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PANEL CONSIDERS EASING COMP CENTER INDEPENDENCE REQUIREMENT, BUT REALIZES IT LACKS THAT AUTHORITY

NCI's Cancer Centers Program continues to present a swirling array of opportunities, problems, changing rules and regulations, misunderstandings, criticism and confrontations, all of which add up to what will probably be the new NCI director's most persistent headache.

The newest and presently the hottest of the controversies reached the President's Cancer Panel last week—whether or not NCI should continue to require designated comprehensive cancer centers to have a certain degree of independence in their administrative structures.

The issue involves "Characteristic No. 9" of the 10 characteristics the National Cancer Advisory Board determined should be required of comprehensive centers. No. 9 states:

"The center must have an administrative structure that will assure

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In Brief

SCHMIDT CONFERS WITH CALIFANO, FREDRICKSON ON NCI DIRECTOR; SENATE HEARING MARCH 15-16

BENNO SCHMIDT, chairman of the President's Cancer Panel, was scheduled to meet this week with HEW Secretary Joseph Califano and NIH Director Donald Fredrickson. Main item they'll discuss: Appointment of an NCI director. Schmidt has recommended Arnold (Bud) Brown, Mayo pathologist and one of the country's top scientists in the area of cancer prevention, a choice that has been popular with both NCI staff and non-government participants in the Cancer Program. Real issue at the meeting could be whether or not Schmidt will continue to wield the same influence with the Carter Administration that he had with the previous regimes. . . . **R. LEE CLARK**, president of the Univ. of Texas System Cancer Center and current president of the American Cancer Society, has been a member of the President's Cancer Panel since it was created by the National Cancer Act. His term expires this month, but he'll stay on for another term if President Carter asks him to. . . . **SENATE HEARING** on 1978 appropriations for NIH, including NCI, is scheduled for March 15-16 by the HEW Appropriations Subcommittee. That's for government witnesses; public witnesses are tentatively scheduled for the week of April 4. . . . **ROLAND WUSSOW**, special assistant in NCI's Office of Cancer Communications, has been hired by Steven Silverberg, director of the Colorado Comprehensive Cancer Center, as his deputy. Wussow will be responsible for administration, education, outreach, liaison and development. . . . **BREAST CANCER** Task Force meeting planned for March 9 has been canceled. Many of the participants will be heavily involved in the grant and contract review process at that time, so the all-day presentation of reports was dropped. Committee meetings scheduled for March 10 are still on. Next meeting of the BCTF will be May 4.

NCAB HAS AUTHORITY TO CHANGE RULES FOR COMP CENTERS, PANEL DISCOVERS

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maximum efficiency of operation and sound financial practices. The administration should include responsibility for program planning, monitoring and execution as well as preparation of the budget and control of expenditures. Administration and management would include staff appointment and space allocation, the intent being that such a center will have the authority to establish the necessary administrative and management procedures for carrying out its total responsibility as defined in the criteria."

For some institutions, surrendering control over staff appointment, space allocation, and budget to the cancer center is more than they can swallow. Not all of the 19 comprehensive cancer centers now recognized by NCI meet that requirement. Some may be deficient in the other characteristics, but all received the comprehensive recognition with the understanding that they would work to overcome those deficiencies.

At least one cancer center which is aiming for comprehensive designation, Columbia Univ., also probably cannot comply with Characteristic No. 9 at this time.

The NCAB has undertaken a program of conducting site visits at each of the existing comprehensive centers as well as at those centers applying for comprehensive designation. At the existing centers, the reviewers will be looking at how well the 10 characteristics have been met or how much progress has been made in meeting them. Deficiencies will be noted, and it is conceivable that those centers with too many, and with no significant progress in overcoming them, could lose their official comprehensive status.

The NCAB review of existing centers starts Feb. 24-25 with Mayo and will continue into 1978.

Some center directors are concerned about their own situations, and a few have expressed those concerns to NCI staff and to Benno Schmidt, chairman of the President's Cancer Panel. One of those concerned is Paul Marks, also a member of the Panel and director of the Columbia Univ. Cancer Center which will undergo a Board site visit March 28-29 to determine if it is ready for comprehensive designation.

