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MOLONEY OUT AS VIRAL ONCOLOGY CHIEF, NAMED "ACTING ASSISTANT DIRECTOR" OF NCI BY UPTON

John Moloney, director of NCI's Viral Oncology Program, has been relieved of that job by NCI Director Arthur Upton, effective Jan. 15. Moloney will become "acting assistant director" of NCI. Upton's statement announcing the change said:

"I have asked Dr. John B. Moloney, who has served so ably for the past seven years as the leader of the Viral Oncology Program, to assist me in a wider range of scientific and administrative matters. Dr. Mo-

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In Brief

GAO REOPENS CLINICAL CENTER CONTROVERSY ON PATIENT CARE PAYMENT; NIH STILL RESISTS

GENERAL ACCOUNTING Office has reopened the issue of patient care reimbursement by third party payers for patients at the NIH Clinical Center. The Nixon Administration tried that and ran into fierce opposition from NIH executives and clinical scientists. They say the Public Health Service Act exempts Clinical Center patients from being charged, contend that it would not be possible to establish a workable fee for service system, and insist that any attempt to do so would hamper research. But GAO said in a report issued late last month that the law neither requires nor prohibits charging patients and recommended that HEW establish a policy for such charges. . . . **NATIONAL CONFERENCE** on detection and treatment of breast cancer is scheduled March 6-9 in San Francisco. Topics include etiology, diagnosis, treatment and pathology. A category called "controversial topics" and a special panel for women are on the agenda. Workshops will be held on xeromammography, film mammography and thermography. Arthur Holleb, American Cancer Society senior vice president for medical affairs, will deliver the annual Wendell G. Scott Memorial Lecture. The conference is sponsored by ACS and the American College of Radiology. Write to ACR, 6900 Wisconsin Ave., Chevy Chase, Md. 20015. . . . **PAUL ROGERS**, chairman of the House Health Subcommittee and the chief House sponsor of the National Cancer Act, received the ACS 1977 "Communicator of Hope" award. . . . **NCI HAS PUBLISHED** a guide to its grant and contract programs (HEW Publication No. (NIH) 77-1264). Each funding mechanism is briefly explained, along with a description of each program that awards grants or contracts. Free copies are available from the Office of Cancer Communications, NCI, Bethesda, Md. 20014. . . .**PRESIDENT'S CANCER** Panel meeting scheduled for Dec. 6 was canceled because Congress had not then approved the appropriations measure; a cutback on meetings was ordered to hold down expenses. The Panel meets concurrently with the National Cancer Advisory Board Jan. 23-24, and on its own Feb. 7.

MOLONEY ACTION PAVES WAY FOR CHANGE OF EMPHASIS IN PROGRAM TO GRANTS

(Continued from page 1)

loney has agreed to relinquish his responsibilities as associate director for Viral Oncology in the Div. of Cancer Cause & Prevention and will join me as acting assistant director of the Institute. We are grateful to have him in this new role, with its broader responsibilities, since there are so many opportunities to profit from the kind of leadership that has enabled him to develop the Viral Oncology Program into one of outstanding accomplishment.

"In addition to his contributions to our knowledge of the murine tumor viruses, by isolation and study of the murine leukemia and sarcoma viruses that bear his name, he has participated as an effective leader in the development of the Viral Oncology and Virus Cancer Programs during a time of intense national program growth and exciting progress in molecular virology. Through personal contact, he has created an atmosphere of rapport and understanding between the U.S. and U.S.S.R. and between the U.S. and France in their cooperative efforts in viral oncology. He also has cemented relationships among scientists of research institutions in the U.S. and abroad with his commitments to collaborative research and communication.

"Since its inception by Congressional mandate in 1964, the Virus Cancer Program has made noteworthy contributions to an understanding of viral and cellular transformation and has provided scientists with vastly improved laboratory methods for studying the process of carcinogenesis. In a short period, this program has generated a momentum in science which is producing invaluable new information about the nature of cancer."

Upton said that Moloney's successor would not be named until after a new DCCP director has been appointed. A search committee chaired by Div. of Cancer Treatment Director Vincent DeVita is in the process of finding and recruiting a permanent DCCP chief. Gregory O'Conor is acting in that role for the present.

