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MORE CHANGES IN CARCINOGENESIS PROGRAM AT NCI: GORI, WORKSHOPS OUT, BRANCH CHIEFS RUNNING IT

Arthur Upton's presence as director of the National Cancer Institute, the job he has held since midsummer, was strongly felt this week following a series of announcements made at the National Cancer Advisory Board meeting relating to actions and policy changes he has initiated. And Upton made his presence felt even more in further

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In Brief

NCI CAN PROCEED WITH GRANT, CONTRACT AWARDS AT FULL FY 1978 LEVEL; RUNDLES HEADS ACS

BUDGET SQUEEZE on NCI caused by the deadlock over abortion funding in the 1978 HEW appropriations bill has been relaxed. The continuing resolution to provide interim funding for HEW through November approved last week by Congress permits agencies to spend at the level agreed upon by conferees in the appropriations bill, rather than last year's level as the October resolution required. That means NCI can spend at its full $867 million level and proceed with awarding grants and contracts at the pace that level permits. It really doesn't matter if a regular funding bill for the year is ever enacted as far as NCI plans are concerned, as long as the continuing resolutions are at the conferee level. . . . **R. WAYNE RUNDLES**, professor of medicine at Duke Univ., is the new president of the American Cancer Society, succeeding R. Lee Clark. Rundles, an expert on blood physiology, heads the hematology and chemotherapy service at Duke. LaSalle Leffall Jr., chairman of the Dept. of Surgery at Howard Univ., is the new vice president and president-elect. Joseph Young, U.S. district court judge in Maryland, succeeds Thomas Ulmer of Jacksonville as chairman of the ACS Board of Directors. . . . **TERESE LASSER**, founder of the ACS Reach to Recovery program for women who have had breast cancer surgery, received the society's Humanitarian Award at last week's annual ACS dinner. Other awards went to Elizabeth and James Miller of the McArdle Laboratory at the Univ. of Wisconsin for their work on chemical carcinogenesis; Alice Fordyce, vice president of the Albert & Mary Lasker Foundation; Enid Haupt, former editor of "Seventeen" magazine; and Umberto Veronesi, director of the National Cancer Institute of Milan. Zoologist Marlin Perkins, star of the TV program "Wild Kingdom," and his wife Carol were named co-chairmen of the ACS 1978 Crusade. . . . **HAROLD RUSCH**, director of the Univ. of Wisconsin Cancer Center, arguing that centers should be able to hold the line on core grant funding: "I see no reason why our grant should be increased." Thomas King, director of NCI's Div. of Cancer Research Resources & Centers, said, "I'll remind you of that some day." "I wish you would. Of course, I won't be there when it comes up for renewal," answered Rusch, who expects to be retired by then.

CARCINOGENESIS WORKSHOPS DROPPED; DEVITA HEADS DCCP SEARCH COMMITTEE

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changes in the Carcinogenesis Program which he did not mention to the Board.

Gio Gori, deputy director of the Div. of Cancer Cause & Prevention who has been serving also as acting director of the Carcinogenesis Program, was relieved of that job last week. For the present, the program is being run by a committee of program branch chiefs, headed by Elizabeth Weisburger, chief of the Carcinogen Metabolism & Toxicology Branch. Others are Joseph DiPaolo, chief of the Biology Branch; Harry Gelboin, chief of the Chemistry Branch; Umberto Saffiotti, chief of the Experimental Pathology Branch; and Michael Sporn, chief of the Lung Cancer Branch.

Richard Bates, former DCCP executive now at the Food & Drug Administration, had been recruited by former DCCP Director James Peters to return and head up the Carcinogenesis Program. Bates had not made the switch before Peters was named by Upton as his assistant for environmental carcinogenesis, with Gregory O'Conor named acting DCCP director; the arrangement with Bates is now off, at least for the present.

The naming of a new Carcinogenesis Program director will not be done now until a new DCCP director has been hired, permitting him (or her) to be involved in that decision.

