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NCI, NIH MAKE HALF-HEARTED PITCH FOR CANCER ACT BEFORE SEEMINGLY UNINTERESTED ROGERS COMMITTEE

The half-hearted presentation to the House Health Subcommittee by NCI and NIH on behalf of renewal of the National Cancer Act may well have created the impression that the Administration didn't care much one way or the other if the Act is renewed for another three

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In Brief

BOARD SUBCOMMITTEE MEETINGS ON COMPREHENSIVE CENTERS POSTPONED; FDA COMMITTEE UNCHARTERED

TWO MEETINGS of the National Cancer Advisory Board's Subcommittee on Centers called to discuss reports of the Board site visits to comprehensive cancer centers have been postponed. They were scheduled for March 16 and April 18, now probably will be held in May. The Board review has been going on for the past year to determine how well the centers are meeting the guidelines for comprehensiveness. William Terry, new director of the Centers Program, said he needed more time to study the reports before presenting them to the subcommittee. . . . **MORE ON GOG.** The discussion last week by members of the Cancer Clinical Investigation Review Committee on renewal of the Gynecological Oncology Group grant included these comments: George Higgins—"The final decision of the NCAB (to renew the grant for two years despite the CCIRC majority recommendation to phase it out) was exactly what the site visit team had in mind." Vincent DeVita—"Gynecological oncologists feel one of their problems is that they are not properly represented on NCI review bodies. They have asked for a seat on CCIRC." Jerome DeCosse—"That wouldn't have made any difference on our decision. . . I have to take the blame (as CCIRC chairman) for allowing a vote with such a large minority. The next time we're going to keep on talking until the minority is reduced". . . . **NEW PUBLICATION:** "Breast Cancer: Suggested Protocol Guidelines for Combination Chemotherapy and for Combined Modality Trials" is now available from NCI, no charge. The guidelines are intended to assist investigators involved in clinical trials in their development of protocols. Write to Mary Sears, executive secretary, Breast Cancer Task Force Treatment Committee, NCI, Landow Room 4A04, Bethesda, Md. 20014. . . . **FDA ONCOLOGIC** Drugs Advisory Committee was scheduled to meet March 30; the committee's charter expired in October, however, and has not been renewed. FDA said the failure to renew was an oversight, but the committee may be a victim of the Administration's efforts to cut down on advisory groups. The Div. of Oncologic Drugs hopes to get the charter approved in time for a May meeting. The March agenda had included a discussion of clinical testing guidelines, tamoxifen, estramustine, cis-platinum, active INDs and pending INDs.

FREDRICKSON, SPEAKING FOR NCI, ASKS FOR NO MAJOR CHANGES IN CANCER ACT

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years. Such an impression could have been disastrous, except that most subcommittee members appeared to be even less interested in the Cancer Program and were not there to observe the inept NCI-NIH performance.

NIH Director Donald Fredrickson and NCI Director Arthur Upton appeared at the hearing on renewal of the Cancer Act and certain other biomedical research authorities. The renewals are contained in H.R. 10908, offered by Congressman Paul Rogers, chairman of the Health Subcommittee.

Fredrickson made the only formal statement, discussing the Cancer Act along with extensions of the National Heart, Lung and Blood Program; the Medical Library Assistance Act, and the National Research Service Awards.

The fact that Fredrickson was the chief spokesman for the Cancer Program rather than the Presidentially appointed director of NCI and the National Cancer Program is one more manifestation of the NIH Director's usurpation of Upton's authority.

Upton spoke only when subcommittee members questioned him. No one else from NCI was there to back him up, and there wasn't any effort whatever to present NCI's version of its accomplishments under the National Cancer Act.

That task was left to representatives of the American Cancer Society, the Assn. of Community Cancer Centers and the Candlelighters, and they did their job well. It did not make up for the lack of a competent presentation by NCI, which should have included a summary of accomplishments since the Act was adopted in 1971, description of how the Program has impacted the development of cancer care, discussion of current research opportunities and what research is being supported in each major area (especially in prevention), and an estimate of funding needed to continue the momentum and take advantage of the opportunities.

Such an effort probably would have been lost on most congressmen, except for those who bother to read the hearing record. The hearing, in fact, might be described as a fiasco.

First, Rogers left after Fredrickson read his statement, turning the chair over to Congressman Andrew Maguire of New Jersey. Only Tim Lee Carter, the ranking Republican member, and Maguire's New Jersey colleague, James Florio, remained.

