out the congressional mandate to "collect, analyze and disseminate information respecting nutrition programs for cancer patients and the relationship between nutrition and cancer."

The group, headed by Gio Gori, deputy director of the Div. of Cause & Prevention, suggested that research activities be organized to:

—Define the role of diet and diet components in the etiology of cancer, and in determining susceptibility or resistance to cancer in man and animals. This will include the relationship of normal diet to cancer; comparative human and animal studies in groups of the same genetic, ethnic stock, subject to different diets and occupational exposures; metabolic epidemiology; and metabolism, involving molecular carcinogenesis enhancers and repressors.

—Define the impact of diet and nutrition on treatment and rehabilitation of the cancer patient. This will involve studies of nutritional requirements and competition of nutrients between cancer and its host; and the metabolic and nutritional consequences of therapy, and the dietary needs of the cured patient and terminal patient.

—Formulate and disseminate dietary recommendations for prevention, for therapy, for rehabilitation, and for continuing care. This should include formats for the lay public, the cancer patient, and the health professions.

Gori reported his group's recommendations to the National Cancer Advisory Board which accepted them and cleared the program for an early start.

Gori's group said that the nutrition program should have a director "with coordinating and full budget authority" and that an advisory group should be formed to provide broad program guidance and emphasis including recommendation of budget allocations to different program areas.

Recommendations of the advisory group should include research that ranges from applied projects to basic research requirements. The program should be able to fund targeted projects through research contracts, and basic research by advertising the availability of grant funds on specific topics recommended by the advisory group.

The program "will have a unique opportunity to test the viability of the recent concept of a unified program utilizing both the contract and grant mech-

anism," Gori said, referring to the Cancer Research Emphasis Grant (CREG) concept.

Basic research grant applications will be reviewed either through the existing nutrition study section or through new study sections, which should give assurance of being responsive to the needs of the nutrition program, the group suggested.

For targeted research, recommendations of the advisory group will be developed into project concepts by NCI staff and consultants, to be presented as project plans and potential RFPs to a project review group for selection of relevance and priority.

"Time has not permitted an extensive survey of current diet and nutrition research and its relation to cancer," Gori reported. "One of the first tasks of the (nutrition) director will be to take an in depth inventory of this entire area.

"By comparison with other disciplines, research in diet and nutrition in the U.S. is lacking momentum and academic enthusiasm, while its ties to cancer are barely existent.

"Historically, a scattered approach to nutrition has been largely in the hands of biochemists with topical interests, and has not matured to some coherent grant design of academic appeal in its relation to cancer.

"The time is right for some coordinated effort in cancer that could give a revitalizing purpose to this field. Clearly, the (cancer program) has a unique opportunity to set these events in motion and to ally the cooperation of federal, academic and private concerns. Success is likely to be heightened if NCI maintains a low profile and liberal attitude toward other organizations it seeks to coordinate. This will be particularly true of relationships with other NIH institutes and federal agencies, notably FDA, Dept. of Agriculture, and the Defense Dept."

First tasks involved in getting the program rolling will be to appoint a director and to charter the advisory group which Gori suggested should include one or more NCAB members. Both of those actions should be completed by the end of the year, Gori said.

Advertising of grants and contracts will have to await clarification of the budget picture, however (see previous story). Gori told NCAB he hoped the program would be in "full swing" by its March meeting, but that does not seem likely in view of the current budget confusion.

Board member Philippe Shubik commented that diet and nutrition research could have "extraordinary implications" and offers numerous epidemiological leaders. "It is a large field and there is no question it is under-emphasized and needs an organized approach," Shubik said.

Board member Harold Amos warned that "there is more scientific quackery in the field of nutrition than any where else."

NEW GRANTS AND AWARDS

Grants announced by NIH for June, 1974, included those listed here for cancer research. All NCI awards for that month and some (but not all) for cancer-related programs supported by other institutes are shown.

RESEARCH GRANTS

ALABAMA

Univ. of Alabama (Birmingham)—John R. Durant, cancer control developmental grant, \$788,052.

ARKANSAS

Univ. of Arkansas (Fayetteville)—William L. Monney, The ultimobranchial body and thyroid tumors, \$14,450.

Univ. of Arkansas (Little Rock)—Dasilee H. Berry, Southwest cancer chemotherapy study group, \$12,626.

CALIFORNIA

Univ. of California (Berkeley)—Mortimer L. Mendelsohn, Cancer radiochemotherapy with 7-tritiotetracycline, \$70,140.

Univ. of California (Davis)—Robert S. Chang, Transfer factors from human lymphoid cell lines, \$27,631.

Veterans Administration Hospital (Fresno)—Fred W. Watkins, Participating member western cancer study group, \$6,203.

Univ. of California (Irvine)—Stuart M. Arfin, Aminoacyl-TRNA synthetase formation in animal cells, \$25,060.

Salk Institute for Biological Studies—Gernot F. Walter, Cell surface proteins, polyoma and SV40 gene products, \$29,250.

Scripps Clinic and Research Foundation—Michele A. Pellegrino, Soluble HL-A antigens in the sera of cancer patients, \$76,934.

