THE CANCER LETTER
RESEARCH
EDUCATION
CONTROL

Vol. 3 No. 14

April 8, 1977

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

Subscription $100 per year

FUND SQUEEZE RESULTS IN PERCENTAGE REDUCTIONS FOR RENEWED PROGRAM PROJECT, CENTER CORE GRANTS

The consequences of the NCI budget squeeze are being driven home to grantees who, after they put together projects that reviewers agreed were of the highest scientific excellence, then committed resources and personnel only to find much of their funding support is being denied them.

Major reductions are being made in funds available for all program project and center core grants which have come up for renewal during

(Continued to page 2)

In Brief

NEWELL TELLS ADVISORY COMMITTEE IT ISN'T A LOBBYING GROUP, "ACCEPT WHAT WE GIVE YOU"

"ACCEPT WHAT we give you, grudgingly if you must. Advisory committees are not lobbying groups," NCI Acting Director Guy Newell told the new Carcinogenesis Scientific Advisory Committee at its first meeting. Newell is still burning over the attempt by the Diet & Nutrition Advisory Committee to go over his head on the 1977 budget, by sending a rather caustic letter to the President, members of Congress and anyone else that might listen. Newell may have also intended to reinforce in a public statement what he may have said in private to Div. of Cancer Cause & Prevention Deputy Director Gio Gori, who heads both the Carcinogenesis and Diet & Nutrition Programs. Gori is one of NCI's less inhibited infighters at budget distribution time. . . . NEWELL AND GORI are heading for another confrontation over the Smoking & Health Program, which Gori also heads. Newell has been telling various advisory groups, including the President's Cancer Panel, that the Smoking Program has succeeded in developing a less hazardous cigarette and that funds budgeted for that program might be available for use elsewhere. Gori insists that the program is committed to various studies that will require four-five years to complete, and that the new less hazardous cigarettes on the market still have a way to go to gain smoker acceptance. Improvements are needed in enhancing flavor of the low tar brands, "and we need to determine the safety of the flavor additives," Gori said. The program costs NCI $6.5 million a year, and the Heart & Lung Institute adds another $1 million. . . . "CHEMISTRY", the American Chemical Society monthly, devoted its Jan.-Feb. issue to cancer, with articles by NIH Director Donald Fredrickson, Henry Pitot, I.J. Fidler and M.L. Kripke, Arthur Pardee and David Schneider, Armin Braun, David Meyer and Max Burger, and Elizabeth Weisburger. . . . THEME of the 21st annual Western Occupational Health Conference in San Francisco Oct. 6-8 is "Carcinogens, Mutagens and Teratogens: Some Delayed Effects of the Occupational Environment." Write to Mary Zerwas, Stanford Research Institute, 333 Ravenswood Ave., Menlo Park, Calif., 94025.

CENTER DIRECTORS SAY FUND CUTS, LACK OF STABILITY ARE HURTING PROGRAMS

(Continued from page 1)

the present, 1977 fiscal year. NCI elected to apply percentage cuts across the board in order to spread the money out among more grants.

Program project grants which were being competed for renewal this year and were approved by the National Cancer Advisory Board last September are being funded on a sliding scale:

—Those with 100-200 priority scores (100 being the best score) are getting the same amount as they received in FY 1976, plus 80% of recommended increases. For example, a project that had received $500,000 in 1976 and had been scheduled to go to $1 million in 1977 will now get $500,000 plus 80% of the additional $500,000, or a total of $900,000.

—Those with 201-225 priority scores will receive this year the same amount they received in 1976 plus 7% of the 1976 figure. A project that received $500,000 in 1976 and scheduled to get $1 million in 1977 now will get $500,000 plus 7% of that amount, $35,000, or a total of $535,000.

Even that formula turned out to be more than NCI can support. The larger increases going to the high priority projects were eating up too much money. So a new formula was applied to projects approved by NCAB at its January meeting:

—All renewals, from 100-225 priority rating, will receive the amount they got in 1976 plus 7% of that amount. Those with scores of 226 or more will be phased out.

When members of the President's Cancer Panel heard Div. of Cancer Research Resources & Centers Director Thomas King explain the formulae, Panel member Paul Marks pointed out that the flat, 7% increase could result in some cases of extreme unfairness. In the example of a grantee with a 100 priority who was scheduled to go from $500,000 to $1 million, the new formula would give him only $535,000, a cut of $465,000 from his approved funding.

A grantee who barely slipped in with a 225 priority and who had been scheduled for an increase from $500,000 to $600,000, also would end up with $535,000, a cut of only $65,000.

