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FOUNTAIN HEARINGS TURN UP SOME RESPONSIBLE CRITICISM, SOME NOT, MUCH SUPPORT FOR PROGRAM

The hearings on the National Cancer Program by Congressman L.H. Fountain's House Intergovernmental Relations Subcommittee opened last week, and the concern by some that they would be used by endless numbers of critics to bombard the program seemed to be unfounded.

A few critics were there; some of their criticism was constructive, some rehashed old arguments over basic vs. applied research and contracts vs. grants, and some was in the crackpot category. But the hearings generated far more support than criticism, and Fountain and sub-

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In Brief

COLUMBIA STILL IN RUNNING AS COMPREHENSIVE CENTER IN '78; ILLINOIS WITHDRAWS APPLICATION

COLUMBIA UNIV. remains in a strong position to achieve recognition as New York City's second comprehensive cancer center following review by the National Cancer Advisory Board of the report of its site visit team. The Board agreed that Columbia needs directors for its clinical medicine and cancer control activities. If directors are hired and are able to pull those programs together, NCI staff and Board representatives will take another look at Columbia next year. . . . **ILLINOIS CANCER** Council, the coordinating body for the consortium that makes up the Illinois Comprehensive Cancer Center, withdrew its application for a core grant before NCI completed action on it. If the application had not been withdrawn, it would have been disapproved. The problems relate primarily to the program's need for a director. The core application will be resubmitted when one is hired; meanwhile, the planning grant has been extended. Illinois does not appear to be in danger of losing its comprehensive status, but the consortium concept is in trouble. Illinois is one of two existing comprehensive centers based on a consortium—Colorado is the other. The Northern California Cancer Program is another seeking comprehensive recognition . . . . **EXISTING COMPREHENSIVE** centers which have had NCAB reviews on how well they are living up to expectations so far include Mayo, Alabama, Memorial Sloan-Kettering, Fred Hutchinson, Wisconsin, Duke and Florida. Georgetown-Howard will be reviewed in July. Reports on all these will be made to NCAB at its September meeting . . . . **HUNTINGTON MEMORIAL** Hospital, Pasadena, and the American College of Physicians are sponsoring the third biennial Medical Oncology Review Course Oct. 3-7 at the Huntington Sheraton Hotel in Pasadena. The course will review clinical cancer biology, carcinogenesis, early detection, cell kinetics, pharmacology, immunology, paraneoplastic syndromes and interdisciplinary treatment of tumors of major organ systems. Write to Arlene Ellis at the hospital, 100 Congress St., Pasadena, Calif. 91105.

CRITICS TAKE AIM AT CANCER PROGRAM, DEFENDERS POINT TO ACCOMPLISHMENTS

(Continued from page 1)

committee members repeatedly said they were out to strengthen the Cancer Program, not to hurt it.

The subcommittee is part of the House Government Operations Committee. While it does not have direct legislative responsibility for health legislation, its findings and recommendations could have considerable influence when the National Cancer Act is renewed next year.

THE CRITICS

Solomon Garb, director of the American Medical Center at Denver and chairman of the Citizens Committee Against Cancer, presented a strong defense of the Cancer Program but also was one of the more responsible critics. He complained about the NIH system for payment of indirect costs, which he said was eating up too much of the cancer and NIH budgets. Indirect costs should be limited to 20-25% of direct costs, Garb said. Some institutions receive payments for overhead that exceed two-thirds of the direct costs. "In general, the wealthier institutions have the higher overhead, although there are exceptions," Garb said.

Garb charged that some institutions were guilty of "ghosting"—the practice of taking funds from a grant to pay the salary of someone not working on that grant.

"I call that fraud, don't you?" commented subcommittee member John Wydler (R.-N.Y.).

"I would," Garb replied. He said he had turned over to the subcommittee staff evidence of ghosting at an institution he first declined to name. Later, after Wydler said it was unfair to other institutions not to identify the one charged, Garb said it was Harvard. "But I don't blame Harvard, I blame HEW. I suspect it is not an uncommon practice."