Maguire promptly offended Carter, an M.D. who was attempting to question Upton about progress in cancer treatment, by suggesting that Carter cut short his questions to permit more time for two public witnesses who wanted to talk about environmental causes of cancer.

"Thank you, sir. Good day," Carter said coldly, and he stormed out of the hearing room.

Florio also left before the session was over, leaving Maguire, a second term Democrat, as the only subcommittee member present.

Rogers' bill would extend the Cancer Act for three years, through FY 1981. It would authorize $1.01 billion for NCI in FY 1979, $1.017 billion in FY 1980, and $1.02 billion for FY 1981. Other key provisions include:

- Change the NCI director and members of the National Cancer Advisory Board from Presidential appointees to appointees of the HEW secretary, another effort to reduce the visibility and clout of the Cancer Program. Given the current situation, in which President Carter delegates this responsibility to Secretary Joseph Califano anyway, this provision would not change much.
- Requires that at least three of the appointed members of the NCAB be individuals knowledgeable in environmental carcinogenesis, including carcinogenesis involving occupational and dietary factors.
- Adds the director of the National Institute for Occupational Safety & Health, the director of the National Institute of Environmental Health Sciences, the secretary of Labor, the Commissioner of FDA, the Administrator of the Environmental Protection Agency, and the chairman of the Consumer Product Safety Commission as ex officio members of the Board.
- Broadens the research authority for comprehensive cancer centers specifically to encompass research into prevention of cancer.
- Expands the Cancer Program to include education and continuing education for professional and allied health professional personnel relating to cancer.

Fredrickson, commenting on the changes proposed by Rogers, said:

- NIH had no objection to changes in the composition of the Board, except that "we are concerned that a greatly enlarged Board might prove unwieldy." Fredrickson also suggested that NCI collaboration with the regulatory agencies is adequate and would not necessarily be enhanced by including the agency chiefs on the Board.
- On specifying prevention as a duty of the comprehensive centers, "While we have no objection to these provisions, we feel that our current programs are responsive to the intent of the legislation."
- NIH has no objection to providing for Secretarial rather than Presidential appointment of Board members (no reference to appointment of the NCI director).

Fredrickson asked that the legislation include provision for distribution of chemicals and animals, as requested by the NCAB. "NIH currently has limited authority to make available certain research materials to investigators requiring them," Fredrickson said. "For example, NIH may provide biological materials such as vaccines and standard reference materials for

research involving biological products. H.R. 10908 includes an amendment to permit (NIH) to make available substances and living organisms in instances where such materials are not commerically available or must be provided on a centralized, standardized basis. We support this authority, which would remove limitations that have proved troublesome for several NIH components, particularly the National Cancer Program."

Fredrickson supported the Rogers amendment that would provide the NIH director with the same authority to appoint expert consultants for extended periods, an authority now limited to NCI and the Heart & Lung Institute. He asked for a fixed number, up to 300, rather than 2.5% of the number of permanent NIH employees, excluding NCI and Heart & Lung, as proposed by Rogers.

Finally, Fredrickson said NIH proposed repeal "of an obscure and outdated provision of the PHS Act requiring the Surgeon General to furnish tobacco to patients in PHS facilities. This requirement—which is honored more in the breach than in the observance—is clearly inappropriate in view of our present knowledge about the effects of smoking on human health, and in light of our current blitzkreig (Califano's anti-smoking campaign), it is almost embarrassing."

Fredrickson said that "the past two years have been exciting ones for the National Cancer Program. Building on earlier efforts, NCI is reporting significant progress in certain areas and promising leads in others. For example, the encouraging results of new treatments for childhood cancer, hinted at in the last decade, are holding up. It is now apparent that childhood leukemia, along with Hodgkin's disease and other lymphomas and cancer of the bone and kidney, can be treated with a reasonable expectation of cure. This success has been translated into a declining cancer death rate for all age groups under the age of 35.

"In the fields of cancer cause and prevention, NCI has, during the past two years, expanded its efforts in screening substances that pervade our atmosphere for cancer-causing potential. In cooperation with other federal and non-federal agencies, NCI has devoted expertise and resources to the recently established Clearinghouse on Environmental Carcinogens. Functions of the Clearinghouse include selection of chemicals for long-term bioassay studies, the experimental design for those studies, and an assessment of the data resulting from the studies.