Another Carcinogenesis Program change ordered by O'Conor (or Upton or the branch chiefs committee) was the cancelation of a series of workshops which Gori had planned to obtain advice from the scientific community on development of new contract and cancer research emphasis grant supported projects. Gori had intended for the workshops to back up the efforts of the Carcinogenesis Program Advisory Committee in developing ideas for new research. When that committee was axed by the Carter Administration, Gori felt the workshops, still dominated by nongovernment scientists, would be the best way to obtain outside input on program development.

O'Conor told *The Cancer Letter* that the branch chiefs committee would use consultants when necessary to get outside advice. "There isn't going to be much money for new projects this year anyway," O'Conor said. Also, any significant changes in the Carcinogenesis Program will have to await completion of a review of the program by a task force chaired by Alan Rabson, director of the Div. of Cancer Biology & Diagnosis. Upton established the task force to help advise him on policy matters relating to the program.

Gori still has his primary job, that of DCCP deputy director. He also still heads up the Diet, Nutrition & Cancer Program and the Smoking & Health Program.

Upton told the Board that Vincent DeVita, director of the Div. of Cancer Treatment, was chairman of a high powered search committee that is looking for a DCCP director. Committee members are two of the three other surviving NCI division directors—Diane Fink, Cancer Control & Rehabilitation, and Thomas King, Cancer Research Resources & Centers; and Eula Bingham, Asst. Secretary of Labor for Occupational Safety & Health; Douglas Costle, administrator of the Environmental Protection Agency; Donald Kennedy, commissioner of the Food & Drug Administration; DeWitt Stetten Jr., NIH deputy director for science; Ruth Kirschstein, director of the National Institute of General Medical Sciences; and David Rall, director of the National Institute of Environmental Health Sciences.

Among other items Upton brought up at the Board meeting were:

- His decision to transfer the basic science program at Frederick Cancer Research Center from the office of the NCI director to the Div. of Cancer Biology & Diagnosis. That division already has an extensive intramural basic research program, and Upton said he felt they would complement each other. The division's Board of Scientific Counselors, which reviews Rabson's inhouse scientists, will have review responsibility for the FCRC group, headed by Michael Hanna.

Hanna's group was reviewed earlier this year by an ad hoc committee which gave it high marks and approved its continuation for another five years.

Upton said he would be making a "reassessment of the goals and purposes" of FCRC. He has "no thought of cutting back" on anything there, Upton said.

- His decision to continue NCI support for the 12th UICC Congress at Buenos Aires in October, 1978, despite the criticism by some scientists of Argentina's alleged lack of concern for human rights. David Baltimore, Howard Temin, Henry Kaplan and Emil Frei, among others, have called on scientists to boycott the Congress unless it is moved to some other country. They have asked NCI to join in that boycott on the grounds that repression by the Argentine government compromises the quality of science there. NCI will pay about $400,000 to support the travel of U.S. participants in the meeting.

"We have discussed this with the State Department and were told that the United States wants to continue normal relations with Argentina," Upton said. "Therefore, NCI does not wish to make an independent political decision, and will continue the support. Individual scientists are free to make their own decisions on whether or not they will attend."

- His "candid" meeting with the Office of Management & Budget on the FY 1979 budget request. OMB staff expressed interest in progress in treatment and survival, the relationship of real dollars in 1970 (before the National Cancer Act) and present day dollars, coordination with the regulatory agencies,

needs and progress of comprehensive cancer centers, "and the criteria by which we hope to achieve program balance between treatment and control efforts and basic research."

• The meeting of Upton and Deputy Director Guy Newell with Congressman Paul Rogers, chairman of the House Health Subcommittee, to discuss the concept of "mini centers." Rogers suggested that such centers, supported by NCI to the extent of $200-400,000 a year, could be dispersed more widely geographically and provide greater access to quality care by more people. "I assured him this was under consideration and said we will offer him a thorough assessment," Upton said. Rogers also asked for an assessment of the accomplishments and activities of existing centers.

