THE CANCER LETTER

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CENTER CORE GRANT PICTURE LESS BLEAK; COMPETING RENEWALS TO RECEIVE 50% OF RECOMMENDED INCREASES

The cancer center core grant funding situation is not quite so bleak as it seemed a few weeks ago when it appeared that the 14 competing renewals would receive only a seven percent increase over current year funding.

To achieve even that modest cost of living increase, NCI would have to find an additional $2 million or more from outside the Centers Program budget, it was thought then (*The Cancer Letter*, Dec. 7). The problem arose from the fact that the centers budget had not been increased from FY 1979 to FY 1980, and from NCI's interpretation of congressional earmarking of 1980 funds. NCI executives felt they could not give centers any of the extra $63 million Congress gave the institute over the President's budget.

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In Brief

GRAND JURY TO CONSIDER CHARGES AGAINST N.M. COMMUNITY BASED CANCER PROGRAM STAFF MEMBERS

GRAND JURY in Albuquerque was scheduled to consider this week evidence developed in a federal investigation of the New Mexico Community Based Cancer Control Program. Larry Callan, deputy director of the program, has been suspended pending completion of the investigation, and Stephen Coady, a program specialist, has resigned. Alleged misuse or misappropriation of funds, reportedly about $4,000, brought on the investigation. The New Mexico program, one of six similar community based programs supported by NCI's Div. of Cancer Control & Rehabilitation, had been under fire from NCI for problems encountered in evaluation. Charles Beeson, director of the New Mexico program, agreed the criticism was valid but told *The Cancer Letter* the problems are being resolved. All six community based programs have recently undergone merit peer review. The summaries, with recommendations (which could include early termination) will be available within two to three months. . . . **ANNUAL MEETING** of the Assn. of Community Cancer Centers will be March 7-9 in the Shoreham-Americana, Washington D.C. After putting on their annual lobbying blitz of Capitol Hill, members will hear presentations on the role of ACCC in developing standards for community cancer programs, the impact of organized cancer programs on community cancer care, what works and what doesn't work in community cancer program development, new advances in cancer treatment that affect community cancer care, and resources available to assist the community in developing cancer programs. . . . **EORTC SYMPOSIA** have been scheduled for April 10-11 on treatment of neoplastic lesions of the nervous system, and May 22-23 on progress and perspectives in treatment of gastrointestinal tumors. Both meetings will be at Institut Jules Bordet in Brussels.

CENTERS SHORTFALL REDUCED; EARMARKS COULD TURN OUT TO BE MORE FLEXIBLE

(Continued from page 1)

Here's how the situation changed:

• A careful analysis of the competing renewal needs and the total funds required for noncompeting core grants reduced the estimated "shortfall" from $7-8 million to about $4 million, if all the competing renewals were funded at their full recommended levels.

• The prospects for finding additional money elsewhere in NCI appear better, after a more intensive look through other programs. NCI has committed a minimum of $2 million more to centers.

• The earmarking of the $63 million over the President's budget which Congress gave NCI may not be chiseled in stone after all.

As the situation stands now, NCI is planning to pay all approved competing renewal core grants at the current year level plus 50 percent of the increases recommended by the Cancer Center Support Grant Review Committee. Although there is a slim possibility that additional reprogramming could result in more money for centers, that is not something centers should count upon.

There apparently will be no additional money put into program projects, which will remain subject to the "seven percent solution" (that is, those competing successfully for renewal will be funded at the current year level plus the seven percent cost of living increase).

All of the earmarking of the $63 million was done by the House HEW Appropriations Subcommittee. The Senate subcommittee had asked that some of the extra money be allocated for stepped up efforts with biological response modifiers but did not specify any amount. The House earmarking was limited to carcinogenesis testing, and investigator initiated research. Increased fixed costs and stipends for fellowships and training grants accounted for the rest.

In the conference on the appropriations bill, the Senate did not agree to the House earmarks, and in fact convinced House conferees to back down and drop directives which would have taken money from cancer control and construction to support the increase for carcinogenesis testing.

The Senate committee's position now is that there was no earmarking and that if additional money is needed for centers, NCI ought to be able to find it out of the $63 million.