Schmidt said last week that "there is a real difference of opinion right here on the Panel" on how far a center has to go in meeting the Board's organizational and administrative requirements. "We have three points of view," Schmidt said. "Dr. (R. Lee) Clark leans much farther toward the entity type of independence than Dr. Marks, who leans farther toward the integrated medical school set up. I guess I'm in the middle. I feel an institution must achieve certain results whatever the administrative structure."

"The end result depends very much on what we're talking about," Clark responded. "The main idea is to not permit acceptance of cancer funds by an institution just for whatever advantage it brings them. The attitude that 'we're selling cancer now, as long as we get the money. When we don't get it, we'll get out of the picture.' . . . Without some basic principles, there will be no durability after the funding ends."

Marks said that "the issue is how best to co-opt the necessary resources to achieve the goals" of the comprehensive cancer center program. "You have to leverage NCI monies to co-opt available resources. A large fraction of these resources reside in the academic health centers and universities. No organizational structure assures the co-opting of those resources."

In reviewing each center, Marks suggested, "the administrative structure which in the judgment of the experts stands a good chance of achieving this is the real test, rather than some preconceived form."

The directors of four comprehensive centers—Jack Cole, Yale; Albert Owns, Johns Hopkins; William Shingleton, Duke; and Lewis Thomas, Memorial Sloan-Kettering—plus Paul Carbone, representing Harold Rusch, Wisconsin, discussed their organizational structures with the Panel. They ranged all the way from the free-standing, almost totally independent Memorial Sloan-Kettering, which has only loose ties with Cornell and Rockefeller universities, to Yale, where the department chairmen and the dean retain most authority.

"The subject boils down to this," Schmidt said. "Whether we will allow each institution to develop its own organization it feels can best achieve results, or whether NCI will mandate minimum standards of organization."

Schmidt referred to a new site visit guide book NCI staff had developed for use by NCAB reviewers when they take a look at each prospective and existing comprehensive center. The book leads off questions based on Characteristics No. 1 and 9, getting immediately to the matter of authority for the center. Characteristic No. 1 states:

"The center must have a stated purpose that includes carrying out of basic and clinical research, training and demonstration of advanced diagnostic and treatment methods relating to cancer."

The site visit book interprets that as:

"Commitment of parent institution which ensures long-term commitment to continued support and stability of the center. These commitments should include delegation of authority and responsibility for personnel, space and budget to the center (director); recognition of the center as a discrete organizational entity; and representation of the center at policy-making levels of the institution."

Some questions to be asked under this section include:

"How will the authority and responsibilities delegated to the center director allow for the managing of a comprehensive cancer center program? What ad-

ministrative or governing bodies in the parent institution have authority to delegate to and/or review the responsibilities of the center director? What senior policy-making group of the institution will the center director be a voting member of? What are the constraints on the cancer center director's authority with respect to recruitment, appointment, and determination of salary and promotion? Of budget control? Of space assignment? Of director of the cancer center program?"

The book interprets Characteristic No. 9 as:

"The administrative structure should provide suitable environment, adequate resources and capabilities for planning, implementing and maintaining a stable, long range cancer program. Evidence of an effective and efficient administrative structure should include institutional commitment to establish and provide resources, responsibilities and authority to operate the center; authority and responsibility for center director; effective budget development and management process, and evendience for long term stability of the center."

Questions to be asked include:

"What is the center director's authority with respect to center personnel? What is the authority of the center director over appointments? Is this responsibility shared with relevant department chairmen? If central fiscal management capabilities are being used, was it necessary to modify previously existing practices in order to accommodate the center program?"

There are other questions relating to the center director's authority, and to the independence of the center.

Schmidt commented that the apprehensions of center directors about to be reviewed "have been agitated and amplified" by questions in the book. "If you ask those questions, they feel there is some reason. Some feel they may be getting de-recognized if they don't come up with the right answers."

"We would have to write 'none' in all those blanks," Cole said.

