THE CANCER LETTER

Vol. 6 No. 4

Jan. 25, 1980

Subscription $125.00 per year

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

NCAB MEMBERS FLAY NIH PROPOSALS TO KILL CANCER PROGRAM, STRIP BOARD AND NCI OF SPECIAL AUTHORITY

Most—but surprisingly not all—members of the National Cancer Advisory Board disagreed sharply with legislation proposed by NIH executives which would have the effect of killing the National Cancer Program, reducing NCI to the status of all other NIH institutes, and making the NCAB and other NIH advisory councils subservient to NIH management.

(Continued to page 2)

In Brief

MAUER NEW AACI PRESIDENT, STECKEL NAMED PRESIDENT-ELECT; PREVENTION CONFERENCE SET

ALVIN MAUER, medical director of St. Jude Children's Research Hospital, took over last week as president of the Assn. of American Cancer Institutes. **GERALD MURPHY**, director of Roswell Park Memorial Institute, completed his one year term as president. **RICHARD STECKEL**, director of the UCLA Jonnson Comprehensive Cancer Center, was elected vice president and president elect. New members of the AACI board of directors are **NATHANIEL BERLIN**, director of the Northwestern Univ. Cancer Center, and **WILLIAM McDERMOTT**, scientific director of New England Deaconess Hospital Cancer Research Institute. . . . **NATIONAL CONFERENCE** on cancer prevention and detection will be held in Chicago April 17-19. Sponsored by the American Cancer Society, the conference will tackle such issues as the economics of cancer prevention and detection, questions about the value of periodic health examinations, presumed risks of diagnostic radiology, and prospects for the modification of human behavior. The conference will be at the Palmer House. Contact local ACS offices or ACS headquarters, 777 Third Ave., New York 10017. . . . **SEYMOUR PERRY**, NIH associate director for medical applications of research and former deputy director of NCI's Div. of Cancer Treatment, has been named director of the new National Center for Health Care Technology. The center conducts or sponsors evaluations of high priority technologies and coordinates health care technology assessment activities of HEW. . . . **MITCHELL GAIL**, member of the staff of the Biometry Branch in the Div. of Cancer Cause & Prevention, has received the American Public Health Assn.'s Mortimer Speigelman Gold Medal. The award is given annually to a statistician under age 40 who has made outstanding contributions to health statistics. . . . "**WE WILL WITNESS** in the decade of the 80s miracles in cancer research and treatment," Sen. Charles Mathias (R.-Md.), said at the AACI meeting. "We've already seen a minor miracle—the $1 billion appropriation we got this year for cancer research. . . . With a total national health bill of $200 billion, $1 billion is a miniscule amount to attack a disease that will hit one in four Americans. That's the message you need to get across to your senators and congressmen."

NIH DIRECTOR SAID TO "FEEL STRONGLY" ABOUT ENDING NCI BUDGET BYPASS RIGHT

(Continued from page 1)

The bill, which came out of the NIH director's office, probably will not go much further than the trial balloon circulation it has had on the NIH campus. Even if someone in Congress does have the temerity to sponsor it, it is unlikely to receive serious consideration.

The proposal does reflect the animosity of NIH top management and to a certain extent that of the Carter Administration toward the National Cancer Program. It would:

—Abolish NCI's budget bypass, which permits NCI to take its budget requests directly to the White House Office of Management & Budget without going through NIH and HEW.

—Abolish the President's Cancer Panel.

—Reduce the NCI director and NCAB members from president to HEW secretarial appointees.

—Make the NCI director or someone he designates chairman of the NCAB (the President now appoints the chairman). Other institute directors would have the same power over their advisory councils.

NCAB Chairman Henry Pitot had circulated the NIH proposals to members of the Board and asked for their comments. He said that one voting member and two ex officio members favored the bill while all others who responded opposed it.

"The suggestion that the NCI director chair the Board is an insult," Board member Harold Amos commented. "It seems to be an attempt to consolidate the power of the NIH director."

Acting Director Vincent DeVita said that other NIH institute directors generally disagreed with the proposals.

Board member Sheldon Samuels agreed with Amos, that "the consolidation of power is the key issue. We've learned something, that maybe even NCI is too big. [The NIH bill] would consolidate NCI into one big NIH institute. This is an effort to downgrade the National Cancer Advisory Board to the level of other boards, when in fact we should upgrade all the others. This is simply not consistent with what needs to be done."

"We would be doing a disservice to the public's expectations in cancer research and control if we failed to oppose efforts to diminish the National Cancer Act," Board member William Baker commented.

Gilbert Omenn, one of the ex officio Board members, works in the Office of Science & Technology Policy of the White House and thus is considered to be somewhat of a spokesman for President Carter on cancer issues. He was the only Board member to express at least tacit support of the NIH proposals.

