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PRESIDENT DROPS RECISION PLAN; NCI TO RECEIVE $937.1 MILLION VOTED BY CONGRESS FOR FY 1979

The White House has dropped its plan to ask Congress to rescind $160 million of the amount appropriated for NIH for the 1979 fiscal

(Continued to page 2)

In Brief

PREYER, WAXMAN BATTLE OVER CHAIRMANSHIP OF HEALTH GROUP; AMOS TO HEAD MASS. ACS

HEALTH SUBCOMMITTEE chairmanship vacated by retiring Congressman Paul Rogers—the House Commerce subcommittee involved in writing most health legislation including future amendments and extensions of the National Cancer Act—is still the subject of an intense battle between Henry Waxman, California liberal, and Richardson Preyer, North Carolina conservative. Preyer has the seniority, but he also has as a pharmaceutical company heir a potential conflict of interest as perceived by some. Preyer's stock is in a blind trust and he insists he will not vote on matters affecting the pharmaceutical industry but that may not be enough to persuade a majority of Commerce Democrats. What health legislation can there be that does not affect drug manufacturers one way or another, some have asked. Another scrap over a key subcommittee chairmanship will come if a move is made to oust Dan Flood as head of the Labor-HEW Appropriations Subcommittee. Flood has been indicted on bribery charges. Next in seniority on that subcommittee is William Natcher of Kentucky. He already heads the D.C. Subcommittee but would give that up for Labor-HEW. However, Natcher may be in line for other chairmanships he might prefer, which would leave Neal Smith of Iowa next in line to succeed Flood. . . . **HAROLD AMOS**, a professor of microbiology and molecular genetics at Harvard and a member of the National Cancer Advisory Board, is president-elect of the American Cancer Society Massachusetts Division. He will succeed Howard Ulfelder in 1980. . . . **HEW SECRETARY** Joseph Califano's effort to pump $1 million into hospice development may turn out to be a fiasco. The Health Care Financing Administration, on Califano's initiative, put out a hurriedly written RFP aimed at community groups interested in developing hospices. There were about 1,500 responses, and 1,000 copies of the RFP have been sent out. No more than 40 and as few as 20 contracts will be awarded, and now the Office of Management and Budget is considering blocking any awards on technical grounds, claiming it was not properly advertised. Contract would provide a small amount of planning money and for those proceeding into implementation, the government would offer a waiver permitting reimbursement for patient care. A data collection provision for which no funds are included could be expensive. . . . **MEETING TIME** scheduled by the Biometry & Epidemiology Contract Review Committee has been changed: One day only, Jan. 22 (dropping Jan. 23), with the open portion now 8:30-9 a.m.

WHITE HOUSE TO REQUEST SAME AMOUNT FOR NCI IN 1980 AS THIS YEAR'S TOTAL

(Continued from page 1)

year, including $24.4 million from NCI's appropriation (*The Cancer Letter,* Dec. 8). Instead, NCI will receive the full $937.1 million voted by Congress.

The Administration also had planned to include only $912.7 million for NCI, the total after recision, in the FY 1980 budget request which it will sent to Congress later this month. Now that the recision has been abandoned, the 1980 request for NCI will be the same amount appropriated for 1979.

President Carter and his Office of Management & Budget had considered the NIH recision, along with deep cuts in other health and social program budgets, to help reduce the current year's budget deficit. The predictable response from members of Congress and the health community had its effect, and the Administration is looking elsewhere for budget cuts.

When the recision plans were announced, NCI immediately trimmed its outlays to the $912 million level. It appeared that at least some grants which will be approved for funding by the National Cancer Advisory Board this month would not be paid until the final budget level had been established.

With the level now firmly fixed at $937 million, NCI has resumed making outlays based on that figure. Grants approved for funding by the NCAB this month will be paid on schedule.

NCI has been told by OMB that it will have to fund last fall's federal pay increase out of the $937 million total. That means in effect the budget will be reduced by $4.8 million, the total increase for NCI personnel. NCI had expected that Congress would provide a supplemental appropriation to take care of the pay increase, as it did last year, but that probably will not happen now.