"We might have to write, 'jointly shared with' in some of them," Shingleton added. "There are few who can say, 'yes, I control all that.' "

"Even then you are controlled by someone, a governing board, trustees, a higher authority of some kind," Clark said. Clark, as president of the Univ. of Texas System Cancer Center which includes M.D. Anderson Hospital in its domain, probably has more of the kind of authority and independence required in the NCAB characteristics than any of his fellow center directors.

Clark later told ***The Cancer Letter*** that retaining that authority "requires constant vigilance." He considers himself a partner with others in the university, much as Shingleton described his "shared responsibility."

Clark defended the site visit book in the Panel discussion. We at least want to know what is there."

Responding to Schmidt's assertion that some institutions might not want to bother with being considered comprehensive if they have to meet the NCAB requirements, Clark said, "No one had his feet held to the fire on this. If they don't want to play poker, they don't have to sit down at the table."

Clark feels that at least 16 of the 19 comprehensive centers have organizational structures at least as independent as that at Duke, which NCI staff and the Board feel complies with Characteristic No. 9 in most respects.

Marks still objected, insisting that the requirements for a "discrete entity" and delegation of authority over personnel, space and budget to the center director "is causing a problem."

"Isn't that the same authority that a department chairman has?" Clark asked. Marks agreed that it was. "That's all we're asking here," Clark said.

Thomas King, director of NCI's Div. of Cancer Research Resources & Centers, said the concerns may be an over reaction" to the "Cancer Center Profile," a questionnaire which is being submitted to all centers. That document, which has undergone several revisions since it was first proposed last year, asks some of the same questions which appear in the site visit guide book. It is intended for submission to all centers (all those 62 institutions with center core grants), not just the comprehensive centers.

"This has received more attention than it deserves," King said. "We're constantly asked, 'What do centers do?' " The prfile is intended to help answer that question, specifically for each center. "We intend for centers to be judged on their records, not on whether or not they are carbon copies of M.D. Anderson or Roswell Park," King said.

Schmidt pointed out that recognition as a comprehensive cancer center does not in itself offer any tangible advantages to an institution. They still have to compete for NCI grants and contracts on the merits of each application, with peer review establishing priorities without regard to whether the institution is a designated comprehensive center.

"The biggest incentive to being a comprehensive center is the added prestige and clout in attraction of community and public support," Schmidt said.

"I would like to put a stop to all the concern about this," Schmidt said. "A lot of people are worried about the criterion that seems to say, 'That's the way to go,' and by questions that seem to be testing you. Are we ready to recommend to the Board that this criterion and pertinent questions be redesigned to accommodate diversity? Are we agreed that we don't want to hold out that a criterion for being a comprehensive cancer center is that it have a director with those attributes?"

"That's a decision for the National Cancer Advisory Board to make," Clark said.

"A lot of the members will listen to you, some to

me," Schmidt said. "If we're agreed, let's say so. If not, let's say so."

Schmidt continued, "I had as much to do with writing that characteristic as anyone. I'm willing to change it, to say I made a mistake. Some of the best centers cannot, have not, and should not have it (authority required by the characteristics). The center I'm associated with (Schmidt is a member of the board of trustees at Memorial Sloan-Kettering) has it."

"You've had it for 87 years," Clark commented.

"And as much as I'd like to think so, we may not be the best model," Schmidt said.

William Walter, director of the Centers Program, said that the Board had agreed that a comprehensive center "should have a director with some responsibility."

Does the director have sufficient accountability to ensure that all these funds are being used for cancer?" Clark asked.

"That's a question of institutional integrity," Cole said. "Do these funds become cancer funds? Or do cancer dollars replace hard undifferentiated dollars?"

Schmidt insisted, "What we want is to get to the point where the organization per se is not an end in itself."

At this point, it appeared that Schmidt would ask the Panel to vote on a recommendation to change or eliminate Characteristic No. 9. But Bernard Keele, special assistant to Walter for the Centers Program, expressed his objections.

"If the Panel is considering recommending to the Board a change in a characteristic, it could have a tremendous impact on us. Our site visits will start in two weeks. We don't want to make a change like this in the middle.