"During the past two years, data have been released on bioassay tests of several chemical substances. These findings have been provided to the National Institute of Occupational Safety & Health, the Occupational Safety & Health Administration, and FDA, and other regulatory federal agencies for action.

"Numerous epidemiological studies are going on as the result of a massive NCI survey of mortality rates in each county in the contiguous United States. Another aid to cancer epidemiologists was the publication in 1976 of the 'Cancer Patient Survival Report No. 5,' which deals with patient longevity from selected hospitals across the country. Surveys and publications, such as these, give clues to cancer researchers about geographic causes of cancer and the effects of newer cancer treatments.

"Cancer prevention is one of the most important goals of the National Cancer Program. For example, a clinical trial will soon be undertaken to test the value of a chemical relative of vitamin A that scientists believe may reverse the action of known cancer-causing substances in tests on laboratory animals. In addition, basic research in cancer biology continues to yield much potentially useful information. Cell surface antigens, for example, have been shown to prevent the growth of cancers in experimental animals."

Before Maguire cut Carter off, the Kentucky congressman pressed Fredrickson on the Administration's standstill budget request for NCI. "Are we going to increase cancer research next year?" he asked.

"The budget request for the 1979 fiscal year is virtually the same as this year," Fredrickson replied.

"Not even an increase for inflation?" Carter asked. "No," Fredrickson responded, not attempting an explanation.

Carter, whose son died of leukemia last year, asked Upton to describe treatment research. When Upton answered in general terms about "long term remissions that can be induced," Carter asked, "What kind of diseases and what drugs?"

"I'm not prepared to discuss that," Upton said. "I'm not a therapist."

"You are the director of the Cancer Institute, aren't you?" Carter said. "Yes sir," Upton responded. At Carter's request, Upton briefly described his career specialty, radiation carcinogenesis.

After Carter left, Maguire asked Upton for figures on NCI support of prevention research. Upton did not have those with him, and agreed to supply them later for the hearing record. Asked by Maguire if it is "your intention to intensify work in prevention," Upton said, "Yes, it is our highest priority."

Significantly, neither the Rogers bill nor NIH position calls for eliminating the President's Cancer Panel, which surprised some. Both also would leave intact NCI's independent budget authority.

NEW JERSEY CONGRESSMAN SEEKS TO PUSH NCI INTO GREATER PREVENTION EFFORTS

New Jersey has the highest incidence of cancer in white males of all states, and very nearly the highest in other groups. "Our state has all the ingredients that contribute to a high cancer rate—refineries, chemical plants and heavy traffic," Andy maguire admitted.

Maguire's solution is embodied in his bill which

would make further amendments to the Cancer Act. The bill would:

—Require NCI to conduct "an expanded and intensified research program into cancer prevention."

—Require NCI to issue an annual report listing known or suspect carcinogens to which significant numbers of people are exposed, listing the number estimated to have been exposed, describing the effectiveness of existing regulations, where the the suspected compounds stand in the regulatory process, and NCI's recommendations for further action.

—Add six members to the NCAB who would be experts in environmental health, and drop representatives of the Dept. of Defense, the Veterans Administration and the White House Office of Science & Technology.

—Require NCI, at the request of another government agency, to evaluate the carcinogenicity or mutagenicity of a chemical. "This would help assure that the government's information on cancer causing chemicals is coordinated between the many agencies involved in cancer control," Maguire said. This provision would require the requesting agency to pay for the tests.

—Direct the comprehensive cancer centers "to give special attention to populations at risk of developing cancer due to occupational or environmental exposure" in the hope that "screening will become a more significant tool in cancer prevention."

—Require a study of the feasibility of establishing a national cancer registry collecting nationwide data on incidence of various cancers and exposure to carcinogens.

To justify his proposals, Maguire used the argument that"between 60 and 90% of all cancer is caused by environmental elements, yet only 15% of the NCI budget is delegated to this area."

Maguire said his bill would make more explicit NCI's role as the federal agency responsible for coordinating the government's anticancer activities. "Somebody has to have responsibility for coordination and cooperation among the agencies. . . . Someone needs to be responsible. Why not establish NCI as the responsible body, to make sure the work gets done?" Maguire asked. He indicated the annual report called for in his bill would in effect be an evaluation of actions by the regulatory agencies.

Fredrickson resisted that concept. "These problems need to be solved, but I hope that you will not create some statutory requirement that this be done in the National Cancer Institute. There are better places."