According to some Washington sources, restoration of the NIH and other health cuts can be credited largely to HEW Secretary Joseph Califano. He was reportedly furious when OMB's intention was disclosed, and fought successfully against both the recision and the lower 1980 figures.

The President's budget is only a request to Congress, which invariably adds to most health totals, particularly NIH and NCI. The new Congress, with memories of Proposition 13 and last November's more conservative electorate still fresh, is not certain to follow that pattern. Getting the President's request up to the higher figure therefore represents a significant victory for the Cancer Program.

NCI now has pretty much finalized the allocation of FY 1979 funds among the five divisions.

The allocations reflect the distribution of most of the traditional grants and program projects to the operating divisions from the Div. of Cancer Research Resources & Centers, following Director Arthur Upton's reorganization of the institute last year. Here's how the distribution by division, with breakdowns for grants, contracts and inhouse totals, now stands (dollars in thousands):

Division/ Program	Grants	Contracts	In-house	Total
Treatment	125,145	73,552	35,737	234,434
Cause & Prevention	83,287	120,257	34,685	238,229
Biology & Diagnosis	100,869	34,362	32,661	167,892
Control & Rehabilitation	20,000	46,578	3,155	69,733
Research Resources	66,977	---	7,516	74,493
Centers Support	65,114	---	9,550	67,097
Office of Director	---	9,550	28,355	37,905
NCI/NIH Program Support	---	---	12,298	12,298
NIH Management Fund	---	---	35,048	35,048
Totals	**461,392**	**284,299**	**191,438**	**937,129**

The figures for DCRRC (Research Resources above) include construction, education and training and organ site program grants. DCRRC, which will be renamed the Div. of Extramural Activities, now has as its primary responsibility the review of contracts and grants and committee management. Construction, organ site and education programs probably will be relocated into a new division, along with the Centers Program.

The Office of Director includes administrative, financial management, planning, communications, research contracts branch and international affairs staff and programs. Figures for NIH program support and management account for NCI's share of NIH operations, including the Clinical Center.

The impact of the reorganization on the divisions can be seen by comparing totals originally estimated for FY 1979 before Upton announced the reorganization. These figures were based on a budget estimate of $925 million:

Treatment–$141.7 million; Cause & Prevention–$165.3 million; Biology & Diagnosis–$68.8 million; Congrol & Rehabilitation–$69.3 million; Research Resources–$400 million.

The total for the Div. of Cancer Control & Rehabilitation did not change because DCCR was already funding cancer control grants and thus did not pick up anything in the reorganization.

The earlier figure for DCRRC included funds for center support grants, which now are shown separately since the Centers Program was removed from that division.

The present allocations do not yet reflect the shift from contracts to grants in line with Upton's policy

to scale down research contracts and move those funds to traditional grants. The increased emphasis on grants will become apparent in the 1980 budget as research contracts expire.

EARLE BROWNING, NCI BUDGET CHIEF FOR 12 YEARS, WILL RETIRE MARCH 2

Earle Browning, chief of NCI's Financial Management Branch and one of the institute's most popular executives, will retire March 2 after 37 years of federal government service.

Browning has been NCI's financial management officer for the past 12 years, through the greatest period of growth ever experienced by an NIH institute. His clear, candid presentation of budgets including details on all NCI operations and programs have never failed to impress the institute's advisors and staff.

Browning spent 25 of his years in government with the Dept. of Defense, including three years during World War II in the Army.

Browning's retirement plans include some work as a tax consultant, some in real estate and development of a Christmas tree farm on rural property he has acquired.

Two of NIH's top budget officers—Richard Miller and John Hardinger—served as Browning's deputies. Miller is the NIH assistant director for budget, and Hardinger is chief of the budget policy branch. Hardinger may be a candidate to succeed Browning. Steve Ficca, Browning's present deputy, has been in that position for less than a year and is not eligible for the senior position under Civil Service regulations.

