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GAO CRITICIZES EPPLEY, NCI FOR 'DEFICIENCIES' IN REVIEW, MONITORING, MANAGEMENT OF CONTRACT

The General Accounting Office report on its review of the NCI contract with Eppley Institute for carcinogenesis research and testing was

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In Brief

ADMINISTRATION "STREAMLINING" ACCOMPLISHED; DCCR CONTRACT MERIT REVIEW IN OPEN SESSION

CARTER ADMINISTRATION has gone ahead with its silly "streamlining" of the government and phony reduction in numbers of advisory committees. The Large Bowel and Pancreatic cancer project working cadre are now combined into one; only difference is it is now one big group with one long name. Ditto for the Prostatic and Bladder cancer working cadre. Each disease group still will meet separately and continue to manage their own programs. Also, the Clinical Cancer Program Project Review Committee and the Cancer Center Support Grant Review Committee are now one, the nuptials having been duly announced in the *Federal Register*. . . . **MERIT REVIEW** of three contracts supported by NCI's Div. of Cancer Control & Rehabilitation will be conducted, most of it in open session, by the Cancer Control Treatment, Rehabilitation & Continuing Care Review Committee March 23. The contracts are with ABT Associates Inc., Boston, for measurement of the cost of cancer care; Johns Hopkins Univ. on its comprehensive cancer center communications network; and the American College of Surgeons on national cancer consultative programs for hospitals. The session will be closed for about 15 minutes for each contract while the committee discusses "personal information concerning individuals." . . . **PAUL ROGERS**, chairman of the House Health Subcommittee, included the National Cancer Act in a bill renewing biomedical research and research training authorizations. The Rogers bill would extend the Act for three more years, with funding levels at $1.01 billion in FY 1979, $1.05 billion for 1980, and $1.02 billion for 1981. The bill also would require that at least three members of the National Cancer Advisory Board be knowledgeable in environmental carcinogenesis (three present already fit that description—Henry Pitot, Philippe Shubik, and Gerald Wogan). The bill would add as ex-officio members of the Board the heads of the National Institute for Occupational Safety & Health, National Institute of Environmental Safety & Health, Food & Drug Administration, Environmental Protection Agency and Dept. of Labor. . . . "CANCER UPDATE—A Symposium for Nurses & Other Health Professionals" is the program for the 1978 Southeastern Cancer Conference in Birmingham Oct. 11-13. Etiological and epidemiological trends, current treatment modalities, role of the oncology nurse and multidisciplinary team, and psychosocial aspects of coping with cancer will be discussed. Contact Judy White, Univ. of Alabama Comprehensive Cancer Center, Birmingham, 35294.

EPPLEY INSISTS IT MET OBLIGATIONS, TURNED OUT 'FIRST QUALITY' RESEARCH

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finally released this week, along with GAO's recommendations for tightening up NCI's contract review and monitoring procedures.

The recommendations could have long range impact on other NCI and NIH contractors. Some of the deficiencies cited by GAO, particularly those involving record keeping, use of government-financed equipment, and reporting requirements can probably be found in other contracts, and perhaps in some grants as well.

The report did not mention any conflict of interest, a concern expressed by Congressman David Obey when he requested the investigation. However, Obey said in a news release that the report raises a number of questions, including, "Do the provisions of the 1971 National Cancer Act which make the institute director and members of the National Cancer Advisory Board White House appointees increase the possibility that political influence will be used to short circuit normal peer review procedures at the Cancer Institute?"

Obey said Congress "should seek answers" to these "important questions. . . before several critical decisions about health research are made in the coming months."

The GAO report said in its conclusions and recommendations:

"We found numerous weaknesses in NCI's awarding of the renewal and in both NCI's and contractor officials' administration of the contract under the contract renewal which was awarded in 1973. This has resulted in unauthorized use of federal funds and equipment, and in NCI officials not being readily aware of how the contract was being carried out by the contractor and what was being achieved.

"In awarding the contract renewal, the routine procedure for using a chartered standing technical committee to make a technical review of the contract proposal was not followed. Members of the ad hoc group selected to make the review did not meet as a committee or provide any consensus opinion of the proposal. Budget negotiations did not always reflect the recommendations of the technical reviewers and, in one case, an administrative decision was made to add more than $1.1 million to the contract without adding any projects to the scope of the work. Also the sole source justification for noncompetitive procurement was not based totally on facts, as required by NIH instructions.

