THE CANCER LETTER

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

Vol. 5 No. 11

March 16, 1979

Subscription $125.00 per year

NCI CRITICS TAKE THEIR BEST SHOTS, SEEK NEW EMPHASIS ON PREVENTION AT KENNEDY HEARINGS

Critics of NCI and the National Cancer Program took their best shots last week at the oversight hearings on the program by Sen. Edward Kennedy's Health Subcommittee. The critics scored some points and probed at some of NCI's vulnerable spots, but they were generally supportive of the Cancer Program, suggesting that all it needs is an increased emphasis on prevention.

(Continued to page 2)

In Brief

HEW FINALLY OKAYS NEW NIH STUDY SECTION FOR CHEMICAL, ENVIRONMENTAL CARCINOGENESIS

HEW—AFTER years of pleas from NCI and the National Cancer Advisory Board—has approved a charter for a new NIH study section specifically organized to review grant applications in carcinogenesis and environmental hazards. To be called the chemical pathology study section, it was one of four new ones approved by HEW. Others are for mammalian genetics, biochemical endocrinology, and diagnostic radiology and nuclear medicine. NCI has been severely criticized in Congress and elsewhere for not awarding more grants in environmental carcinogenesis. NCI staff and scientists in the field—many of whom have had their grant applications rejected—have contended the regular and ad hoc study sections assigned to review chemical and environmental carcinogenesis grants have not had the expertise to understand or review fairly their studies. Stephen Schiaffino, Div. of Research Grants associate director for scientific review, said the new study sections would be in operation in time for the next round of grant review. Additional new charters are being prepared by DRG for submission to HEW. . . . **GUY NEWELL**, NCI deputy director, has the unenviable job of heading up the review of 150 boxes of reports on nuclear fallout exposure. The government has been accused of hiding this information. The review will be done by nongovernment scientists, with NCI providing staff support. . . . **FDA ONCOLOGIC** Drugs Advisory Committee has recommended approval of an NDA for daunomycin, to be marketed by Ives Laboratories. Only one indication was recommended for approval—as a single induction agent for acute myelogenous leukemia. The committee discussed but reached no conclusion on its use in treating childhood leukemia (ALL) and in combination with Ara C for AML. . . . **SCANNING ELECTRON** microscopy annual meeting is scheduled April 16-20 at Washington D.C. Sheraton-Park Hotel. . . . **NIH BUDGET** for FY 1980 has a "modest increase" for research training, directed primarily toward training of epidemiologists and environmental toxicologists, Director Donald Fredrickson told the Senate HEW Appropriations Subcommittee. The budget request would provide training of about 10,900 investigators, 375 more than in FY 1979.

EPSTEIN CHARGES NO IMPROVEMENT, USING 1969 SURVIVAL STATISTICS

(Continued from page 1)

Samuel Epstein, Univ. of Illinois professor of occupational and environmental medicine, attacked NCI for a variety of alleged failures. Much of his criticism was based on inaccurate information and out of date or irrelevant statistics, however, which takes most of the sting if not all the validity from it.

Epstein charged that "there has been no overall improvement in survival, none, whatever we're told by the American Cancer Society." He attempted to prove his point with statistics which compared five year survival rates from 1950-59 with those from 1965-69—despite the fact that he was testifying on a program that did not start until 1972.

Jonathan Rhoads, chairman of the National Cancer Advisory Board; Emil Frei, director of Sidney Farber Cancer Institute; Benjamin Byrd, former ACS president; and NCI Director Arthur Upton put forth solid figures demonstrating progress in treating cancer since 1972. Div. of Cancer Treatment Director Vincent DeVita did not make a verbal presentation at the hearing but submitted a statement for the record describing major clinical advances in 16 cancer sites. The statement also described the development of new drugs; improvements and research in radiotherapy, surgery, and immunotherapy; the use of bone marrow transplantation, HLA typing and transfusions and white blood cell transfusions.