CLINICAL TRIAL PATHOLOGY IMPROVEMENTS RECOMMENDED BY AD HOC WORKING GROUP

An ad hoc pathology working group chaired by Robert McDivitt, appointed by NCI Div. of Cancer Treatment Director Vincent DeVita to study the relationship of pathology to DCT sponsored clinical trials and to recommend improvements, has completed its work and submitted its recommendations to DeVita.

The recommendations include specific suggestions for improving pathology's scientific contributions to clinical trials, criteria for selection of clinical trials for which pathology review is to be conducted, incentives that could be offered to secure participation by pathologists in clinical trials, and how pathologists could be brought into Cooperative Group organizations. The working group also offered guidelines for pathology funding in clinical trials.

McDivitt presented the group's recommendations at the December meeting of the Cooperative Group Chairmen's Committee. The report follows:

"Although selected pathology participation in Div. of Cancer Treatment contracts and specialized review panels dates back many years, only more recently has an attempt been made to incorporate the pathology discipline into major cooperative oncology group activities. Each group has tried to do so in accordance with its own standards and needs which often have differed considerably. This has led to some confusion concerning pathology's perquisites and responsibilities which in some instances has been reflected in inadequate discipline representation and funding. In an attempt to respond to problems that have arisen, Dr. Vincent DeVita, director of the Div. of Cancer Treatment, appointed an eight-man ad hoc pathology working group to study the relationship of the pathology discipline to DCT-sponsored clinical trial activities and to recommend subsequently how this relationship could be improved.

"During the first meeting of this working group in November, 1977, it was decided that the most effective way to conduct such a study would be to meet with pathology representatives from major DCT-sponsored cooperative groups and contracts in order to review conjointly the various organizational activities that had taken place and problems that had arisen. A two day meeting of this type was held in June 1978. The pathology working group has met subsequently to review these discussions and submits this summary and recommendations based on the above described activities.

"Pathology Discipline's Scientific Contribution to Clinical Trials: The pathology working groups suggests that the process of conducting pathology review on cases accessioned into clinical trials for the purposes of confirmation of diagnosis, subclassification, grading, pathological staging, and estimating adequacy of therapy comprises its major scientific contribution. Without this activity, there is no sound basis for patient stratification, weakening other observations that might be derived from the trial. In view of the importance of pathology's contribution to the science of clinical trials, the working group suggests that one pathologist from each member institution be designated co-principal investigator on future institutional clinical trial grant requests.

"Fundamental to the concept of this type of retrospective pathology review is the hope and expectation that more precise and meaningful diagnostic criteria will emerge as a result of this activity. Pursuant to this goal, refined diagnostic criteria are often employed. It is to be expected, therefore, that at times differences will exist between submitting and review diagnoses. Should this occur, the working group recommends that the contributing pathologist be notified promptly and directly of the difference in diagnostic opinion. The working group would emphasize, however, that pathology review of this type must not be misconstrued as pathology consultation since it differs significantly in mechanics, setting, and purpose from the private practice of pathology.

"Alternately, it does not appear appropriate to the pathology working group to suggest that the DCT fund, through the clinical trial mechanism, laboratory

investigation in pathology unless such investigation appears directly related to the therapeutic response being studied in the trial. Pathologists who seek funding for unrelated investigative activity should do so through the ordinary competitive grant or contract mechanisms.

"The working group further recommends that, in order for our discipline to accomplish its scientific goals, it must be given an opportunity to participate in clinical trial protocol design during the developmental stages. At present it would appear that in some instances pathology review criteria are being inserted into protocols by coordinators without their having consulted the pathologists who are expected to accomplish the enumerated tasks. In order to obviate practices of this type, the pathology working group recommends that pathology input be part of all clinical trial protocol development and design and that that portion of protocols dealing with pathology be reviewed and approved prior to protocol activation by the appropriate pathology disease/organ specific committee.

