THE CANCER LETTER

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NCI TREATMENT DIVISION TO RECOMPETE $10 MILLION IN RESOURCE CONTRACTS; BOARD OKAYS NEW PROJECTS

NCI's Div. of Cancer Treatment will recompete $10 million worth of resource contracts in fiscal 1977 and plans to award another $2.5 million in sole source contracts. The division's Board of Scientific Counselors approved the recompetition plans at its recent meeting, and also

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In Brief

ELECTION RESULTS WON'T HURT CANCER PROGRAM, MAY HELP; COOPER TO STAY IF CARTER WANTS HIM

CARTER ADMINISTRATION will not tinker with the Cancer Program too much, probably will be a little more generous at budget time than were the Nixon and Ford inclinations. Carter will cut back on the power of the Office of Management & Budget, reducing the likelihood of such fiascos as OMB's attempts to kill research training programs and construction of new health facilities. We've probably seen the last of HEW appropriation bill vetoes. Carter wants to split education out of HEW, make it into a separate department; perhaps the time is ripe to press for a separate Dept. of Health. . . . **TED COOPER**, asst. secretary for health, will stay on if the new President asks him to. . . . **THE NEW CONGRESS** will be almost identical to the preceding one in the Democratic-Republican ratio, but there will be some noticeable changes. Tip O'Neill, new speaker of the House, will provide much more aggressive leadership than did Carl Albert. And the Cancer Program has one of its most ardent supporters back in the Senate—Howard Metzenbaum, of Ohio. . . . **CORRECTION**: *The Cancer Letter* reported in the Oct. 29 issue that proposed regulations for cancer center core and planning grants were published in the Aug. 20 issue of the *Federal Register*. The correct date is Oct. 20. . . . **JOSEPH PAINTER**, M.D. Anderson associate director for outreach programs, has been named vice president for administration. . . . **COMMITTEE TO RECOMMEND** changes in the National Cancer Act is being considered by the Federation of Clinical Oncologic Societies. . . . **BERNARD FISHER**, Gianni Bonadonna will report on their adjuvant chemotherapy trials at the "Breast Cancer: A Report to the Profession, 1976" Nov. 22-23. This is the meeting sponsored by the White House, NCI and ACS, at the Washington D.C. Hilton. Other agenda items include nutrition, genetic factors, mammary tumor virus studies, pros and cons of screening, influence of oral contraceptives, status of xerography, ultrasound and thermography, biologic markers, surgery trials, and adjuvant radiotherapy trials. . . . **L.A. COUNTY** voters went for the bond issue to help finance construction at the LAC-USC Comprehensive Cancer Center by 57%. It wasn't enough to carry, a two thirds vote being required, but county supervisors said before the election that they would come up with the money if more than half the electorate approved it.

DCT OKAYS RECOMPETITION OF RESOURCE CONTRACTS, SMALL NUMBER OF NEW ONES

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accepted the staff's justification for sole sourcing the others, with one exception.

The Board's approval to recompete the contracts does not necessarily mean they will soon turn up in RFPs. DCT Director Vincent DeVita pointed out that changing requirements could result in dropping some contracts entirely, reducing the size of others.

Most of them probably will appear as RFPs during the next few months, however. Contracts approved for recompetition and estimated dollar amounts are:

Genetic centers—$3.9 million FY 77, $4.1 million FY78, $4.3 million FY 79. Current contractors are Charles River Breeding Labs, ARS/Sprague-Dawley, Simonsen Labs, Microbiological Associates, Leo Goodwin Institute for Cancer Research, Texas Inbred Mice, Univ. of Kansas, Tulane Univ.

These centers receive inbred mice starts from the NIH repository for propagation into pedigreed foundation and expansion colonies. Four centers maintain the foundation colonies in defined flora isolators. The other four maintain foundation and expansion colonies. They produce the pure strains that are shipped to hybrid contractors for producing the $B_6D_2F_1$ and CD_2F_1 hybrids used in the screening program, and provide the screening labs with pure strains necessary for passing the many tumor lines.