The House earmarking was in the report on the bill and not in the language of the bill itself. The NCI director could ignore the earmarking and allocate the money as he sees fit; however, he will have to face the same House subcommittee in a few weeks to talk about FY 1981 appropriations.

NCI executives, understandably, are trying to find ways to meet their budget needs and still accommodate the clearly expressed directions of the House.

The House also directed that 28 additional positions be made available to the National Toxicology Program, which is doing the carcinogenesis testing and will get $44 million from NCI, including $23 million the House earmarked from the budget increase. The Office of Management & Budget so far has declined to release those positions; if that situation does not change, it is possible that NTP could not spend all $44 million, and some portion of it would be available for reprogramming.

At the moment, NCI is not counting on that possibility. The extra funds for core grants, and the additional $6 million the institute will need to cover pay increases (not in the original budget), will come out of other areas.

The fate of supplemental core grant requests is uncertain. Some were approved with good priority scores, but NCI will not make any commitments at this time.

DEVITA TAKES OVER AS ACTING DIRECTOR OF NCI; SEARCH COMMITTEE STARTS WORK

Vincent DeVita took over as NCI acting director this week, the fourth man to head the institute in a little more than three years. Some NCI staff members and others with an interest in the Cancer Program are concerned that the leadership changes have produced a feeling of instability which could damage the program, if it has not already done so.

Guy Newell was acting director for 10 months after Frank Rauscher resigned. Although Newell was credited with doing a good job under the circumstances, there were many long range organizational matters which had to await the appointment of a permanent director.

Arthur Upton made many of those tough decisions, but left before they were completely implemented. The reorganization of the Div. of Cancer Control & Rehabilitation to include the centers, construction, training and organ site programs probably will wallow along in the bureaucratic channels for months on the way to approval by the HHS (HEW) secretary. Staff members and constituents of those programs feel they are "on hold" until the reorganization has been approved and a permanent director for the division has been hired.

The process of finding a permanent director for the institute also could drag on for months, as it did after Rauscher left. Since it is a presidential appointment, the election could add to the delay; some prospects might be unwilling to take the job with no assurance it would last past next January.

DeVita has thoroughly enjoyed his job as director of the Div. of Cancer Treatment and also as NCI clinical director. He would like to return to those roles as soon as possible, but if the acting directorship of NCI turns out to be an extended one, he is prepared for it.

"I feel I have an obligation to the institute and will

do whatever is necessary," DeVita told *The Cancer Letter.* His guide on which decisions he will make and which he will defer to the permanent director:

"If by waiting to make a decision, it would injure the institute, then I won't wait. If it involves something that the permanent director should influence, I'll wait."

An example of the latter case is top level appointments, DeVita said. "Some people may not want to take jobs here without knowing who the permanent director will be."

It is possible that reorganization approval will come through while DeVita is still acting director. "If it does we will implement it as necessary," he said.

Whether DeVita's time as acting director is extended or not, he intends to handle the job in the same manner in which he ran DCT. "I don't know any other way," he said. That means there should be no doubt as to who is the boss.

Meanwhile, the search committee has been organized and is soliciting recommendations from the scientific community. The committee includes HHS Undersecretary Nathan Stark, Assistant Secretary for Health and Surgeon General Julius Richmond, and NIH Director Donald Fredrickson. Seymour Perry, director of the NIH Office of Medical Applications of Research, is executive secretary of the committee; recommendations may be sent to him at NIH, Bethesda, Md. 20205.

CANCER PANEL BACK IN BUSINESS WITH LEDERBERG AS NEW CHAIRMAN

The first chairman of the President's Cancer Panel had some advice for Cancer Program advocates; his successor had some thoughts on problems and directions of the program; and the second new member of the Panel said he intended "to be a participant, not like a eunuch in a harem."

Former Chairman Benno Schmidt was invited by new Chairman Joshua Lederberg to sit in on the first meeting of the Panel since Lederberg and Bernard Fisher were appointed to the body. Schmidt used the opportunity to urge those interested in the Cancer Program to refrain from too much tinkering with the program's authorizing legislation.

