THE CANCER LETTER

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ACS BOARD APPROVES SPECIAL DONORS CONCEPT, OKs NEW PROGRAM FOR CAUSE AND PREVENTION RESEARCH

The American Cancer Society Board of Directors has unanimously approved the concept of the "special donors program" suggested last year by Frank Rauscher, ACS senior vice president for research (*The Cancer Letter,* March 31, 1978). The Board also approved a new program of special institutional grants in cause and prevention research,

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In Brief

NCAB OKAYS COLUMBIA AS 21ST COMPREHENSIVE CANCER CENTER; GAO PROBES CANCER CONTROL

COLUMBIA UNIV. Cancer Center has been recommended by the National Cancer Advisory Board for recognition as the 21st comprehensive cancer center. It will be the second center with that status in New York City, Memorial Sloan-Kettering being the other. Paul Marks is director of the center, and Richard Rifkind is co-director. NCI Director Arthur Upton, who has the final say on whether or not a center should be recognized as comprehensive, will make the formal announcement within a few weeks. . . . **GENERAL ACCOUNTING** Office, the congressional watchdog agency, is investigating NCI's Cancer Control Program. It is a self-initiated investigation (that is, it was not requested by a member of Congress as are many GAO probes). The investigators were interested in the changes in cancer control definitions, guidelines and reviews recommended by the Assn. of American Cancer Institutes (*The Cancer Letter,* Feb. 9). . . . **ROBERT STEVENSON,** who headed Litton Bionetics' operations at Frederick Cancer Research Center since the start of the company's contract with NCI, has been appointed manager of all biomedical research for the firm. James Nance, Litton Bionetics president, said that Michael Hanna will succeed Stevenson at FCRC. Hanna will remain as head of the Cancer Biology Program, at least for the present. . . . **ABRAHAM GOLDIN,** assistant director for international treatment research in the Div. of Cancer Treatment, received an MD Honoris Causa from the Université Libre de Bruxelles in recognition of his scientific achievements and role in furthering collaboration between European and U.S. cancer investigators. DCT maintains a liaison office at Institut Jules Bordet in Brussels, headed by Omar Yoder. . . . **JOHN MACDONALD,** associate professor of medicine in the Div. of Medical Oncology at Georgetown Univ., is the new editor in chief of *Cancer Treatment Reports,* published by NCI's Div. of Cancer Treatment. He replaces Bruce Chabner, chief of DCT's Clinical Pharmacology Branch. . . . **SEN. KENNEDY'S** hearings on the Cancer Program scheduled for this week were postponed to March 5 and 7 (no hearing on the 6th). . . . **JUSTICE DEPT.** has decided to try again to convict Congressman Dan Flood on bribery charges. A hung jury resulted in a mistrial the first time.

"QUICKIE GRANTS" IN SPECIAL DONORS PROGRAM; RAUSCHER GOES "HUNTING"

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to be funded out of special donor funds.

"The Board gave Rauscher a hunting license with the cause and prevention grants and told him to go after restricted funds that would be used exclusively for those grants," an ACS staff member said. Rauscher told ***The Cancer Letter*** that he has a number of prospeetive donors lined up and is confident he'll raise the money the program will require.

ACS President LaSalle Lefall Jr. had described the cause and prevention research program at a meeting of the Assn. of American Cancer Institutes as one that would support five to 10 centers for that type of research (***The Cancer Letter,*** Feb. 2). The ACS Board preferred not to use the word "centers" and described the program instead as institutional grants.

The awards will be for periods of five to 10 years and up to $200,000 each. That could cost as much as $2 million a year, and probably will increase with inflation and program growth.

Rauscher said he feels cause and prevention research involves an information gathering process that "takes a lot of time, but most grants are limited to two or three years." Investigators have to show some kind of results to get their grants renewed, and that isn't always possible although they may be doing very good work. "We've got to provide some stability for them, and it might take five to 10 years to get results. This program will fill a void."

Rauscher said the program will allow institute directors "a good deal of discretionary authority" on how they can spend the money. He envisions one of the 10 grantees serving primarily as an information gatherer "to help us decide where to go when a new issue or problem comes up" involving carcinogenesis —"sort of an off campus staff for the Society."