Hybrid production—$2.2 million FY 77, $2.3 million FY 78, $2.4 million FY 79. Current contractors are Bellaire Acres, Charles River Breeding Labs, Flow Lab, Harlan Industries, Laboratory Supply Co., Simonsen Labs, Murphy Breeding Labs, Southern Animal Farms, Spartan Research Animals, Taconic Farms.

These contractors receive breeding stock from genetic centers, make hybrids for use by screening labs. Large-scale hybrid production.

Production of novel antineoplastic compounds—$275,000 FY 77, $285,000 FY 78, $295,000 FY 79. Current contractor, Bristol Myers.

New fermentation antineoplastic drug acquisition, evaluation, development and screening—$1.9 million FY 77, $2 million FY 78, $2.1 million FY 79. Current contractors are Parke Davis and Upjohn, under separate RFPs. This package will be included in a single RFP with multiple awards.

Pharmacology & tumor bank—$800,000 FY 77. Arthur D. Little Inc. has the contract now, and it will not be recompeted until FY 1978 as separate contracts, one a research contract for pharmacology and the other a resource contract for the tumor bank. The contract is managed by the Experimental Therapeutics Program directed toward development of pharmacological and pharmacokinetic information on new and established antitumor agents.

Preparation of bulk chemicals and drugs—$865,000 FY 77, $930,000 FY 78, $995,000 FY 79. Current contractors are Cordova Chemical Co., Dow Chemical Co. and Pharm-Eco Labs. These contracts and the following one for synthesis may be competed as a package under a single RFP with options for small, medium and large scale preparations.

Synthesis of cancer chemotherapy compounds—$400,000 FY 77, $425,000 FY 78, $455,000 FY 79. Current contractor is Starks Associates.

Development and production of investigational dosage forms—$190,000 FY 77, $210,000 FY 78, $230,000 FY 79. Current contractor is the Univ. of Iowa.

Development of parenteral dosage forms for clinical investigation—$55,000 FY 77, $60,000 FY 78, $65,000 FY 79. Current contractor is the Univ. of Kansas.

Synthesis of cyclophosphamide analogs and related materials—$100,000 FY 77, $105,000 FY 78, $110,000 FY 79. Current contractor is Collaborative Research Inc.

Synthesis of nucleosides and related derivatives—$238,000 FY 77, $250,000 FY 78, $263,000 FY 79. Current contractor is the Univ. of Utah.

Preclinical canine bone marrow studies—$270,000 FY 77, $291,000 FY 78, $314,000 FY 79. Current contractor is Hazleton Laboratories.

Perform mixed leukocyte cultures—$108,000 FY 77, $116,000 FY 78, $125,000 FY 79. Current contractor is Hazleton Labs. It is possible mixed leukocyte studies will be terminated; if so, this contract also will be dropped.

Statistical support for the gastrointestinal tumor study group—$200,000 FY 77, $220,000 FY 78, $225,000 FY 79. Current contractor is State Univ. of New York at Buffalo. That contract expires Nov. 30, will be extended for six months while the recompetition is under way.

Diagnostic virology studies—$158,000 FY 77, $166,000 FY 78, $174,000 FY 79. Current contractor is Georgetown Univ. This is the first and probably the only viral lab approved by the Center for Disease Control. The contract is being recompeted only because it is required by law.

DeVita and his staff presented the justification for the non-competitive (sole source) contracts, discussing some in detail. The Board went along with all but one—a three year renewal of the contract with Pfizer Inc. for preparation and purification of viral components. Estimated amount of the award was $365,000 for FY 77, $385,000 for FY 78 and $395,000 for FY 79.

Board member Henry Kaplan objected, insisting the contract go through the competitive process. He said that certain products supplied by Pfizer to his program have not been entirely satisfactory.

Board Chairman John Ultmann and member James Holland suggested that a users committee be established to look at resource contracts involving prod-

ucts and suppliers with which they have had experience. Kaplan agreed but said, "There are users and users. Suppliers take pains to ensure that people in decision making get pure stuff while those out in the field may not."

