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WANT TO KNOW WHAT CANCER RESEARCH PROJECTS ARE GOING ON? CRESPAC CAN DESCRIBE MORE THAN 5,000

Some critics of the National Cancer Program contend that it is so big and involves so many thousands of investigators and research projects that scientists never would be able to keep up on developments in their respective areas.

Congress anticipated that problem and decreed in the National Cancer Act that an International Cancer Research Data Bank be established to accumulate and disseminate pertinent information. It is a massive project, and NCI has had its CANCERLINE service operational

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In Brief

PRESIDENT ASKS $700 MILLION FOR NCI IN 1977; APPROPRIATION DELAY HALTS NEW RESEARCH FUNDS

PRESIDENT'S BUDGET request for NCI for the 1977 fiscal year will be $700 million, give or take a couple of million, ***The Cancer Letter*** has learned. Once again, the Ford Administration is being unrealistic in budgeting funds for cancer research. Congress has already approved $765 million for NCI in fiscal 1976, and although Ford vetoed the appropriation bill in which that amount was included, NCI certainly will wind up with something close to that figure. Congress will not cut 1977 cancer funds under the 1976 level. To fund research at about the 1975 level of 65% of renewal grants and 50% of new approved grants, NCI will need $900 million. The Administration request would cut those percentages by more than half and force cutbacks in other program areas. . . . **CONGRESS DECIDED** to wait until the second session starts to attempt to override the veto. A vote is scheduled Jan. 27 in the House. Even if the veto is overridden, the President can delay spending for another two-three months by submitting recision requests and delaying release of funds as he did last year. NCI has been forced to withhold funds from all new research until the appropriations figure is final, which now could be well into May. . . . **GREGORY LEWIS**, former vice president of JRB Associates, has joined the staff of NCI's Div. of Cancer Control & Rehabilitation as special assistant for planning to Director Diane Fink. . . . **FDA HAS** announced its intention to develop guidelines for medical radiation exposure of women of childbearing age. These guidelines could affect cancer diagnostic procedures. FDA invited comment by Feb. 13. Write to Div. of Compliance, Bureau of Radiological Health, 5600 Fishers Lane, Rockville, Md. 20852. . . . **REGIONAL WORKSHOP** bringing together the five northeast comprehensive cancer centers (Roswell Park, Farber, Sloan Kettering, Fox Chase and Yale) with NCI DCCR and centers program staff and ACS national and local division representatives is scheduled Jan. 11-13 in New Haven. Contact Henry Mandel at Yale or Robert Wakely, ACS Connecticut Div. in Woodbridge.

CRESPAC NOW OPERATIONAL; NCI HITS SNAG WITH CIDAC CONTRACTS, REISSUES ONE RFP

Continued from page 1)

for more than a year, offering access to more than 16,000 cancer therapy abstracts and 18,000 carcinogenesis abstracts through the National Library of Medicine's computer systems.

NCI recently started operation of the second major ICRDB service, the Cancer Research Project Assembly Center (CRESPAC), which NCI hopes eventually will include descriptions of every ongoing cancer research project in the world. CRESPAC now has 5,517 projects in its file, ultimately may have as many as 10,000. These include all research projects supported by NCI—through grants, contracts, cancer centers, cooperative groups, whatever—plus those supported by other government agencies, the American Cancer Society, and a variety of foundations and private institutions. It eventually will include an estimated 2,000 projects outside the U.S.

These descriptions are available for on-line searching through NLM's nationwide communications network. Anyone wishing to make a search may do so through one of the more than 300 institutions with terminals connected to the network—medical schools, research institutions, regional medical libraries and hospitals. Each has (or should have) personnel trained to gain access to CRESPAC.

NLM charges $15 per connect hour for a search, with no phone line cost over the toll free network. Most libraries pass on this cost to users, charging as much as $5 minimum.

A variety of commercially available terminals may be used in the system, costing from $250 upwards. NLM has a minimum monthly charge of $15 for the service, with the $15 per connect hour charge starting with the second hour of use each month. NLM offers three-day training classes for personnel of organizations with their own terminals.