"If the goal is to build centers, not ongoing cancer programs in institutions, then I say, yes, that characteristic is needed. For some, with long term traditions, that may be difficult to apply. But if you want a viable centers program five years from now, you need it," Keele insisted.

"Or at least shared authority," Shingleton suggested.

"Yes," Keele agreed. "No one will have total authority. It always will be shared to some degree. . . . If you permit each institution to determine its own organizational structure, then each will do so, and you won't have a centers program."

"But we've got so much to do in judging end results, without telling people how to organize," Schmidt argued.

"It's good to have some statement on what you want in a comprehensive center," Clark said. "A director can say to his institution, 'We want to get in the poker game, let me buy some chips. Give me the money for a radiation department.' Before you get married, you ought to get all the concessions you can get."

Guy Newell, NCI acting director, suggested, "Let's ask, 'What is your organizational structure?' and then, 'Is it working?' "

"Okay," Keele said, "but if you change Characteristic No. 9, then let's cancer the Board site visits now."

Schmidt suggested that in determining if a center has the authority required in the characteristics, consideration should be given that the authority lies "with the center director, or someone else, as long as it exists."

"Okay, that would be my interpretation," Keele agreed.

"Then your interpretation is getting you to the point where you can proceed," Schmidt said. "I just want it to be clear we're not mandating one form of organization over another."

"Every time we look at this," King said, "we change it. I'd like for once to get through something before it's changed."

I don't want to call off the Board site visits," Schmidt said. "That would require a Board action. I just want to get across the idea that we're flexible."

"We can take care of that in the interpretation," Keele said. "We can instruct the site visit teams that one organizational scheme is not magic, and leave the guideline as it is until we get through the first round of review."

Schmidt agreed, and that is where the matter now stands. The Panel made no recommendation to change the characteristics. NCI will distribute the guide book to the site visit teams for use through the review of all existing comprehensive centers, and of any emerging center asking for review.

NCI planned to distribute the guide book immediately to existing comprehensive centers. Others wanting a copy may write to Keele, DCRRC, NCI, Bethesda, Md. 20014.

COLUMBIA COULD BE NEXT COMP CENTER; NEW MEXICO ASKED TO 'TRY AGAIN'

The Columbia Univ. Cancer Center is next up for determination of whether it meets enough of the National Cancer Advisory Board's requirements to be a comprehensive center. A site visit team, to include two members of the Board and headed by Jesse Steinfeld, will look at Columbia's cancer program March 28-29.

The team's findings will be reported to the Board at its next meeting in May. A favorable recommendation then would go directly to the NCI director, who may act on it or not, at any time he chooses.

Recognition for Columbia would give New York City two comprehensive cancer centers, a precedent now established with UCLA becoming the second comprehensive center in Los Angeles.

The team that recently visited the Univ. of New Mexico to determine its state of readiness for comprehensive designation reported to the Board that a

number of deficiencies existed which precluded recotnition at this time. The Board commended the university for the progress it has made and suggested that it reapply in two to three years, after addressing the problems the site visitors found.

The Univ. of Arizona in Tucson could have the next cancer program to be considered for comprehensive status. Sidney Salmon, director of the cancer center there, sent "a very tentative" notification to NCI that it might be ready. NCI staff will visit the center in April.

Here is the schedule for NCAB site visits to the existing comprehensive centers (UCLA, the most recently recognized, had not been included when this was drafted), including the chairman of each site visit team:

Feb. 24-25, 1977—Mayo, John Brewer.
March 3-4—Univ. of Alabama, Brewer.
March 30-31—Memorial Sloan-Kettering, Harold Amos.
April 14-15—Univ. of Southern California/LAC, Lyndon Lee.
April 18-19—Fred Hutchinson, Lee.
May 5-6—Illinois, James Lowman.
May 26-27—Univ. of Wisconsin, Gordon Zubrod.
June 13-14—Duke Univ., David Yohn.
June 16-17—Florida, Brewer.
July 14-15—Fox Chase-Univ. of Pennsylvania, Robert Cooper.
July 18-19—Georgetown Univ./Howard Univ., Alfred Frechette.
Oct. 6-7—Colorado, Donald Putney.
Oct. 20-21—Johns Hopkins, Amos.
Oct. 31-Nov. 1—Sidney Farber, Yohn.
Nov. 29-30—Univ. of Texas, Henry Pitot.
Dec. 8-9—Roswell Park, Frechette.
Dec. 15-16—Yale Univ., Harry Eagle.
Feb. 6-7, 1978—Ohio State Univ., Richard Steckel.

