-Cheryl - Judy - et al

THE CANCER RESEARCH EDUCATION CONTROL LETTER

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

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DCCR MERIT REVIEW FINDS SOME EXCELLENT CONTRACT PROJECTS, SOME NOT SO GOOD; SOME ARE TERMINATED

NCI's Div. of Cancer Control & Rehabilitation has come through what was probably the most trying experience yet in its five-year existence–the task of conducting a "merit peer review" of the division's ongoing contracts, and the follow up task of terminating many of them.

The whole process resulted in some bruised feelings, not only among those whose contracts were terminated because the reviewers determined their efforts were less than adequate, but also with some whose projects were considered to be successful.

The problem in the latter case arose because of the unique situa-

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In Brief

NIH MINORITY PROGRAM MODEL FOR UNIVERSITIES, CALIFANO SAYS; VIRAL ONCOLOGY MOVE DROPPED

UNIVERSITIES SHOULD do at least as well as NIH in their minority programs, and NIH should see to it that they do, HEW Secretary Joseph Califano told NIH employees. . . . **NATIONAL CANCER** Act provision permitting NCI to hire 100 expert consultants, not counted against any personnel limit, is the most valuable part of the Act except for the independent budget authority, NCI Director Guy Newell believes. The National Cancer Advisory Board is asking Congress to double that number when the Act is renewed ; . . . **KENNETH WILCOX**, Michigan Dept. of Health, is a new member of the National Clearinghouse on Environmental Carcinogens. . . . **NATIONAL CENTER** for Toxicological Research in Pine Bluff, Ark., has scheduled a meeting of the Bladder Cancer Subcommittee of its Science Advisory Board for March 18. Progress reports on mice studies the Center is conducting will be made. The Center is a bureau of FDA. Robert Greenfield, St. Vincent's Hospital, Mass.; David Clayson, Eppley Institute; and Henry Pitot, McArdle Laboratory, are members of the subcommittee. . . . **MICHAEL HANNA'S** basic research program at Frederick Cancer Research Center will get its first intensive peer review March 1-2, by the Temporary Committee for the Review of FCRC. Hanna's group, all employees of Litton-Bionetics, FCRC contractor, probably would remain and work for a new firm, if L-B doesn't get its contract renewed. NCI is in the midst of negotiating the new contract, and best guess now is that Litton will get it again. . . . **VIRUS PROGRAM** move from the Div. of Cancer Cause & Prevention to the Div. of Biology & Diagnosis was offered as a suggestion by Guy Newell to John Moloney, who heads the program, and the respective division directors, James Peters and Alan Rabson. No one seemed eager to make the change, so the idea was dropped.

MERIT REVIEW TURNS UP SOME EXCELLENT DCCR CONTRACTS, BUT SOME ARE DROPPED

(Continued from page 1)

tion DCCR has found itself in, that of supporting a large number of demonstration projects. Once a demonstration has proven a concept or a new method or whatever, DCCR will not renew funding. The message is, "Okay, we've proven that. The methods are there for others to follow if they wish. Let's go on to something else."

There are those who feel that some DCCR projects were not really demonstrations, although they were labeled as such, and are lobbying for a policy change which will enable the division to support those efforts on a continuing basis. The Assn. of Community Cancer Centers included such a provision in its recommendations for revisions in the National Cancer Act.

DCCR's contract review committees labored intensively over about a six-month period on the process. They found a few exceptionally good programs being carried on by contractors, a few that were notably deficient, and others covering the spectrum between the extremes.

Most were allowed to continue through the contract period, but seven were terminated immediately (following a phase out period). Those were:

–Emory Univ., with a contract titled, "Evaluation of the effectiveness of cancer rehabilitation systems leading to improved educational requirements." Reasons for the termination, reviewers said, included "inability to accomplish contract tasks in a reasonable time frame; rehabilitation goals not identified; measurement instruments not validated; apparent lack of significant medical and clinical involvement."

