

THE

CANCER LETTER

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DCCR RECEIVES 59 COMMUNITY HOSPITAL ONCOLOGY PROGRAM PROPOSALS, ONLY THREE FROM RURAL AREAS

Fifty-nine proposals for the Community Hospital Oncology Program were received by NCI's Div. of Cancer Control & Rehabilitation and are now awaiting review. Only three of them are in the small community category, leaving DCCR in a quandary on what to do about that portion of the program.

(Continued to page 2)

In Brief

APPROPRIATIONS BILL HUNG UP IN SENATE; PAUL BLACK TO HEAD B.U. HUMPHREY CENTER

HEW APPROPRIATIONS bill for 1980 fiscal year which starts Oct. 1 is still awaiting action by the Senate. No schedule for taking it to the floor had been set by press time. The House approved the figures, including \$1 billion for NCI, before the August recess but rejected the compromise abortion funding language. Unless the Senate backs down, it appears HEW and other agencies still without appropriations bills will be funded with a continuing resolution, an interim funding measure, for at least a few weeks. The resolution probably would establish spending levels at the figures in the bill. . . . **PAUL BLACK**, microbiologist and associate professor of medicine at Harvard, has been named director of the Boston Univ. Hubert H. Humphrey Cancer Research Center. He fills the vacancy left by the death last February of Sidney Cooperband, who had directed the center since it was founded in 1974. Black also will be chairman of the university's Dept. of Microbiology, the position from which Edgar Baker retired last June. . . . **RICHARD ADAMSON**, chief of NCI's Laboratory of Chemical Pharmacology, has been detailed to the White House Office of Science & Technology Policy for a few months. . . . **VIRGINIA DUNKEL**, who headed in vitro carcinogenesis testing research in the Div. of Cancer Cause & Prevention, has left NCI for a position with the Food & Drug Administration. . . . **ALBERT NEW**, director of NCI's Laboratory Animal Science, is the new president of the American Assn. for Laboratory Animal Science, National Capital Area Branch. . . . **AMERICAN CANCER Society** and Roswell Park Memorial Institute will cosponsor an interdisciplinary conference on cancer in black populations at Buffalo May 5-6, 1980. Sessions will be held on epidemiologic, pathological and clinical aspects of cancer occurring in blacks in Africa, North America and the Caribbean. Intervention, cancer control strategies and research methods will be discussed. Contact Curtis Mettlin, RPMI, 666 Elm St., Buffalo 14263, phone 716-845-4406. . . . **NEW POSITIONS** at M.D. Anderson of vice president and associate vice president for research will be filled by Frederick Becker and James Bowen, respectively. Becker heads the Dept. of Pathology and Bowen the Dept. of Molecular Carcinogenesis and Virology. Becker will relinquish that job, and a search is on for a successor.

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DCCR UNDECIDED ON FATE OF SMALL, RURAL PHASE OF COMMUNITY HOSPITAL PROGRAM

(Continued from page 1)

The program (CHOP) was established to award contracts in three categories—multihospital, for larger single communities or multiple geographically related communities in which several hospitals admit cancer patients and which have surgeons, radiotherapists and one or more medical oncologists who can work together to develop a community wide program; single hospital, for large community hospitals which represent the major cancer care resource for their communities; and small community, which includes single communities or multiple geographically related communities in which hospitals admit cancer patients but have no practicing medical oncologists.

CHOP contracts will provide \$100,000 for an 18 month planning period to each successful proposer and \$150,000 a year for two years of implementation. Contractors will be required to provide matching funds or equivalent support in the same amounts.

DCCR had expected to award up to 10 contracts in each of the three categories, if enough good proposals were presented. The paucity of small community proposals leaves the fate of that one third of the program in doubt.

"I don't know why we had only three," said Donald Buell, DCCR program director for medical oncology-community activities. "Maybe only a few small communities saw the RFP or knew of its existence, or those that did were not able to put a proposal together. Or perhaps cancer care is being concentrated in places where medical oncologists are practicing. Margaret Edwards (chief of NCI's Clinical Manpower Branch) says that at least half of all newly trained medical oncologists are locating in community settings."

The small community RFP required that proposers must already have radiotherapy facilities and functioning tumor registries. The implication was that they are treating cancer patients with radiotherapy and, of course, surgery, but that they are not providing chemotherapy or send patients to distant hospitals or centers when chemotherapy is indicated.