Individuals encountering problems in obtaining CRESPAC or CANCERLINE service through libraries or other institutions may call Donna Wicker, NLM's CANCERLINE information specialist, at 301-496-6193. She also will provide details on how to establish a terminal operation connected to NLM's system.

The Smithsonian Science Information Exchange is performing the task, under contract from NCI, of collecting the research project descriptions. The computer files will be updated three to four times a year. SSIE also will produce about 30 technical reports a year listing on going research in specific narrow subject areas. They will be available for purchase.

For information on any aspect of CANCERLINE, CRESPAC and the publications, write to ICRDB, NCI, Bldg 31 Room 4B41, Bethesda, Md. 20014.

NCI ran into some problems in developing another phase of the ICRDB program, the Cancer Information Dissemination and Analysis Centers (CIDACs). These will be the centers which will collect research results from the literature and will make available a steady stream of summaries, mostly in the form of abstracts.

NCI had planned to establish four CIDACs, each covering specific subject areas. RFPs were issued early last year, but the response was not entirely satisfactory. The plans have been revised now to establish only three CIDACs; a new RFP has just been announced for the one that will cover cancer virology, immunology, biochemistry, basic aspects of cell division and tumor growth, endocrine related aspects of cancer and other cancer related biology (see RFPs Available, starting on page 5).

Negotiations are in progress with prospective contractors for the other two CIDACs. One will cover carcinogenesis, including epidemiological studies, environmental and occupational carcinogenesis, and specific compounds. The other will include research dealing with patients, including therapy, screening, diagnosis, anticancer agent development, clinical trials.

CIDAC abstracts in specific subject areas will automatically be sent to scientists working in those areas, and to others who request them. Technical monographs covering recent results in various cancer research areas will be published periodically, and other means for information exchange will be developed (see RFP).

The CIDACs probably will not be operational before mid-1976.

DRUG DEVELOPMENT COMMITTEE DEMANDS, GETS GREATER VOICE IN NCI DECISIONS

Members of the new Drug Development Contract Review Committee served notice on NCI Div. of Cancer Treatment staff that they intend to offer advice whether it's wanted or not, and that they expect staff to come up with some pretty solid justification anytime that advice is ignored.

The committee, chaired by Eric Hirschberg, New Jersey Medical School. became operational last fall in the wake of the DCT reorganization and the move throughout NCI to provide greater peer review of the contract process. At the committee's first meeting last October, it reviewed 43 proposals generated by the recompetition of contracts for the isolation of anti-neoplastic agents from plants and ranked what it considered the top 10, in order.

Saul Schepartz, director of the Drug Research & Development Program, opened the December meeting of the committee by commenting that staff was in the process of "taking a closer look" at the 10 proposals.

"Will the committee get a further crack at it if our priority list is rearranged?" asked Robert Goldberger, a committtee member but also an NCI staff member, with the Div. of Biology & Diagnosis.

"That would be difficult," Schepartz answered. The final awards were scheduled to be made by

March 1, but another review by the committee could delay that, he said.

"But peer review only works if it is there down the line," Goldberger said. "It will be eroded if we're not allowed to have input to the end."

"If management does not follow the priorities of the committee, it ought to come back to the committee," said Emil Freireich, Univ. of Texas.

S. Morris Kupchan, Univ. of Virginia, suggested that if the priority change involved "No. 6 vs. No. 5, that should be no problem. But how about No. 9 vs. No. 5? In that case, we may well want another look at it."

One committee member asked about the legal questions involved in changing priority rankings. Changing study section ranking of grant applications is subject to legal challenge. Schepartz pointed out the difference between contracts and grants—contracts are awarded by staff contract officers, while grants are awarded by boards or councils.

"That will come to contracts, too," the committee member said. "All it takes is the action of a judge."

Schepartz said any changes in priority would be based on information not presented to the committee when it reviewed the proposals. This information has to do primarily with costs and financial stability of the organizations involved; some of it is privileged and may not be revealed to non-government personnel.

"I have the same feeling as the war protesters," Goldberger said. "We were told then that if we could see some special kind of information, we would feel differently. I always wondered what kind of information that was."

