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ADVICE ROLLS IN AS UPTON PROCEEDS WITH NCI REORGANIZATION, STANDS FIRM ON HIS PROGRAM

As the reorganization of NCI continues to evolve, Director Arthur Upton continues to receive advice from outside NCI on how the reorganization should be implemented.

Chief among the concerns of the non-NCI biomedical research community appears to be the issue of separating control of the institute's intramural research from the extramural programs. Outside scientists had been upset enough as it was, with NCI division directors and some

(Continued to page 2)

In Brief

DEVITA VS. LINCOLN; ACS SAYS IT WILL TAKE "NEW INITIATIVES IN POLITICAL FORUMS"

"WHEN YOU fight a war, you get advice from generals," Div. of Cancer Treatment Director Vincent DeVita said recently, arguing that study sections which review therapeutic research grants should be made up of persons who have done clinical research. One observer recalled Lincoln's remark, "War is much too important to be left to generals," but then Lincoln never submitted a clinical trials application to the NIH Div. of Research Grants. . . . ACS ANNUAL report for 1977 notes that of a total budget of $140.5 million, $44 million went to research, $23.5 million to public education, $14 million to professional education, $17.2 million to patient services, $13.3 million to community services, and $28.5 million to management and fund raising. The year marked "an increased activist role" in prevention, early detection and patient services, and in lobbying. "We have traditionally avoided political controversy," said Lane Adams, executive vice president. "But recently, as our right to engage in political action has been clarified, we are taking a new initiative in political forums" . . . . AMERICAN NATIONAL Red Cross 10th annual scientific symposium is titled, "The Blood Platelet in Transfusion Therapy." It will be held May 10-11 at the Pan American Health Organization, Washington D.C. Contact G.A. Jamieson, ANRC Blood Research Laboratory, 9312 Old Georgetown Rd., Bethesda, 20014. . . . PHILIPPE SHUBIK, director of Eppley Institute, and Isaac Berenblum, professor emeritus at Weizmann Institute in Israel, received the 27th annual Bertner Award for "distinguished contributions to cancer research." Bruce Duncan, Johns Hopkins Univ., received the Wilson S. Stone Award for "outstanding achievement in the biomedical sciences accomplished by a student." The awards were presented at the M.D. Anderson annual symposium on fundamental cancer research. . . . "QUALITY ASSURANCE in Laboratory Animal Research & Testing" will be the theme of the seminar Sept. 13-14 by the National Capital Area Branch of the American Assn. for Laboratory Animal Science. Contact Arley Mead, Hazleton Research Animals, 9200 Leesburg Pike, Vienna, Va. 22180.

ISSELBACHER HAS "GRAVE CONCERN," SAUNDERS UNCONVINCED ON SEPARATION

(Continued from page 1)

program managers in the divisions responsible for inhouse work and contract programs in their respective areas.

With investigator initiated grants being moved into the divisions, those concerns took a quantum leap upward. Now it seemed that the intramural program managers would get their hands on grants as well as contracts.

Upton is standing by his guns, insisting that it isn't going to work that way, and that in fact the reorganization will further separate control of intramural from extramural programs.

Kurt Isselbacher, chief of the Gastrointestinal Unit at Massachusetts General Hospital and chairman of Harvard's Cancer Committee, expressed his concern in a letter to Upton. He wrote:

"Clearly, any plan that results in a major and sweeping change in the organizational structure of NCI should provide an opportunity for comment from all concerned—both those within the government and the biomedical research community. To institute such a sweeping reorganization without such input would, I believe, be most unfortunate.

"Your objective of improving the scientific, management and training activities of the National Cancer Institute is certainly a commendable one. It was apparently announced by you that your reorganization would bring NCI into conformance with other institutes of NIH. I wonder whether it really can be said that currently such a functional activity exists in the other institutes, i.e. where intramural program directors play a multifunctional role, being involved in intramural research and actively involved in decisions regarding extramural research grants?

