

THE

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NCI ANNOUNCES NEW GRANT PROGRAMS IN PREVENTION, SMOKING, ALCOHOL; 1980 APPLICATIONS DUE MARCH 1

Three new grant programs—in preventive oncology, smoking research and alcohol and cancer—have been announced by NCI, with awards to be made from current (1980) fiscal year funds provided that a sufficient number and quality of applications are received and reviewed in time.

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In Brief

SEARCH COMMITTEE COULD FINISH JOB IN WEEKS, PERRY SAYS; NOMINATIONS ARE BEING SOLICITED

SEARCH FOR NEW NCI director will be pushed to completion "as soon as possible," according to Seymour Perry, executive secretary of the HEW-NIH search committee. Perry guessed that "as soon as possible" is a matter of weeks, rather than months. He has sent more than 100 letters to organizations around the country asking for nominations. They should be sent, with CVs, to Perry, NIH, Bethesda, Md. 20205. The search committee has not yet held a meeting nor determined how it will operate, but probably will within two weeks. . . . **FOURTH ANNUAL** symposium sponsored by the Univ. of North Carolina Cancer Research Center is scheduled for March 20-21 on "The Regulation of Cell Proliferation." Contact the center, Symposium Committee, Cancer Research Center, Box 30, MacNider Bldg., UNC School of Medicine, Chapel Hill 27514. . . . **DAVID GOLDENBERG**, executive director of the Ephraim McDowell Community Cancer Network in Kentucky, has been appointed to the scientific advisory board of the German Fund for Cancer Research. Goldenberg is one of two non-German members of the board; the other is Leo Sachs of the Weizmann Institute. . . . **T.C. HSU**, professor of biology and chief of the section of cell biology at M.D. Anderson, has been appointed to the Olga Keith Weiss Chair for Cancer Research at the hospital. . . . **WORKSHOP ON ASSAYS** for identification of high risk individuals in autosomal dominant gene cancer family members Jan. 29-30 at NIH will attempt to define appropriate populations to be used in further evaluations of the tests. The workshop will be in Bldg. 31 Rm. 9, starting at 8:30 a.m. both days, and is open. . . . **"WE'VE HAD** a lot of difficulty in the public and congressional understanding of our efforts in prevention," Benno Schmidt said in his farewell appearance at the President's Cancer Panel meeting. "We have a substantial program in prevention, we spend a lot of dollars in prevention, and we spend them well. Prevention is a desirable objective, but it needs a scientific base. In the criticism, we hear very little about the science of how to go about it". . . . **ALBUQUERQUE GRAND** jury did not release any findings from its hearing of evidence in the investigation of New Mexico Community Based Cancer Control Program staff members. The grand jury is scheduled to meet again on the matter Jan. 20.

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NCI ANNOUNCES NEW GRANT PROGRAM— PREVENTIVE ONCOLOGY ACADEMIC AWARDS

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To be funded this year, applications must be submitted no later than March 1 to permit study section review prior to the required secondary review by the National Cancer Advisory Board at its May meeting.

Applicants for the new grants will compete for funds from the pool established by NCI for traditional, R01 investigator initiated grants. Those grants that are funded will be assigned to and administered by the appropriate NCI division.

The Preventive Oncology Academic Awards will be administered through the Div. of Cancer Cause & Prevention's Special Programs Branch. Donald Luecke is the branch chief. The program is the culmination of discussions by NCAB members urging support of new efforts in prevention at academic institutions.

The program announcement for the Preventive Oncology Awards said in part:

Each school of medicine, school of dentistry, school of osteopathy, school of public health, or NCI-designated cancer center in the United States and its possessions or territories is eligible to compete for one Preventive Oncology Academic Award for a project period that does not exceed five years. The number of new awards made each year will depend on the availability of funds.

The Preventive Oncology Academic Award Program is to stimulate research and education for cancer prevention in schools that do not have such programs and to strengthen and improve these programs in schools that do. Awards support individual faculty members for their research and educational development and the implementation of curriculum. It is expected that each program in cancer prevention builds upon demonstrable expertise and experience in epidemiology and/or human genetics, biostatistics, clinical oncology and basic cancer research.