Garb blamed FDA for roadblocks that draw out the process of getting new anticancer drugs into medical practice, "eight to 15 years," he said, and asked that Congress "strip FDA of its power to impose unreasonable delays in making anticancer drugs available to patients."

Garb charged that Ft. Detrick (Frederick Cancer Research Center) has produced "little of value" and should be discontinued, and expressed opposition to continued research on recombinant DNA because "it presents serious dangers that outweigh the prospective benefits."

Irwin Bross, director of biostatistics at Roswell Park Memorial Institute, was the only out and out hostile witness to testify. He interspersed a valid comment or two among some of the flakier comments heard yet from the uninformed and/or irresponsible critics. Some of Bross' contentions:

—The only thing the virology program has accomplished "is to show conclusively that is has no chance of success. . . . It stands out as a particularly obvious example of the incredibly bad management that has plagued the 'conquest of cancer' program from its start" but is not even the worst example. "Much of the money that Congress has appropriated has been wasted on scientific boondoggles such as the worthless 'cancer vaccine' program or medical boondoggles such as the dangerous Breast Cancer Detection Demonstration Program."

—The public and Congress should make the decisions on how to spend cancer funds, not the "multilevel peer review system that has been little more than a gladiatorial arena for medical politics," Bross said. He offered a "new decision making instrument" which he called "metatechnology" as the means for making "safe, effective and economical use of technology." He said "metatechnology" can be used to determine what BCDDP is accomplishing, by "typing in different numbers, numerical values, design parameters," and running them through a computer. "You find that the mammography (used in BCDDP) is producing four or five new breast cancers for each one that could possibly be cured by earlier detection."

Other Bross comments—Another "possibly worse epidemic" of iatrogenic cancer is just starting, Bross said, produced by CAT scanners. Only $10 million of the NCI budget goes to "honest to god primary prevention." "The rest of the $223 million in cause and prevention research "is a con game . . . . Carcinogenesis is mislabeled as cancer research. The money is going to laboratory scientists who have no real interest in carcinogenesis of human cancer." The management of therapeutic programs has been no better than that of the preventive ones. Most of the money is going into lines of research "which appeal to physicians because the money can be diverted into other 'worthy' purposes such as covering hospital and medical school deficits. . . . Most of the money in the FY 1978 budget for therapeutic research hasn't a ghost of a chance of curing a single patient of cancer. The administration structure for NCI established by the National Cancer Act setting it apart from the other institutes at NIH should be abolished. "This was largely engineered and controlled by the American Cancer Society, a principal beneficiary of NCI funds."

Garb, noting that Bross had been quoted in newspaper accounts of his testimony which appeared before the hearing as claiming that ACS receives "the bulk" of NCI funds, challenged him on that point. Garb said he looked up the list of NIH grantees and found that ACS gets only $125,000 a year, for cosponsoring scientific meetings.

"That's so far below the 'bulk of the funding' which would be at least $400 million, that I think Dr. Bross should explain," Garb said.

Bross said his statement referred to an area where ACS had influence, the breast cancer detection ef-

fort. "The ACS influence extends beyond the funds," Bross said. "ACS disburses the funds ($10 million a year) to BCDDP contractors."

James Holland, Mount Sinai School of Medicine, pointed out that BCDDP contractors had submitted their proposals directly to NCI, in competition with others, and received their awards from NCI. ACS did originally provide about one-third of the support but has been phasing that down.

Holland also challenged Bross on his claim that the BCDDP use of mammography "causes four or five cancers" for every one it finds. "Dr. Bross and I rarely agree on anything," Holland said. "There's no such thing as a free lunch. We can't eliminate 10 million x-rays without asking ourselves what have we missed. The statement that it is causing an epidemic of cancers is grossly inaccurate. I would like to see case two caused by that project."

Howard Temin, professor of oncology at the Univ. of Wisconsin who won a Nobel Prize in 1975 for his work as a virologist, said that the virus program has enabled "us to safely say that an infectious virus doesn't cause cancer, so we can't develop a vaccine." But that has been a positive benefit from the research, Temin insisted, "since it tells us what we can't do."

