

THE

# CANCER

RESEARCH  
EDUCATION  
CONTROL

# LETTER

P.O. BOX 2370 RESTON, VIRGINIA TELEPHONE 703-620-4646

Vol. 5 No. 1

Jan. 5, 1979

© Copyright 1979  
The Cancer Letter Inc.  
Subscription \$125.00 per year

## DCCR MERIT REVIEW OF CONTRACTS FINDS MOST PERFORM SATISFACTORILY; 21 PHASED OUT EARLY *DCCR*

NCI's Div. of Cancer Control & Rehabilitation has completed at least one full round of "merit peer review" of all its contracts and some of the contracts are now being reviewed a second time. A variety of recommendations has flowed from the review committees (all composed of non-government personnel), and DCCR has implemented nearly all of them. (Continued to page 2)

### In Brief

#### NCAB TO MEET JAN. 15-17; UCLA TO COMPETE FOR CLINICAL NEUTRON THERAPY CONTRACT

NCAB MEETING Jan. 15-17 agenda includes a program review of the Div. of Cancer Biology & Diagnosis, discussion of the science content analysis system, and reports from Board subcommittees which will include a review of the Board itself and how effective it has been. This is one of three grant review meetings of the Board, but many grants it approves now for funding probably will not be paid until President Carter's expected request for a rescission in the FY 1979 appropriation has been disposed of by Congress. . . . UCLA JONSSON Comprehensive Cancer Center will join in the competition for one of two contracts NCI plans to award for development of clinical neutron therapy facilities. Robert Parker is director of the center's Radiation Oncology Program, and UCLA has recruited H. Rodney Withers from M.D. Anderson to head the research division of the program. . . . ONCOLOGY NURSING Society's Fourth Annual Congress is scheduled May 17-19 at the Fairmont Hotel in New Orleans. Papers reflecting research, practice and education in oncology nursing will be presented; more than 50 papers were given at last year's meeting which was attended by 850 members of the fast growing Society. Contact the Society at PO Box 33, Oakmont, Pa. 15139, or call Connie Henke, 205-934-2248. . . . IDAHO CANCER Coordinating Committee needs a director of health education. A masters degree in health education is required, with a minimum three years experience. Contact Wadie Elaimy, executive director, 1303 W. Fort St., Boise 83702, phone 208-343-7888. . . . AMERICAN CANCER Society has dropped squamous cell lung cancer and bladder cancer from clinical tests of interferon because of the limited availability of the substance. Studies will be limited to non-Hodgkins lymphomas, multiple myeloma, melanoma and breast cancer. ACS added five institutions to the five previously announced as participants in the studies. The new ones are Yale, Wisconsin, UCLA, Mount Sinai and Johns Hopkins. Others are M.D. Anderson, Sloan-Kettering, Roswell Park, Columbia and Stanford. . . . "CANCER AND the Macrophage" is the theme of a symposium sponsored by the Cancer Research Center of the Univ. of North Carolina School of Medicine March 29-30. Contact the center, Box 30, UNC, Chapel Hill 27514.

*FY I  
see p. 3  
Truman*

#### RFPs Available

. . . Page 6

#### NCI Advisory Group, Other Cancer Meetings

. . . Page 5

#### Contract Awards

. . . Page 5

## **MOST DCCR CONTRACTS UNCONDITIONALLY CONTINUED AFTER MERIT PEER REVIEW**

(Continued from page 1)

The process may have saved some money, through early phaseout of contracts that were not being performed satisfactorily, although the cost of the review may have offset those savings to some extent. The real benefit of merit review, according to DCCR Director Diane Fink, is in the improved performance by contractors who followed suggestions offered by the review teams.

From July 1975 to June 1978, 185 project merit peer reviews were conducted, with these actions following:

- 100 projects were continued unconditionally.
- 52 projects were continued with conditions or modifications.
- Two projects are still pending site visits.
- Five projects were not renewed for extension or implementation.
- 21 projects were phased out early due to inadequate performance.
- Five projects had expired at the time of review.

DCCR selection panels were set up to study the review committees' recommendations and take whatever actions they deemed necessary. Selection panels included the group director, project officer, executive secretary of the merit review committee involved, the Research Contracts Branch contracting officer and head of the RCB Control & Rehabilitation Contract Section, and the appropriate DCCR branch chief (who was sometimes also the project officer).