• His meeting with Congressman David Obey and his staff member, Scott Lilly. Obey has been NCI's severest critic in Congress. "Mr. Obey was particularly concerned about our efforts in environmental carcinogenesis in support of the regulatory agencies and in the workplace," Upton said. "He put me on notice we would have to fight hard for any increase in appropriations (Obey is a member of the HEW Appropriations Subcommittee). I assured him that was our job and that we wouldn't ask for a penny we couldn't fully justify."

• His two meetings with HEW Secretary Joseph Califano, one for an overall discussion of the Cancer Program and another on prevention. "He stressed the need for close coordination with the regulatory agencies, and he was extremely interested in the impact of cigarette smoking," Upton said.

Asked if he had discussed with either Califano or Rogers the renewal of the National Cancer Act which will be necessary next year, Upton said he had not. "But that was a concern on Congressman Obey's mind. He asked for my opinion of the value of the present legislation. I assured him I felt it was extremely valuable."

• His meeting scheduled this week with Peter Bourne, special assistant to President Carter on health issues. Bourne wants to obtain a sceintific evaluation of the use of heroin in pain control, particularly for terminal cancer patients.

• The hearing conducted by Congressman L.H. Fountain on the question of whether or not fluoride is a carcinogen. "Despite the fact that our epidemiology studies of areas with high fluoride content in water supplies show there is no correlation with cancer incidence, the anti-fluoride forces continue to stir it up as an issue," Upton said. Fountain has asked NCI to include fluoride in NCI's bioassay of suspected chemicals.

• His official swearing in as NCI director two weeks ago by HEW Under Secretary Hale Champion, "a childhood friend of mine at Ann Arbor."

BOARD AGREES TO DEFER CORE GUIDELINE CHANGES; REFERS PLAN TO SUBCOMMITTEE

The National Cancer Advisory Board, although not backing down completely from its previous endorsement "in principle" of the cancef center core grant guideline changes proposed by NCI staff, agreed this week not to press for their immediate adoption.

The Board agreed unanimously to a motion offered by Chairman Jonathan Rhoads suggesting that the "proposed changes be studied further and referred to the Board Subcommittee on Centers, which should recruit appropriate consultants to aid in the study."

NCI Director Arthur Upton previously had said he would be agreeable to the formation of an advisory committee for the Centers Program (***The Cancer Letter,*** Nov. 11). But Thomas King, director of the Div. of Research Resources & Centers, told the Board that in subsequent consideration it was determined that the existing Board Subcommittee on Centers, with the addition of additional representatives of centers and biomedical scientists not from centers would be asked to expand its role.

King pointed out that chartering a new committee would require considerable time, and might not even be permitted considering the Administration's policy of reducing the number of advisory groups.

"The subcommittee will be asked to consider the guideline proposals, consider any alternatives, and report to the Board at the January meeting," King said.

King reported the adamant opposition from center directors at their meeting in Memphis.

Benno Schmidt, chairman of the President's Cancer Panel, said he had been impressed "by the strength of the arguments and the caliber of people making them" against the guideline proposals, in which support through center core grants for staff investigators salaries and shared resources would be phased out or drastically reduced over a five-year period. The money saved would be transferred to increase support for traditional and program project grants and cancer center developmental grants.

"Not all of those opposed to the changes are members of the all-for-centers club," Schmidt said. "I don't think we should plough ahead and say, well, we expected you to yell. We didn't give this any great amount of discussion. Staff thought it was a good idea, and I did too, but we didn't give it the kind of consideration that precludes giving it a fresh look."

Board member Harold Amos said abandoning the Board's previous position "is a bad idea. We recognized there would be a hardship, and that the timetable in the proposal would permit centers to find their way. If I were a center director, I would be jumping up and down." But Amos later voted for the motion to defer implementation of the changes.

King read a statement issued by the Assn. of American Cancer Institutes, which pointed out that "information essential to prudent change is now emerging from the cancer centers profile studies (see below) and site visits to comprehensive cancer centers."

AACI insisted that "the peer review process should not be ignored" and asked that (1) centers "of highest merit" should not suffer budget cuts to permit funding of centers "of lowest merit," and (2) renewals of existing center applications should not be at the expense of new centers of higher merit.