Although generally praising Upton's record since he became NCI director in August 1977, Epstein said that "it has now become clear he has been unable" to effect a major change in emphasis to prevention. "The 1979 NCI budget still reflect the major imbalance of the 1976 budget with regard to the paucity of definable allocations for carcinogenesis and prevention activities, in contrast with disproportionately high expenditures in areas including treatment, cancer centers and virology."

The tables Epstein himself submitted display the inaccuracy of that statement. In 1976, the Carcinogenesis Program received 5.6% of NCI's budget; in 1979, it is 6%. Field Studies & Statistics had 1.6% in 1976, 2.5% in 1979. The Virus Cancer Program had 8.2% in 1976, dropped to 5.9% in 1979. Epstein discounted the $80.5 million in research grants which were assinged to the Div. of Cancer Cause & Prevention in the NCI reorganization, contending that what is needed is a defined, targeted program in cancer prevention.

Epstein recommended that NCI should develop active, large scale internal programs on environmental and occupational carcinogenesis and cancer prevention research and also fund such research by outside scientists. These activities should encompass experimental carcinogenesis, epidemiology, surveillance of high risk occupational and nonoccupational population groups, and analytic and monitoring techniques for occupational and environmental carcinogens. Basic scientists should be encouraged to develop interest in these problem solving activities. NCI should also develop large scale funding for the training of young scientific investigators in various fields of environmental and occupational carcinogenesis.

"It is clear that the intramural and extramural budgetary allocations theoretically available to NCI cancer prevention programs are grossly inadequate, although this inadequacy is concealed by labelling apparently unrelated programs as environmental carcinogenesis," Epstein said. "It is also clear that DCCP, as presently constituted, lacks appropriate direction, understanding, and interest in cancer prevention. Rectification of this fundamental problem demands either complete reconstitution of DCCP, or the development of a parallel division with clearly definable resources, both budgetary and personnel, with high caliber scientific leadership and with an explicit mandate in problem-solving areas. The budget of such a new division should be commensurate with the current consensus of the importance of environmental and occupational carcinogens. The programs of such a new division should also be designed to integrate, coordinate, and strengthen cancer prevention related activities in all NCI divisions (with particular reference to carcinogenesis testing, epidemiology, biometry, and statistics), to be more supportive of cancer prevention activities in other research agencies (especially NIOSH and NIEHS), and to be more supportive of research needs of regulatory agencies."

Epstein was not impressed by the shift of NCI's Bioassay Program to the new multi-agency National Toxicology Program.

"The Bioassay Program . . . should be singled out as a high priority in the NCI and NTP, with adequate budget and personnel resources. This program must be rescued from its administrative limbo and integrated with relevant expertise and research in NCI. Besides selecting compounds and supervising their testing, with particular emphasis on industrial chemicals, the program should emphasize critical evaluation of the test data and early development of bioassay reports, which should also summarize information relevant to problems of human exposure. The bioassay program should be closely related to NCI programs in basic research in carcinogenesis, epidemiology, and biostatistics, and to other agencies involved with the NTP, and should be extended to cover problems of synergistic and other interactions, especially when clues of such effects are afforded by epidemiology. Consideration should also be given to requiring contract laboratories to prepare bioassay reports, rather than maintaining this as a direct NCI responsibility. Some system of interim cancer alerts

should be restored to give public warning pending publication of the reports. The NCI Clearinghouse on Environmental Carcinogens does not appear to serve any useful function for NTP, and should be abolished.

"Major emphasis should be placed on meeting the needs for aggressive epidemiological and other research on smoking and cancer and to develop explicit antismoking educational campaigns. NCI programs on smoking and cancer must be commensurate with the role of tobacco as a major cause of cancer. Future programs must be segregated from the dominant influence of industry (exercised in the past through the NCI Tobacco Working Group) and protected from past patterns of conflict of interest in its award of research support. There must also be increased emphasis on problem-oriented tobacco research, including development of improved test methods, analytic and monitoring procedures for mainstream and sidestream tobacco smoke carcinogens, and problems of interactions with occupational carcinogens.