Rauscher is not yet soliciting applications for the cause and prevention grants, preferring to wait until he has some money in hand. He has prepared a brochure describing the program and will send it out on request (ACS national headquarters is 777 Third Ave. NYC 10017).

The cause and prevention program is one of the projects for the special donors program which will be supported entirely by earmarked funds raised by Rauscher. None of those projects will be financed out of the $140 million a year ACS raises in its annual April crusade. Rauscher's budget for the regular investigator initiated grants, about $40 million, does depend on the annual drive.

Another project in the special donors portfolio is the Research Development Program or "quickie grants" as they have come to be known. That program was started last year with $5.5 million from a special ACS fund, and Rauscher still has about $2 million of that uncommitted. Additional money will have to come from special donors, and Rauscher now has the authority to start raising money for it.

The Research Development Program was designed to support meritorious projects with an aspect of urgency to them, projects which could not be funded any other way. The NIH and NCI grant review cycles are such that awards generally cannot be made in less than nine months and sometimes more than a year after applications are received.

Rauscher set up a peer review system in which reviewers agreed to meet on short notice when necessary. About 250 applications for the "quickie" grants have been received, and about 50 have been funded. Some of them were awarded in less than six weeks after they were submitted, and none longer than three months. "Our biggest problem is how to review for a sense of urgency," Rauscher said.

A majority of the Research Development Program grants have been for research, but some have supported meetings which were determined to be both meritorious and urgent, and others have helped extend fellowships in hardship cases.

The interferon project supporting clinical trials with the very expensive agent was one of Rauscher's Research Development Program grants. Another is a study at Massachusetts General Hospital to determine the impact of new medical technology on the cost of medical care and whether it is benefitting patients.

Rauscher hopes to raise $5 million a year for the quickie grants.

The Research Development Program was described and examples of the type of grants that would be awarded included in an ACS brochure. Excerpts follow:

Research Development Program grants are intended to provide more rapid funding for a variety of critical and urgent needs in scientific investigations related to cancer which cannot be supported quickly through the Society's research and clinical investigation grants, institutional grants, and grants for the support of research personnel. This program will not be used as a source of continuing support or as a substitute for the other research support programs of the Society.

Examples of activities and urgent needs eligible for consideration through this granting mechanism include:

1. Unique research opportunities which cannot and should not wait for funding by current lengthy mechanisms; 2. unanticipated requirements for reagents, drugs, blood components, equipment, travel, etc.; 3. program coordination, especially those involving clinical trials and the dissemination of research results to community hospitals; and 4. program integration among the American Cancer Society and other organizations—e.g. cancer centers, PSRO's, HMO's, state health associations, etc. It is the intent of the Society that most Research Development Program grants will not exceed $15,000. Occa-

sionally a special situation may require funding at a higher level.

Grants will ordinarily be made for a term of 12 months or less and will not be renewable except under most unusual circumstances.

Most grant applications are reviewed by mail by three or more individuals or by an appropriate ad hoc advisory committee composed entirely of scientists whose competence is recognized in the designated area of research. These individuals or committees evaluate the scientific merit of the application, the relevance, need (lack of undesirable duplication), priority and relative probability of the project's contribution to people benefit, the qualifications, experience, and productivity of the investigators (actual or potential; the facilities available, and the promise of the research to the control pf camcer (including detection, diagnosis, prevention, treatment, and rehabilitation); reasons why this rapid mechanism of funding is required. The reviews and recommendations of the scientific advisory committees are provided to the Research & Clinical Investigation Committee of the Board of Directors for post audit monitoring and evaluation.

Send proposals (original plus six copies) with sufficient information for review of merit, urgency, need and priority to Rauscher at the national headquarters.

"Inasmuch as the limited funds available to this program cannot and will not be used to support regular/traditional grant applications, please pay particular attention to your justification of urgency, i.e., the need for rapid funding," the brochure says. "Examples of urgency justification include: (a) a new research idea of outstanding promise for cancer control or a new opportunity to extend or exploit a research finding for which the need for funds was unanticipated when you wrote your currently funded regular grant application; (b) the occasional 'oddball' (unusual, unfashionable, etc.) idea that might not survive peer review but which ought to be given a shot; and (c) funds for unanticipated travel, equipment, materials and things to implement and disseminate the results of a project in research and research or control coordination.