"You indicate that your plan will result in more funds being moved from contracts to grants. While this again is a commendable objective, there really is no assurance in your proposal that this in fact would be the case, in spite of all good intentions.

"Some of the specific concerns are as follows: 1) There must be a separation of those involved in and approving of the intramural and extramural programs. The same individuals who are engaged in intramural research programs should not be in the position of a conflict of interest, either apparent or real, involving them in decisions concerning extramural research grants which may indeed conflict with their own research philosophies.

"2) While everyone is anxious for more basic research, by dividing everything into well-defined 'programs' there is the great danger that research proposals which do not fall into or within a given category or program will not receive the proper attention, stimulus or actual grant support. Much can be lost between the program cracks!

"3) Operational aspects. Nowhere in the proposed reorganization does there appear to be any comment about the impact of this reorganization on the logistics of the NCI communication process, namely, between the biomedical investigators and the NCI staff. Currently, program directors have ready access (without taking a cab or a bus) to executive secretaries and grants management officers. This ready access is of great advantage for the investigator who knows that such communication is in his best interest and where the program director in fact serves as his spokesman and liaison. Under your reorganization plan, when the program directors are physically separated from the corresponding executive secretaries and grants management officers, such communications cannot possibly be as effective. The net result of this impaired communication means that the investigator will be the loser.

"It would appear that the changes which you have undertaken have been contemplated by NCI for some time. The basis for this change is not quite clear, however, Perhaps some of it has come from dissatisfaction with the Centers Program. While the latter has come under criticism (both from within NCI and without) it is not clear that your reorganization plan will solve this problem. Reorganization will not solve a problem which may be due more to vacillating NCI philosophy than to poor grants management.

"In summary, as a member of the biomedical scientific community and as chairman of the Harvard Univ. Cancer Committee, I would like to convey to you grave concern about your reorganization plan. Hopefully, you appreciate the desirability of not instituting these changes until you have had a broad input from the concerned biomedical community."

Upton answered:

"Although I did not formally canvass the scientific community for opinions before deciding to embark on the proposed changes, I did seek the advice of a number of colleagues, both inside and outside of NIH. Especially important were discussions with other institute directors who have already gone through similar reorganizations. In all cases, after the difficult problems of the transition period were behind, each institute director reported that operations and programs were improved by the reorganization.

"As to the first of the concerns you mentioned, we plan to maintain a clear separation within each division between those who are responsible for the extramural, investigator-initiated research programs and those who are engaged in intramural programs. Thus there should be no basis for conflicts of interest in the referral, management, or funding of grant 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 administer extramural as well as intramural programs in an impartial and reasonable manner.

"Second, 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 all 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. The plan we envision should guard against the danger that deserving applications will be 'lost between the cracks,' inasmuch as the same people who are now responsible for referral of applications will continue to bear the responsibility, and they will be able to see that the grants compete against the total extramural dollar pool, with the attention and concern of all program leaders and the institute director.

"With regard to logistical aspects, I cannot foresee that the reorganization we are contemplating should necessarily affect the physical location of the personnel involved. Before undertaking any geographic moves, we will be careful to assess their operational impacts. To the extent that the present housing arrangements should be preserved for the sake of efficiency, we will be prepared to continue them. Ideally, of course, it would be preferable if the entire institute could be housed in a single building, or at least in neighboring buildings on the same campus.

"Clearly, the outcome of the proposed reorganization cannot be known fully in advance; however, I am confident that it will increase the percentage of our budget allocated to investigator-initiated grants, increase the percentage of approved grants funded, improve the peer review process for both grants and contracts, decrease the percentage of budget going into contracts, and bring about a clearer separation overall between our intramural research program and our extramural programs.

"It will take more than a year to implement the reorganization fully, and I hope that the scientific community will be patient during this time; however, I realize that the plan will continue to be viewed with confusion and anxiety until its details are more fully and widely known. Hence, we are seeking to work out its details and explain them as rapidly as possible."