"At the time the National Cancer Act was proposed, we had a battle between those who felt a successful cancer program depended on having an independent (from NIH) cancer institute," Schmidt said, "and those who felt that successful biomedical research depended on keeping NIH together.

"There was no way those groups could be brought together. I was never an avid member of either group. I thought that a perfectly satisfactory program could be developed either way. All things considered, both political and scientific, it would be a mistake for anyone to reopen that issue. I think Congress made a suitable compromise, giving NCI authority to submit its budget directly to the White House. We've had it for eight years and it's worked. We should ask for no more or less.

"The Cancer Panel has given NCI a different kind of access to Congress, the White House, and the scientific community and public. It has worked well, and it would be a mistake to have that fight again. The secretary's office wanted to get rid of the budget bypass and the Panel. And there are some in the scientific community who feel the need for more independence. We don't need that fight again."

Schmidt said there is a feeling among some in the scientific community that "NCI has done more programming than it in fact has done, that it leans more to contracts for basic research than in fact we are doing, that there is less peer review and investigator initiated basic research than in fact there is. I hope my successor can be more influential with that community than I have been in correcting those misimpressions."

Lederberg said that although he had not yet become familiar with details of the Cancer Program, he feels its most serious problem may be the stability of support.

"Basic science directions have tended to be faddish," Lederberg said, citing viral oncology as an example. "Now, correctly, there is a large emphasis on environmental factors. But the environment is very large, more than just abolishing problems in the environment."

Lederberg said he thought it was "curious, that not much attention has been given to the fact that cancer is so age dependent. I'n convinced this will become a major aspect of investigation.

"We need much more than basic science. We don't know how long it will take to get the answers. We need observations from the real world. I'm less concerned about the flow of research to the clinic than I am the other way. Clinical observations can help inspire broader, richer activities in basic research. But many aspects of institutions discourage interactions between clinical and basic scientists. We need to find some way to restore the spirit of risk taking and creativity, rather than merely grinding out protocols."

Fisher, after signifying his intent with the harem analogy, noted that he has been involved with NCI since 1950, "mostly as a recipient of grants." He said that an issue the Panel might want to study "is the role of the cancer institute itself. Is it just a bank? A programmatic operation? I'm keenly interested in the effects of government interactions. I'm a great believer in flexibility. I think we have to talk about the peer review system, organization versus science, the mission of the Cancer Program, which is to understand and eradicate the disease."

NCI CONTRACT AWARDS

Title: Studies on the possible viral etiology of human malignancies, continuation

Contractor: Baylor College of Medicine, $61,730.

Title: Preparation and updating of clinical protocol summaries
Contractor: Informatics Inc., $649,579.

Title: Epidemiologic studies of cancer among atomic bomb survivors
Contractor: National Academy of Sciences, $195,700.

Title: Production of RNA avian oncogenic viruses
Contractor: Electro-Nucleonics Laboratories Inc., $1,601,143.

Title: Support services to maintain studies on the role of viruses and experimental oncogenesis and human cancer, continuation
Contractor: Hazleton Laboratories, $79,381.

Title: Prototype comprehensive network demonstration project in breast cancer, renewal
Contractor: Oklahoma Medical Research Foundation, $165,498.

Title: Cancer Control program for Clinical Cooperative Groups—Eastern Cooperative Oncology Group, six-month extension
Contractor: Frontier Science & Technology Research Foundation, Amherst, N.Y., $477,789.

Title: Development of model systems for the chemo chemotherapy of human tumors grown in athymic mice, modification
Contractor: Stehlin Foundation for Cancer Research, Houston, $242,989.