"There is no standard form or deadline for this program because the Society wishes to keep it flexible without set and restricting rules. Those which meet the Society's criteria of need, priority, urgency, etc. will be funded in less than three months of receipt of application."

Budgets submitted must be realistic estimates of the funds required for the proposed research project or other research activities. The budget should include details concerning personnel, permanent equipment, consumable supplies and all miscellaneous expenditures. Whether or not indirect costs are allowed will be determined by the Society based on the activities or research proposed.

The applicant should list current and future committed support available for all research projects, showing amount and source of funds, title of research and period of time covered by the grant. The applicant should list similarly any pending applications to the Society or to other granting agencies for support of all research.

Rauscher had suggested a number of other areas which might be suitable for the special donors portfolio, including public education efforts which could cost hundreds of millions of dollars; funding of high priority research which might not otherwise be funded because of ACS and NCI budget restrictions; ACS chairs in community oncology; ACS matching or "challenge" grants; research and demonstrations programs in early detection and diagnosis; rehabilitation; development of new forms of nontoxic systemic therapy; and others.

If Rauscher can raise the money to support the cause and prevention and research development programs, the ACS Board probably would like to see what he can do with the others.

ACS AWARDS $18.4 MILLION FOR 303 GRANTS IN BASIC, CLINICAL STUDIES

The American Cancer Society announced 303 grants totaling $18,410,837 for cancer research, part of an estimated $41 million the Society expects to allocate to research this year.

Selected from 865 applications, the new group of grants provides for basic laboratory investigation into the cause and nature of cancer as well as clinical studies related to the diagnosis and treatment of cancer patients.

Among projects to be funded will be investigations of genetic predisposition and immune response to cancer, the testing of dusts and fibers for cancer-causing potential, a search for biological markers to detect the presence of cancer when it is most amenable to successful treatment; and ways of combating bacterial infections that threaten children with cancer. Investigations also will examine the relationship between the environment and human disease.

In each of its two yearly granting periods, funds are not currently available for all applications which ACS deems worthy of support. In addition to the 303 grants awarded, 42 grants totaling $2,433,162 were designated to receive support if the necessary funds become available at a later date.

The number of grant applications to the ACS has been rising steadily. In 1972 there were 1,361 applications for ACS support. In 1978 there were 1,912 applications for ACS support.

BROSS "BREAKTHROUGH" IN MEASURING PRECISELY RADIATION RISK REPORTED

Irwin Bross, director of the Roswell Park Memorial Institute Biostatistics Dept. whose statements on radi-

ation risks have provoked controversy and much disbelief from most of his colleagues, has announced what he considers a "major breakthrough" in the precise measurement of the health hazards of low level ionizing radiation.

Bross' findings will be published in the February issue of the *American Journal of Public Health.*

Bross and coworkers Marcella Ball and Steven Falen say they have developed the first dosage response curve that has ever been constructed directly from data on non-lymphatic leukemia in men who were exposed to ordinary diagnostic radiation, Accurate numerical estimates of risk can be calculated from this curve, they said.

Only a few years ago scientists considered this feat beyond the capability of science and called it "transcientific," the RPMI announcement said. However, by using a massive data base with approximately 39 million person-years of experience and new biostatistical technology, Bross said the RPMI team has done what was supposed to be "impossible."

"For the first time we have precise estimates of radiation effect in the dosage range from 100 millirads to 10 rads (measures of dosage) where the vast majority of all exposures to the public or to workers actually occur," Bross said. "We find the risks are about 10 times worse than anyone expected a few years ago. This means that the permissable levels set by federal agencies are 10 times too high and are exposing the public and workers to serious radiation hazards."

The new dosage response curves, he said, also provide direct answers for the first time to scientific questions which have been hotly debated for years. For instance, he said, the "threshold hypothesis" that there is a "safe" level where there is no radiation effect is now completely refuted. The new findings, according to Bross, suggest that there are susceptible subgroups in the general population that are vulnerable to very low dosages which do not seem the affect the majority of the population and which will make protection especially difficult.