The response or lack of it from small communities and rural areas may have told NCI something that practicing physicians and clinical investigators have known or suspected for some time: There is an increasingly limited number of communities in the country which are not capable of providing multidisciplinary cancer care. While this trend has brought better quality care closer to home for many patients, it also has cut into the referral of patients for clinical trials.

Some at university hospitals and larger cancer

centers also fear that the quality of care in small communities, while improved by the presence of medical oncologists, still is not up to the levels of institutions where more experienced staff and more complete facilities are available.

NCI could reissue the RFP, perhaps with some revised specifications for small communities. The primary requirement undoubtedly would remain—that the community organization establish close working relationship with a cancer center, with participation by center staff as consultants but with the bulk of cancer care being provided by the primary care physician-nurse oncologist team.

Buell said there has been no DCCR staff discussion on what to do about the small community category. Whatever the decision, the three proposals submitted will be reviewed and, depending on the recommendation of the review group, funded if they meet the requirements of the RFP.

Thirty-three of the proposals were in the multihospital category and 23 in the single hospital. "Most of them came from the kinds of places we hoped to reach, where there is not a lot of major cancer center activity," Buell said. Most of them appeared to be good, sound proposals, he said after looking them over.

"I was encouraged by the fact that those in the multihospital category were able to bring so many people together to work up the proposals. Just getting people to work together like that is half the battle." Buell said he hoped that those cooperative efforts would be continued even among the proposers who do not receive contracts. "There should be no problem in getting 10 good proposals in the multihospital category." He wasn't quite as confident that the full allotment of 10 in the single hospital category would be awarded.

The proposals will be reviewed by an ad hoc group drawn largely from the Cancer Control Intervention Programs Review Committee. Some members of that committee are affiliated with organizations which submitted proposals, thus ruling them out of participating in any part of the review.

The review is scheduled to start in mid-November with another round in January. Buell hopes to be able to make the awards by May or June, 1980.

NEUTRON AWARDS DUE BY SEPT. 30; UCLA, HUTCHINSON, U. PA. REPORTED WINNERS

NCI contract officers are in the final stages of negotiations with the successful responders to the Div. of Cancer Treatment's RFP for development of two clinically dedicated fast neutron radiotherapy facilities. Since the anticipated \$9 million the program will require in its first year was budgeted with 1979 fiscal year funds, the awards must be made by Sept. 30, when the current fiscal year ends.

Ten proposals were reviewed; two and possibly three, depending on the amount of money required

by each, will be accepted for award.

NCI executives, as they customarily do, declined to reveal the names of the two and possibly three institutions which will receive the contracts. *The Cancer Letter* learned from other sources, however, that the Fred Hutchinson Comprehensive Cancer Center in Seattle and the UCLA Jonsson Comprehensive Cancer Center in Los Angeles probably will receive the cyclotron contracts and that the Univ. of Pennsylvania will get the DT generator which is being built for NCI, if there is enough money left to help with construction costs to house it.

David Pistenma, who took over last month as chief of DCT's Radiotherapy Development Branch in the Cancer Therapy Evaluation Program, said that "almost all" of the 10 proposals reviewed met the technical requirements of the RFP. Even before the final review, it was obvious from the response that several institutions highly qualified to develop neutron facilities would go unfunded. Efforts have been under way to provide funding for them from other sources.

The Illinois Cancer Council, a comprehensive center with Fermi Laboratory as one of its participating institutions, definitely plans to go ahead on its own and is lining up financial support. The Comprehensive Cancer Center for Metropolitan Detroit is proceeding with its plans and has obtained \$2 million in pledges as a start. The Univ. of Rochester also is considering construction of a neutron facility with private foundation and other support.

After the new facilities are in place, the institutions will be required to carry out clinical trials to follow up promising results observed in England and in the U.S. with machines which were not clinically dedicated. M.D. Anderson Hospital also is developing a fast neutron facility and will be conducting clinical trials.

Pistenma's branch will continue with its more limited support of other particle radiation therapy research. There will be no money available, however, for at least two years for expansion of work with p mesons and heavy ions, which many radiation oncologists believe eventually will be more effective than neutron therapy.

KENNEDY PLANS MARKUP OF CANCER ACT RENEWAL IN MID-OCT.; COALITION FORMED

When and if Ted Kennedy becomes an active candidate for President, the work of his Senate Health Subcommittee on renewal of the National Cancer Act and other biomedical research authorizations probably will have been completed.

Kennedy has scheduled the markup of his bill (S.988) for mid-October. If the full Labor & Human Resources Committee and the Senate can complete action on the measure in the first session (that is, by the end of the year), that would be one less legislative concern Kennedy would have if he joins the

delegate hunt in New Hampshire and elsewhere.

