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NCI PROPOSED 1980 BUDGET INCREASES R01 GRANTS BY $50 MILLION OVER '79; TOTAL – $1.055 BILLION

A $50 million increase in funds for traditional research grants over the estimated amount NCI has allocated for FY 1979 was proposed by the staff in the preliminary 1980 fiscal year budget submitted last week to the National Cancer Advisory Board. The big increase, to $227.5 million for R01 grants, reflects the NCI reorganization which will phase out most research contracts and move those funds into investigator-initiated grants. (Continued to page 4)

In Brief

THREE COMPREHENSIVE CENTERS HAVE PROBLEMS BUT AREN'T ON "PROBATION"; AMOS ON BUDGET

"PROBATION" WAS not the appropriate term to apply to the status of three comprehensive cancer centers–Colorado Regional Cancer Center, Georgetown/Howard Comprehensive Cancer Center and Illinois Cancer Council. ***The Cancer Letter*** (May 26) said the three were "on probation" as far as their comprehensive designation was concerned following the review and evaluation by the National Cancer Advisory Board and NCI Centers Program staff. The reviewers recommended that Georgetown/Howard and Colorado be reviewed again in two years, and the NCAB is considering a policy that would withdraw comprehensive recognition from centers without core grants. ICC losts its core grant (it is being site visited soon on a new application), and Colorado's grant was recommended for disapproval. Those recommendations and considerations do not, however, mean the three centers have been placed "on probation" by NCI. . . . **HAROLD AMOS**, member of the National Cancer Advisory Board and professor of microbiology and molecular genetics at Harvard: "The increase (in the FY 1980 budget) for carcinogenesis is an attempt to placate Congress. It's now a popular and simple idea, that all you have to do is find the causes of cancer and get them out of the environment. We won't be able to do that for at least a hundred years. So we need to get on with research in treatment and diagnosis. Sufficient numbers of us already have been impregnated with carcinogens and a lot of us will be afflicted with cancer. . . . There is really no justification yet for that much effort in carcinogenesis." . . . **THOMAS KING**, director of the soon to be renamed Div. of Cancer Research Resources & Centers, is now the executive secretary of the National Cancer Advisory Board, replacing Richard Tjalma. The change was part of the NCI reorganization, in which King's division assumes responsibility for all review activities. One of the Board's major functions is as final reviewer of all NCI grants over $35,000. Tjalma remains as executive secretary of the President's Cancer Panel as well as assistant director of NCI. He also has certain administrative responsibilities for the Frederick Cancer Research Center and the NCI Animal Science Lab.

DETROIT APPROVED FOR COMPREHENSIVE RECOGNITION, MISSOURI DENIED FOR NOW

The Comprehensive Cancer Center of Metropolitan Detroit—a name adopted by its two component members with the full intention that it would become an official NCI recognized comprehensive center—is now just that, or will be when NCI makes the formal announcement.

The National Cancer Advisory Board Subcommittee on Centers last week recommended approval of the Detroit organization as the 20th comprehensive cancer center. That recommendation subsequently was approved by the NCAB, ***The Cancer Letter*** has learned.

The Board also went along with the subcommittee's recommendation that request of Missouri Cancer Programs Inc. for comprehensive recognition be denied, for the present. "Missouri isn't ready yet," one participant in the closed door discussion said later.

The Comprehensive Cancer Center of Metropolitan Detroit consists of the Michigan Cancer Foundation and Wayne State Univ. It is headed by Michael Brennan, who is also director of the Foundation.

NCI Director Arthur Upton probably will make a formal announcement of the recognition of the new comprehensive cancer center within a few weeks.

Meanwhile, three recommendations from the centers subcommittee relating to review of comprehensive centers to determine if they are living up to that prestigious status were tabled by the Board. One of those recommendations would have tied continued recognition to each center's ability to compete successfully for its core grant.

The subcommittee asked that recognition of the existing 18 centers which were reviewed on how well they are meeting the 10 characteristics of comprehensive cancer centers be continued, based on the evaluation of the reviewers.

The subcommittee also asked that in the future, review for comprehensive status be conducted at the same time as the core grant review, with separate review teams.

If a comprehensive center's core grant is terminated, the center would be permitted two years in which to re-apply. If it is not then successful, the Board would be asked to determine whether to continue recognition.

