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LETTER

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ACT TO GET ONLY ONE-YEAR EXTENSION NOW; NCAB, ACCC, AACI ADOPT RECOMMENDATIONS FOR CHANGES

Congressional leaders in health matters—principally Sen. Edward Kennedy and Congressman Paul Rogers—have decided that the Cancer Act will be renewed for only one year at this time, probably with little or no change. The decision was made to give the new Administration time to become familiar with the Cancer Program and other health

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In Brief

ALL 77 NEW NCI POSITIONS GO TO CARCINOGENESIS PROGRAM; "NOT WISEST WAY TO USE THEM"—NEWELL

ALL 77 NEW positions ordered for NCI in the FY 1977 appropriations legislation will go to the Div. of Cancer Cause & Prevention. Seventeen will be in the Environmental Epidemiology Branch, as directed in the legislation, and the rest into the Carcinogenesis Program. This was written into the House report on the appropriations bill by Rep. David Obey (D.-Wisc.), who took up as a major issue the big backlog of chemicals coming off test in the Carcinogenesis Program. Former program director Umberto Saffiotti blamed the backlog on a lack of personnel, and Obey demanded that positions be made available. Other NCI executives felt that the program did not need all 60 positions and had planned to assign some of them to other divisions in areas related to carcinogenesis. Obey rejected that plan. "I tried to distribute them more evenly to other divisions," Acting NCI Director Guy Newell said. "The Div. of Cancer Research Resources & Centers could use some to help process carcinogenesis grant applications. But the message was clear; they were all to go to the Div. of Cancer Cause & Prevention. It is not the wisest way to use them, but I had no choice" . . . J. DANIEL RECER has left the Div. of Cancer Control & Rehabilitation, where he was chief of the Resources Branch, and moved to DCCP, where he is special assistant to Director James Peters. . . . TWO NEW members of the National Cancer Advisory Board are William Shingleton, director of the Duke Univ. Comprehensive Cancer Center, who filled the position left vacant by the resignation of Werner Henle; and David Hogness, professor of biochemistry at the Stanford Univ. School of Medicine, who took over the seat formerly held by his brother, Univ. of Washington president John Hogness. Thomas Newcomb, asst. chief medical director for research and development at the Veterans Administration, will replace Lyndon Lee as the VA's ex-officio representative on the Board. Lee, who has also served on a variety of other NCI advisory groups, was transferred to Richmond, Va. . . . RICHARD TJALMA, NCI assistant director, has received the outstanding alumnus award from Michigan State Univ. . . . RICHARD GRIESEMER will be the DCCP associate director for the Carcinogenesis Testing Program. He has been at Oak Ridge National Laboratory.

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ACCC ASKS CONGRESS TO WRITE COMMUNITY PROGRAMS, ORDER LONG-TERM SUPPORT

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legislation up for renewal this year.

Congress intends to undertake a thorough review of all biomedical research programs this year, including cancer. Its findings then will be incorporated into the renewal legislation next year.

The decision to delay the three-year renewal for the Cancer Act until 1978 came after several organizations had already developed their recommendations for changes, or were so far along in the process that they proceeded to complete them. These included the National Cancer Advisory Board, the Assn. of Community Cancer Centers and the American Assn. of Cancer Institutes.

The NCAB last week wrapped up its recommendations, with the only change from its previous suggestions being its suggestions for funding authorizations. The Board went along with Mary Lasker's demand that the figures start with \$1.3 billion for 1978, increase to \$1.6 billion in 1979 and hit \$1.8 billion in 1980. The Ford Administration had recommended the authorization be held at slightly more than \$1 billion for all three years. NCAB previously had adopted figures of \$1.1 billion, \$1.2 billion and \$1.3 billion. Lasker did not attend that meeting, but later argued persuasively that important new initiatives on the horizon would require substantial increases in funding. She mentioned the need for biohazard containment facilities with the growing emphasis on carcinogenesis research, nutrition and the developing opportunities in therapy programs.