J. Palmer Saunders, dean of the School of Biomedical Sciences at the Univ. of Texas (Galveston), had expressed his concern to Upton about separation of intramural and extramural research, suggesting that the solution could be consolidating all inhouse programs within one office, removing them from the divisions. Upton did not agree (***The Cancer Letter,*** Feb. 10 and 24).

Saunders wrote again, unconvinced by Upton's assurances. Saunders started his letter by commenting "that as a practical modus operandi in a rather complex administration situation you appear to have worked out a reasonable technique to insure the continued support for investigator initiated research on an equitable basis." Before he was finished, however, re renewed his argument for total separation of intramural and extramural control and criticized Upton's plan for establishing priorities in funding of grants as "another example of a bureaucratic response to give a show of conforming to the community's concerns without making any real changes in the proprietary rights of your present division directors."

Saunders wrote:

"There is a further argument for consolidation of intramural research under single leadership. With the growing integration of all fields of science and in a disease area the fundamentals of which are so little known it is vital to attack the basic scientific problems of growth in a coordinated and interdisciplinary fashion. The existing divisions of NCI in terms of laboratory research don't make any sense at all and I think that if you looked at the nature of the research carried on by the various laboratories in the several divisions you would find many joint efforts and spontaneous interdisciplinary interactions. The same can be said about the National Institutes in general. Much basic research directly applicable to cancer has been carried out in the intramural laboratories of other institutes. But at least for the institutes themselves there is a certain general logic that has been associated with their establishment in the past.

"In the National Cancer Institute, however, the divisions were purely arbitrary and, to my personal knowledge, were established off the top of the head in a very brief administrative session. The whole National Cancer Plan evolved around these arbitrary divisions. They make some sense when it comes to administering support for extramural research (whether by grant or contract), but I feel that to structure intramural research laboratories on the same basis seems silly.

"While I appreciate and understand your reluctance to undertake the separation of intramural research as I suggested it seems to me that your arguments for not doing so are not convincing. They really boil down to an argument of administrative convenience. It is my opinion that in attempting to resolve the conflict of interest question you have created an administrative overlay which may in the long run prove much more burdensome than the problem of 'turf protection' which you would encounter if you undertook to initiate the separation immediately. Committees rarely make decisions and the mechanism you have established for deciding on priorities and the expenditure of grant funds seems to be another example of a bureaucratic response to give a show of conforming to the community's

concerns without making any real changes in the proprietary rights of your present division directors. This is an easy way out, but in the long run will not settle the problem. Only by an immediate and clean separation between the intramural laboratory interests of your inhouse scientists and the administration and management of the extramural support programs can you convince the scientific community that you have grappled with the issue and have resolved it in a fashion similar to the one used by other institutes. I suggest therefore that you reconsider your decision and consolidate the intramural research programs under a single associate director."

HALTERMAN, MAHONEY BRANCHES TO GO TO DCT, WITH SOME PROGRAM PROJECTS

The Div. of Cancer Treatment Board of Scientific Counselors got a look in some detail this week on how the reorganization will affect that division.

DCT Director Vincent DeVita presented an organizational chart which included three new branches and a new Office of Extramural Research & Resources to accommodate the transfer of treatment grants to his division.

Two of the branches will be moved in directly from the Div. of Cancer Research Resources & Centers, where they have been responsible for about $70 million worth of grants. These will be the Clinical Projects Branch, headed by Roger Halterman, and the Radiotherapy Development Branch, headed by Francis Mahoney.

Halterman now heads the Diagnosis & Treatment Branch in DCRRC, while Mahoney heads the Radiation Biology & Physics Section of that branch.

Halterman's new branch in DCT will be primarily responsible for the program project grants which are determined to be basically treatment oriented. DeVita estimated they would total about $35 million.

Mahoney's new branch will include all the present radiation grants he has been handling in DCRRC, also totaling $35 million, including $12 million for high LET studies and the rest in radiobiology. Mahoney also will take over the existing DCT radiosensitizer program and a Cancer Research Emphasis Grant studying combination radiotherapy and chemotherapy, adding another $5 million.