Finally, the subcommittee recommended that the 10 characteristics be continued as objectives for comprehensive cancer centers but that they not be considered equal to each other in importance. The most important characteristics would be, not necessarily in this order, basic research, clinical research, clinical care, detection, cancer control and education.

Board member Denman Hammond made the motion to table the recommendations. "These are important. This is not a put down of their importance," Hammond said. "They are so important that we need them in writing, and we can call them up at the next meeting for further consideration."

Paul Marks, member of the President's Cancer Panel, objected to the two simultaneous reviews, contending that would place a heavy burden on center personnel. "Why can't the core review be used by NCI staff to determine comprehensiveness?" he asked.

Hammond responded that core review is focused on specific projects and budgets and not the totality of a center. Thomas King, director of the Div. of Cancer Research Resources & Centers, agreed that the core grant review committee could not be used to assess compliance with the characteristics.

Board member Henry Pitot pointed out that the subcommittee was reacting to requests from directors of the 18 centers, who had complained about being reviewed twice. "I'm not convinced they consider simultaneous review a burden," Pitot said.

Board Chairman Jonathan Rhoads suggested that the recommendation be modified to permit simultaneous review at the discretion of each center director. The proponents of simultaneous review agreed, but the revised recommendation was tabled with the others.

Centers Program Director William Terry said that, among the other questions relating to comprehensive center recognition the subcommittee considered was that of how recognition would be withdrawn. "How would centers be unrecognized?" Terry asked. The subcommittee reached no conclusions.

Comprehensive recognition in itself does not carry with it financial awards from NCI. But it does help in attracting local, state and regional support.

EVALUATION SUMMARIES OF USC/LAC, UNIV. OF WISCONSIN CENTERS PRESENTED

Evaluation summaries of two more comprehensive centers—the Univ. of Southern California/Los Angeles County and Univ. of Wisconsin centers—follow below. Evaluations of the other centers which were compiled from the National Cancer Advisory Board reviews have appeared in previous issues of ***The Cancer Letter.***

USC/LAC

The Los Angeles County/Univ. of Southern California Comprehensive Cancer Center has a multidisciplinary program in cancer research with an administrative structure similar to that of a medical school department. In 1971, the cancer center came into official existence and Dr. G. Denman Hammond assumed the position as center director. In 1973, NCI recognized the center as comprehensive. The Univ. of Southern California has made a genuine commitment to the development and financial stability of the cancer center.

One of the major strengths of the center is its director. Dr. Hammond is a dynamic, energetic leader with an impressive record, particularly in pediatric

oncology. He has attained excellent cooperation and support from his colleagues, as well as the county and university officials, in carrying out the mission of the cancer center. Administratively, the center operates very efficiently, with good fiscal and management procedures. Appropriate authority and control have been delegated to the director.

The clinical program is currently in a state of transition. Dr. Malcolm Mitchell from the Dept. of Medicine & Pharmacology at Yale has been recruited to assume the position of director of clinical investigation beginning in July 1978. The center staff have expressed their enthusiasm for the new leader as well as their confidence that he will be able to effectively implement a well-balanced, innovative program. The center has made a commitment of five clinical positions for the clinical program. The medical oncology program in the past has been poorly organized, nonproductive, with no effective leadership and noncomprehensive in nature. The success of the new clinical program will depend on Dr. Mitchell's ability to create a strong comprehensive program.

The basic science program has significantly improved since the recent addition one year ago of Dr. Charles Heidelberger as director for basic research. Dr. Heidelberger is a very established, superb investigator with expertise in pharmacology and drug development. Hopefully he will be able to correct the existing deficiencies within this program.

A serious commitment has been made by this center in the area of cancer detection and control. A variety of well-organized programs is being developed. The center is also currently engaged in coordinated community activities with other agencies and institutions in the Los Angeles area. Review and evaluation of the various projects needs to be undertaken by outside consultants and senior center staff.

The biostatistics/epidemiology unit appears to be the strongest area within the center and has been considered to be one of the best such units in the country. Drs. Brian Henderson, Malcolm Pike and Thomas Mack have achieved a great deal in a short time, and have expressed their willingness to cooperate with the cancer center. The program is judged to be cost-effective, innovative, and extremely well organized. A review by outside consultants would be helpful to this group in correcting its deficiencies.