Other recommendations for changes by the Board were:

- Extend the time limit on center core grants from three to five years, with extensions of up to five years.
- Relax the dollar limit of \$5 million for core grants by removing indirect costs from inclusion in that limit and by providing for a cumulative cost of living increase in the \$5 million since 1971 (probably 30%).
- Add basic research to clinical research as activities that can be carried on by comprehensive cancer centers. This was a technical improvement; NCI had not paid any attention to the Act's mention of only clinical research in connection with the comprehensive centers.
- Permit distribution of chemical carcinogens and animals to investigators who are not NCI grantees or contractors. "NCI has taken the position that the National Cancer Program is broader than NCI and its clients, and therefore to provide these resources to investigators not otherwise receiving support would be an appropriate action within NCI," the Board report on the change said.

- Increase the number of NCI expert consultants from 100 to 200 and authorize reimbursement for travel expenses to and from duty stations.

NCAB Chairman Jonathan Rhoads brought up the suggestion he had made to the Board Subcommittee on Centers & Construction that a new program should be considered to develop a network of clinical cancer centers around the country (*The Cancer Letter*, Jan. 28). He did not suggest the plan as one that should be submitted now to Congress but asked that Board members start thinking about it now.

Rhoads mentioned several cities which are ready now for such clinical centers and which do not have comprehensive centers—Portland, Ore., Honolulu, Atlanta, New Orleans, San Diego, Pittsburgh and San Francisco.

"Some might say this would move us too far away from our research base," Rhoads said. "On the other hand, it could provide resources for research. I sense the feeling by Congress that they want something to take home for any large amounts of additional money they give us."

The ACCC, which held its annual meeting in Washington last weekend, adopted recommendations which would have significant impact on the Cancer Program, particularly on cancer control.

One ACCC recommendation asked Congress to write into the act provisions to require "long term support of cancer control information dissemination." The resolution stated, "Unlike NCI's demonstration projects, educational efforts need to be continuous."

The underlying philosophy of nearly all programs supported by the Div. of Cancer Control & Rehabilitation is that they are demonstrations only and can expect to receive NCI funds for a limited time, after which they are supposed to exist on non-federal support. Also, NCI has carefully refrained from committing itself to support successful projects, proven in one locality, in other areas.

The ACCC resolution attempts to separate demonstration projects from education and would require long term NCI obligations. It also would require major new commitment of money.

In another resolution, ACCC recommended "that the need for technology transfer is great and should be reflected by the inclusion of the term 'community cancer programs' in the Act, and that development of these programs be mandated as a budgetary item in the Act."

Finally, ACCC asked Congress to require that "community cancer care providers" be represented on the National Cancer Advisory Board and on NCI advisory committees.

The "whereas" portions of the ACCC resolution noted that "important progress" had been made in basic and clinical cancer research, treatment and education but that "only limited progress has been made in the community cancer control area, and in the area

of technology transfer to the community. The Association believes that the National Cancer Program must significantly impact upon the 85% of the patients who are cared for in their home communities. There is currently very little input from community cancer care providers in the National Cancer Program. There is a need for continuing programs in technology transfer efforts with community providers."

Congressman Tim Lee Carter (R.-Ky.) was scheduled to speak at the ACCC meeting. Illness in his family prevented him from doing so and his legislative assistant, Francine de Peyster, presented his talk. She said that Carter has heard some complaints that the returns from the Cancer Program "have not measured up to expectations." He expects there will be a challenge to provision in the Act which gives NCI some degree of independence from NIH and HEW. And he expects there will be considerable controversy in renewal of the Act and in other biomedical research areas, and that there will be some changes in the Cancer Program.

Carter urged ACCC members to seek accreditation for their hospitals, if they do not already have it, from the American College of Surgeons Commission on Cancer.

Carter attacked the Food & Drug Administration for the "frustrating experience" involving the recent delays of new drug investigations. "FDA has treated NCI as if it were a profit-making organization. It is criminal for FDA to hold up investigations over minor technicalities such as requiring a Nobel prize winner to bring his bibliography up to date."

The AACI, at its recent meeting in Houston, supported all the changes in the Act recommended by NCAB. AACI added two more short requests:

- Maintain the President's Cancer Panel in its present status.
- More clearly define construction funds.

KATTERHAGEN, NELSON REELECTED ACCC PRESIDENT, VICE PRESIDENT FOR 1977

Gale Katterhagen, Tacoma medical oncologist, was reelected president of the Assn. of Community Cancer Centers at the annual meeting last week. John Nelson, Jacksonville, was elected to another term as vice president.

