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COOPERATIVE GROUP REORGANIZATION TO BE OFFERED BY DEVITA AT CLINICAL TRIALS REVIEW NEXT MARCH

Vincent DeVita, director of NCI's Div. of Cancer Treatment, will propose a major reorganization of the Cooperative Groups at the clinical

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In Brief

NCI GETS $937 MILLION FOR FY 79 AS CONGRESS ADJOURNS; CANCER ACT RENEWED FOR TWO YEARS

CONGRESS MANAGED to complete action in the last hectic days before adjourning on the two major bills affecting the Cancer Program–HEW appropriations and renewal of the National Cancer Act. First, the 1979 fiscal year money bill: NCI will get $937 million, assuming that it receives $20 million for training programs as expected by NCI executives. Congress did not get around to acting on a new training authorization bill but will when the new Congress meets next year. They probably will be funded with a supplemental appropriation early in the new Congress. The House had voted $888 million for NCI, plus training. The Senate HEW Appropriations Subcommittee had approved $950 million, plus training, but the full Appropriations committee chopped that by $25 million. When the bill reached the Senate floor, Birch Bayh succeeded in restoring half the cut, sending a figure of $937.5 plus training to the conference with the House. Sen. Edward Brooke led the fight for the Cancer Program, getting the House conferees to agree to $917 million, which was $4 million more than a 50-50 split. . . . CANCER ACT RENEWAL: The compromise bill extended the National Cancer Act for two years; authorized $90.5 and $103 million for Cancer Control, $924.5 and $927 million for the rest of NCI; approved the distribution of chemicals and other research materials and test animals to grantees as well as contractors; retained as Presidential appointees members of the National Cancer Advisory Board and the NCI director; accepted the amendment in the House bill authorizing NCI's Cancer Control Program to support expanded community programs; modified the House proposal requiring NCI to publish an annual report of known and suspected carcinogens and their regulatory status, conferring instead that task to the HEW secretary; requires that five members of the NCAB be experts in environmental carcinogenesis and two be active in treating cancer patients; encourages research in low level radiation effects and intensified efforts in environmental and occupational causes of cancer; adds basic research to official mission of cancer centers. Except for a few other minor changes, the Cancer Act remains as it was renewed in 1974. . . . HSA AUTHORIZATION bill, extending the Health Planning Act, with months of work by both houses, went down the drain; Congress instead passed a straight one year renewal "as is." Cancer Program lobbyist Nathanial Polster had succeeded in getting both houses to accept amendment eliminating most NIH research and demonstration programs from HSA authority. That effort now will have to be repeated next year.

DEVITA TO PROPOSE REORGANIZATION OF COOPERATIVE GROUPS BY REGIONS

(Continued from page 1)

trials review before the DCT Board of Scientific Counselors next March 26-28.

DeVita's proposal will be to reshape the existing groups into regional or geographical entities, along the lines of the Northern California Oncology Group or the North Central Cancer Treatment Group. The groups would work independently using their own protocols, and together when a larger multi-institutional effort is required.

"This isn't anything new. I've been talking about it for quite some time," DeVita said. "I don't want anyone to think we've made up our minds that this is the way it will be. I'm just going to open the meeting with this as a proposal, and give them something to shoot at. After hearing all the presentations, the Board may feel that everything is fine and we should leave it just the way it is."

DCT Board Chairman John Ultmann reported at this week's meeting of the Board that he had met with Barth Hoogstraten, former chairman of the Group Chairmen's Committee; Jerome DeCosse, chairman of the Cancer Clinical Investigation Review Committee; and Franco Muggia, chief of DCT's Cancer Therapy Evaluation Program, to work out the agenda for the first two days of the meeting. The final day will be reserved for Board consideration of the presentations, any action it may decide to take on DeVita's proposal, and other business.