Dr. John Parker directs the training and education activities of the center. He has been successful in developing a variety of programs. The main weaknesses include a lack of evaluation of existing training programs, a lack of impact upon the community, and a need to unify and coordinate the activities of postdoctoral fellows in the basic sciences.

The center has done a most commendable job in participation in the National Cancer Program, as indicated by many examples of strong leadership in national conferences, cooperative groups, and a variety of programs.

Wisconsin

The Univ. of Wisconsin Clinical Cancer Center has a long established and successful clinical oncology program which began its clinical research efforts in 1952. It is obvious that they have made worthwhile contributions to the National Cancer Program and have demonstrated their strengths in several areas, although they do not meet all of the criteria for comprehensiveness at this time. Dr. Harold Rusch is director of the center.

There is a strong institutional commitment to the center in terms of space and facilities. The administration of the center is "mature" and items such as salary, major leaders and the Dept. of Human Oncology receive the full support of the Univ. of Wisconsin. However, the positions of the director of the center and the chairman of the Dept. of Human Oncology are held by different individuals, thus creating possible conflicts in the overall management of the cancer program. Also, the lack of involvement by the McArdle Laboratories, which is a separate Dept. of Oncology, may hinder the development of the basic science components of the comprehensive cancer center. Finally there is not a complete long-range plan for the center. (Ed. note: The university has decided to combine the positions of center director and chairman of the Dept. of Human Oncology.)

Interdisciplinary clinical research efforts in the areas of medical and radiation oncology are good. However, interdisciplinary efforts in hematology, surgery and pediatrics are almost non-existent. Admittedly, the role of Dr. Paul Carbone should be clarified and additional personnel in medical oncology recruited to assume some of his workload. Interdisciplinary efforts between the center and McArdle Laboratories should be developed immediately.

The basic science research at the center is fragmented and, although there are a few high quality programs of merit, the overall program is variable in quality and can be considered neither strong nor productive. While it is recognized that McArdle does collaborate with and support the efforts of the basic science program at the center, it must be understood that McArdle is a separate administrative entity and not part of the organization structure of the center.

The center has not organized a cancer detection and screening program and does not have any plans to do so, although several fine efforts in detection and screening have been initiated at the center.

There is a wide variety of high quality cancer control activities at the center. The lack of a team effort and the need for common and specific objectives within the organizational framework of the cancer control division are deficiencies which might be corrected if the director of the division becomes able to devote his full time to this responsibility.

The epidemiological activities at the center are essentially non-existent, but the biostatistical activities are excellent.

	1971 ACTUAL		1972 ACTUAL		1973 ACTUAL		1974 ACTUAL	
	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF T
Group I—Investigator Initiated								
Regular Research Grants	$44,133	24.2	$59,207	18.9	$73,412	21.1	$99,415	21.5
Clinical Cooperative Groups	7,013	3.9	10,102	3.2	12,791	3.7	16,196	3.5
Program Projects	30,205	16.6	38,415	12.2	52,008	14.9	71,997	15.6
Radiation Development Program	—	—	—	—	—	—	—	—
Clinical Education Program	—	—	—	—	—	—	—	—
Research Career Program	2,012	1.1	2,026	.7	1,818	.5	1,673	.4
Fellowships and Training	12,560	6.9	18,395	5.9	13,888	4.0	23,562	5.1
Task Forces	—	—	638	.2	3,950	1.1	10,007	2.2
Cancer Centers—Core Support	6,174	3.4	10,090	3.2	13,002	3.7	17,575	3.8
Subtotal	102,097	56.1	138,873	44.3	170,869	49.0	240,425	52.1
Group II—Co-Initiated								
Cancer Res. Emphasis Grants (CREG)	—	—	—	—	—	—	—	—
Research Contracts	27,547	15.1	46,802	14.9	61,187	17.6	94,964	20.5
Subtotal	27,547	15.1	46,802	14.9	61,187	17.6	94,964	20.5
Goup III—NCI/NCP Initiated								
Resource Contracts	44,945	24.7	63,194	20.2	64,838	18.6	72,365	15.7
Interagency Agreements	5,704	3.1	12,053	3.8	10,136	2.9	13,031	2.8
Subtotal	50,649	27.8	75,247	24.0	74,974	21.5	85,396	18.5
Group IV—Other Resources								
Planning Grants	1,889	1.0	1,698	.5	2,500	.7	2,880	.6
CCPDS	—	—	—	—	—	—	—	—
Construction Grants	—	—	47,004	15.0	34,737	10.0	31,692	6.9
Construction Contracts	—	—	3,999	1.3	4,067	1.2	6,398	1.4
Subtotal	1,889	1.0	52,701	16.8	41,304	11.9	40,970	8.9
Total	182,182	100.0	313,623	100.0	348,334	100.0	461,755	100.0
Percent of Total NCI Budget		80.3		84.2		81.9		7
In-House Research	20,594	9.1	25,696	6.9	33,032	7.8	40,364	6.9
Management & Support	24,176	10.6	33,246	8.9	39,072	9.2	46,169	7.9
(NIH Management Fund)	(10,917)	(4.8)	(12,910)	(3.5)	(15,194)	(3.6)	(16,754)	(2.9)
Cancer Control (Grants & Contracts)	—	—	—	—	4,969	1.1	32,826	5.7
Subtotal	44,770	19.7	58,942	15.8	77,073	18.1	119,359	20.5
Total NCI	**$226,952**	**100.0**	**$372,565**	**100.0**	**$425,407**	**100.0**	**$581,114**	**100.0**