Temin said, "We shouldn't be surprised by the upsurge in cancer deaths. We know the cause. It mainly reflects an increase in lung cancer, mainly the result of cigarette smoking."

Temin's primary complaint about the cancer program was that it is not supporting enough basic research, he claimed. "We don't have enough knowledge to declare war on cancer." But he said "most of what we know about cancer is the direct result of work supported by NCI. I give the institute high marks, and it has some strong programs. . . . On the whole, NCI research is of high quality, with excellent peer review."

Sidney Wolfe, medical director of the Nader affiliate, the Health Research Group, criticized the federal regulatory agencies for not taking stronger or more effective action to remove known carcinogens from the environment. Although NCI has no regulatory authority, Wolfe suggested the institute should provide more leadership in that area.

"NCI must develop an advocacy role," Wolfe said. He suggested that NCI could publish an annual report listing the various chemicals found to be carcinogenic, the potential human exposure to them, and where they stand in the various regulatory procedures. NCI executives and other cancer program advocates later expressed support for Wolfe's suggestion.

Wolfe said that industry should pay for much of the chemical bioassays being conducted with cancer funds now. And he criticized NCI for not developing a comprehensive system to evaluate testing labs.

The Clearinghouse on Environmental Carcinogens, of which Wolfe is a member, "has spent very little time on evaluating chemicals and a lot of time retreading old ground," Wolfe said. The Clearinghouse should go out of business if it can't speed up its work, he said.

NCI should be "depoliticized" by returning its control to HEW, Wolfe contended. The appointment of the NCI and NIH directors should be returned to the HEW secretary (which in effect President Carter has done) with Senate confirmation, he said. The National Cancer Advisory Board, made up on individuals who are "largely beneficiaries of NCI money," should be revised to include at least 50% lay persons, and no scientific member from an institution that receives more than $500,000 a year in NCI support, Wolfe said. The same rule should apply to all advisory committees and review groups, he said.

Finally, the President's Cancer Panel "should be disbanded if it can't be determined what it has accomplished." Wolfe concluded, "NCI must be a leader in the war to prevent cancer, rather than the bank for those who treat it."

Responding to questions by Congressman Henry Waxman (D.-Calif.), Wolfe said that advisory groups "are not terribly likely to criticize NCI priorities if they are beneficiaries of those priorities."

Fountain, a Democrat from North Carolina, brought up a bit of history that in the minds of some could be the most damaging criticism offered during the hearings. Fountain referred to an article published in *The Washington Post* authored by R. Lee Clark, president of the Univ. of Texas System Cancer Center and current ACS president, and by Frank Rauscher, former NCI director. The article, which appeared a few weeks ago, mentioned that one third of all cancer patients are now being cured of the disease.

Fountain then brought out two articles, one written in 1959 by then NCI Director John Heller, and the other in 1960 by Ken Endicott, who had succeeded Heller. Both articles mentioned that the cure rate then was about one third.

Fountain asked Clark to explain the apparent lack of progress. Clark said that in 1949 the five-year survival rate was 21%, that at M.D. Anderson in 1962 it was 35% and now at MDA it is 41%.

Fountain then produced copies of records he said his staff had obtained from ACS and NCI which show that ACS paid the expenses of Rauscher's wife when she accompanied him to a meeting of research professors sponsored by ACS at Montego Bay, Jamaica. NCI paid Rauscher's expenses, but Fountain said the records indicate that Rauscher was reimbursed by ACS for some of the expenses picked up by the government.

ACS Vice President Arthur Holleb explained that the fund to pay for expenses of the wives, including those of the professors, was provided by a special donation made for that purpose by an individual, and did not come from regular ACS funds. The meeting

was one ACS holds from time to time for its research professors, and the NCI director is usually invited.

Fountain commented that HEW general counsel has said that payment of expenses of the wives of government officials by an organization such as ACS presented at least the appearance of a conflict of interest, if not an actual one, and should be discouraged. He was even more concerned about the alleged "double dipping" by Rauscher.

Rauscher was present when the charge was made but was not asked by Fountain for a response. Rauscher later told reporters that it had never occurred to him there might be anything improper about accepting payment for his wife's expenses. He also flatly denied he had been paid twice for the same expense.