King agreed that examples such as that, although perhaps not so extreme, could exist.

DCRRC plans to apply the 7% formula (last year's funding plus 7% of that amount) to the round of program project grant renewals that will be approved by NCAB at its May meeting. The only prospect for improvement will be the hope held out by DCRRC that if there is any money left at the end of the year, it will go back and restore some of the funds to those with higher priority.

New program project grants will not be funded unless they have scored higher than those renewals which were cut. In other words, existing projects will have first call on any money left over, provided they were rated equally with or higher than new grants.

The situation with center core grants is somewhat simpler but perhaps a little more brutal:

—All core grants recompeted this year with priority scores of 100-225 will be funded at their 1976 levels plus 7%.

—Core grants renewed with scores of 226-250 will get only 75% of their 1976 levels.

—Core grants receiving scores of 251 or more will be phased out.

Noncompeting grants, those still within their three year commitments, are not affected by the percentage reductions and will be funded at the committed levels.

DCRRC's total research budget in fiscal 1977 is $241.3 million, the largest in the division's history. The extent to which the Cancer Program has generated response in the biomedical research community is apparent in the fact that even with $241 million, there will be more than 1,200 approved competing research grants, new and renewals, which will not be funded this year.

Those are grants that have cleared peer review and found to be of scientific merit. They include the traditional research grants, program projects, core grants, exploratory grants, and radiation research. They could all be funded if the division had another $93.2 million (construction and manpower grants are not included).

NCI has not expected for many years to fund 100% of approved grants, but has aimed at paying at least 50%. To reach 50% this year, DCRRC would need about $45-50 million more.

The Panel heard again from directors of comprehensive cancer centers about their problems, most of which are directly related to the diminishing flow of money.

Denman Hammond, Univ. of Southern California, suggested that some of the problems, at least, were the result of organizational deficiencies within NCI. The NCI staff committee which took a hard look at the Centers Program last year "recommended that it should be a defined program with clear objectives, a program plan and staff and resources required to carry it out. But we still don't have that," Hammond said.

Albert Owens, Johns Hopkins Univ., cited a "Catch 22" in NCI's support of comprehensive centers. In reviewing his core grant application, Owens said, site visitors "urged us to develop new facets of the program, to help us become more comprehensive." Hopkins attempted to do so, developed those plans, competed for support and was awarded the grant that included funds to implement them. "Then we received 80% funding (when NCI cut 20% from all core grants last year). Essentially we had to protect the people we already had. Next, you will be calling

on us, to see how we are doing about becoming more comprehensive. How can we develop along the fully approved and peer reviewed lines in timely fashion?"

Owens also objected to NCI's policy of limiting cancer control support to a specific length of time, and to the suggestion that core grants eventually will be phased out. "It is impossible to continue at these levels without major federal support. These statements about time limits and phase outs make my superiors leery of new efforts."

Owens said that "NCI must have a program and leadership, to provide a source we can turn to for hard nosed advice. I'm looking for some rational plan on how funds will become available, so we can count on it. We need a commitment, information and guidance, from all elements of NCI.

"I have come to realize that the problem is this: Can we honestly become comprehensive and still maintain quality? I'm faced with defending and supporting our strongest program at the expense of becoming comprehensive."

Panel Chairman Benno Schmidt said, "I think it's possible we have gone too far in saying to comprehensive centers, you've got to be all these things. I agree, that excellence is better than comprehensiveness. Nobody has the appropriate amount of money to enable us to cause all these institutions to do all these things that some of them do. And we won't have the appropriate money to make everyone equal. We need to look at pressures we put on people to expand into activities without having the money to pay for them."

"I agree with that last statement," Owens said. "But don't take the pressure off us completely. We need a challenge."

"Phasing out of core grants is not the policy of NCI," NCI Acting Director Guy Newell said. "That came out of the intrainstitute committee (which recommended that institutions receive core support for no more than 10 years). It surprised me."

Timothy Talbot, Fox Chase Cancer Center, made a plea for continued core support. "This mechanism made possible the development of our center." Talbot said that 80% of his top scientific staff had portions of their salaries supported by the core grant, but that all of them have competed successfully to support their own research from other sources.

"When we go from $180 to $800 million (NCI's growth over six years) and don't have the stability question solved, no wonder Congress is asking what's the matter," Talbot said. The Centers Program "was a key component of the Cancer Act of 1971. Something is wrong if we can't, out of 800 million bucks, find the funds we need."