MASS. GENERAL DIRECTOR SANDERS SAID CALIFANO'S CHOICE AS HEALTH SECRETARY

Charles Sanders, director of Massachusetts General Hospital, has been offered the position of Asst. Secretary for Health, but he has not decided whether or not to accept the appointment, his office told ***The Cancer Letter.***

Previous reports had indicated the appointment would go to Lester Breslow, dean of the UCLA School of Public Health (***The Cancer Letter,*** Jan. 28). But Sanders' office confirmed this week that HEW Secretary Joseph Califano had offered the job to him.

Sanders succeeded John Knowles as director of Mass General. Knowles, who is now president of the Rockefeller Foundation, had been the first choice of HEW Secretary Robert Finch for assistant secretary for health at the start of the Nixon Administration. Knowles drew fierce opposition from the American Medical Assn., and the late Sen. Everett Dirksen persuaded Nixon to overrule Finch. The appointment then went to Roger Egeberg, dean of the USC School of Medicine.

NCI SEPARATES INHOUSE, EXTRAMURAL CARCINOGENESIS RESEARCH PROGRAM

NCI has nearly completed reorganization of its Carcinogenesis Program that started last year when the task of testing suspected carcinogens was split off, permitting the program to concentrate on research.

The Carcinogenesis Program is located in the Div. of Cancer Cause & Prevention. DCCP Deputy Director Gio Gori is acting director of the program, and will continue his other duties as director of both the Diet, Nutrition & Cancer Program and the Smoking & Health Program.

The major feature in the reorganization is the separation of DCCP's intramural carcinogenesis research from the collaborative, or extramural activities. The intramural effort will continue, at about the same level ($4 million in fiscal 1977), but inhouse scientists will have little influence on contract and grant supported carcinogenesis research.

"The program now essentially represents interests of inhouse scientists," Gori said. With five branches and a limited staff, "We can't have the amount of expertise required for a balanced national program. The span is science is too great. Collaborative research as an extension of inhouse interests does not work."

A new advisory group, the Carcinogenesis Scientific Advisory Committee, has been chartered to establish general priorities for the program. Its primary concern will be the extramural research, but it will be asked to review the intramural program once a year.

Louis Siminovitch, with the Dept. of Medical Cell Biology at the Univ. of Toronto, is chairman of the new committee. Other members are Fredric Burns, asst. professor of environmental medicine at New York University's Institute of Environmental Medicine; Ercole Cavalieri, associate professor of biochemistry at the Eppley Institute, Univ. of Nebraska; Michael Fry, assistant director for carcinogenesis at the Argonne National Laboratory; Margaret Howell, former NCI epidemiologist and statistician, from Dallas; Jeffery Ross, assistant professor of oncology at McArdle Laboratory, Univ. of Wisconsin; and David Ward, assistant professor of molecular biophysics at Yale Univ.

Gori said the program will be developed much as it was in the diet and nutrition program. First, the advisory committee (which will have its initial meeting March 25) will block out general priorities. Then Gori will schedule a series of workshops, in which 10 or so experts in pertinent fields will develop a list of projects for each segment of the program. The committee then will determine the priorities, and RFPs or CREG announcements will be prepared.

"We won't have money in search of a project,"

Gori said. "We'll have a backlog of projects, and ask for funding for only the top priorities."

Proposals will be reviewed by the appropriate program contract review committees.

Five to six scientist-administrators "with no lab interests of their own" will manage the various program segments, Gori said. "This will be a forum for members of the scientific community to express their views." He expects from 200 to 300 persons outside of government to participate in developing the program at the workshops.

