THE CANCER LETTER

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

Vol. 1 No. 14

April 4, 1975

Subscription $100 per year

NCI MAKES FIRST NRS AWARD—13 INSTITUTIONAL GRANTS; 150 INDIVIDUALS PENDING: LEPOVETSKY TRAINING CHIEF

NCI has made its first awards under the National Research Service Act—13 institutional fellowships totaling $733,094, which were approved by the National Cancer Advisory Board at its March meeting. In addition, NCI has approved 150 individual fellowships which will total $1.6 million plus another $450,000 for related institutional support.

The individual fellowships will be awarded as soon as HEW adopts final regulations governing that portion of the new program. NCAB approval is not required, since they fall under $35,000 for each award. The law requires NCAB action on grants over that figure.

The 13 institutional awards were made from 26 applications. Study sections recommended 10 for disapproval, and deferred action on three.

(Continued to page 2)

In Brief

CREG TO BE USED IN VIRAL ONCOLOGY, NUTRITION, CELL KINETICS, IMMUNOLOGY, RAUSCHER TELLS NCAB

FUNDING of some programs in viral oncology, nutrition, cell kinetics and immunology may be accomplished through the new cancer research emphasis grants mechanism, NCI Director Frank Rauscher told the National Cancer Advisory Board. Guidelines for the first CREG program, for in vitro chemical carcinogenesis testing, will be out later this month . . . . **RAUSCHER'S** comments to NCAB on the Assn. of Community Cancer Centers: "It's a new, young group of practicing physicians who have set up this association at their own expense. They have no handle yet on what they want to do or can do. We have to communicate with them better than we have in the past". . . . **WILLIAM POWERS**, NCAB member and director of radiation oncology at Mallinckrodt, on environmental carcinogenesis: "People want to find a carcinogen to blame for every cancer. The problem is to find it (a newly introduced environmental carcinogen) before it becomes endeared to the people. There is a great lack of trained personnel in this field. We need a wide variety, from many disciplines. It is worthwhile and interesting work". . . . **IRVING LONDON**, NCAB member and director of the Harvard-MIT Program in Health Sciences & Technology, on the same topic: "The search for new energy sources may add to the burden. The health consequences of energy exporation should not be overlooked. The Energy Research & Development Administration probably will look to NCI for advice and leadership". . . . **NATIONAL CONFERENCE** on Advances in Cancer Management, Part II: Detection & Diagnosis is scheduled May 1-3 in Denver. It's sponsored jointly by NCI and the American Cancer Society. Contact S. L. Arje, ACS, 219 E. 42nd St., NYC 10017. . . . **HEALTH MANPOWER** supply, including 1970 profiles and projections to 1990, is subject of a new HEW publication, No. HRA 75-38. Order from GPO, Washington D.C. 20402, $3.

TWO HUNDRED MORE INDIVIDUAL AWARDS WILL BE MADE LATTER THIS YEAR

(Continued from page 1)

In general, the disapprovals were related to failure to include sufficient detail for training plans, according to study section comments. Other adverse comments included: "Proposed preceptors are unproven in the area of cancer research . . . Too narrow an approach to the training plan . . . Limited amount of research closely related to cancer."

The 150 individual fellowships will be funded with fiscal 1975 money, assuming HEW gets the regulations out before the end of the fiscal year, June 30. More than 200 additional individual fellowship applications are awaiting study section review and probably will be awarded later this year, with fiscal 1976 funds.

The next round of institutional fellowship awards is scheduled for June, when NCI hopes to submit more than 80 approved applications to NCAB. NCI has received 163 applications and expects to award at least half of them, funded at about $7 million.

Research training at NIH thus starts on the way back up, after the program was devastated in a five-year effort by Caspar Weinberger to kill it. Weinberger started his campaign against federal support for research training when he was director of the Office of Management & Budget, and continued it when he became HEW secretary. Until Congress passed NRS last year there was no legislative mandate for the program, which had been carried out under broad general authority granted HEW.

Even after the Act was passed requiring HEW to implement the new program, Weinberger dragged his feet and delayed issuing the new guidelines. It has been almost a year since President Nixon reluctantly signed the bill into law. NCI and other NIH entities are struggling to complete reviews and make awards before the fiscal year ends June 30.

NCI has a new man to run its training program—Barney Lepovetsky, who moved over from the Div. of Cancer Control & Rehabilitation. He's the new chief of the training branch in the Div. of Research Resources & Centers.

Lepovetsky has a PhD and an LLD, which prompted DRR&C Director Thomas King to comment that the various training programs and their regulations have become so complicated he needed a lawyer to figure them out.

The individual fellowships being readied for award were converted to the NRS program from the so-called Weinberger fellowships. The grantees had applied under the program drawn up by Weinberger in a vain attempt to head off congressional action.