At their meeting last June, Cooperative Group chairmen rejected the meeting agenda proposed by DCT staff and objected to the selection by DeVita of speakers making the Group presentations (***The Cancer Letter,*** June 30). Those issues have been resolved, Ultmann reported, with both agenda and speakers agreeable to all concerned.

The meeting will review the progress of clinical cancer research over the past 20 years, with the prupose of providing DCT and its Board with a basis for determining how clinical research will be conducted in the future.

Cooperative Group chairmen have been apprehensive about the review and its consequences. Some feel the DCT Board is anti-Group.

"We will cover the success areas and highlight the problem areas," Ultmann told the Board. "We hope it will give a balanced view of what has been accomplished in the last 20 years, and give us a basis for funding clinical research in the next 10 years."

Board member Henry Kaplan, a Cooperative Group critic, commented that Groups have conducted "what I call 'me-too' trials, that have added trivial data and accomplished essentially nothing. Will we be presented with a true idea of what has been accomplished in light of all the money spent?"

"We'll try to present a balanced agenda," was DeVita's response. Muggia said the overview would be limited to five disease sites. Discussion will include special problems and needs of clinical trials.

The review also will include clinical trials supported by NCI contracts. "I didn't hear where single institution developments will be evaluated," said Board member Sydney Salmon. "This will be primarily Cooperative Groups and contractors. The contributions of single institutions with grants have been under-reported."

"We have a section in the agenda for it, although the speaker has not yet been selected," Ultmann said.

"One overriding need in clinical research is ideas," Kaplan said. "There has been a paucity of ideas from Cooperative Groups and contractors. Most ideas have come from individual institutions."

Board member Philip Rubin was both a defender and critic of the Groups. "I'm a card carrying member (of a Group) so I can say this. Cooperative Groups are like dinosaus running around. We need to redefine the mechanism." Rubin said the Groups play an important role, as a "shakedown mechanism, a confirmatory process to see if a method can work in multiple institutions, with multiple physicians."

DeVita said he was "suspect when it comes to Cooperative Groups. I think I've been fair." He pointed out that since the Cooperative Group Program was moved to DCT, its budget has increased by 40%.

Ultmann said first that no time would be scheduled at the March meeting for the Board to act on any recommendations coming out of the presentations. "That probably will be spread over the next several Board meetings," DeVita said.

Kaplan objected. "We shouldn't delay action," he said. "Memories fade, people rotate on and off this Board. We should obliterate other items and devote the last day to consideration of actions. We will never be better informed than we will then."

DeVita said he hoped the Board at least would act on his proposal for reorganizing the Groups.

If the Board accepted DeVita's plan, it would be phased in over a fairly lengthy period of time. DeVita believes it would not mean existing Groups would go out of business but that their membership would be considerably changed. One result would be elimination of multigroup membership at individual institutions, a practice DeVita feels is wasteful and sometimes disruptive.

Another would be, if the Northern California and North Central examples are followed, an increase in the number of community physicians in Cooperative Group membership. This possibly could make it easier to accrue greater numbers of patients in studies. And if the contention is true that the best cancer treatment is that which is done in research protocols, then another result could be improvement of the quality of treatment at the community level.

CONGRESS DEMONSTRATES INTERNATIONAL FALLOUT FROM CANCER PROGRAM IN U.S.

BUENOS AIRES—The United State National Cancer Program has captured the imagination and fired the enthusiasm—as perhaps nothing else has ever done—of clinicians and scientists around the world. This enthusiasm reaches far beyond the limited support NCI provides foreign projects. U.S. dollars have practically nothing to do with the intense interest in cancer research and control generated in the 77 countries which sent representatives to the XIIth International Cancer Congress. With the stimulation provided by the International Union Against Cancer, momentum has been generated that is commanding increasing shares of national effort in developed and undeveloped nations alike.

This positive fallout from the National Cancer Program was evident here at the Congress, attended by more than 8,100 professionals and non-professionals from around the world. The attendance was a record, approaching an increase of 50% over the last Congress in Florence.