The R01 (traditional investigator initiated grants) for clinical trials will go to the Clinical Investigations Branch, which presently manages the Cooperative Group grants and will continue to do so. DeVita estimated the R01s would amount to $10-15 million.

DeVita also announced that Ray Weiss is the new chief of the Clinical Investigations Branch, filling the vacancy left when Hugh Davis returned to the Univ. of Wisconsin three months ago.

The two new branches, CIB, and the Investigational Drug Branch headed by Vincent Bono, all are under the Cancer Therapy Evaluation Program, directed by Franco Muggia. This program is totally extramural.

The other new branch will be the Experimental Therapeutics Branch, in the Developmental Therapeutics Program which is directed by Vincent Oliverio. This program also includes the Drug Evaluation Branch, under John Venditti; the Drug Synthesis & Chemistry Branch, presently headed by Harry Wood; the Natural Products Branch, headed by John Douros; and the Pharmaceutical Resources Branch, headed by Paul Davignon.

Those five branches will be grouped under the new Office of Extramural Research & Resources, which Wood will head. Moreshwar Nadkarni, who is now program director for drug development in Halterman's branch in DCRRC, will be program director for grants in the office, under Wood.

The Developmental Therapeutics Program also includes five intramural laboratories, which will remain separated from the branches involved in supporting extramural research in drug development and experimental therapeutics.

The other two DCT programs are totally intramural—Clinical Oncology Program, headed by John Ziegler, and the Baltimore Cancer Research Center, headed by Peter Wiernik. They will not be affected by the reorganization.

The fact that DCT will take over a major part of the program project grants may come as a surprise to those who assumed they would stay with the Centers Program, now moved into NCI Director Arthur Upton's office and headed by William Terry.

DCT Board member Sydney Salmon asked DeVita DeVita how the program projects would be distributed among the divisions, considering that many of them are a mixture of research activities.

"I can't answer that. I just don't know yet how that will be handled," DeVita said.

The Clinical Investigations Branch will have a section on surgery and another on immunotherapy, DeVita said. Most of the existing Immunology Program, which Terry has headed in the Div. of Cancer Biology & Diagnosis, probably will be converted to grants and will stay in that division. But DeVita said he expected that most of the immunotherapy grants —any existing ones coming over from DCRRC and others evolving from Terry's program—eventually will be lodged in DCT.

DeVita insisted that the separation between intramural and extramural programs "will be clean. . . . There will be no dual responsibility."

He was challenged on that by Board members, who pointed out that Oliverio, in Developmental Therapeutics, had both intramural and extramural arms in his branch, and that DeVita himself had major responsibility over both areas.

"You have to have the responsibility stop somewhere," DeVita answered. "In that case, it stops at

the program director. It could come up to me, or to Arthur Upton, or to Don Fredrickson (NIH director), or to Secretary Califano." No intramural scientist will manage a grant or contract, DeVita insisted.

As far as "managing" the grants is concerned, "We'll do no more and no less than what goes on now in grants management," DeVita said. "But there will be more light on the decision making process. It will be a corporate decision on which division gets what."

By "corporate decision," DeVita was referring to the process described by Upton, with the program managers, division directors and Upton determining together the dollar totals for each program.

"It will be a more open process, with a lot more sunshine," DeVita said.

Board member Henry Kaplan asked, "Will research contracts no longer exist? What guidelines will you use to determine what is appropriate for contracts, what is appropriate for grants?"

Contracts that are purely basic research probably will be allowed to expire when the contract period is up, DeVita said. The investigators will be encouraged to apply for grants at that time. Contracts will not be abruptly canceled to make room for grants, he indicated.

"What is the anticipated future role of CREGs?" Board member Charles Heidelberger asked. DeVita said that there is "an argument" for keeping CREGs but did not elaborate.

"What the scientific community is fearful of," said Board member Harris Busch, "is the shifting of frames of reference for the future. NIH officials in the past have used whatever mechanisms they could to enhance their own interests, their own standing. It is absolutely clear that uncoordinated, untargeted, unprogrammed research led to the great advances in cardiovascular research. We've got to protect this. The men here now say they will. But there will be others coming down the pike, Mediocrity is always with us. We have many centers of it."