As it was originally written, S.988 contained some features which drew strong opposition from Cancer Program advocates. It would have eliminated the NCI budget bypass, which permits the institute to take its budget request directly to the White House without the inevitable modification (reduction) by NIH and HEW; it would downgrade the NCI director and National Cancer Advisory Board from Presidential to HEW secretarial appointees; and it would establish dollar authorization levels at what Cancer Program backers felt were inadequate amounts.

Most if not all of those features have been eliminated or changed. The bill as it will be marked up will leave the budget bypass intact, *The Cancer Letter* has learned. It also will contain substantially increased authorization levels over the \$1.019 billion, \$1.173 billion and \$1.349 billion plus cancer control authorizations of \$111.3 million, \$124.6 million and \$137 million for the 1981, 1982 and 1983 fiscal years which were in the original bill.

The House Health Subcommittee, chaired by California Democrat Henry Waxman, has not yet held hearings on Cancer Act and other biomedical research renewals. The House probably will not get around to final action on its bill until well into the next session, probably next spring at the earliest.

Meanwhile, a group of cancer related organizations has put together a "Coalition for Cancer Issues" with the goal of coordinating legislative efforts more effectively. Members of the coalition include the Assn. of American Cancer Institutes, American Assn. for Cancer Research, American Society of Clinical Oncologists, American Cancer Society, American College of Surgeons, Assn. of Community Cancer Centers, American Society of Hematology, American Assn. for Cancer Education, American College of Radiology, American Society of Therapeutic Radiologists, Oncology Nursing Society, American Radium Society and Society of Surgical Oncologists.

The coalition is planning a briefing, tentatively scheduled for Dec. 14, with representatives of each member society meeting with NCI congressional staff to discuss the Cancer Act renewal.

NEW PUBLICATIONS

"Compilation of Journal Instructions to Authors," a manual to help authors prepare articles for scientific journals, available free from Louis Greenberg, Diagnosis Branch, Div. of Cancer Biology & Diagnosis, NCI, Bethesda, Md. 20205, phone 301-496-1591.

"Save Your Life," a handbook for preventing heart attack, cancer, and stroke, by Lewis Cope. Published by the Minneapolis Tribune, 425 Portland Ave., Minneapolis 55488, \$4.95.

"Alternative Treatments for Cancer," by Steven Lehrer, radiation therapist at the VA Hospital in the Bronx, N.Y. Nelson-Hall Publishers, 111 N. Canal St.,

Chicago, 60606, \$11.95 cloth, \$6.95 paper.

"Involving Doctors in Health Education About Cancer," a new UICC technical report. Edited by D.J. Hill, M.W. Heffernan, and D.I. Rice. International Union Against Cancer, 3, rue du Conseil-General, 1205 Geneve, Switzerland, 10 Swiss Francs plus postage.

"Chemotherapy of Acute Leukemia with Anthracycline Antibiotics," an NCI ICRDB publication in its Oncology Overview series. Selected Abstracts. Order from National Technical Information Service, 5285 Port Royal Rd., Springfield, Va. 22161, \$5.25.

"Selected Aspects of Cancer-Related Nucleic Acid Biochemistry," an NCI ICRDB special listing of abstracts. Order from NTIS, address above, \$6.

DCT, CARCINOGENESIS PROGRAM, CORRECT EPIDEMIOLOGY BRANCH NUMBERS LISTED

Listings for NCI staff members which were not published in last week's issue of *The Cancer Letter* appear below—Div. of Cancer Treatment and Carcinogenesis Testing Program staff. Also note reprinting of the Clinical Epidemiology and Environmental Epidemiology Branches listings from the Div. of Cancer Cause & Prevention. Joseph Fraumeni was incorrectly identified as chief of the Clinical Epidemiology Branch and the entire branch was omitted.

Another error in last week's listings had incorrectly identified Dorothy MacFarlane as executive secretary of the Clinical Cancer Program Project Review Committee and had omitted the Cancer Clinical Investigation Review Committee, of which she is the exec sec. Louise Thomson is executive secretary of the Program Project Committee. The entire Review and Referral Branch is reprinted, hopefully correctly. Insert it under the Div. of Cancer Research Resources & Centers.