One reason for not making NCI the agency responsible for coordinating federal action is that studies of potentially harmful substances should include overall toxicity, not just carcinogenesis, Fredrickson argued. Upton agreed that a need existed for someone to be responsible but was reluctant for NCI to have that role.

Irving Selikoff, director of the Environmental Sciences Laboratory at Mount Sinai School of Medicine, at the hearing to lobby for increased emphasis on prevention, pointed out that "NCI is a research organization." Joseph Highland, with the Environmental Defense Fund, agreed, and said that NCI "is basically a research institute moved into a political forum. NCI people are uncomfortable there. You're asking them to immerse themselves into that further."

Maguire's approach typifies much of the current thinking in Congress—that if 60%, 90% or whatever of cancer is caused by environmental factors, then NCI should spend 60% or 90% of its budget on environmental carcinogenesis studies. (Maguire didn't say that, and his bill does not mention funding percentages, but that is the general thrust.)

It is unfortunate that neither Fredrickson nor Upton attempted to explain that NCI can't call up a university, medical school or research institution and place an order for $600 million worth of prevention research. It might have been a good opportunity to point out that a lot of good prevention research probably has been lost because HEW would not charter a study section that is competent to review prevention research grants. A number of factors have to come together before significant increases in numbers of scientifically sound environmental carcinogenesis grants can be generated.

More money would help, but where will it come from? Neither Rogers' bill nor Maguire's mentions any need for additional funds to support increased emphasis on prevention. They can't touch basic research funds—Congress and the White House are pushing for increased emphasis there, and basic research is where most of the answers will be found in prevention, anyway. Cancer treatment research is the target the environmentalists shoot at most frequently, but that is the area that has shown the most progress and best prospects for even more. The cancer centers? They're starving for money now; close down a center in some congressman's district and your problems in Congress until then were nothing.

What it would come down to is everyone's favorite whipping boy—virology, and possibly Cancer Control. The Div. of Cancer Control & Rehabilitation is already moving to step up its emphasis on prevention, but it is hampered by an inability to find effective screening methods.

Maguire's best idea is the proposal to publish an annual report on where identified carcinogens stand in the regulatory process. It could be an effective tool to shake up the regulatory agencies, and to back them up in the face of extreme pressures brought by special interest groups.

NCI, however, is not the best agency to do that. Career government people are reluctant to come down hard on their colleagues in other agencies. Whoever does the annual report should not be reluctant

to embarras anyone.

One suggestion: Why not have the General Accounting Office do the annual report? GAO is a congressional agency and is in the business of investigating executive offices and regulatory agencies and writing reports on those investigations. Maguire, or any other congressman or senator, could ask GAO to do this without the need for legislation.

Neither is NCI a good candidate to be the "lead agency" in coordinating federal anticancer efforts if that role as envisioned by Maguire would require any muscle. NCI is merely a bureau of NIH, technically, and as such the director is on the same level as the director of FDA's Bureau of Drugs. He would have even less clout in dealing with EPA and OSHA, which aren't within HEW.

Maguire and Florio are concerned, as they should be, with their home state's high incidence of cancer. They are aware that this high rate is associated with the chemical plants, refineries, and air pollution. Their legislative activities might be more rewarding in the prevention of cancer if they were directed at putting some teeth into laws, or writing new ones, aimed at cleaning up polluted water supplies and controlling air pollution. Congress has been backing away from enforcement of the clean air and water laws which it adopted in the late 1960s; a continued increase in cancer rates certainly will be one of the results in industrial states like New Jersey.

Congress also continually retreats from any tough legislation seeking to reduce the tar and nicotine content of cigarettes. The same people who say that 60-90% of all cancer has an environmental etiology also say that 40% of all cancer is associated with cigarette smoking.

SELIKOFF ASKS FOR INTERVENTIONS NOW; HIGHLAND'S CHARGES REFUTED BY BROWN

Selikoff and Highland appeared at the hearing to express their views that NCI should be required in new legislation to shift its emphasis to more prevention research.

Selikoff said NCI should step up its efforts to intervene with known high risk groups, such as asbestos workers and other population groups exposed to carcinogens or otherwise at risk. "We have the tools now for surveyal, early diagnosis, and early treatment. I urge that NCI be asked to review its programs aimed at such intervention. We can save lives of those already exposed."

Highland, a member of the NCI Clearinghouse on Environmental Carcinogens, said, "Our efforts to limit or eliminate human involuntary exposure to chemical carcinogens in our environment have been inadequate and painfully slow in coming." He charged that EPA, FDA, and the Consumer Product Safety Commission act only when forced to by legal action or public pressures.