David Johnson, Evansville, Ind., who had been serving as secretary of the organization, was elected treasurer. Abraham Brickner, Detroit, a member of the board of trustees, was elected secretary. David Goldenberg, Lexington, Ky., was elected to Brickner's seat on the board.

Robert Frelick, Wilmington, Del., and Gerald Kallas, Milwaukee, were reelected to the board of trustees. Herbert Kerman, Daytona Beach, had previously been appointed to fill the vacancy caused by the resignation of Charles Cobau. Robert Clarke, Indianapolis, was appointed to the board seat held by former president James Donovan. Donovan resigned

last year after accepting a position with the Whittaker Corp. which will keep him out of the country much of the time.

David Wishart, Olympia, Wash., is the other board member.

Ralph Gottshall, chairman of the Delaware Cancer Network Advisory Board and a member of the board of directors of ICI-America, received the second annual ACCC Award, presented to an individual with an outstanding record in development and support of community cancer programs. Gottshall was unable to attend the meeting; Leslie Whitney, director of the Delaware network, accepted the award.

Members agreed to hold their annual meeting in Washington, D.C. again next year, and on the West Coast, probably San Francisco, in 1979.

Additional reports on presentations at the ACCC meeting will appear in subsequent issues of The Cancer Letter.

FORMER NCI EXECUTIVE NAMED STAFF DIRECTOR OF MAGNUSON SUBCOMMITTEE

Terry Lierman, former administrative officer of NCI's Drug Research & Development Program, is the new staff director of the Senate Labor-HEW Appropriations Subcommittee. He replaces Harley Dirks, who resigned last year after a long career of guiding money bills for health programs through the Senate.

Sen. Warren Magnuson (D.-Wash.), is chairman of the subcommittee.

Lierman, 29, joined the subcommittee staff 3½ years ago, going there from his NCI position. He is from Beloit, Wisc., obtained his bachelor's degree from Winona State Univ. in Minnesota and master's degree in public policy and administration from the Univ. of Wisconsin. He worked as a management intern at NIH before going to NCI.

The Magnuson subcommittee has played a major role in the development of the Cancer Program, repeatedly adding substantial amounts over those approved by the House and succeeding in getting the Senate to go along with the additions.

Committee and subcommittee assignments were nearly complete in the House this week. The Senate is still in the throes of attempting to reorganize its committee system, so subcommittee assignments have not yet been completed.

The House Labor-HEW Subcommittee, chaired by Congressman Daniel Flood (D.-Pa.), received two new members—Democrat Joseph Early of Massachusetts, who replaced Bob Casey of Texas, and Republican George O'Brien of Illinois, who replaced Garner Shriver of Kansas. William Natcher, Kentucky, remains top ranking Democrat behind Flood, followed by Neal Smith, Iowa; Edward Patten, N.J.; David Obey, Wisc.; Edward Roybal, Calif.; Louis Stokes, Ohio, and Early. Robert Michel, Ill., remains the top ranking Republican, followed by Silvio Conte, Mass., and O'Brien. Henry Neil is the staff director.

LA SUPERVISORS RENEGE ON PROVIDING FUNDS FOR NEW USC/LAC BUILDING

The USC/Los Angeles County Comprehensive Cancer Center was dealt a stunning blow last week when the County Board of Supervisors voted against providing funds for the county's share of constructing a cancer hospital and research institute.

The supervisors in effect reneged on their agreement to support the construction. NCI had awarded a construction grant of \$11.9 million and USC had put up another \$6 million, all with the understanding that the county would finance the rest of the \$54 million project.

The supervisors bowed to pressures from taxpayer groups, who are opposing all local government projects which could increase the tax rate. Also opposing the project was something called the "Cancer Control Society," a national organization which is pushing for the legalization of laetril. Richard Steckel, director of the UCLA Comprehensive Cancer Center, and representatives of the American Cancer Society, argued strongly to the supervisors in support of the project, but to no avail.

Denman Hammond, director of the USC/LAC Center, said he is working with university officials to develop a new proposal for a slimmed down version of the proposed building, hoping to get the cost into a range that could be supported by USC without the county's help. They are still counting on NCI support, and will submit a modified proposal seeking to retain some portion of the grant, if not all of it.

The go-it-alone facility would be a cancer research center building ("We won't call it a hospital any more," Hammond said) located on the USC Health Sciences Center campus, across the street from the county complex.