CANCER CENTER PROFILES TURN UP SOME INTERESTING DATA IN FIRST ANALYSIS

Among the various headaches cancer center directors feel NCI has inflicted on them, and one they thought was least necessary, was the task of responding to a lengthy questionnaire designed to develop a "cancer centers profile." Centers staff personnel have been grumbling about it for the past year, but when they recently got their first look at some of the data the profiles are generating, some of them agreed that it might have been worthwhile after all.

Raymond Morrison of NCI's Cancer Centers Program staff presented at the center directors meeting in Memphis a preliminary data analysis from profiles collected from 11 centers–five comprehensive centers, four clinical centers and two nonclinical centers.

The five comprehensive centers included one freestanding, three public universities and one private university. The four clinical centers included three private universities and one university consortium. The two nonclinical centers were one public university and one freestanding.

Here's how the data were broken down:

FUNDED PROJECTS

Comprehensive–377 projects, $48.4 million total annual funding.

Clinical–250 projects, $26.9 million.

Nonclinical–70 projects, $6.3 million.

SOURCE OF FUNDS–706 projects, $81.6 million.

NCI, 77%; other NIH, 14.2% other federal agencies, 2.3%; private sources (includes American Cancer Society, Leukemia Society, other organizations and gifts and endowments), 6.3%; state or local government, .2%.

NCI FUNDING BY DIVISION

Div. of Cancer Research Resources & Centers–283 projects, $45.3 million.

Div. of Cancer Control & Rehabilitation–32 projects, $6.9 million.

Div. of Cancer Biology & Diagnosis–20 projects, $3.8 million.

Div. of Cancer Cause & Prevention–22 projects, $3.5 million.

Div. of Cancer Treatment–35 projects, $3.4 million.

FUNDING BY NIH BUREAU/INSTITUTE/DIVISION

NCI–392 projects, $62.9 million.

General Medical Sciences–33 projects, $3.6 million.

Allergy & Infectious Diseases–35 projects, $3.6 million.

Heat, Lung & Blood–14 projects, $1.3 million.

Child Health–8 projects, $.9 million.

Arthritis & Metabolic–13 projects, $.8 million.

Neurology–10 projects, $.6 million.

Dental–3 projects, $.3 million.

Research Resources–4 projects, $.2 million.

Aging–3 projects, $.1 million.

Eye–2 projects, $.1 million.

Office of Director–1 project, less than $.1 million.

FEDERAL FUNDING BY AGENCY

NIH–518 projects, $74.4 million.

National Science Foundation–19 projects, $1 million.

Environmental Protection Agency–1 project, $.4 million.

Alcohol, Drug Abuse & Mental Health Adm.–3 projects, $.2 million.

Veterans Adm.–4 projects, $.1 million.

Dept. of Defense–2 projects, $.1 million.

Food & Drug Adm.–1 project, $.1 million.

Health Resources Adm.–1 project, less than $.1 million.

Grants were used to fund 457 projects, totaling $51 million; contracts 82 projects, $13 million. Research projects accounted for $52.7 million, 64.5% of the total. Manpower development took $6.7 million, or 8.3%; construction, $2.8 million, 3.4%; control, $7.1 million, 8.8%; and core support, $12.3 million, 15%.

Morrison reported on one breakdown, in which funding other than core grants was grouped into four categories–A, that totally under the control of the center directors; B, that over which the directors had less control but did coordinate; C. that which was in neither of the first two categories but did involve projects making use of center resources; and D., that which involved projects not under the director's control and which don't use center resources but nevertheless are important to the center.

At the freestanding centers, category A accounted for $9.2 million, or 84% of the funds; category C, $1.4 million, 12.5%; and category D, $.4 million, 3.4%.

At the other centers, category A had $14.7 million, 25.2%; B, $18.4 million, 31.6%; C, $14.8 million, 25.3%; and D, $10.5 million, 17.9%.

Here's how operational funds were obtained–competitive awards, $48.5 million, 63%; patient care income, $14.6 million, 19%; endowments and gifts, $6.4 million, 8.2%; institutional funds, $7.6 million, 9.8%. Those samples were taken from nine of the 11

centers.