The Preventive Oncology Academic Award is made to:

1. Develop superior faculty with requisite academic skills and a major commitment to preventive oncology research and training.
2. Ensure superior learning opportunities which attract outstanding students to research careers and contribute to the prevention of cancer.
3. Facilitate interchange of ideas and methods among awardees and institutions.
4. Develop the grantee institution's capacity to attract local support that will continue to strengthen and improve preventive oncology research and education.

The institution must:

—Name and sponsor a candidate with competence in preventive oncology and with major career interest in research and in improving educational programs (the candidate must be a citizen, a noncitizen na-

tional of the U.S. or have been lawfully admitted to the U.S. for permanent residence).

—Present plans to develop or improve the preventive oncology research and educational programs.

—Identify and demonstrate availability of the resources (populations, patients, manpower, materials) necessary to implement the proposed program.

—Provide the candidate with time to acquire the skills necessary for personal development and for the development of the preventive oncology program.

—Provide access to facilities for rigorous preventive oncology research and high quality patient care.

—Provide evidence of commitment from the administration and from the sponsoring departmental chairman to implement the proposed program so there is coordination of preventive oncology with other relevant research and education.

—State the mechanisms for continued institutional support of the preventive oncology program subsequent to the award.

The candidate must:

—Have appropriate academic appointment at the institution at the time the award is activated.

—Have sufficient research experience and clinical background in oncology, to be effective in developing and actively implementing a quality research and education program in preventive oncology.

—Specify a program for enhancing personal skills as needed.

—Present a program for developing or improving preventive oncology research and education in the grantee institution and for evaluating the outcome of the effort.

—Commit a substantial portion of effort to the proposed programs.

—Agree to report annually on the status of the program.

—Agree to meet annually with other recipients of Preventive Oncology Academic Awards to exchange ideas, methods and program evaluations.

Preventive oncology research and education requires an unusual complement of education and experience, deriving from several professional and disciplinary fields. A candidate may qualify for appointment without the full range of skills provided a plan for acquiring them is incorporated in the application. The candidate should have sufficient training and experience so that no more than one year of intensive supplemental preparation is needed to meet basic requirements. Basic requirements include:

—Demonstrated competence in medical science or related fields of biomedical research relevant to cancer prevention, epidemiology and/or human genetics and biostatistic research methods.

—Substantive knowledge of carcinogenesis research; health service delivery systems; public health regulation and practice; medical education procedures and administration; and nutrition.

Within available funds and consonant with the ob-

jectives of the Preventive Oncology Academic Award, NCI will provide funds annually for a project period up to five years.

The award may provide funds for:

Support for the candidate in direct proportion to the effort expended on the preventive oncology program; research assistants as justified.

Travel to enable the candidate to develop essential skills and to meet with other candidates to exchange ideas, methods and program evaluations.

Equipment necessary to develop the preventive oncology curriculum.

Supplies necessary to achieve the program's objectives.

Consultant fees for a limited number of experts in the area of preventive oncology and in education.

Research allowance for limited participation in research experiences related to preventive oncology, such as the investigation of clusters, feasibility studies and supporting services.

Supplemental educational expenses which may be proposed by the candidate.

Indirect costs up to but not to exceed eight per cent of allowable direct costs.

For 1980 only, applications for Preventive Oncology Academic Awards must be received by NIH not later than March 1 for review by the National Cancer Advisory Board in May. For subsequent years an annual receipt date will be May 1. The requested begin date for funding should be July 1 of the following year.

Application forms (PHS 398) may be obtained from the institution's application control office. If not otherwise available, they can be requested from Grant Inquiries Office, Div. of Research Grants, NIH, Rm 448 Westwood Bldg., 5333 Westbard Ave., Bethesda, Md. 20205.