Rauscher, who is now employed by ACS as senior vice president for research, turned down about $5,000 a year in lecture fees and honoraria while he headed NCI. When he decided he had to leave the government, with five college-bound children, he had a number of job offers paying, in some cases, nearly twice as much as the position he accepted at ACS. Most of them he turned down because they were with institutions which do substantial business with NCI.

Rauscher took pride in the super clean image he had maintained throughout his government career, and the subcommittee charges stunned him.

Wydler picked up on some statistics, presented by Dorothy Rice, director of HEW's National Center for Health Statistics, which showed a rapidly increasing cancer death rate since 1960.

"In spite of all the programs, the improvements, that means we're losing ground," Wydler said. "If that chart means anything, we're doing worse and worse." He returned to that theme a number of times, pointing out once that the big increase in cancer death rates "coincides with the big increase in federal spending on cancer."

Rice pointed out that the major part of the increase was in lung cancer. Clark and others noted that except for lung cancer, the cancer death rate has been decreasing.

THE DEFENDERS

Benno Schmidt, chairman of the President's Cancer Panel, anchored the defense with a ringing statement that answered nearly all the legitimate criticism and pointed up the hollowness of the less valid arguments.

Schmidt noted that he had been appointed by former Sen. Ralph Yarborough, who was then chairman of the Health Subcommittee, to head the panel asked to make recommendations on strengthening federal support for cancer research. Sen. Edward Kennedy reappointed him chairman in 1971 when Kennedy became chairman of the subcommittee, and after the National Cancer Act established the Panel, President Nixon named Schmidt chairman.

"I cite this history, not to show that I was appointed by both Sen. Kennedy and President Nixon in the same year," Schmidt cracked, but to point out his qualifications to say that the Yarborough panel "did not at any time indicate to the Congress or to the public that the fight against cancer would produce an easy victory or that given the necessary funds we could bring about the prevention or cure of cancer in a short period of time. What we promised both the Congress and the American people was that with more funds American medicine and American Science could produce in this country a better program of cancer research."

The resulting increases in funding, from $180 million in 1970 to $815 million in 1977, "have enabled the National Cancer Institute to support a program in cancer research that is unprecedented both in its scope and in its excellence," Schmidt said.

Taking on the principal criticisms, "First it is said that we are supporting too much basic research or, as it is sometimes phrased, we are doing science for science's sake. . . . My answer is that we cannot afford not to do this fundamental basic research to improve our understanding of the disease process. It was this type of research that got us out of the woods in tuberculosis, smallpox, typhus, erysipelas, syphilis, polio and virtually all of the infectious diseases, and it is only this type of research that will get us out of the woods ultimately in cancer, heart disease, diabetes, multiple sclerosis, arthritis, and the balance of the 25-30 major, common, unsolved, life-threatening or incapacitating organic diseases which are the main part of our medical problem today and which cost us $130 billion annually.

"The opposite and equally vehement criticism is that we are not doing enough fundamental basic research. This is undoubtedly true, but we are doing, in my opinion, about as much as we can afford with today's budget," Schmidt continued.

That criticism "has been particularly forceful and has particular validity this year because we were only able to fund 30% of the approved new research grants and only about 40% of the competing renewals. Other basic research programs have suffered similarly in 1977. This means that a great many good scientists have found themselves unable to obtain funding. It also means that the opportunity for new scientists is so discouraging that it restricts severely the bright young people whom we would like to attract into this enterprise. Third, we are criticized because we are not doing enough clinical research. There is no question we could do more with great effectiveness, but here again any substantial increase would be at the expense of other areas that we cannot afford to forego."

The balance of Schmidt's presentation, statements by Cancer Program defenders Clark, Garb, Holland, NCI Acting Director Guy Newell, NIH Director Donald Fredrickson, and Sen. Hubert Humphrey, and comments by former cancer patients Marvella Bayh and Rose Kushner will appear next week

CONTE WITHDRAWS AMENDMENT; OBEY SAYS PREVENTION KEY TO MORE MONEY FOR NCI

The House approved the fiscal 1978 HEW appropriations bill la st week with $831.9 million for NCI, the amount recommended by Chairman Daniel Flood's subcommittee. Silvio Conte (R.-Mass.) decided not to submit his amendment adding $40.1 million after wringing a promise from Flood that he would "compromise" with the Senate on NCI funding when the bill goes to conference.