Talbot defended the Cancer Control Program. "Rather than being in a shambles, as some have said, cancer control is young, new. There have been some interesting fall outs. I would hate to think it will be phased out. It's a 10, 20, 30 year job. I wish they would stop talking about phasing it out."

Schmidt responded that "no one is talking about phasing out control. All they are talking about is that certain control projects won't last forever."

Talbot suggested that NCI should "open up" its budget development process and permit others to help in the allocations.

Schmidt said that the Panel, NCAB, Board subcommittees, "all said the same thing you did. 'If I could get my hands on it, I'll show you how to get along on $800 million.' "

Newell asked Talbot for specific suggestions on where the money should come from. "That's why we invited you here."

But Talbot said he would "rather not do it here. I would prefer a quieter dialogue."

"I'm glad to hear you want to help with the allocations," Schmidt said. Like the soldier who complains about the cooking, "you may find yourself the mess sergeant next time."

William Shingleton, Duke Univ., said that "the most important aspect of core grants is that they are leverage dollars." Talbot and Lee Clark, at M.D. Anderson, "are excellent demonstrations of how leverage dollars have brought about the establishment of long term institutions."

Shingleton said that the majority of the support for his center does not come from NCI but from a combination of other sources.

Schmidt said that "all of these institutions have got to give an awful lot of thought to raising funds other than from NCI. Some need to find out how others are raising money, how to tap philanthropy, the state, and others."

Harold Rusch, Univ. of Wisconsin, said he "believed in the 10 characteristics for comprehensiveness (required by NCAB) when they were adopted, and still do. When we were designated a comprehensive cancer center, I spent a lot of time on it, strengthening areas where we were weak. We got a top notch man, Paul Carbone, to head up the clinical area, and that strengthened us."

Rush listed "some positive things we have done over two years to gain comprehensiveness:"

—Cancer incidence reporting system, initiated by the center, and which will be continued with state or other support than NCI.

—Established 12 colcoscopy clinics, which can be self supporting.

—Established 14 centers for head and neck cancer. Practitioners involved "are organized and enthusiastic, and are providing earlier diagnosis and better therapy." These can be self supporting, Rusch said.

—Established public information services. "I don't know of any way of supporting that if it is not supported by NCI."

Rusch said that "since Paul Carbone has come with us, some of the larger clinics will probably be affiliated with the Eastern Cancer Oncology Group," the

Cooperative Group of which Carbone is chairman. "But I don't know how this would be supported without NCI funds."

Problems he has encountered, Rusch said, include lack of a "sense of continuity. We would like not to be faced with on again, off again fluctuations. It is not a question of much more money. Our core grant is approximately $1 million, and that's just about right for us. We can get along with that."

Schmidt said he had received a phone call from one center director who told him, "My congressman and my people would like to know where all this money is going?"

"I happened to have Tom King's figures on my desk, and I looked up what this fellow had been getting. I said, 'Did you tell your congressman that you went from $700,000 to $4.9 million, a seven fold increase, while NCI had had a four and a half fold increase? Tell your congressman. That may give him a clue on where the money is going.'

"That point is," Schmidt said, "support for institutions has gone up pro rata with the money appropriated to NCI."

The impact of the Cancer Centers Program, Panel member R. Lee Clark said, "has brought in better care of cancer patients by multidisciplinary emphasis than ever available in history. Multidisciplinary research, in study teams, and organized task forces, have shown the value of bringing together basic researchers with clinical scientists."

"One of the best areas of clinical research one sees is clinical advances that result from these people working together in a clinical way," Schmidt agreed. "You see it all the time in the larger institutions. There is no question that the cancer patient has a lot better shake now than five years ago."

SENATE BILL WOULD AUTHORIZE $1.1 BIL. FOR NCI, RELAX CORE GRANT LIMIT

House and Senate bills extending the Cancer Act (and all other biomedical research programs) for one year have cleared their respective subcommittees, been approved by the House, and may have reached the floor of the Senate after *The Cancer Letter's* press time this week. The House defeated an amendment by Rep. Jack Brinkley (D.-Ga.), which would have changed the dollar figures for cancer research and control to "such sums as may be necessary."

Few of the changes requested by the National Cancer Advisory Board and others made it into either bill. Health leaders in both houses—Sen. Edward Kennedy and Congressman Paul Rogers—agreed on a simple one year extension and plan more extensive hearings on a longer renewal later this year.

The Senate bill (S. 755) includes a more generous FY 1978 authorization for NCI—$1 billion, plus another $100 million for cancer control. The Rogers bill authorized a total of $937 million.

NCI's request to the White House, supported by the National Cancer Advisory Board and the President's Cancer Panel, was $955 million. The Administration recommended $819 million.