Type the phrase "Preventive Oncology Academic Award" as the title for the proposal on the front page of the application. Use the special Guidelines for preparation of a Preventive Oncology Academic Award. These and limited staff consultation relating to eligibility and appropriate areas of emphasis may be obtained from Donald Luecke, Special Programs Branch, NCI, Rm 8C16, Landow Bldg., Bethesda, Md. 20205; telephone 301-496-9600.

The new smoking grant program grew out of the Smoking & Health Program (now the Smoking, Cancer & Health Program) which relied on contracts to support an array of tobacco related projects.

The program has cost NCI about \$6 million a year and may be the most cost effective and successful in the institute's history, considering the potential benefits which could be attributed to it.

It was largely responsible for developing techniques which permitted the tobacco industry to manufacture the new low tar, low nicotine cigarettes that are fast replacing the more hazardous brands.

The program was started and headed by Gio Gori as a component of DCCP. As part of the NCI re-organization last year, some elements of the program were transferred to other divisions, and Assistant NCI Director Diane Fink was given the job of coordinating the entire effort. Gori remains as head of the toxicology portion of the program.

The new grant program with the suggested studies was generated by an NCI staff working group and approved by the division directors and former NCI Director Arthur Upton. Representatives of the National Institute of Drug Abuse, National Institute for Child Health & Human Development, National Heart, Lung & Blood Institute and HEW Office of Smoking & Health were consulted. A committee representing those agencies and NCI will monitor the applications, attempt to eliminate duplicative efforts, and channel to the appropriate agencies applications not related to cancer.

Since no money has been earmarked for the smoking grants, nor for the other two programs announced, whether any new grants are funded will depend on how well the applications fare in study section review. Traditionally, few grants of this nature receive priority scores good enough to be funded.

The program announcements also will be a test of the interest in the scientific community in this kind of research. If the interest is lacking, NCI might be forced to return to a more directed effort supported by contracts to deal with the smoking and nutrition problems.

The program announcement said:

NCI's Smoking, Cancer & Health Program desires to expand its involvement with the role of smoking as a public health problem in cancer cause and prevention. The program is seeking applications for research and demonstration grants concerned with basic and applied studies in toxicology, epidemiology, prevention, behavior, attitudes, pharmacology, education, information, training, and other appropriate areas related to Smoking and Health. It is not the intent of this announcement to make or imply any delimitation to the nature or scope of the research which might be proposed.

It should be emphasized that this statement of interest in developing new grant proposals is neither a request for applications (RFA-grants) nor a request for proposals (RFP-contracts), but rather an announcement of NCI's intent to stimulate investigator-initiated research in its Smoking, Cancer & Health Program. As such, the proposals are reviewed by the usual NIH peer review groups for technical merit and recommendation by the National Cancer Advisory Board. Additional needs for specific in depth activity in any or all of the programs may be met in the future with the issuance of RFAs and/or RFPs.

Examples of areas which might be considered by interested investigators are listed below. These studies

are not listed in any priority order but are given as examples of studies which can be considered under this program announcement. Human and laboratory studies are being sought through this announcement.

1. Biomedical Aspects

—Epidemiologic studies to determine the effects of smoking low tar, low nicotine cigarettes on smoking related cancers such as lung cancer, bladder, head and neck cancer, etc. Consideration can be given to studies which examine broad health issues in addition to cancer.

—Studies to define the patterns and risks of cigarette smoking in special populations (e.g., persons with toxic industrial exposures, with co-existent disease states, etc.); current risk patterns and/or trends.

—Studies on health effects of passive or secondary smoking.

—Studies to develop and evaluate objective measures for the determination of smoking status.

—Studies to determine the combined effect of smoking and other environmental carcinogens (e.g., industrial exposures, nutritional factors, etc.).

—Studies on the effectiveness of materials, such as vitamins and pro-vitamins, in inhibiting or altering the deleterious health effects of cigarette smoking.

2. Psycho-social Aspects

—Studies to define the knowledge and beliefs of health professionals and the public about the health effects of smoking, the risks of low tar versus high tar cigarettes, etc.

—Communications research to develop the means to inform the public on the health hazards of smoking, and especially to develop methods to evaluate these efforts.