O'Conor said he had not yet decided whether to appoint an acting associate director for viral oncology to serve until the new DCCP director is on the job.

Moloney's removal from viral oncology was the third major change made by Upton in DCCP since he took over at NCI last July. He first removed James Peters as division director, also conferring on him the title of assistant director of NCI. Next, he relieved Gio Gori as acting director of the Carcinogenesis Research Program (Gori remains, for the moment, as DCCP deputy director and also as director of the Smoking & Health and Nutrition Programs).

The leadership changes will make it easier for Upton to put his own stamp onto NCI's prevention efforts and to initiate some significant changes in direction, particularly in Viral Oncology.

The Virus Cancer Program is the epitome of a targeted, contract supported biomedical research effort which has drawn intense and sustained criticism from much of the scientific community. Under Moloney's direction, it grew to a $50 million a year extramural program, in addition to a major intramural scientific effort. Many of Moloney's NCI staff scientists were able to extend their own efforts out of their labs by awarding contracts to scientists in academia and industry. In the program's earlier years, much of this was done with little outside peer review.

Virologists and other scientists who did not participate in the Virus Cancer Program grew increasingly critical of the vast sums spent for research that were not going through the peer review process, and which were not being distributed through research grants. Much of the program's effort was pure basic research, which should be supported through investigator initiated, traditional research grants, the critics argued.

Following the critique of the program by a committee headed by Norton Zinder, contract review committees of non-government scientists were established, and the program's intramural effort was split off from the extramural activities. The criticism did not go away, however; those who felt that the bulk of virus cancer research should be conducted through grants grew in number and strength, eventually adding the powerful voice of Benno Schmidt, chairman of the President's Cancer Panel.

Through it all, Moloney defended his program skillfully and aggressively.

At two meetings of the National Cancer Advisory Board within the last two years, Moloney, staff members and contractors reported on the program's accomplishments, drawing near-unanimous praise from Board members for the quality of science and the new insights into molecular biology they were providing.

After each presentation, however, Board members expressed the opinion that more of the program's money should go into grants. Schmidt once commented that, now that cancer virology is no longer in an embryo state, now that there are large numbers of virologists with creative ideas to pursue, NCI ought to consider permitting them to generate most new research. "What would happen if you were to stop awarding new contracts and put that money into grants?" Schmidt asked Moloney.

"Then you wouldn't have a program," Moloney replied.

Later, an NCI executive commented, "Here's what I heard the Board say to Moloney– 'You've done a terrific job. Isn't it too bad it wasn't done with grants?' "

Moloney did transfer a few of the contracts to

Cancer Research Emphasis Grants, but few of the critics were impressed. In most cases, the contractors successfully competed for the CREGs, supporting the critics' view that CREGs are contracts under another name.

Over the past five years, Moloney's program has been cut back about a million dollars a year, as Peters became increasingly pressured to put more money into carcinogenesis and nutrition. With inflation, that represented a substantial reduction in the program.

As the program's chief architect and a true believer in his cause, Moloney did not suffer the cuts kindly. Those who have witnessed one of his behind the scenes confrontations with NCI management agree he can be brutal in fighting for his program.

Upton probably concluded, once the decision was made to transfer a substantial share of the Viral Oncology Program's budget to grants, that Moloney was not the person to preside over the program's dimunition.

Another factor could have been a growing conflict over the activities of the ad hoc working groups Upton established to provide a "matrix" review of all NCI programs.

There are 12 such groups, each with a representative from each division which has some ongoing activity or interest in that particular field.

Significantly, Moloney was not a member of the Viral Oncology working group. One of his staff members, Edward Scolnick, chief of the Laboratory of Tumor Virus Genetics, is chairman of that group.

The working groups are charged with providing Upton with an overview of an area across NCI division lines; to assess the quality of the work being done; and to promote coordination and help eliminate undesirable duplication.

On at least one occasion, Moloney reportedly tangled with the Viral Oncology working group and gave every evidence that he would not be easy to deal with if he did not agree with its recommendations.

In a statement describing the groups and their charge, Upton emphasized that their "primary purpose is to provide advice on a variety of program matters. The working groups do not represent a new level of program management. They do not have budget or programming authority or responsibility. However, their recommendations will be a major input to the decision making process at all levels of institute operations."