"I'm disappointed by this discussion," another committee member said. "Elimination of the unacceptable proposals is the easiest part. That could be done by staff. I'm discouraged that we're not going to have any meaningful role."

"I'm at a loss to understand the reticence to accept what I consider a generous offer, to more fully utilize our advice," Goldberger said.

"Our advice becomes moot, if it goes into a black box, is jumbled with other advice. We look at the science, someone else looks at costs, and our advice is ignored," Freireich said.

Schepartz pointed out that the committee did look at direct costs in the proposals. Information on indirect costs, which involve the overhead of organizations, may not be given to advisory committees, he insisted.

Freireich and Goldberger collaborated on a motion calling for NCI staff to follow the committee's ranking unless it has additional information which would change the ranking. In that case, the changes would be submitted to committee members for comment, and the chairman would have the job of assessing the response. The motion was approved unanimously.

DCT Director Vincent DeVita said, "I can assure you I would be happy to have the committee involved right up to the end. There has never been any intention to permit staff to override the committee."

Schepartz said that several awards would be made for the task of finding new drugs from plants. There are now four contractors—Univ. of Arizona, which received $120,200 for the project in fiscal 1975; Univ. of Illinois, $103,805; Research Triangle Institute, $195,008; and Univ. of Virginia, $180,000.

The committee also ranked proposals in the recompetition of the contract to isolate antineoplastic agents from marine and terrestial invertebrates, vertebrates and insects. That contract currently is held by Arizona State Univ., which received $118,236 in fiscal 1975. It is possible that more than one award will be made for this project.

The committee then turned its attention to the matter of unsolicited proposals and how they are reviewed. Established procedure is for NCI staff to review them first for program relevance; those that survive then go to the appropriate advisory committee for peer review.

Freireich objected. "If we have the process of review for relevance before it comes to the committee, then we can't advise. All unsolicited proposals should be submitted to the committee. On questions of relevance, you are entitled to our advice."

"I wouldn't want to see all of the proposals in their entirety, but I would like to see the titles and abstracts," said Roland Robins, ICN Pharmaceutical Inc.

"If an unsolicited propsal is considered only by staff (and is rejected, thus does not go to a committee), you are depriving yourself of the opportunity to get our advice, to back up your determination," Freireich told staff members. "It's an opportunity to share your responsibility, at our cost."

"What is relevant today may not be relevant tomorrow." Hirschberg said. "We need to be involved in determining relevance."

DeVita agreed that "we could circulate all of them. Some are so marginal that they are easy to reject. If you find some that are relevant, then they could go on to formal review. If this committee sees one it thinks is the cat's meow, and we don't agree, then it could go to the Board of Scientific Counselors (of DCT)."

DeVita noted that many unsolicited proposals are not really unsolicited. "Unsolicited is in quotes," he said. "They may be the result of informal meetings or discussions."

One committee member suggested that this could lead to "the danger of people considering unsolicited proposals as private deals with NCI." Schepartz responded that "I hope staff doesn't solicit unsolicited proposals," insisting that they arise out of discussions of program needs and opportunities.

Freireich's motion that titles and summaries of all unsolicited proposals in the drug development field be submitted to the entire committee was amended to add the requirement that the full proposals be re-

viewed by at least two committee members. Staff recommendations on relevance to program goals will accompany each. The chairman will assign each proposal to at least two members for review.

Schepartz said he felt the plan would not work out in practice, but the motion was approved unanimously.

Finally, the committee expressed dissatisfaction with the systems used to screen new compounds for possible anticancer effect and suggested than an RFP be developed asking the scientific community to submit proposals for new screening systems.

Schepartz reviewed the screening systems used since the program started in 1955, their evolution into ones presently in use and described new systems being considered.

Freireich led the criticism. "It has been my contention that the purpose of the screen is to identify new compounds. This screen has worked to hold down the number. Too few come through."

"I take issue with that," Schepartz said. "Few have come through, but not too few."

Robert Parks, Brown Univ., chairman of DCT's Developmental Therapeutics Committee, suggested that the program may be overlooking other noncancer uses of drugs it tests. "We will do medicine in general a great disservice if we do not identify other uses than cancer treatment," he said.