--Connecticut State Health Dept., with a contract for implementation of a cervical cancer screening program. Reasons for termination, "Inadequate number of screenees, ineffective recruitment program for high risk population, deficiencies in followup procedures, inadequate cooperation by community physicians and agencies, poor evaluation design."

--Illinois Dept. of Public Health, same project as above. Terminated because of "poor coordination of outreach activities, inadequate number of screenees, problems in providing diagnostic, therapeutic and rehabilitation followup, deficient evaluation design, questionable laboratory, duplication of existing screening efforts."

–New York State Dept. of Health & Health Research Inc., same project as above. Terminated because of "deficiencies in screening quotas, inordinately high costs, poor central administration, inadequate coordination of subcontractors, target population identification unclear, limited outreach effectiveness, followup procedures questionable, unsatisfactory data management, poor evaluation."

–Tennessee Dept. of Public Health, same project as above. Terminated because of "ineffective outreach effort to high risk population, insufficient medical direction, questionable laboratory control, weak interrelation with medical and lay communities, evaluation design problems."

--Health Insurance Plan of New York, with a contract for evaluation of thermography in mass screening for breast cancer. Terminated because of "poor data management and presentation, low cost efficiency, inadequate followup procedures, high rate of false positives, poor reader and interpretation skills."

--Thomas Jefferson Univ., same project in thermography evaluation. Terminated because of a "high number of false positivites, low cost effectiveness, problems with standard data reporting, patient followup difficulties, limited evaluation of quality control procedures."

Now for the other extreme. Here's what NCI reported about two contractors in the Oncology Nursing Program:

–Waterbury Hospital Health Center, Conn.– "Project ONE (Oncology Nursing Education) is an impressive example of a successful continuing education program in oncology nursing. The project has reached its declared goal with excellence. Community interest, support and participation has been demonstrated. The program has reached a variety of people (nurses, administrators, and clergy) in substantial numbers and has been well received with enormous participation and enthusiasm. There is excellent interagency and institutional interaction, good planning, organization and implementation. The curriculum is educationally sound; imaginative and administered by experienced and competent faculty."

--Ohio State Univ. Research Foundation–"This is a very fine program with both immediate impact and with real opportunity for growth and self-support in the future. It is a richly developed comprehensive program which includes credit courses at the undergraduate and master's level in the Ohio State University School of Nursing, as well as continuing education, short term courses for nurses in clinical practice. The staff has done an excellent job in design, recruitment, presentation and evaluation in developing this program. A wide range of community activities has involved faculty and programs with 12 agencies. The progress of this project arises from a soundly organized and richly developed comprehensive program. It is responsive to the need to prepare both teachers and students, and to update practitioners at various levels of clinical practice while at the same time providing

cancer patients with quality care. This is an exemplary program which is well planned with interesting programs and competent faculty and is well administered."

These are NCI's comments on two contractors in the Prototype Network Demonstration Project in Breast Cancer:

--"Emory Univ.-Georgia Cancer Management Network--"This demonstration represents a well organized effort with effective cooperation between the medical association, medical schools, the ACS and state agencies. Satisfaction was expressed with the number of patient entries, a figure far exceeding the requirement. The network has done much to facilitate early detection, screening and rehabilitation. Staging and diagnosis have received equal emphasis. Lay education is well managed. Overall efforts in reporting and data handling were considered excellent. The network receives guidance from a multifaceted advisory committee. This and other functional committees with input from participating physicians have provided the input for the guidelines which are the essential basis for decision making. The level of cooperation between the affiliating physicians is good."

--Oklahoma Medical Research Foundation--"This is a meritorious program and one which could serve as a model. The network concept is working well and patient management guidelines are being used. The flexibility of the guidelines which allows for physician discretion and the incorporation of new concepts may account for their widespread acceptance throughout the network. There is ample evidence of outreach activities in the area of lay education. Professional education is of good quality. A coordinating committee with broad based membership is involved in the decision making process. The support and involvement of the state governor and the governor's Cancer Control Advisory Committee are unique strengths."