Review and Referral Branch	
Chief—Dr. David L. Jofte	496-7903
Cancer Control Grant Review Committee—	
Dr. Robert F. Browning	496-7413
Tumor Immunology Review Committee—	
Dr. Clarice E. Gaylord	496-7628
Clinical Trials Review Committee—	
Dr. Gerald U. Liddel	496-7575
Developmental Therapeutics Review Committee—	
Liddel	
Cancer Center Support Review Committee—	
Dr. Robert Manning	496-7721
Cancer Control Intervention Programs Review	
Committee—Dr. Louis M. Ouellette	496-7413
Cancer Special Program Advisory Committee—	
Dr. William R. Sanslone	496-7565
Clinical Cancer Program Project Review	
Committee—Dr. Louise G. Thomson	496-7924
Cancer Clinical Investigation Review Com-	
mittee—Dr. Dorothy MacFarlane	496-7481
Biometry and Epidemiology Review Committee—	
Dr. Wilna A. Woods	496-7153
Cause & Prevention Scientific Review Committee—	
Dr. Eugene Zimmerman	496-7575

Special Review Committee—	
Dr. O.M. Meredith	496-7903
Ad Hoc Construction Review Committee—	
Hernon Fox	496-7575

(Insert under the Div. of Cancer Cause & Prevention Field Studies & Statistics Program):

Clinical Epidemiology Branch	
Chief—Dr. Robert W. Miller	496-5785
Clinical Genetics Section Chief—	
Dr. John J. Mulvihill	496-5067
Clinical Studies Section Chief—	
Dr. Frederick P. Li	393-1839
Environmental Epidemiology Branch	
Chief—Dr. Joseph F. Fraumeni	496-1691
Environmental Studies Section Chief—	
Dr. Robert N. Hoover	496-1691
Analytical Studies Section Chief—	
Dr. William Blot	496-4153
Occupational Studies Section Chief—	
Fraumeni (acting)	
Population Studies Section Chief—	
Dr. Thomas Mason	496-4375
Radiation Studies Section—	
Charles Land, John Boice	496-1691

DIV. OF CANCER TREATMENT

Director—Dr. Vincent T. DeVita Jr.	496-4291
Deputy Director—Dr. Saul A. Schepartz	496-6404
Clinical Director—DeVita	
Deputy Clinical Director—Dr. John Ziegler	496-4251
Administrative Officer—Michael Goldrich (acting)	496-2775
Special Asst. to Administrative Officer—	
Thomas S. Reed	496-5965
Administrative Officer OD—Hazel Duvall	496-5964
Special Asst. for Scientific Coordination—vacant	
Special Asst. for Clinical Affairs—	
Dr. Jane Henney	496-6711
Asst. Director for International Treatment Research—	
Dr. Abraham Goldin	496-3544
Program Director for the Brain Tumor Study Group—	
Dr. Michael Walker	496-3544
Computer Systems Analyst—Meyer H. Gordon	427-8777
Publications Section Chief—Pamela W. Jones	427-8733
Literature Research Section Chief—	
Eleanor Sloane	427-8731
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Assoc. Director for Cancer Therapy Evaluation—	
Dr. John MacDonald	496-6138
Administrative Officer—	
Donald P. Christoferson	496-1181
Investigational Drug Branch	
Chief—Dr. Vincent H. Bono	496-5223
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Dr. John S. Penta	496-6511
Drug Evaluation & Reporting Section Chief—	
Bono (acting)	
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Clinical Program Projects Branch	
Chief—Dr. Roger Halterman	496-9716
Clinical Investigations Branch	
Chief—Dr. Raymond Weiss	496-6066
Assoc. Branch Chief—Dr. Edwin Jacobs	496-6056
ROI Clinical Oncology Grants Section	
Chief—Dr. William DeWys	496-6056
Baltimore Cancer Research Program	
Assoc. Director for Baltimore Cancer Research	
Program—Dr. Peter Wiernik (acting)	528-7912
Administrative Officer—Hillel Soclof	528-7912