Univ. of California (San Diego)—Darrell D. Fanestil, Steroid hormonal effects on renal carcinoma, \$36,751; Theodore Friedmann, Proteins in oncogenic viruses: polyoma and SV40, \$46,470.

UCLA—Martin J. Cline, A program in medical oncology, \$81,741; John L. Fahey, Bladder cancer: immunology, immunotherapy & virology, \$390,906.

USC—Robert J. Hasterlik, Evaluation of the impact of cancer control programs, \$275,000.

Univ. of California (San Francisco)—Norman Talal, Cancer and macroglobulinemia, \$78,200.

Univ. of California (Santa Barbara)—John A. Carbon, Studies on simian virus 40 DNA, \$54,177.

Los Angeles County Harbor General Hospital—John E. Byfield, Immune surveillance—studies on a human cancer model, \$72,779; Patricia E. Byfield, Cellular immunity & thymic radiation in human cancers, \$18,940; Yosef H. Pilch, Immunotherapy of cancer with lymphoid extracts, \$100,000.

COLORADO

Univ. of Colorado (Boulder)—Richard B. Hallick, Gene expression in cell organelles, \$35,612; Edwin H.

McConkey, Messenger RNA and differentiation of animal cells, \$38,828.

Denver General Hospital—Francis J. Major, Gynecologic oncology group, \$16,629.

National Jewish Hospital and Research Center (Denver)—Carlos A. Abel, Cell-cell interactions in the immune response, \$27,300.

CONNECTICUT

Univ. of Connecticut—Dominick L. Cinti, Aryl hydrocarbon hydroxylase induction, \$34,239; Peter A. Ward, Immunopathology and clinical immunology, \$302,944.

Yale Univ.—Godfrey N. Godson, DNA replication in small viruses, in vivo/in vitro, \$20,359; Paul T. Magee, Mutations affecting RNA polymerases of mammalian cells, \$33,270; John C. Marsh, Eastern cooperative oncology group, \$28,674.

DISTRICT OF COLUMBIA

Children's Hospital—Sanford L. Leikin, Lymphocytotoxicity in neuroblastoma, \$90,456.

Georgetown Univ.—Jack G. Chirikjian, RNA modifying enzymes in normal and neoplastic cells, \$53,426.

FLORIDA

Univ. of Florida (Gainesville)—Charles L. Cusamano, Role of circulating immune complexes in human cancer, \$70,000; James E. McGuigan, Cancer of the endocrine pancreas, \$13,614.

Papanicolaou Cancer Research Institute—Fazal Ahmad, Fatty acid metabolism in propionic acid bacteria, \$14,310.

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-55200-06

Title: Program planning evaluation and related support services

Deadline: Probably mid-January, 1975

NCI's Div. of Cancer Control & Rehabilitation is soliciting proposals for support activities. It is imperative that a contractor have sufficient staff flexi-

bility and resources to respond rapidly to changing support requirements in the various areas and to provide time/quality critical support of unanticipated urgent requirements.

Activities representative of the support requirements are as follows: assistance in the development, operation and maintenance of project reporting systems; support of project level evaluations by collection and analysis of project performance progress data in high-dollar, high-priority cancer control projects; assist DCCR in planning conferences, meetings and workshops by arranging logistical aspects of meetings, notifying participants, providing experienced professional individuals knowledgeable about cancer control and the objectives of the DCCR who can perform as coordinators during technical portions of the meetings; assist in analyzing resources of on going programs to show how changes in the variables of funding, manpower or equipment would affect the program; provide professional and graphic/documentation support for presentations; perform analysis of complex survey data and project data on a quick reaction basis.

The contractor's primary facility for performance should be within a reasonable commuting distance of 8300 Colesville Road, Silver Spring, Md. in order to provide timely response and coordination on urgent requirements. For planning purposes the government estimates that approximately 18,000 professional man-hours per year will be required.

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

RFP NO1-CN-55201-05

Title: *Development and implementation of at-home rehabilitation programs*

Deadline: *Mid-January, 1975*

The Div. of Cancer Control & Rehabilitation is soliciting proposals for the identification of the rehabilitative needs of the cancer patient and the identification and development of the resources and services required to meet those needs on an at-home basis. Emphasis shall be placed upon the utilization of community resources for at-home rehabilitation services to include physical restoration, psychosocial support, and vocational counselling.

Additional objectives of this project include the provision for the education of the various disciplines to be involved in the provision of cancer rehabilitation on an at-home basis as well as the education of both patient and family to utilize such service.

Prospective offerors must have access to trained rehabilitation care professionals, are expected to have at least 300 cancer patients yearly that are actively involved in a program of continuing care or follow-up, and must specify the methods that will be used to develop team competence.

The development of a methodology for the ob-

jective evaluation of the effectiveness of the program is an additional requirement. It is anticipated that such a program shall be operational within six months following the award of a contract.

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

RFP NCI-CP-FS-53522-55

Title: *SEER and Third National Cancer Survey data processing services*

Deadline: *Jan. 15, 1975*

The ADP management section in NCI's Div. of Cancer Cause & Prevention is seeking sources of data processing support for a program of cancer surveillance, epidemiology and end results reporting (SEER) and for the statistical analysis phase of the Third National Cancer Survey (3NCS).