"A critical resource which NCI should develop is an intramural documentation and analysis center, to collate and systematize available carcinogenicity data from sources including the bioassay program, with particular reference to potential environmental and occupational exposure. Such a center should be directed by a scientist with recognition in chemical carcinogenesis and with experience and sensitivity to the needs of regulatory agencies, and should be adequately staffed with experts in chemical carcinogenesis and basic research, biometricians, statisticians, and epidemiologists, so that it can also be capable of performing risk estimates, including defining their grave limitations. Finally, the center should be staffed with economists capable of analyzing the impact of failure to regulate a particular carcinogen in terms of total costs, both internalized and externalized, from induced cancers and other preventable diseases.

"The NCI maps have already demonstrated a clustering of overall cancer rates, besides organ specific rates in men and women living in heavily industrialized counties. These findings are complemented by growing reports on the chemical identification of carcinogens discharged from petrochemical and certain other industries into the air, water, and waste disposal sites of surrounding communities. NCI should take a leadership role in developing model chemical, analytic, and monitoring programs, and refined epidemiological techniques to determine the degree of risk associated with proximity of residence to industries manufacturing, processing or handling carcinogens.

"The commitment of NCI to programs in occupational carcinogenesis is disproportionately low, especially in view of the September 1978 NCI-NIEHS-NIOSH-IARC document which estimated that up to about 40% of all cancers in coming decades are likely to be associated with exposure to occupational carcinogens. High priority areas of research needs include: prospective surveillance of high risk occupational populations, such as shipyard and insulation workers, and of non-occupational populations, such as women who have been prescribed estrogen replacement therapy; involvement of organized labor in identifying high risk occupational populations and in surveillance programs; developing joint programs with NIOSH for techniques for monitoring chemical carcinogens in the workplace air and for monitoring body fluids of exposed workers; assessing the significance of chromosome aberrations in workers exposed to toxic and carcinogenic chemicals; studying effects of cessation of exposure to chemical carcinogens, and reversibility of tissue burdens of carcinogens; studying tissue burdens of carcinogens at autopsy; and developing regional resources for research, service, and education in environmental and occupational carcinogenesis.

"A national network of regional centers should be developed with an explicit mandate to work on programs clearly definable in terms of cancer prevention.

"Such centers could be developed independently or in association with comprehensive cancer centers. Irresponsive of such administrative considerations, continued funding for the comprehensive cancer centers should be made explicitly contingent on their developing strong programs in cancer prevention, with particular emphasis on carcinogenesis and epidemiology, in addition to their present, almost exclusive, emphasis on treatment. Comprehensive cancer centers should also be required to establish tumor registries, with particular responsibilities in identifying environmental and occupational carcinogens, and with special emphasis on the surveillance of high risk occupational and nonoccupational populations.

"NCI should preserve its primary function as a research agency, with emphasis on problem-solving, and should not become directly involved in regulatory specifics. NCI should, however, develop special formalized large-scale resources for providing information and guidance to regulatory agencies on scientific matters relating to chemical carcinogens in the general environment and workplace.

"There is a fundamental conflict inherent in increasing appropriations for a federal agency without concomitant removal of personnel ceilings. This automatically ensures the development of extensive contract and subcontract mechanisms for doing government work outside of government, while giving the misleading impression of reducing the size of government. Of only 37 positions now available within NIH, most have already been assigned to the Clinical Center and there is little opportunity for recruting further NCI personnel in areas of cancer prevention. (Such restrictions, however, in no way limit the ability of NCI to fill critical personnel needs by in-

ternal re-allocations.) It is important that the Carter Administration re-examine its personnel policy, particularly in critical areas devoted to disease prevention (neglect of which appears to have a long-term inflationary impact.)"

Although Epstein concluded that "it is clear there are major inadequacies and distortions in the National Cancer Program," his statement praised Upton's performance for the most part. And while claiming (incorrectly) there has been no improvement in treating breast, colorectal, cervical or uterine cancer, he did say "these facts in no way diminish the importance of recent striking improvements in treatment and survival of some relatively rare cancers, especially Hodgkin's disease, Wilm's tumor, choriocarcinoma and childhood leukemias."