"Does that include comprehensive centers?" Board Chairman John Ultmann needled.

"It's not just research you want," Harris continued. "It's innovative research. The key question is, how are you going to protect the science?"

"Only one way," DeVita said. "The corporate decision process will have to approve any changes in priority. It's the best safety valve. If other divisions pay 50% of their grants and DCT pays only 15%, I would have to stand before this board, Dr. Upton and the other division directors and justify what we were doing with the money."

SCHMIDT, UPTON DEFEND EPPLEY, SHUBIK AT BENNO'S FINAL MEETING AS CHAIRMAN

Benno Schmidt conducted his last meeting as chairman of the President's Cancer Panel this week—a rather pleasant, rambling affair that discussed reorganization and the GAO report on Eppley Institute, but came to no conclusions.

NCI Director Arthur Upton outlined the General Accounting Office's conclusions on the Eppley contract (***The Cancer Letter***, Feb. 24) and the NCI response to it, which was basically that NCI generally agreed with the criticisms and has been tightening up its procedures.

Three project officers have now been assigned to the contract instead of the former single officer overseeing the large, complex operation. Upton said he felt his overall reorganization plan would tend to separate peer review from program management, and would help in the future in such situations.

Upton said the contract has been renewed, but as a terminal phase-out, over a period of three years. "Much of the work (now being done by contract with Eppley) can be supported by grants in the future," he said.

Upton said he felt the problems at Eppley were not major. "I strongly believe the quality and volume of work was very high."

Schmidt observed that "throughout the six years of the contract, we were continually trying to get more personnel, through OMB (Office of Management & Budget) in particular. We had more activities going on than the horsepower in personnel could monitor."

"The most significant aspect," Schmidt said, "was the fact that both Obey (Rep. David Obey, who initiated the GAO investigation), and the press have attributed whatever exceptional things that occurred to the fact that (Philippe) Shubik, (director of Eppley Institute), is a member of the National Cancer Advisory Board. There is nothing in the GAO report to substantiate it, and I don't know of anything to substantiate it. . . . Obey also referred to the potential conflict of interest with Shubik's commercial connections, the inference being that commercial connections had something to do with his eligibility for membership on the NCAB. None of these commercial connections has ever influenced anything NCAB did.

"But the question remains: Should a member of NCAB have commercial connections that would give the appearance of conflict? We should look at it. Is full disclosure enough or some actual prohibition?"

There are two separate conflict of interest problems, Schmidt noted. First, "Do board members receive preferential treatment for themselves or their institutions? Two, the possible conflict between commercial connections and responsibility on the board."

Schmidt said all scientific members and some lay members have connections with institutions. "I think we have adequate protection. I've seen Board members' institutions fare very badly."

CLEARINGHOUSE FINDS TWO CHEMICALS CARCINOGENIC AND THREAT TO HUMANS

Analysis of test results on 16 chemicals which went through NCI's Bioassay Program convinced the Clearinghouse on Environmental Carcinogens Data Evaluation/Risk Assessment Subgroup that two were carcinogens and posed a threat to humans.

Two more were found to be carcinogenic in the test animals, may be a risk to humans, but the data did not support clear findings to that effect.

The two that were determined to be a threat to humans were 4,4-thiodianiline, an intermediate in the manufacture of diazo dyes, and 1,1,2-trichloroethane, a widely used solvent and chemical intermediate with broad occupational exposure.

Arnold Brown, Clearinghouse chairman, was the primary reviewer for both of those compounds. Brown said he agreed with the staff report on 4,4-thiodianiline, that it was carcinogenic in both rats and mice. He noted that the maximum tolerated dose probably was exceeded in both species but that it was clearly carcinogenic anyway. His motion that it be presumed a carcinogenic risk to humans was approved unanimously by the Subgroup.