—Studies to define the attitude of adolescents toward low tar, low nicotine cigarettes, and the effects of that attitude on initiation or cessation behavior.

—Studies to develop innovative techniques in smoking prevention and cessation, especially for groups such as women, children, adolescents, blue collar workers, non-white populations, etc.

—Comparative studies (cross validation) of the commonly used approaches to smoking cessation, including those of commercial, institutional, religious, and educational sponsors.

—Studies to evaluate smoking prevention and cessation programs among industrial workers, especially those exposed to occupational carcinogens which may have additive or synergistic effects with smoking.

—Studies to define the cost effectiveness and cost benefit of various approaches to smoking prevention and cessation.

—Studies of the effectiveness of social pressures and mores, legislative or administrative actions (i.e., requirements for nonsmoking areas in public buildings, etc.) on the reduction of smoking.

3. Other Appropriate Research Or Demonstration

Grants in Smoking, Cancer & Health

Programs are available for the training of individu-

als as these might relate to the Smoking, Cancer & Health Program. Two programs—Individual Postdoctoral Fellowships and Institutional Postdoctoral Fellowships provide full time, longterm support to promising individuals and well qualified institutions through the National Research Services Act.

Additionally, the Cancer Research Career Development Award provides support for individuals with demonstrated research potential who require additional experience in preparation for careers in independent research.

The announcement leaves the choice of specific research objectives, identification of specific aims, development of appropriate protocols and methodology, and the procedures for analysis and interpretation of data to the investigator's initiative. However, once the award is made under the program, any substantial modification of the research originally proposed must be mutually agreed upon by the investigator and the respective NCI division.

For purposes of tracing responses to this program announcement, investigators should type in bold face characters at the top of the face page of the application: **SMOKING, CANCER & HEALTH PROGRAM**. A copy of the face page of the application should be sent to Diane Fink, Coordinator of the Smoking, Cancer & Health Program, Bldg 31, Rm 11A33, NCI, Bethesda, Md. 20205.

A letter of intent may be sent to the staff person for the investigator's area of interest if desired by the investigator prior to submission of the application. Application kits may be obtained from an organization's application control office or from the Div. of Research Grants, NIH.

The application receipt dates for grants submitted under this program announcement are the usual DRG receipt dates for investigator initiated grants; namely, new grants (Type I) March 1, July 1, and Nov. 1; and renewal grants (Type II) Feb. 1, June 1, and Oct. 1. Research and demonstration grants are to be submitted on Form PHS 398.

Questions related to various aspects of the Smoking, Cancer & Health Program can be directed to:

Epidemiology—Donald Luecke, same address as above.

Toxicology—Gio Gori, DCCP, NCI, Rm 3A16, Bldg 31, Bethesda, Md. 20205; phone 301-496-6616.

Behavioral Studies, Smoking Cessation and Demonstration Programs—David Monsees, DCCR, NCI, Rm 720, Blair Bldg, Silver Spring, Md. 20910; phone 301-427-8630.

Training Programs—Barney Lepovetsky, DCRRC, NCI, Rm 10A18, Westwood Bldg, Bethesda, Md. 20205; phone 301-496-7803.

Information and Education—Bernard Ellis Jr., OCC, NCI, Rm 4B39, Bldg 31, Bethesda, Md. 20205; phone 301-496-6792.

General Information: Diane Fink, ADMACR, NCI, address as above; phone 301-496-1316.

The new alcohol and cancer grants will be supported through the Diet, Nutrition & Cancer Program.

That program also was headed by Gori until two years ago when it was moved out of DCCP into the NCI director's office and taken over by then Deputy Director Guy Newell. Again, various elements are being assigned to the appropriate divisions, with Fink as the coordinator.

The alcohol grants will involve the cooperation of the National Institute of Alcohol Abuse & Alcoholism. Vincent Groupé, who has been assigned to the Div. of Cancer Control & Rehabilitation, is being transferred to DNCP to work fulltime as head of the alcohol program.