Sidney Wolfe, director of the Nader organization, Health Research Group, is another critic of NCI who wound up offering as much support for the Cancer Program as he did criticism.

Wolfe joined Epstein in demanding that the number of chemicals tested for carcinogenicity should be drastically increased and that industry be required to pay for them.

Wolfe pointed out that it was his suggestion at the Fountain Committee hearings in 1977 that NCI should publish annually a list of carcinogens and suspected carcinogens, along with estimates of human exposure and where they stood in the regulatory procedure. This was written into the Cancer Act renewal by Congressman Andrew Maguire.

Wolfe listed a number of compounds which are carcinogenic in animals but on which no regulatory action has been taken. "Thus, an important but currently underemphasized part of the National Cancer Program must be to push federal regulatory agencies to convert knowledge about what causes cancer based on human or animal evidence into regulations to eliminate or reduce human exposure and thereby prevent cancer," Wolfe said.

He used last year's report of the Div. of Cancer Control & Rehabilitation's Advisory Committee to the National Cancer Advisory Board to support criticism of the division. He pointed that of the 25 program areas, only three were rated outstanding in their approach, and 12 were rated average.

"Even Dr. Upton has recently stated that there has been and still is confusion in many people's minds as to what the Cancer Control Program is or should be," Wolfe said. "This honest admission of bewilderment is due, in large part, to the lack of planning or proper evaluation from the beginning of this program in 1974. The program has also suffered from poor leadership since shortly after its inception and dozens of scientists formerly with the program have left because of discouragement with the way their efforts to promote cancer control were resisted, diluted and distorted."

Wolfe dredged up his old complaints about the Breast Cancer Detection Demonstration Project, as usual refusing to acknowledge any of the program's accomplishments (75% of the tumors found in screenees have been stage 1, compared with the national average of about 40%). And he was critical of close ties between NCI and the American Cancer Society.

Wolfe recommended that Congress set up a permanent independent review of the National Cancer Program, to include NCI and the federal regulatory agencies. "It is essential that, in addition to HEW publication of an annual report on carcinogens and their regulatory status, the billion dollar federal effort on cancer needs better monitoring. Spending at least one tenth of one percent of the NCI budget, or as much as $900,000 a year seems a reasonable minimum for this critical oversight function."

He also suggested that a "cancer hotline" be set up for NCI employees or employees of NCI contractors and grantees. "In order to maximize the likelihood that dedicated employees of NCI or its fund recipients will (a) be free to criticize programs when appropriate, (b) that their criticisms will result in program changes, and (c) that, unlike the experience of many scientists in DCCR and other parts of NCI, they will be encouraged to stay rather than to leave, a cancer hotline should be established [over which employees could phone anonymously with their complaints and suggestions]. The information it collects would be an important source for investigation by the congressional cancer oversight function."

John Bailar, who as editor of the *Journal of NCI* is an NCI staff member, has been a frequent critic of NCI's efforts or lack of effort in prevention.

Excerpts from his presentation to the Kennedy Subcommittee:

"There seem to be no immediate opportunities for large-scale cancer prevention strategies that are not already well known, but there are serious barriers to the effective application of present knowledge. A balanced program of research on cancer prevention must include studies on ways to develop and apply what is known about cancer causation as well as studies on causation per se. To some degree, this will involve research disciplines not commonly supported by organizations that fund traditional laboratory and clinical investigations. . . .

"In some important ways, research on cancer prevention now stands where research on cancer treatment stood 30 years ago. At that time there was widespread pessimism that chemotherapy would ever be of much value or that the effectiveness of surgery and radiotherapy could be substantially enhanced. Pessimism, apathy, and inertia were overcome by effective and dedicated leadership, massive infusions of money, and a few clear successes in treating certain previously untreatable cancers.