The Senate HEW Appropriations Subcommittee has approved $920 million for NCI, a difference of $88 million. Generally in the past, House and Senate conferees split the differences down the middle for HEW programs. Last year, however, NCI was given only 40% of the difference.

Flood did not commit himself to a definite figure. After Conte asked, "Could I receive some assurances from my good chairman . . . that we could reach some kind of a compromise with the Senate on this?" Flood responded:

"It is pretty hard to say what you can do with the other body. Legislation . . . is the art of compromise. That is the gist of our whole operation, and insofar as the conferees are concerned, we will be trying to work out something with the other body in the conference."

Conte's decision was part of a deal between House Democratic leaders and President Carter, in which the President agreed not to veto the bill if the total appropriation was not changed. Administration forces did not back the amendment by Robert Michel (R.-Ill.) to cut a half billion dollars from the bill, a measure supported by Carter when Michel offered it to the Appropriations Committee (*The Cancer Letter*, June 3). The Michel amendment lost, 334-72.

During floor debate, Rep. David Obey (D.-Wisc.) suggested that any substantial increase in NCI funds might depend on whether or not the institute places more emphasis on prevention.

"We have had a lot of problems, very frankly, in the management of the Cancer Institute," Obey said. "We are about to have a new director, and I am sure that that new director will direct the Cancer Institute into a much heavier emphasis upon prevention. I think the efforts that we all want to make to provide a cure for cancer are understandable, but I think we have to understand that until such time as we really do understand the mechanism under which cancer is caused in the human body, until we do have much more knowledge about basic science, knowledge needed to understand how to cure cancer, the most important thing we can do is try to prevent it. We have not done very much of that in the last few years, and I am confident that the National Cancer Institute under new leadership will move in that direction.

"If they do under their new director, then I think we can with very clear conscience provide additional money beyond what we have in the budget this year for all relevant medical research."

Conte responded that "a common criticism is that although 80-90% of all cancers may be environmentally induced, NCI spends far less than a proportional amount of its budget on prevention. This argument overlooks the realities of cancer prevention.

"NCI's assigned task in cancer prevention is the identification of carcinogens," Conte continued. "It has no authority to ban the use or sale of carcinogens, to require warning labels, or to inspect chemical plants. It has not the funds for a public relations campaign to urge people to avoid specific items. All of these other actions are assigned to other agencies. . . . NCI has done a good job of identifying carcinogens. There is every indication that the major environmental carcinogens that are responsible for most human cancers have been identified. But either through voluntary a ction—in the case of users of tobacco—or the inaction of other governmental agencies—in the case of most chemical and industrial/environmental carcinogens—people continue to be exposed to the substances which the Cancer Institute has shown cause cancer."

Conte suggested that "a good step" for NCI to take in prevention would be to publish an annual report on environmental and occupational causes of cancer, a suggestion made at the Fountain hearings by Sidney Wolfe of Health Research Group.

Conte said that "a prudent safeguarding of the taxpayers' investment, a better use of appropriations past and present, would require a fiscal year 1978 appropriation of at least $872 million. That would help compensate for inflation, allow half performed projects to be completed economically, and allow for the application of a few especially promising new ideas."

Obey said he thought it was "important that members of the House understand what the case is on both sides of the question in terms of how we deal with the NCI budget. I am sure that if I were to allocate health research dollars on the basis of my own personal fears about disease that I would put it all into cancer research because it is one of the most devastating and one of the most fearsome diseases known to human beings. But I think there are several reasons why we must be restrained in the amount of money that we do provide the Cancer Institute. I recognize that I am probably in the minority in the House on that."