"Monitoring of the contract was lax and ineffective. The contracting officer did not fulfill all of his responsibilities either because he was not aware of the situations which required his attention or because he did not believe that he had the leverage necessary to require the contractor to submit certain reports. The project officer, by his own admission, was unable to carry out his duties because the contract was too large and complex in nature for one person to monitor. The inhouse staff was not used to help monitor the contract despite several suggestions by various NCI officials that more inhouse staff involvement in the contract was needed.

"NCI officials either did not require the contractor to fulfill all the terms of the contract or did not obtain the data necessary to determine whether the contractor had met contractual requirements. Instead an NCI attempt to reduce reporting requirements has resulted in increasing the requirements. Furthermore, NCI officials were not very familiar with the contents of progress reports and papers published on results of projects carried out under the contract. They have stated that they cannot estimate the value of the end products received for the $12.4 million awarded for the contract since May 1973.

"Management practices at Eppley Institute have not been adequate to assure that necessary administrative controls over contract activities have been established or carried out. This has led to (1) projects being undertaken without proper NCI approval, (2) charges for personnel, supplies and animals not being used for contract purposes, (3) lack of control over equipment and its use, and (4) improper time certification procedures. In addition Eppley officials have been awarded federal funds to refurbish animal facilities which are producing animals far in excess of research needs.

"We have concluded that the causes of the problems identified are directly related to the actions or lack of action on the part of both Eppley Institute and NCI officials. Improvement in the administration of the Eppley Institute contract is needed. NCI officials have already taken some steps to correct the problems reported. Three NCI carcinogenesis program officials have been named as project officers. NCI has requested an audit of the contract so that the extent of problems can be identified and corrective actions taken. Also, the contractor has been instructed not to award a contract for refurbishing the animal breeding facility until NCI determines what size facility is needed.

"In order to correct problems under the contract with Eppley Institute and to assure improved administration of any future contract with Eppley, we recommend that the secretary of HEW take the following actions:

"—Require that the audit requested of the Eppley contract cover the matters discussed in this report relating to improper use of federal funds and equipment, and that appropriate corrective actions and financial restitution be obtained on the resulting findings.

"—Require that NCI officials obtain and analyze data on the annual need for research animals at Eppley and how it can best be provided before

approval is given to proceed with the refurbishing of the animal farm using contract funds.

"—Direct Eppley officials to provide NCI with an inventory of all equipment furnished by the government or purchased with contract funds which contains evidence that property numbers have been assigned to the equipment identifying it as property in which the government retains ownership rights.

"—Instruct Eppley officials to furnish evidence that the amount of professional and support personnel efforts claimed for reimbursement under the contract approximates the amount of hours allotted for each category of staff in the contract.

"—Have NCI officials reach an agreement with Eppley officials on whether government-furnished property can be used for noncontract purposes, and if so, whether a fee for such use should be established and reimbursed to the contract.

"—Require that recommendations of the scientific reviewers, the carcinogenesis contract program management group, and the auditors be used in negotiating a budget for future work.

"—Require that a new sole source justification for noncompetitive procurement be prepared based totally on facts.

"—Require that the contract submit a budget proposal which contains data on each proposed project so that future contract budget negotiations can be facilitated.

"—Consider adding provisions to any future contract with the Eppley Institute which would clearly state that no research or testing project approved under the contract be started without the approval of the project officer; the contractor shall furnish evidence of the amount of time spent on contract activities by all professional and support personnel; professional staff members not be moved from one project to another, added to, or removed from a project by the contractor unless prior approval is given by the project officer; all changes to the scope of work, terms, or conditions of the contract be approved in writing by the contracting officer; and the contractor will supply an annual inventory of all equipment furnished by the government or purchased with contract funds.

"In administering future contract work with Eppley, we also recommend that the Secretary of HEW:

"—Improve monitoring by increasing communication between the Eppley staff and NCI's carcinogenesis program staff.

"—Instruct the project officers and contracting officer to work together toward providing better contract administration.

"—Require that the contracting officer assure that the contractor has established adequate controls and procedures to identify and allocate costs that are chargeable to the contract; a better system for recording new equipment in the inventory and for assigning property numbers to it; a time certification procedure that meets federal requirements, and an improved leave accounting system.

"—Encourage the project officer and contracting officer to use the HEW procedures to withhold payments when the contractor materially deviates from the terms of the contract.

"Hew (the response essentially was NCI's) generally concurred with all of our recommendations except for part of the one calling for certain clarified provisions to be added to any future contract. HEW responded that two of the five suggested provisions are already incorporated by reference or included under general contract provisions, and a third suggestion to control the start of projects is unnecessary. We continue to believe that these points need to be clearly stated in future contracts because of repeated violations by the contractor.