Under the NRS program, individual fellowships will carry a stipend of $10-14,000. Institutional trainees, who may be either pre or post doctoral students, will have stipends of $3,000 plus $600 for each dependent. Both individual and institutional recipients must agree to the payback feature of the Act, which requires stipulated service in research, teaching, or medically underserved areas.

In addition to the NRS awards, NCI is still carrying on the phaseout of the former training programs—206 Weinberger fellowships, funded this year with $3.4 million; 64 of the old training grants, $6.1 million; six of the old post doctoral and special fellowships, $75,000.

NCI also is supporting nine research career awards, $300,000; and 108 research career development awards, $2.4 million.

REGULATIONS PROPOSED FOR NCI'S CLINICAL CANCER EDUCATION PROGRAM

Regulations governing another NCI education program, one authorized by the National Cancer Act rather than the National Research Service Act, were proposed in the *Federal Register* March 24. These proposed rules will implement the $4 million Clinical Cancer Education Program.

The program is designed to stimulate development of innovative teaching methods in cancer prevention, diagnosis, treatment, and rehabilitation.

Institutions eligible for grants include schools of medicine, dentistry, osteopathy and public health, affiliated teaching hospitals and specialized cancer institutions. They must be nonprofit institutions located in the states, D.C., Puerto Rico, Virgin Islands, Canal Zone, Guam, American Samoa, or the Trust Territory of the Pacific Islands.

"Education of physicians and dentists in the management of cancer is an important part of the National Cancer Program," said NCI Director Frank Rauscher. "It is essential to improve instruction in cancer-related subjects at both undergraduate and graduate levels. The new education program will coordinate activities of faculty from many departments to provide carefully designed, multidisciplinary cancer instruction."

NCI grants will fund only cancer education activities in addition to the existing curriculum.

NCI CANCELS NUTRITION RFP, ADDS WORK TO EXISTING FRANKLIN CONTRACT

The RFP (N01-CP-55680-69, *The Cancer Letter*, March 21) for a feasibility study to define the modalities for a state of the art survey in diet, nutrition and cancer has been withdrawn by NCI.

After the RFP was issued, NCI contract officers determined that the existing contract the Carcinogenesis Program has with Franklin Institute for information services could be used for the job.

A number of requests for the RFP had already been received by NCI, and the would-be proposers were more than a little miffed when they learned the RFP had been canceled. But NCI decided the two months or more it will save by not awarding a new contract was worth risking some hard feelings.

Contract Awards

NCI GETS WITHHELD FUNDS; HAZLETON TOPS LIST IN STEPPED-UP AWARD FLOW

A surge of awards from NCI contract offices swiftly followed the release of $123 million the White House has been holding back from the current fiscal year appropriations.

NCI had delayed most awards, in both contract and grant programs, pending final resolution of the battle between the President and Congress over the Administration's request to cut NCI appropriations from $691 million to $568 million.

That conflict was resolved when 45 legislative days elapsed from the date of the President's recision request, and the Office of Management & Budget released the extra funds the next day, March 17. Both houses of Congress had approved bills denying the request, but final action had not been taken prior to the March 16 deadline.

Hazleton Laboratories topped the list of recently announced awards with a $386,666 contract to provide support services to maintain studies of the role of viruses in experimental oncogeneses.

Other awards were:

Title: Immunological characterization of EBV antigens
Contractor: Medical College of Pa., $86,604.

Title: Study shifts in cancer risks for specific sites among Japanese migrants to the United States
Contractor: AICHI Cancer Center Research Institute, Chikusa – Ku, Nagoya, Japan, $120,873

Title: Synthesis of cancer chemotherapy compounds
Contractor: Starks Associates, Inc., Buffalo, N.Y., $343,730.

Title: Expansion of Virginia cervical cancer screening program
Contractor: Virginia Dept. of Health, $316,542.

Title: Screening of compounds for anti-tumor activities
Contractor: Litton Bionetics, $302,630.

Title: Maintenance and observation of a population based cancer registry
Contractor: Univ. of New Mexico, $47,689.

Title: Biological resources management information system support services
Contractor: EG&G/Mason Research Institute, Worcester, Massachusetts, $142,143.

Title: Conduct immunoloigcal studies on animal breast carcinoma
Contractor: Univ. of Miami, $115,014.

Title: Applications of advanced electrical and optical technology to problems in oncology
Contractor: General Electric Co., $264,130.

Title: Planning for a state-wide cervical cancer screening program
Contractor: Wisconsin Dept. of Health, $49,998.

Title: Animal pathology support
Contractor: Experimental Pathology Laboratories, Herndon, Va., $220,000.

Title: Preparation of various N-nitroso compounds
Contractor: Univ. of New Hampshire, $43,374.

Title: Biomedical engineering research services
Contractor: Arthur D. Little, $159,335.

Title: To add additional effort to the drug distribution and inventory system
Contractor: Value Engineering Co., Alexandria, Va., $28,456

Title: 14th annual conference on detection and treatment of early breast cancer
Contractor: American College of Radiology, $82,500

Title: Technical writing services in support of cancer related written inquiries from the general public
Contractor: Biospherics, Rockville, Md., $64,494.