Title: Computerized literature surveillance of natural products
Contractor: Univ. of Illinois, $314,998.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR JANUARY, FEBRUARY

Mobilization and Reassembly of Genetic Information—Jan. 7-11, Konaver Hotel, Miami Beach, 12th annual Miami Winter Symposium, Papanicolau Cancer Research Institute and Univ. of Miami.
Assn. of American Cancer Institutes—Jan. 13-15, Capitol Hill Quality Inn, Washington D.C., semiannual meeting.
Prostatic Cancer Review Committee—Jan. 16, Roswell Park Research Study Center, open 8:30—9 a.m.
Somatic Cell Genetics in Neoplasia—Jan. 16, 2nd annual research symposium, sponsored by Medical College of Virginia and Virginia Commonwealth Univ., MCV Baruch Auditorium, no fee or registration.
Pancreatic Cancer Review Committee—Jan. 17, Whitehall Hotel, Houston, open 8:30—10 a.m.
National Cancer Advisory Board Subcommittee on Organ Sites—Jan. 20, NIH Bldg 31 Rm 7, open from 8:15 p.m.
National Cancer Advisory Board—Jan. 21-23, NIH Bldg 31 Rm 6, open Jan. 21, 1 p.m.—adjournment; Jan. 23, 9 a.m.—11 a.m.
NCAB Subcommittee on Construction—Jan. 21, NIH Bldg 31 Rm 9, 8:15 p.m., open.
NCAB Subcommittee on Special Actions—Jan. 21, 8:30 a.m., NIH Bldg 31 Rm 6, closed.
NCAB Subcommittee on Centers—Jan. 21, NIH Bldg 31 Rm 7, 8:15 p.m., closed.
NCAB Subcommittee on Environmental Carcinogenesis—Jan. 22, NIH Bldg 31 Rm 6, 8 a.m., open.
NCAB Subcommittee on Planning & Budget—Jan. 22, NIH Bldg 31 Rm 9, 7:30 p.m., closed.
President's Cancer Panel—Jan. 23, NIH Bldg 31 Rm 4, 1 p.m., open.
Biometry & Epidemiology Contract Review Committee—Jan. 23, NIH Bldg 31 Rm 9, open 8:30—9 a.m.
Workshop on Assays for Identification of High Risk Individuals in Autosomal Dominant Gene Cancer Family Members—Jan. 29-30, NIH Bldg 31 Rm 9, 8:30 a.m. both days, open.
Cancer Research Manpower Review Committee—Jan. 31—Feb. 2, NIH Bldg 31 Rm 4, open Feb. 2, 9 a.m.—adjournment.
Committee on Cytology Automation—Feb. 7-8, NIH Bldg 31 Rm 8, 9 a.m., closed intermittently throughout.
Complications in Cancer Patients—Feb. 8, Roswell Park continuing education in oncology.
3rd International Conference on Integrated Cancer Management—Feb. 20-22, Pointe Resort Hotel, Phoenix, sponsored by Good Samaritan Hospital Div. of Oncology.
14th Annual Clinical Symposium—Feb. 22-23, St. Jude Children's Research Hospital, Memphis.
Clinical Cancer Education Committee—Feb. 27-28, NIH Bldg 31 Rm 4, open Feb. 27, 8:30—9:30 a.m.
Nutrition and Cancer—Feb. 28, Roswell Park continuing education in oncology.

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 NCI-CM-07349-26

Title: *Data management and statistical support for the brain tumor program*
Deadline: *March 3*

Provide data management and statistical efficacy of multimodality treatments in patients with malignant brain tumors. These protocols are being conducted jointly by multi-institutions sponsored by the Cancer Therapy Evaluation Program, Div. of Cancer Treatment, NCI. The institutions are collectively known as the Brain Tumor Study Group (BTSG).

This contract will provide in an initial 6 month phase-in period, for the transfer of a large and complex protocol data base from the current contractor, interfacing of the existing BTSG data base with the offeror's computer system so that the stored data can be retrieved and processed to produce required reports; development of programs and/or subroutines needed to provide the appropriate output and analyses on the data bases of these clinical trials; and

compilation of a users manual which documents all of the programs, subroutines, etc. that are developed to process the user's data.