In an action that probably will have no bearing on the USC situation, the National Cancer Advisory Board last week approved the recommendation of its Subcommittee on Centers & Construction, reducing NCI's share of construction costs in future grants. NCI has been paying up to 75% of the costs, with local matching funds providing the balance. The new arrangement will limit the NCI portion to no more than 50%.

The award to USC originally was about 25% of the total cost. Under the new rule, the university would have to find another \$6 million, at least, to match the NCI grant, assuming the total cost could be trimmed to \$24 million. However, the Board agreed that the new split would not be applicable to grants already in the review process or in preparation. It will apply to grant applications received after June 1.

TOBACCO COUNCIL AWARDS NEW GRANTS FOR SMOKING-HEALTH RESEARCH

The possible role of certain enzymes in human lung cancer and emphysema will be studied under

several of nine new grants announced by the Council for Tobacco Research—USA Inc.

Irving Crawford, Scripps Clinic & Research Foundation, Leukocyte elastase—complement interactions in the etiology of emphysema; Michael Geokas, University of California (Davis), Circulating pancreatic elastase and emphysema in man; Paul Hamosh, Georgetown Univ., Effect of smoking on evolution of the maximum expiratory flow-volume curve; Ronald Hutchinson, Foundation for Behavioral Research, Effects of acute and chronic nicotine administration upon aggression and blood pressure in rats and humans; Edward Klaiber, Worcester Foundation for Experimental Biology, Behavior and blood pressure in rats following perinatal and postnatal nicotine exposure; R. Russell Martin, Baylor College of Medicine, Induction of aryl hydrocarbon hydroxylase in lymphocytes and pulmonary macrophages; Franz Oesch, Univ. of Mainz, Germany, Discrimination between the importance of epoxide hydratase and dihydrodiol dehydrogenase in inactivating mutagenic metabolites derived from carcinogenic polycyclic hydrocarbons occurring in cigarette smoke; Marilyn Rasco, M.D. Anderson Hospital, Hydrocarbon metabolizing enzymes and lung cancer; and Jakob Schmidt, State Univ. of New York (Stony Brook), Central nicotine receptors.

DIET/NUTRITION GROUP SENDS OUT HOTLY WORDED RESOLUTION, GETS HOT RESPONSE

The infighting at NCI over distribution of 1977 fiscal year funds, a spirited process pushed to new intensity this year because of the enormous increase in demands on those funds, spilled over into public when one advisory committee took up a program cause and attempted to go over the head of NCI Acting Director Guy Newell.

The Diet, Nutrition & Cancer Program Advisory Committee drew up a bitterly worded resolution denouncing Newell's decision to limit the program to \$5.1 million and fired off copies to President Carter, key congressional figures and anyone else the committee thought might be of assistance.

One copy went to Benno Schmidt, chairman of the President's Cancer Panel. Schmidt's reaction was such that committee members and program director Gio Gori might think twice before including him on their distribution list again.

"It is unfortunate," Schmidt told the National Cancer Advisory Board last week, that those who make complaints about the Cancer Program "state their case in terms of high level superlatives against the program as a whole because it doesn't have the balance they desire, rather than make the case for the things they want done. I could make a persuasive case against the program as a whole by using the comments of those involved in the program."

The resolution:

"The Advisory Committee of the Diet, Nutrition & Cancer Program of the National Cancer Institute expresses concern and dismay at the inadequate funding allocated to the program, especially in view of the congressional mandate that created this program and of its clear recognition in the appropriations language for fiscal year 1977.

"The importance of the Diet, Nutrition & Cancer Program is widely recognized at the national level, and must not be underestimated; this is especially true because diet plays a significant role in the causation of over half of all cancers, and because it is clear that adequate nutritional support and optimal nutritional status will improve the cancer patient's capacity to receive and tolerate therapy, increase survival, and have a dramatic beneficial impact on quality of life.

"It makes no sense to spend approximately \$700 million of NCI's budget on therapy related activities while virtually ignoring the patient's nutritional status. We know that many cancer patients literally die of malnutrition and not their neoplasia.

"Indeed research on the role of nutrition in the etiology and therapy of cancer in the next few years will have a favorable health impact on more people than any other approach currently funded within the National Cancer Program. Nevertheless, this program in fiscal year 1976 only utilized approximately one half of one percent of the total annual funds available to the National Cancer Program.