Upton said the groups will have a significant impact on:

- Program integration through the review and assessment of the concurrent contributions of all organizational elements.
- The attainment and justification of an appropriate balance among NCI's science programs based on an assessment of need and current state of knowledge in the respective program areas, and the improvement of priority setting procedures.
- The planning and budgeting process through the development of more comprehensive and timely trans-NCI program information.
- Program coordination across divisional lines by facilitating information exchange and collaboration.
- The identification of program derived knowledge that could be subject to some phase of technology transfer.
- The development of criteria or indicators useful for the tracking of program performance and progress.

"The working groups will conduct comprehensive program reviews to include work conducted intramurally, and that supported by grants and contracts," the statement said. "Approved but unfunded grants and contracts are to be considered in such reviews. Based on the determination of the total content of each program as represented by the contributions of all NCI organizational elements, the working groups will perform the following specific functions:

"(a) Determine the extent to which the content of each program and the level of emphasis and funding are in keeping with the current state of knowledge, opportunities and leads in each field, and established program needs and priorities. Recommend any corrective actions deemed appropriate and necessary such as changes in program content, changes in levels of emphasis and funding, the more effective combination of several programs, the termination of a program or certain aspects of a program, and changes in funding mechanisms (grants, contracts).

"(b) Determine the extent to which significant gaps and/or undesirable duplication exist between aspects of the same program performed by different organizational elements, conducted intramurally, and supported by grants and contracts. Recommend specific actions such as the encouragement of grant applications or soliciting contract work to fill identified gaps; and the reduction of undesirable duplication by the gradual termination of some program elements or the selective combination and retention of some program elements at lower levels of funding.

"(c) Assess the quality of performance in each program and develop improved critieria for this assessment where needed."

The statement said that, "Since the working groups will have the advantages of across institute perspective, they should review current organizational structures and operational procedures where necessary and appropriate to their responsibilities. For example, the working groups may recommend a change in the organizational location of a particular program from one division to another for the purpose of reducing duplication, or improving the quality of performance, or the consolidation of professional staff, etc. Similarly, the working groups may recom-

mend changes in current operational procedures (i.e., contract review procedures) to improve efficiency and effectiveness."

Upton told *The Cancer Letter* that the groups' recommendations would be advice he would seriously consider, but that he would make the final decisions.

In the issue of grants vs. contracts, if all else is equal, "I would favor grants . . . the superb scientists who are being funded by contracts ought to be able to compete successfully for grants. . . . If a Sol Spiegelman, for instance, can't compete in the grant market for work that ought to be grant funded, how can we defend it?"

Spiegelman, at Columbia Univ., is one of the premier Virology Oncology Program contractors.

Upton said he had "no preconceived ideas that will change a lot, although I suspect there will be some changes. That's not the point. The point is, the groups will provide a critical review. I hope we will have some recommendations to transfer some work from contracts to grants, in a way that is non disruptive."

The working groups and membership by division are (first named is chairman, and those from OD—Office of the director—are the groups' executive secretaries):

Training—B. Lepovetsky and M. Edwards, DCRRC; R. Miller, DCCP; M. Litwack, DCCR; A. Levine, DCT; T. Reed, OD.

Carcinogenesis—E. Weisburger, DCCP; H. Cooper, DCBD; W. Maline, DCCR; T. Domanski, DCRRC; R. Adamson, DCT; M. Klein, OD.

Cancer biology—P. Gullino, DCBD; S. Aaronson, DCCP; V. Groupe, DCCR; B. Kimes, DCRRC; J. Minna, DCT; P. Schaffer, OD.

Epidemiology—J. Fraumeni, DCCP; E. Anderson, DCBD; G. Metter, DCCR; G. Copley, DCRRC; J. Ziegler, DCT; E. Stonehill, OD.

Immunology—W. Terry, DCBD; R. Huebner and C. Evans, DCCP; R. Bowser, DCCR; B. Sanford, DCRRC; S. Rosenburg, DCT; K. Horgan, OD.

Treatment—B. Lewis and V. Oliverio, DCT; W. Terry and R. Hodes, DCBD; M.C. Chirigos, DCCP; D. Buell, DCCR; R. Halterman, DCRRC; V. Waravdekar, OD.