The new grant program grew out of recommendations developed at a 1978 workshop sponsored by DCCR and NIAAA. The program announcement said:

The Diet, Nutrition & Cancer Program encourages the submission of research grant applications in the broad areas of: (1) epidemiological studies in alcohol-related cancer, and (2) basic research on alcohol effects on tumor development. However, it is not the intent of this announcement to make or imply any delimitation relative to the nature or scope of the research which might be proposed.

Alcohol combined with tobacco smoking is an established risk factor for cancers of the oropharynx, esophagus, and larynx. It should be possible to clarify further the role of alcohol itself, the modifying effects of tobacco, dose-response relationships, and nutritional co-factors. Studies are also needed to delineate the steps by which alcohol consumption leads to liver cancer and to resolve the suggestion that certain beverages may predispose to other cancers, including those of the pancreas and rectum.

Epidemiological investigations and pilot surveys should be combined with experimental work to identify hazardous fractions in alcoholic beverages and to delineate the mechanisms by which alcohol promotes carcinogenesis. Epidemiologists and biometricians may also contribute toward the development of programs aimed at primary prevention and early detection of cancers related to alcohol and tobacco.

Incorporation of research questions into data collection systems deserves serious consideration as a means of obtaining additional valuable information for etiological studies.

Possible mechanisms whereby alcohol abuse and alcohol related diseases may affect carcinogenesis and the development of cancer:

- (a) Contact related local effects on the upper gastrointestinal tract.
- (b) The presence of low levels of carcinogens in alcoholic beverages.
- (c) Induction of microsomal enzymes involved in carcinogen metabolism.

(d) Various types of cellular injury produced by ethanol and its metabolites and their relationship to cancer.

(e) The dietary and nutritional disturbances frequently associated with alcohol abuse.

Review of the scientific literature provides relatively few reports in basic research on alcohol and cancer. Illustrative examples of research areas of need are:

—Effects of alcohol on the natural history and pathogenesis of experimentally induced tumors in animals, including the effects of alcohol on immune responses.

—Influence of alcohol on the malignant potential of chemicals, oncogenic viruses and radiation.

—Effects of alcohol on carcinogenesis in vivo and in vitro.

These examples are not intended to delimit the nature or scope of the research proposed.

Applications will be received by the Div. of Research Grants and will be referred to an appropriate peer review group for initial review for scientific merit. The specific scientific area addressed will be the basis for review group assignment with subsequent review by the National Cancer Advisory Board. The review criteria customarily employed by the Public Health Service for regular research grant applications will prevail.

Applications will be accepted in accordance with the usual receipt dates for new research grant applications. Each applicant should include a letter of transmittal referring to this program announcement. Due dates are: March 1, July 1 and Nov. 1, 1980.

Copies of letters of transmittal and inquiries should be addressed to: Vincent Groupé, Diet, Nutrition & Cancer Program, NCI, Room 11A33, Bldg 31, Bethesda, Md. 20205; phone 301-427-8652.

**BRITISH CANCER CAMPAIGN AWARDS UICC
100,000 POUNDS A YEAR FOR FIVE YEARS**

The British Cancer Campaign, one of two voluntary organizations supporting cancer research and treatment in the United Kingdom, has announced it will award 100,000 pounds (about \$225,000) a year for the next five years to the International Union Against Cancer (UICC). The award will be used to establish cancer research and clinical investigation fellowships on a worldwide basis.

UICC presently sponsors the American Cancer Society Eleanor Roosevelt Fellowship Program. Japan supports and UICC administers the Yamagiwa Yoshida Fellowships. UICC also sponsors ICRETT and ICREW, the technology transfer and workshop programs, funds for which are provided by the U.S. National Cancer Institute.

ICRETT (International Cancer Research Technology Transfer) awards grants to permit investigators to visit research centers abroad for up to 28 days. The funds cover travel and living expenses. The purpose is to promote direct and rapid person to

person transfer of information about new or improved techniques or methods between investigators located in different countries who are working in areas of basic, clinical or behavioral research to further the progress of cancer research.