Professional staff included 288 MDs, 256 PhDs, 22 with other degrees and 31 with multiple degrees. That sample also was taken from nine centers.

Space allocation at 10 centers—35.7% nonclinical research; 37% clinical activity; 14.7% shared resources and services; 11.1% center administration; and 1.5% cancer control administration.

ANNUAL NUMBER OF NEW CANCER PATIENTS BY SITE SEEN AT THE INSTITUTION (Sample of 10 centers)

Skin, 1.905, 10.5% of total (some centers included basal and squamous cell carcinomas).

Breast, 1,829, 10.1%.

Lung, bronchus, trachea, 1,729, 9.5%.

Cervix, 1.198, 6.6%.

Prostate, 1,081, 5.9%.

Large intestine, 960, 5.3%.

Leukemia & aleukemia, 724, 4%.

Brain & other CNS, 481, 2.6%.

Melanoma, 478, 2.6%.

Corpus, 427, 2.3%.

Other, 7,376, 40.6%.

ANNUAL NUMBER OF CASES NEWLY ENTERED INTO THERAPEUTIC RESEARCH PROTOCOLS BY SITE

Leukemia/aleukemia—194 on national protocols, 168 on local protocols.

Breast—169 national, 598 local.

Brain & CNS—149 national, 87 local.

Cervix—141 national, 12 local.

Uterus, other—115 national, none local.

Melanoma—85 national, 442 local.

Lung, bronchus, trachea—82 national, 177 local.

Large intestine—81 national, 149 local.

Stomach—79 national, 20 local.

Ovary, fallopian tube—78 national, 99 local.

Lymphoma—74 national, 73 local.

Other—462 national, 844 local.

Jacques Fresco, Princeton, asked if "there has been any calculation of man hours and dollar costs expended in gathering this information? Much of this information was already reported to NCI and elsewhere."

Bernard Keele, Centers Program special assistant, said, "We did look at alternate sources. Very little was obtainable. The cost will be about a half million dollars to collect information from 64 centers. If it takes a half million to defend a $60 million program (amount in core grants), that is money well spent."

Some directors were disturbed that no support for any projects had been reported for the National Institute of Environmental Health Sciences. Morrison said that was because of the limited sample of 11 centers, and that NIEHS support undoubtedly will show up in the complete profile analysis. Norton Nelson, New York Univ., who is a member of the NIEHS Advisory Council, said that the institute supports a significant part of research in environmental cancer.

Donald Putney, Fox Chase, said previous efforts to gather similar information without submitting questionnaires to the centers demonstrated that it "simply was not in the form that we were able to get. It still had to be verified at the institutions. This shows what we can expect when we get the full impact from all the centers."

Charles Moertel, Mayo, asked, "What efforts are being made to avoid duplication in requests for information? During the past year we've had to document our educational programs in grant applications; in your profile; to the American Assn. for Cancer Education; and to AACI. Each of these efforts is paid for with NCI funds. Can't we do it one time on a coordinated basis?"

"I've done my best to stop duplication of requests," Keele said. "Some organizations we have no control over. Other groups within NCI decide to do their own questionnaires. Also, I have promised confidentiality on submissions for our profiles, even to the point of not giving it to other NCI divisions without the center director's permission. The director usually gives that permission. But everyone wants to do his own thing, and we can't stop it."

Harold Rusch, Univ. of Wisconsin, suggested that "some of this data ought to be available to Congress, to point out accomplishments." His center has had a significant impact on survival, compared with other areas of the state and "with our own record before the center was started," Rusch said.

Keele said there were four sections in the profile—clinical, nonclinical, epidemiology and cancer control—that should provide information which will show progress. "Also, the scientific profile will give us a broad handle on progress. It's in there. We just haven't put it together yet."

NEW RESEARCH SUGGESTIONS OFFERED BY IMMUNOBIOLOGY COMMITTEE

The Immunobiology Committee of NCI's Immunology Program has wrapped up its consideration of new research efforts which might be undertaken in that area, and approximately six new RFPs may be generated based on them.