The Board approved a motion by Holland to review the Pfizer contract before a decision is made to recompete it or let it go through as a sole source award.

Non-competitive contracts were approved for (total award for the expected length of the contract is included):

–Operation of a collaborative office for cancer chemotherapy research, Japanese Foundation for Cancer Research, $55,500.

–Services in support of primary drug screening program, IIT Research Institute, $587,000.

–Applied mathematics and data analysis, Arthur D. Little, $756,000.

–Preparation and purification of actinomycin analogs vira directed biosynthesis, Georgetown Univ., $312,000. DeVita said the decision on whether to proceed with this as a sole source procurement or to recompete it has not yet been made–the Board approved it either way.

–Synthesis of bleomycin and structural modification, Massachusetts Institute of Technology, $226,-500.

–Studies on the synthesis of vinblastine, vincristine and related antitumor agents, Univ. of British Columbia, $346,800. James Kutney, the principal investigator, has resolved the synthesis problem of introducing the correct stereochemistry at the coupling of the two alkaloid halves to provide the dimeric alkaloid. Patent application for this procedure for coupling the two halves is pending. Vincristine and vinblastine (vinca alkaloids) are obtained by complex and expensive extraction procedure from the plant vinca rosea L. Development of a synthetic approach should greatly reduce procurement cost for these drugs.

–Operation of a chemical and drug information system, Chemical Abstracts Service, $900,000.

–Hematology support, Microbiological Associates, $349,000.

–Human granulocyte conditioning factor, Abbott Laboratories, $385,000. Although the Board approved as a sole source award, DeVita said a decision has not yet been made. Abbott has succeeded in the production of CSF sufficient for clinical trials. An IND will be filed and appropriate clinical trials are planned.

–HLA typing and matching for platelet and leukocyte transfusion, UCLA, $1.4 million. DeVita said NCI hopes to switch this contract to a fixed fee basis.

–Plateletpheresis service, Community Blood and Plasma Service, $1.6 million.

–Support services for FDA requirements, Information Planning Associates, $100,000. This is a new contract, to meet the demands of FDA in monitoring and reporting clinical trials with investigative drugs.

–Administrative support services for extramural clinical trials, Georgetown Univ., $553,000. This project is an outgrowth of a contract awarded to Georgetown to provide administrative support for the Eastern Cooperative Oncology Group. Normally, NCI provides support to cooperative groups with a grant to the chairman. ECOG's chairman, however, is Paul Carbone, who at that time was an NCI staff member and thus not eligible for a grant. Carbone is now at the Univ. of Wisconsin and will receive the ECOG support grant.

DeVita told the Board that he was so impressed by the organization at Georgetown headed by Bruce Shnider to provide ECOG support that he did not want the resource to go to waste. "This gives us the opportunity to set up a centralized administrative center," DeVita said. The contract will provide support services for clinical trials conducted under 40 contracts in 20 institutions, including three groups–(not cooperative groups)–Gastrointestinal Tumor Study Group, Ovarian Cancer Study Group, and Lung Cancer Study Group. It also will support the group planned for study of head and neck cancer, and for unaffiliated institutional contracts for phase II and III studies, breast cancer studies, phase II GI studies and melanoma studies.

Board members questioned the advisability of making this a sole source award. DeVita said that the organization is there, intact, with the experience needed to do the job. Institutions cannot afford to carry the salaries of the staff during the time it would take to put the contract through the competitive process, he said. He feared Shnider's organization would be split up and lost if there were any lengthy delays.

Board member Donald Morton suggested that, if NIH insists the contract be competed, a transition award could be made to Georgetown until the competition has been completed.

New resource projects which will be developed into RFPs for competitive award during the year, at least according to present plans, include:

Maintenance and transfer of lab animals and provision of tumored models–Hazleton Labs was awarded a one-year sole source contract while the competitive contract is being developed. Estimate for FY 78 is $200,000, FY 79 is $216,000. It will provide mice and rats to DCT's Medicine Branch.