"The federal government has consistently failed to take effective action to protect the public against radiation hazards," Bross said. "Indeed by paying for the tens of millions of useless and unnecessary x-rays that the public is exposed to each year, the government helped to create a major public health problem."

The article also considers the much-debated "linear hypothesis" which was used to get the previous estimates of risks. Bross said this assumption was used to guess the health effects at one rad from data on persons exposed to hundreds of rads.

"The new dosage response curve indicates that this assumption is wrong and this explains why the hazards have been so badly underestimated in the past," Bross said.

TOUGH TALK BY CANCER CENTER STAFF TURNS ARIZONA AROUND ON AFLATOXIN

Cancer scientists and the medical profession in general have been accused of focusing all their attention on treatment while totally ignoring cancer prevention. That is nonsense, of course. A bitter controversy that flared up recently in Arizona with vital implications for prevention demonstrated the concern that staff of a cancer center developed over a potentially dangerous situation.

It also demonstrated the impact a cancer center can have on public policy in its region and perhaps offers an approach other cancer centers might consider when opportunities arise for strong action in their areas to reduce public exposure to carcinogens.

The Univ. of Arizona Cancer Center is headed by Sydney Salmon, whose work and reputation are primarily based on treatment research. Salmon and his colleagues were incensed when their state government decided to allow the level of aflatoxin in animal feed five times that recommended by the Food & Drug Administration.

Salmon and his staff, including biostatistician-epidemiologist Thomas Moon and microbiologist-biochemist JoAnn Hansen, put together the case against aflatoxin. "We wanted to find out on what scientific basis the state of Arizona could consider itself to be more wise than FDA," Salmon later commented at a public hearing on the issue.

Their evidence was overwhelming. It included data from animal studies, epidemiological findings from Africa and Asia showing a direct proportional relationship between the dietary intake of aflatoxin and the incidence of cancer of the liver, and the finding of measurable amounts of aflatoxin in human liver tumors.

"We have calculated that the cumulative human intake of aflatoxin through the contamination of these foodstuffs (meat, milk, eggs) and other foods as would result from the proposed limits in feeds under consideration would cause an additional 20 to 40 cases of liver cancer each year in our state," Salmon said.

Salmon had difficulty in making his case heard, however. He presented his statement to Gary Gilsdorf, the state chemist whose responsibility it is to establish the animal feed standards. The legislature had placed the state chemist's office under the Agriculture & Horticulture Commission, which is controlled by agriculture industry. Salmon's statement went unrecognized.

Salmon attempted to appear before Gilsdorf's Feed Advisory Committee but was not given an opportunity to speak at one of their meetings. He did submit his information to the committee chairman, only to learn later that some members of the committee said they had not received it.

"This lack of opportunity to address the commit-

tee was distressing," Salmon later commented. But he did not let it discourage him. He went straight to Gov. Bruce Babbitt, who arranged a meeting with Gilsdorf, Dept. of Health Services Director Suzanne Dandoy, and other state officials. This led to a hearing in Phoenix and a press conference, when the Cancer Center's evidence finally reached the public.

The problem arose last year when substantial quantities of cottonseed, used extensively in lifestock feed mixes in the state, became contaminated with aflatoxin. The substance turned up in milk, causing the state dairy commissioner to order tankloads of contaminated milk dumped and to lead a state dairymen's cooperative to ban cottonseed from dairy cow feed. For other livestock feed—beef cattle and poultry—the state government's reaction, incredibly, was to take action to increase the permissable level of aflatoxin to minimize the economic impact on the state's cotton farmers.

Federal guidelines limit aflatoxin to 20 parts per billion in feed for animals involved in the human food chain. That is also the standard FDA applies to foods except milk. The FDA standard for milk is one half part per billion.

Gilsdorf, on the advice of his Feed Advisory Committee, adopted temporary regulations permitting 100 ppb of aflatoxin in beef cattle and poultry feed. The committee recommended a permanent standard of 200 ppb.

Salmon's statement about the increased number of liver cancer cases that standard could cause overcame the powerful influence of the cotton growers. Other aspects of his blunt, tell-it-like-it-is statement, also undoubtedly contributed to the turnabout.