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 & 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-CM-53808

Title: *Conduct of a gastrointestinal cancer research program*
Deadline: *May 5*

NCI is soliciting proposals from qualified sources for the conduct of a gastrointestinal cancer research program. Because of a lack of bed space, research facilities and support personnel, this program cannot be conducted at the NIH Clinical Center as an intramural program. However, as an extramural program it will be unique in that it will be designed to give NCI program leaders the opportunity to have a direct scientific input into a clinical gastrointestinal research program.

There will be close collaboration between the NCI program staff and the contract's senior investigators throughout the contract period. For this reason, in order to be eligible for award of a contract, offerors must be located within approximately one hour commuting distance from the NIH campus. They must also be available for consultation on a daily or weekly basis.

Under this program, the contractor will provide in-patient bed space, space for out-patient visits, laboratories and offices. The contractor will also provide doctors, nurses, nurses aides, technicians, laboratory personnel and other such personnel necessary for staffing and operating a gastrointestinal program.

Areas of research to be included in the program are as follows:

1. De velopment of methods for early detection of GI malignancies.
2. Evaluating the role of staging in management of patients.
3. Systematic investigation of new and established agents in GI cancer.
4. Development of new combinations and multi-disciplinary approaches in GI cancer.
5. Detailed pharmacologic evaluation of single and combined agents in GI cancer.
6. Biochemical and immunochemical evaluation of markers of tumor cell number.
7. Training of health professionals in GI cancer.

Contract Specialist: Joseph Kerner
Cancer Treatment
301-427-7460

RFP NCI-CM-63810

Title: *Hematology support care project*
Deadline: *May 2*

The Experimental Hematology Section of the Medical Oncology Program, DCT, has an extensive histocompatibility capability. This histocompatibility competence has greatly enhanced the selection of histocompatible platelet transfusion donors. In order to select compatible leukocyte transfusion donors, it is important that all recipient serum available be tested against leukocyte donors. The assays for leukoagglutination are time dependent in that leukocyte samples cannot travel great distances without interfering with the reproducibility of results.

The contractor will supply the following services:

a. Conduct a variety of leukoagglutination assays of prospective human recipient sera against prospective donor peripheral leukocytes, in an effort to ascertain the optimal recipient-donor combinations to be employed for supportive clinical cell transfusions. (Microleukoagglutination Capillary Migration.)

b. Conduct micro-lymphocytotoxicity assays on serum samples from patients, in an effort to ascertain the presence, level and specificity of humoral antibody directed against specific and random donor lymphocytes in these individuals following supportative clinical transfusions and/or bone marrow transplantations.

Volume of work in items a and b will not exceed, on a daily (weekday) basis, 12 serum-call interactions of any combination of assays, and on weekends or holidays that amount of work which can be accomplished by one technician.

c. Ascertain the granulocyte phenotype of patients and prospective donors, employing reference granulocyte typing sera in a modified micro-lymphocytotoxixity type of procedure, in an effort to ascertain the optimal recipient-donor combinations to be employed for supportive clinical cell transfusions.

d. Conduct micro-granulocyte cytotoxicity screening assays and absorption studies on serum samples from patients, in an effort to ascertain the presence, level and specificity of humoral antibody directed against specific and random donor granulocytes, in these patients following supportive clinical cell transfusions and/or bone marrow transplantations.

e. Maintain a systematic frozen repository of all serum and/or plasma samples obtained from the patients, relatives, and normal donors under study in this program.

f. Arrange for the routine pick-up each morning and/or afternoon of the blood samples for assay or storage and for the routine delivery of the completed and evaluated assay results.

g. Arrange, when necessary for the pick-up of blood samples, performance of the required assays and reporting of the test results and evaluations.

h. Perform other histocompatibility assays, evaluations and service or modifications of the proposed techniques, as requested by the Project Officer.

i. Arrange to have the capability for performing leukocyte compatibility assays on a seven-day-a-week basis.

j. Provide reporting forms which will clearly depict the results of the compatibility studies and recording systems which will permit accurate storage and retrieval of pertinent serial laboratory studies for individual patients and potential blood donors.

k. When technical personnel are not committed to human blood studies they will conduct a variety of leukoagglutination and micro-lymphocytotoxicity assays between combinations of animal sera and cells, as part of the experimental preclinical transfusion program.

Because the assays for leukoagglutination are time dependent, it is necessary that any contractor have a local capability for testing of the preformed anti-leukocyte antibodies.

The government estimates that performance of these services will entail approximately four man-years of effort per year.

Contract Specialist: Joseph Kerner
Cancer Treatment
301-427-7460

The Cancer Newsletter—*Editor* JERRY D. BOYD

Published fifty times a year by The Cancer Letter, Inc., 1411 Aldenham Ln., Reston, Va. 22090.