Viral oncology—E. Scolnick, DCCP; N. Wivel, DCBD; V. Groupe, DCCR; P. Stansley, DCRRC; R. Gallo, DCT; P. Newman, OD.

Diagnosis/screening—W. Pomerance, DCBD; G. Todaro, DCCP; R. Costlow, DCCR; R. Woolridge, DCRRC; J. Davidson, DCT; J. Parkman, OD.

Nutrition—M. Brennan, DCT; S. Morrison, DCBD; M. Sporn, DCCP; A. Hegyeli, DCCR; T. Domanski, DCRRC; B. Murray, OD.

Centers—W. Walter and B. Keele, DCRRC; I. Masnyk, DCBD; L. Sibal, DCCP; E. Bird and W. Hurst, DCCR; B. Lewis, DCT; M. Brown and R. Namovicz, OD.

Rehabilitation—L. Burke, DCCR; D. McFarland, DCRRC; M. Cohen, DCT; J. Prather, OD.

Communications/information—D. Henson, DCBD; S. Siegel, DCCP; E. Bird, DCCR; J. Kalberer, DCRRC; D. Rubin, DCT; J. Bangiolo, OD.

DCBD—Biology & Diagnosis; DCCP—Cause & Prevention; DCCR—Control & Rehabilitation; DCRRC—Research Resources & Centers; DCT—Cancer Treatment.

VIRAL ONCOLOGY NOT LOSING $5 MILLION THIS YEAR — BUT WATCH OUT FOR FY 1979

A rumor swept NCI this week that one of the factors in the ouster of John Moloney as head of the Viral Oncology Program was that NCI Director Arthur Upton had decided to transfer $5 million from the $44 million earmarked in fiscal 1978 for virology contracts to traditional (R01) grants.

Not true, Upton said. There will be no major shift of funds for Viral Oncology Program contracts in FY 1978. However, the FY 1979 budget is being developed, and Upton indicated that a number of contract programs, including viral oncology, were being looked at with the intent to cut them back and shift the funds to grants.

Upton is considering a transfer of 1978 funds from the Office of Director budget, perhaps as much as $2 million, into grants. This would provide more money for cancer center core grants and program project grants as well as R01s.

CENTERS SUBCOMMITTEE KILLS STAFF PLAN ON GUIDELINES, SEEKS FORMULA SYSTEM

The National Cancer Advisory Board Subcommittee on Centers, beefed up with consultants specifically brought in to help advise on the cancer center core grant guidelines issue, approved a resolution which effectively killed the NCI staff proposal that would phase out core support for staff investigator salaries and shared resources.

Instead, the resolution called for a system of formulae to establish funding ceilings, with center directors permitted a certain degree of flexibility in determining how their grants can be spent.

NCAB Chairman Jonathan Rhoads introduced what he called "a rather bland resolution" which NCI Centers Program staff now are attempting to follow up. The resolution said:

"The Subcommittee on Centers regrets the necessity for holding down the natural and appropriate growth for core grants, but reflects the views of many of the center directors that it would be less harmful to use a formula for setting ceilings under which the directors would have flexibility rather than to insist that the savings be effected by the elimination of staff investigators and a large part of the shared facilities cost.

"It is recognized that the development of a formula will have to be worked out by staff so as to

have an equivalent overall effect in stabilizing the costs and yet protect the interests of young developing centers, of the consortium type of center, and of other special situations.

"Such a change must be phased in gradually and the formula should be reviewed on a regular, periodic basis.

"The ultimate solution of the problem will be increased funding."

The subcommittee quickly agreed in discussion leading up to the resolution that a flat ceiling applicable to all centers would not be feasible, but that limits must be established. NCI budget constraints are limiting funds available for core grants, while the centers have been submitting grant renewal applications asking for huge increases in support.

The subcommittee could not agree on factors to be used in a formula—the total amount of federal support an institution is currently receiving; the amount of investigator initiated research it has; the amount of NCI grants and contracts it has—were some suggestions.

Thomas King, director of the Div. of Cancer Research Resources & Centers, said this week that he hoped he could have the staff recommendations on a formula system ready for submission to the Board at its Jan. 23-24 meeting. Subcommittee members were encouraged to submit further suggestions, however, and they are still coming in. Considering the difficulties involved in working out effective and equitable formulae that would be acceptable to at least a majority of center directors, there may not be time to do this by the Board meeting.