"In its comments HEW stated that it failed to see how weaknesses in the award and administration of the contract could have resulted in unauthorized use of federal funds and equipment by the contractor since normal contract administration would not necessarily uncover such unauthorized use. HEW cited (1) accounting errors by the contractor, (2) proceeding without authorization, and (3) unauthorized use of equipment and supplies as the causes of unauthorized use of federal funds and equipment.

"Although we agree that the unauthorized use of federal funds and equipment resulted, in part, from Eppley's management of the contract, we do not agree that normal contract administration would not have uncovered such misuses.

HEW stated that NCI was generally aware of contract performance and was and is aware of contract results. Much of the contract return has become known to the scientific field through interim reports and publications. We agree that NCI, with the current assignment of three project officers, has improved its awareness of contract performance and results. However, we do not agree that NCI officials were aware to the extent they should have been of what was being carried out and achieved under this contract in prior years. . . .

"In commenting on our conclusion that NCI did not follow the routine procedure for using a standing committee to review the proposal for renewal of the contract, HEW stated that experts were used to provide independent advice and not as an ad hoc committee. It also stated that this was not a violation of NCI guidelines since dual committee review was required of new contracts but not renewals. We do not agree with HEW's comments because NCI guidelines do require dual committee review for renewal awards where an approved project plan did not exist, as was the case with the Eppley Institute for the 1973 contract renewal."

Eppley summarized its response:

"1. Eppley Institute has fulfilled its reporting

obligations under the contract. The reports which were provided were adequate in all respects and kept NCI informed.

"2. Eppley Institute has obtained NCI approval for projects as required. In a very few instances, such as where one line of inquiry led to another, this approval was obtained orally rather than in writing, or was subsequently affirmed by contract renewal.

"3. The GAO comments concerning 'overbreeding' reflect a complete misunderstanding of the need for 'excess' animals imposed by the mechanics of breeding and specific requirements concerning the type and quality of animals needed for scientific research.

"4. Eppley has provided the government with maximum value for its research dollar. The institute makes every reasonable effort to segregate personnel, equipment and facilities used for different projects. Isolated instances in which minor errors may have occurred have all been corrected following the current audit.

"5. The GAO comments concerning equipment and inventory control were based on a preliminary list of items compiled before the Univ. of Nebraska's system of investigating and reconciling differences was complete. Further investigation would show that the equipment is adequately inventoried and the control program, when allowed to continue to completion, is effective.

"6. The time certification and leave accounting procedures for the Univ. of Nebraska were undergoing revision during this audit. Although the level of effort devoted to the contract has always exceeded minimum requirements, we are confident that these improvements will increase our ability to precisely account for personnel time.

"7. The institute's product consists of research recognized to be of first quality by the international research community. It has received wide recognition. The assessment of the value of this research to society in dollars would require an entirely different approach than that taken in a simple audit.

"8. In reviewing a contract in the amount of $12.8 million over 4½ years the GAO report raised no question concerning 99% of the funds administered. The disputes which we have commented on involve less than 1% of the funds.

"With respect to the 'important questions' which Congressman Obey raises in his press release on the report we have the following comments:

"The Eppley Institute and the Medical Center categorically reject the suggestion that political influence played any role in the award of our contract with NCI. It seems to us curious that Mr. Obey would even raise the question since it is nowhere contained in the report.

"Insofar as the remaining questions raised by Mr. Obey are concerned, although they are of general importance, they are not specifically relevant to the GAO audit of the Eppley Institute only. We will therefore refrain from commenting on them.

"Unless the Congress, representing the people of America, is willing to engage in what is admittedly a high-risk undertaking in the effort to find new ways ob combatting cancer, then it should reconsider the considerable investment it has made in health research.

"We recognize the need for careful stewardship of federal funds granted to us. We have done our best to comply with the burdensome accounting and reporting requirements which accompany such grants.

"But our principal task is to conduct research into the causes and prevention of cancer. That will always be our highest priority.

"It is with pride that we point to the considerable accomplishments of our research."

The other questions raised by Obey were:

"What steps can be taken to insure that tax dollars spent in contracted research receive the same scrutiny as research funded by grants?

"Did political influence play a role in the mistakes that were made in the awarding and monitoring of this contract?