"By law the Feed Advisory Committee consists of agricultural representatives who, while certainly interested in human health, would have greater knowledge, interest and experience in agriculture," Salmon said. He pointed out that Gilsdorf's data showed that 90% of the state's cottonseed supply contained less than 20 ppb and thus it would be entirely feasible to continue using cottonseed with relative safety, provided that standard was maintained. However, "it is only courting danger to permit feed levels that are five to 10 times higher," Salmon continued. "Levels in feed are bound to creep up when there is no incentive to eliminate contamination from the crops. In our view, these regulations are designed to permit use of almost all of the crop no matter how contaminated, one way or another."

It was a devastating accusation: The Feed Advisory Committee was willing to risk the increased incidence of cancer so that cotton growers could sell all their cottonseed, not just 90% of it.

More tough talk (and this could have been Salmon's most decisive argument):

"I believe the state of Arizona and its agricultural industries will be subject to major liability from litigation if FDA limits for aflatoxin are not adhered to. I hold this opinion because the proposed state regulations developed by the Feed Advisory Committee totally lack proof that the higher aflatoxin levels in feed are safe and will not increase the aflatoxin burden to man and the incidence of liver cancer. In fact, strong scientific evidence exists to the contrary in relation to published levels of aflatoxin in meat, eggs, and milk from a variety of animal sources.

"In lieu of proof of safety, I think you are all sticking your necks out to be sued by liver cancer patients and their families who can have the presence of aflatoxin in the liver cancer proven by what, in the future, will be a simple chemical analysis on stored pathologic materials available permanently in hospital pathology departments. Such suits could individually be in the millions of dollars as have other medical injury settlements. The example of asbestos and the type of lung cancer called mesothelioma should not be lost on this audience. More than 30 years ago, scientists knew there was a causal relationship between asbestos and mesothelioma but industry argued, bickered, and blocked implementation of safety rules, kept certain information silent, or claimed there wasn't enough proof.

"Now we have a national epidemic of this type of cancer and what is the federal position at the present time? The federal government provides information designed to assist the victims in initiating litigation against the companies they worked for or the officials responsible for the environment in which they were exposed. I have these booklets because the federal government sends these to all doctors to help them with their patients who contracted this incurable cancer. Evidence of a single asbestos fiber in a mesothelioma in considered enough to prove cause in a court of law. I advise those of you in agriculture to think 15 years ahead about aflatoxin. Don't just consider a fraction of this year's or next year's cottonseed and don't expect to be able to find cheap insurance to cover this risk.

"The public must also realize that adoption of the proposals of the Feed Advisory Committee by the state might well transfer not only responsibility but also the liability for this action from the agriculture industry to the state. The taxpayers of this state don't want to take on the burden of paying for suits against the state for violations of health limits that FDA considers to be a safe risk."

Gilsdorf backed down and adopted the federal guidelines, saying that Salmon's arguments had convinced him.

Predictably, the Arizona Cottongrowers Assn. said the guidelines would put the cotton industry out of business in the state and promised to carry the fight to the state legislature. Cottonseed used in animal feed is a byproduct of the process of extracting oil from the seed. Growers contend the sale of fiber and oil does not provide sufficient income and that they need revenue from cottonseed residue sales