INVESTIGATOR-INITIATED RESEARCH GETS BIG BOOST IN PROPOSED NCI 1980 BUDGET

(Continued from page 1)

The preliminary budget, which will cover the year starting Oct. 1, 1979, calls for $1.055 billion—NCI currently, in FY 1978, will get $872 million ($878 million if the supplemental budget adding $6 million for pay increases is approved by Congress). Appropriations for FY 1979, to start next Oct. 1, are still in Congress. The House HEW Appropriations Subcommittee has approved $908 million for NCI; the Senate subcommittee was due to mark up its bill this week.

In drawing up the 1980 budget, NCI staff estimated that the final 1979 figure would be $933 million. Director Arthur Upton said that would be a "standstill budget," considering inflation.

At $933 million, R01 grants would receive $176.9 million, up from $152.3 million in 1978. The $176.9 million would fund an estimated 52% of approved grants, a substantial improvement over the previous two years.

Earle Browning, Financial Management Branch chief, told the NCAB Subcommittee on Planning & Budget that the 1980 figure of $227.5 million would fund 57% of approved R01 grants. That estimate would take into consideration the increased number of grant applications expected to be stimulated by the phase out of research contracts, Browning said.

Investigator initiated research, which includes the Clinical Cooperative Groups, program projects, radiation development, clinical education, research career program, fellowships and training, task forces and cancer center core support, would receive $505.6 million in 1980. That is compared with an estimated $418.6 million in 1979 and $117.3 million in 1978.

Construction grants would increase, to $16 million in 1980, from an estimated $12 million in 1979 and $12 million in 1978.