"Did the four fold funding increase which NCI received during the 1970s place an unrealistic burden on NCI staff necessitating 'lax monitoring' and focusing of Institute attention simply on the signing of new contracts and the obligating of funds?

"Could the monitoring of contracts have been improved if Congress and the Administration had provided more adequate staff increases to NCI to accompany the large increase in funds which the Institute received?

"What is the effect of the President's personnel ceilings on the effective monitoring of contracts by NCI and other research organizations?

"I hope the Cancer Institute will help in finding answers to these questions," Obey said. "No sensitive American would suggest that defects in the administration of funds appropriated for cancer research are a justification for opposing the research itself. But I hope most people would agree that we have an obligation to commit our limited resources to areas of research which scientific evidence suggests are most promising, and to insure that all the dollars we devote to medical research are spent in a responsible, accountable manner."

NO TAKERS IN DCCR EFFORT TO GET HELP FOR NURSE ONCOLOGY PROGRAMS

When the Div. of Cancer Control & Rehabilitation decided, with the consent of its advisory committee, that it would not have the money to fund a masters oncology program for nurses, the suggestion was made that the Bureau of Health Manpower Education Div. of Nursing should be approached for support.

It was a naive suggestion. NCI is still looked upon as a fat cat by other health agencies which are more

than willing to lend their moral support and expertise to the Cancer Program but draw the line at coming up with any money.

Louise Lunceford, chief of DCCR's Treatment, Rehabilitation & Continuing Care Branch, said last week that Div. of Nursing executives agreed, after hearing the NCI presentation, that "our effort would be compatible with their mandate." Div. of Nursing Director Jessie Scott wrote to DCCR Director Diane Fink, "We stand ready to be of assistance to you as your plans formalize."

"This means," Lunceford said, "that they would welcome the opportunity to supply technical assistance in the development of the RFP, for example, but would not be able to contribute any direct funding." However, the door was left open for possible Div. of Nursing support for nurse oncology fellowships.

DCCR did not fare any better in seeking help from elsewhere in NCI. The Div. of Cancer Research Resources & Centers is spending about $33 million this year on manpower training—fellowships, training grants, clinical education, and career development. After exploring the prospect of DCRRC helping out with nurse oncology training, Lunceford said dryly, "I can now report back to you that the thrust of the training and education program within DCRRC remains in medical and dental education."

"There is still a crying need for masters prepared oncology nurses," Lunceford said. "For example, the USC Centers Outreach Program spent at least six months recruting such a nurse to develop its nursing oncology education program. There are two alternatives that the division can pursue to bridge this recognized training deficit. One, an RFP could be developed for several universities to either strengthen an existing program or for the establishment of a program in oncology nursing as a separate entity."

A second concept proposed by Lunceford for oncology nursing education supported by DCCR: A "train the trainer" program. Universities with existing oncology nursing programs would develop a post masters fellowship program for faculty members of schools of nursing.

Lunceford recommended that train the trainer programs be established at three universities, drawing faculty members from 15 schools of nursing. They would turn out a total of 15 teachers a year who would then return to their schools and establish programs that would train 10-20 RNs in nurse oncology.

Each of the three university programs would cost $70,000 for the first year, Lunceford estimated. These would be funded through DCCR contracts. Each of the 15 faculty members would require fellowships of about $15,000, for a total of $225,000. Those are the fellowships that NCI hopes the Div. of Nursing would accept as its responsibility, although not ruling out the possibility that at least some of the 15 might successfully compete for NCI support.

If the 15 nursing schools turned out a total of 150 nurse oncologists a year, a critical shortage would still exist. According to DCCR estimates, there is a need now for at least 5,000, based on the assumption that each of the approximately 5,000 accredited hospitals in the U.S. requirés the services of a nurse oncologist. Very few of them have such specialists now.

Lunceford reviewed the accomplishments of DCCR's oncology nursing programs to date for the division's advisory committee.

"Prior to the inception of DCCR's effort, only a few isolated one and two day seminars, workshops and rarely courses in oncology nursing could be identified in continuing education, in undergraduate generic (basic) or masters level nursing programs. Only two universities are listed in the National League for Nursing catalogue, specifying an oncology program in advanced nursing practice.

"The division developed three RFPs to either expand existing education programs in cancer nursing or to develop new ones. A fourth program area was to field test the concept that a public health nurse with additional education could improve the adequacy and continuity of the overall care for cancer patients.

"A total of 19 contracts were awarded for three years to institutions located in 14 states. Three contracts involved enterostomal therapy education, four supported oncology nursing education and training in community hospitals, 11 involved oncology nursing education and training in medical centers and cancer centers, and one supported a continuing care project.