Clinical Oncology Branch		Laboratory of Toxicology	
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Clinical Research Pharmacy Section Chief—		Biochemistry Section Chief—	
Dr. Clarence L. Fortner	528-7683	Dr. David Cooney	496-6713
Microbiology Section Chief—		Comparative Pathology Section Chief—vacant	
Dr. V.M. Young/Horvath	528-7823	Drug Interactions Section Chief—	
Medical Oncology Section Chief—		Dr. Theodore Gram	496-6713
Dr. Joseph Aisner	528-7394	Laboratory of Tumor Cell Biology	
Infection Research Section Chief—		Chief—Dr. Robert C. Gallo	496-6007
Dr. Stephen C. Schimpff	528-7606	Cellular Control Mechanisms Section Chief—vacant	
Cell Component Therapy Section Chief—		Nucleic Acid Hybridization Section Chief—vacant	
Dr. Charles A. Schiffer	528-7394	Clinical Oncology Program	
Laboratory of Clinical Biochemistry		Assoc. Director for Clinical Oncology—	
Chief—Dr. Nicholas R. Bachur	528-3685	Dr. John L. Ziegler	496-4251
Laboratory of Molecular Biology		Administrative Assistant—Patricia Gallahan	496-6303
Chief—Dr. Carl C. Levy	528-3911	Medicine Branch	
Developmental Therapeutics Program		Chief—Dr. Robert C. Young	496-4916
Assoc. Director for Developmental Therapeutics—Dr. Vincent T. Oliverio	427-8672	Cellular Kinetics Section Chief—Young	
Deputy Assoc. Director—		Cytogenetic Oncology Section Chief—	
Dr. John A. R. Mead (acting)	427-8685	Dr. Jacqueline J. Peng	496-6501
Administrative Officer—William New (acting)	427-8682	Medical Breast Cancer Section Chief—	
Officer of Extramural Research & Resources—		Dr. Marc E. Lippman	496-1547
Dr. Harry B. Wood Jr. (acting)	427-8706	NCI-VA Medical Oncology Branch	
Grants Program Director—		Chief—Dr. John Minna	389-7275
Dr. Moreshwar V. Nadkarni	427-8706	Pediatric Oncology Branch	
Drug Evaluation Branch		Chief—Dr. Arthur S. Levine	496-4256
Chief—Dr. John M. Venditti	427-8703	Experimental Hematology Section Chief—	
Mammalian Genetics & Animal Production		Dr. Albert B. Deisseroth	496-4514
Section Chief—Dr. Joe Mayo	393-1839	Infectious Diseases Section Chief—Levine	
Automated Information Section Chief—		Radiation Oncology Branch	
J.F. Waters	427-8689	Chief—Dr. Eli Glatstein	496-5457
Screening Section Chief—Betty Abbott	427-8693	Radiation Therapy Section, Radiation Physics &	
Drug Synthesis & Chemistry Branch		Computer Automation Section Chief—	
Chief—Dr. Ven Narayanan (acting)	427-8723	Dr. Leland Kirkland	496-5457
Chemical & Drug Information Section Chief—vacant		Surgery Branch	
Drug Synthesis Section Chief—Narayanan		Chief—Dr. Stephen Rosenberg	496-4164
Laboratory of Medicinal Chemistry & Biology		Tumor Immunology Section Chief—	
Chief—Dr. David G. Johns	496-9257	Dr. Paul Chretien	496-1574
Drug Design & Chemistry Section Chief—		Surgical Metabolism Section Chief—	
Dr. John S. Driscoll	496-3597	Dr. Murray Brennan	496-6353
Molecular Biology & Methods Development		Clinical Pharmacology Branch	
Section, Applied Pharmacology Section		Chief—Dr. Bruce Chabner	496-6565
Chief—Dr. Robert I. Glazer	496-3268	Biochemical Pharmacology Section Chief—	
Natural Products Branch		Dr. Charles E. Myers	496-3622
Chief—Dr. John D. Douros	427-8716	Molecular Toxicology Section Chief—	
Fermentation Section Chief—		Dr. Michael R. Boyd	496-6565
Dr. Amelia Acierto	427-8719	Biometric Research Branch	
Plant & Animal Products Section Chief—		Chief—Dr. Richard Simon	496-4504
Dr. Matthew Suffness	427-8719	CARCINOGENESIS TESTING PROGRAM	
Pharmaceutical Resources Branch		Director—Dr. David P. Rall	919-629-3201
Chief—J. Paul Davignon		Associate Director—Dr. Richard Griesemer	496-5591
Chemical Resources Section Chief—		Administrative Officer—Tom Hooven	496-5313
Dr. Robert Engle	427-8710	Technical Information Resources Branch	
Analytical & Product Development Section		Chief—Dr. Kenneth Chu	496-1152
Chief—James C. Cradock	427-8710	Toxicology Branch Chief—vacant	
Clinical Products Section Chief—		Tumor Pathology Branch	
Larry M. Kleinman	427-8713	Chief—Del Ray	496-6868
Laboratory of Chemical Pharmacology		TESTING PROGRAM FINDS NO CONCLUSIVE	
Chief—Dr. Richard H. Adamson	496-4116	EVIDENCE AGAINST TWO MORE COMPOUNDS	
Biochemical Pharmacology Section		Styrene and beta-nitrostyrene, two industrial	
Chief—Dr. Snorri Thorgersson (acting)	496-4116	chemicals used widely in manufacturing plastics,	
Drug Metabolism Section Chief—		synthetic rubber and resins, have been tested by the	
Dr. Richard L. Cysyk	496-1981	Carcinogenesis Testing Program, which found no	
Membrane Transport Section Chief—		conclusive evidence of carcinogenicity of either com-	
Dr. Joseph T. Fenstermacher	496-4386	pound in rats or mice of either sex.	
Pharmacology & Experimental Therapeutics		An elevated incidence of lung tumors in male mice	
Section Chief—Dr. Susan Fabro	496-4116		
Laboratory of Molecular Pharmacology			
Chief—Dr. Kurt W. Kohn	496-5941		