(Note: These are not RFP announcements. They are suggested topics for research, from which Immunology Program staff will develop a relatively few number of RFPs. The RFPs that come out of these suggestions will not be completed and available until sometime in 1978, probably not before late spring. When the RFPs are ready for issuance, they will be announced through the usual media, including *The Cancer Letter.*)

The Immunobiology Committee suggestions:

—Biochemistry of cytotoxic T-cell activity.

—Quantitative analysis of the capacity of various immune response mechanisms for disposing of tumor loads (in vivo and in vitro).

—Manipulation of natural killer cell reactivity.

—Natural killer cell studies on fresh tumor cells.

—Mechanisms controlling development of cytotoxic vs. suppressor cells; developing antisera specific for human lymphocyte subpopulations.

—Definition and nature of "activated macrophages" (including studies of T-cell macrophage cooperation resulting in macrophage activation).

—Mechanisms of concomitant immunity.

—Development of procedures for selective destruction of mononuclear phagocytes.

—In vivo models for analysis of factors controlling migration of immunologically relevant cells into tumor sites.

—Analysis of factors important in establishing and maintaining cell adhesion.

—Mechanisms whereby tumors escape destruction by the immune system.

—Innovative ideas in studying metastases.

—Characterization of lymphokines.

—Development of new quantitative assays for lymphokines.

—Analyses of the spectrum of B-cell response to tumors by cloning techniques.

—Membrane alterations in immunoresistant tumor lines.

—Immunochemical properties of tumor specific transplantation antigens.

—Serologic or alloantigenic markers on immune competent cells.

—Facilities for development and maintenance of (H-2, Ly) congenic mice and development of allogeneic antisera.

—Screening of reagents for alloantigens on lymphoid cells to avoid duplications.

—Mechanisms producing tolerance and specific reactivity in chimeric animals.

—Studies of mechanisms responsible for the failure of adult animals to reject allografts incompatible only by weak transplantation antigens.

—Tumor expression of embryonic antigens.

—Methods of rendering tumors more immunogenic.

—Methods of obtaining large quantities of lymphoid cells sensitized to cell surface antigens.

—Factors controlling homing of lymphoid cells to tumor sites.

—Examination of the relative sensitivity of tumor and normal targets to cytotoxic macrophages.

—Novel approaches toward development or detection of viruses with specificity for individual populations of differentiated cells.

—The potential role of differentiation and maturation of tumors in tumor immunity.

—Characterization of soluble tumor specific antigen which can induce specific syngeneic tumor immunity in any form other than antibody alone.

—Biochemical analysis of inappropriate H-2 or HLA antigens on tumor cells.

NCI OFFERS CHLOROZOTOCIN TO INDUSTRY FOR FURTHER DEVELOPMENT, MARKETING

NCI has decided to make another drug it has developed available to the pharmaceutical industry, provided an arrangement can be negotiated for sharing further development costs and carrying it through the processing of a new drug application and getting it on the market.

The drug is chlorozotocin, a nitrosurea, designed under NCI contract by T.P. Johnson at Southern Research Institute, with Philip Schein, Georgetown Univ., collaborating. The drug has more activity than other nitrosureas but without marrow or delayed liver toxicities. Schein has completed phase I studies and is in phase II with it; other investigators are still doing some phase I work.

The Div. of Cancer Treatment decided to try to get the eventual pharmaceutical company that will market it involved earlier in the development than was the case with two other NCI drugs, BCNU and DTIC. Both Bristol, with BCNU, and Dome Labs, with DTIC, won the rights to those drugs after enough work has been done to file NDAs, well beyond the phase II stage. NCI hopes that earlier involvement by the companies will get the drugs on the market faster, and will put more of the development costs onto industry and off the DCT budget.

Industry has been reluctant to spend much on developing anticancer drugs because it was felt the market was too limited to provide an adequate return. BCNU and DTIC are on the market now, however, and industry has expressed an increasing interest in anticancer drugs.

Three or four proposals each were submitted for BCNU and DTIC; NCI expects that many or more this time.