"Four education projects will continue into June of this year, three in medical centers and one contract awarded under the community hospital RFP. All of the remaining 14 education projects have completed their government contracts.

"Two out of the three enterostomal therapy projects will continue as training programs. Although not continuing as a training program, Boston Univ. will continue to promote the concepts of enterostomal therapy. Although collectively contracting for 250 trainees, they actually had 278, or 11% more than planned.

"The four community hospital projects collectively proposed to train 3,604 students during the three year contract period. They actually had 7,316 participants. This represents 103% more than planned.

"The RFP required that each contractor develop a basic core course of two weeks (80 hours), longer continuing education courses could be developed, and at least one course was to be developed for licensed vocational nurses. A minimum of 250 trainees was to be recruited during the contract period.

"The projects located in medical centers and cancer hospitals proposed to have 5,270 trainees and they actually enrolled 8,013 participants, or 52%

more than planned. Trainees were to be registered nurses, licensed practical nurses, and nursing school faculty members. Again the minimum recruitment for the three year contract period was 250.

"When these projects began, oncology nursing was not considered widely as a clinical specialty. It is fair to say that federal funding has accomplished more than just 'consciousness raising.' There is no doubt that these projects have made a significant contribution to the enormous energy that we now see nationally in cancer nursing, the development of the Oncology Nursing Society, especially in local units, and the new journal, *Cancer Nursing.* Three project faculty were directly responsible for local unit development and many of the individuals listed on the masthead for the new journal are project faculty. I should also add that an international cancer nursing conference will be held in London this September, spearheaded by the Memorial-Sloan Kettering faculty.

"Ten out of the 14 projects or 70% who have completed their government contracts are continuing in some fashion. For example, a clinical specialty program in oncology nursing in medical surgical nursing is now established in the Ohio State and Yale masters programs. Undergraduate courses will continue, many designed as a clinical elective, and integration of general course material into the undergraduate and graduate cirricula, has been accomplished.

"Followup evaluation data from the Ohio State project shows over a three-fold increase in nurses engaged in oncology practice. A number of nurses who participated in the program elected graduate study in oncology nurse specialization.

"A request was made to all the contractors to document their activities in curriculum development, program plan, implementation, evaluation, and promotion as well as their major problems, in their final reports. This information will be summarized into a monograph so that other institutions or groups who would like to implement a similar program will not have to re-invent the wheel. This has a high priority."

UPTON SAYS NCI DIVISION DIRECTORS WON'T CONTROL THEIR GRANTS BUDGETS

Palmer Saunders, former director of NCI's Div. of Cancer Research Resources & Centers, had proposed in a letter to Director Arthur Upton that all NCI intramural research be consolidated under an associate director, responsible only to Upton. Saunders was concerned that with the NCI reorganization transferring grants programs to the operating divisions, division directors and program managers would be in control of both intramural and extramural research (***The Cancer Letter,*** Feb. 10).

That is not going to happen, Upton responded. In a letter to Saunders, who is now the dean of the Graduate School of Biomedical Sciences at the Univ. of Texas (Galveston), Upton said that no division director would have control over his grants budget. He also expressed the conviction that "division directors can reasonably be expected to manage extramural as well as intramural programs in an impartial and responsible manner."

The text of Upton's letter:

"Let me assure you that my primary objective is the strengthening of the investigator-initiated (grant) research program.

"Under the plan that we are considering, no division director would have control over that portion of his budget allocated to grants. On the contrary, that portion of his budget, and decisions on policies and pay-levels for spending it, would be determined collectively by the various grant program directors, division directors, and institute director acting in concert. In this way, it should be possible to assure that sufficient monies are set aside at the first of each year to fund grants in all program areas at a respectable level, and that funding decisions in each area are consistent with an overall institute-wide policy which guarantees equitable competition on merit.

"Also, the organizational plan we are considering would maintain a clear separation between the grant program and the intramural research program, so as to protect the privacy and interests of grant applicants. Thus, there should be no basis for conflicts of interest in the referral or funding of applications. With each of our divisions as large as, or larger than, many of the other NIH institutes, our division directors can reasonably be expected to manage extramural as well as intramural programs in an impartial and responsible manner.

"I am confident that the plan we are considering will make the grants program stronger than heretofore, although I realize that the plan will continue to be viewed with confusion and anxiety until its details are more fully and widely known."