"Cancer prevention has not received the same kind of leadership. Research in prevention (as distinct from research in carcinogenesis) has attracted little funding, and the few and limited successes in actual prevention of cancer seem not to have generated new interest and support. Further, by its very nature, prevention does not have the built-in constituency of supporters who believe that they (or their relatives or their friends) have benefited in a direct, important, and personal way from medical intervention in a condition that would otherwise have led to an early and unpleasant death. Nevertheless, disease prevention is now viewed with more favor than ever before, and this change will permit both research and service programs that could not have been undertaken in earlier years. . . .

"It is difficult to interest healthy people in preventing *any* chronic disease that has multiple causes, that cannot be completely prevented by a few simple steps, and that may not occur for decades anyway. Most people want to be kept well by things that do not involve personal inconvenience or behavioral change. This is one reason for the current emphasis on screening and treatment.

"The payoffs from research in cancer prevention may be no easier, greater, or faster in coming than have been the payoffs from research in treatment and screening. Success cannot be guaranteed. The reasons include the difficulty and complexicity of the scientific problems, the inherent resistance to change by individuals, government agencies, and other institutions, and the long latent period of all human carcinogens. . . .

"To develop the kinds of knowledge needed for effective cancer prevention will require research on more than carcinogenesis, especially in fields not traditionally supported by any of the large cancer-oriented organizations. These fields include behavioral sciences, education, economics, sociology, law, and perhaps even the political process. It seems likely that substantial progress in understanding cancer prevention, as distinct from knowledge of cancer causation, will depend on increased research support to these fields. Of course, the work supported must be encouraged, developed, selected, conducted, and reported with the same attention to the rigors of the scientific method as work now supported in the so-called 'hard sciences'. . . .

"Therapists, screeners, and etiologists share a hope for some major breakthrough—a universal cure, a universal and specific test for early cancer, or a universal preventive such as vaccination against cancer. Imaginative research along these lines should be encouraged and supported, but breakthroughs cannot be produced on demand. The bulk of research support should continue to go to the case-by-case, site-by-site, step-by-step, trial-and-error development of stepwise advances that will lead to incremental improvements wherever we can make them. So far, cancer prevention has been largely excluded from this process," Bailar concluded.

Kennedy wrapped up the hearings with the comment that "we can safely say there is a serious failure in our health policy in the area of prevention of all diseases. NIH mechanisms are not oriented toward prevention."

Getting in a plug for his personal crusade, Kennedy said, "My own feeling is that effective disease prevention will have to be done in a comprehensive systems approach. This gets us back to national health insurance, but we won't talk about that now.

"We have to look at possibilities for movement, for new opportunities in prevention. We're talking about an appropriate balance in research areas. We've heard today that there are strong differences on how that balance has been handled in the past."

Statements by Cancer Program supporters will be reported in subsequent issues of ***The Cancer Letter.***

SWITCH TO NTP SLOWED TESTING; OBEY BACKS NCI NEED FOR STAFF POSITIONS

The new National Toxicology Program, which was supposed to enhance the government's testing of compounds for carcinogenicity, so far has resulted in slowing down the entry rate of new chemicals on test. Unless NCI Director Arthur Upton and his NTP director colleagues order a speed up, only 50-55 compounds will go on test during the current, 1979, fiscal year.

Congressman David Obey reminded NIH Director Donald Fredrickson at this week's hearing on the NCI and NIH budget before the House HEW Appropriations Subcommittee that Upton had said last year as many as 100 compounds could go on test in FY 1979 (Upton had projected that the total would be about 60, but, pressed by Obey, said it might be possible to reach 100 or even 120 with an addition of $6 million to the budget).

"We added the $6 million, but I'm told now it will fall below 120," Obey said. "What are the problems? Management?"

"There are some management problems, some problems in making accurate projections, and a problem of having sufficient personnel," Fredrickson replied.

"With two institutes (National Institute of Environmental Health Sciences, along with NCI) involved, could it be a problem of protecting turf? Why would it be in NCI's best interest to fund at the higher level?" Obey asked.