Registrants included 7,200 MDs, PhDs and nurses, and 800 associate members. About half of the attendees were from Latin America, with 3,300 from Argentina alone. The U.S. had the second largest delegation, 900, with 600 from Japan, more than 200 each from Canada, Germany, Great Britain and Brazil, and more than 100 each from France, Spain, Belgium and Italy.

It was obvious that the rest of the world is closely following the Cancer Program in the States, and many of the countries are reacting to developments. Many may lack the facilities and manpower to follow up effectively on these developments, but most appear to be working hard to overcome those deficiencies. They seem to know the latest protocols, and implement them when they can. They follow, in the literature and in discussions with U.S. colleagues, developments in basic research and try to add their bit to fundamental understanding of cancer. They are offering some unique and important contributions of their own, particularly in cancer epidemiology.

Perhaps the most interesting application of U.S. Cancer Program developments reported on here is in cancer control. Not all countries can participate in sophisticated research, but even the poorest can initiate some effort in control. What they do take up, it seems, has been based on what they have heard about control programs in the U.S.

Most countries look to cheaper methods of cancer control, such as the Pap smear and education toward breast self examination, while rejecting more expensive mass screening programs. Most are concerned about the cigarette problem but are perplexed over what to do about it.

Nigel Gray, Australia, said at a cancer control session that 41% of the Australian male population smokes but that 22% of the males are ex-smokers, which he credited to a public education program. His country has been able to eliminate high tar brands (over 22 mg), Gray said, with the range from 5 to 22.

A Venezuela physician asked that UICC reaffirm its resolution passed eight years ago against smoking. "We need to put some pressures against our government, which resists antismoking efforts because it receives so much revenue from cigarette taxes," he said. "Fifty percent of our population is under 20, and they see on television constant propaganda for smoking, and nothing against it."

N.P. Napalkov, who heads cancer control activities in the Soviet Union, said his country has banned all tobacco advertising and prohibits smoking in mass transportation but that it has not decreased cigarette sales. There are special education programs in high schools, "but I confess we are as inefficient as other countries. As long as you have boys and girls kissing on the screen between puffs of cigarettes, such programs are not successful."

Takeshi Hirayama, Japan, described a control program against liver cancer in his country. Based on the belief that viral hepatitis B eventually becomes hepatocarcinoma, the program is aimed at intervening in the transfer of the virus, preventing transfer from mother to babies, and accidental infection, particularly in hospitals and blood transfusions. Hospital personnel and medical staff are carefully monitored, with staff examined 12 times a year, Hirayama said.

J.S. Abbatucci, France, said that prevention programs there related to alcohol include public education, a sales tax on liquor, random tests of drivers for alcohol consumption, and research to lower alcohol content of beverages. France has a program in breast self examination and recommends cervical smears as part of premarital preparations and before prescribing oral contraceptives.

B. Lissaios, Greece, started a controversy in one cancer control session on reaching the "hard to reach" by commenting that one tool used in Hellenic Cancer Society outreach efforts is "fear—the easiest, fastest way to motivate people to come in for examinations."

V.A. Ngu, Cameroun, disagreed. "More fear can only drive some beyond our reach. We propose education rather than exploitation of fear."

D.J. Jussawalla, India, related what others at the session described as "clever approaches" to reach vast numbers of persons with high illiteracy in rural areas—satellite communications, TV, radio, films, slide shows, posters, demonstrations.

A representative of the Brazilian Cancer Society reported that his country has begun developing a cancer information telephone network "inspired by the Roswell Park system."

U.S. scientists at the Congress contacted by *The Cancer Letter* generally agreed that there were few

new developments presented, at least not new to them. There were some exceptions. The Japanese, who are heavily into development of analogs of proven anticancer drugs, reported on two which one American clinical scientist said should be put into clinical trials in the U.S.—pepleomycin, a bleomycin analog; and aclacinomycin A, a derivative of actinomycin. Trials in Japan show them apparently less toxic than the parent drugs and probably at least as effective.