Schepartz said that other uses are sometimes noted during toxicity studies, but acknowledged that there is no official mechanism for identifying other uses systematically.

The new system explained by Schepartz "acknowledges that we can't random screen the universe," DeVita said. It would utilize a prescreen in which one or two models would be used to test new compounds selected from the literature and voluntary submissions. "We recognize that no one model can predict perfectly for clinical utility," DeVita said.

The prescreen would be accomplished with the P388 in vivo and in vitro ICB systems. Compounds showing activity there would be selected for further, wide spectrum testing, along with those coming from other antitumor screening programs and those with certain biological and biochemical activities.

Alternative approaches which Schepartz said were considered were: Limiting the program to testing material which would go initially into the broad spectrum screening; or using a very sensitive but reasonably discriminatory prescreen and depend on it exclusively to select materials for broad spectrum screening.

Schepartz and DeVita said they felt the third alternative—using the P388 and in vitro systems as prescreens for compounds selected from the literature and for testing natural products, with the promising materials then going into the broad spectrum screen—would result in a more productive drug development program.

Freireich was not impressed. "It seems to me the new proposal differs not at all qualitatively from the present system," he said. "Why not admit that the screening program is a scientific disaster, and open up the screening problem to the scientific community? There are thousands of scientists out there who know something about this problem. Let's put out an RFP asking for proposals on the question, 'How shall we identify new compounds for clinical testing against cancer?'"

Although the committee did not make that suggestion as a formal motion, DeVita and Schepartz accepted it as a recommendation. Schepartz' staff is in the process of gathering information for incorporation into an RFP. The suggestion will be on the agenda at the committee's next meeting.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS SCHEDULED IN JAN., FEB.

Breast Cancer Task Force—Jan. 7, Bethesda Holiday Inn, 8:30 a.m.—5 p.m., all open.

Committee on Cytology Automation—Jan. 7-9, NIH Bldg 31 Room 5, open Jan. 7 8:30 a.m.—5 p.m., Jan. 8, 8:30 a.m.—noon.

Breast Cancer Diagnosis Committee—Jan. 8, Bethesda Holiday Inn, open 11 a.m.—adjournment.

Breast Cancer Epidemiology Committee—Jan. 8, Bethesda Holiday Inn, open 10 a.m.—adjournment.

Breast Cancer Experimental Biology Committee—Jan. 8, NIH Bldg 31 Room 6, open 8:30 - 9:30 a.m.

Breast Cancer Treatment Committee—Jan. 8, Landow Bldg Room C418, open 8:30 - 10 a.m.

Drug Development Committee—Jan. 9, Blair Bldg Room 414, open 9 - 9:15 a.m.

Regional Workshop—Jan. 11-13, New Haven, Conn., registration required (See In Brief).

Temporary Committee for the Review of Data on the Carcinogenicity of Cyclamates—Jan. 13, NIH Bldg 31 Room 10, 9 a.m., open.

Diet, Nutrition and Cancer Program Advisory Committee—Jan. 13-14, NIH Bldg 31 Room 6, 9 a.m., open.

Recent Advances in the Diagnosis and Treatment of Lung Cancer—Jan. 13, Roswell Park, registration required.

Clinical Cancer Education Committee—Jan. 15-16, NIH Bldg 31 Room 10, open Jan. 15 8:30 - 9 a.m.

Perinatal Carcinogenesis Workshop—Jan. 19-21, Holiday Inn Central, Tampa, Fla., open 9 a.m.—5 p.m. each day.

Cancer Clinical Investigation Review Committee—Jan. 19-21, NIH Bldg 31 Room 8, open Jan. 19 8:30 - 10:30 a.m.

Virus Cancer Program Scientific Review Committee A—Jan. 19-20, NIH Bldg 37 Room 1B04, open Jan. 19 9 - 9:30 a.m.

Biometry & Epidemiology Contract Review Committee—Jan. 20-21, Landow Bldg Room C418, open Jan. 20 7:30 - 11 p.m.

President's Cancer Panel—Jan. 21, NIH Bldg 31 Room 7, open 9:30 a.m. - noon.

Committee on Cancer Immunotherapy—Jan. 22, NIH Bldg 10 Room 4B14, open 1 - 1:30 p.m.