"One of the problems in part is a turf problem between the two agencies," Fredrickson admitted. "NTP is an experiment, with two agencies responsible for one program. It might be that we will learn that it should be housed in one agency."

The decision to move NCI's Carcinogenesis Testing Program into NTP was made by HEW Secretary Joseph Califano last September. Uncertainty over

how the program would be organized resulted in some slowdown on preparation for handling additional chemicals, and it also made it more difficult to recruit additional staff the program needs.

The Cancer Letter learned that if Upton decides to commit the additional money it would require, the program could get as many as 75 new compounds started on test this year (about 26 have been started so far). The cost could be handled within the program's 1979 budget of $22 million, but it would leave a deficit of $6-8 million in the 1980 budget.

Even with an unlimited amount of money, it probably would not be physically possible to even approach in 1980 the 120 that Obey would like to see go on test. "We're proabably two and a half years away from being able to add 120 a year," one person close to the program told *The Cancer Letter.* Animal facilities, the availability of animals, and staff requirements are the limiting factors.

Congressman Robert Michel, the subcommittee's top ranking Republican member, asked Upton a series of questions about the program's contractors. Most of the testing is done through a prime contract with Tracor-Jitco, which subcontracts with 12 independent laboratories.

Upton told Michel that the testing is done on contract rather than inhouse because of personnel limitations and lack of adequate space at NIH.

"If we had the space and personnel, would it be cheaper to do it inhouse?" Michel asked.

"I'm not sure we could do it more cheaply with federal employees," Upton answered. "One advantage might be that we would have closer control."

Michel wanted to know if the prime contract was awarded competitively (it was) and who the other bidders were (Hazleton Laboratories, EGG Mason Research Institute and Microbiological Associates).

The Cancer Letter has learned that NTP will phase out the prime contract with Tracor-Jitco and will award future contracts to the testing laboratories directly, probably using basic ordering agreements. Tracor-Jitco will be responsible for chemicals placed on test through May 31, 1979, and will continue to follow them to conclusion of the test.

Obey, who in recent years has used the subcommittee hearings to grill NCI executives, surprised them this time by not being present when it was Upton's turn to testify. However, he did question Fredrickson at some length on the curtailment of staff positions for NCI.

"You are in a box between Congress and OMB on positions," Obey said, referring to the White House ordered reduction. "There is this knee jerk attitude and illusion that you can save money by eliminating positions."

Noting that the two largest reductions in positions were ordered for NCI (20) and NIEHS (27), Obey asked Fredrickson to explain. "My concern is that we spend money effectively, not just ship it out. It seems to me that NCI has greater need for positions than any other institute. I don't understand."

Fredrickson explained that HEW was ordered to reduce its total number of positions to the 1978 level.

"I understand, and Congress is as much responsible for that as anyone," Obey said. "But why not take the positions from other places than NCI?"

"All institutes need positions, and their needs are critical," Fredrickson said. "The Cancer Institute has the largest number of positions, 2,000."

"It has the largest amount of money and needs the largest staff," Obey said. "Who was responsible for making this decision?"

"I was responsible," Fredrickson said.

"Were your instructions from OMB to reduce the NIH total, or were you instructed in the number to reduce for each institute?"

"I was given a figure for NIH. I was responsible for the figures for each institute."

"I think that was a mistake," Obey said. "I've been critical of NCI in the past, but I don't think they can manage efficiently without sufficient positions."

That was the extent of Obey's participation in the hearings, although he may have submitted other questions to be answered in writing for the hearing record.

This was NCI's first appearance under the National Cancer Act at the subcommittee hearings with a chairman other than Dan Flood. Flood turned the chairmanship over to William Natcher (D.-Kentucky), following Flood's indictment on bribery charges. He remains a member of the subcommittee but was not present at the hearing.