Results of some of the earlier reviews were published in *The Cancer Letter* Feb. 25, 1977. Results of others follow, with actions taken by the DCCR selection panels:

### **NURSING ONCOLOGY PROGRAMS**

Boston Univ., Hillcrest Medical Center, Memorial Hospital, Ohio State Univ., Queen's Medical Center, Waterbury Hospital, all continued. Contracts with New York State Univ. and Univ. of Utah were continued through the contract period, with no further funding. The contract with the Univ. of Texas had expired.

### **PROTOTYPE NETWORK DEMONSTRATION PROJECTS IN BREAST CANCER**

Albany Medical College, Brooklyn Breast Cancer, Georgia Cancer Management, Fox Chase Cancer Center, New England Medical Center, Oklahoma Medical Research Foundation, Univ. of Alabama, Univ. of Vermont and Wilmington Cancer Center, all continued. Contracts with the Univ. of Louisville and West Coast Cancer Foundation were continued with close monitoring and reevaluation.

### **CANCER CONTROL COMMUNITY BASED PROGRAM**

Metropolitan Detroit Cancer Control Program, Michigan Cancer Foundation—"Continue this con-

tract for one year to correct the deficiencies. Continuation beyond that point will be contingent upon a successful peer review of performance during the probationary period."

New Mexico Cancer Control Program, Univ. of New Mexico—"Continue the contract for one year to allow for the correction of deficiencies. Merit peer review is to be made at the end of the year."

### **ONCOLOGY NURSING PROGRAMS IN COMMUNITY HOSPITALS, MEDICAL CENTERS AND/OR CANCER HOSPITALS**

Georgetown Univ. and Univ. of Pittsburgh, continued. Colorado Regional Cancer Center, continued with conditions. Wayne State Univ., terminated with phaseout funds for maximum of three months.

### **BREAST CANCER DETECTION DEMONSTRATION PROJECTS**

Pacific Health Research, Rhode Island Hospital, Saint Joseph Hospital, Saint Vincent Medical Center, Samuel Merritt Hospital, Univ. of Cincinnati, Univ. of Kansas, Univ. of Louisville, Univ. of Oklahoma, Univ. of Pittsburgh, Univ. of Southern California, Vanderbilt Univ., Virginia Mason Research Center, Wilmington Medical Center, Duke Univ., Good Samaritan Hospital, Iowa Lutheran Hospital and Medical College of Wisconsin, all continued.

Univ. of Arizona and Georgetown Univ. Hospital had not yet been site visited. Univ. of Michigan, continued, with the project officer to work with the contractor to obtain a local project pathologist. College of Medicine & Dentistry, provisional continuation. The project officer will conduct a visit with consultants as needed to address points raised at the merit peer review. The project officer will determine whether it is necessary to re-review the project.

Guttman Breast Diagnostic Institute, conditional continuation with close observation by the DCCR project officer, and return to merit peer review if necessary. Conditions are: Complete fifth year of screening. Emphasis should be given to inducing non-returning screenees to return for final screening. Complete the data set on screenees, including information on non-returning screenees. The data from the project may have to be analyzed separately from the rest of the BCDDP data. Further participation in the five year additional followup will be determined by the DCCR project officer and his consultants.

Albert Einstein Medical Center and Temple Univ. Hospital—"1. Continuation of the prime contract with Albert Einstein Medical Center. The DCCR project officer will monitor the project and return it to merit peer review if necessary. 2. The prime contractor should assure that the subcontractor (Temple) completes the required work, including screening, followup, and data submission. DCCR is concerned that the performance under the subcontract with Temple has not been strong. Issues to address are:

FYI

Communication and quality assurance must be improved between the prime contractor and the subcontractor. Complete fourth anniversary visits for screening, during which time the subcontract will be phased out. Emphasis should be given to inducing non-returning screenees to return for the final screening. Attention should be directed towards followup, pathology data, ACS involvement, monitoring of project data, and improving day-to-day leadership of the project. Complete the data set on screenees, including information on non-returning screenees. The data from this project may have to be analyzed separately from the rest of the BCDDP data. Further participation in the five-year additional followup will be determined by the DCCR project officer and his consultants."