Registry for late effects of treatment–No dollar estimate was given. DeVita said that DCT gets two to three calls a month from physicians who say, "I've got a patient with a second tumor. What do I do with the information?" The contractor would provide a repository for such data.

Synthesis of radiological sensitizers–An RFP will be issued, with estimates at $200,000 for FY 77,

$210,000 for FY 78, and $220,000 for FY 79. This was previously approved and reviewed by the Board.

The Board turned down a request to implement the proposed Problem Oriented Medical Information System (PROMIS) at the Baltimore Cancer Research Center, at least at this time. First year cost would be $997,000.

PROMIS involves a touch-activated computer system which includes the complete medical record of the patient as well as patient management information.

DCT WILL ANNOUNCE THREE NEW CREGs NEXT MONTH, TOTALING $3 MILLION

The Div. of Cancer Treatment will announce three new Cancer Research Emphasis Grants (CREG) next month which will be funded with as much as $3 million, most of which will be reprogrammed from contracts.

DCT Deputy Director Saul Schepartz said multiple awards will be made in each of the three categories, depending on the quality of applications and how well they fare in study section review.

The three CREGs will be:

- Comprehensive drug development program from design through analysis. This will involve teams consisting of medical chemists, pharmacologists, biologists and others in a multidisciplinary approach. A total of $1.5 million will be available, about $1 million of which will be reprogrammed from existing contracts which will expire during fiscal year 1977. About $500,000 will be new money.
- Studies of the biochemical mechanisms of action of active drugs. About 10 existing contracts totaling almost $1 million will be phased out and the work transferred to CREGs.
- Studies on effects of active drugs on the cell cycle. A few hundred thousand dollars now supporting a couple of contracts will be reprogrammed to CREG.

Schepartz said that funding "will depend on how good the priorities are. If the study sections score them higher, we'll consider higher funding. It could be more (than the figures listed above), depending on the priorities and on what other priorities are."

Applications will be due six months after the announcement, with reviews scheduled to permit award of the CREGs earlier in the 1978 fiscal year, probably October, 1977. They will be financed with FY 1978 money.

CLEARINGHOUSE OPENS WITH PREDICTABLE CONTROVERSY; BROWN URGES 'OPEN MINDS'

The Clearinghouse on Environmental Carcinogens, whose charge assured it a lifetime full of controversy, opened for business this week and immediately began living up to that promise.

Clearinghouse members spent most of the day listening to presentations from NCI scientists and from representatives of the federal regulatory agencies, the National Institute of Occupational Safety & Health and the National Institute of Environmental Health Sciences. But they found enough time to argue spiritedly over the mission of the Clearinghouse, its role in relation to the agencies just named, and whether or not factors other than pure science should be considered in assesssing the health threat of carcinogenic substances.

The Clearinghouse, which is an advisory committee to NCI's Div. of Cancer Cause & Prevention, was established to advise NCI on the selection of chemicals to be tested for their carcinogenicity, the appropriate design of those tests, significance of the test results, and the risk to humans by those chemicals found to be animal carcinogens. It is made up of 30 non-government members from academic, medical and research institutions, industry, organized labor and public interest groups.

The chairman is Arnold Brown, Mayo Clinic, who will become director of NCI when President Ford or (after Jan. 20) President Carter makes the appointment. DCCP Director James Peters is attempting to recruit a new Clearinghouse chairman. Guy Newell, who has been officially appointed NCI acting director by NIH Director Donald Fredrickson, will serve in that capacity until Brown takes over.

In his opening remarks to the group, Brown suggested that the members "should not be constrained by the presence of the press." Although there may be instances when reports on their discussions might cause problems or confuse the public, "I've found the press is aware of the need for responsible reporting," Brown said.

"This is no place for personal biases," Brown continued. "There are other places for venting those. Perhaps that is a melancholy hope. . . The truth is no harder to find in carcinogenesis than anywhere else. We will come nearer to it if we keep open minds. And that may be the hardest thing we have to do."