Regulatory action is so slow frequently because of the lack of scientific data, Highland said, and claimed that "intolerable delays" in providing data from NCI's Bioassay Program have been chiefly responsible.

Highland charged that the Clearinghouse was responsible for delaying CPSC action against TRIS, the flame retardant that eventually was banned by the commission from use in children's pajamas.

"One clear example was when the agency asked for information on TRIS," Highland said, "the Clearinghouse refused to make it available. The commission finally got the information from Marvin Schneiderman (chief of NCI's Field Studies and Statistics Branch)."

"Why was NCI reluctant to provide that information?" Congressman Florio asked.

Highland replied that he did not know, but that this was an example of how NCI "moves in tortoise fashion. . . . The commission wasn't asking for definitive data. But Bud Brown (Arnold Brown, Clearinghouse chairman), refused to give it."

No one from NCI was present to refute Highland's charges, so his statements will go into the hearing record unchallenged.

Brown, who maintains records of his Clearinghouse activities including phone calls, later reviewed for ***The Cancer Letter*** the sequence of events related to TRIS.

The report on TRIS results from the Bioassay Program originally was scheduled for consideration by the Clearinghouse Data Evaluation/Risk Assessment Subgroup at its June 1977 meeting. Highland and Bruce Ames were pressing CPSC for immediate action against TRIS, and a CPSC representative contacted Brown to ask about speeding up the review process.

Brown called Bioassay Program Director Richard Griesemer March 1, 1977, and Div. of Cancer Cause & Prevention Director James Peters, on March 2. They agreed to move the TRIS review to the subgroup's March 25 meeting.

Brown had further conversations on the subject with Guy Newell, then acting director of NCI, on March 3; with CPSC on March 4. A CPSC representative met with Schneiderman during that week to discuss mathematical models.

At the March 25 meeting, the Subgroup reviewed the data supplied by the Bioassay Program and determined that TRIS was a carcinogen and was a risk to humans. All Clearinghouse meetings are open, and the report and Subgroup action was immediately available to CPSC.

Brown said he was anxious to speed up the process and move the TRIS review ahead of schedule "because I did not want the Bioassay Program or the Clearinghouse to appear to be holding up regulatory action."

Highland also charged, incorrectly and again unchallenged, that "efforts to develop short term

screening tests such as the Ames mutagenicity assay have been underemphasized and consequently underfunded" by NCI.

One person's definition of "underfunded" would be another's idea of fat city. NCI's Carcinogenesis Research Program has been supporting development of short term, in vitro tests with about $7 million a year in contracts. The Bioassay Program adds another $5 million a year. There is also a small number of investigator initiated grants worth $100,000 a year. And NCI's intramural research efforts on in vitro tests cost roughly $500,000 a year.

NCI has never supported Ames, either through grants or contracts. He has, in fact, never submitted a proposal in response to contract RFPs. Ames is supported by the National Institute of General Medical Sciences at NIH with approximately $100,000 a year.

CHARLES LEMAISTRE SUCCEEDS LEE CLARK AS HEAD OF U. TEXAS CANCER CENTER

Charles Lemaistre, chancellor of the Univ. of Texas System, has been named president of the Univ. of Texas System Cancer Center, which includes M.D. Anderson Hospital & Tumor Institute. LeMaistre succeeds R. Lee Clark, who is retiring after more than 30 years' service as president of the internationally recognized cancer center.

LeMaistre has been affiliated with the UT System administration since 1966. He is active in the American Cancer Society and serves on the board of directors of the Damon Runyon-Walter Winchell Cancer Fund.

The Cancer Center is one of 10 components of the overall UT System. LeMaistre will give up the chancellorship to take over the Cancer Center. Clark will remain as president-emeritus.

LeMaistre is a native of Lockhart, Ala. He earned a BA degree in 1944 from the Univ. of Alabama and his medical degree in 1947 from Cornell Univ. Medical College. He took his internship and residency at the New York Hospital.

RFPs AVAILABLE

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

RFP NO1-CP-85622-58

Title: *Perinatal carcinogenesis in non-human primates*
Deadline: *March 30 (for resumes)*

NCI is interested in obtaining the services of a private laboratory for continuation of a resource contract which supports a collaborative research program in perinatal carcinogenesis in non-human primates. The resource facility and its personnel must be available for immediate response to the requirements of the NCI Carcinogenesis Program. This will involve contractor staff availability in Bethesda for scientific discussion with NIH staff on a 24 hour basis, as well as access by designated NIH individuals to the facility several days a week.