The total budget for the program in 1977 is $25 million, including the $4 million for intramural research. The balance is available for collaborative research, but "big chunks" are committed to work at the Frederick Cancer Research Center ($5 million) and at Eppley and Oak Ridge.

Gori has reprogrammed about 20% of this year's budget out of ongoing contracts to be used as a reserve to fund new projects. He expects to do the same with the 1978 budget.

Research that could be supported in the program could include projects developed from epidemiological clues, modifying factors, carcinogenesis models, mechanisms of activity and molecular carcinogenesis, Gori said.

Gori's program is one NCI effort that won't be hampered by a lack of positions. Thanks to Congressman David Obey, 60 new slots were created for carcinogenesis work in DCCP. Most of them went to the bioassay program, but Gori will get the five or six he says he'll need as administrators.

KRAMER: NEW RADIOTHERAPY COULD SAVE 1/3 OF PATIENT FAILURES, CUT COSTS

The report in last week's issue of *The Cancer Letter* on the presentation to the National Cancer Advisory Board by radiologists Simon Kramer, Herman Suit and William Powers did not include, because of space limitations, the final segment of their discussion. Pertinent excerpts from that segment follow:

Kramer said he was convinced that improved radiotherapy, including development of the new technology (fast neutrons, pi mesons, heavy nuclei) would "impact one third of the cancer patients who fail now, by whatever treatment they now receive. This could repay us 1,000 fold, considering the cost alone."

Kramer offered some figures which supported his contention that the cost of a cured patient is one third that of those who fail. It costs an average of $12,000 to treat cancer patients who survive, Kramer said, and about $36,000 who do not.

The cost of neutron therapy will not approach that, he said. The actual cost of treatment will decrease with the use of neutron machines.

It will be a different situation with pi meson and heavy nuclei machines. "It is hard to estimate, but the first two or three machines" to be developed for clinical use "will be very expensive."

"The results so far (in tests with the new technology) lead you to believe the potential is substantially beyond what we get now in radiotherapy," Benno Schmidt said. "What would be the proper way of testing this thesis in a realistic sense, and what would be the cost of doing that? Would we want to try all three at once, or only the one that seems to be the most effective? What's the next step?"

"As long as we have to deal with machines rarely prepared for this work, we will not get the answer," Kramer said. The few such machines now in existence were designed for physics research, not clinical. "We need a number that are hospital optimized, that can be tried in a large number of patients. We need to find out what types of cancer it works on, what stages of cancer, so optimal treatment can be designed. It will require a fairly large number of patients.

"What I am saying now applies primarily to neutrons. We have the experience which proves they are useful, and we know they can be safe.

"As for the other beams, we don't know which are best. Each has its advantages and disadvantages. We feel what is needed now is research and development, to establish some machines which can be used clinically under well controlled conditions, until we can make a determination if pi meson is better, or heavy nuclei is better, or proton is better in certain situations.

It will take a long time to get these machines and systems going," Kramer said. "We feel that at the same time we are doing clinical work with neutrons, we should go ahead and develop the other machines so we can get them to clinical trials."

CONSTRUCTION FUND "REPROGRAMMING" REQUEST IGNORED (SO FAR) BY CONGRESS

NCI's plan to "reprogram" (that is, transfer, or in the minds of those from whom the transfer is being made, "steal") $10 million originally budgeted for construction may be dead.

The reprogramming request went first to the Office of Management & Budget, which approved it; and then back to NIH, which insisted on being consulted although NCI does not have to do so on budget matters. From there it went to HEW and on to Congress, where so far it has been ignored.

The committees completed their organizations only last week, but the request could have been acted upon by Appropriations Subcommittee Chairmen Warren Magnuson and Daniel Flood.

If the reprogramming is approved, the $10 million will be distributed among a number of programs, including traditional research grants, treatment, and nutrition.

If there are those who are eyeing the $12 million construction grant awarded to the Univ. of Southern California/LA County Comprehensive Cancer Center,

now that the county has pulled out, forget it. At this point, that money cannot be touched.