NOMINATIONS CLOSE MARCH 1 FOR B-M $25,000 AWARD TO CANCER SCIENTIST

The deadline for nominating candidates for the first $25,000 Bristol-Myers Award for Distinguished Achievement in Cancer Research is March 1. Bristol-Myers said it plans to give the award annually to "a scientist who has made an outstanding contribution to progress in cancer research."

The winner will be chosen by a selection committee consisting of John Ultmann, director of the Univ. of Chicago Cancer Research Center, chairman; Harris Busch, chairman of the Dept. of Pharmacology at Baylor College of Medicine; Albert Owens Jr., director of the Johns Hopkins Univ. Oncology Center; Saul Rosenberg, chief of the Div. of Oncology at Stanford Univ. School of Medicine; and Alan Sartorelli, chairman of the Dept. of Pharmacology at Yale Univ. School of Medicine.

Nominations may be made by an officer of a medical school, free standing hospital or cancer re-

search center. Only one nomination from each insitution will be permitted. Each nomination should include a biographical sketch of the nominee; a list of major publications; an explanation of the work in understanding, preventing, controlling and/or curing cancer; and an evaluation by the nominator as to specific accomplishments of the nominee.

Nominations should be submitted to Bristol-Myers, 345 Park Ave., Room 43-30, New York NY 10022. Nomination forms may be secured from the same address, or by phoning 212-644-3898.

ADVISORY GROUP, OTHER CANCER MEETINGS FOR MARCH, APRIL

7th Tutorial on Management of Patients with Early Cervical Neoplasia & Vaginal Adenosis—March 2-4, Chicago, International Academy of Cytology.

Committee on Cancer Immunotherapy— March 2, NIH Bldg 10 Room 4B09, open 1:15-1:45 p.m.

Cancer Control Prevention, Detection, Diagnosis & Pretreatment Review Committee—March 2-3, Blair Bldg Room 110, open March 2, 8:30 a.m.—adjournment; March 3, 8:30 a.m.—noon.

Combined Effects of Chemotherapy & Radiotherapy on Normal Tissue Tolerance—March 3-4, 13th Annual San Francisco Cancer Symposium, West Coast Cancer Foundation, Hyatt Regency Embarcadero.

New Leads in Cancer Therapeutics—March 3, Roswell Park continuing education in oncology, contact Claudia Lee.

Third International Symposium on Oncology—March 4-8, National Cancer Society of Iran, Tehran.

Antiviral Mechanisms in the Control of Neoplasia—March 5-11, Corfu, Greece.

17th National Conference on Detection, Diagnosis & Treatment of Breast Cancer—March 6-9, San Francisco, Hyatt Regency Embarcadero.

Biometry & Epidemiology Review Committee—March 6-7, NIH Bldg 31 Room 4, open March 6, 7 p.m.—10:30 p.m.

Clearinghouse on Environmental Carcinogens Data Evaluation/Risk Assessment Subgroup— March 6-7, NIH Bldg 31 Room 6, 8:30 a.m.—5 p.m. both days, open.

Cancer Control Grant Review Committee— March 6-7, NIH Bldg 31 Room 8, open March 6, 8:30—9 a.m.

Clearinghouse Experimental Design Subgroup—March 7, NIH Bldg 31 Room 9, 8:30 a.m.—5 p.m., open.

Clearinghouse Chemical Selection Subgroup—March 8, NIH Bldg 31 Room 6, 8:30 a.m.—5 p.m., open.

Cancer of the Lung—March 9, Roswell Park continuing education in oncology.

Committee on Cancer Immunotherapy— March 9, NIH Bldg 10 Room 4B09, open 1:15—1:45 p.m.

Developmental Therapeutics Committee— March 9, Blair Room 110, open 9—9:30 a.m.

Preventive Oncology—March 9-10, American Society of Preventive Oncology, Washington D.C. Shoreham Americana.

Committee on Cancer Immunotherapy— March 13, NIH Bldg 10 Room 4B09, open 1:15—1:45 p.m.

Div. of Cancer Treatment Board of Scientific Counselors— March 13-14, Baltimore Cancer Research Center, open March 13, 8:30—9 a.m. and 1:30—5 p.m.; open March 14, 8:30 a.m.—5 p.m.

Bladder & Prostatic Cancer Review Committee—March 13-14, Landow Room C418, open March 13, 8:30—11 a.m.

President's Cancer Panel— March 14, NIH Bldg 31 Room 7, 9:30 a.m., open.