"The pathology working group also recommends that pathology's contributions to clinical trial protocols should be given greater visibility by means of a separately designated pathology section in each clinical trial protocol. In these sections pathologists should indicate specific hypotheses to be tested which require the use of pathology techniques enumerated previously, as well as others such as electron microscopy, histochemistry, biochemical markers, etc. The working group also suggests that clinical trial results not be presented or published until that portion of their contents pertaining to pathology review and clinical pathological correlations have been reviewed and approved by pathologists involved in the clinical trials.

"Selection of Clinical Trials for which Pathology Review is to be Conducted: At times demands for conducting pathology review for clinical trials may exceed the resources available to the pathology discipline of the group proposing the trial. In this event, establishment of priority for conducting pathology review must be the prerogative of the pathology discipline. Factors that will influence this decision include potential scientific accomplishment, availability of pathology expertise, availability of funding, and the potential impact of therapeutic decisions which are implemented or revised as a result of pathology review.

"Occasionally clinical trial protocols may be proposed in which significant variance between the submitting and review diagnoses is anticipated, and significant differences in therapy to be administered during the trial are predicated on the pathologic diagnosis. In such instances consideration may be given to conducting pathology review before cases are entered on protocol. In evaluating the desirability of implementing this type procedure, the working group suggests that numerous factors must be weighed, including availability of pathology expertise at participating institutions, and mechanical problems of conducting a pre-study review dictated by the number of participating institutions. The working group suggests that certain trials of this type may be more appropriately conducted by a single or a few selected participating institutions, rather than by large cooperative groups.

"Incentives for Pathology Discipline Participation in Clinical Trials: In the opinion of the working group, organizations conducting cooperative clinical trials should not expect practicing pathologists to contribute pathologic materials and records for study without compensation. As a minimum, practicing pathologists should be reimbursed for expenses incurred in providing such materials. However, simple financial reimbursement in itself provides limited incentive for the pathologist's continued cooperation, particularly since in recent years the number of requests for materials seems to have expanded considerably as the number of clinical trial programs has increased.

"The pathology working group suggests that the practicing pathologist's cooperation with clinical trial programs is best assured by developing mechanisms to involve him or her in these programs. Among proposed mechanisms are (1) greater involvement in cooperative group administrative affairs, (2) participation in pathology review committees, (3) periodic presentation of clinical trial results, (4) participation in workshops that illustrate and discuss pathology review criteria.

"Proposed Organization for Pathology in DCT Clinical Trial Programs—Organization within Cooperative Groups: Pathology representatives from some groups conducting clinical trials describe excellent cooperation and support which the discipline has received. However, this appears to be somewhat uneven, since other pathology representatives complain that within their groups, the discipline has received almost no support and has been afforded minimal opportunity for participation in administrative affairs.

"In an attempt to cope with this unevenness, the the working group recommends the following as a minimal level of pathology organization that should be achieved within each cooperative group: (1) that a pathology discipline committee be established and a pathology discipline committee chairman be elected by the participating pathologists. (2) That the pathology discipline chairman be appointed a member of the executive committee of the cooperative group. (3) That pathology disease/organ specific committees be established for each area of active clinical trial participation. (4) That pathology disease/organ specific committee chairmen be members of each group disease/organ specific committee. (The Southwest Oncology Group and Eastern Cooperative Oncology

Group have already implemented these recommendations.)

"The working group further suggests that powers invested in the cooperative group pathology discipline committee should include: (1) Discipline approval of pathology resources of any institution seeking membership in the group. (2) Discipline approval of pathology sections in all clinical trial protocols prior to activation. (3) Discipline approval of sections dealing with pathology in all documents reporting clinical trial results prior to presentation or publication.

"Intergroup Pathology Representation: The working group suggests that the following administrative steps be taken in order to assure the discipline's effective participation in DCT sponsored clinical trials: (1) Pathology representation on the CCIRC. (2) Adequate pathology representation on site visit teams. (3) Establishment of an intergroup pathology executive committee. (4) Representation on the Cooperative Group Chairmen's Committee by the chairman of the intergroup pathology executive committee.