"The Diet, Nutrition & Cancer Program Advisory Committee holds that this low level of funding is irresponsible and nonresponsive to congressional intent. It also creates a poor public image for NCI. The committee urges that the Diet, Nutrition & Cancer Program be funded at a \$15 million level for fiscal year 1977.

"The prevention, therapy and education priorities of this program have been developed with the involvement and cooperation of 300 individuals from the scientific and lay communities, and represent a balanced and critical cross section of judgment and needs. The progress of the program, the enthusiasm of the scientists involved, and above all the benefits of the program to the public would be frustrated if adequate funds are not made available. This would be inexcusable, considering that the requested amount of \$15 million represents less than 1.5% of the total funds available to the National Cancer Program, that the overwhelming significance of nutrition in cancer causation and therapy is a matter of record and not of debate, and that the program is oriented to attaining results of immediate benefit to the public in the shortest time with maximum cost-effectiveness."

Schmidt said, "I don't want to stop criticism, but it should take a specific form, instead of language like that. Saying the low level of funding is irresponsible, that it was not the intent of Congress, urging the amount be increased to \$15 million, that diet

plays a significant role in the causation of over 50% of cancers, as if that were a known fact that does not require further elucidation.

"It was addressed to the President and chairmen of congressional committees. The next time I go over there I'll be asked, and the scientists with me won't know the answers, 'what cancers are caused by diet, what in the diet causes cancers, how do we know.' I'll say, 'Mr. Chairman, we're pretty sure about cigarettes.' He'll say, 'I'm not talking about that, I'm talking about diet.'"

Board member Harold Amos said, "The only thing we can be grateful for is that you'll be doing the explaining, not us."

"I'm saying the case should be made affirmatively how the \$15 million would be spent," Schmidt continued. "Say what part of the Cancer Program is irresponsible, a disaster, and be prepared to defend it. We don't have enough money to go around, to do all the things that are desirable. We're cutting in places where it is very painful. . . . It behooves scientists to make statements they can substantiate, not simplistic statements they can't back up. . . . Otherwise, you suggest some easy way, if only we can get it together. The greatest problem we have in Congress is the feeling that there is some easy way."

Schmidt said he was "all for supporting this before Congress as very important research, but I would feel strongly against any suggestion that there is on the table enough information that we know the answers."

Cancer Panel member Paul Marks suggested that "this is a good example of slippage in precision of expression."

Newell challenged the contention by the committee that NCI spends \$700 million on treatment related research, claiming that actual amount going into treatment is \$229 million.

Gori later told *The Cancer Letter* that the \$700 million figure was arrived at by adding up all money going into prevention research and deducting that from the NCI budget of \$815 million. The entire budget of the Div. of Cancer Cause & Prevention, plus prevention research supported by grants and the Div. of Cancer Control & Rehabilitation, was about \$115 million, Gori said. "If it isn't going into prevention, then it must be going into treatment," Gori claimed.

As for the "intent of Congress" in the appropriation bill, the language in a committee report on the bill directed that "up to \$15 million" be allocated for diet and nutrition research. DNCP itself got \$5.1 million, and about \$2 million more will support diet related grants through the Div. of Cancer Research Resources & Centers and nutrition-therapy research by the Div. of Cancer Treatment. If Congress goes along with the proposal to reprogram \$10 million from construction, nutrition will get another \$1 million.

A total of \$7-8 million could well be considered as complying with the intent of language which in-

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cluded the "up to" qualification. But the avid backers of the program indicated they will not drop their efforts to get more money, if not this year, in the next fiscal year. Beverly McGaughy, president of the Washington Area Candlelighters and a member of the committee, said the group would ask for a line item in the next appropriation bill, earmarking a specific amount for the program.

NCAB member Gerald Wogan, who is chairman of the DNCP Advisory Committee, was not at the Board meeting. *The Cancer Letter* attempted to contact him at MIT where he is professor of food toxicology but was unable to do so.

Considerable information is available which implicates diet as an etiological factor in cancer and which suggests that improvements in nutrition could improve therapy. Ernst Wynder, president of the American Health Foundation and a member of the DNCP committee, can talk all day on how diet causes cancer and can cite studies to back it up. Ask Wynder and a number of other scientists "Which cancers?" and they'll name them—stomach, colon-rectal, breast, liver, pancreas, among others.