Controversy quickly developed over such issues as how far the Clearinghouse should go in making judgments on implications for humans based on animal data; whether it should consider economic factors in determining risk vs. benefit, and whether it should even be involved in the determination of risk/benefit ratios; and the extent to which the Clearinghouse should go in building cases for regulatory action.

Clearinghouse member Sidney Wolfe, director of the Nader affiliated Health Research Group, said it would be "a step backward if we find a substance clearly carcinogenic in animals and then discuss whether it is also a human carcinogen."

Roy Albert, chairman of the Environmental Protection Agency's carcinogen assessment group, said NCI's responsibility should be to "make judgments about the solidity of experimental data and not about regulatory matters. . . . In a regulatory agency, scientists make judgments about the data and go on to its regulatory implications."

"The deliberations of this group will be unfulfilling if we stop short of making judgments about human implications," Brown said. The Clearinghouse should attempt to answer the question: "Is this a [redacted] to humans? But should not go on to regulatory recommendations," Brown advised.

"That's a thin line," Wolfe said. "Very thin," Brown agreed.

Clearinghouse member Paul Nettesheim, Oak Ridge National Laboratories, suggested the need for a formal arrangement with the regulatory agencies to decide how findings can be coordinated. "I'm afraid we will confuse the public if one group says a substance is a hazard and another group says it is not a hazard because the exposure to humans is limited."

Member Michael Shimkin, Univ. of California (San Diego), said, "I would like to suggest that we not start this organization by immediately trying to determine our turf and what other turfs may be. We should go at it and see what happens, and if that conflicts with other agencies, so be it."

"Should we get into the economics of a situation?" Wolfe asked.

"If that's the direction the situation takes us, so be it," Shimkin said.

Member Louis Beliczky, United Rubber Works International AFL-CIO, said, "We shouldn't be concerned with economics, only the data. The group should clearly steer away from economics."

Member Norton Nelson, New York Univ., said, "We're complicating what could be an orderly process. Risk assessment is an exercise of our scientific judgment. I will join Mike Shimkin at the cocktail hour as an amateur economist, but here we should stay within our competence. It is not up to us to determine tradeoffs. It is up to us to make technical judgments, and not set ourselves up as interpreters of the law or interpreters of economic benefits."

Richard Merrill, general counsel to the Food & Drug Administration, explained that agency's various authorities for regulating carcinogens. Wolfe then brought up the question of FDA withholding public release of data it receives from industry, citing chloroform as an example. "FDA had information on its carcinogenicity years before it was released," Wolfe charged. He asked if FDA would provide data to the Clearinghouse as soon as it is received from industry.

Merrill commented that "Dr. Wolfe and I are on opposite sides in litigation (a suit involving chloroform) and our views of history are not congruent." He explained that data supplied to FDA in support of new drug applications, if it is of a proprietary nature, may not be released without the sponsor's permission, a prohibition written into the law. "We think that is unsound and we have asked Congress to correct it," Merrill said. "We think all safety and effectiveness data should be public information."

"I am uncomfortable being part of a regulatory process without having access to all pertinent information," Wolfe continued. "It is crippling, unless our first order of business is to guarantee that we will have access to all information."

NCI and FDA staff members promised that all legally available data would be made available. Wolfe suggested that industry might be unwilling to voluntarily supply certain data, and drew rebuttals from members Cuyler Hammond, American Cancer Society, and Philippe Shubik, Univ. of Nebraska.

"Industry certainly does give us a great deal of information," Hammond said. Shubik scolded Wolfe, "You're not approaching this with an open mind. You attempted to get this committee on your side in a matter of litigation, and you tried to get the man on the other side to express himself (regarding the chloroform issue)."

"I have no financial interest in chloroform," Wolfe said.

"Your personal career is on the line," Shubik said. Brown cut off the debate before it could further heat up.

Member Sheldon Samuels, Industrial Union Dept. AFL-CIO, said he "hopes the economics of risk vs. benefit will not be a consideration of the Clearinghouse. We're not part of the Dept. of Commerce."