ADVISORY GROUP, OTHER CANCER MEETINGS FOR MARCH, APRIL

Large Bowel Cancer Project Review Committee—March 2-3, M.D. Anderson Hospital, Houston. Open March 2, 3—5:30 p.m.
18th Annual Conference on Detection & Treatment of Breast Cancer—March 5-8, Atlanta.
Cancer Control Grant Review Committee—March 4-6, NIH Bldg 31 Rm 8. Open March 4, 3—3:30 p.m.
Tumor Immunology Contract Review Committee—March 5-6, NIH Bldg 31 Rm 9. Open March 5, 9—9:30 a.m.
Cancer Special Programs Advisory Committee—March 8-9, NIH Bldg 31 Rm 10. Open March 8, 9-10 a.m.
Re-evaluation of Multimodality Treatment of Melanoma—March 8, Roswell Park continuing education in oncology.
Social Marketing Strategies for Cancer Communication—March 8-9, Univ. of Maryland College of Business.
President's Cancer Panel—March 8, NIH Bldg 31 Rm 8, 9:30 a.m., open.
Assn. of Community Cancer Centers 5th National Meeting—March 9-11 Washington D.C. Shoreham Americana.
Bladder Cancer Review Committee—March 12-13, NIH Bldg 31 Rm 8, open March 12, 8:30 a.m.—3 p.m.
Cancer Center Support Grant Review Committee—March 15-16, NIH Bldg 31 Rm 6. Open March 15, 8:30—10 a.m.
Biometry & Epidemiology Contract Review Committee—March 16, Bethesda Federal Bldg Rm 6C01 (7550 Wisconsin Ave.). Open 8:30—9 a.m.
5th Annual Symposium on Diagnosis & Treatment of Neoplastic Diseases— March 22-23, Johns Hopkins Univ.
14th San Francisco Cancer Symposium—Body Image, Self Esteem & Sexuality in Cancer Patients—March 23-24, San Francisco.
Div. of Cancer Treatment Board of Scientific Counselors—March 26-28, NIH Bldg 31 Rm 10. Open 8:30 a.m.—adjournment each day. Closed March 27, 6:30 p.m.—9:30 p.m.
Cancer Control Merit Review Committee— March 26, NIH Bldg 31 Rm 9. Open 8:30 a.m.—5 p.m. except for one-half hour before lunch and one-half hour before adjournment.
Clearinghouse on Environmental Carcinogens Chemical Selection Subgroup— March 26, Landow Rm A, 9 a.m., open.
2nd International Conference on Adjuvant Therapy of Cancer—March 28-31, Univ. of Arizona, Tucson.
Clinical Trials Contract Review Committee—March 28, NIH Bldg 31 Rm 7, open 9—9:30 a.m.
Cancer and the Macrophage—March 29-30, Univ. of North Carolina.
Cancer Control Intervention Programs Review Committee— March 29-30, Landow Rm A, open March 29, 8:30—9 a.m.
Cancer Control Grant Review Committee—March 29-30, NIH Bldg 31 Rm 4, open March 29, 8 p.m.—11 p.m.
Clinical Cancer Program Project Review Committee— April 9-11, NIH Bldg 31 Rm 6, open April 9, 8:30—10:30 a.m.
Pancreatic Cancer Project Review Committee— April 11, Dallas Hyatt Regency Hotel, open 8:30—10 a.m.
The Physician and Oral Cancer— April 12, Roswell Park continuing education in oncology.
Advances in Hematology and Oncology—April 23-26, New York Hospital-Cornell Medical Center, New York City.
Biometry & Epidemiology Contract Review Committee— April 25, Landow Rm A, open 8:30—9 a.m.
International Society of Clinical Biostatisticians— May 2-3, Institut Jules Bordet, Brussels.
EORTC Symposium on Progress & Perspectives in Lung Cancer Treatment— May 3-5, Brussels.
15th Annual Meeting of the American Society of Clinical Oncology—May 14-15, New Orleans.
70th Annual Meeting of the American Assn. for Cancer Research—May 16-19, New Orleans.
Fourth Annual Congress of the Oncology Nursing Society—May 17-19, New Orleans Fairmont Hotel.

(Additional meetings for April will be listed in the March 30 issue of ***The Cancer Letter.****)*

NIH SEEKS NOMINATIONS FOR REVIEW GROUPS, INCLUDING 13 NCI COMMITTEES

NIH has issued a call for nominations for membership on its scientific review groups—Div. of Research Grant study sections as well as the review committees working directly in the categorical institutes.

Nominations are for terms beginning July 1, 1980, and must be submitted by April 1, 1979. Any person may nominate one or more candidates for consideration on one or more specific committees. Self nominations are accepted.

"NIH has a special interest in assuring that women and ethnic minority scientists are adequately represented on advisory committees and therefore particularly encourages their nominations," the announcement said.

Thirteen NCI committees were included in the announcement of those for which nominations are sought. These are only those committees with initial review responsibility and do not include the National Cancer Advisory Board and President's Cancer Panel (both Presidentially appointed bodies), the boards of scientific counselors, Cancer Control & Rehabilitation Advisory Committee or other advisory committees which are not involved in reviewing contract or grant proposals.