The \$5.1 million this year will only fund ongoing projects. Gori has compiled a list of proposed projects, developed by ad hoc committees of experts in the field of nutrition in a series of workshops last year, which would require \$36 million if all were funded.

Here are some of the top priority projects that will not be funded this year:

—Development and validation of animal models for specific tumor types, \$250,000 per year for three years.

—Man's metabolic and hormonal response to dietary change, \$100,000 per year for two years.

—Development of an animal model for the study of intestinal metaplasia, \$200,000, one year.

—Correlation of diet and rat response to carcinogens, \$150,000 per year, two years.

—Relationship between environmental conditions and the role of diet in carcinogenesis, \$150,000 per year, two years.

—Effects of dietary cholesterol on incidence of tumor induction in animal models, \$300,000 per year, two years.

—Effects of vitamins on carcinogen metabolism, \$500,000 per year for three years (multiple award).

—Effect of minerals on carcinogenesis, \$500,000 per year for two years (multiple award).

—Significance of carbohydrates in neoplasia, \$400,000 per year, three years.

—Lipid metabolism in cancer patients, \$300,000 per year, three years.

—Energy metabolism of lab animals, \$400,000 per year, three years (multiple award).

—In vivo quantification of body nitrogen, \$200,000 per year, two years.

—Quantification of changes in body composition

in cancer patients, \$250,000 per year, three years.

—Circadian rhythms and diet therapy, \$100,000 per year, two years.

—Effect of magnesium, calcium and potassium blood levels on tumorigenesis, \$200,000 per year, two years.

There are 33 ongoing contracts and nine cancer research emphasis grants sponsored by DNCP. The project title, institution, principal investigator and first year budget follow for each:

Review and analysis of categorical citation information relevant to the Diet, Nutrition and Cancer Program—Institute for Scientific Information, H. Small, \$18,870.

Optimal nutritional support as an adjunct to cancer therapy in the pediatric patient—Memorial Hospital, M. Shils, \$73,791; Children's Hospital, Boston, R. Filler, \$105,194; Children's Hospital, Los Angeles, D. Hays, \$153,719; Stanford Univ., S. Donaldson and J. Wilbur, \$207,503; M.D. Anderson, J. Van Eys, \$194,593.

Literature study on primitive populations in relation to diet—American Institutes for Research, K. Cannon-Bonventre, \$47,925.

Literature study to evaluate health parameters in various human populations in relation to diet—American Institutes for Research, J. Wray, \$48,588.

Anorexia in adult and pediatric cancer patients—Northwestern Univ., W. DeWys, \$201,958; Children's Hospital at Stanford, J. Dutcher, \$179,691; Georgetown Univ., R. Henkin, \$199,586; Research Foundation, SUNY at Albany, G. Costa, \$218,236.

Literature study on indicators of health and nutritional status with emphasis on primitive populations—Medical Univ. of South Carolina, J. Robson, \$34,824.

Survey of dietetic practices and procedures used in feeding cancer patients—Univ. of Wisconsin, A. Gormican, \$30,485.

Studies of differential nutritional requirements by host and tumor as the basis for dietary treatment of cancer (brain tumors)—Univ. of Tennessee, J. Robertson, \$250,000; Medical College of Virginia, W. Banks, \$184,058.

Application of behavior modification techniques in the treatment of anorexia in the cancer patient—Midwest Research Institute, F. Metz, \$135,950.

Correlation of epidemiologic and metabolic parameters—Albert Einstein College of Medicine, S. Romney, \$143,111; American Health Foundation, E. Wynder, \$156,263.

Identification of past, ongoing, and future dietary and nutritional surveys and cancer epidemiology studies—Ruhl Associates, Alexandria, Va., M. Whiting, \$27,625.

Evaluation of the role of learned food aversion in the cancer patient—Children's Orthopedic Hospital & Medical Center, Seattle, I. Bernstein, \$44,153.

Gustatory (taste) evaluation of cancer patients—Univ. of Pennsylvania, M. Kare, \$66,319; Univ. of Rochester School of Medicine & Dentistry, D. Thompson, \$54,678.