Natcher asked both Fredrickson and Upton the same questions they had previously encountered at the Senate HEW Appropriations Subcommittee hearing—what would they cut if Congress trims the President's request for them by 5%? Natcher also asked (which the Senate did not) what would they do if they received an increase over the President's budget.

Their answers were virtually the same—investigator initiated research would be protected, with about 20% of approved renewal and new grants being funded, with or without a 5% cut. If an increase is approved, the extra money would be used to increase that percentage. Any cuts would be made from research contracts, Upton said.

Natcher asked the question that agency heads love to hear, although it makes them uncomfortable to answer because they have to refrain from any expressions of disloyalty to the President:

"Without exception, every year since 1970, this committee has added money to the NCI budget over the President's request. Is $937 million (the amount requested) adequate?"

"Without question, investment in the Cancer Program has advanced the field immensely," Upton said. "At the same time, by opening up avenues of research

opportunities, we have attracted many new people, the best minds. The percentage of research proposals we will be able to support with this budget is not as large as we would like it to be. In that sense, it is not enough. But if you ask me, will it suffice, I would have to say it is adequate."

That was diplomatic enough, but later, when Congressman Edward Patten (D.-N.J.) said, "Some people say you can't spend any more than you're getting," Upton got his back up.

"I have two points to make in answering that. First, although our budget has increased over 400% since passage of the National Cancer Act, in purchasing power it is only slightly more than double. The number of awards we can make is only double. Second, there are many deserving scientists doing very good cancer research who we can't fund. There are many very worthwhile efforts in prevention and treatment which can't be mounted with the funds we have. There is no question that we could effectively use more money."

Natcher referred to the investigation of the Frederick Cancer Research Center conducted by the Appropriations Committee staff which supposedly found a number of deficiencies there. "The report quotes an NCI staff member as stating that there is no NCI sponsored research at the center that is not going on somewhere else and if closed down, there would be no adverse effect. Now, that is a right strong statement, doctor. What do have to say about it?"

"That can be contested," Upton snapped, and offered to supply examples "either now or for the record." Natcher opted for the record and said, "Make your statement right strong. Give us the evidence, the justification to continue the center, and make it strong."

Continuing on FCRC, Natcher said the committee staff report charged that review for activities there is not as strong or intensive as it is for other grants or contracts. "That is also a right strong statement. Do you agree?"

Upton noted that the Div. of Cancer Biology & Diagnosis Board of Scientific Counselors had recently reviewed FCRC activities and asked DCBD Director Alan Rabson to respond. Rabson said that the two day review was the same type given to intramural research, the Board was impressed, that the overall quality of research was very good, and some suggestions were made for making it better.

"Since the report was made, you say certain changes have been made, you have increased the intensity of review. So part of the report at least was correct, was it not?" Natcher asked.

"We have corrected some problems," Upton agreed, mentioning animal facilities among other deficiencies.

"I would like to inject into the record how FCRC is important to ther NIH activities," Fredrickson said.

Michel asked how much of the annual FCRC budget goes for construction. Upton first said $3 million, then said that for the 1980 budget, $1.2 million would be closer to the correct figure. About $25 million has been spent on construction—all of it for rehabilitation and renovation—since NIH took over the facility in 1972.

"We just saw the House turn down construction ($37 million for a building for the National Institute of Child Health & Human Development, eliminated by a Presidential recision). Would the world come to an end if you did not get construction money for FCRC?" Michel asked.

Fredrickson answered that recent renovation there has been to provide containment for high risk research, including recombinant DNA (he didn't say so, but there are those who believe the world might come to an end if recombinant DNA research gets out of control).

UPTON STILL CONSIDERS CENTERS-CONTROL MERGER; ACCC NIXES MOTION OPPOSING IT

NCI Director Arthur Upton said last week that he is still considering merging the centers and cancer control programs into one division. A decision will be made within two weeks, he told ***The Cancer Letter.***

Meanwhile, the Assn. of Community Cancer Centers, meeting last weekend in Washington D.C., considered a resolution opposing any merger of cancer control with another major program "that gives the cancer patient in the community representation at NCI less than division status."