Obey pointed out that since 1970, the NCI budget has increased almost 400% compared with 27% for the other NIH institutes. "That, I think, has had a very damaging effect on the comprehensiveness of medical research in this country, because it has skewed medical research. It has given people the impression that the only way we can effectively attack cancer is by putting money into an institute labeled

'Cancer Institute.' That institute does a good job in a number of areas, but I think it is important for us to understand that there is much other research going on, both at NIH and at other places, which has a direct bearing on cancer but which is not being conducted at the Cancer Institute itself.

"I think it is awfully important for us to understand that the more we concentrate our dollars in one institute, the less likely it is that we will have a balanced medical research effort in human diseases of all kinds, and I might add, even in terms of cancer itself."

GAO REPORT TO INCLUDE SOME, NOT ALL, OF OBEY'S CHARGES ON EPPLEY CONTRACT

The General Accounting Office report on NCI's contract with Eppley Institute will include some of the charges made by Congressman David Obey (***The Cancer Letter,*** June 10) but will fall considerably short of justifying a "complete overhaul" of NCI as Obey said they might.

The Cancer Letter has learned that the report will deal with the following problems:

- Animal breeding. During a period in which 84,000 animals were produced, 53,000 were destroyed or given away, 2,600 given to industry with no repayment to the government. GAO will suggest that Eppley make better determination of its animal needs and breed accordingly. Although it is common practice for surplus experimental animals to be given away, GAO may recommend that those going to industry be purchased. GAO also may require further justification for animal facility renovation costs.
- Time and effort certification. Percentage of time spent by contractor staff on the project must be more carefully recorded and certified. Some key staff members were moved from one project to another, with no effort made to determine how much time they worked on the NCI project. One staff member was paid a salary of $23,000 but was working in a slot calling for a $10,000 salary.
- Adequate control of equipment and supplies. GAO found that there was about $500,000 in equipment unaccounted for. Sixty pieces costing $114,000 were not identified as government purchased or government furnished. Seven pieces had a Univ. of Nebraska (Eppley's parent institution) label; these were in the equipment pool used for computing overhead, so the government was charged for use of its own equipment.

Equipment purchased with government funds can be recalled by the government. The contractor may use it for non-government work it if does not impinge on the government project. GAO found that some equipment was used by Eppley for other work, and the institute plans to reimburse the government for it.

Some supplies purchased by Eppley were charged to the NCI contract but used for other work without reimbursement. GAO will demand repayment.

GAO probably will require Eppley to provide an equipment audit and to maintain user logs of equipment.

- Projects performed under the contract not specifically authorized by NCI. GAO contends there were 12, and that there is a possibility Eppley will have to reimburse NCI for them. Some of the 12 may have been approved verbally, by phone, and for which no record was kept.
- Monitoring by NCI. GAO noted that the contract officer-project officers-technical staff was insufficient to monitor a contract of that size. NCI may have to beef up those staffs, perhaps from the 60 positions Obey forced NCI to accept for carcinogenesis work.

One of the key recommendations GAO is considering will be re-evaluation of the justification for non-competitive procurement for the project—in other words, put the contract out to bid. The contract expires this year, and NCI had planned to renew it on a sole source basis. The problem with competing it is the huge investment in facilities at Eppley.

GAO may look at other NCI contracts, notably the $25 million a year Litton Bionetics contract for operation of the Frederick Cancer Research Center and the Tracor-Jitco prime contract for managing bioassay subcontractors.

NCI and NIH executives generally agree that most of the problems found at Eppley should be corrected and that other institutions with similar problems should take heed. The loose management of staff and equipment by contractors is not unique with Eppley. "You'll find university labels on our equipment all over the country," one executive said.

Breeding the exact number and sex of animals to be ready at a precise time may be more difficult. Most agree that surplus animals should be given free only to other government agencies or contractors and to non-profit institutions. "I would rather feed them to the alligators than give them to industry," said one.

Missing from the GAO report will be, ***The Cancer Letter*** was told, Obey's charges that the contract was improperly awarded and reviewed, and that a "potential conflict of interest" exists because Eppley Director Philippe Shubik was chairman of the National Cancer Advisory Board's Subcommittee on Carcinogenesis and was the Board member "most directly responsible for overseeing the operations" of the Div. of Cancer Cause & Prevention, which awarded and administers the contract.