ICREW (International Cancer Research Workshop Program) awards financial support for workshops, from 30 percent of the total cost up to a maximum of \$10,000 for each workshop. To be eligible, a workshop must deal with a specific area of cancer research and must have one or more of the following objectives—discuss or demonstrate a newly developed or improved specialized technique or method; discuss methods for overcoming some particular obstacle or for resolving a specific disagreement impeding further progress; discuss and plan a new approach that might be applied to solve some specific problem; plan the organization and execution of international collaborative studies related to some specific aspect of cancer research.

Employees of the U.S. government agencies are not eligible for either ICRETT or ICREW awards; however, they may participate in workshops, using funds from other sources.

Application forms may be obtained from UICC, Conseil-General 3, 1205 Geneva, Switzerland.

Guidelines and other details of the program to be established with the new British award will be announced later. The award expands by 200 percent UICC's support of international information exchange efforts since 1974.

Umberto Veronesi of Italy is the current president of UICC, and Gerald Murphy, director of Roswell Park Memorial Institute, is secretary general.

HEW TO PAY ALL HOSPICE CARE COSTS FOR PATIENTS AT 26 INSTITUTIONS

HEW will pay for all hospice care provided to terminally ill Medicaid patients by 26 hospice organizations selected to participate in a two-year demonstration project, the Health Care Financing Administration has announced.

The project will begin in March.

"Although the Medicare and Medicaid programs reimburse for some of the medical services rendered to terminally ill patients, many hospice services are not reimbursable under current laws and regulations," said HCFA Administrator Leonard Schaeffer. "Under these demonstration projects, we will waive limitations that now prevent reimbursement for such services as custodial care at home, and the provision of pain controlling drugs at home. We need to find better ways to care for terminally ill patients. These demonstration projects will help us to explore the possibilities of making changes in current Medicare and Medicaid regulations to provide coverage for hospice services."

The 26 organizations which were selected from 236 applications are:

Genesee Region Home Care Assn., Rochester, N.Y.; Hospice Inc., New Haven, Ct.; Overlook Hospital, Summit, N.J.; Medical College of Virginia, Richmond, Va.; Visiting Nurse Assn., Dallas, Tx.; Hospital Home Health Care, Albuquerque, N.M.; Elisabeth Kubler-Ross Hospice, Clearwater, Fl.; Providence Medical Center, Portland, Or.; Bethesda Lutheran Medical Center, St. Paul, Mn.; Bellin Memorial Hospital, Green Bay, Wis.; Community Home Health Care, Seattle, Wa.; Cabrini Medical Center, New York, N.Y.; San Diego County Hospice Corp., San Diego, Ca.

Hospice of Northern Virginia Inc., Arlington, Va.; Santa Barbara VNA, Santa Barbara, Ca.; Boulder County Hospice, Boulder, Co.; Univ. of Massachusetts Medical Center, Palliative Care Inc., Worcester, Ma.; Hospital Home Health Care, Torrance, Ca.; San Pedro Peninsula Hospital, San Pedro, Ca.; St. Benedict Hospital and Nursing Home, San Antonio, Tx.; Hospice of Miami Inc., Miami, Fl.; Hospice of the Good Shepherd, Waban, Ma.; VNA of Vermont, Burlington, Vt.; Hospice of Marin, San Rafael, Ca.; Rogers Memorial Hospital, Oconomowoc, Wis.; and Lutheran Medical Center, St. Louis, Mo.

PUBLIC MEETING ON EFFECTS OF IONIZING RADIATION SCHEDULED AT NIH IN MARCH

A meeting has been scheduled by the Committee on Federal Research into the Biological Effects of Ionizing Radiation March 10-11 to discuss solicited "science projection papers" prepared by experts in the various disciplines of radiation biology.

The open meeting will be held in Masur auditorium on the NIH campus, starting at 9 a.m. both days.