Emory Univ. and Georgia Baptist Hospital—"1. Continuation of the prime contract with Emory Univ. Close monitoring by the DCCR project officer with the return to merit peer review if necessary. 2. Conditional continuation of the subcontract with Georgia Baptist Hospital, with responsibility for completion of conditions resting with the prime contractor. Conditions are: the subcontractor's principal investigator (or a designated associated project director) should provide day-to-day supervision of the project. Internal problems with data quality control must be resolved. Communication and quality assurance must be improved between the prime contractor and the subcontractor. Complete the fifth year of screening. Emphasis should be given to inducing non-returning screenees to return for the final screening. Complete the data set on screenees, including information on non-returning screenees. The data from this project may have to be analyzed separately from the rest of the BCDDP data. Further participation in the five-year additional followup will be determined by the DCCR project officer and his consultants."

Cancer Research Center (Columbia)—Conditional continuation: Contractor will revise merit peer review report to reflect concerns expressed in summary statement.

Mountain States Tumor Institute—Continue the project. The contractor will rewrite the merit peer review report, address the points in the summary statement, and submit this new report as the next annual report.

**BCDDP—DATA MANAGEMENT CENTER**

Univ. City Science Center—Conditional continuation.

**MODIFICATION OF EMPLOYERS' ATTITUDES**

(These were planning and implementation contracts, to determine first if a substantial degree of job discrimination exists against cancer victims and if so, to develop methods to modify employer attitudes.)

Applied Management Sciences, American Institute for Research, Human Resources Research Organization, University Research Corp., and Westinghouse

Electric Corp.—Phase out these contract programs rapidly, contingent upon receipt of all data required by DCCR. With appropriate consultants, DCCR will assess the available data before deciding on what future action to take—these projects will not continue into implementation phase (NCI reports that not all contractors complied with the requirement to complete and properly document their reports and have not been paid the final increments on their contracts).

**COMPREHENSIVE CANCER CENTER COMMUNICATIONS NETWORK**

Colorado Regional Cancer Center—DCCR concurred with the committee's recommendation not to renew the contract at the end of the current performance period. DCCR program staff is to arrange for coverage of the affected geographic areas by alternate sources.

Fred Hutchinson Cancer Research Center—Concurred with the recommendation that the contract be renewed. Previous activities have concentrated on the Seattle area and the contractor should look to other regions to provide more extensive coverage and to serve new areas.

Univ. of Alabama—Concurred with the recommendation not to renew the contract beyond the current performance period.

Memorial Sloan-Kettering, Yale Univ., Howard Univ.-Georgetown Univ., Fox Chase-Univ. of Pennsylvania, Illinois Cancer Council, all continued.

Duke Univ., Roswell Park, Mayo Foundation, Sidney Farber Cancer Center, Univ. of Miami, Univ. of Southern California, Univ. of Texas, and Univ. of Wisconsin, renewed for three years at the 100% funding level with annual cost of living increases.

Johns Hopkins Univ.—Review the contract and obtain assurance that (1) the principal investigator will continue to be responsible for program management in the proposed shift of operations to the ACS, and (2) the program will continue to seek the active participation of the public health resource expertise available at the university.

**CLINICAL ONCOLOGY PROGRAM**

Allentown Hospital Assn., Methodist Hospital of Indiana, Butterworth Hospital (Grand Rapids), and Institute for Medical Research (San Jose), continued. Southwest Texas Methodist Hospital, conditional continuation: "A no cost extension will be granted to allow the institution and principal investigator to show cause why the contract should be continued. Plans for corrective action to address the concerns in the summary statement critique must be approved by NCI. These plans should include commitments of 25% effort by the principal investigator (or designated medical director) and 100% by an administrator."

**TYLER ASBESTOS WORKERS STUDY AND STATISTICAL CENTER**

Texas Chest Foundation, and Univ. of Texas

System Cancer Center—"1. The March 17, 1978 response from the contractor does not satisfactorily alleviate the problems pointed out by the merit peer review. 2. Based on current state of the art meetings about asbestos related health effects, modified guidelines for medical screening will be issued. This will consider interventions appropriate to asymptomatic and symptomatic workers. 3. TAWP shall analyze data and submit a final comprehensive report. 4. The current contract, with revisions to the existing statement of work will be permitted to continue if needed to its current contractual period of performance to allow for modified followup of the enrolled workers, while government competitively procures an effort to deal with the Tyler asbestos problem. This action is taken to provide continuity of followup for exposed workers who are at high risk of asbestos-related disease. 5. DCCR will develop a new competitive procurement for a community wide program for individuals exposed to asbestos as a result of the Tyler asbestos plant operation. This may include appropriate segments of the current program and will be broadened to include the public and professional community of Tyler."