Diagnostic Research Advisory Group— March 15-16, NIH Bldg 31 Room 10, open March 15, 11 a.m.—adjournment, March 16, 8:30 a.m.—adjournment.

Committee on Cancer Immunotherapy— March 16, NIH Bldg 10 Room 4B14, open 1:15—1:45 p.m.

National Cancer Advisory Board Subcommittee on Centers—March 16, Westwood Room 825, 9 a.m.—5 p.m., open.

National Prostatic Cancer Project Working Cadre—March 20, NIH Bldg 31 Room 8, open 8:30—9 a.m.

Fifth Cuban Congress on Oncology— March 21-28, Havana.

Cancer Centers Support Grant Review Committee— March 23-24, NIH Bldg 31 Room 6, open March 23, 8:30—10 a.m.

Breast Cancer Task Force— March 29-31, NIH Bldg 1 Wilson Hall, open March 29, 8:30 a.m.—adjournment.

Committee on Cancer Immunotherapy— March 30, NIH Bldg 10 Room 4B14, open 1:15—1:45 p.m.

Clinical Trials Committee— March 30-31, NIH Bldg 31 Room 8, open 8:30—9 a.m. both days.

Clinical Cancer Program Project Review Committee—March 30-April 1, Chevy Chase, Md. Holiday Inn, open March 30, 8:30—10:30 p.m.

Virus Cancer Program Scientific Review Committee—March 30-31, Landow Bldg Room C418, open March 30, 9—9:30 a.m.

Committee on Cancer Immunobiology— March 31. NIH Bldg 10 Room 4B14, open 2—2:30 p.m.

American Society of Clinical Oncology— April 2-4, 14th annual meeting, Washington Hilton Hotel, Washington, D.C.

Carcinogenesis Program Scientific Review Committee— April 3-4, NIH Bldg 31 Room 9, open 8:30—9 a.m. both days.

Workshop on Functional Properties of Tumors of T & B Lymphocites— April 3-5, NIH Bldg 31 Room 6, sponsored by NCI Div. of Cancer Biology & Diagnosis, 8:30 a.m.—5 p.m. each day, open.

Developmental Therapeutics Committee— April 4, Blair Room 110, open 9—9:30 a.m.

Oncology Nursing Society—April 5-7, third annual convention, Sheraton Park Hotel, Washington, D.C.

American Assn. for Cancer Research— April 5-8, 69th annual meeting, Washington Hilton Hotel, Washington, D.C.

Committee on Cytology Automation— April 6-7, NIH Bldg 31 Room 8, open April 6, 8:30—9:30 a.m.

German Cancer Congress— April 6-7, Wiesbaden/Mainz.

Pediatric Oncology Symposium— April 7-8, Istanbul.

President's Cancer Panel— April 11, NIH Bldg 31 Room 7, 9:30 a.m., open.

Fourth European Immunology Meeting—April 12-14, Budapest.

Seminar on Tumors Involving the Skin—April 12, Roswell Park continuing education in oncology.

Designs for Clinical Cancer Research—April 13-15, sponsored by the NCI Cancer Clinical Investigation Review Committee, New Orleans Monteleone Hotel, open.

International Symposium on CNS Complications of Malignant Disease— April 16-19, Southampton, United Kingdom.

Second Congress on Nuclear Medicine—April 17-19, London.

Committee on Cancer Immunodiagnosis— April 18, NIH Bldg 10 Room 4B14, open 1—1:30 p.m.

NCAB Subcommittee on Centers— April 18, NIH Bldg 31 Room 10, 9 a.m.—5 p.m., open.

Virus Cancer Program Scientific Review Committee— April 24-26, Landow Room C418, open April 24, 9—9:30 a.m.

Clearinghouse Data Evaluation/Risk Assessment Subgroup—April 26, NIH Bldg 31 Room 6, 8:30 a.m.—5 p.m., open.

Committee on Cancer Immunotherapy—April 26-28, Landow Room C418, open April 26, 7:30 p.m.—8 p.m.

EORTC Symposium on Controversies in Cancer Treatment— April 26-29, Brussels.

Clearinghouse Chemical Selection Subgroup—April 27, NIH Bldg 31 Room 6, 9 a.m.—5 p.m., open.

Clearinghouse Experimental Design Subgroup— April 28, NIH Bldg 31 Room 6, 8:30 a.m.—5 p.m., open.

Assn. of Community Cancer Centers Southeast Regional Meeting—Hospice & the Community Cancer Program—April 28-29, Disneyworld, Fla.