"By way of explanation for some of these recommendations, the working group points out that currently there is no pathologist on the CCIRC and that recently only one pathologist has been appointed to large site visit teams comprised of several dozen physicians. Because of these factors, the pathology discipline lacks advocacy in groups that are influential in determining levels of funding. As a result, the CCIRC and various site visit teams may not have developed a complete understanding of the contributions pathology can make to clinical trial activities; this in turn may be reflected in inadequate discipline funding. The working group recommends, therefore, that a minimum of two pathologists be appointed to the CCIRC, and that each site visit team contain adequate pathology representation. We further suggest that the executive secretary of the CCIRC consult the pathology representatives on this committee in determining the number of pathologists appropriate to each site visit team.

"Intergroup Pathology Executive Committee: The working group also recommends that an intergroup pathology executive committee be established, to be comprised of representative pathology chairmen from major DCT-sponsored cooperative groups, the pathology representatives on the CCIRC, a pathology representative to be appointed by the Intersociety Pathology Council, and an ad hoc representative from the Clinical Investigation Branch of DCT, and other acknowledged experts in the field. Benefits to be achieved from the formulation of such a committee include: (1) provision of a higher level of visibility for the pathology discipline in clinical trial activities; (2) establishment of a single group that can represent pathology in its interface with the DCT, other disciplines, group chairmen and administrative personnel; (3) provision of a mechanism for establishing more uniform intergroup standards for pathology review, funding, and education; (4) provision of a mechanism to help reinforce pathologists in their intergroup administrative affairs. The working group recommends that an intergroup pathology executive committee should conduct its affairs by attempting to seek consensus on important issues among pathologists engaged in clinical trials. We conceive of this committee as one empowered to make recommendations of apparent mutual benefit but not one capable of dictating policy to individual pathology groups engaged in clinical trials.

"Intergroup Disease/Organ Specific Committees: The working group suggests that the intergroup pathology executive committee may wish from time to time to appoint ad hoc intergroup disease/organ specific committees whenever a need for such committees arises. Responsibilities of such committees might include: (1) assessment and correlation of intergroup discipline activities pertinent to the disease/organ specific area, (2) pathology review pertinent to intergroup protocols when this appears necessary to assure intergroup comparability of pathologic diagnoses.

"Representation on Cooperative Group Chairmen's Committee: The working group also recommends that the chairman of the intergroup pathology executive committee be appointed an ex officio member of the Cooperative Group Chairmen's Committee in order to assure pathology representation at this administrative level. In our opinion, this would foster a better understanding of the pathology discipline's resources and limitations which in turn would greatly benefit the clinical trial program.

"Funding. It appears to the working group that whereas pathology funding for certain clinical trial activities has been adequate, the overall level of funding pathology has been able to achieve in cooperative groups has not been adequate. Several factors may have contributed to this: (1) Newness of the discipline in cooperative groups; (2) Necessity to compete with established cooperative group disciplines for funds; (3) misunderstanding concerning pathology's potential contribution to clinical trials; (4) Failure to assure visibility for pathology's scientific contributions to clinical trial protocol design; (5) Lack of pathology representation on the CCIRC and site visit teams; (6) Intergroup variability among pathologists in the amount of funds requested.

"The DCT pathology working group recommends that funds be allocated to support pathology participation in cooperative group and other clinical trial activities in keeping with the following guidelines:

"I. Discipline Administrative and Centralized Review Activities: We recommend that the chairman of the pathology discipline in cooperation with the cooperative group chairman develop a budget to provide funds for pathology administrative activities and to support centralized pathology review activities con-

ducted by the group. We further recommend that this be submitted as a separate discipline budget page in the operations office grant request. This request should include funds to support a central pathology administrative office and slide repository, and may include requests for funds to support other special pathology resources useful to clinical trials such as a central histopathology or electron microscopy laboratory, or other laboratories that generate relevant scientific information. In addition, this aforementioned budget should include funds to support the administrative activities of the pathology discipline chairman, the pathology committee, and the pathology disease/organ specific review committees. Among specific items we suggest might be included in this budget are (1) cost of central pathology slide distribution and storage; (2) personnel, equipment, printing, mailing, and general clerical costs necessary for the function of the aforementioned committees; (3) costs incurred in central pathology data storage and retrieval; (4) travel relevant to pathology review and administrative functions.