CMF STUDIES SHOW RECURRENCE RATE HIGHER FOR POST MENOPAUSAL PATIENTS

William Caldwell, Univ. of Wisconsin, previously has objected to reports in ***The Cancer Letter*** regarding benefits of adjuvant chemotherapy for breast cancer patients (See Oct. 29 issue). Following is another letter from Caldwell on the subject:

"I hate to become even more embroiled in the issue regarding the current status of adjuvant chemotherapy in breast cancer patients, but your remarks in the Oct. 29 issue again fail to separate fact from fantasy. The major point that needs emphasis is that at present adjuvant therapy appears to be most beneficial for premenopausal patients. In postmenopausal patients with adjuvant therapy with L-PAM only, no advantage over placebo can be shown.

"With combination chemotherapy as an adjuvant the longest followup of treated patients has been Bonadonna's series (using CMF). The results of that study to date show a relapse rate of 4.8% in premenopausal patients with 1-3 positive nodes and of 12.8% in premenopausal patients with 4 or more positive nodes. For the postmenopausal patients the figures are 11.8% and 19.5% respectively. These figures are higher than the 5% you quote and they still show a difference between the responses of premenopausal and postmenopausal patients.

"Lest I be considered a pariah decrying apparent advances in treatment for the large group of patients with breast cancer, it should be made absolutely clear that I am a strong advocate of adjuvant therapy. However, since these approaches are still investiga-

tional, the use of adjuvant chemotherapy presently should be restricted to well-controlled studies; its long-term efficacy has not been definitely established."

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 noted.

RFP NCI-CB-74120-31

Title: *Diagnostic applications of antibodies to human tumor associated antigens*

Deadline: *Jan. 7*

NCI seeks laboratories already having evidence for antibodies in human sera against tumor associated antigens to perform a detailed study on the specificity of the detected antigens and on the application of the antibody assay for initial diagnosis of cancer or for serial monitoring of patients.

RFP NCI-CB-74121-31

Title: *Diagnostic application of monocyte function in cancer patients*

Deadline: *Jan. 7*

Laboratories are sought for the development of quantitative assays for monocyte functions for detection of deficiencies of monocyte function and/or substances that suppress such functions in cancer patients, which may be useful for immunodiagnosis or for following clinical course of such patients.

RFP NCI-CB-74122-31

Title: *Immunological relationship between tumor and microbial antigens*

Deadline: *Jan. 7*

Laboratories are sought having documentable evidence of antibodies to bacterial or viral antigens that cross react with human tumors and having developed a preliminary assay for such crossreactivity. Relevance to human disease must be described.

RFP NCI-CB-74123-31

Title: *Clinical evaluation of immunodiagnostic tests for cancer*

Deadlines: *See below*

A variety of antigenic serum components (e.g., peptide hormones, virus antigens, B2 microglobulins) 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. 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, Bldg 8, Room 118, National Cancer Institute, NIH, 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 statistically significant performance on the serum panel, NCI will send the requestor an RFP for the further development and/or clinical evaluation of the assay.

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 28, 1977; Aug. 31, 1977; Dec. 29, 1977.

If warranted by unusual circumstances, NCI may, on a limited basis help to support some costs of the initial tests of the serum panel. Any application for such support must present preliminary data which shows the assay to be highly promising; must submit a detailed cost proposal which clearly describes which costs the offeror will bear and which costs he requests NCI to bear; and which fully supports the reasonableness of the costs.

RFP NCI-CB-74124-31

Title: *Collection of serial serum samples from cancer patients for evaluation of immunodiagnostic tests for cancer*

Deadline: *Jan. 7*

Serial serum specimens accompanied by carefully documented clinical information are sought for one or more of the following: ovarian or lung carcinoma melanoma, Hodgkin's disease. Specimens from relevant benign disease controls required.

RFP NCI-CB-74125-31

Title: *Procurement of large volumes of sera from patients with cancer for immunodiagnostic studies*

Deadline: *Jan. 7*

NCI seeks organizations that can obtain at least 200 ml of sera from each of a number of patients with gastrointestinal cancers, melanoma, and possibly other cancers, as the research need arises. Detailed clinical information on each specimen required.