#### **CERVICAL CANCER SCREENING PROGRAM**

(All contractors are state and territorial departments of health.) Alabama, Louisiana, Kentucky, Michigan, Mississippi, Ohio, Oklahoma, South Carolina, Texas, Pacific Island Trust Territory, all continued. Arkansas, California, Georgia, Minnesota, Puerto Rico, continued with conditions.

Maryland, continued with the following conditions: Clarify the data which concerned the committee in the contractor's addendum report. Indicate to the contractor that coloposcopy alone is not considered a definitive diagnosis. Reduce the contractual number of screenees consistent with more recent projections by the contractor.

Nebraska—continue to contract period—no further funds. Virginia—phase out by June, 1978. Washington—termination.

Contracts with New York, Tennessee, Connecticut and Illinois previously were reported terminated, each with several deficiencies noted (*The Cancer Letter*, Feb. 25, 1977).

#### **CANCER CONTROL REGIONAL RADIOLOGICAL PHYSICS CENTERS**

Allegheny General Hospital, Memorial Hospital, Univ. of Colorado, Univ. of Texas, Univ. of Washington, Univ. of Wisconsin, all continued with conditions. The coordinator for the project, American Assn. of Physicists in Medicine, also was continued with conditions.

#### **EARLY DETECTION AND DIAGNOSIS OF CUTANEOUS MALIGNANT MELANOMA**

Massachusetts General Hospital—The panel concurred with the committee on the educational activities outlined in the contract but decided not to terminate the contract completely, but to modify it so

#### **as to provide fractional funding for updating the melanoma professional educational materials package. ESTABLISHMENT AND OPERATION OF THE PATHOLOGY QUALITY CONTROL SYSTEM FOR BREAST CANCER DETECTION DEMONSTRATION PROJECTS**

Vanderbilt Univ. Medical Center—Conditional continuation: To allow for restructuring of the project based on the recommendations of the committee, working group and the consensus panel. On the basis of the recommendations from the above groups, the current JNCP will have to be reviewed for continued applicability.

#### **MEASUREMENT OF THE COST OF CANCER CARE**

Abt Associates Inc.—Do not implement the full scale study.

#### **NATIONAL CANCER CONSULTATIVE PROGRAMS FOR HOSPITALS**

#### **American College of Surgeons—Continued. INTEGRATED CANCER REHABILITATION SERVICES**

Harmarville Rehabilitation Center Inc.—Phase out at normal contract time. Concentrate efforts on data analysis. Do not consider for renewal. Ellis Hospital, Schenectady; Jamaica Hospital, Saint Francis Hospital, Honolulu—Continue to contract end; no further funds.

#### **DEVELOPMENT AND EVALUATION OF CANCER CARE COORDINATING TEAMS**

Queen's Medical Center, Honolulu—Continuation. Project officer will continue working with contractor to develop an acceptable evaluation plan.

#### **DEMONSTRATION OF A CANCER REHABILITATION FACILITY AND/OR DEPARTMENT**

Univ. of Washington, Institute for Cancer Research (Fox Chase), Mayo Foundation, Memorial Hospital, Univ. of Alabama, and Univ. of Texas, all continued to normal termination.

Emanuel Hospital—Negotiate funding for three years with emphasis on development of a final and definitive evaluation methodology.

Roswell Park—Terminate immediately, after brief phase out period.

Howard Univ.—Negotiate funding for three years with modification of contract to ameliorate conditions noted in the overall project assessment section of the summary statement.

Univ. of Pittsburgh—Continue under the following conditions: 1. Accrue a total of at least 500 patients. 2. Submit protocols to DCCR. 3. Deliver results of evaluation as required.

Some of the terminations resulted in bitterness on the part of contractors who felt most of the inadequacies could be placed at DCCR's feet. They blamed unfair or incompetent review, poor performance by DCCR project officers, and inflexible or unrealistic requirements in the RFPs, for any failures. Most of

those terminated did not feel their projects were failures.

Roswell Park Director Gerald Murphy did not feel his rehab facility demonstration was a failure, nor was he bitter about the early termination. "I don't care what they say at NCI," Murphy told *The Cancer Letter*. "We think it was a good program and was successful."