ADVISORY GROUP, OTHER CANCER MEETINGS FOR JULY, AUGUST

Carcinogenesis Program Scientific Review Committee A—July 7, NIH Bldg 31 Room 9, open 9–9:30 a.m.

President's Cancer Panel—July 12, NIH Bldg 31 Room 4, 9:30 a.m., open.

Cancer Control & Rehabilitation Advisory Committee—July 15, Blair Bldg Room 110, 9 a.m., open.

Cancer Center Support Grant Review Committee—July 15-16, NIH Bldg 31 Room 4, open July 15 8:30–10 a.m.

General Oncology & Hematology—July 18, Roswell Park Continuing Education in Oncology, contact Claudia Lee.

Carcinogenesis Scientific Advisory Committee—July 18-19, NIH Bldg 31 Room 9, 8:30 a.m. both days, all open.

Virus Cancer Program Scientific Review Committee B—July 18-19, Landow Bldg Room C-418, open July 18 9–9:30 a.m.

Virus Cancer Program Scientific Review Committee A—July 20-22, Landow Bldg Room C-418, open 9–9:30 a.m.

Clearinghouse on Carcinogens Data Evaluation & Risk Assessment Subgroup—July 25, NIH Bldg 31 Room 6, 8:30 a.m., open.

Clinical Cancer Program Project Review Committee—July 28-29, NIH Bldg 31 Room 8, open July 28 9–10:30 a.m.

Cancer Control Invervention Programs A Review Committee—July 29, NIH Bldg 31 Room 7, open 8:30–10 a.m.

Clearinghouse Executive Subgroup—Aug. 1, NIH Bldg 31 Room 10, 8:30 a.m.–5 p.m., open.

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

Committee on Cancer Immunotherapy—Aug. 18, NIH Bldg 10 Room 4B14, open 1:15–1:45 p.m.

Diet & Cancer Scientific Review Committee—Aug. 23-24, NIH Bldg 31 Room 10, open Aug. 23, 8:30–9:15 a.m.

International Society for Experimental Hematology, 6th Annual Conference—Aug. 28-31, Basle, Switzerland.

High Voltage Electron Microscopy, 5th International Conference—Aug. 29-Sept. 1, Kyoto, Japan.

Clearinghouse Chemical Selection Subgroup—Aug. 29, NIH Bldg 31 Room 10, 8:30 a.m.–5 p.m., open.

Clearinghouse Experimental Design Subgroup—Aug. 30, NIH Bldg 31 Room 10, 8:30 a.m.–5 p.m., open.

Committee on Cancer Immunobiology—Aug. 30, NIH Bldg 10 Room 4B14, open 2–2:30 p.m.

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-87161

Title: *Study of the pharmacokinetics of anticancer drugs*

Deadline: *Approximately Aug. 8*

Collect pharmacokinetic data on new and established antitumor agents in patients undergoing treatment for non-hematologic malignant disease and to analyze these data for individual variability which can be correlated with clinical response or some other pharmacologic parameter.

Specifically, these studies will be primarily concerned with the measurement of drug and/or metabolite levels in the plasma with time after a standard dose (expressed as mg per meter square of body surface area) and route of administration of the drug. Apparent volume of distribution and plasma protein binding should be determined. These studies may also require measurement of urinary, biliary, and fecal excretion of drug and/or metabolites. Measurement of other fluids (e.g. cerebrospinal fluid) and tissues may be necessary.

A minimum of 25 patients per drug per 6 months will be required to provide adequate statistical documentation of individual variability in pharmacokinetic behavior. It is expected that two drugs will be evaluated annually and these are to be selected by the project officer in consultation with other investigators of the DCT and the principal investigator.

Information on the analytical methodology for the measurement of the drug and/or metabolites in body fluids and tissues will generally be provided by NCI. Circumstances may arise which require modification, use of other analytical procedures, or development of new analytical procedures.

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

Contract Specialist: O. Parham
Cancer Treatment
301-427-8125

RFP NCI-CM-87162-18

Title: *Pharmacological studies of antitumor agents*

Deadline: *Approximately Aug. 1*

Acquisition of pharmacologic data on new drugs and the application of concentration-time data in animals.