The NCI committees in the announcement:

Biometry & Epidemiology Contract Review Committee—Four anticipated vacancies; review research contract proposals; review responsibility for the biometry and epidemiology of cancer. Areas of scientific expertise of members are biostatistics, epidemiology, surgery, immunology, clinical oncology, genetics, hematology, cellular biology, sociology demography, pathology, community health, computer science.

Bladder & Prostatic Cancer Review Committee—(Actually functions as two committees, one for each of the two disease sites. They were merged into one committee to satisfy the Carter Administration's desire to reduce the total number of advisory groups in the government)—Eight anticipated vacancies; reviews research grants; review responsibility for the multidisciplinary research programs in bladder and prostatic cancer. Areas of scientific expertise of members are urology, surgery, oncology, pharmacology, pathology, diagnostic radiology, immunology, physiology, viral oncology, endocrinology, cell biology, biochemistry, environmental carcinogenesis, epidemiology, and biometry.

Cancer Clinical Investigation Review Committee—Five anticipated vacancies; reviews the Clinical Cooperative Group grant applications. Areas of scientific expertise of members are medical oncology, surgery, chemotherapy, radiation therapy, pediatrics, and biostatistics.

Cancer Control Grant Review Committee—Four anticipated vacancies; reviews cancer control grant applications; review responsibility includes applica-

tion of cancer research findings to the prevention, detection, diagnosis and treatment of cancer and the rehabilitation and continuing care of cancer patients. Scientific expertise required of members includes public health and hospital administration; medical, surgical, radiation, gynecologic, pediatric and oral oncology; preventive and community medicine; physical medicine/rehabilitation; health education; cancer patient oriented psychiatry, psychology and sociology; epidemiology and biostatistics.

Cancer Control Intervention Programs Review Committee—Five anticipated vacancies; review research contract proposals for the application of cancer research findings to the prevention, detection, diagnosis and treatment of cancer and the rehabilitation and continuing care of cancer patients. Scientific expertise required is identical to that for the Cancer Control Grant Review Committee.

Cancer Research Manpower Review Committee—Nine anticipated vacancies; reviews institutional grant applications for National Research Service Awards in cancer treatment, restorative care, detection, diagnosis, etiology, and prevention. Scientific expertise required includes chemical and physical carcinogenesis, epidemiology, immunology, tumor biology, viral oncology, experimental pathology, biochemistry, clinical oncology, hematology, chemotherapy, pharmacology, radiation biology, and health physics.

Cancer Special Program Advisory Committee—Three anticipated vacancies; reviews grant applications for certain program projects and cancer research facilities. Scientific expertise required includes carcinogenesis, pharmacology, immunology, radiobiology, tumor biology and viral oncology.

Cause & Prevention Scientific Review Committee—Thirteen anticipated vacancies; reviews research contract proposals in biological, chemical and physical carcinogenesis. Scientific expertise required includes cell biology, endocrinology, pathology, biochemistry, microbiology, immunology, physiology, gastroenterology, toxicology, chemical carcinogenesis, enzymology, virology, and analytic, organic and physical chemistry.

Clinical Cancer Education Committee—Three anticipated vacancies; reviews grant applications for education projects in undergraduate, graduate and continuing education of physicians and dentists regarding cancer, including instruction in the basic and clinical sciences, development and use of educational materials and methodology, planning, administration, and evaluation of cancer education programs, and maintenance of clinical competence in dealing with cancer patients. Scientific expertise required includes basic and clinical sciences as they relate to medicine and dentistry, including microbiology, biochemistry, pharmacology, epidemiology, pathology, hematology, medical oncology, radiation therapy, surgery, gastroenterology, oral diagnosis/oral medicine, maxillofacial prosthodontics, medical education, nursing education and administration of education programs.

Clinical Trials Committee—Twenty anticipated vacancies; reviews research contract applications for clinical trials of experimental cancer treatment including those using combined modalities. Scientific expertise required includes clinical oncology, clinical pharmacology, clinical radiotherapy, immunology and surgery.

Large Bowel and Pancreatic Cancer Review Committee (another of the hybrids, which really operates as two committees)—Eight anticipated vacancies; reviews grant applications for multidisciplinary programs in large bowel cancer and pancreatic cancer. Scientific expertise required includes gastroenterology, medical and surgical oncology, pharmacology, toxicology, radiology, pathology, cell biology, genetics, carcinogenesis, microbiology, immunology, and epidemiology.