Roswell Park was able to generate new money from non-federal sources to keep the program in operation. "That's what the cancer control program was supposed to do," Murphy said. "We needed NCI help to get the program started. We demonstrated how it could be done. Now we're keeping it going without NCI's help, and others can learn from our experience if they wish. Cancer control money was never intended to provide continuing health care services."

*Reports on the remaining projects which underwent merit peer review will appear next week in The Cancer Letter.*

#### NCI CONTRACT AWARDS

**Title:** Hyperalimantation studies, continuation

**Contractor:** Univ. of Texas System Cancer Center, \$230,801.

**Title:** Study on the value of mammography, continuation

**Contractor:** Health Insurance Plan of Greater New York, \$265,000.

**Title:** Perform HSV-2 vaccine development and clinical testing

**Contractor:** Merck & Co., \$1,396,950.

**Title:** Operation of a repository and distribution center for biological materials

**Contractor:** Microbiological Associates, \$256,105.

**Title:** Studies to determine a viral involvement of feline mammary carcinoma, continuation

**Contractor:** Sloan-Kettering Institute, \$40,000.

**Title:** Operation of Louisiana Tumor Registry, continuation

**Contractor:** Charity Hospital, \$489,449.

**Title:** Study of common antigens, continuation

**Contractor:** Institute for Medical Research, \$45,000.

**Title:** Operation of the Detroit SSMA Population Based Cancer Registry, continuation

**Contractor:** Michigan Cancer Foundation, \$160,000.

**Title:** Phase I studies on new anticancer agents, continuation

**Contractors:** Memorial Hospital, \$19,920; Mt. Sinai School of Medicine, \$19,996; Mayo Foundation, \$20,000; Univ. of Texas System Cancer Center, \$31,275; Univ. of Kansas Medical Center, \$18,042.

**Title:** Breast Cancer Detection Demonstration Project, renewal

**Contractor:** Duke Univ. Medical Center, \$306,500.

**Title:** Breast Cancer Detection Demonstration Project, continuation

**Contractors:** Wilmington Medical Center, \$269,596; Pacific Health Research Institute, Honolulu, \$242,128.

#### ADVISORY GROUP, OTHER CANCER MEETINGS FOR JANUARY, FEBRUARY

**National Cancer Advisory Board**—Jan. 15-17, NIH Bldg 31 Rm 6, open 1-5 p.m. Jan 5 & 6; 9 a.m.—adjournment Jan. 17.

**NCAB Subcommittee on Centers**—Jan. 15, NIH Bldg 31 Rm 11A10, open 9:45 a.m.—adjournment.

**NCAB Subcommittee on Construction**—Jan. 15, NIH Bldg 31 Rm 11A10, open 11 a.m.—adjournment.

**NCAB Subcommittee on Environmental Carcinogenesis**—Jan. 15, NIH Bldg 31 Rm 6, 7:30 p.m., open.

**NCAB Subcommittee on Planning & Budget**—Jan. 15, NIH Bldg 31 Rm 6, 8:30 p.m., open.

**Cell Membranes & Gene Expression in Neoplasia**—Jan. 17, Medical College of Virginia, Richmond 23298; phone 804-786-0448.

**Biometry & Epidemiology Contract Review Committee**—Jan. 22-23, Landow Rm A, open 8 p.m., Jan. 22.

**Cancer Control Intervention Programs Review Committee**—Jan. 23, NIH Bldg 31 Rm 8, open 8:30—9 a.m.

**Pancreatic Cancer Review Committee**—Jan. 25, Tidewater Place, New Orleans, open 8:30—10 a.m.

**Symposium on Sarcomas of Soft Tissue & Bone in Childhood**—Jan 25-27, Holiday Inn, Orlando. (Contact CCIRC, NCI, Westwood Bldg Rm 819, Bethesda Md. 20014.)

**Cancer Research Manpower Review Committee**—Jan. 26, NIH Bldg 31 Rm 7, open 9—9:30 a.m.

**Assn. of American Cancer Institutes**—Jan. 29-30, Washington D.C.

**American Cancer Society Board of Directors**—Jan. 29-Feb. 2, Waldorf Astoria, New York.

**Breast Cancer Task Force**—Feb. 7, NIH Bldg 31 Rm 10, 8:45 a.m., open.

**Committee on Cytology Automation**—Feb. 8-9, NIH Bldg 31 Rm 8, 8:30 a.m.—5 p.m. both days, open except for periodic closings of 20 minutes to discuss contract proposals.