This pharmacological information will permit the maximally effective use of new or established drugs. Application of the latest sophisticated technology to the development of highly sensitive and specific assays for antitumor agents in biological materials derived from animals will be required. If possible, the methodology developed should be equally applicable to studies in man. The contractor should be able to apply the assay data to acquire concentration-time data in animals and perform pharmacokinetic analyses as required.

It is anticipated that the project will require 11 technical and support man-years of effort per year for three years.

Contract Specialist: Helen Lee
Cancer Treatment
301-427-8125

RFP NO1-CP-75920-58

Title: *Study on how nutrition and diet are perceived by healthy individuals and cancer patients—implications for cancer therapy*

Deadline: *July 29*

Specifically, the objective of this project is to conduct a detailed survey of the beliefs and attitudes concerning diet, nutrition and therapy of cachectic adult and pediatric cancer patients, patients not diagnosed for cancer and healthy individuals. The survey will include psychological, nutritional, dietary, metabolic and physiological components.

Anthropological techniques of ascertaining this information will be combined with traditional nutritional methods of procedure. The collected data will be analyzed to develop hypotheses concerning the effect of individual views of diet and nutrition on the development of disease and therapy, based on an initial assumption that alterations in the perceptions of diet and nutrition would make therapy more efficacious.

A therapy model will be devised that includes recommendations for improved patient-physician/-patient-family interactions and a film or video-tape model that could be used to instruct health care personnel and families of more appropriate interaction with the patient in relation to diet, nutrition and cancer therapy.

Contract Specialist: Mary Butler Armstead
Carcinogenesis
301-427-7575

CONTRACT AWARDS

Title: Identification of mammary tissue, continuation
Contractor: Medical College of Ohio, $98,000.

Title: Studies and investigations on therapy of patients with stage II and stage III carcinoma of the breast, continuation
Contractor: Case Western Reserve Univ., $218,800.

Title: Purification of human tumor associated antigens
Contractor: Medical Research Foundation of Oregon, $77,248.

Title: Biological characterization studies of animal mammary tumors
Contractor: Mason Research Institute, $169,800.

Title: Purification of human tumor associated antigens
Contractor: Scripps Clinic & Res. Fdn., $160,931.

Title: Continue studies on relationship of herpes simplex virus Type 2 to urogenital cancer
Contractor: Univ. of California (Irvine), $111,140.

Title: Continue search for genetic material in cancer
Contractor: St. Louis Univ., $41,667.

Title: Human Blood cells isolation and characterization
Contractor: Sidney Farber Cancer Institute, $81,663.

Title: Human or organ-associated antigens diagnostic applications
Contractor: Mallory Institute, $91,071.

Title: Search for new antigens in carcinoma of the lung
Contractor: West Virginia Univ., $71,700.

Title: Macrophage assay for malignant diseases
Contractor: New York State Dept. of Health, $39,199.

Title: Study of effects of immune stimulants on human immune response
Contractor: Sloan-Kettering Institute, $147,015.

Title: Immunotherapy of disseminated human cancer
Contractor: M.D. Anderson, $444,951.

Title: Studies of molecular events leading to transformation by RNA oncogenic viruses, continuation
Contractor: Litton Bionetics, $29,576.

Title: In vitro cultivation of mammary tumor viruses, continuation
Contractor: Univ. of California (Davis), $29,000.

Title: Research on curatorial preservation and development of reference grade tumor viruses, continuation
Contractor: American Type Culture Collection, Rockville, Md.

SOLE SOURCE NEGOTIATIONS

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

Title: Maintain an animal holding facility and provide research services
Contractor: Pharmacopathics Research Laboratories Inc.

Title: Registry of tumors in lower animals
Contractor: Smithsonian Institution.

Title: Study of latent virus infection and transmission. Significance of C-type particles
Contractor: Southwest Foundation for Research & Education.

Title: Clinical oncology program
Contractor: Allentown Hospital Assn., Allentown, Pa.

The Cancer Letter—*Editor* JERRY D. BOYD

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