Optimal nutritional support as an adjunct to cancer therapy in the adult patient—Univ. of Pennsylvania, J. Mullen, \$126,318; Health Research, Inc., K. Sako, \$161,806; SUNY at Buffalo, J. Lore, \$81,671; Boston Univ. Medical Center, W. Steffee, \$82,007; New England Deaconess Hospital, G. Blackburn, \$115,193; M.D. Anderson, V. Lanzotti, \$189,675; M.D. Anderson, M. Samuels, \$199,905; Boston Univ. Medical Center, W. Steffee, \$82,827; Emory Univ. School of Medicine, D. Nixon, \$136,797.

Role of pre-formed dietary purines and pyrimidines in the genesis of cancer of the GI tract—MIT, H. Munro, \$14,376.

Literature study on morbidity and mortality rates in nonhuman mammals, including proposed animal models to study incidence of cancer in relation to dietary change—To be negotiated

Development of a guidebook for inclusion of dietary and anthropometric parameters in cancer epidemiology studies—To be negotiated

Cancer Research Emphasis Grants:

Effect of fat saturation on cancer incidence in mice—R. Brown, Univ. of Wisconsin, \$172,135.

Effect of nutritional and environmental stress on carcinogenesis—J. Reddy, Northwestern Univ., \$62,229.

Effect of nutritional stress on carcinogenesis—H. Sidransky, Univ. of South Florida, \$90,702.

Diet and colon cancer in a low risk population—J. Lyon, Univ. of Utah, \$179,804.

Dietary components and cancer development—L. Kolonel, Univ. of Hawaii, \$92,846.

Nutritive quality of dietary fiber for humans—P. Van Soest, Cornell Univ., \$116,404.

Environmental stress and tumorigenesis—C. Blatteis, Univ. of Tennessee, \$34,834.

Muscle amino acids and fat tolerance in cancer patients—J. Kinney, College of Physicians & Surgeons of Columbia Univ., \$73,779.

Effect of dietary stress on pancreatic carcinogenesis—J. Yager, Dartmouth College, \$95,826.

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, citing the RFP number. Some listings will show the phone number of the Contract Specialist, who will respond to questions. Listings identify the respective sections of the Research Contracts Branch which are issuing the RFPs. Their addresses, all followed by NIH, Bethesda, Md. 20014, are:

Biology & Diagnosis Section — Landow Building

Viral Oncology & Field Studies Section — Landow Building

Control & Rehabilitation Section — Blair Building

Carcinogenesis Section — Blair Building

Treatment Section — Blair Building

Office of the Director Section — Blair Building

Deadline date shown for each listing is the final day for receipt of the completed proposal unless otherwise indicated.

RFP NCI-CB-74141-31

Title: *Immunotherapy: New approaches to immunotherapy*

Deadline: *May 2*

Proposals are sought for creative approaches in the use of the immune system for cancer therapy. Both animal and human studies are acceptable. Animal work should be relevant to application in man.

RFP NCI-CB-74142-31

Title: *Intratumoral immunotherapy prior to surgery*

Deadline: *May 2*

Proposals are sought to evaluate the effectiveness of intratumoral immunotherapy before surgery in patients with "early" clinically nondisseminated cancer.

RFP NCI-CB-74143-31

Title: *Immunotherapy prior to conventional therapy*

Deadline: *May 2*

Proposals are sought to evaluate the effectiveness of immunotherapy by routes other than intratumoral in cancer patients prior to conventional therapy.

RFP NCI-CB-74144-31

Title: *Immunization with autochthonous tumor*

Deadline: *May 2*

Proposals are sought to obtain evidence for the existence of human tumor associated antigens and to show increased immune responses to such antigens after in vivo or in vitro immunization with autochthonous tumor.

RFP NCI-CB-74145-31

Title: *Immunization with allogeneic tumor*

Deadline: *May 2*

Proposals are sought to obtain evidence for cross-reactive human tumor associated antigens by performing tests for humor and/or cell-mediated immunity to autochthonous tumor. The study of immune responses to autochthonous tumor after in vivo or in vitro immunization with allogeneic tumors is required.

RFP NCI-CB-74146-31

Title: *BCG immunotherapy of recurrent superficial bladder cancer*

Deadline: *May 2*

Proposals are sought to evaluate the effectiveness of BCG immunotherapy in patients with recurrent superficial bladder cancer. The details of the administration of BCG shall be identical to those published in the Journal of Urology 116:180-183, 1976.