Here are some policies and procedures staff suggested for consideration by the subcommittee:

I. Issues NCI staff considered in developing alternative solutions:

- The CCSG review committee should retain "flexibility" to meet individual center needs under specific circumstances.
- There remains a need for a stable, standardized set of review criteria.
- The trend has been for CCSG applications to become larger and more complex and therefore more difficult to maintain a high level of quality of review.
- Should factors other than just quality of science be considered in funding CCSGs (e.g., geographical need, etc.)?
- Existing centers require a "stable" source of funding in order to develop and maintain quality programs.
- Does there remain a need to fund new centers?
- The needs of new, developing and established centers differ.
- Comprehensive centers face different demands and have different needs than non-comprehensive centers.
- It appears that the NCI budget and the CCSG budget will remain constant, or may in fact decline in "real" dollars in the foreseeable future.
- There is a need to continue to fund some portion of staff investigators' salaries on the CCSG.
- It should be recognized that under certain conditions shared resources may not be self-supporting through charge-back mechanisms, and may therefore be eligible for funding on the CCSG.

II. Alternative solutions (not intended to be an exhaustive list):

A. Implement proposed guidelines as presented to NCAB in September 1977.

B. Under current guidelines, fund at recommended levels strictly according to priority (including new and supplemental awards) until CCSG budget is depleted.

C. Under current guidelines, fund at recommended levels strictly according to priority and impose a moratorium on new CCSG grants and supplemental awards.

D. Under current guidelines, fund on a "sliding scale" priority basis and impose a moratorium on new CCSG grants and supplemental awards.

E. Under current guidelines, fund all existing CCSG's at FY 77 level plus a 7% inflation factor and impose a moratorium on new grants and supplemental awards.

F. Categorize all centers according to their stage of development (e.g., "developing" vs. "developed"), and then within each group fund according to priority. Criteria for defining a "developed" center may include length of time the institution has had a "core-type" grant, etc.

G. Modify proposed guidelines to stress flexibility of review, e.g., allow funding (total or % limit) of staff investigators salaries for those investigators who are funded through nationally peer reviewed research.

H. Allow funding of all professional personnel salaries up to 100%.

I. Allow funding up to a maximum of 50% for the salaries of the supervisor of a shared resource and for justified support personnel.

J. Fund shared resources only during developmental stages, unless center can justify to the review committee situations where the shared resource cannot reasonably be funded through a charge-back mechanism.

K. Limit the size of any CCSG to $X and use formula to determine actual grant size (e.g., CCSG - y% of currently funded research in Categories A, B and C as identified in profile).

L. Determine size of CCSG strictly on a formula basis (e.g., X% of currently funded research in Categories A, B and C, as identified in profile.

M. Limit the size of any CCSG to $X and use formula for maximum percentages in each allowable cost category (e.g., shared resources funding limited to 40% of total CCSG and actual amount determined as a % of center's funded research in Categories A, B and C, as identified in profile).

N. Same as M, without limiting the size of the total CCSG.

O. Limit the size of any CCSG to a maximum of $X, and fund according to current guidelines.

P. Recognize the different needs of comprehensive and non-comprehensive centers and, (i) impose a maximum CCSG limit of $X for comprehensive centers and $Y (less than X) for non-comprehensive centers, and (ii) fund within each category according to current guidelines.

—Alternative ways of applying the limits include:

(1) Set the limits at given levels and allow them to gradually increase over time.

(2) Set different CCSG limits for comprehensive and non-comprehensive centers and hold them constant over time.

(3) Recognize that the stage of development of a center affects its funding needs, and therefore NCI should be able to decrease its funding to a particular center over time.

NCI staff also offered these suggestions:

Increase the emphasis on developmental funding—Funds in this category may provide the center the capability of developing significant new programs or strengthening existing programs to correct areas of need specifically identified in the review process. Program developmental funding would be for developing or strengthening broad areas such as carcinogenesis, medical oncology, and virology.

This category would also provide the centers the capability of developing new projects. Project development would include initiation of new projects for the purpose of developing new investigators with potential in scientific fields related to cancer. These funds would be provided to new investigators on an interim basis for the purpose of encouraging them to obtain independent grant support.