"II. Institutional Pathology Activities: We recommend that institutional grant requests should provide funds to support institution-based pathology activities relevant to clinical trial programs; and that this discipline budget be developed by the institutional pathology co-principal investigator in cooperation with other principal investigators named in the grant request. We further recommend that this pathology discipline budget appear in grant requests as a separate budget page and that dispersements of discipline funds received in response to such requests be controlled by the institutional pathology co-principal investigator. Among items we suggest be included in this discipline budget are (1) expenses incurred in the preparation and submission of pathology materials to be reviewed in the course of clinical trials, (2) other general departmental or fellowship support deemed necessary to insure that interested pathologists may actively participate in clinical trials, (3) travel funds to permit pathologists to attend cooperative group meetings and other educational or scientific meetings pertinent to the clinical trial programs in which the institution is engaged."

The Cooperative Group chairmen at the meeting expressed support for the recommendations in general but declined to take any formal action until DeVita acts on the recommendations suggested asked of NCI in the report.

"I think we could endorse all these recommendations, but I'm not ready to vote (on a motion to approve the report) until DCT appoints the intergroup committee," Denman Hammond said. "The report is superb."

Paul Carbone pointed out that most of the recommendations dealt with internal organization within the groups. "We can only endorse, not enforce, the recommendations. No one would question the importance of pathology in clinical trials."

Members of the working group, in addition to McDivitt, were Lauren Ackerman, Walter Bauer, Costan Berard, Richard Kempson, William Newton, Henry Rappaport, Louis Thomas, William Dolan, Alan Rabson and Edwin Jacobs.

REMAINING ACTIONS TAKEN AS RESULT OF MERIT PEER REVIEW REPORTED

Actions taken by NCI's Div. of Cancer Control & Rehabilitation on contracts which have undergone merit peer review were reported last week in ***The Cancer Letter.*** Reports on actions taken on the remaining contracts which were reviewed through last June follow:

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.

Development and Implementation of an At-Home Rehabilitation Program

Cancer Center Inc., Cleveland; St. Francis Hospital, Honolulu; Univ. of Utah, all continue.

Demonstration of Benefits of Early Identification of Psychosocial Problems and Early Intervention toward Rehabilitation of Cancer Patients

New York Univ.—approval of increment funding for third year with negotiation of fourth year funding to complete study of second control population. Univ. of California (San Francisco), Univ. of Iowa, and Mountain States Tumor Institute—negotiated three-month phase out period.

Training Programs for Maxillofacial Prosthodonists-Dental Technicians

M.D. Anderson, Memorial Hospital, New York Univ., and Roswell Park—all continued.

Study of the Incidence and Natural History of Genital Tract Anomalies and Cancer in Offspring Exposed in Utero to Synthetic Estrogens

Baylor College of Medicine, Massachusetts General Hospital, Mayo Foundation, and Univ. of Southern California—all continued.

A Critical Evaluation of Mass Screening for Uterine Cancer

Univ. of Louisville—continued.

Cancer Training Programs for Physical and/or Occupational Therapists

Univ. of Alabama—continued. Emory Univ., M.D. Anderson, and Univ. of Iowa, contract has expired.

Can-Dial: Telephone Cancer Information System

Roswell Park—continued.

Delaware Valley Pediatric Oncology Program and Central Tumor Registry

Children's Hospital of Philadelphia—continued through normal contract period.

Development Planning for Cancer Control Pathology Reference Centers

American Society of Clinical Pathologists—contract

[232-2833]

expired and will not be renewed for implementation.

Psychological Aspects of Breast Cancer

Midwest Research Institute, Montefiore Hospital, Bronx; Peter Bent Brigham Hospital, Stanford Research Institute, and West Coast Cancer Foundation—Contract workscope was modified to more clearly and scientifically identify the psychological problems of breast cancer patients. Continuation of individual projects is contingent upon acceptance of this modification. Intervention programs cannot be initiated without NCI approval. Modifications were negotiated for continuation.