Cancer Control Intervention Programs Review Committee—Jan. 22, Landow Bldg Room C418, open 8:30 - 9 a.m.

Drug Development Committee—Jan. 22-23, Southern Research Institute, Birmingham, Alabama, open Jan. 23 9 - 9:15 a.m.

Temporary Committee for a Statistical Analysis & Quality Control Center—Jan. 26-27, NIH Bldg 31 Room 9, open Jan. 26 9 - 9:30 a.m.

Clinical Cooperative Group Chairmen—Jan. 27, NIH Bldg 31 Room 4, 9 a.m.—5 p.m., open.

Cancer Control Supportive Review Committee—Jan. 27, NIH Bldg 31 Room 10, open 8:30 - 9 a.m.

Assn. of Community Cancer Centers Annual Meeting—Jan. 31-Feb. 1, Hilton Hotel, Jacksonville, Fla., registration required.

Chemotherapy and Supportive Therapy of Hemopoetic Malignancies—Feb. 12, Roswell Park, registration required.

President's Cancer Panel—Feb. 18, NIH Bldg 31 Room 7, open 9:30 a.m.—noon.

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 NIH-NIEHS-76-7

Title: *Carcinogenic effects of petroleum hydrocarbons on selected marine and estuarine organisms*

Deadline: *March 8*

The National Institute of Environmental Health Sciences is interested in receiving contract proposals from organizations with the interest and capability to successfully conduct the studies proposed for this contract. NIEHS proposes research to obtain information on the potential role of certain fossil fuel associated polycyclic aromatic hydrocarbons in induction of epidermal papillomas on marine flatfish (Heterosomata).

It is estimated that the project will require two years to complete. Prospective contractors should have expertise in cancer research, enzymology, histopathology, fish husbandry and should have access to facilities in which young (pre-metamorphosis) flatfish can be safely exposed to specific concentrations of potentially hazardous compounds.

Contracting Officer: Fred L. Suggs
Research Contracts Branch
DCG, NIH Room 1B38
Bldg 31
Bethesda, Md. 20014
301-496-4487

RFP NO1-CN-65330-46

Title: *Survey of secretarial and administrative support activities*

Deadline: *Feb. 2*

NCI has selected the Research Contracts Branch and the Div. of Cancer Control & Rehabilitation, as the two areas of the Institute to be surveyed.

The Research Contracts Branch, with approximately 40 professional and 60 secretarial and other administrative support personnel, provides the administrative planning and management of all Institute research and development contracts. The work is subject to detailed procurement regulations, policies and procedures. Many standard forms and other formats are used. Less than half of the professional staff are served by private secretaries.

DCCR with approximately 35 professional staff and 25 secretarial and other administrative support personnel, provides the scientific planning and management of Institute control and rehabilitation grants and contracts. The work tends to be relatively unstructured as professionals are given considerable latitude in performing their work. A number of them are served by private secretaries.

NCI agrees to provide the study team personnel lists, floor plans, detailed organization charts, equipment inventories, job descriptions and other material deemed necessary for the conduct of the study.

Contract Specialist: Allan Benton
Control & Rehabilitation
301-427-7984

RFP NCI-CM-67072

Title: *Classification of non-Hodgkin's lymphomas*

Deadline: *Approximately March 8*

NCI is interested in organizations qualified to participate in a large-scale retrospective review of patients with non-Hodgkin's lymphomas, to assess the relative clinico-pathologic value of the various proferred histopathologic subclassification schemes.

This project will involve a histopathologic review of the diagnostic bipsy material from 1,000 patients with non-Hodgkin's lymphomas. Since the total cases necessary for this study are not available at any single institution in the world, the RFP will enable those institutions which can satisfy the entry and staging requirements to gather the necessary clinical data and histopathologic material for their portion of the study. Each institution selected will obtain the clinical data for its patients (approximately 1/5 - 1/3 of the study) in a format suitable for later encoding and computerization at a central facility which will also be selected under the RFP.

A panel of pathologists, designated by NCI, will visit each contributing institution selected and will subclassify each of the cases according to one or more of the proferred schemes. The pathologists will then submit their diagnoses for all cases to a central facility. The clinical and histopathologic data will then receive a detailed analysis at the central facility.