in the styrene test suggested carcinogenicity, but a firm conclusion of cancer-causing activity was not drawn because of variations in lung tumor incidences in the strain of mouse used in the tests. Similarly in the test of beta-nitrostyrene, an increased incidence of lung tumors in low-dose male mice was significant by one standard but not by another, nor was there a significant incidence in high-dose male mice.

More than 7 billion pounds of styrene were used in 1978, about half for manufacturing polystyrene plastics. Other uses include manufacture of styrene-butadiene rubber and acrylonitrile-butadiene-styrene (ABS) resins.

Production figures for beta-nitrostyrene, an intermediate in polymerization reactions, are not available. Most human exposure to beta-nitrostyrene is in occupational settings, where exposure to styrene is most likely to occur at the same time.

Styrene was given orally in corn oil by stomach tube (gavage) to rats and mice for periods of 78 or 103 weeks. The animals were dosed for five days each week. Original dosage levels for rats were 2,000 and 1,000 milligrams of styrene per kilogram of body weight. A third study group of rats was added, at a dose level of 500 mg/kg over a 103-week period. Mice were given styrene five days per week at levels of 150 mg/kg (low dose) and 300 mg/kg (high dose) for 78 weeks, followed by a 13-week undosed observation period. Control animals not given the chemical were given corn oil on the same schedule as dosed animals.

Increased mortality in high-dose rats of both sexes prompted the addition of the third study group at a reduced dosage. For mice, raised death rates occurred in males but not in females. When the lower-dose rat group was added to the study, survival was adequate in all animal groups for test purposes.

The reports are titled "Bioassay of Styrene for Possible Carcinogenicity" (T.R. 185) and "Bioassay of Solution of Beta-nitrostyrene and Styrene for Possible Carcinogenicity" (T.R. 170). Copies of either report and additional information are available from the Office of Cancer Communications, NCI, Bethesda, Md. 20205.

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 Biological Carcinogenesis & Field Studies Section—Landow Building, Bethesda, Md. 20205; Control & Rehabilitation Section, Chemical & Physical 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 NIH-ES-79-13

Title: *Morphometric studies on the lungs of rats exposed by inhalation to mineral fibers*

Deadline: *Nov. 4*

Conduct particle translocation, morphologic and morphometric studies on animals exposed to asbestos fibers and fiberglass for varying time periods. The successful contractor will carry out morphologic and morphometric studies using electron microscopy on tissues of rats exposed to asbestos fibers and fiberglass and translocation studies to quantitate the distribution of asbestos fibers in rat lung following chronic exposures. It is anticipated that tissues from 100 animals distributed over 15 exposure and control groups will be included in these studies.

Elizabeth B. Ford

Procurement Office OAM

National Institute of Environmental Health Sciences

P.O. Box 12674

Research Triangle Park, N.C. 27709

RFP NCI-CM-07312

Title: *Establishment and operation of a modified conventional rodent production center*

Deadline: *Approximately Oct. 26*

The contractor will maintain 3,000 mouse cage equivalents to house inbreds and hybrids of the inbred strains under modified conventional conditions. Animals will be shipped to investigators sponsored by NCI. To be considered for award respondents must have a minimum of two years experience in the production of inbred and/or hybrid rodents. This experience shall be based upon the production and sale of a minimum of 1500 rodents per week. All breeding stock will be supplied by the government. It is anticipated that one award will be made as the result of this RFP. It is also anticipated that award will be for a three-year incrementally funded period of performance.

Contract Specialist: Daniel Abbott
Cancer Treatment
301-427-8737

The Cancer Letter _ Editor Jerry D. Boyd

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