Finally, here's a report on the contract with four institutions--Baylor College of Medicine, Massachusetts General Hospital, Univ. of Southern California, and Mayo Foundation--involved in the study of the incidence and natural history of genital tract anomalies in cancer of offspring exposed in utero to synthetic estrogens:

--"The DESAD (Diethylstibestrol adenosis) projects consist of a coordinating center and four local centers.

"The objective of this overall project is to identify and study offspring of women who received synthetic estrogens (DES) during pregnancy from the early 1940s through the 1960s. The four contractors will establish a standard definition of eligible participants and develop suitable approaches to elicit and enroll eligible participants through information campaigns to physicians and the general public. The local centers are to cooperate with the coordinating center at the Mayo Clinic in developing a uniform study design and protocol, data acquisition forms, and a detailed manual of operations governing procedures.

"The review committee commented on the dedication and enthusiasm with which the four individual contractors and the coordinating center have undertaken this project and have pursued it. The coordination of effort among contractors, the development of the manual of procedures, and the implementation of its uniform procedures within the project are significant and noteworthy accomplishments and should have long term benefits in the field. The immediate benefit is the establishment of a functional administrative mechanism with which to carry out a careful study of the DES exposure problem.

"At this stage, the main benefit of the DESAD project seems to be the reassurance to DES-exposed women that there is a low risk of cancer to them at this time. However, longer term followup is necessary to determine whether these DES-exposed women will be at higher risk at later ages. Meanwhile, the natural history of vaginal epithelial changes will be determined.

"The review committee agreed that there was a scientifically valid need for a long term followup of the cohort; that the projects represented an excellent coordination effort, standardization and acceptance of procedures and data collection and processing mechanisms; and recommended that the DESAD projects be continued."

Despite the effusive praise, the contracts with Waterbury, Ohio State, Emory and Oklahoma will only be continued through the contract period.

Here is the disposition of the others:

--For the contract, "Integrated Cancer Rehabilitation Services," with Ellis Hospital, Schenectady; Jamaica Hospital, New York; and St. Francis Hospital, Honolulu--continue through contract period, no further funds. In fact, the contract with St. Francis has expired.

--"Demonstration of a Cancer Rehabilitation Facility and/or Departments," with Memorial Hospital, New York ; Univ. of Alabama; Univ. of Texas, Dallas; Mayo Foundation; Institute for Cancer Research, Fox Chase; and Univ. of Washington--continue through contract period, no further funds.

--"Development and Utilization of Rehabilitation and Continuing Care Resources and Services," with Hospice Inc. of Connecticut and Medical College of Virginia--continuation with close monitoring, including site visits by DCCR staff.

--"Oncology Nursing Programs," with Queen's Medical Center, Hawaii; Univ. of Wisconsin; Boston Univ.; Hillcrest Medical Center, Oklahoma; Memorial Hospital, New York; and Yale Univ.--continuation

through contract period (in addition to those mentioned previously). A contract with the Univ. of Texas, Houston, has been terminated. Contracts with the Univ. of Utah and New York State Dept. of Health were continued through the contract period with no further funds.

--"Enterostomal Therapy Education Programs," with Boston Univ.; Emory Univ.; and Univ. of Texas--continued through the contract period.

--"Cancer Training Programs for Physical and/or Occupational Therapists," with Emory Univ., M.D. Anderson, Univ. of Alabama, and Univ. of Iowa--contract has expired.

--"Training Programs for Maxillofacial Prosthodontists/Dental Technicians," with M.D. Anderson, Memorial Hospital, New York Univ. and Roswell Park--continued through contract period.