An Organized Approach by the Family Physicians to the Diagnosis and Management of Selected Forms of Cancer

American Academy of Family Physicians—continued.

Prototype Comprehensive Cancer Control Projects for Head and Neck Cancer

Hahnemann Medical College, Illinois Cancer Council, Northern California Cancer Program, Roswell Park, Univ. of Arkansas and Univ. of Wisconsin—continued. Univ. of Mississippi—phased out at contractor's request.

Development and utilization of Rehabilitation and Continuing Care Resources and Services

Hospice Inc. and Medical College of Virginia—continued with close monitoring.

Enterostomal Therapy Education Programs—Boston Univ., Emory Univ. and Univ. of Texas—continued.

NEW PUBLICATIONS

"Communication Between You, the Cancer Patient, and Your Doctor . . . A Conversation with a Doctor Who Is also a Cancer Patient"—Florida Comprehensive Cancer Center, 1400 NW 10th Ave., PH-G, Miami 33136, no charge.

"Criteria and Standards for HSA Approval of Hospice Programs of Care"—Hospice Group, ELM Services Inc., 4733 Bethesda Ave., Bethesda, Md. 20014, 65 pages, $5.50.

"Selected Abstracts on Bladder Cancer"—National Bladder Cancer Project, Saint Vincent Hospital, Worcester, Mass. 01610, 60 pages, no charge (published with the assistance of NCI's International Cancer Research Data Bank).

"Asbestos: An Information Resource"—NCI, Div. of Cancer Control & Rehabilitation. Includes evidence of carcinogenic potential of asbestos, potential public exposure, current intervention technology, possible prevention roles of individuals and groups. Available from NCI, Office of Cancer Communications, Bethesda, Md. 20014.

"Breast Cancer—Advances in Research & Treatment", Vol. 2, experimental biology—edited by William McGuire, $35 U.S., $42 elsewhere. "Gastrointestinal Tract Cancer"—edited by Martin Lipkin and Robert Good, 590 pages, $37.50. "Biosynthetic Products for Cancer Chemotherapy," Vol. 1—by George Pettit, $19.50; Vol. 2, Pettit and Gordon Cragg, $29.50; Vol. 3, Pettit and Richard Ode, $32.50. Published by Plenum Publishing Corp., 227 W. 17th St., New York 10011.

WAXMAN, UPTON, HIGGINSON, LEFFALL TO ADDRESS AACI MEETING JAN. 29-30

Henry Waxman, the California congressman who is making a strong bid to become chairman of the House Health Subcommittee, will be the speaker at the dinner opening the midwinter meeting of the Assn. of American Cancer Institutes Jan. 28-30 in Washington D.C.

John Higginson, director of the International Agency for Research on Cancer, of the World Health Organization, will address one session of the meeting on "Role of Cancer Centers in Environmental Carcinogenesis—Misconceptions." LaSalle Leffall Jr., president of the American Cancer Society and chairman of the Dept. of Surgery at Howard Univ., will speak on "ACS and Its Relationship to Cancer Centers." NCI Director Arthur Upton will speak on the National Cancer Program.

Host for the meeting is the Georgetown-Howard Comprehensive Cancer Center. The Jan. 29 session will be at the Georgetown Univ. Medical Center, and the next day it will be at the Howard Univ. Cancer Research Center.

Following reports of the 12 task chairmen Jan. 29, the meeting will adjourn to the Capitol, where members will be taken on a special tour. A reception and dinner will follow in the Caucus Room of the Russell Senate Office Building. A speaker has not yet been announced for the dinner.

A concurrent session Jan. 29, chaired by Francis McKay, will be conducted for cancer center fiscal administrators, with discussion on proposed changes in regulations which will have a significant impact on grantees who charge centralized services or facilities to grants. The changes will also have an effect on indirect cost rate proposals and recovery. There are other minor changes to cost principles which will affect most grants and contracts.