Cancer control, including grants and contracts,

1975 ACTUAL		1976 ACTUAL		1977 ACTUAL		1978 ESTIMATE		1979 ESTIMATE		1980	
OLL	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL
112,258	20.9	$129,021	22.4	$139,156	22.8	$152,316	23.9	$176,907	26.2	$227,547	29.6
19,213	3.6	23,263	4.0	27,121	4.4	28,181	4.4	31,500	4.7	36,321	4.7
83,468	15.5	77,805	13.5	81,211	13.3	86,423	13.6	91,634	13.6	106,073	13.8
4,005	.7	3,836	.7	3,245	.5	4,150	.7	4,075	.6	5,000	.7
5,033	.9	7,698	1.3	8,996	1.5	9,450	1.5	10,104	1.5	11,654	1.5
2,806	.5	3,243	.6	3,507	.6	4,017	.6	3,368	.5	4,035	.5
23,104	4.3	18,160	3.1	19,791	3.3	20,163	3.1	21,500	3.2	24,322	3.2
11,167	2.1	14,090	2.5	14,711	2.4	15,138	2.4	16,561	2.4	19,222	2.5
30,096	5.6	47,803	8.3	55,132	9.1	59,569	9.3	62,994	9.3	71,449	9.3
291,150	54.1	324,919	56.4	352,870	57.9	379,407	59.5	418,643	62.0	505,623	65.8
—	—	2,577	.5	7,266	1.2	9,966	1.5	9,000	1.3	9,106	1.2
105,076	19.5	111,524	19.3	110,740	18.2	117,278	18.4	113,118	16.8	107,466	14.0
105,076	19.5	114,101	19.8	118,006	19.4	127,244	19.9	122,118	18.1	116,572	15.2
82,916	15.4	96,509	16.7	94,229	15.5	90,606	14.2	93,876	13.9	97,741	12.7
11,593	2.2	13,262	2.3	19,414	3.2	21,856	3.4	21,697	3.2	23,764	3.1
94,509	17.6	109,771	19.0	113,643	18.7	112,462	17.6	115,573	17.1	121,505	15.8
2,568	.4	2,803	.5	1,199	.2	681	.1	300	—	600	.1
—	—	—	—	1,434	.2	1,650	.3	1,820	.3	2,450	.3
30,000	5.6	20,000	3.5	16,000	2.6	12,000	1.9	12,000	1.8	16,000	2.1
14,976	2.8	4,721	.8	5,992	1.0	4,500	.7	5,000	.7	5,000	.7
47,544	8.8	27,524	4.8	24,625	4.0	18,831	3.0	19,120	2.8	24,050	3.2
538,279	100.0	576,315	100.0	609,144	100.0	637,944	100.0	675,454	100.0	767,750	100.0
	77.0		75.7		74.8		73.1		72.4		72.8
50,532	7.2	61,243	8.0	67,855	8.3	78,135	9.0	84,032	9.0	93,655	8.9
61,935	8.9	69,876	9.2	80,184	9.8	94,673	10.8	106,829	11.5	118,340	11.2
(20,248)	(2.9)	(23,037)	(3.0)	(26,817)	(3.3)	(31,963)	(3.7)	(36,387)	(3.9)	(40,090)	(3.8)
48,574	6.9	54,016	7.1	57,774	7.1	61,518	7.1	66,685	7.1	75,255	7.1
161,041	23.0	185,135	24.3	205,813	25.2	234,326	26.9	257,546	27.6	287,250	27.2
699,320	100.0	$761,450	100.0	$814,957	100.0	$872,270	100.0	$933,000	100.0	$1,055,000	100.0

was allocated $75.3 million for 1980, compared with an estimated $66.7 million in 1979 and $61.5 million in 1978.

Cancer Research Emphasis Grants, which were designed to enable NCI's program divisions to fund some programs through grants when regular grants were not available to them, now have an uncertain future. With all grants now parcelled out to the divisions, Upton said, "There may be a retreat from CREGs in some instances, but in others they may be seen as useful."

The funding history of NCI by mechanism from 1971-1980 is shown in the chart above, with the dollars in thousands (add three zeros to each figure). The staff had also prepared a set of figures for 1980, a "level B" estimate, which totaled to $1.153 billion. That amount seemed to be unrealistic, and the Board disregarded that level. The 1980 figures shown are the "level A" estimates which total $1.055 billion.

The chart on page 6-7 shows the 1978-80 figures by research programs, along with the percent of the total research budget which each represents. It demonstrates the increase for carcinogenesis and epidemiology, decrease for viral oncology, and a virtually level percentage for everything else.

NCI SHARE OF CONSTRUCTION NEEDS SAID $40 MILLION A YEAR FOR FOUR YEARS

NCI's proposed budget for construction grants in the 1980 fiscal year is $16 million, a 33% increase over the $12 million allocated that program in 1978 and 1979. Although that is the biggest percentage increase of any major NCI program, it still only restores the construction budget to the 1977 level. It is also about one third the peak construction year, 1972, when NCI awarded $47 million in construction grants.

Cancer program construction grants bore the brunt of the tightening NCI budget over the past three years, helped along by White House footdragging on

AMOUNT (IN THOUSANDS)			RESEARCH PROGRAMS
1980	1979 ESTIMATE	1978 LEVEL	
$ 48,594	$ 41,666	$ 38,208	EPIDEMIOLOGY
147,421	122,070	107,623	CARCINOGENESIS (PHYSICAL AND CHEMICAL)
105,810	103,013	102,547	VIRAL ONCOLOGY
10,054	8,184	7,296	NUTRITION
90,947	81,286	73,324	TUMOR BIOLOGY
96,784	87,052	81,123	IMMUNOLOGY
38,095	33,536	31,738	DIAGNOSTIC RESEARCH
133,215	120,533	114,235	PRECLINICAL TREATMENT RESEARCH
160,863	141,196	132,531	CLINICAL TREATMENT RESEARCH
6,047	5,497	3,216	REHABILITATION RESEARCH
$837,830	**$744,033**	**$691,841**	TOTAL RESEARCH

all health facilities construction. NCI didn't help the matter any with an attempt to reprogram $10 million out of the $16 million FY 1977 budget, a move squelched by Congress.