--"Implementation of Cervical Cancer Screening Program," with Ohio State Dept. of Health, Kentucky Dept. of Human Resources, Michigan Dept. of Public Health, Mississippi State Board of Health, Oklahoma Dept. of Health, South Carolina Dept. of Health, Charity Hospital of Louisiana, and Texas State Dept. of Health--continued through contract period. Nebraska Dept. of Health, continued through contract period with no further funds.

--"Prototype Network Demonstration Projects in Breast Cancer," with Albany Medical College, Brooklyn Breast Cancer, Fox Chase Cancer Center, Hitchcock Clinic (Dartmouth), New England Medical Center, Univ. of Alabama, Univ. of Vermont, and Wilmington Cancer Center (in addition to those mentioned previously), continued through contract period. Univ. of Louisville and West Coast Cancer Foundation, continued with close monitoring and re-evaluation.

--"Early Detection and Diagnosis of Malignant Melanoma," with Massachusetts General Hospital, decision pending.

--"Can-Dial Telephone Cancer Information System," with Roswell Park, continued through contract period.

--"Comprehensive Cancer Center Communications Network," with Illinois Cancer Council, continued through contract period.

--"A Critical Evaluation of Mass Screening for Uterine Cancer," with Univ. of Louisville, continued through contract period.

DCCR plans to follow the successful completion of projects with publication of the experiences, including development of guidelines where appropriate. "We don't consider the failures as unsuccessful," DCCR Director Diane Fink said. "The problems should be shared. We can learn from them."

Most of the merit review discussion was conducted by the committees in open session. The decisions and comments were made available on demand to ***The Cancer Letter*** *on the basis that The Freedom of Information Act made them public property.*

CALIFANO INSISTS ON SEARCH COMMITTEE FOR NCI CHIEF; BROWN STILL IN RUNNING

Benno Schmidt had his meeting last week with HEW Secretary Joseph Califano and NIH Director Donald Fredrickson. It did not go quite as well as the chairman of the President's Cancer Panel might have wished, but probably not as badly as it might have.

Schmidt, who months ago recommended that Arnold Brown of Mayo Clinic be appointed NCI director, was hoping to persuade Califano to recommend Brown to President Carter with no further delay. That didn't happen, however.

Califano insisted that a search committee be formed to look for a new director, to make certain that all qualified prospects are considered. He did not rule out Brown, and in fact was careful to assure Schmidt that Brown was still very much in the running.

Schmidt agreed to serve on the search committee, along with Fredrickson, a sign that Brown not only is still in the running but is the front runner. Schmidt has been conducting his own search for most of the past year, since it became apparent that Frank Rauscher would give up the NCI directorship. Brown was his choice, as recommended to President Ford, and then to President Carter during the transition period and again after Carter's inauguration.

One of the Panel's statutory duties is to submit to the President recommendations for NCI director. Schmidt has already made it clear who his choice is. The question now: Does Califano have a choice of his own in mind?

Califano promised that the search committee would act quickly.

NCI STAFF COMPLETES CENTERS PROGRAM STUDY, SUBMITS RECOMMENDATIONS

Among the items piling up on the desk awaiting the new NCI director is the report of the committee of NCI staff members which took a long, hard look at the Centers Program. The committee's recommendations, if adopted as policy by the new director, would formalize practices and concepts already in effect, with a couple of notable exceptions. By spelling out those practices and concepts, the committee hoped to clear up some of the confusion related to the program's goals and to answer, among other questions, that which asks, "Just what is a cancer center?"

Most of the recommendations were included in a preliminary report by Div. of Cancer Research Resources & Centers Director Thomas King last fall (***The Cancer Letter***, Nov. 5). One that was not, and to which King objects, involves NCI's internal or-

ganization. This was the suggestion that the Cancer Centers Program director be relieved of the responsibility for management and administration of the Diagnosis & Treatment Branch and the Research Facilities Branch.

Those branches are presently reporting to the Centers Program director.