Other scientists felt that basic research in carcinogenesis is being done very well at a number of non-U.S. institutions, as judged by several reports on research into mechanisms of action.

UICC officials, staff and the Argentine hosts did generally an outstanding job in the planning, organizing and running of the Congress. The meetings ran smoothly, although there were some program changes, and the interpreter system worked without flaw. The logistics of moving 8,000 persons from the downtown hotels to the opening ceremonies and to the major social functions across town were formidable, but accomplished with the aid of squadrons of motorcycle police.

Umberto Veronese of Italy assumed the UICC presidency at the meeting's conclusion, replacing Pierre Denoix of France. Seattle was selected over Brussels as the host city for the XIIIth Congress in 1982, after Thailand withdrew its proposal because it decided it could to provide enough hotel rooms.

HUMAN RIGHTS VIOLATIONS CONTINUE IN ARGENTINA; IMPROVEMENT NOTED

BUENOS AIRES—There is no question that the present military government of Argentina has cracked down hard on its citizens who someone in the government or military establishment feel are threats to the regime. Not a single Argentine physician or scientist who discussed the issue with ***The Cancer Letter*** denied that people—including many of their colleagues—have been arrested and held without trial, or have simply "disappeared."

Even Salomon Barg, secretary general of the host organizing committee and an ex-officio spokesman for the government, admitted there have been and may continue to be some arrests.

Almost everyone, however, commented that bad as it may be now, it is nothing compared with the situation when terrorists had created a virtual civil war with bombing, murdering and kidnapping which struck especially hard at the nation's managerial and intelligencia classes.

"Every day, four, five, ten of my colleagues disappeared," Barg said. "Children of my friends were killed, cars were bombed. We were afraid to go on the streets. It was like Vietnam, a war." Barg is chief of surgery at a large Buenos Aires hospital.

Was it the terrorists who did the kidnapping, or was it the government reacting against the terrorists?

"We didn't know who it was. It was like the Mafia."

Barg said he has been told that arrests being made now frequently are initiated by lower level police officials acting on their own. When responsible government officials hear about them, the victims are either released or brought to trial, Barg said.

Other Argentine physicians, most of whom talked freely, deplored the fact that the country is run by a dictatorship. But the situation was so bad before the coup by the military in 1976 which replaced the Isabelle Peron government that there is nearly a universal feeling of relief.

The country's health establishment appears to have been the target of both sides. The terrorists took their toll, but some physicians opposed the military government after the coup, and a few were reported to have helped set up and run clandestine hospitals to treat wounded terrorists. That may be one reason, or excuse, for any continued harassment of physicians. For some reason, psychiatrists seem to be high on the current military hit lists.

Henry Kaplan, professor of radiation at Stanford Univ., was one of the leaders of the effort in the U.S. to boycott the Congress in protest of Argentine human rights violations. He was a member of a delegation which went to Buenos Aires before the Congress in an attempt to personally present their case to the government.

Kaplan said the delegation had been promised an interview with the Argentine minister of the interior, but when they arrived, the interview was refused. The delegation turned over a list of 185 names of doctors who allegedly had been arrested and held without bail or trial to UICC President Pierre Denoix, along with a letter to the government asking that those persons either be released or given an early, fair and open trial.

Denoix told ***The Cancer Letter*** that he had forwarded the letter and the list of names to the government.

Kaplan said that Amnesty International and other organizations have obtained the names of about 5,000 victims of the government's persecution—all arrested or disappeared since the coup in 1976. He said conversations with members of families of victims and other sources indicate that there are from three to five additional victims for each one whose name is known.

Many U.S. Congress participants attended a mass held for persons who have disappeared, talked with family members afterwards and were greatly moved.