Funds in this category would not be used for more than three years for any one program or project.

Shared resources and services—Requests for funds to develop or strengthn shared resources and services would be fully described in the application. Each description would include a discussion of the plans for future funding of the resource. Although admissibility would remain with the review committee, it is the intent of NCI that the applicant would either: (a) outline a charge-back system of financing which would, in the end, provide total support for the resource, or (b) justify to the review committee the particular circumstances which would not allow total funding of the resource through a charge-back system in the long run.

Requirement for review guidelines for CCSG—More emphasis would be placed on assessing whether or not "centerness" exists; i.e., does the cancer center substantially contribute to increased coordination and cooperation among the researchers and, if so, does this increased coordination and cooperation contribute toward a better cancer research environment at that particular institution. The extent to which "centerness" exists would play a substantial role in determining whether or not a CCSG is funded.

LOBBYING, DEVELOPING AND RUNNING AN ONCOLOGY UNIT ON ACCC MEETING AGENDA

Appropriately enough for a year in which the National Cancer Act is up for renewal, members of the Assn. of Community Cancer Centers will start their annual meeting Jan. 27 by visiting their respective senators and representatives following a "congressional briefing" at meeting headquarters, the Key Bridge Marriott Hotel in Washington.

The association also will hear from NCI Director Arthur Upton, who will speak at the Jan. 28 luncheon on "The National Cancer Institute—Future Directions."

Theme of the meeting is "The Oncology Unit." The first general session on Jan. 28 will be devoted to "Developing an Oncology Unit." ACCC President J. Gale Katterhagen's keynote address is titled, "To Be or Not To Be."

Panels will follow on administrative planning of the oncology unit, with Abraham Brickner as moderator and Robert Clarke and David Michaud as members; and staffing the oncology unit, with Herbert Kerman as moderator and Connie Henke and Libby Stiff as members.

Three workshops are scheduled for the afternoon of Jan. 28:

—Education—Patient/Family/Staff, John Yarbro, discussion leader, with Robert Frelick and Henke.

—Psycho-Social Considerations for Staff and Patients, Klaus Bahnson, discussion leader, with Gerald Kallas and Margaret Damanski.

—Hospice and Continuing Care, David English, discussion leader, with Charles Marvel and Michael DuBois.

A second general session, on Jan. 29, will center on "Research and the Oncology Unit." A.R. Thiessen, medical oncologist at Tacoma General Hospital, will lead the discussion.

David Johnson, member of the ACCC board of trustees and past president of the Southern Indiana Health Systems Agency, will talk on "HSA—Its Effect on Your Reimbursement."

Two ACCC policy committees will develop positions on hospices ("The concept of hospice is developing in some areas away from the present hospital and physician setting—is this good? Should we integrate it as part of our present cancer health delivery system?" the committee will ask); and "HSA—Regulating the Delivery of Cancer Care."

The meeting will end Jan. 29 with election of officers, consideration of the policy committee recommendations, and presentation of the fourth annual ACCC award.

ADVISORY GROUP, OTHER CANCER MEETINGS FOR JANUARY, FEBRUARY

National Prostatic Cancer Project Working Cadre—Jan. 6, NIH Bldg 31 Room 8, open 8:30–9 a.m.

Div. of Cancer Biology & Diagnosis Board of Scientific Counselors—Jan. 6-7, NIH Bldg 31 Room 7, open Jan. 6, 9 a.m.–5 p.m.

Breast Cancer Task Force—Jan. 10-12, NIH Bldg 1 Wilson Hall, open Jan. 10, 8 p.m.–adjournment, Jan. 11, 8:30 a.m.–adjournment.

Div. of Cancer Control & Rehabilitation Advisory Committee Subcommittee on Community Activities—Jan. 12, Blair Bldg Room 110, 8:30 a.m., open.

Clearinghouse on Environmental Carcinogens Data Evaluation/Risk Assessment Subgroup—Jan. 18, NIH Bldg 31 Room 6, 8:30 a.m., open.

Clearinghouse Executive Subgroup – Jan. 19, NIH Bldg 31 Room 6, 8:30 a.m., open.

Cancer Control Community Activities Review Committee—Jan. 19-20, NIH Bldg 31 Room 10, 8:30 a.m. both days, open.