In addition to the phase-in tasks, three major full service activities shall be required: 1) data acquisition on a continuing basis; 2) data processing including master listings; listing of patients' characteristics; listing of time intervals; statistical analysis of patients' characteristics and treatment factors; cross tabulations; toxicity listing; toxicity summary; listings of other pertinent data; graphic display of survival curves; statistical analysis of survival curves; testing the differences between the mean values of selected population or treatment factors; combine and statistically test similar population or treatment factors from all previous and current BTSG protocols; provide support on an ad hoc basis to develop new computer programs of small to moderate size to list, plot or analyze selected data parameters of the BTSG protocols which may require further and more detailed analysis (a maximum of 4 such ad hoc requests is anticipated yearly); provide assistance in the design and printing of reporting forms (every 2-3 years prior to initiation of new protocols); provide consultant services in data management problems as required; and 3) data preparation and reproting for biannual BTSG meetings, interim reports and ad hoc reports.

It is anticipated that one award will be made as a result of this RFP and that an incrementally funded contract will be awarded for a period of 5 years. This RFP represents a recompetition of the project "Processing of Clinical Patient Research Data for BTSG."

RFP NCI-CM-07338-26

Title: *Multimodal treatment of primary breast carcinoma*

Deadline: *Feb. 5*

Conduct studies and carry out indicated modes of treatment involving stages 1, 2 and 3 breast cancer. The studies shall be performed at a single institution which has adequate patient accrual, where surgical management is standardized and where there is an integrated team approach of competent surgeons, radiotherapists, and chemotherapists capable of initiating and executing the studies.

The studies shall be performed on a minimum of 75 new patients per year with stage 1 breast cancer and 75 new patients per year with stage 2 disease. In addition, there shall be a minimum of 50 new patients with stage 3 disease. A total of 200 new patients per year would thus be accrued to all studies.

The staging system used shall be the TNM system of the American Joint Committee. The intent of the workscope is to perform studies in which the primary tumor mass is treated with surgery and/or radiation. Studies might be proposed to do less deforming surgery than is currently employed. Chemotherapy would then be administered to treat presumed micrometastases.

Important variables such as age, menopausal status, extent of disease, and estrogen receptor status which have bearing on treatment outcome would influence the design of proposed studies. Estrogen receptor determinations shall be an essential part of the contractor's capabilities.

Study proposals are the responsibility of the contractor, but they would have to be targeted to answer important questions in multimodal treatment. All proposed studies shall be reviewed and approved by the CTEP before their initiation.

It is anticipated that one award will be made as a result of this RFP and that an incrementally funded contract will be awarded for a period of 5 years. This RFP represents a recompetition of the program, "Controlled Clinical Trials in Breast Cancer and Other Tumors," currently performed by the Istituto Nazionale per lo Studio e la Cura dei Tumori, Milan, Italy at the current level of $167,780.

Contract Specialist for the above 2 RFPs: Carolyn Swift
Cancer Treatment
301-427-8737

RFP NCI-CM-07343-22

Title: *Quick reaction task orders for clinical trials of biological response modifiers*

Deadline: *Approximately March 1*

The Investigational Drug Branch of NCI's Div. of Cancer Treatment wishes to establish quick reaction task order contracts with organizations having the capability to clinically evaluate specific agents. Quick reaction contracts are master contracts competitively negotiated and awarded to more than one contractor. These contracts are designed to accomplish a specific task as quickly as possible.

To meet this need, NCI is seeking organizations capable of providing a clinical protocol for the evaluation of a particular Biological Response Modifier (BRM) having the following objectives: 1) To characterize and measure the magnitude of all relevant biological responses as a function of dose of the BRM agent; 2) To characterize and measure the magnitude of toxicological properties of the BRM agent at these doses; 3) To determine if the maximum dose of the BRM agent is characterized by (a) unacceptable toxicity or (b) the dose-response characteristics of the relevant biological responses; 4) When possible, to characterize the pharmacokinetics of the BRM agent; 5) To characterize or develop suitable "endpoints" appropriate for use in evaluating the BRM agent for efficacy, and 6) When possible, to evaluate the BRM agent for efficacy in a relevant patient population.

Multiple contract awards are anticipated under this project. It is anticipated that contracts will be awarded on a cost-reimbursement basis with individual task orders being awarded on a completion or

level of effort basis as determined by the contracting officer.

A preproposal conference will be held at NCI regarding this project. The exact date and place will be stated in the RFP.