The boycott probably did not affect attendance too much, although it may have cut into the size of the U.S. delegation somewhat. It was obvious, however, that it did embarrass to some extent both the Argentine government and Argentine cancer program officials. The boycott most certainly added to other pressures which have been exerted on behalf of human rights in Argentina.

The *Buenos Aires Herald,* an English language daily run by a courageous editor, Robert Cox, published an editorial during the Congress calling on the government to stop "another form of terrorism."

Referring to lifting of economic sanctions and possible removal of the ban on sale of armaments by the U.S. to Argentina, the editorial said:

"The material incentives for removing the human rights stumbling block, which has been the cause of tensions in relations with the U.S. for over two years now, are not to be sneezed at. But there is much more to be gained in moving decisively and rapidly to improve the human rights situation in Argentina. The fact is that there is hardly a single leading Western country, among Argentina's traditional friends, allies and trading partners, which does not share U.S. concern about the state of human rights in this country. It would be difficult to over-estimate the favorable impact of measures that would clear up misunderstandings about the government's efforts to put a stop to the violation of human rights begun by the leftwing terrorists and, unfortunately, carried on by another form of terrorism.

"The admitted excesses in repression committed in the heat of battle, in the course of a dirty, unconventional war, are understandable, even if they can never be justified. But now that the war against terrorism is won, and the major danger is the isolated atrocity committed by inhuman fanatics, the methods which were forced upon the security forces—or tolerated by them—must be replaced by strict law enforcement. Argentina today has antiterrorist laws which are among the most severe in the world; but they have yet to be rigorously applied. Yet it is only through imposing the law that confidence in the future can be restored.

"There have been a few indications, recently, that peace is being won in the wake of a truly terrible war during which Argentina suffered a terrorist assault which is probably unparalleled in history. Our critics abroad would understand our difficulties in restoring peace more easily if they bore that in mind. Within the past fortnight, Enrique Esteban, a journalist who was kidnapped and held for over two months in circumstances that bore all the hallmarks of what has been called "the other terrorism," has reappeared and is being held, under specific charges, within the penal system. And in Cordoba, the abduction of another journalist and lawyer, Luis Renaudi, by unidentified men wearing hoods, was followed by an announcement that he and five other people were being held by the Army. In this case it is unfortunate that no specific charges have been announced and the detained people have not been brought before a judge. But both these incidents—as well as the rapid release some 10 days ago of a doctor who was kidnapped by men posing as policemen—are signs that normality is gradually returning to a country that is still uncertain that peace has finally been restored after almost a decade of terrorist warfare."

Lest anyone conclude that publishing this editorial in an English language newspaper in a Spanish speaking country might not have been such a bold act after all, it should be noted that the editorial was repeated on the same page—in Spanish.

RFA ANNOUNCEMENT

Title: *Planning model cancer prevention programs at the community level*

The Div. of Cancer Control & Rehabilitation of NCI is inviting grant applications from investigators to develop cancer prevention programs in environmental carcinogenesis.

In view of the exposure of sizeable populations to both environmental and occupational carcinogens, the intent of this RFA is to stimulate interest and planning of cancer prevention programs at the community level. Among its objectives are the identification of community needs in cancer prevention followed by development of approaches for meeting these needs that can serve as models for future efforts. The community is defined here as the area within which the programs will be implemented, that is, the program delivery and impact area. Since DCCR is precluded from supporting basic or clinical research except in rehabilitation, approaches should utilize or adapt existing knowledge and technology relating to cancer prevention and control. Prevention is being defined here in its broadest sense, ranging from elimination of exposure where possible to detection and diagnosis and includes public and professional education programs.

What is desired is the application of the principles of preventive medicine to community needs in the prevention of cancer. Such programs, to be effective and well coordinated, should utilize multidisciplinary approaches and should involve the cooperation of institutions, organizations, and interested groups within the community. Organizations responding should have established oncology and preventive medicine programs.