The central facility for encoding and analysis of the aggregate data will be selected as a second project under the RFP. Each institution meeting the criteria can offer a proposal to participate as a contributing institution and, in addition, can offer a second proposal to serve as the central facility for data computerization and analysis.

Contract Specialist: J.M. Cooper
Cancer Treatment
301-427-7463

RFP: ADVC
(Subcontract from a prime contractor)

Title: *Cardiotoxicity of adriamycin (ADR) or daunorubicin (DNR) analogs and ADR or DNR with antidotes*

Deadline: *Approximately March 15*

As a prime contractor to NCI, Battelle Columbus Laboratories is soliticiting proposals toward a subcontract in the research area indicated above. The project will involve preclinical toxicologic evaluations to determine the LD50 and cardiotoxic potential of ADR or DNR analogs, as well as the ability of proposed antidotes to alleviate or nullify the cardiotoxicity induced by ADR and DNR.

Comparative analyses will be accomplished using a semi-quantitative grading system based on evaluation of clinicopathologic data. Offerors should have experience in cardiovascular physiology, pathology, and biometrics. Capabilities for gross and histopathologic evaluations, ECG recordings/analyses, serum chemistry evaluations and computerized data analyses are required. Facilities for treating and holding at least 100 rabbits in isolated and stringently controlled clean conditions are necessary.

Requests for the RFP should include a self-addressed mailing label.

Write to: Toxicology Program Office
Battelle-Columbus, Suite 220
7405 Colshire Dr., McLean, Va. 43201
Re: RFP-ADCV

RFP NCI-CB-64022-31

Title: *Purification of human tumor associated antigens and preparation of specific antibodies to these antigens*

Deadline: *Feb. 10*

Specific activities required in this project include:

1. Prepare membrane extracts and separated soluble fractions from cancer tissues, control tissues, and from tissue culture lines derived from tumors. Emphasis will be placed in the following tumors: carcinoma of breast, carcinoma of lung, carcinoma of colon, malignant melanoma of Ewing's sarcoma. These materials are to be prepared with sterile techniques and reagents by procedures previously reported and and also according to protocols developed by NCI investigators.

2. Perform immediate testing of materials by direct leukocyte migration inhibition assay (either in capillary tubes or in agarose droplets).

3. Provide separated soluble fractions for testing by NCI investigators in assays of delayed hypersensitivity, in vitro cellular immunity, and in humoral assays. Since some of the materials will be inoculated into patients, satisfactory procedures must be outlined to ensure the sterility and lack of toxicity of the preparations.

4. Prepare antisera against separated soluble tumor fractions, particularly those with activity in assays of cellular immunity, and perform necessary absorptions for demonstration of specificity against tumor associated antigens.

5. Since this project will necessitate a regular, close working relationship between the contractor and NCI investigators, the contract facility must be within a 50 mile radius of NIH. There will be a need for almost daily contact with NCI project officers, and for weekly working meetings at NCI in Bethesda.

The project will require the immediate availability of an investigator with experience in protein chemistry and antigen isolation, one technician trained to perform leukocyte migration inhibition assays, and three to four technicians for antigen separations.

Contract Specialist: Robert Townsend
Biology & Diagnosis
301-496-5567

RFP NCI-CB-64019-31

Title: *Clinical evaluation of immunodiagnostic tests for cancer Errata Sheet No. 1*

Part I, "Scope of Work," Paragraph B, "Activities Required Under this Request for Proposal," contains the text of an announcement which has been previously published as describing the means of arranging to receive a coded serum panel. The text of a second announcement also includes such a description and is included herewith:

Reference No. NCI-CB-64019-31 – Clinical evaluation of immunodiagnostic tests for cancer – A variety of antigenic serum components have been reported to be uniquely present, or present in elevated or decreased quantities, in the sera of cancer patients, as compared to other patients or to normal individuals (e.g., peptide hormones, virus antigens, β 2 microglobulins). NCI is interested in evaluating assays that have potential for the immunodiagnosis of cancer and seeks laboratories that have developed a serologic assay which distinguishes cancer patients from those with benign disease and normal individuals. RFP is available to, and proposals will be accepted from, those who meet the following prerequisites:

a. Supply preliminary data documenting a useful test, together with a request for a coded serum panel, to the following address:

Immunodiagnosis serum panels
Building 8, Room 118
National Cancer Institute
National Institutes of Health
Bethesda, Md. 20014

b. If NCI finds that the preliminary data supplied supports the assay's ability to discriminate between cancer patients and controls, NCI will supply the requestor with a coded panel of sera with which to test

the assay, and further instructions as to its use and return for evaluation by NCI. If the assay gives distinguished performance on the serum panel, NCI will send an RFP to the requestor.

Contract proposals submitted to the NCI must be responsive to the requirements of the RFP and must be received at NCI by 5 p.m., Bethesda, Md. time by one of the following three deadlines:

April 30, 1976
Aug. 31, 1976
Dec. 31, 1976

Since this announcement clarifies but does not change the requirements of this RFP, the deadlines for submission of proposals are not changed.

Contract Specialist: Robert Townsend
Biology & Diagnosis
301-496-5567

RFP NO1-CP-65748-62

Title: *Development of decontamination procedures for chemical carcinogens*

Deadline: *Feb. 10*

The ultimate objective of this project is to provide scientists in carcinogenesis research with waste-treatment techniques. The methods to be developed, therefore, should be practical, economical, and adaptable to smaller laboratory operations. Since the primary concern is for laboratories which are currently in operation, the add-on capabilities of the resulting equipment are very important, meaning that some of the methodology to be developed should be capable of being used on existing equipment without extensive modification.

Procedures must be developed for the destruction of wastes which contain high concentrations of hazardous substances. This includes surplus chemical stocks and wastes from bioassay facilities. The types of waste materials that might contain cancer-suspect agents from bioassay facilities are animal feed, waste, bedding and carcasses. Chemical, photochemical and oxidative procedures, as well as any others that might be applicable, may be used. Burial of wastes as a basic method of disposal is not acceptable unless it can be demonstrated that it is only one step in a sequence of events which will lead to complete destruction of the carcinogens while these substances are securely contained.

The use of fume cabinets for the protection of laboratory personnel increases the likelihood that cancer-suspect agents will be exhausted to the environment. Depending on the nature of the compounds in use, the airborne substances can be in droplet, particulate, or vapor form. A concentration of 1 ppm is in air flow of 1000 cfm may be considered to be an example of levels found. The concentration must be significantly reduced.

Many laboratory procedures result in aqueous effluents which contain suspended or dissolved carcinogens. Procedures must be developed to remove these substances from water before it is discharged to the environment. Since a typical flow from a laboratory operation is about 25,000 gallons per month, equipment should be capable of handling this quantity. Proposals may be based upon microbial or chemical degradation, filtration or any other techniques that might be applicable. Since fume incineration is very expensive, other techniques must be developed for removal of the agents from the air stream.

While some of the tasks will require working with carcinogenic chemicals from the onset, many procedures may be developed with non-hazardous model compounds. The model compounds selected must have physical-chemical properties that are similar to the carcinogenic compounds. The techniques developed will ultimately have to be tested with the actual cancer-suspect compound before they can be approved for use. The testing may be done at another laboratory at the direction of the project officer.

It is anticipated that the project will require the equivalent of a full-time professional-level person with appropriate experience and four technicians for the first year of effort.

Contract Specialist: Dorothy Britton
Cause & Prevention
301-496-6361

RFP NO1-CO-65361-04
(This is a re-issuance of RFP NO1-CO-55222-04)

Title: *Cancer information dissemination and analysis center (CIDAC) for cancer virology, cancer immunology, and basic cancer biology*

Deadline: *Late February*

NCI is requesting proposals for the establishment of a Cancer Information Dissemination and Analysis Center (CIDAC) for the International Cancer Research Data Bank (ICRDB) Program. This CIDAC will cover all the subject areas outlined below:

1. Cancer Virology: This will include all aspects of virus causation of cancer in humans and animals, replication and other properties of cancer viruses (including mechanism of virus-induced cell transformation), and antiviral agents as related to cancer virology.
2. Cancer Immunology (other than immunotherapy), including cancer-related antigens, and both humoral and cellular aspects of the immune response to cancer.
3. Cancer Biochemistry.
4. Basic aspects of cell division and tumor growth rate.
5. Endocrine-related aspects of cancer (other than clinical endocrine therapy and endocrine-related carcinogenesis).
6. Other cancer-related biology.