In addition, the labile nature of the chemical carcinogens employed, the precise timing required for administration of these substances to experimental animals, and the requirement that vital tissues be obtained from the facility and transferred to other locations for cell culture studies require that this facility either be located in the vicinity of NIH or that acceptable alternative procedures be proposed for rapid transfer of personnel and materials from the contract site to NCI in Bethesda.

The facility will be used chiefly as a resource holding area for about 275 monkeys (erythrocebus patas), and must be physically separate from all other species which may be housed in the same buildings. A common cage washing area is acceptable, however, if clean equipment does not traverse areas inhabited by other species. The facility must have AALAC accreditation.

Personnel requirements on an annual basis are estimated at 700 hours of a veterinarian; 2400 hours of other senior and junior technical personnel; and 9000 hours of technical and clerical support personnel for a 2½ year period.

Interested organizations should submit a resume of experience, capabilities and facilities to perform these services to:

Contract Specialist: Mary Butler Armstead
Carcinogenesis
301-427-7957

RFP NCI-CP-FS-81019-67

Title: *Biomedical Computing: Designing and implementation of computer programs and systems*
Deadline: *Approximately April 30*

The Div. of Cancer Cause and Prevention of NCI, Field Studies & Statistics, is seeking data processing support for its scientific programs including the Surveillance, Epidemiology, and End Results (SEER) Program, and the Environmental Epidemiology Program.

Prospective contractors must have expertise in biomedical/biostatistical computing. The estimated initial level of effort will be 16.5 person-years. All

development and production processing will be done using the NIH Computer Center. The contractor must maintain an office within one hour's commuting distance of Bethesda, Md.

Contract Specialist: Dorothy Coleman
Viral Oncology
301-496-1781

RFP NCI-CP-VO-81029-66

Title: *Inter- and intraspecies identification of cell cultures*
Deadline: *April 20 (for resumes)*

NCI is seeking organizations having the capabilities to carry out a project for inter- and intraspecies identification of cell cultures. Interested organizations will be expected to utilize, as a minimum, species-specific immunofluorescent staining, glucose-6-phosphate and lactice dehydrogenase isozyme analysis, and chromosome banding and analysis, either singly or in combination, as necessary, for complete and definite cell identification.

Resumes of experience and capabilities should cover: (1) the name, professional qualifications, and experience of scientist(s) and technical personnel available for the project; (2) availability of instrumentation; (3) technical mastery of analytical procedures; and (4) availability and description of facilities required to perform the project. Twenty-five copies of the resume of experience and capability must be submitted to:

Contract Specialist: Clyde Williams
Viral Oncology
301-496-1781

RFP NCI-CP-VO-81025-66

Title: *Holding facility for small laboratory animals*
Deadline: *April 27*

NCI is interested in contracting with a local organization to obtain facilities for handling and maintaining small laboratory animals. Existing facilities and space for new facilities devoted to small laboratory animal holding at the NIH reservation are extremely limited. NCI is seeking to establish a small laboratory animal holding facility within a 30-mile radius of NIH, Bethesda, Md. for the direct support of NCI intramural research activities. The successful organization will be expected to daily maintain approximately 5,000 mice, 500 rats, 500 hamsters, and 500 guinea pigs.

Contract Specialist: Clyde Williams
Viral Oncology
301-496-1781

RFP NO1-CP-85613-70

Title: *Studies of natural inhibitors of chemical carcinogens*
Deadline: *April 30*

The objective of this proposal is to find naturally occurring non-toxic materials suitable for addition to normal animal diets in order to inhibit the development of cancer. Some examples from previous work are vegetables such as brussels sprouts. The proposers may suggest others.

The materials proposed for testing should not be related to retinoids. NCI desires to initiate a contract for the studies of natural inhibitors of chemical carcinogens. A 39 month effort is anticipated in the effective pursuit of this project. Proposals with several options as to the extent of professional time committed to the project are acceptable.

Contracting Officer: Joe Federline
Carcinogenesis
301-427-7574

RFP NCI-CM-87143

Title: *Planning and analytical support services*
Deadline: *Approximately May 1*

The Div. of Cancer Treatment of NCI has a requirement for support services categorized as planning and analytical, logistics, other general planning analytical, and support, all of which are to be integrated with one another as necessary to perform the requirements as outlined below.