RFP NCI-CM-07341-22

Title: *Quick reaction task orders for phase 2 clinical trials*

Deadline: *Approximately March 1*

The Cancer Therapy Evaluation Program of NCI's Div. of Cancer Treatment wishes to establish quick reaction task order contracts with organizations having the capability to clinically evaluate specific agents.

NCI is seeking organizations having capabilities of performing specific phase 2 projects where the government will identify specific needs for the evaluation of new therapies in varying modalities. Examples of these projects are the evaluation of new analgesics, new specific and nonspecific potential therapies (e.g., vitamin C, thymidine), and other supportive agents (e.g., marijuana). In general, contractors shall be required to develop a suitable protocol for the evaluation of an agent, insure adequate data management and reporting of data, perform appropriate laboratory and diagnostic tests, and perform adequate followup of patients as required by protocol.

Multiple contract awards are anticipated under this project. It is anticipated that contracts will be awarded on a cost-reimbursement basis with individual task orders being awarded on a completion or level of effort basis as determined by the contracting officer.

A preproposal conference will be held at NCI regarding this project. The exact date and place will be stated in the RFP.

RFP NCI-CM-07342-22

Title: *Quick reaction task orders for phase 1 and 2 clinical trials involving pediatric patients with malignancies and associated pharmacological studies*

Deadline: *Approximately March 1*

The Cancer Therapy Evaluation Program wishes to establish quick reaction task order contracts with organizations having the capability to clinically evaluate specific agents. NCI is seeking organizations having the capabilities required to perform the following: 1) conduct of phase 1 studies to determine the clinical toxiciology and maximal tolerated doses of potentially useful chemotherapeutic agents; 2) conduct of phase 2 studies to determine the spectrum of activity of new agents in pediatric malignancies; 3) conduct of clinical pharmacologic studies to characterize the distribution and metabolism of anticancer agents in children.

Multiple contract awards are anticipated under this project. It is anticipated that contracts will be awarded on a completion or level of effort basis as determined by the contracting officer.

A preproposal conference will be held at NCI regarding this project. The exact date and place will be stated in the RFP.

Contracting officer for the above 3 RFPs: Harold Thiessen
Cancer Treatment
301-427-8737

RFP NCI-CP-VO-01019-55

Title: *Support services for the Laboratory of Viral Carcinogenesis*

Deadline: *Approximately Feb. 5*

NCI is seeking support services for its molecular, biochemical, genetic and immunological experiments which concern the study of the mechanisms of cellular transformation and genetic control of phenotypic and malignancy expression.

Prospective contractors must have adequate facilities and demonstrate knowledge, expertise and experience in the following: 1) Cell culture and virology; 2) molecular biology; 3) biochemistry; 4) detection and assay of chemical carcinogens in biological materials; 5) immunology; 6) glassware cleaning and sterilization; 7) in-laboratory monitoring programs for potential biohazard and radioisotope work.

Prospective contractors must be located within approximately one hour's driving time to NIH, Bethesda, Md. This effort will be successor to current contract No. N01 CP 43207, being performed by Meloy Laboratories Inc.

RFP NCI-CP-VO-01017-55

Title: *Support services for the Laboratory of Cellular and Molecular Biology*

Deadline: *Approximately Feb. 5*

NCI is seeking support services to maintain studies on the role of viruses in experimental oncogenesis and human cancer. Prospective contractors must have adequate knowledge and expertise in each of the following areas:

1. Purification of retroviral proteins and performance of radioimmunoassays for retroviral proteins.
2. Preparation of viral and cellular nucleic acids, virus specific DNA probes, and performance of restriction endonuclease digestion and separation of viral and cellular DNA fragment.
3. Performance of molecular hybridization and molecular blotting techniques.
4. Preparation of high quality tissue culture medium, large scale virus and cell production, and biological assays for retrovirus infectivity and transformation.
5. Maintenance of high quality rodent facilities and performance of in vivo tests for oncogenic viruses.

Prospective contractors must be located within approximately one hour's driving time to NIH, Bethesda, Md. This effort will be successor to current contract No. N01-CP-61024, being performed by Hazleton Laboratories Inc.