The Senate bill included three of the changes asked by NCAB: relaxing the $5 million limit on center core grants, to permit additional amounts to cover inflation; adding basic research to clinical research as activities of centers eligible for federal support; and increasing the number of consultants NCI can hire without it counting against personnel ceilings from 100 to 200.

Not included in either bill was the request to permit NCI to distribute without charge chemicals to investigators other than those with NCI grants or contracts. The Act permits such distribution of biological materials but not chemicals.

NIH GROUP SEEKS PEER REVIEW CHANGES, INCLUDING FORMAL SYSTEM FOR APPEALS

Changes in the NIH grants peer review process including a formal appeals process have been recommended by the agency's grants peer review study team, NIH Director Donald Fredrickson revealed.

Among the recommendations of the study team were:

- A formal NIH grants peer review appeals system should be established, including an ombudsman to be appointed by the NIH director.
- Upcoming vacancies on initial review groups should be announced periodically.
- The principal investigator should be sent a copy of the summary statement associated with his or her application as soon as possible after the grant application is reviewed by the national advisory council or board.

Fredrickson will announce shortly his decisions regarding implementation or further study of each of the individual recommendations.

The NIH grants peer review system is a two-step process, involving initial review for scientific merit and second review for merit and policy by national advisory groups. There are 77 initial review groups and 13 national advisory councils and boards.

The NIH grants peer review study team consists of scientists and administrators of NIH. The study team is headed by Ruth Kirchstein, director of the National Institute of General Medical Sciences.

The report, which is phase I of a two-phase study, is based in part on testimony presented at three public hearings (held in Chicago, San Francisco and Washington). letters from scientists and the general public, and the results of a survey of NIH advisors.

Phase II, to be completed in late 1977, will contain a detailed analysis and evaluation of the public testimony and the survey of initial review groups and council members.

Other major recommendations of the study team:

—The NIH director should be delegated the authority to establish or discontinue initial review groups.

—The assistant secretary for health should be delegated the authority for selection and appointment of members of advisory councils.

—Portions of the meetings of advisory groups which involve the review of grant applications should continue to be closed to the public (including those submitting applications).

—The workload of the initial review groups should be limited to help ensure a high quality of review.

The study team also made recommendations concerning a variety of other key issues. These include identification and special consideration of unorthodox research approaches, conflict of interest procedures applicable to review group members, increased use of business management consultants as an adjunct to scientific review, and continuing studies of procedures designed to improve the grants peer review system.

Copies of the report are available on request.

CLARK SAYS CANCER DEATH RATE DECLINED, REVEALS ACS BLOOD DONOR PROGRAM

R. Lee Clark, president of the American Cancer Society, said last week that the overall cancer death rate for 1975 declined by .7% compared with the previous year, reversing a purported large increase announced in 1975.

In keynote remarks to the 19th annual science writers' seminar of the American Cancer Society, Clark recalled the scare headlines of 1975 about an enormous jump (5.2%) in cancer mortality for the first seven months of the year. "The sudden 1975 upsurge," Clark declared, "during the first seven months in the 10% sample of crude deaths was unexpected, unexplained, and upsetting, too—for it seemed to call into question all our efforts—in research, in cancer control, where we thought we had been making progress."

Later, when the whole year's figures for 1975 were analyzed, on an age-adjusted basis, "the result showed an actual decline of .7%," Clark said.

The ACS president, who is also president of the Univ. of Texas System Cancer Center, pointed out that over the years the greatest contributing factor to cancer death rates in the United States is a single tumor: lung cancer. "In other words, we have been winning the war against cancer, but we still have a long way to go in the war against smoke-induced lung cancer."

On the proposed saccharin ban, Clark said that FDA acted properly under the law—the Delaney clause of the Food, Drug & Cosmetics Act leaves it no choice when a food additive causes cancer in laboratory animals. He then noted that banning saccharin, the only non-caloric sweetener on the market at the moment, will have a poor effect on the health and lives of tens of millions of Americans, those who are diabetic and those seriously obese. While upholding the basic concept of the Delaney clause Clark said, "We would hope in the future to see dose studies more analogous to human intake," in animal tests of suspected carcinogens.

In still another respect FDA "stopped the clinical investigation of just about every new, promising anticancer compound in this country for several months," Clark declared. But currently, he said, "the agency has become more realistic about this problem," and clinical trials of new drugs have been resumed.