Applicants should address all of the following points, although support is not limited to items:

1. A specific and well defined environmental or occupational cancer prevention problem. An example would be a population exposed to environmental carcinogens that are amenable to development of a prevention program. A brief description should be included covering present knowledge of exposed population, such as its cancer incidence, morbidity and mortality, extent of exposure, demographic characteristics, etc., and methods by which additional information will be collected and utilized.

2. Brief description of possible approaches to the solution of the problem. The proposed strategies should utilize or adapt known methods and procedures and, where indicated, new approaches to the

particular problem should be identified. Among the components that might be considered in developing strategies are: epidemiology, worker and community professional educational programs, detection and diagnosis, etc. Other points for consideration in developing a prevention program could be: how to inform people that they might be at risk, where they should go once they are informed, and defining community responsibilities in a program of this type. The proposed plan should describe and utilize available resources in the community. In addition to health organizations and services, the program planning efforts should involve other types of community groups, such as labor organizations, business and professional groups, etc.

It must be emphasized that DCCR supports demonstration programs, rather than those of long term duration. Therefore, mechanisms for obtaining long term support should be included in all programs intended to continue indefinitely, and development of long term institutional commitments to the program should be included as part of the plan.

3. Description of the evaluation plan. An evaluation component must be built into all prevention programs. The plan should address evaluation of the day to day activities as well as the impact of the program as outlined in the statement of program goals and objectives. Included should be a timetable and suggested milestones.

Award of a grant under this solicitation to a given institution or organization neither implies nor guarantees favorable action on any subsequent application for a demonstration grant. Only applications for planning grants will be considered under this solicitation.

The support mechanism for this program will be the traditional NIH grant-in-aid; successful applicants will plan and execute their own programs. Upon initiation of the program, the DCCR will sponsor two workshops in Bethesda to encourage exchanges of information between investigators participating in this program. Although this program is included and provided for in the financial plans for fiscal year 1979, award of grants pursuant to this request for applications is contingent upon availability of funds for this purpose.

The following will not be considered under the scope of this RFA:

–Programs where the primary emphasis is mass screening, e.g., breast and cervical cancer screening projects.

–Development of tumor registries.

Review criteria–The factors considered in evaluating each application will be:

1. Relevance to the scope and objectives provided in this announcement.

2. The merit of the proposed approaches to the problem.

3. The expertise and qualifications of the proposed staff.

4. Sufficient commitment of time by the proposed staff.

5. Evaluation plan and timetable.

Method of applying–Each prospective applicant should submit a letter of intent containing a brief description of the proposed project. Due dates are:

Letters of intent: Feb. 1, 1979 and June 1, 1979. Applications: March 1, 1979, and July 1, 1979.

In addition to the solicitation dates listed, applications already in preparation will be considered for the Nov. 1, 1978 deadline.

The letter of intent should be addressed to Marcia Litwack, program director for prevention, NCI, Room 719, Blair Bldg., Bethesda, Md. 20014, telephone 301-427-7993.

Such letters provide an indication of the number and nature of applications, are not binding, and will not enter into the review of any proposal submitted.

Applications should be submitted on Form PHS-398. The conventional presentation for grant applications should be utilized and the points identified under the Review Criteria must be fulfilled.

The standard procedures for submitting grant applications to DRG should be followed. A brief letter should accompany the application indiciating that it is in response to the program announcement: NCI program development of model cancer prevention programs. The words, "Cancer Control" and the RFA number should be typed in block letters in the upper right hand corner of the first page of the application. A copy of the covered letter should be sent to Litwack to indicate that the application has been submitted.

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.

SOURCES SOUGHT

RFP NCI-CM-97235

Title: *Operation and enhancement of NCI's chemical information system*

Deadline: *Approximately Nov. 1*

Only one source is known which can perform the above; namley, the Chemical Abstracts Services,

Columbus, Ohio. The work required is to support the drug research and development effort of the Div. of Cancer Treatment, NCI, by operating and enhancing the Developmental Therapeutics Program's chemical information system.