Clinical Cancer Program Project and Cancer Center Support Review Committee (still another hybrid)—Six anticipated vacancies; reviews applications for cancer support (core) grants and clinical cancer program projects, including core activities, support for professional staff, shared resources and facilities, alterations and renovations, and funds for developing pilot studies. Scientific expertise required includes medical, surgical and pediatric oncology, radiotherapy, epidemiology, biostatistics, chemotherapeutic agents, cell regulation and metabolism, laboratory animal medicine, immunology, virology, biochemistry, and research administration.

Tumor Immunology Committee—Seven anticipated vacancies; reviews research contract proposals in cancer immunobiology, immunodiagnosis, immunotherapy, cause and prevention, immunogenetics and immunoprophylaxis. Scientific expertise required includes immunology, oncology, microbiology, medicine, pathology, biology, cancer surgery, chemistry, and virology.

Advisory committee members are paid a daily consulting fee, transportation and per diem expenses.

Nominations should be addressed to Joan Bailey, Div. of Resources Analysis, Office of the Director, NIH Bldg 31 Rm 1B58, Bethesda, Md. 20014. They should include the nominee's name, mailing address, committee for which he/she is nominated, and the statement that the nominee is aware of the nomination and is willing to serve.

NCI CONTRACT AWARDS

Title: Maintenance and development of inbred and congenic resistant mouse strains
Contractor: Litton Bionetics, $660,139.

Title: Transplantation and preservation of plasma cell tumors in mice, continuation
Contractor: Litton Bionetics, $33,146.

Title: Immunoprophylaxis of 'cancer eye' in cattle, continuation
Contractor: Utah State Univ., $33,000.

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

Title: *Assessment of cytology quality control in long term uterine cancer screening programs*
Deadline: *(For responses) March 14*

NCI proposes issuing an RFP for studies directed toward the determination of cytology quality control in programs of long standing for cervix cancer screening.

This sources sought announcement is an attempt to determine if there are uterine or cervix cancer screening programs of such long term duration that clear assessments of quality control can be derived. It is anticipated that those responding will have a data base of long standing which covers a population located in a geographically contiguous area. Other qualifications include a staff adequate in size and having the competency for the quality control analysis.

The following qualifications are required:

1. A discrete and contiguous population of females who have been screened at least triennially for cervical cancer over a continuous period of 20 years. The percentage of the population covered must be at least 90% based on at least one screening during the 20 years. Only females 17 years of age or over may be included in the study.

2. A population based registry which covers the entire period of screening and contains histologically correlated cytologic data relevant for cytology quality control in uterine cancer screening including demographic information. The data and information must be available for rapid retrieval and analysis. The registry must include death data which are updated to the present.

The RFP will provide for the following tasks:

1. To conduct studies to assess and evaluate cytology quality control, including a review and assessment of the false negative rates. The following components are required:

a) Examination quality control—Determination of the training and competency levels of those performing Pap examination; determination of the causes for unsatisfactory examinations; a listing of the standards and procedures to be followed by all examiners.

b) Cytology quality control—The existence of operating procedures which are consistently followed; the course to diagnosis; the correlation between cytology and histology; and records on the entire course from detection through treatment.

2. To evaluate quality control.

a) Use the appropriate analytical statistical and epidemiological techniques to assess the false negative rate, and to determine the impact of the false negative rate on the cost effectiveness of uterine cancer screening programs.

b) List the factors contributing to false positive and false negative determinations, and recommend remedies for a reduction in these parameters.

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. NCI will carefully evaluate all responses. 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. Organizations responding to this announcement must submit eight copies of their letters of qualifications.

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

RFP NO1-CO-95447-10

Title: *Cancer communications program support*
Deadline: *Approximately April 20.*

The Office of Cancer Communication of NCI intends to issue an RFP for the support of NCI's effort in public information, public education, patient education and limited areas (dissemination and information referral) of professional information. This shall include the performance of tasks that involve acquiring, cataloging, operating storage/retrieval systems and assisting in the development of public information, educational products and services. The overall effort will involve a complex of informational analyses and technical support.

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

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