RFP NCI-CB-74147-31

Title: *Application of hybridization techniques to develop large quantities of functionally active homogeneous T-cells*

Deadline: *April 19*

NCI seeks proposals for studies designed to produce the expansion of functional T-cell populations (such as specific antigen binding helper, memory, cytotoxic or suppressor cells) by cell fusion techniques.

RFP NCI-CB-74148-31

Title: *Animal models for bone marrow transplantation*

Deadline: *April 19*

NCI seeks proposals for animal models for bone marrow transplantation. Studies should include factors controlling susceptibility/resistance to bone marrow grafts and/or mechanisms of stem cell differentiation to immunocompetent cells and/or immunologic reactivities in the chimeric state.

RFP NCI-CB-74149-31

Title: *Isolation and chemical characterization of antigen-binding T-cell receptors*

Deadline: *April 19*

NCI seeks proposals utilizing innovative approaches

for obtaining antigen binding T-cell receptors in quantity based upon (1) a suitably sensitive assay system for antigen binding T-cell receptors and (2) a means for obtaining receptors in sufficient yield for analysis.

RFP NCI-CB-74150-31

Title: *Studies of in vitro induction of functional differentiation of T-cells in systems relevant to tumor immunology*

Deadline: April 19

NCI seeks proposals for studies of cellular and cell-free factors that influence in vitro functional differentiation of T-cells. Primary emphasis shall be on syngeneic tumor associated antigens as the stimulus for T-cell differentiation.

RFP NCI-CB-74151-31

Title: *Genetic control of susceptibility and/or immune response to tumors*

Deadline: April 19

NCI seeks proposals to study genetic control of susceptibility and/or immune response to tumors. Studies are sought determining numbers of genes involved in immune responses to syngeneic tumors of recent origin, genetic linkage and genetic control of responses to tumors or their origin, genetic linkage and genetic control of responses to tumors or their antigens.

RFP NCI-CB-74152-31

Title: *Biochemical and/or biophysical approaches to studying mechanisms of specific cell-mediated cytotoxicity*

Deadline: April 19

NCI seeks proposals designed to increase understanding of the process of cell-mediated cytotoxicity. Proposals must be in the area of biochemical and/or biophysical studies of mechanisms whereby immunocompetent effector cells kill specific target cells by direct contact.

RFP NCI-CB-74153-31

Title: *Immunobiology of metastases*

Deadline: April 19

NCI is soliciting proposals utilizing immunologic techniques to study relationships between tumors and their metastases at the cellular and/or biochemical level. Experience with metastatic tumor systems is required.

Contracting Officer: Robert Townsend
Biology & Diagnosis
301-496-5565

CONTRACT AWARDS

Title: Study transplantability of human breast cancer in nude thymusless mice

Contractor: Stehlin Foundation for Cancer Research, \$160,000.

Title: Study of the contributions of categorical research to basic science research and knowledge

Contractor: Boston Univ. Medical Center, \$4,500.

Title: Breast cancer detection demonstration project

Contractor: Duke Univ., \$320,886.

Title: Analytical support services for the DCRRC Cancer Centers Program

Contractor: CDP Associates, \$470,000 first year.

Title: Phase I studies of new anticancer drugs

Contractors: Memorial Hospital for Cancer & Allied Diseases, \$199,833; and Univ. of Kansas Medical Center, \$140,304.

Title: Biochemical pharmacology and pharmacokinetics

Contractor: Upjohn Co., \$435,639.

Title: Services in support of primary drug screening program

Contractor: IIT Research Institute, \$587,021.

Title: Expansion of Cervical Cancer Screening Program

Contractors: Minnesota Dept. of Health, \$327,630; Maryland Dept. of Health, \$340,734; and Univ. of Oklahoma Health Sciences Center, \$30,240.

SOLE SOURCE NEGOTIATIONS

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

Title: New techniques for the study of cell kinetics of breast cancer

Contractor: Allegheny General Hospital, Pittsburgh.

Title: Data research analyses for Breast Cancer Treatment Program

Contractor: EG&G/Mason Research Institute.

Title: Connecticut Cancer Epidemiology Program

Contractor: Yale Univ.

Title: Immunoprevention of spontaneously occurring neoplasms

Contractor: Microbiological Associates.

Title: Program services in support of the contract management system

Contractor: Sigma Data Corp., Rockville, Md.

The Cancer Letter—Editor JERRY D. BOYD

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