Workshop on Lymphoid Leukemias—Jan. 20-21, Cedars Sinai Medical Center, Los Angeles.

National Cancer Advisory Board Subcommittee on Environmental Carcinogenesis—Jan. 22, NIH Bldg 31 Room 6, 7:30 p.m., open.

National Cancer Advisory Board—Jan. 23-24, NIH Bldg 31 Room 6, open Jan. 23, 1–5 p.m., Jan. 24, 1 p.m.–adjournment.

NCAB Subcommittee on Special Actions for Grants—Jan. 23, NIH Bldg 31 Room 6, 8:30 a.m.–noon, closed.

NCAB Subcommittee on Centers—Jan. 23, NIH Bldg 31 Room 8A30, 8:30–10 a.m., closed.

NCAB Subcommittee on Construction—Jan. 23, NIH Bldg 31 Room 8A30, 10:30 a.m.–noon, closed.

NCAB Subcommittee on Planning & Budget—Jan. 23, NIH Bldg 31 Room 6, 8 p.m., open.

Committee on Cancer Immunotherapy—Jan. 24, NIH Bldg 10 Room 4P14, open 1:15–1:45 p.m.

Thyroid Carcinoma: New Concepts in Management—Jan. 26, Roswell Park continuing education in oncology, contact Claudia Lee.

Developmental Therapeutics Committee—Jan. 26-27, Blair Bldg Room 110, open Jan. 26, 9–9:30 a.m.

Committee on Cytology Automation—Jan. 26-27, NIH Bldg 31 Room 9, open Jan. 26, 8:30–9 a.m.

Virus Cancer Program Scientific Review Committee—Jan. 27, NIH Bldg 37 Room 1B04, open 9–9:30 a.m.

Assn. of Community Cancer Centers—Jan. 27-29, Washington D.C. Key Bridge Marriott, annual meeting.

Assn. of American Cancer Institutes—Jan. 29-31, Univ. of Southern California/Los Angeles County Comprehensive Cancer Center, annual meeting.

Workshop on Cancer of the Uterus—Feb. 6-10, Geneva, UICC Program on Experimental Oncology.

Committee on Cancer Immunotherapy—Feb. 7-8, NIH Bldg 31 Room 9, 9 a.m.–6 p.m., all open.

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

Cancer Control & Rehabilitation Advisory Committee—Feb. 9-10, NIH Bldg 31 Room 7, 9 a.m. both days, open.

Carcinogenesis Program Scientific Review Committee—Feb. 9-10, Landow Bldg Room C418, open 8:30–9 a.m. both days.

Hematologic Problems in the Cancer Patient—Feb. 9, Roswell Park continuing education in oncology.

Committee on Cancer Immunodiagnosis—Feb. 14, NIH Bldg 10 Room 4B14, open 1–1:30 p.m.

Developmental Therapeutics Committee—Feb. 14-15, Blair Bldg Room 110, open Feb. 14, 9–9:45 a.m.

International Seminar on Hypopharyngeal Carcinoma—Feb. 15-17, Milan.

National Pancreatic Project Working Cadre—Feb. 17, LaSalle Bldg, New Orleans, open 8:30–9:30 a.m.

Combined Modality Committee—Feb. 21, Landow Bldg Room C418, open 8:30–9 a.m.

Clinical Cancer Education Committee—Feb. 22-23, NIH Bldg 1 Wilson Hall, open Feb. 22, 8:30–9 a.m.

Second International Conference on Integrated Cancer Management—Feb. 22-25, Phoenix, sponsored by Good Samaritan Hospital and American Cancer Society-Arizona Div.

Cancer Special Programs Advisory Committee—Feb. 23-24, NIH Bldg 31 Room 8, open Feb. 23, 9–10:30 a.m.

12th Annual Symposium for Referring Physicians—Feb. 24-25, St. Jude Children's Hospital, Memphis.

Cancer Clinical Investigation Review Committee—Feb. 27-28, NIH Bldg 31 Room 6, open Feb. 27, 9 a.m.–5 p.m., Feb. 28, 2 p.m.–adjournment.

31st Symposium on Fundamental Cancer Research—Feb. 28-March 3, M.D. Anderson Hospital, Houston.