The announcement of the RFP, NCI-CM-87172, appears elsewhere in this issue of ***The Cancer Letter.***

DRUG DEVELOPMENT GETS EXTRA $500,000 FROM TWO DCT PROPOSED NEW STUDIES

The Board of Scientific Counselors of NCI's Div. of Cancer Treatment made two changes in new projects proposed by DCT staff which were reported incorrectly in ***The Cancer Letter*** Nov. 4.

The Board decided to defer the pediatric brain tumor study, which would have cost an estimated $250,000. Board members trimmed $250,000 from the $400,000 allocated for a study of hormone receptors in endometrial cancer. The Board then voted to transfer the $500,000 thus saved to the Drug Development Program, which bore most of the brunt of the division's cost cutting efforts.

The staff justification for the pediatric brain tumor study pointed out that brain tumor is the second most common pediatric cancer (21%) behind leukemia (34%) and is the most common solid tumor in that age group. "Considerable effort has been

placed into treatment and control of leukemia and lymphoma but only sporadic coordinated effort has been directed toward an understanding and treatment of pediatric brain tumors," the staff report said.

The reasons for a sporadic effort "are multiple but relate to the frequency of occurrence of different kinds of pediatric brain tumors, split responsibility in the diagnosis, treatment and management of these cases, and divergent opinions as to optimal therapy," the report said. "It is not unusual for a child to be seen by the pediatrician, neurologist, neurosurgeon, radiotherapist, and oncologist. That does not take into account important data contributed by the neuroradiologist and neuropathologist. Only a small handful of patients is treated at each of the many centers across the country, and therefore significant consistent intercomparative data is difficult ot obtain. Controlled prospective randomized studies in single institutions are difficult if not impossible to conduct because of limited patient material in a given period of time.

"DCT has an effort in the treatment of primary malignant brain tumor of adults which has been successful by virtue of the multidisciplinary and multi-institutional coordination which it supplies," the report said. "Based on this approach, it would be important to consider the design and functioning of a pediatric brain tumor group which would perform the following activities:

"1. Develop a body of data which is basic to the disease process being studied and which will provide a common reference point.

"2. Conduct controlled prospective randomized studies evaluating new therapeutic modalities in comparison with more conventional approaches.

"3. Develop a series of predictive factors which will provide more precise definitions and stratifications within this disease.

"4. Establish a norm of therapy which can be utilized for future studies.

"In further support of this approach, DCT would like to establish a program involving approximately 10 institutions which would require multidisciplinary coordination of the appropriate diagnosticians, clinicians and therapists. Common protocols would be agreed upon and carried out by all participating members. It is anticipated that approximately 200 patients per year would be accrued, treated and followed. Specifically involved in the design of therapy and followup of these patients would be neurosurgeons, radiotherapists, oncologists, etc. The participants must demonstrate a close interdisciplinary cooperation and coordination of the effort. By the acquisition of a considerable number of patients in a relatively brief time, it is expected that a sequence of phase II and phase III studies could be carried out which would more clearly define optimal treatment for pediatric patients harboring intracranial malignancy."

Board members were not convinced, however. "What lead is there to suggest that we ought to put this much money into it?" asked Board member Samuel Hellman.

"I would like to see a feasibility study. This is not formulated to the point where I can see a full scale program justified," said Board member Henry Kaplan.

"You have a Children's Cancer Study Group, and other cooperative groups working with pediatric cancer," said Board member James Holland. "They are starved for money. If there is a strong basis in research, or if NCI is determined to do it, we should convene a small meeting of those groups to discuss it."

"I sense a lack of enthusiasm," said DCT Director Vincent DeVita.

The DCT justification for the hormone receptors study said, "It is expected that five contracts will be awarded to various institutions of the Gynecologic Oncology Group (a cooperative group) which will provide 180 patients per year with endometrial cancer, recurrent and primary, to prospectively evaluate the role of progesterone and estrogen receptors as products of response to hormonal manipulations in this patient population. A pilot study which has already been completed would suggest a high degree of correlation between response to progestins and high progesterone receptor activity. If a larger study documents this correlation, there will be a prospective adjuvant trial mounted using progestins in stage I/II patients at high risk of recurrence, i.e. grade II, 50% myometrial invasion, and 8 cm. cavity. The five institutions all have proven accrual capability and ongoing laboratory capabilities to perform these studies."