USC is in the process of developing a new proposal which could make it eligible to receive the entire $12 million, provided the proposal clears peer review and meets certain requirements.

The Cancer Letter (Feb. 4) said that the $12 million grant represented only 25% of the total cost of the facility planned by USC/LAC. Actually, the grant was about 63% of eligible costs, the balance of the proposed $50 million plus construction including such items as routine patient care and other facilities which could not be included in the grant package.

To get the entire $12 million, USC will have to come up with a new package which includes at least $16 million in eligible costs.

Although the National Cancer Advisory Board has ruled that construction grant applications received after June 1 will be required to adhere to the new 50-50 matching fund formula, this will not apply to USC. If the new proposal for a cancer research facility on the USC campus can not be put together by then, a special exemption will permit application of the old formula of 75-25.

In Congress

HOUSE COMMITTEES COMPLETE; SENATE STILL ORGANIZING SUBCOMMITTEES

The Senate, having finally agreed to some drastic revisions in its committee structure, still has not completed organizing those committees with subcommittee assignments. No drastic changes are expected for those of most interest to the Cancer Program—The HEW Appropriations Subcommittee and the Health Subcommittee.

Sen. Warren Magnuson (D.-Wash.) and Sen. Edward Kennedy (D.-Mass.) are expected to retain the chairmanships of those two key subcommittees.

On the House side, Chairman Paul Rogers of the Health Subcommittee (which is part of the Commerce Committee), has his lineup completed. It includes David Satterfield (Va.) and Tim Lee Carter (Ky.) returning as ranking majority and minority members, respectively.

Other Democrats on Rogers' subcommittee include Richardson Preyer (N.C.), James Scheuer (N.Y.), Henry Waxman (Calif.), James Florio (N.J.), Andrew Maquire (N.J.), Edward Markey (Mass.), Richard Ottinger (N.Y.) and Douglas Walgren (Pa.).

Other Republicans are James Broyhill (N.C.), Edward Madigan (Ill.) and Joe Skubitz (Kan.)

The membership of Chairman Daniel Flood's House HEW Appropriations Subcommittee was listed in the Feb. 4 issue of ***The Cancer Letter.***

Daniel Rostenkowski (D.-Ill.) is the chairman of the important Health Subcommittee of the Ways & Means Committee. Although most health bills are referred either to Rogers' subcommittee or jointly to Rogers and to Ways & Means, Rostenkowski's group will have primary control over any measure involving Social Security, Medicare and Medicaid, including all national health insurance proposals.

Rostenkowski's subcommittee includes James Corman (Calif.) and John Duncan (Tenn.) as the ranking Democratic and Republican members, respectively. Other Democrats include Otis Pike (N.Y.), Charles Vanik (Ohio), Omar Burleson (Texas), William Cotter (Conn.), Martha Keys (Kan.), Harold Ford (Tenn.) and William Brodhead (Mich.)

Other Republicans are Philip Crane (Ill.), James Martin (N.C.) and Bill Gradison (Ohio).

Health related bills introduced in Congress during the past week include:

HR 3252, by Elizabeth Holtzman (D.-N.Y.), to authorize payment under the supplementary medical insurance program for certain diagnostic tests and examinations given for the detection of breast cancer.

HR 3112, by Dan Rostenkowski (D.-Ill.), to make improvements in the end stage renal disease program authorized in the Social Security Act.

HR 3113, by Rostenkowski, to provide payment under Social Security for rural health clinic services.

HR 3301, by William Walsh (R.-N.Y.), to authorize payment under medicare for occupational therapy services, whether furnished as a part of home health services or otherwise.

HR 3229, by William Cohen (R.-Maine), to develop standards relating to the rights of patients

SCHMIDT OKAYS NCAB AUTHORIZATION RECOMMENDATIONS FOR 1978 - 1980

Benno Schmidt, who as chairman of the President's Cancer Panel was granted authority by the National Cancer Advisory Board to revise its suggestions for NCI budget authorizations for the next three years (***The Cancer Letter,*** Feb. 4), said he has decided to let them stand.