Specifically, respondents will be required to perform the following: (1) Review 53,500 structural diagrams yearly to assure conformance with CAS input conventions, including steriochemistry, and input these structural data by chemical typewriter or graphic input device along with non-structural data; (2) process the data in (1) above with other type of transactions to produce 2-odd reports within 10 working days from receipt of input; (3) provide Chemical Abstracts index names "on-demand" and produce periodically an index of non-systematic names selected from both the NCI and CAS computerized files of nomenclature; and (4) perform a variety of development tasks, e.g., providing consultation and programming support to improve NCI's acquisition preselection model or to enhance the chemical retrieval subsystem.

The applications programming for this system employed PL1 and IBM 360/70 Assembler Language. Supporting software includes the IBM TCAM package with a device and application specific control module, a custom-tailored data base management system, a customized pre-processor, graphics interface modules and device specific modules for editing of input data and preparation of combined text/graphics output data. The on-line program, supporting three terminals (and possibly four in the immediate future) during prime shift, is non-re-entrant and each copy requires a region of 1.2 megabytes. In addition to the on-line programs, the system currently calls for the execution of over 260 programs each week, not including file snapshots and file recovery supporting procedures.

The following software developed by CAS has been integrated into NCI's chemical information system and will require transfer to and maintenance and enhancement in any new work environment: Registry III, Algorithmic Structure Display (ASD), On-Line Structure Input System (OLSIS), Graphical Data Structure Composition (GDS Comp), Overlap Detection, and Facility for Integrated Data Organization (FIDO). The computer facility must be capable of processing programs written in PL1 and IBM Assembler language ranging in size up to 1.2 megabytes, excluding a shared resident data base management system. Provision must be made for on-line telecommunication access to 600 million bytes of data. Output devices must include a line printer with an extended character set, a combined text/graphics plotting device, and a photocomposition device capable of generating a virtually unlimited character set. Input devices must include a text (TTY) typewriter and also a typewriter and/or graphics input device for the input of chemical structure diagrams. Current programming within this system also requires that the typewriter input devices be linked to a minicomputer system for data editing prior to input of that data to the central system.

Organizations having demonstrated technical capabilities, experience, and adequate facilities to perform the aforementioned work are invited to submit a concise and complete resume describing: (1) organization background and experience; (2) qualification and experience of the proposed principal investigator and supporting personnel who would be assigned to the project; and (3) computational resources available. Unnecessarily elaborate brochures or other presentations of a general nature beyond that sufficient to provide the information called for herein are neither required nor desired. This synopsis is not a request for proposal. If other qualified sources are identified as a result of this announcement, a competitive RFP will be issued at a later date to all interested offerors. Responses must be submitted in 10 copies.

Contracting Officer: Daniel Abbott
Cancer Treatment
301-427-8125

RFP NCI-CB-94326-42

Title: *Transplantation, induction, and preservation of plasma cell tumors in mice and the maintenance of special mouse strains*

Deadline: *Approximately Nov. 10*

NCI is seeking a laboratory capable of performing: (1) the transplantation, induction and preservation of plasma cell tumors in mice, (2) the characterization of myeloma proteins, (3) the breeding and development of congenic mouse strains, and (4) the maintenance of a wild mouse breeding colony. These studies are to be performed in close collaboration with the NCI staff. The contractor's facility must be within a 60-minute normal driving time from the NIH campus in Bethesda, Md. This project is a recompetition of a project presently under contract.