The committee has asked for papers on broader subjects related to radiation research and issues of public concern. These papers will be summarized by the authors at the meeting. Those questions were:

1. What knowledge is considered certain regarding human somatic effects of ionizing radiation?
2. What knowledge is considered certain regarding human genetic effects of ionizing radiation?
3. What are the limits of extrapolation in applying results from experimental radiation studies on cellular and animal systems to human populations?
4. What are the opportunities and limits in applying epidemiological methods to determine the effects of ionizing radiation on humans?
5. What is our current knowledge about the effects of differences in schedules of delivery of a given dose of ionizing radiation (dose rate, fractionation) and "quality" of radiation (LET) on biological systems and how can this information be used to predict the effects of low doses of radiation in man?
6. What is our current knowledge from animal and cellular systems about the combined effects of ionizing radiation and exposure to other agents (chemical, pharmacologic, physical, viral, etc.) and is this knowledge adequate to predict human responses?

7. What is the state of knowledge about differences in response to ionizing radiation as a result of biological factors such as age, sex, and genetically determined variations?

8. What kinds of information must be developed to foster enlightened public discussion on control of man-made ionizing radiation? How and by whom should such information be made accessible to the public? What end points or criteria, such as shortening of life, developing disease etc. are useful to provide perspective for public understanding of radiation risks?

9. What is the potential for significant human exposure to internal radiation from environmentally dispersed radionuclides and what research is needed to reduce the effects of such exposure?

10. What are the legal, ethical, and economic constraints to developing a comprehensive knowledge of the biological effects of ionizing radiation?

11. How does man-made ionizing radiation contribute to the welfare of mankind?

Members of the public are invited to forward written comments on these questions. Any submission received before Feb. 1 will be printed along with the manuscripts by invited authors.

Copies of all printed material will be available after Feb. 20 and may be obtained from:

Office of Communication, NIH, Bethesda, Md. 20205, phone 301-496-4461.

This same material will be available March 10 and 11 at the Masur auditorium.

KENNEDY AGREES TO DROP AUTHORIZATION LEVELS FROM CANCER ACT RENEWAL BILL

Sen. Edward Kennedy's staff aide handling S. 988, the bill that would renew the National Cancer Act along with other biomedical research authorities, said that Kennedy has agreed to drop authorization figures from the legislation.

"We have heard they are viewed as ceilings and have been inhibitive," said Robert Graham, a member of Kennedy's Senate Health Subcommittee staff. The American Cancer Society had requested that instead of dollar limits, the bill carry the term "Amounts to be appropriated as needed."

Graham said the authorization levels also would be dropped from the National Heart, Lung & Blood Institute section of the bill. He pointed out that all other NIH institutes have no authorization figures.

Graham made his remarks at a meeting of representatives of various cancer related organizations put together in the name of the "Coalition for Cancer Issues."

Graham said there would be no other significant changes in the Cancer Act. NCI's budget bypass would remain intact; the NCI director and members of the National Cancer Advisory Board would remain presidential appointees; and the President's Cancer Panel would remain in existence. Critics have made

some effort to downgrade the appointments, drop the Panel and eliminate the budget bypass.

The NCAB had recommended that the \$35,000 limit on grants which the director could make without Board concurrence be increased to \$50,000. Graham said that a study of NCI grants had convinced the subcommittee staff the increase was not desirable. The limit does not include indirect costs, and Graham said that most R01 grants fall under \$50,000 for direct costs. The authority is seldom used, although NCI likes to have it available for late in the fiscal year awards when there is no time for NCAB review.

Graham explained another feature of the bill not directly related to the Cancer Act—authorization for a new President's Council on Health Sciences Research. Membership would include professional, social sciences and lay persons, he said. Its charge would be to make recommendations to the Administration and Congress on health priorities for the next fiscal year and for five years ahead. It also would comment on the adequacy of the President's health budget recommendations.

"We need a highly visible panel which can give an objective, relatively nonbiased view of priorities," Graham said.

The bill is now scheduled to be marked up by the subcommittee soon after Congress returns Jan. 21.

Sen. Birch Bayh told the group that "We have seen the progress, the results of the billions we have spent on biomedical research. Tens of thousands of people are alive today who wouldn't have been without the progress made due to major initiatives. These have been great accomplishments."