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-CB-84246-31

Title: *Mechanisms of successful immunotherapy in animals*
Deadline: *March 6*

Proposals are sought to evaluate the mechanisms whereby successful immunotherapy or immunochemotherapy causes the observed effect.

RFP NCI-CB-84247-31

Title: *Adoptive cellular immunotherapy in animals*
Deadline: *March 6*

Proposals are sought to evaluate the ability of syngeneic, allogeneic, or xeonogeneic immune cells with specificity for tumor associated antigens to cause regression of established tumors when transferred into animals other than man.

RFP NCI-CB-84248-31

Title: *Intralesional immunotherapy of tumors in outbred animals*
Deadline: *March 6*

Proposals are sought to evaluate the efficacy of intralesional injection of adjuvant material(s) in the treatment of spontaneously occurring tumors of outbred animals. The immunoadjuvant material such as

BCG cell walls or BCG cell wall skeletons, will be selected and supplied by the National Cancer Institute.

RFP NCI-CB-84249-31

Title: *Usefulness of tissue specific immune responses in treating tumors of non-vital organs in animals*
Deadline: *March 6*

Proposals are sought to evaluate the usefulness of tissue specific immunity as a means of destroying tumors occurring in non-vital organs in animals other than man.

RFP NCI-CB-84250-31

Title: *Production of monospecific antibodies against tumor associated antigens*
Deadline: *March 6*

Proposals are sought to produce xenogeneic monospecific antibodies against human or other animal tumor associated antigens.

RFP NCI-CB-84251-31

Title: *Characterization of factors causing inhibition of macrophage function or inflammatory responses*
Deadline: *March 6*

Proposals are sought to functionally characterize factors produced by and/or induced by tumors, which impair macrophage function and/or inflammatory responses.

RFP NCI-CB-84252-31

Title: *Immunotherapy: New approaches to immunotherapy*
Deadline: *March 6*

Proposals are sought for creative approaches in the use of the immune system for cancer therapy. Both animal and human studies are acceptable. Animal work should be relevant to application in man.

Contracting Officer for above 7 RFPs: Harold Simpson
Biology & Diagnosis
301-496-5565

RFP NCI-CM-87187

Title: *Efforts to develop new prognostic and therapeutic modalities based on basic studies on cell transformation and on transformed cells*
Deadline: *Jan. 13*

The Div. of Cancer Treatment is seeking an organization within 50 miles of Bethesda, Md. that has the capabilities and facilities required for the handling of tissue culture cells, human cells, and RNA tumor viruses. The contractor must also have adequate biohazard containment facilities (P2-P3). Fresh, unfrozen human tissue must be provided by the contractor within two hours after acquisition. Radioisotopes, nucleic acid template primers, and viruses will be supplied by the government.

Contract Specialist: John Thiessen
Cancer Treatment
301-427-8125

CONTRACT AWARDS

Title: Application digital image processing techniques to cytology automation
Contractor: Rush Presbyterian-St. Luke's Medical Center, $1,084,142.

Title: Support services for molecular studies on cancer, continuation
Contractor: Meloy Laboratories, $128,714.

Title: Studies of molecular events leading to transformation by RNA oncogenic viruses, continuation
Contractor: Litton Bionetics, $232,700.

Title: Maintenance of population based cancer registry, continuation
Contractor: Univ. of New Mexico, $431,789.

Title: Development of Connecticut Cancer Epidemiology Program
Contractor: Yale Univ., $481,424.

Title: Immunological and biochemical studies of mammalian viral oncology, continuation
Contractor: Meloy Laboratories, $48,148.

Title: Research on spontaneous and virus induced neoplastic transformation, continuation
Contractor: Meloy Laboratires, $229,679.

Title: Pharmacological studies of antitumor agents, continuation
Contractor: Southern Research Institute, $69,864.

Title: Demonstration of cancer rehabilitation facilities and/or departments, renewal
Contractor: Emanuel Hospital, Portland, Ore., $277,717.

Title: Regulation of gene expression in mouse mammary cancer, continuation
Contractor: Baylor College of Medicine, $241,902.

Title: Breast Cancer Detection Demonstration Project, continuation
Contractor: College of Medicine & Dentistry of New Jersey, $300,000.

The Cancer Letter –*Editor* JERRY D. BOYD

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