"That is too much money," commented Board member Carlos Perez. Franco Muggia, director of the Cancer Therapy Evaluation Program, said that the technical review committee would look at the cost.

"Conceptually, this has real merit," said Board member Harris Busch. "We should leave it to the technical review committee to determine the amount of money."

"I think we should put a ceiling on it," said Board member Enrico Mihich.

"I'm opposed to this group stipulating a dollar amount," Busch answered. "The administrators have heard the sentiment of the committee."

Board members first agreed with Hellman that "we should take the numbers (dollar amount) off." But later, a vote to limit the project to $150,000 was approved.

Also reported incorrectly in ***The Cancer Letter*** was the transfer of a Breast Cancer Task Force contract to DCT. Only that contract held by the National Surgical Adjuvant Breast Project, headed by Bernard Fisher, was moved, not all of the Task Force treatment contracts as reported. As a cooperative

group, NSABP also is funded by a grant through DCT. DeVita felt that funding in this case should be handled through one division, and executives of the Task Force and Div. of Cancer Biology & Diagnosis, which administers the Task Force, agreed.

The Task Force will continue to administer more than $1 million in treatment contracts.

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-87172

Title: *Development and marketing of chlorozotocin as an antitumor agent*
Deadline: *Approximately Jan. 18*

NCI desires to engage in a cost-sharing contract for the joint development of the drug, chlorozotocin, as an agent for the therapy of human cancer. An IND for this drug has been filed with the FDA and clinical studies are currently being carried out.

The potential market for chlorozotocin, should it reach that stage, is considered to be low in comparison to the market level considered to be financially advantageous by the pharmaceutical industry. Since the market is considered small, it is deemed essential to the public need that the government maintain its involvement with the drug. With respect to patent rights, chlorozotocin is in the public domain. However, in consideration of a significant sharing in the further development of the drug by the successful offeror, the government will grant exclusive rights to the clinical data generated to the successful organization, for a period of time to be agreed upon, for the purpose of processing a new drug application with FDA, should it reach that stage, and the eventual sale of the formulated drug to meet the nation's clinical requirements.

Contracting Officer: S.R. Gane
Treatment
301-427-8125

RFP N01-CO-85407-04

Title: *National survey of public attitudes, knowledge and practices related to breast cancer*
Deadline: *Approximately Jan. 15*

NCI is requesting proposals for a project designed to determine, through a national survey, the public knowledge, attitudes and practices relating to breast cancer.

Specifically, the project will require pretesting instrument, development of survey methodology, conducting survey of various segments of the public, and analysis of data.

Information from such a survey will be highly useful to the Office of Cancer Communications in formulating effective strategies and approaches to breast cancer information among public, patient and professional offices, in line with the mandate of the office to conduct such programs. Furthermore, such information will assist nonfederal organizations within the National Cancer Program with their efforts in these areas.

One contract will be awarded.

Contracting Officer: Patricia Ann Eigler
Office of Director
301-427-7984

SOLE SOURCE NEGOTIATIONS

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

Title: New techniques for the study of cell kinetics of breast cancer
Contractor: Allegheny General Hospital, Pittsburgh.

Title: Study transplantability of human breast cancer in nude thymusless mice
Contractor: The Stehlin Foundation for Cancer Research, Houston.

Title: Studies on therapy of patients with stage II and stage III carcinoma of the breast
Contractor: Evanston Hospital, Evanston, Ill.

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

Title: Glycoproteins of the mammary cell surface
Contractor: Wistar Institute.

Title: Pathological history of the mammary gland in pseudohermaphroditic rats and mice
Contractor: City of Hope.

Title: Isolation for characterization of mammary epithelial cell membranes
Contractor: Worcester Foundation.

The Cancer Letter —*Editor* JERRY D. BOYD

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