"There have been cuts in the construction budget, and it has been a target for reprogramming, all done without an assessment of what the needs are," commented Denman Hammond, chairman of the National Cancer Advisory Board Subcommittee on Construction.

Hammond pointed to the survey of animal facilities needs conducted by NCI at the request of the Board. The survey turned up an estimate of $79.9 million that would be needed to bring into compliance with federal animal care regulations the 84 institutions surveyed.

Hammond noted that it has been estimated an additional $87.5 million would be required to meet biohazard and chemohazard regulations at institutions participating in cancer research. The two estimates total more than $167 million, and NCI's share of that would be 50%, or about $83 million.

Added to that would be the $17.6 million in approved but unfunded construction grants, Hammond pointed out. "Also, there has been no assessment of the additional needs for clinical and basic research."

Considering all those needs, Hammond said the subcommittee was preparing to ask for a construction budget of $40 million a year for four years. "I don't know where we'll get it, but I am confident we could provide a data base to support a special plea to Congress, to meet national needs."

NCAB Chairman Jonathan Rhoads pointed out that the 1980 budget calls for "a little less than half the estimated needs. I don't know that everyone wants to get into biohazard work, or should they. And they can be told that if they do want to get into it, they'll have to provide the money for proper facilities."

Hammond said the estimates are based on current needs at institutions already conducting research involving animals and/or bio-chemohazards but cannot meet federal standards.

NCAB member Harold Amos, who heads the Board subcommittee which has been studying the question of compliance with federal animal facility standards, presented the results of the survey to the Board.

Eighty-four institutions received the questionnaire. All have core grants, active construction grants, have previously applied for construction funding, or have major cancer research programs.

Sixty-four replied. The staff projected figures for

PERCENT OF TOTAL RESEARCH		
1978 LEVEL	1979 ESTIMATE	1980
5.5	5.6	5.8
15.6	16.4	17.6
14.8	13.9	12.6
1.0	1.1	1.2
10.6	10.9	10.9
11.7	11.7	11.6
4.6	4.5	4.5
16.5	16.2	15.9
19.2	19.0	19.2
0.5	0.7	0.7
100.0	**100.0**	**100.0**

all 84 based on the 64 responses to reach the total of $79.9 million as the cost of upgrading the facilities.

Here is a breakdown of the 64 responses to the five questions:

- Are all your animal facilities adequate under current NIH guidelines? Yes, 40; no, 24.
- If no, what additional or improved facilities are needed? Renovated space, 22 (96,429 n.s.f., $11.2 million); new facilities, 3 (14,500 n.s.f., $2.3 million); one indicated need for both renovated space and new facilities.
- Do present facilities provide adequate biohazard and chemohazard containment for current research involving animals? Yes, 38; no, 26.
- Additional or improved facilities needed by respondents answering no—renovated space, 22 (74,075 n.s.f., $9 million); new facilities 7 (22,540 n.s.f., $2.4 million); three said they needed both.
- Do present facilities provide adequate biohazard and chemohazard containment for such experimental animal use anticipated for the next five years? Yes, 17; no, 47.
- Additional or improved facilities needed by those answering no—renovated space, 28 (68,871 n.s.f., $9.9 million); new facilities 27 (186,351 n.s.f., $26 million); eight said they needed both.
- Anticipated source of funds:
  —No funding needed, 13.
  —Institutional, 37, $16.9 million.
  —State or local government, 10, $3.2 million.
  —Private foundations, 18, $8.5 million.
  —NIH (at 50% match), 51, $30.6 million.
  —Other government agencies, 5, $1.5 million.

Hammond told the Board that the subcommittee would attempt to develop "hard data" which would include estimates of needs for clinical investigations and standard labs, in addition to the animal facility and bio-chemohazard control estimates. NCI's portion of the entire bill could be as high as $160 million over four years, Hammond said. In addition, "We may see emerging newly discovered needs in biohazard construction as the regulations are being increasingly enforced."