Although NCI's current budget is \$1 billion, Bayh pointed out, "That still leaves more than half the approved grants unfunded [the figure is closer to two-thirds unfunded]. We shouldn't have to fight each other over the budget. If we do something new, such as interferon, we have to take it out of community programs. To put it to that kind of test when we're talking about life itself is unthinkable."

Bayh urged representatives of cancer organizations and others interested in the Cancer Program to step up contacts with their congressmen and senators.

Anne Cheek, a member of Congressman Jack Brinkley's (D.-Ga.) staff, offered these suggestions for those attempting to do some lobbying with their congressmen:

—Find out the name of the staff member assigned to health issues.

—Make an appointment. Don't just drop in.

—Limit your discussion to no more than 10 minutes.

—Emphasize the soft sell. "Good will and facts," Cheek said.

—Prepare a one or two page fact sheet highlighting your concerns. Don't overestimate staff knowledge about the issue.

- Keep charts and tables simple.
 - Do some research on the congressman's district.
- Try to bring in some health professionals from his district.
- Point out how the issue will impact his district.
 - Don't demand an immediate yes or no commitment.
 - Be candid.
 - Don't insist on having a three martini lunch with the congressman or staff.

NCI CONTRACT AWARDS

Title: Phase 3 study of total parenteral nutrition as adjunct to combination chemotherapy in advanced measurable small cell anaplastic carcinoma of the lung

Contractor: Ontario Cancer Institute, Toronto, \$780,980; Univ. of California (Irvine), \$117,148; Univ. of Iowa, \$211,754; Univ. of Florida, \$536,129; and New York Univ. Medical Center, \$161,638.

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—Lanow 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-07324

Title: *Production of novel antineoplastic compounds using fermentation biotransformations and cometabolism techniques*

Deadline: *Approximately April 1*

The Natural Products Branch, Div. of Cancer Treatment, NCI, will make available an RFP on a project to find new antineoplastic compounds using fermentation techniques such as biotransformation and cometabolism or genetical manipulation of cultures. The contractor must provide and operate a microbial fermentation, culture isolation, maintenance, preservation, genetic and chemical natural products isolation laboratory.

The contractor must be able to obtain through

purchase, acquisition or production the chemicals to be cometabolized and the natural products and unique synthetic products to be biotransformed. When possible NCI will supply the chemicals to be modified.

It is planned that two contracts will be awarded for three years. To be considered for such a contract, organizations must show evidence of experience in fermentation, cometabolism and biotransformations, maintenance and preservation of cultures, enrichment and genetic manipulations, and natural product isolations. The contractor must have shake flask and stir jar facilities and must have experience in optimization studies to increase the yield and obtain sufficient amount of the antineoplastic agent for complete evaluation in the tumor panel.

This work will require the transformation of known antineoplastic agents which have not been acceptable to the clinic because of limited activity, severe toxicity or other problems but are of interest due to good animal activity, etc. In addition, the isolation of a multitude of various organisms on unique substrates is requested followed by the evaluation of these organisms for their ability to cometabolize purines, terpenes, etc. Isolation and purification and structural elucidation of the biotransformed and cometabolized antineoplastic agents will be required.

It is anticipated that the level of effort should be 5.5 man years including analytical support.

Contracting Officer: John Palmieri
Cancer Treatment
301-427-8737

RFP NCI-CM-07302

Title: *Screening and detailed evaluation of anti-tumor agents and combined chemotherapy and modality studies*

Deadline: *Approximately Feb. 4*

The Drug Evaluation Branch of the Developmental Therapeutics Program, Div. of Cancer Treatment, NCI, is seeking a contractor with the expertise to conduct a screening program for drugs with anti-cancer activity. Emphasis will be placed on testing structural congeners, examining drug combinations, and investigating interactions of drugs with radiation in tumor-bearing rodents (primarily mice).

A three year period of performance is projected with the following level of effort required: Year 1, 11.5 staff years; Year 2, 10.5 staff years; Year 3, 9.5 staff years.

Contract Specialist: Sandra Antony
Cancer Treatment
301-427-8737

The Cancer Letter — Editor Jerry D. Boyd

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