RFP NCI-CP-VO-01018-55

Title: *Support services for molecular and immunologic studies of the etiology of mammary carcinoma*

Deadline: *Approximately Feb. 5*

NCI is seeking support services for its molecular and immunologic studies on the etiology of mammary cancer. Prospective contractors must have adequate facilities and demonstrate knowledge and expertise in each of the following areas:

A) Immunologic assays for retroviruses; B) purification of retroviral and cellular proteins; C) preparation of retroviral nucleic acid probes; D) isolation of cellular DNA and RNA; E) nucleic acid hybridization assays; F) biological assays for retroviruses; G) preparation and cloning of hybridoma cell lines; H) growth of cells and viruses in roller bottles up to 50 liter quantities; I) housing up to 2,000 mice, 200 rats, and 30 rabbits at one time; J) viable freezing and storage of cells; K) preparation of tissue culture media; L) glassware cleaning and sterilization services.

Prospective contractors must be located within approximately one hour's driving time to NIH, Bethesda, Md. This effort will be successor to current contract No. N01-CP-43223, being performed by Meloy Laboratories Inc.

Contracting Officer for the above 3 RFPs: Fred Shaw
Biological Carcinogenesis & Field Studies
301-496-1781

RFP NCI-CM-07329-18

Title: *Preparation and supply of fresh and cultured mammalian cells*

Deadline: *Approximately May 15*

The Developmental Therapeutics Program is seeking an organization qualified to provide large quantities of well characterized normal, virus infected, and transformed cells grown in culture. It is anticipated that 250 grams of fibroblastic cells grown as monolayer and 25 grams of suspension cultured cells will be required per year. The contractor should also be able to process up to 100 samples of human normal leukemic blood and have experience in growing cells in short term culture and methyl cellulose.

The contractor is also required to provide storage facilities for up to 1,000 sera samples per year, and up to 5,000 gram of leukocytes per year in addition to 15,000 grams of existing frozen leukocyte samples. All aspects require strict quality control and maintenance of complete records.

These services will include daily courier services for pickup and delivery of specimens. The organization must be located within a 35 mile radius of the NIH Bethesda location so as to be able to provide fresh specimens within one hour after processing to enable the government to carry out biochemical, biological and immunological studies.

It is anticipated that one award will be made for a three year period, September 1980–September 1983.

Contract Specialist: Helen Lee
Cancer Treatment
301-427-8737

RFP 271-80-3709

Title: *Carcinogenicity studies in rats and mice with marijuana smoke and compare its effects to that of cigarette smoke*

Deadline: *Approximately Feb. 15*

It is essential that the offeror possess inhouse historical control data for carcinogenicity studies performed with the species and strains proposed in the RFP. Offeror must possess knowledge and capability to carry out carcinogenicity studies by inhalation, have a good knowledge of marijuana and/or tobacco studies and appropriate statistical methods for evaluation of the data obtained. This will be a completion type contract and cover a three year period.

Contracting Officer
National Institute on Drug Abuse
Parklawn Bldg, Rm 10-45
5600 Fishers Lane
Rockville, Md. 20857

DEADLINE EXTENSION

The deadline for submission of proposals for RFP NCI-CM-07326-23, "Preparation and Purification of Viral Components" (***The Cancer Letter,*** Dec. 14), has been extended from Jan. 30 to March 11.

RFP DEFERRED

"Survey of Compounds Which Have Been Tested for Carcinogenicity–Supplements for 1974, 1975, 1976, 1977, 1979 and 1980". This RFP No. N01-CP-05611-72 is being deferred to a later date in order to complete a detailed evaluation of the guidelines to be incorporated in the RFP. Those organizations who have already requested this RFP will be retained on record and will be sent the RFP when it becomes available. Others are requested to wait until the RFP is readvertised. Requests for information concerning this RFP should be addressed to Jackie Matthews, Contract Specialist, NCI, Blair Bldg. Rm B-16, 8300 Colesville Rd., Silver Spring, Md. 20910.