**Cancer Control & Rehabilitation Advisory Committee**—Feb. 8-9, NIH Bldg 31 Rm 7, 9 a.m. both days, open.

**Prostatic Cancer Review Committee**—Feb. 20, NIH Bldg 31 Rm 8, open 8—8:30 a.m.

**Clinical Cancer Education Committee**—Feb. 21-22, NIH Bldg 31 Rm 10, open Feb. 21 8:30—9:30 a.m.

**Cancer Control Merit Review Committee**—Feb. 23, Blair conference room, 9 a.m., open except for 30 minutes each in morning and afternoon sessions.

**Clinical Cancer Investigation Review Committee**—Feb. 26-27, NIH Bldg 31 Rm 6, open Feb. 26, 9 a.m.—noon.

**Symposium on Fundamental Research—Radiation Biology in Cancer Research**—Feb. 27-March 2, Houston Shamrock.

**18th Annual Conference on Detection & Treatment of Breast Cancer**—March 5-8, Atlanta.

**5th Annual Symposium on Diagnosis & Treatment of Neoplastic Diseases**—March 23-23, Johns Hopkins.

**14th Annual San Francisco Cancer Symposium**—March 23-24, San Francisco Hyatt Regency.

**Div. of Cancer Treatment Board of Scientific Counselors**—March 26-28, NIH, review of clinical trials, NIH Bldg 31 Rm 10, 9 a.m. each day, all open.

**2nd International Conference on Adjuvant Therapy of Cancer**—March 28-31, Tucson. Contact Cancer Center Div., Univ. of Arizona College of Medicine, Tucson 85724.

**Symposium on Cancer and the Macrophage**—March 29-30, Univ. of North Carolina.

## 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

**Title:** *Approach to the network concept of cancer patient management: Coordinating center(s) for analysis of network demonstration projects*

**Deadline for resumes:** Jan 29

NCI proposes issuing an RFP for a data management and statistical coordinating center for the analysis of the network concept of cancer patient management. This sources sought announcement is an attempt to determine if there are qualified small business concerns capable of forming an interdisciplinary team of computer specialists, evaluators, epidemiologists, biostatisticians and cancer specialists necessary to handle the data management and biostatistical needs of patient networks and also to provide an objective assessment of the network concept. Accordingly, responses to this announcement are restricted to small business concerns certified by the Small Business Administration as such.

The RFP will provide for the following tasks:

1. Finalization of the detailed data and outcome measures to be assessed in common, in subsets, and/or individually by the network. The following activities will be considered:

a) Patient impact including: Mortality by site, staging, diagnosis and pretreatment evaluation; treatment modality and patient adherence to management guidelines; referral patterns; rehabilitation efforts; continuity of care; morbidity (recurrence, other diseases, etc.) and quality of life (disability, return to work, social function, etc.).

b) Community impact: Collaborative arrangements and community linkages; referral patterns; professional education; sources of funding; level of staff support and continuing adherence to guidelines in the past demonstration phases.

2. Implementation of a mechanism and timetables for data acquisition using the networks' resources, and monitoring the progress of the followup, to include:

a) Acquisition of retrospective and prospective

data to accomplish the needs of future evaluations.

b) Provide training, as necessary, to members of the individual network related to the collection and preparation of data.

c) Review all data transmitted to the Coordinating Center for quality, timeliness, etc.

d) Monitor the submission of all data to assure followup proceeds as complete as possible and the required data reaches the Coordinating Center as expected.

3. Analysis and evaluation of various outcome measures, using appropriate statistical tools, and compare results within a network for longitudinal changes and among networks for consistency. Knowledge of patient selection procedures and other issues of self-selection must be addressed in these interpretations.

Small business concerns wishing to be considered for this effort must meet the following criteria:

1. Expertise in epidemiology, biostatistics, cancer, program evaluation and data management.

2. Experience in interfacing and interacting with collaborative biomedical researchers.

3. Experience in acquisition, reviewing, editing, storing, retrieving and analyzing data.

4. Availability of suitable hardware and software capabilities.

Interested concerns must provide information on each of the above criteria in sufficient detail to demonstrate expertise and/or experience in the specified criteria. Curriculum vitae of personnel, a brief description of the organization, a list and description of similar projects and a description of available hardware and data management and analysis software. Eight copies should be submitted.