Brown said he agreed with the staff conclusion that the evidence was not convincing that 1,1,2-trichloroethane was carcinogenic in the treated rats. In the mice, however, it induced hepatocellular carcinomas and adrenal pheochromocytomas. Brown said the malignant nature of the hepatocellular carcinomas was evident based on their cellular characteristics and lung metastases. He felt the MTD probably was not reached in the treated rats. Brown's motion that it be considered a potential carcinogenic risk to humans was approved by all Subgroup members except Verald Rowe, of Dow Chemical Co., who abstained.

Subgroup member Joseph Highland was the primary reviewer on hexachloroethane, which was found carcinogenic in animals but not necessarily a threat to humans. The compound is in a variety of manufacturing processes, to treat farm animals for parasites, as a solvent, and others.

Highland said he agreed with the staff conclusion that the compound was carcinogenic in the treated mice, and that there was no evidence it was carcinogenic in the treated rats. Highland said the failure to see a carcinogenic effect in rats may have been due to their early death, as evidenced by the association between increased dosage and accelerated mortality.

Highland said he felt that hexachloroethane may be a carcinogenic risk to humans and that notification of the bioassay results should be given to NIOSH, OSHA and exposed workers (all Bioassay Program reports are routinely sent to the regulatory agencies).

Despite Highland's concerns about the threat to humans, he offered the motion that the staff report be accepted as written, and it was approved unanimously.

The Subgroup determined that beta-deoxythioguansine (Beta-TGdR) was carcinogenic in the treated rats but that the mouse study was uninterpretable because of its inadequacies. No determination was made on risk to humans. Beta-TGdR is an experimental anticancer drug.

Four compounds were recommended for retesting because of inadequacies in the tests under review. They were 2,4-dinitrotoluene, a precursor in the synthesis of dyes with wide exposure among dye manufacturing workers; pyrazinamide, an antitubercular drug; chloropicrin, an agricultural fumigant, and 1,1-dichloroethane, a chemical intermediate and solvent.

Eight compounds were determined to be noncarcinogenic, on the basis of the tests—pentachloronitrobenzene (PCNB), used in agriculture as a soil fungacide and seed protectant; malathion, a widely used pesticide in agriculture and home gardening; 3-nitroproprionic acid, a naturally occurring chemical in fungi, including some used as foods (however, see below); endosulfan, an insecticide; pyrimethamine, an antimalaria drug; n,n'-dicychlohexythiourea, an intermediate in the manufacture of dyes and other chemicals; and ethionamide, a synthetic antitubercular drug.

Highland, the primary reviewer of 3-nitroproprionic acid, agreed with staff that it was not carcinogenic in either sex of mice or female rats. In the male rats, however, there was a dose related trend in the incidence of hepatic neoplasms and pancreatic islet-cell adenomas. Based on the neoplasms in the treated male rats, Highland questioned the conclusion that the evidence was insufficient to state that the compound was carcinogenic.

Bioassay Program Director Richard Griesemer pointed out that there also was a significant increase in the incidence of hepatocellular carcinomas in previous studies where a chemical induced neoplastic nodules and was classified as a carcinogen. In this study only a single hepatocellular carcinoma was found in the treated male rats. Griesemer agreed that the benign liver tumors clearly were treatment related, although pointing out that this was restricted to one species, one sex and one organ site.

Subgroup member Sidney Wolfe argued that hyperplastic nodules and carcinomas should be combined for the purpose of analysis, since the former may represent a premalignant lesion.

Highland's motion to accept the report added that the hyperplastic nodules, which occurred in a statistically significant incidence, are generally thought to be premalignant. Subgroup member Lawrence Garfinkel objected to combining neoplastic nodules and hepatocellular carcinomas to obtain a statistically significant result, suggesting it could set a bad precedent for combining benign

and malignant tumors. The motion was approved, however, supported by Wolfe, Highland, Brown, Louise Strong and Sheldon Samuels. Opposed were Garfinkel, Rowe and Charles Kensler.