Planning and analytical support will include design of formats for data collection, arrangement and structuring of detailed data, assistance in determining guidelines for data analysis and subsequent analysis of the data in accordance with established guidelines, and preparation of flow charts and other pictorial material which conceptualize past, present and planned DCT/NCI programs.

Logistics support will cover typing and editing services, design, preparation and distribution of reports, visual display charts, diagrams, tables, etc., and a full range of conference support services, not only when the conferences are in session, but both pre- and post-conference activities. Other general planning, analytical and documentation support for DCT involves miscellaneous subtasks of a similar type to those previously stated tasks.

This task includes providing short and long term, rapid turnaround for special reporting and miscellaneous planning and documentation activities to assist the OD in meeting its reporting requirements. Because of the need for continuous interaction with DCT staff the contractor must have an established office in the greater Washington metropolitan area.

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

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

RFP NO1-CP-85615-56

Title: *Studies of toxicology of retinoids*
Deadline: *May 3*

Evaluate the acute and subacute toxicity of a series of new retinoids that will be provided by NCI.

Tests shall be performed in rats, mice, or hamsters and should not run longer than 13 weeks. The contractor shall also have the option of proposing new studies in rats, mice, or hamsters that will help to elucidate the mechanism whereby retinoids exert their toxic effects.

A five year or greater effort is anticipated in the effective pursuit of this project. However, any contracts resulting from the RFP will be written for a three-year period. The estimated cost range for the three year period is $681,700-$923,300.

RFP NO1-CP-85616-56

Title: *Synthesis of kilogram amounts of retinoids for long-term animal studies*

Deadline: *May 6*

Synthesis of new retinoids, to be specified by NCI at the 1 kilogram level, which will be used for testing in long-term animal experiments for prevention of cancer of the lung, bladder, breast, colon, esophagus, and pancreas. The contractor shall synthesize the required retinoids in a high state of purity, package them in sealed 100 gram containers (under inert gas) and send them as requested to the various laboratories throughout the country which are performing the long-term animal studies.

A five year or greater effort is anticipated in the effective pursuit of this project. However, any contracts resulting from this RFP will be written for a three-year period. The estimated cost range for the three-year period of $966,450-$1,307,550.

RFP NO1-CP-85614-56

Title: *Prevention of pancreatic cancer in experimental animals by retinoids*

Deadline: *May 3*

Evaluate the ability of several different retinoids to inhibit pancreatic carcinogenesis in well defined experimental animal models. Since it is not desired at present to determine whether retinoids prevent initiation of pancreatic carcinogenesis, models should be chosen in which initiation and progression of disease can be clearly separated. The experimental animal systems chosen should be capable of determining whether retinoids can prevent progression of disease, after initiation has been completed. However, the primary aim of this project is not to undertake a major effort in development of new models of pancreatic carcinogenesis.

A five year or greater effort is anticipated in the effective pursuit of this project. However, any contracts resulting from the RFP will be written for a three-year period. The estimated cost range for the three year period is $681,700-$922,300.

Contract Specialist for above 3 RFPs: Mel Hamilton
Carcinogenesis
301-427-7957

RFP ECI-SHP-132

Title: *Surveillance of the health effects of tobacco products*

Deadline: *Approximately April 25*

Identify current prospective studies and health service programs in the U.S. with the capability to survey their subjects annually on details of smoking and sequelae. This is to be a supplement to ongoing activities rather than the development of a new study population. The capability of either an addition or an expansion of a tobacco-use history questionnaire which will allow a stratification of subjects into several classes of tobacco smoke exposure is desired. This will permit the surveillance of the health effects of changes in the toxic yields of cigarettes and other tobacco products in the different exposure groups.

Surveillance will be accomplished by documenting specific morbidity and total and specific mortality in the stratified groups. A yearly reassessment of the stratification, by re-examination of the respondents' smoking patterns, will be required. Organizations meeting these requirements are invited to submit a capabilities statement by March 27, outlining the purpose of their study or services being provided, the characteristics of their subject population, a list of tobacco-related questions, if any, that are being asked of their subjects, and the final year of support for their current study or services, as applicable. Responses should not include fiscal information. A request for proposal will be sent to those organizations considered capable of satisfying SHP objectives, based on the capabilities statements received. Depending on the availability of funds, multiple awards may be made.

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