This is not a request for proposals. Responses should not include cost or pricing information. Concise responses directed specifically to the points mentioned above are requested. An RFP will be sent to qualified respondents. Unqualified organizations will be notified in order to save them the expense and effort of submitting proposals.

**Contracting Officer:** Shelby Buford  
Control & Rehabilitation  
301-427-7984

## RFP NCI-CM-97266

**Title:** *Primary and detailed in vivo screening for anticancer activity*

**Deadline:** *Approximately March 10*

Proposals are solicited for primary and detailed in vivo testing, in rodent hosts, for anticancer efficacy. Animals, tumors, protocols, and materials to be tested will be supplied by NCI.

NCI is seeking organizations possessing facilities for housing sufficient numbers of rodents, (primarily mice, both conventional and conventional plus athymic) and possessing the capability to maintain and transplant tumor lines, to prepare materials for testing, to conduct a minimum of 15,000 test equiva-

lents per year, and to report all test data for computer processing on forms and format furnished by NCI. A test equivalent is based on the work effort required to carry out an IP L1210 assay, with IP treatment for 9 consecutive days using 6 mice per test group plus appropriate controls.

Organizations must have the capability to conduct testing in a number of in vivo tumor assays, primarily the P388 tumor test system and other systems such as L1210, B126 melanoma, Lewis Lung carcinoma, Colon 38, etc. Offerors must possess the capability and resources for in vivo screening at a minimum level of 15,000 test equivalents per year.

Proposals may be submitted for testing in conventional only or both conventional and athymic test models.

**Contract Specialist:** John Thiessen  
Cancer Treatment  
301-427-8125

#### **RFP NCI-CP-95603-69**

**Title:** *Support to the Diet, Nutrition and Cancer Program*

**Deadline:** *March 1*

Provide technical and managerial support for the Diet, Nutrition & Cancer Program. The contractor will function in a purely supportive role carrying out specific tasks. The contractor will be responsible for assisting NCI staff with conference support, technical documents, statistical support, liaison, central repository, budget and planning support, information materials and rapid response capability. These eight areas are not independent, and this interdependence necessarily is reflected in the workscope. Conference support depends on technical reporting, technical reporting is closely related to informational materials, and data support is closely related to budget development.

The need for technical/scientific support is not listed as a separate item, rather it should be implicit in considering every item indicated above. Organizations submitting proposals must have (or be willing to establish prior to contract award) regular office facilities within a 35 mile radius of the NIH campus, Bethesda, Md. The facility must also have available conference room area.

**Contract Specialist:** Linda Waring  
Carcinogenesis  
301-427-7574

#### **RFP NO1-CN-95440-05**

**Title:** *Development of programs of instruction in oncology rehabilitation nursing*

**Deadline:** *Approximately March 15*

NCI is soliciting proposals from collegiate schools of nursing accredited by the National League for Nursing for the development, implementation, and evaluation of programs of instruction in oncology rehabilitation nursing.

Oncology rehabilitation nursing needs to be incorporated into the education and training components of graduate and continuing education. An increasing number of cancer patients are surviving their disease for a significant period of time due to successful treatment. In spite of this increased longevity, the toxicities and side effects of both the disease and treatment further traumatize the patient and his family, creating a serious need for rehabilitation and continuing care.

The project goal is to develop three model programs in oncology rehabilitation nursing which can be replicated by other schools of nursing. The purpose of this project is to educate and to train nurse professionals in rehabilitation approaches and techniques as they relate to cancer patient care. The project objectives are:

A. Using the expertise of an interdisciplinary group of knowledgeable health professionals who have skills in oncology, oncology nursing and rehabilitation, develop a three-arm program of instruction in oncology rehabilitation nursing which includes:

1. A subspecialty program in oncology rehabilitation nursing to be incorporated into an existing masters level oncology nursing program.

2. A continuing education program for masters prepared nurse educators and nurse specialists who would like to refine and update their knowledge and skills in oncology rehabilitation nursing.

3. A continuing education program in oncology rehabilitation nursing designed for the nurse with a BSN degree and/or background in public health nursing.