RFP CANCELED

The synopsis announcement entitled "Establishment and operation of a modified conventional rodent production center" is canceled. No award will be made for RFP No. N01-CM-07312.

SOURCES SOUGHT

SS-NCI-CM-07361-26

Title: *Therapy of patients with colorectal cancer*
Deadline: *Jan. 28 (for submission of resumes)*

Only one source is known which can perform the above. That source is the Univ. of Pittsburgh. Specifically, the work required involves the evaluation of adjuvant therapy in the treatment of primary colorectal carcinomas, directed toward evaluating multimodality primary therapy in early disease patients. The source shall have the capability and resources to accrue and treat 400 patients per year with Dukes B and C colorectal cancer through an integrated, collaborative network of collateral (subcontractor) institutions.

The source shall have the organizational structure necessary for the systematic conduct of protocol studies and successful experience as a working group in the care and treatment of cancer patients. Specifically, the source shall: 1) Demonstrate collaboration of colorectal surgeons, radiotherapists and medical oncologists necessary to perform multimodality studies in resectable colorectal carcinoma. This implies quality control, monitoring and uniformity of surgical technique, radiotherapy and chemotherapy. 2) Provide a Pathology Reference Center with capabilities for handling, processing and analyzing a large volume of specimens. 3) Maintain an operations office with capabilities of handling, processing and analyzing a large volume of data forms, including randomization capabilities. 4) Maintain a biostatistics office with experienced biostatisticians having experience and capabilities for analyzing large volumes of data. 5) Demonstrate the ability to perform long term followup on all patients on protocols now in existence.

If any organization feels that it has the demonstrated technical capability, the submission of complete and concise resumes is invited. Such resumes must clearly demonstrate extensive experience in the area of the multimodality treatment of Dukes B and C colorectal cancer, the capability to accrue the required number of patients, and substantial experience in working with related task forces, cooperative groups and projects involved in similar research. Information submitted must be pertinent and specific in the technical area under consideration.

SS-NCI-CM-07360-26

Title: *Adjuvant therapy in the treatment of primary breast carcinomas*
Deadline: *Jan. 28 (for submission of resumes)*

Only one source is known which can perform the above. That source is the Univ. of Pittsburgh. Specifically, the work required involves the evaluation of surgical procedures and adjuvant therapy in the treatment of primary breast carcinomas, directed toward evaluating multimodality primary therapy in early disease patients. The source shall have the capability and resources to accrue and treat 1,000 patients per year with stage 1, 2 and 3 breast cancer through an integrated, collaborative network of collateral (subcontractor) institutions.

The source shall have the organization structure necessary for the systematic conduct of protocol studies, successful experience as a working group in the care and treatment of cancer patients, and the resources to place on study the very large number of patients necessary to achieve the goals of the study.

Specifically, the source shall: 1) Demonstrate collaboration of breast cancer surgeons, radiotherapists and medical oncologists necessary to perform multimodality studies in resectable breast carcinoma. This implies quality control and monitoring and uniformity of surgical technique, radiotherapy and chemotherapy. 2) Provide a pathology reference center with capabilities for handling, processing and analyzing a large volume of specimens. 3) Maintain an operations office with capabilities of handling, processing and analyzing a large volume of data forms, including randomization capabilities. 4) Maintain a biostatistics office with experienced biostatisticians having experience and capabilities for analyzing large volumes of data. 5) Demonstrate the ability to perform long term followup on all patients on protocols now in existence. 6) Demonstrate experience with performing steroid hormone receptor assays for a large number of institutions with the ability to serve as a reference laboratory and to quality control individual laboratories.

If any organization feels that it has the demonstrated technical capability, the submission of complete and concise resumes is invited. Such resumes must clearly demonstrate extensive experience in the area of the treatment of multimodality primary therapy in stage 1, 2 and 3 breast cancer patients, the capability to accrue the required number of patients and substantial experience in working with related task forces, cooperative groups and projects involved in similar research. Information submitted must be pertinent and specific in the technical area under consideration. Unnecessarily elaborate brochures are neither required nor desired.

Contract Specialist for above 2 RFPs: Carolyn Swift
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