Leo Buscher, chief of NCI's Grants Administration Branch; Richard Powers, chief of the NIH Financial Advisory Services Branch; and John Lordan, chief of the Office of Management & Budget Financial Management Branch (which authored many of the changes) will be the speakers.

The Jan. 30 meeting at Howard will include the business meeting, with election of officers.

Jack White is director of the Howard Cancer Research Center and John Potter is director of the Lombardi Cancer Research Center at Georgetown.

Gordon Zubrod, director of the Florida Comprehensive Cancer Center, is the current AACI president.

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. Address requests to the contract officer or specialist named, NCI Research Contracts Branch, the appropriate section, as follows:
Biology & Diagnosis Section and Viral Oncology & Field Studies Section—Landow Building, Bethesda, Md. 20014; Control & Rehabilitation Section, Carcinogenesis Section, Treatment Section, Office of the Director Section—Blair Building, Silver Spring, Md. 20910.
Deadline date shown for each listing is the final day for receipt of the completed proposal unless otherwise indicated.

SOURCES SOUGHT

RFP NO1-CP-95608

Title: *Screening of chemicals for carcinogenicity*
Deadline: *Jan. 26 (for resumes)*

The carcinogenesis Testing Program of NCI has a national mandate to determine the carcinogenic potential of environmental chemicals. This objective is attained by the bioassay of various chemicals in long-term and short-term animal three-year studies. If funds become available, the CGT is interested in initiating a study for testing 100-150 chemicals by the pulmonary tumor induction technique in Strain A Mice as a bioassay system during the first year. It is expected that facilities devoted to this purpose would meet the OSHA standards for the handling of toxic and potential carcinogenic materials. Resumes are invited from organizations having the capability and facilities required to carry out the above activities. All information submitted shall address the following areas:

Experience: An outline of any previous projects of specifically related in-house activities which have been performed in the past or are presently being performed.

Personnel: Names, professional qualifications, specific experience of key personnel and per cent time of their availability for this project. The CV of the available pathologist for this project must be included.

Facilities: A description of the special facilities available at this time for the conduct of the work, as well as a discussion of facilities which might be made available in the near future.

Animals: The source of the animal supply must be included.

Please include in your submission any other pertinent data that would enhance our understanding or assist us in evaluating the information submitted. Resumes will be technically evaluated to determine capabilities and potential sources for solicitation.

Contracting Officer: Dorothy Britton
Carcinogenesis
301-427-7575

RFP 78-S-15

Title: *Long-term carcinogenesis bioassay*

The announcement of this subcontract RFP by the prime contractor, Tracor Jitco Inc., appeared in ***The Cancer Letter*** Dec. 8, 1978. The date for the preproposal conference has been set for Jan. 23 at Tracor's offices, 1601 Research Blvd., Rockville, Md., main conference room, 9 a.m. Attendance will be by written request only. The proposal due date is Feb. 20.

Requests for attendance should be sent to Tracor Jitco Inc., 1776 E. Jefferson St., Rockville, Md. 20852, Attn: Subcontractor Administrator, phone 301-881-2305.

RFP NO1-CO-95425-10

Title: *Short training course on principles and techniques for the safe handling of chemical carcinogens*
Deadline: *Feb. 21*

NCI intends to issue an RFP to obtain the services of an organization with demonstrated capability for providing short state-of-the-art training courses on the safe handling of chemical carcinogens. The primary objective of these courses will be to instruct laboratory supervisors and technicians on the principles of safety in the cancer laboratory, and on their application, in particular, to the safe handling of chemical carcinogens in the research environment.

Contract Specialist: Kris Boyer
Control & Rehabilitation
301-427-7984

NCI CONTRACT AWARDS

Title: Maintain animal holding facility and provide attendant research services
Contractor: Cor Bel Laboratories Inc., Rockville, $243,037.

Title: Support services for studies on the role of viruses and experimental oncogenesis and human cancer, continuation
Contractor: Hazleton Laboratories, $79,960.

The Cancer Letter _Editor Jerry D. Boyd
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