The Subgroup completely rejected the staff report on tests of 32 selected cancer chemotherapeutic compounds. Much of the data in the report was lumped together, which made it confusing and difficult to report, according to Strong, the primary reviewer. She noted that for some of the compounds classified as negative, there is evidence accumulating that they may be carcinogenic in humans.

Subgroup member Michael Shimkin, who was not at the meeting, said in a written review that a summary conclusion cannot be given on compounds as diverse as the 32 in the report. He commented that classifying compounds by their mode of action, such as alkylating agents and antimetabolites, would be a useful way to examine them.

The Subgroup voted unanimously to reject the report and that the staff reconsider it to determine if it can be restructured in a way to make the results on individual compounds more meaningful.

GARB DENIES HE, PANEL SAID CONTRACT SHOULD BE PRIMARY FUNDING MECHANISM

Solomon Garb, medical director of the American Medical Center at Denver and chairman of the Citizens Committee for the Conquest of Cancer, took exception to a statement in Richard Rettig's book, *Cancer Crusade: The Story of the National Cancer Act of 1971* (***The Cancer Letter***, March 3).

Rettig wrote: "Lee Clark and Solomon Garb concluded that the primary mechanism for implementing new work in an expanded cancer program should be the contract."

Garb's response:

"You are absolutely correct in stating that some of Rettig's statements are fiction. Neither Lee Clark, nor I, nor anyone else on the Panel (of Consultants for the Conquest of Cancer) ever decided that the primary funding mechanism should be the contract. We did decide that the hands of future NCI directors and advisory boards should not be tied by any formula laid down by us. Therefore, we declined to specify that any fixed proportion of NCI funds be spent for any particular purpose, or through any particular mechanism."

The review of Rettig's book by ***The Cancer Letter*** failed to mention one key individual who played an extremely important role in the initiation of the National Cancer Program—former Sen. Ralph Yarborough of Texas. (This was ***The Cancer Letter***'s oversight, not Rettig's. Yarborough was cited extensively in the book.)

Yarborough was chairman of the Senate Health Subcommittee in 1970 and was instrumental in getting the Senate to establish the Panel of Consultants. In fact, the Panel has been frequently referred to as the Yarborough Committee.

In a recent letter to Yarborough, who is now practicing law in Austin, Garb gave him the credit he is due. Yarborough answered:

"I do not believe that you can possibly realize how my spirits were lifted by your letter. . . . At least four different books give me credit for the creation of certain national parks, and the Supreme Court held on a decision involving the Cold War GI Bill that I was its author. . . . I have received credit for some of the educational bills that I have put through the Senate, but yours is the first communication that I have had that gives me credit for what I thought was the most urgent of all, the most needed of all, and that was the War on Cancer.

"A panel of cancer consultants testified about 1960 before our committee that if we gave them $1 billion a year for 10 years, they could find the answer to about 90% of the types of cancer that had been identified.

"I supported it immediately, but it was eight more years until I became chairman of the Health Subcommittee of the Senate, in January 1969, before I could do anything about it. I am grateful for your service on that panel of consultants, and also that you moved so expeditiously in pushing through the resolutions and the reports.

"Since I was defeated in 1970, I was fearful that unless you took the dramatic action that you did take in making the report soon, the effort for the national bill might die.

"You on the committee did move, did make the recommendations, and gave it such importance that it kept going.

"Knowing of my role I felt very satisfied with it when I returned to Austin and reentered the law practice. But a few days after I received your letter, I showed it to a friend here. He read it in amazement and said, 'I thought President Nixon started the War on Cancer.' Of course you know how little aid we got from Nixon, until sometime after he became unpopular over the war in Vietnam. I think he

RFPs AVAILABLE

Requests for proposal described here pertain to contracts planned for award by the National Cancer Institute, unless otherwise noted. Write to the Contracting Officer or Contract Specialist for copies of the RFP, citing the RFP number. Some listings will show the phone number of the Contract Specialist, who will respond to questions. Listings identify the respective sections of the Research Contracts Branch which are issuing the RFPs. Their addresses, all followed by NIH, Bethesda, Md. 20014, are:

Biology & Diagnosis Section — Landow Building
Viral Oncology & Field Studies Section — Landow Building
Control & Rehabilitation Section — Blair Building
Carcinogenesis Section — Blair Building
Treatment Section — Blair Building
Office of the Director Section — Blair Building
Deadline date shown for each listing is the final day for receipt of the completed proposal unless otherwise indicated.