Those recommendations call for authorization of $1.3 billion, in FY 1978, $1.6 billion in 1979 and $1.8 billion in 1980. Schmidt was not present when the Board adopted those figures.

Schmidt told the Panel that he had considered reducing the amounts "as a matter of strategy," but decided instead to include with the transmission of the Board's recommendations a letter explaining:

—That the authorization ceilings, particularly the one for 1978, were "well above" anything Congress would be asked to appropriate, since $1.3 billion is $500 million more than NCI is getting this year.

—That the demands of the Cancer Program in 1979 and 1980, in view of pressing needs for construction of biohazard facilities, the possibility of a major new effort in radiotherapy, the prospect that the Toxic Substances Act might require additional funds for chemical carcinogenesis, and the needs of the Diet and Nutrition Program all might require substantial increases in appropriations.

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-CM-87124

Title: *Preparation of bulk chemicals and drugs*
Deadline: *April 15*

The Pharmaceutical Resources Branch, Div. of Cancer Treatment, NCI, is seeking organizations having capabilities, resources, and facilities for the preparation of bulk chemicals and drugs. The objectives of this project are the preparation by synthesis of quantities of bulk chemicals and drugs (1 gram to multikilogram) for use as potential anticancer agents.

The major emphasis will be on process development and will involve resynthesis and scale-up from the chemical literature. Methods will be available for small scale runs in many but not all instances. The facilities must have the capacity for performing all types of chemical synthesis and must be able to demonstrate organization experience in this area.

A variety of large scale and pilot plant facilities will be needed. The size of the chemical reactors needed will vary with the task. The minimum requirement for the smallest scale is a 20 gallon glass-lined reactor and necessary supporting equipment and facilities. The requirements go up to a well equipped pilot plant with equipment up to and including a 500 gallon glasslined reactor and necessary supporting equipment and facilities. All products must be completely assayed as to identity and purity. A well instrumented analysis laboratory and adequate library facilities must be available.

The principal investigator must be trained in organic or medicinal chemistry, preferably at the PhD level or equivalent, from an accredited school with extensive experience in chemical synthesis and process development. The principal investigator must be named and all technical personnel must be assigned to the project a minimum of 50% of the time, preferably 100% of the time.

It is anticipated that the project will require a total of 34 technical man-years of effort per year. The effort will be undertaken in six contracts with the effort of the various contracts varying from four to 10 technical man-years of effort per year. The proposal may be submitted for any one contract or for more than one contract and should clearly indicate the contract(s) for which it is being submitted.
Contract Specialist: Jack Palmieri
Cancer Treatment
301-427-7463

RFP NO1-CO-75386-04

Title: *Support services for the Div. of Cancer Research Resources & Centers*
Deadline: *Approximately April 4*

This procurement is under a 100% small business set aside, the size standard for which is 500 employees.

This project involves multi-faceted tasks in support of the Div. of Cancer Research Resources & Centers, (e.g. presentation and documentation support, systems assistance and bibliographic services).
Contracting Officer: Patricia Eigler
Office of the Director
301-427-7984

CONTRACT AWARDS

Title: Psychological aspects of breast cancer
Contractor: Peter Bent Brigham Hospital, $226,685.

Title: Programming services in support of the contract management system
Contractor: Sigma Data Computing Corp, $143,603.

Title: Techniques for the study of cell kinetics of breast cancer
Contractor: Allegheny General Hospital, $173,100.

Title: Biostatistical support for the gastrointestinal tumor study group and the working party for lung cancer
Contractor: State Univ. of New York, $165,006.

Title: Therapy of patients with gastric carcinoma
Contractor: Health Research Inc., Buffalo, $334,672.

Title: Therapy of patients with pancreatic cancer
Contractors: Yale Univ., $431,652; and Sidney Farber Cancer Institute, $19,060.

Title: Mammography training for the early detection of breast cancer
Contractor: Georgetown Univ., $75,251.

Title: Development and application of methods for N-nitroso compounds
Contractor: Univ. of Mississippi, $26,722.

The Cancer Letter—*Editor* JERRY D. BOYD

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