The resolution was handily defeated, but new President Charles Cobau commented, "Although the motion lost, the intent was not lost on us." He promised that "the issue that is clearly before us will be conveyed to NCI."

The resolution was introduced by James Borst, principal investigator for the Southwest Oncology Group Satellite Program in Grand Rapids. Borst said that the Div. of Cancer Control & Rehabilitation "has been of great help to programs for the community."

Some ACCC members privately expressed concern that a merger of centers and control would give the comprehensive and large clinical centers an edge in competition for control funds. It is no secret that executives of some larger centers have felt that the Cancer Control Program would be more effective if more of it were channeled through them. Comprehensive center directors have bitterly resented the mandates placed on them for control and outreach which have not been accompanied by adequate funding. They have felt that, while they are struggling to find money to meet the requirements placed on them, DCCR has spent millions on what they consider frivolous projects.

No one referred to the spectre of larger centers dominating cancer control in the debate on Borst's motion. ACCC's new president-elect, Robert Frelick, director of the Delaware Cancer Network, said, "The

problem may be more compicated than as reflected in the motion. Upton is trying to see how DCCR can be more effective."

Borst agreed to suggestions by retiring President John Nelson to adjust the wording of the motion "to give some leeway to the director," but it was defeated anyway by a 2-1 margin.

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.

RFP 223-79-2270

Title: *Identification of nitrosamines, other N-nitroso compounds and nitrosating agents in cosmetics*
Deadline: *Not announced*

Require information relating to the identification and determination of N-nitroso compounds in cosmetic products. Since 80% of the N-nitroso compounds tested are carcinogenic, information concerning the presence of this class of compounds is needed to properly assess the health significance of the contamination problem.

The objectives of this requirement are: 1) to identify and determine N-nitroso compounds in marketed cosmetic products, 2) to identify potential nitrosating agents used as ingredients or otherwise present in cosmetic products, and 3) to identify product conditions which favor the formation of the N-nitroso compounds.

The contemplated period of performance is two years. The prospective contractor must include the following information in his proposal:

1. Scientists involved must show evidence of professional competence in chemistry, instrumental methods of analysis and identification of organic compounds at the trace level.

2. Availability of the following scientific instruments and related accessories necessary for their use: thermal energy analyzer coupled to high pressure liquid chromatograph, and gas-liquid chromatograph coupled to a mass spectrometer.

3. Availability of the necessary facilities sufficient for handling toxic substances.

Food & Drug Administration
Attn: Barbara May
HFA-511
5600 Fishers Lane
Rockville, Md., 20857

RFP NO1-CN-95454-02

Title: *Centers for radiological physics*
Deadline: *Approximately April 30*

The Div. of Cancer Control & Rehabilitation of NCI is soliciting proposals to continue to provide for a number of regional centers for radiological physics. The primary objective of these contracts is to ensure uniformly high quality of radiology physics serves in operations including diagnostic and therapeutic radiology.

Approximately six centers will be implemented to provide a regional resource for review, consultants and education. The contractor will be required to coordinate with other centers and a coordination activity to ensure inter-regional uniformity and to evaluate the impact of the CRP's on the national control efforts.

Contract Specialist: Jacquelyn Carey
Control & Rehabilitation
301-427-7984

RFP NO1-CN-95444-02

Title: *Data management and analysis center for breast cancer detection demonstration project followup*
Deadline: *Approximately May 1*

NCI intends to issue an RFP to obtain the services of organizations with demonstrated capability of conducting a program consisting of collecting, processing, managing, and analyzing data for the followup program for the Breast Cancer Detection Demonstration Project.

Data from the BCDDP are currently being managed under contract to the Div. of Cancer Control & Rehabilitation. All data from the screening program on the 59,000 women who will participate in the followup will be delivered to the followup contractor.

In order to achieve the ojbectives of this requirement, experience in computer science, biostatistics and epidemiology is required.

Contract Specialist: Cynthia Hawley
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.