Clark called for a greatly intensified national effort to make blood and blood components available for the many types of cancer patients who require these in treatment. "We do not intend to compete with any existing organizations," Clark said, "but to supplement their activities in certain ways." He said that ACS has a large army of more than 2 million volunteers and many will donate blood. The blood program is called the "Expediter" program, Clark explained, and reported that in several states it is already underway. ACS will seek to extend this to every state.

In a strong reaffirmation of the ACS rejection of laetrile as an unproven cancer remedy, Clark noted that some ask: why not allow cancer patients, who are thought to be "terminal" the comfort of laetrile even though it has no value against cancer? He said the reason is "that there are 1.5 million persons alive who have been treated successfully with approved cancer methods." Many of these, he pointed out, were considered "terminal." If they had received an unproven remedy rather than effective treatment, they might not be among those who are alive and well today."

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-CP-75905-56

Title: *Long-term studies of prevention of epithelial cancer by retinoids*

Deadline: *May 16*

NCI is interested in establishing a contract for this

purpose. The basic objective of this contract is the evaluation of the efficacy of retinoids of differing chemical structures to prevent the development of epithelial cancer during its preneoplastic period. A number of target sites for such chemoprevention are anticipated: trachea and bronchi, bladder, breast, esophagus, colon and pancreas. Appropriate animal models are currently available for many of these sites. Necessary carcinogens and retinoids for these studies will be provided in most instances by NCI as available and in accordance with program priorities. Close coordination and mutual consultation by contractor and NCI is expected.

Contract Specialist: Melvin Hamilton
Carcinogenesis
301-427-7575

RFP NO1-CP-75898-57

Title: *Management and technical support services to the Carcinogenesis Research Program*
Deadline: *June 6*

NCI is interested in obtaining a three-year contract with an organization qualified to provide managerial and technical support services to the Carcinogenesis Research Program. The contractor will function in a purely supportive role, responsible for assisting in the management of the Carcinogenesis Research Program preparing budgets, performing program analysis and evaluation, and providing support and logistic services.

Specifically, the contractor shall provide planning and programming support; perform numerous data collection and analytical tasks; and provide logistical support, which includes conference, documentation, and coordination support. The successful offeror must have office space within or near the Washington D.C. metropolitan area no later than the date of contract award. NCI offers its estimate that the three-year contract should cost between $650,000 and $850,000.

A pre-proposal conference will be held in Silver Spring, Md. on May 9.

Contract Specialist: J. Federline
Carcinogenesis
301-427-7575

RFP NCI-CM-87145

Title: *Protocol toxicology prime contractor*
Deadline: *Approximately May 31*

The Laboratory of Toxicology, Div. of Cancer Treatment, is seeking a prime contractor to provide the government with coordinated, efficient and responsive ongoing technical management which will accomplish the following objectives:

1) Minimize time required for protocol and other studies without any loss of quality of data. 2) Implement the toxicology protocol at subcontractor facilities and begin/continue systematic accumulation of data. 3) Analyze existing methods of operation of the Laboratory of Toxicology and suggest improvements either through the prime contractor's organization or with subcontractor's staff. 4) Apply management techniques directed toward reducing lead times, enhancing exchange of scientific information, maximizing responsiveness to laboratory technical and administration requests and control of costs. 5) Organize staff facilities and other resources that offer the Laboratory of Toxicology an organization flexible and responsive to the Div. of Cancer Treatment.

It is anticipated that one award will be made for a three year period.

Contracting Officer: S.R. Gane
Cancer Treatment
301-427-7463

RFP NIH-NIEHS-77-22

Title: *Statistical development of multistage carcinogenesis models*
Deadline: *May 20*

The National Institute of Environmental Health Sciences is interested in receiving contract proposals from organizations with the interest and capability to successfully conduct the studies proposed for this contract. NIEHS proposes to conduct research on statistical problems related to use of high dose rate to estimate cancer risks at very low dose rates using statistical models.

Contracting Officer: Fred Suggs
Research Contracts Branch
DCH NIH
Bldg 31 Room 1B38
Bethesda, Md. 20014

CONTRACT AWARDS

Title: Cervical cancer screening program
Contractor: Virginia Dept. of Health, $216,518.

Title: Breast cancer detection demonstration project
Contractor: St. Vincent's Medical Center, Jacksonville, Fla., $271,865.

Title: Continuation of an ongoing contract, Isolation of prolactin cells from human rat adenohypophysis
Contractor: Pennsylvania State Univ., $85,000.

The Cancer Letter—*Editor* JERRY D. BOYD

Published fifty times a year by The Cancer Letter, Inc., 1411 Aldenham Ln., Reston, Va. 22090.