The major activities of the center are briefly summarized below:

1. Developing a current awareness or "alerting" system which will provide cancer researchers with a steady stream of "CANCERGRAMS" containing

about 2-4 pages of the most recent abstracts and project descriptions covering narrow, specific areas of cancer research. This alerting service involving update sheets is a system for Selective Dissemination of Information (SDI) to small groups of cancer researchers.

2. Producing technical bulletins (special bibliographies), each containing all abstracts and project descriptions entered into the ICRDB data base on one significant cancer topic over the past several years. The activities required for producing these products are almost identical to those required for producing "Cancergrams," except that they result in single issues of discrete monographs covering data collected on one "high interest topic" over a multi-year period.

3. Responding rapidly to requests for information in given subject areas. This will usually involve online searching of a computer data base called CANCERLINE by CIDAC subject specialists.

4. Developing procedures for summarizing or describing important new scientific findings in monthly reports to the ICRDB Program.

5. Identifying and implementing new and innovative projects designed to promote the communication and exchange of technical information between cancer researchers.

As can be seen by considering the in-depth technical, subject-specific input required for each of the major activities described above, the CIDAC must be staffed primarily by scientists who have a thorough and detailed understanding of cancer virology, immunology, biochemistry, and other cancer-related biology in order to deal effectively with increasingly complex technical aspects of research results and project descriptions entered into the ICRDB data base. The subject specialists must have at least an MS or PhD plus research experience in one of the subject areas covered by this CIDAC.

It is the policy of the NCI that each CIDAC, including those already designated, shall be located at different institutions/organizations so that they can focus intensively on one well defined area of cancer information. Only one contract will be awarded for this RFP.

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

SOLE SOURCE NEGOTIATIONS

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

Title: Large scale tissue culture production of tumor viruses
Contractor: Pfizer Inc.

Title: Support services for immunological and biochemical studies of mammalian viral oncology
Contractor: Meloy Laboratories Inc.

Title: Study and production of avian tumor viruses
Contractor: Life Sciences Inc., St. Petersburg, Fla.

Title: Continuation of cancer mortality studies
Contractor: Univ. of Minnesota.

Title: SEER and Third National Cancer Survey data processing support
Contractor: Geomet, Inc., Gaithersburg, Md.

CONTRACT AWARDS

Title: Psychological aspects of breast cancer
Contractor: Peter Bent Brigham Hospital, Boston, $265,434.

Title: Assessment of manpower needs in selected clinical oncology specialties
Contractor: Geomet Inc., $92,000.

Title: In vitro cell culture screening of new materials for cytotoxicity
Contractor: IIT Research Institute, $247,247.

Title: Measurement of the cost of cancer care
Contractor: ABT Associates, Inc., $357,579.

Title: A coordinated research and development program in cancer chemotherapy
Contractor: Arthur D. Little Inc., $154,926.

Title: Research on oncogenic and potentially oncogenic viruses; virus production and vaccine development.
Contractor: Merck, $73,490.

Title: Detroit Population-Based Cancer Registry
Contractor: Michigan Cancer Foundation, $60,363.

Title: Immunological assays for DNA and RNA viruses
Contractor: Litton Bionetics, $132,713.

Title: Immunologic assessment of high risk cancer families
Contractor: Litton Bionetics, $110,424.

Title: Connecticut cancer survey
Contractor: Yale Univ., $543,903.

Title: Clinical oncology program
Contractor: Butterworth Hospital, Grand Rapids, Mich., $74,959.

Title: Preparation of bulk chemicals and drugs
Contractor: Parke, Davis, $33,020.

Title: Human melanoma: Evaluation BCG immunotherapy of patients without detectable disease after removal of tumor containing lymph nodes
Contractor: UCLA, $42,000.

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