RFP NCI-CB-74126-31

Title: *Detection of tumor specific antigens in circulation*

Deadline: *Jan. 7*

NCI seeks laboratories that have transplantable carcinomas or sarcomas to test the assumption that detection of carcinoma or sarcoma-specific antigens in the circulation may be useful in diagnosing cancer.

RFP NCI-CB-74127-31

Title: *Development of assays for new tumor associated antigens*

Deadline: *Jan. 7*

NCI seeks laboratories with evidence of new tumor associated antigens to develop quantitative assays which may be used in diagnosis and/or monitoring of patients with cancer.

RFP NCI-CB-74128-31

Title: *Improvements of assays for cell-mediated immunity: Development of new in vitro techniques to evaluate cell-mediated or suppressor cell activity directed toward tumor associated cell surface antigens*

Deadline: *Jan. 7*

Laboratories with new in vitro techniques or substantial modifications of existing techniques are sought. In vitro test systems should be of human origin or in animal models relevant to human testing.

RFP NCI-CB-74129-31

Title: *Development of new methods for isolation and characterization of human peripheral blood mononuclear cells*

Deadline: *Jan. 7*

Laboratories are sought to study peripheral blood from normal individuals and cancer patients. New and better methods for isolation of T and B cells, subpopulations and monocytes in high yields, purity viability and functional activity are sought.

RFP NCI-CB-74130-31

Title: *In vitro specific augmentation of cell mediated cytotoxic reactions to human tumor cells and human tumor associated antigens*

Deadline: *Jan. 7*

NCI seeks laboratories to compare in vitro increases in cytotoxic reactivity of cancer patients and controls against tumor cells or cultured cells derived from tumors. Documentation of developed quantitative assay suitable for monitoring cytotoxic reactivity as described is required.

RFP NCI-CB-74131-31

Title: *Cryopreservation of human monocytes for use in immunologic studies*

Deadline: *Jan. 7*

NCI seeks laboratories with immunologic expertise and experience in cell cryopreservation to isolate human monocytes from peripheral blood and develop methods for adequate cryopreservation.

RFP NCI-CB-74132-31

Title: *Clinical applications of assays for human leukemia or lymphoma associated antigens or for virus associated antigens in these tumors*

Deadline: *Jan. 7*

NCI seeks laboratories with experience in studies of leukemia or lymphoma associated antigens to develop practical clinical applications for these antigens.

RFP NCI-CB-74133-31

Title: *Cell mediated reactivity of normal individuals to human tumor associated antigens*

Deadline: *Jan. 7*

NCI seeks laboratories with experience in assays of cell-mediated immunity to determine the specificity of the antigens detected, the nature of effector cells, factors affecting levels of reactivity, and differences in levels of reactivity between cancer patients and others.

RFP NCI-CB-74134-31

Title: *Development of animal models: Early detection of antibodies to carcinomas in experimental animals, as a model for human studies*

Deadline: *Jan. 7*

NCI seeks laboratories for development of experimental animal systems which are close models to the problems of antibody detection in patients with carcinomas and other malignant diseases.

Contracting Officer for the above 15 RFPs: Harold Simpson, Biology & Diagnosis, 301-496-5565

RFP GENS (Subcontract)

Title: *Large animal preclinical toxicologic studies of antineoplastic agents*

Subcontractors are solicited capable of performing studies utilizing the protocols and requirements of "Procedures for Preclinical Toxicologic Evaluation of Cancer Chemotherapeutic Agents: Protocols of the Laboratory of Toxicology" (*Cancer Chemotherapy Reports*, Part 3, Vol. 4, No. 1, Jan 73).