NCI DROPS 60 MILE REQUIREMENT IN RFP FOR PRIMATE FACILITY RECOMPETITION

An RFP announcing recompetition of NCI's contract with Litton Bionetics for operation of a primate facility has been revised to delete the requirement that the facility must be located within 60 miles of the NIH campus.

The RFP (NCI-CP-VO-81039-66) announcement was published in the April 14 issue of ***The Cancer Letter.*** The amount of the current contract totals more than $1 million a year.

The 60-mile requirement was in the original announcement because NCI felt that would be necessary "to facilitate rapid exchange of study materials . . . and to permit discussion, planning and analysis of experiments." At least one organization that could not meet the 60 mile limit objected. The RFP now states the requirements for rapid exchange, etc.

Deadline for submission of resumes of capability and experience is June 22. Clyde Williams of the Research Contracts Branch, Viral Oncology & Field Studies Section, is the contract specialist. Copies of the RFP will be sent to those NCI considers qualified.

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 of 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 223-78-1103

Title: *Isolation, identification, pathogenesis and transmission of the virus cytomegalovirus (CMV)*

Deadline: *Approximately July 15*

The study is concerned with the nature of the host humoral and cellular immune response to infection, antigenic specificity and/or cross reactivity of CMV isolates, the immunosuppressive potential and the phenomena of latency and reactivation of the virus. The offeror will be responsible for selecting a high risk patient population for study from only one of the following groups:

(1) Pre-renal transplant recipients, (2) open heart surgery patients, (3) bone marrow transplant recipients and (4) high-risk neonates. In order for the government to reach its research objectives, a secondary or tertiary care hospital caring for one of the patient populations is needed. Further, because of planned active participation in the study by bureau personnel, prospective offerors must have adequate facilities to conduct the studies within a 50 mile radius of Bethesda, Md. and clearly demonstrate a capability to provide clinical materials for collaborative study, and to perform routine techniques for culturing and identification of viruses and serologic analyses. The contemplated period of performance for completion of work required by the proposed contract schedule is three years.

Robert Barnie
Food & Drug Administration
HFA-512, 5600 Fishers Ln.
Rockville, Md. 20857
301-443-4410 (143)

RFP NO1–CP-85625-69

Title: *Standard methods and techniques for the assessment and monitoring of nutritional status of individuals*

Deadline: *June 27*

The objectives of this project are the following: To evaluate literature reports on methods of nutritional assessment. To identify gaps in available methodologies. To select potential useful procedures. To develop a comprehensive procedure manual for routine use for the nutritional assessment of cancer patients and normal individuals.

This project will involve seven major disciplinary areas of nutritional assessment which include biochemistry, anthropometry, immunology, physiology, psychology, dietary assessment, and behavior. It is expected that each offeror propose to perform the tasks of all segments either by use of in-house staff, consultants, and/or subcontractors.

Contract Specialist: Linda Waring
Carcinogenesis
301-427-7574

NCI CONTRACT AWARDS

Title: Preparation and cytological analysis of fresh and cultured mammalian cells
Contractor: American Type Culture Collection, $595,028.

Title: Intervenous and percutaneous absorption studies, modification
Contractor: Battelle Memorial Institute, Columbus Laboratories, $74,644.

Title: Development of new prognostic and therapeutic modalities, supplement
Contractor: Litton Bionetics, $97,286.

Title: Study of pharmacokinetics of anticancer drugs
Contractor: Ohio State Univ., $320,345.

Title: Support services for extramural clinical trials
Contractor: Georgetown Univ., $565,887.

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

Title: Pharmacological studies of antitumor agents, continuation
Contractor: Southern Research Institute, $69,943.

Title: Provide support services for the Div. of Cancer Cause & Prevention, NCI, analysis systems
Contractor: JRB Associates Inc., McLean, Va.

Title: Conduct FDA/NCI special study of the role of saccharin in bladder cancer of the general population
Contractor: Fred Hutchinson Cancer Research Center, $47,614.

SOLE SOURCE NEGOTIATIONS

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

Title: Phase I studies of new anticancer agents, continuation
Contractors: Children's Hospital of Los Angeles; and Memorial Hospital for Cancer & Allied Diseases.

The Cancer Letter –*Editor* JERRY D. BOYD

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