CONTRACT AWARDS

Title: Technical support services for the ICRDB Program, modification.
Contractor: Franklin Institute, $24,950.

Title: Programming services in support of the contract management system, modification
Contractor: Sigma Data Computing Corp., Rockville, Md., $155,083.

RFPs AVAILABLE

Requests for proposal described here pertain to contracts planned for award by the National Cancer Institute, uhless otherwise noted. Write to the Contracting Officer or Contract Specialist for copies of the RFP, citing the RFP number. Some listings will show the phone number of the Contract Specialist, who will respond to questions. Listings identify the respective sections of the Research Contracts Branch which are issuing the RFPs. Their addresses, all followed by NIH, Bethesda, Md. 20014, are:
Biology & Diagnosis Section — Landow Building
Viral Oncology & Field Studies Section — Landow Building
Control & Rehabilitation Section — Blair Building
Carcinogenesis Section — Blair Building
Treatment Section — Blair Building
Office of the Director Section — Blair Building
Deadline date shown for each listing is the final day for receipt of the completed proposal unless otherwise indicated.

RFP NO1-CP-85612-56

Title: *Synthesis of hetero-substituted polyaromatic hydrocarbons*
Deadline: *April 15*

Commercial production of liquid and gaseous fuels derived from coals and oil shale. Accordingly, with the necessity of developing technology for synthetic fuels, availability of standard reference compounds containing heteroatoms will greatly assist in the identification of these compounds in the distillation products. NCI desires to initiate a contract for the synthesis of hetero-substituted polycyclic hydrocarbons.

A three-year effort is anticipated in the effective pursuit of this project. All facilities devoted to this project must comply with OSHA regulations for handling carcinogenic materials. During the first year the synthesis of the following compounds in two gram amounts is required: 1-Azachrysene, 2-Azachrysene, 3-Azachrysene, 4-Azachrysene, 1-Azabenz-(a)-anthracene, 2-Azabenz(a)anthracene, 7-methyl-2-azabenz(a)anthracene, 7-12-Dimethyl-2-azabenz(a)-anthracene, 1-Azapyrene, 2-Azapyrene, 1-Azabenzo-(a)pyrene, 2-Azabenzo(a)pyrene, 6-methyl-1-azabenzo(a)pyrene, 7-methyl-1-azabenzo(a)pyrene, 7H-Dibenzo(c,g)carbazole, 7H-Benzo(g)pyrido(3,2-a)-carbazole, phenanthro(4,5-bcd)thiophene, Pyreno-(2,1-b)thiophene, 6,12-Dimethylbenzo(b)thionaphtheno(3,2-f)thionaphthen, 6-12-Dimethylbenzo(b)-thionaphtheno(2,3-f)thionaphthen.
Contracting Officer: Melvin Hamilton
Carcinogenesis
301-427-7574

RFP NCI-CM-87212

Title: *Establishment and monitoring of micro-organisms in isolator foundation colonies*
Deadline: *Approximately April 30*

The Mammalian Genetics & Animal Production Section, Drug Evaluation Branch, Div. of Cancer Treatment, is seeking organizations having capabilities, resources, and facilities for the establishment and monitoring of microorganisms in isolator foundation colonies.

The scope of this effort is as follows: (1) The establishment and maintenance of a repository of those organisms needed in order to obtain the desired flora (estimated 12 organisms) for optimum physiological performance in isolator-maintained foundation colonies; (2) shipping the organisms in vitro to those animal suppliers who maintain isolator foundation colonies, where administration of organisms will be performed according to protocol supplies by the government; (3) receiving animals in vivo as scheduled by the government from the foundation colonies and (a) making certain that the desired flora are being maintained in all isolators; and (b) making certain that no undesired flora have infected animals from these isolators; and (4) submit written reports indicating monitoring results to sender of samples (animal producer) and to the contracting officer as the tests are completed.

It is expected that approximately 350 isolators (2 animals per isolator) will be monitored per quarter or a total of 2,800 rodents per year. Respondents must demonstrate an understanding of the importance of "associated flora" toward the physical well being of "super clean" rodents and a keen awareness of recent developments in this field.

The contractor must have the facilities and equipment for: (1) The maintenance of a repository of microorganisms (associated flora) and (2) the receiving and monitoring of rodents for both aerobic and aerobic microorganisms. It is anticipated that an incrementally-funded contract will be awarded for a period of three years.
Contract Specialist: Daniel Abbott
Cancer Treatment
301-427-8125

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