"The problem involves the question of just what is the Centers Program going to be," King said. "If it is going to be just core support, then I would agree that the Centers Program Director does not need to be responsible for those branches. But if it is to be a vehicle to bring together all research elements, then to divorce the major segment of research from it does not seem appropriate."

The committee recommended that the Centers Program remain in DCRRC. Some members argued in favor of taking it out of the division and making it an independent operation, responsible directly to the NCI director.

The recommendations were reported as answers to questions submitted to the committee. They follow in full:

What is a Cancer Center?

--That the following definition be adopted: For NCI programmatic purposes, a cancer center is any organizational unit that consolidates and focuses cancer related activities in a single administrative and programmatic structure and is supported by a cancer center support (core) grant (CCSG). All recipients of this type of grant are expected to meet the following criteria:

1. Established programs of high quality basic and/or clinical research.

2. A defined operational plan to coordinate cancer related activities.

3. A qualified director of the Cancer Center Program serving on a full time or significant part time basis.

4. A sufficient autonomy to fulfill its program responsibilities; the cancer center should be recognized as a major element within the organizational structure of the parent institution of which it is a part.

5. Adequate physical facilities to house the center's activities and to promote collaboration among its constituent programs to ensure successful operation of the cancer center.

6. An established mechanism to ensure adequate planning and evaluation of the cancer center's programs.

Types of Cancer Centers

--That cancer centers be categorized as follows:

(1) Comprehensive, where long term multidisciplinary programs are conducted and meet the 10 characteristics established by the National Cancer Advisory Board; (2) clinical, where clinical research and demonstration projects are available and where "bench" or "basic" research may or may not be done; and (3) non-clinical, where the emphasis is on "bench" or "basic" research. (These three categories are not intended to imply that there are three different types of CCSGs. All cancer centers will be supported by, as far as possible, a single CCSG award).

--That except for comprehensive centers NCI will not officially recognize or designate cancer centers of any other type.

Is the Cancer Centers Program a "Program," A "Resource," or a "Funding Mechanism?"

--That the Cancer Centers Program be considered a "program" by NIH definition to implement the necessary coordination, procedural information, and evaluation functions that will make it a valuable and useful resource to other elements of the National Cancer Program.

--That the Cancer Centers Program be considered a resource as is any other program or project eligible for NCI funds.

--That the Cancer Centers Program prepare a plan with goals, objectives, and mechanisms to evaluate and implement it.

What are the Responsibilities of NCI and Cancer Centers to Each Other?

--That NCI, through CCSGs, be responsible for creating a climate for institutional stability. Present support is limited by law (National Cancer Act) to three years. This time constraint consumes much cancer center staff effort in application preparation and submission, and NCI staff time in review. This problem would be alleviated by lengthening the CCSG support from three to five years. Although NCI assumes responsibility for providing institutional stability through CCSG awards, limited resources necessitate that cancer centers be encouraged to gradually seek other funding sources for sustained core support. This implies that NCI cancer center support through CCSGs gradually decreases as the cancer center becomes more established and stable.

--That institutions who foster the development of cancer centers share with NCI the responsibility for cancer center stability. To achieve this, the fostering institution should make a long term commitment of resources, space, services, and personnel, and should make every attempt to achieve self sustain-

ing stability for the cancer center over a 10 year period.

--That NCI not expect all cancer centers to be cast in the same mold. Each should strive to meet specific conditions of clinical excellence and regional involvement appropriate to the individual cancer center capabilities and its setting. This implies the importance of identified goals and objectives for individual cancer centers and the need for planning in each cancer center to achieve its objectives.

--That cancer centers cannot be and should not be favored resources or receive preferential funding treatment in competing for program resources. They should be subject to the same peer review process as other applicants competing for NCI support funds.

--Regarding technical capability, that cancer centers be responsible for developing and maintaining scientific excellence in their research capabilities and results. This implies that cancer centers should cooperate with and utilize quality research resources that already exist in their regions and concentrate development efforts on needed capabilities not presently available to them.