B. Implement and evaluate the programs in oncology rehabilitation nursing, after they have been approved by the university approving bodies and make revisions, as necessary.

C. Develop three programs of instruction in oncology rehabilitation nursing which can be replicated by other schools of nursing.

**Contracting Officer:** Shelby Buford  
Control & Rehabilitation  
301-427-7984

#### **RFP NO1-CN-95439-05**

**Title:** *Design and evaluation of cancer education programs and protocols*

**Deadline:** *Approximately March 15*

NCI is soliciting contract proposals for the development, validation and evaluation of cancer education protocols which can be used to design and conduct effective cancer education programs in various types of institutions and settings. These protocols are to contain detailed and specific descriptions of all the tasks and activities which are to be completed during the planning, implementation and evaluation of actual pilot programs conducted as part of this procurement. Proposals shall describe:

1. The plan and design of a cancer education pro-

gram; 2. Development and implementation of an evaluation program for measuring the effectiveness and impact of cancer education interventions; 3. Development of cancer education protocols defined in the RFP; 4. Testing and validating protocols in a pilot program; and 5. Revision and completion of protocols into documents to be used for planning, implementing and evaluating cancer education programs.

The scientific and technical portions of the proposals submitted in response to the RFP will be the major factors in selecting contractors to conduct this study. Extensive experience and expertise in the application of scientific methodology and in the design and evaluation of health education programs will also be important elements in the selection process.

**Contract Specialist:** James Prather  
Control & Rehabilitation  
301-427-7984

#### **RFP NO1-CO-85411-10**

**Title:** *Technical writing publication, distribution and telephone answering services in response to cancer-related inquiries*

**Deadline:** *Approximately March 1*

NCI intends to issue an RFP to obtain the services of an organization capable of responding to public inquiries by letter and by telephone. In addition to these services, NCI will require the maintenance of a reference file and the capability to gather and translate statistics.

NCI will make available information systems and services as well as a "response book" of standard replies for facilitating response. The organization selected will be responsible for keeping all responses current as new facts and figures are available, as well as preparing, on specific assignment from NCI, enclosures for written responses such as booklets and fact sheets.

Written inquiries shall require separate approaches depending on the substance of the letter and the urgency of response as determined by the NCI project officer. Further, the selected organization will be responsible for translating foreign language written inquiries. Typing, routing, and mailing of most responses will be required.

The contractor will develop and maintain a 24-hour, 7-day a week capability to monitor and respond personally to incoming telephone calls from across the U.S.

Offerors shall be limited to those firms having operating facilities within a 35-mile radius of Bethesda, Md.

It is anticipated that a bidder's conference will be held after release of the RFP. The date, time and location of the conference will be set forth in the RFP.

**Contract Specialist:** Kris Boyer  
Office of Director  
301-427-7984

#### **RFP NO1-CN-95438-05**

**Title:** *Development of protocols for worker notification and information*

**Deadline:** *Approximately March 15*

NCI is soliciting contract proposals for the development of effective strategies for notifying workers, ex-workers, and, where appropriate, their families that they are being or have been exposed to job related risks of cancer. Effective strategies are defined as those most likely to ensure that the information on occupational exposure actually reaches the target populations and persuades them to adopt risk reducing behaviors.

The work required by this RFP is the:

1. Determination of the organizational and communication characteristics of the occupational setting selected which impact on the notification, information and behavior processes.
2. Determination of the communication characteristics of the occupational and community setting that are relevant to designing the program.
3. Identification of the methods and channels of communication for reaching exposed individuals who are no longer employed in the industry where risk occurred.
4. Planning and design of an effective worker notification and information program.
5. The preparation and scientific validation of the protocols for conducting the program.
6. The planning and field testing of the protocols.
7. The preparation and delivery of reports including a final report containing protocols detailing how to plan, implement and evaluate an effective worker notification and information program.

The scientific and technical portions of the proposals submitted in response to the RFP will be the major factors in selecting contractors to conduct this project. Expertise and experience in the design and evaluation of health education and information programs as well as the ability to obtain access to the occupational setting and worker populations required for field testing the protocols will also be important elements in the selection process.

**Contract Specialist:** James Prather  
Control & Rehabilitation  
301-427-7984

### **The Cancer Letter** \_ Editor Jerry D. Boyd

Published fifty times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter. All rights reserved. None of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the publisher. Violators risk criminal penalties and \$50,000 damages.