In order to qualify, firms must have experience and qualified personnel, as well as facilities/equipment for the studies described in the above referenced document. Specific requirements are: 1) Facilities for holding and treating up to 50 beagle dogs and 20 rhesus monkeys at one time. 2) Suitable clinical chemistry and hematology capacity. 3) A qualified staff capable of undertaking the required pathologic examinations. 4) Overall capacity to completely evaluate at least 3 antineoplastic agents undergoing the full protocol series (Studies I, II, III, IV and V-d, plus compound identity and purity analysis, mouse LD50 determinations and blood compatibility and local tissue reaction testing) or an equivalent mix of studies in a one-year period.

The RFP package will be issued shortly by requests in writing. Requests for the RFP should in-

clude a self-addressed mailing label. Requests for copies of the RFP will be honored until the supply is exhausted and only if postmarked by Nov. 22.

Battelle Toxicology Program Office
7405 Colshire Dr. Suite 220
McLean, Va. 22101

RFP NCI-CM-77128-15

Title: *TV cell scanning and display system*
Deadline: *Dec. 1*

The contractor shall design, fabricate and furnish (f.o.b. destination) a TV cell scanning and display system for accurately and reproducibly counting small silver grains in radioautographic preparations, with minimum background interference, and for the acquisition and registration of quantitative cell analysis data based upon size and density. This system shall utilize, to the fullest extent possible, commercially available, off-the-shelf components, and consist of the following:

1. A main command console, with all the necessary information display features in which the main system functions will be modularized and controlled.
2. A TV monitor for furnishing a real time display (1:1 reproduction) of the microscope eyepiece image.
3. A videcon scanning unit (TV camera) to convert the optical image of the microscope for appropriate display on the TV monitor (the microscope is not to be included since it will be provided by the government).
4. A computer, complete with all necessary software programming, to perform all computational functions required for all system operations, and to provide the memory for reading and/or printing the data acquired by the system.

Contracting Officer: Samuel Marrone
Cancer Treatment
301-427-7463

SOURCES SOUGHT

RFP NCI-CP-VO-71004-54

Title: *Studying the mapping of the integration site of oncogenic viruses in eukaryotic cell DNA*
Deadline: *Dec. 3 (for submission of resumes)*

Contractors will conduct biochemical, morphological, and/or biological studies to identify specific sites of integration of the viral genome in host cell DNA. Multiple awards are anticipated.

Offerors may address one or more of the following problems:

1. Mapping of the site of oncogenic viral genome in cellular DNA by genetic approaches. Contractor may conduct experiments utilizing either (a) somatic cell hybridization techniques or (b) genetic analysis of appropriate genetic crosses to determine the site of integration of either endogenous or exogenous oncogenic viral genome into host cell genome.
2. Mapping of oncogenic viral genome integration sites by electron microscopic techniques. Contractor will apply and/or develop sensitive electron microscopic techniques such as heteroduplex mapping, to visualize the integration sites(s) of oncogenic viral genomes in cellular DNA.
3. Biochemical identification and purification of integrated oncogenic viral sequences in cellular DNA. Contractor will utilize standard biochemical techniques to isolate fragments of eukaryotic cellular DNA enriched for integrated oncogenic viral sequences and determine the location of these fragments in the cell DNA by appropriate sequencing and hybridization techniques.

Interested organizations should submit resumes of capability and experience to the following address on or before Dec. 3, 1976.

Contracting Officer: Charles Fafard
Cause & Prevention
301-496-1781

CONTRACT AWARDS

Title: Control of granulocyte and macrophage proliferation in leukemia and related neoplasms
Contractor: Walter & Eliza Hall Institute of Medical Research, Victoria, Australia, $137,479.

Title: Role of T and B lymphocytes in tumor immunity
Contractor: Walter & Eliza Hall Institute, Victoria, Australia, $144,940.

Title: Immunotherapy of disseminated human cancer
Contractor: Univ. of Texas, $203,450.

Title: Role of macrophage in tumor resistance
Contractor: Kolling Institute of Medical Research, St. Leonards, Australia, $76,456.

SOLE SOURCE NEGOTIATIONS

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

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

Title: Support services to maintain studies of spontaneous and virus induced neoplastic transformation
Contractor: Meloy Laboratories.

The Cancer Letter—*Editor* JERRY D. BOYD

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