--That cancer centers, as a program resource, be responsive to specific NCI program needs in areas where they have demonstrated qualifications and capaiblities. Both cancer centers and NCI should recognize the need for flexibility of choice with regard to the balance of activities each cancer center is expected to achieve.

--That NCI and cancer centers have a joint responsibility to catalogue the resources and capabilities of cancer centers to provide a complete index of cancer centers as a resource to all participants in the National Cancer Program. Cancer centers should participate with NCI in developing an individual institutional profile of the center's activities and potential to be as current as possible to serve as an information base for the Cancer Centers Program.

--That NCI is responsible to develop and state objectives for the Cancer Centers Program. NCI also has responsibility to inform cancer centers of limitations to future support and to work with each cancer center to achieve a realistic balance so that both the cancer center and NCI can be assured of relatively stable maintenance of the cancer center capability as a resource. With regard to new cancer centers, NCI has a responsibility to examine its obligations to currently funded cancer centers in light of National Cancer Program needs and tailor the development of new cancer center capabilities to those needs. NCI also has a responsibility to monitor the performance and capabilities of cancer centers periodically and to inform the cancer centers of the results of these findings.

Where Should A Cancer Center be Located and What is its Regional Influence?

--That a primary goal of the NCI Cancer Centers Program be to ensure that there are cancer centers of excellence for research in clinical oncology for cancer patients and physicians within the U.S. That NCI comprehensive and clinical cancer centers contribute to meeting this need. Both types of cancer centers should be included in "appropriate geographic distribution."

--That NCI, through the Cancer Centers Program, complete its survey of the effectiveness of existing cancer centers' regional influence.

--That at the present time, cancer centers not be considered focal points for all cancer activities in their "regions."

--That no more comprehensive cancer centers be recognized unless they currently have the resources requisite for recognition as comprehensive as determined by the NCAB.

What Should be the Role of the NCI Centers Program Management and What are the Organizational Parameters Within Which it Operates?

--That the Cancer Centers Program management remain in the Div. of Cancer Research Resources & Centers, and be headed by an associate director having the authority to organize and staff the program to carry out his responsibilities.

--That the associate director for the Cancer Centers Program be responsible for management and administration of only CCSGs and the use of exploratory grants as they relate to the development of cancer centers. The management and administration of the Diagnosis & Treatment Branch and the Research Facilities Branch should not be the responsibility of the associate director for the Cancer Centers Program.

--That the NCI Cancer Centers Program management be a source of information and program guidance, therefore serving a triage function to assist cancer centers with contacts and information from NCI concerning other aspects and acitivities of the National Cancer Program.

file: Carcinogenesis

NIOSH TO PAY FOR 21 PROJECTS WITH $3 MILLION FROM NCI BUDGET

Twenty-one National Institute of Occupational Safety & Health projects will be supported by the $3 million it is getting this year from NCI. The money came from the budget of NCI's Div. of Cancer Cause & Prevention.

One of the projects will be a survey of death rates in the United States since 1970 by occupation and cause of death. The NIOSH investigators will coordinate their data and methodology with other epidemiologists working on surveys of cancer mortality. The year long surveillance project will cost $321,800.

Another project will establish a Kepone registry to monitor the effects of the chemical on exposed workers and their families. The registry funding is $91,800.

A study budgeted at $254,000 will survey the effects of exposure to polychlorinated biphenyls, shown to cause cancer in animals.

A mortality and industrial hygiene study of nitrosamines will be supported with $240,000 of the funds. The project will investigate thse suspected human carcinogens to see if they are formed spontaneously in specific factory environments. Some industrial processes to be examined include pesticide manufacture, petroleum refining, fat rendering, explosives manufacture, metal machining using cutting oils, and sewage treatment facilities. In addition, if a large enough group of exposed workers can be identified, a history of past deaths will be developed, to determine the effects of long term exposure.