The SEER program provides information on trends in the incidence of the various forms of cancer in the United States, variation in the occurrence of cancer among different population groups and in different geographic areas, changes in diagnostic and treatment practices and the associated end results in the general run of cancer patients. The data for the SEER program are submitted to NCI annually; these uniform data are compiled by a number of population-based central cancer registries across the United States.

The Third National Cancer Survey was conducted between 1969 and 1974 by NCI. The survey identified every cancer in nine regions in the United States, plus Puerto Rico, which constituted approximately 10% of all U.S. cancer cases for the years 1969-1971. The 3NCS data collection phase (including all data editing) has been completed and various statistical studies are being initiated by NCI investigators.

The contractor will be required to:

(a) Prepare computer programs for SEER from NCI specifications; edit data contained on magnetic tapes submitted by the individual population-based registries; and generate, from these tapes, files for statistical analysis.

(b) Prepare computer programs from NCI specifications for both generalized and special programs for statistical analysis of SEER data.

(c) Prepare computer programs from NCI specifications for both generalized and special programs for statistical analysis of 3NCS data.

This work will include the use of prepackaged biostatistical programs such as BMD, and the use of graphic devices such as the CALCOMP plotter.

All developmental and production processing will be done using the NIH computer center. Program development will be done on IBM 2741 terminals using the WYLBUR text editor and remote job entry system available at DCRT.

Contract Specialist: Fred V. Shaw
Cause & Prevention
301-496-1781

RFP NCI-CO-55193-04

Title: *Technical support services for the ICRDB program*

Deadline: *Dec. 23, 1974*

In order to carry out the mandate of the National Cancer Act which states that the director of NCI shall: "collect, analyze, and disseminate all data useful in the prevention, diagnosis, and treatment of cancer, including the establishment of an international cancer research data bank to collect, catalog, store, and disseminate insofar as feasible the results of cancer research undertaken in any country for the use of any person involved in cancer research in any country," NCI has established an International Cancer Research Data Bank (ICRDB) Program. The purpose of this solicitation is to identify a contractor who will provide a number of technical support services needed by this program.

The type of activities which may be required under this contract include, but are not limited to, the general areas described briefly here.

1. Obtaining background information needed for planning or implementing specific ICRDB activities. These activities may include identifying, examining and reviewing existing documents which contain the needed information; identifying, examining and reviewing existing documents which contain the needed information; identifying and contacting key individuals who have the expertise and can provide the necessary input for planning document preparation; summarizing information gathered from multiple sources; and developing alternative plans of action, recommending a specific plan, and justifying its selection.

2. Monitoring the quality of products and services produced by the ICRDB Program. This may include performing established quality control functions such as monitoring text, indexes, abstracts, tables, data, and other documents produced by the ICRDB Program and reporting errors and/or other problems (such as lack of adherence to standards established for ICRDB products and services and report findings) to the ICRDB officers; and suggesting methods to ICRDB staff for improving the quality of the products when deficiencies are identified.

3. Preparation of documents, reports, and presentations describing the ICRDB Program operation. This may include drafting documents describing ICRDB products and services for professional, administrative and technical people; drafting talks and diagrams for use in presentations to various groups of individuals; collecting and tabulating periodic statistical reports (i.e., number of journals screened, number of cancer-

related documents identified, number of documents needing special abstract preparation, number of abstracts actually prepared, number entered on tape, number of requests for various types of information, etc.).

4. Developing and implementing methods to evaluate the usefulness of ICRDB products and services. This may include drafting of preliminary and final forms for use in evaluating specific ICRDB products and services; disseminating survey forms, collecting and tabulating the responses, and producing appropriate reports.

5. Updating of special publications or compilation of new publications as needed by the ICRDB Program. Documents which may be updated include The Catalog of Information Services and Activities of NCI; a directory listing and briefly describing cancer information resources in the U.S. and abroad.

6. Taking steps to make potential users aware of ICRDB products and services. This may include supporting demonstrations and presentations by the ICRDB Program, such as demonstrating the ability to conduct on-line searches through use of the "CANCERLINE" data base at the National Library of Medicine at professional meetings; making arrangements for exhibit booths at professional meetings where ICRDB products and services will be displayed or demonstrated and where questions regarding the ICRDB Program will be answered.

7. Develop and implement methods and documents for responding to requests for information about the ICRDB Program. This may include developing form letters which will be typed using a contractor-supplied MT/ST machine or equivalent to answer routine inquiries from researchers regarding the status and/or plans and/or specific services offered by the ICRDB; setting up a procedure for sending copies of ICRDB-related documents to individuals on request.

8. Provide all required support for meetings sponsored by the ICRDB Program.

Contract Specialist: Ralph Forrester
Research Contracts
NCI, Bldg 31, Rm 10A24
Bethesda, Md. 20014
301-496-6316

SOLE SOURCE

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

Title: Technical services in support of the National Cancer Program Bulletin

Contractor: Aries Corp., Arlington, Va.

The Cancer Newsletter—Editor JERRY D. BOYD

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