RFP NCI-CB-94325-42

Title: *Maintenance and development of inbred and congenic resistant mouse strains*

Deadline: *Approximately Nov. 10*

NCI is seeking a laboratory capable of (1) maintaining a colony of approximately 40 strains of inbred mice by strict pedigreed brother-sister matings, (2) breeding and developing new congenic mouse strains, (3) making selective crosses and backcrosses between these strains, (4) producing antisera by immunization between these strains, and (5) performing quality control testing by serology and skin grafting of pedigreed animals in the colony. A maximum of 3,000 mice (to be supplied by the government) will be maintained under this contract. The contractor's facility must be within a 60-minute

normal driving time from the NIH campus in Bethesda, Md. This project is a recompetition of a project currently under contract.

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

NCI CONTRACT AWARDS

Title: Comprehensive cancer center communications network, renewals:
Contractors: Yale Univ., $489,961; Institute for Cancer Research, Fox Chase, $453,790; Univ. of Texas Cancer Center, $473,366; Univ. of Southern California, $439,419; Ohio State Univ. Research Foundation, $387,473; Sidney Farber Cancer Institute, $463,881; Mayo Foundation, $496,698; Fred Hutchinson Cancer Research Center, $394,930, and Johns Hopkins Univ., $421,491.

Title: Comprehensive cancer center communications network, four-month extension:
Contractor: Colorado Regional Cancer Center, $29,189.

Title: Breast Cancer Detection Demonstration Project, renewals:
Contractors: University City Science Center, Philadelphia, $2,016,500; Univ. of Southern California, $83,083, and Iowa Lutheran Hospital. Des Moines, $131,296.

Title: Interrelationships among diet, steroid hormone metabolism and human breast cancer
Contractor: Newark Beth Israel Medical Center, $425,100.

Title: Relationship between thyroid diseases and breast cancer
Contractor: Massachusetts General Hospital, $477,700.

Title: Development of large area solid state image receptors, continuation
Contractor: General Electric Co., $279,185.

Title: Biologic, biochemical & immunologic characterization of 'premalignant' human epithelial hyperplasias
Contractor: Univ. of California (Davis), $257,000.

Title: Cervical Cancer screening project, modification
Contractor: Utah Dept of Social Services, $295,531.

Title: Evaluation of technology transfer in cancer patient management
Contractor: CDP Associates, $256,821.

Title: Additional services and effort for performance of cancer research program at Frederick Cancer Research Center, modification
Contractor: Litton Bionetics, $105,000.

Title: Resources modeling and analysis
Contractor: JRB Associates, $230,769.

Title: Development of a short training course on principles and techniques for the safe handling of chemical carcinogens, renewal
Contractor: IIT Research Institute, $21,520.

Title: Support services for Field Studies of cancer incidence, continuation
Contractor: Westat Inc., $127,997.

Title: Support services for epidemiologic studies of lung cancer in communities with nonferrous smelters
Contractor: Lehigh Univ., $122,900.

Title: FDA/NCI special study of the role of saccharin in bladder cancer in the general population, continuation
Contractor: Westat Inc., $217,409.

Title: Research on oncogenic viruses, virus production and vaccine development, continuation
Contractor: Merck & Co., $66,000.

Title: Biological studies of FOCMA expression and biochemical characterization of FOCMA
Contractor: Harvard Univ., $415,830.

Title: Study of ovarian cancer in the Greater Washington D.C. area
Contractor: George Washington Univ., $89,385.

Title: Immunological and biochemical studies of mammalian viral oncology, continuation
Contractor: Meloy Laboratories, $49,513.

Title: Metropolitan Atlanta SEER program, continuation
Contractor: Emory Univ., $207,460.

Title: Support service to maintain studies on role of viruses and experimental oncogenesis, continuation
Contractor: Hazelton Laboratories, $44,000.

Title: Detroit SSMA population based cancer registry, continuation
Contractor: Michigan Cancer Foundation, $60,095.

Title: Maintain holding facility for small animals
Contractor: Litton Bionetics, $258,215.

Title: Benign and non-invasive breast lesions in populations at different risk for breast cancer
Contractor: Univ. of New Mexico, $278,350.

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