Research on ways to motivate workers to use safety procedures when working with carcinogenic substances will be another project in the overall NIOSH program. The $187,100 project will attempt to enhance the effectiveness of training, hazard recognition, use of protective equipment, and personal hygiene.

An evaluation of personal protective equipment will be directed toward development of more efficient respirators to absorb known or suspected carcinogens such as arsine, vinyl chloride, chloroform and benzene. The project also will explore ways to improve existing protective clothing and other equipment. The project will cost $105,000.

Studies to improve the safety of plants producing talc, vinylidine chloride, styrene butadiene rubber, azo dyes, trichloroethylene and perchloroethylene, chlorinated hydrocarbons, beryllium, chloroprene, phosphates or asbestos, and copper and lead smelters also will be funded under the interagency agreement. Other projects will study mortality and industrial hygiene practices of workers in the printing and painting trades.

NIOSH is mandated to determine hazards in the working place and has established an occupational carcinogenesis program to investigate possible sources of cancer causing substances. If a substance in the workplace is found to be carcinogenic, NIOSH makes recommendations for eliminating exposure to the hazard to the Occupational Safety & Health Administration of the Dept. of Labor, which is authorized to establish and enforce the standards.

Most of the projects involve contracts already awarded by NIOSH. They were on a list of proposals, which had been reviewed and approved for funding, which NIOSH submitted to NCI.

ADVISORY GROUP, OTHER CANCER MEETINGS FOR MARCH, APRIL

Cell Differentiation & Neoplasia—March 1-4, Houston Shamrock Hilton, M.D. Anderson 30th annual symposium on fundamental cancer research.

Committee on Immunodiagnosis—March 1, NIH Bldg 10 Room 4B14, open 1—1:30 p.m.

Temporary Review Committee for Frederick Cancer Research Center—March 1-2, FCRC, open March 1 9:30—10:30 a.m.

International Conference on Adjuvant Therapy of Cancer—March 2-5, Tucson Doubletree Inn, Univ. of Arizona.

Renaissance of Interstitial Brachytherapy—March 4-5, San Francisco Hyatt Regency, 12th annual San Francisco cancer symposium sponsored by the West Coast Cancer Foundation.

Committee on Cytology Automation—March 4, NIH Bldg 10 Room 4B14, open 1:30—2:30 p.m.

Drug Development Committee—March 4, Blair Bldg Room 414, open 9—11 a.m.

National Large Bowel Cancer Project Working Cadre—March 4-5, Anderson Mayfair, Houston, open March 4 7:30 p.m.—8:30 p.m.

Cancer Control Grant Review Committee—March 7-8, NIH Bldg 31 Room 7, open March 7 8:30—9 a.m.

Tumor Viral Immunology Workshop—March 8—9, King & Prince Hotel, St. Simon Island, Ga., open 9 a.m.—5 p.m. both days.

Psychological Issues: Dying, Death & Bereavement—March 10-11, Park Plaza Hotel, New Haven, Conn.

Recent Advances in Diagnosis & Management of Breast Cancer—March 10, Roswell Park continuing education in oncology, contact Claudia Lee, Cancer Control.

Breast Cancer Treatment Committee—March 10, NIH Bldg 31 Room 8, open 8:30 a.m.—noon.

Breast Cancer Epidemiology Committee—March 10, NIH Bldg 31 Room 6, open 8:30—10 a.m.

Breast Cancer Diagnosis Committee—March 10, NIH Bldg 31 Room 7, open 8:30—9:30 a.m.

Breast Cancer Experimental Biology Committee—March 10, Landow Bldg Room C418, open 8:30—9:30 a.m.

National Bladder Cancer Project Working Cadre—March 10-11, NIH Bldg 31 Room 5, open March 10 8:30–10:30 a.m.