RFP NCI-CM-87211

Title: *Operation of an animal disease diagnostic laboratory*

Deadline: *Approximately April 12*

The scope of this effort will be directed toward the bacteriological monitoring of all rodent colonies under contract to the Mammalian Genetics and Animal Production Section, Drug Evaluation Branch, Developmental Therapeutics Program, Div. of Cancer Treatment, NCI, and the research animals used for compound evaluation studies. Emphasis will be placed upon the examination of fecal specimens for the presence or absence of salmonella spp. and pseudomonas spp.

It is expected that approximately 18,000 fecal samples will be assayed for salmonella and pseudomonas per year. It is anticipated that the award will be an incrementally funded contract for a period of three years. The principal investigator's expertise and experience in the areas of microbiology directly concerned with the diagnosis of salmonella and pseudomonas infection in laboratory animals must be presented.

An important factor in the selection process will be the demonstration of an understanding of the significance of infection in small laboratory animals (mice) with various species of salmonella and pseudomonas.

Contract Specialist: D. Abbott
Cancer Treatment
301-427-8125

RFP NCI-CM-87182

Title: *Preparation of plant extracts*

Deadline: *March 27*

Approximately 3,600 plants per year for anticancer screening. The contractor must provide an extraction laboratory, have capacity for storage of approximately 10,000 plant samples, and show evidence of experience in extract preparation. All samples of dried plant materials (3 lbs. each) will be supplied by the government.

It is expected that one incrementally-funded contract will be awarded for a three-year period of performance. It is estimated that the level of effort required during each year of contract performance will consist of a minimum of 4½ man years.

Contracting Officer: John Palmieri
Cancer Treatment
301-427-8125

CONTRACT AWARDS

Title: Population based cancer epidemiology research center in Iowa, continuation,
Contractor: Univ. of Iowa, $938,398.

Title: Study of etiologic factors for lung cancer in northeast Florida
Contractor: Univ. of Miami, $97,064.

Title: Conduct radiation therapy research treatment, continuation
Contractor: Mary Hitchcock Memorial Hospital, Hanover, NH, $118,790.

Contractor: Baylor College of Medicine, $85,500.

Title: Isolation, propagation and storage of mutant vertebrate cells
Contractor: New York Univ. Medical Center, $161,332.

Title: Procurement of embryonic cell lines with variable growth rates
Contractor: Litton Bionetics, $39,116.

Title: Pharmacology and radioautography of antitumor agents
Contractor: Arthur D. Little, $2,480,746.

Title: Gastrointestinal cancer research program
Contractor: Georgetown Univ., $30,392.

Title: Facility for supplying immune related cell lines
Contractor: Salk Institute, $74,660.

Title: Cell mediated immunity to rodent tumors
Contractor: Litton Bionetics, $279,995.

Title: Induction, biological markers and therapy of tumors in primates, continuation
Contractor: Hazleton Laboratories, $20,000.

Title: Providing human hematopoietic tissue culture cell lines and related technical services, continuation
Contractor: Associated Biomedic Systems Inc., Buffalo, $187,500.

Title: Development of H-2 recombinant and mutant strains
Contractor: Washington Univ., $78,585.

Title: Clinical Oncology Program, renewal
Contractor: Butterworth Hospital, Grand Rapids, $163,910.

Title: Support of the U.S. National Committee on the International Council of Societies of Pathology and WHO International Reference Centers
Contractor: National Academy of Sciences, $130,820.

Title: Studies on the possible viral etiology of malignancies, continuation
Contractor: Baylor College of Medicine, $277,740.

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