National Conference on Breast Cancer—March 14-18, Hyatt Regency, Houston, 16th annual conference on detection & treatment sponsored by the American College of Radiology and College of American Pathologists.

Div. of Cancer Treatment Board of Scientific Counselors—March 14-15, NIH Bldg 31 Room 10, open March 14 8:30 a.m.–6 p.m., March 15 1:30 p.m.–adjournment.

Tobacco Working Group—March 16, NIH Bldg 31 Room 10, 9 a.m., open.

Bladder Cancer Subcommittee—March 18, Holiday Inn, North Little Rock, Ark., National Center for Toxicological Research Science Advisory Board, open 8:30 a.m.–4:30 p.m.

National Symposium on Therapy in Nuclear Medicine—March 17-19, Hotel Sonesta, Hartford, Univ. of Connecticut Dept. of Nuclear Medicine, contact Richard Spencer.

President's Cancer Panel—March 22, NIH Bldg 31 Room 7, 9:30 a.m., open.

National Clearinghouse on Environmental Cancer Data Evaluation Subgroup—March 25, NIH Bldg 31 Room 7, 8:30 a.m.-12:30 p.m., open.

Clearinghouse Risk Assessment Subgroup—March 25, NIH Bldg 31 Room 7, 1:30–5:30 p.m., open.

Carcinogenesis Scientific Advisory Committee—March 25, NIH Bldg 31 Room 4, 9 a.m.–5 p.m., open.

Breast Cancer Virus Workshop on Mason Pfizer Monkey Virus & Related Viruses—March 28-29, NIH Bldg 31 Room 9, open both days 9 a.m.–5 p.m.

Clinical Cytopathology for Pathologists–Post Graduate Course—April 11-22, Johns Hopkins Univ., contact John Frost, Johns Hopkins Hospital, Baltimore.

Symposium on Experimental Approaches to Treatment of Gastrointestinal Tumors—April 14-15, Brussels, European Organization for Research on Treatment of Cancer.

Management of Central Nervous System Malignancies—April 22, Roswell Park continuing education in oncology, contact Claudia Lee.

American Radium Society Annual Meeting—April 24-28, Las Vegas.

Additional listings for April will appear in ***The Cancer Letter*** *March 25.*

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 NO1-CO-75387-04

Title: *Screening, abstracting, and indexing of Cancer-related literature*
Deadline: *April 18*

Screen a minimum of 1,200 biomedical and scientific journals as well as other documents and scientific books, proceedings of meetings, technical reports, etc in order to identify approximately 26,000 articles related to cancer each year.

All of these articles shall be indexed using a list of approximately 1,000 subject categories. Approximately 11,000 articles shall be selected for abstracting and keyboarding each year. In addition, the author abstracts approximately 9,000 other articles which shall be selected for keyboarding only.

A magnetic tape containing complete bibliographic citations, abstracts, and subject categories shall be prepared and delivered on a biweekly basis. The maximum time permitted between receipt of an input source document and delivery of the magnetic tape shall be four weeks.

The organization selected must be prepared to provide the above in the shortest possible time using highly qualified, biomedically-trained personnel experienced in screening biomedical literature and writing biomedical abstracts, and experienced data processing and managerial personnel.

Contract Specialist: Patricia Eigler
Office of the Director
301-427-7984

SOLE SOURCE NEGOTIATIONS

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

Title: Production and maintenance of germ-free animals
Contractor: Life Sciences Inc.

Title: Study of mammary gland responsiveness to multiple hormones
Contractor: Scripps Clinic & Research Foundation.

Title: Study of the effects of nucleic acid preparations on the biological properties of mammary carcinomas
Contractor: Sloan-Kettering Institute for Cancer Research.

Title: Technical support services for the Office of Cancer Communications
Contractor: Porter, Novelli & Associates, Washington, D.C.

The Cancer Letter—*Editor* JERRY D. BOYD

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