"I urge you to be cautious," Omenn said. "The budget bypass is only a paper thing. Other disease areas ought to be at least as important as the latest politically popular disease. I urge you to take actual conditions into account, and consider the needs of other institutes. The characterization that the director of NIH is involved in a power grab is incorrect. He has no budget authority at all. I am surprised over the shock expressed here that the director of NIH might want to comment on the NCI budget."

"The budget issue is only one side," Samuels answered. "The critical issue is the independence of the Board. We have powers that other boards don't have. We can't conduct a hearing adversarial to NCI if the chairman of the Board is the director of the institute. The Administration should be more interested in seeing us better fill the obligations we have instead of taking obligations away."

Board member Maureen Henderson said she agrees "that other institutes are important, and that support of basic biomedical science is important. But this is an experiment. We've agreed to invite some members of the public with certain expertise to help manage a program. It would be a tragedy to change that now. If we do, we would never know if it works."

Pitot said that NIH Director Donald Fredrickson feels strongly about eliminating NCI's budget bypass authority. That authority, which was written into the National Cancer Act of 1971 as a compromise alternative to total separation of NCI from NIH, has been under attack by succeeding Administrations ever since. Contrary to Omenn's statement, it is more than "a paper thing."

NCI actually submits two budgets to the Administration. One is the optimal budget request that, using the bypass authority, goes directly to OMB. This gives NCI the opportunity to present its case to the White House and to argue directly with OMB staff in support of each item. More important, this budget is a public document, readily available to members of Congress, explaining Cancer Program needs. It has played a vital role in convincing Congress to add substantial amounts over the requests of the Nixon, Ford and Carter Administrations every year since 1972.

The second budget from NCI is the one ordered by HEW, based on the NIH director's apportionment of funds allocated to him for all institutes. Invariably, it is far under NCI's bypass budget.

The HEW secretary, and by delegation of his authority, the NIH director, have always had the opportunity to comment on NCI's bypass budget.

If the budget bypass authority is "only a paper thing," why would Fredrickson feel so strongly about eliminating it? The answer has to be that he recognizes its effectiveness and thus feels it impinges on his authority.

Pitot said he did not know if it would be appropriate for the Board to take a formal position on amendments to the National Cancer Act but suggested that individual members could express their opinions directly to members of Congress.

Making his first report to the Board as acting director of the institute, DeVita said:

* The basic thesis of the FY 1981 budget which will be sent to Congress next week by the President is that the Administration would like to see the number of research projects stabilized. These include the traditional (R01), program project and young investigator awards.

* The reorganization plan creating the new Div. of Cancer Centers, Community Activities & Resources to replace the Div. of Cancer Control & Rehabilitation still has not been approved by NIH and forwarded to HEW.

* The NCI study of relationship of the use of artificial sweeteners to bladder cancer "was very impressive." Although no increased risk was found among the entire population using saccharin, subsets of those heavy users and/or smokers did show greater risk, DeVita said. A heavy user was defined as someone drinking two cans of diet soda per day or using six teaspoons of tabletop sweetener per day. "The implications are serious," DeVita said.

* NCI will try to support clinical trials with neutron therapy facilities financed privately, in addition to those where NCI is supporting development of such facilities.

* The Div. of Cancer Treatment has been negotiating contracts for the purchase of interferon. "Our lives were complicated" by the news last week that investigators in France have claimed development of a process involving recombinant DNA for interferon production. The contract awards may be delayed while DCT considers reserving some funds to take advantage of that new process.

* Although the Board had been scheduled to review operations at Frederick Cancer Research Center at this meeting, "I asked that this be delayed to the May meeting. I have needed all the time I could get to stuff my head with material I will need at the appropriations hearings."

Samuels commented that he agreed the saccharin study conclusions were consistent with earlier animal data, that the substance is a carcinogen, and that the risk increases with heavier use. "But the conclusions seem to have been written to de-emphasize the positive correlation," Samuels said. NCI and this Board may have to take a more forceful position, considering the legislation that is pending [which would continue to prevent FDA from taking regulatory action against saccharin]."

* NCI has until recently been able to cope with restrictive personnel ceilings largely because of the authority granted by the National Cancer Act to hire up to 150 "experts" without regard to ceilings and without going through the civil service process.

That authority has been challenged by the Senate Appropriations Committee which has taken the position that the "experts" should be considered "consultants" since the language of the Act refers to them as "expert consultants."

Congress has been aroused by certain abuses by HEW in the use of consultants. Those abuses for the most part occurred in the education agencies of the department, but the Appropriations Committee imposed a ceiling on the amount of money the department could spend for consultants.

When that ceiling filtered down to NCI, it came out to be $6.5 million, which is what the institute spends on legitimate consultants for its various programs. These include a variety of support activities as well as such groups as the Mihich Committee which was retained as a group of consultants to develop plans for the Biological Response Modifiers Program.

Since the Senate committee insists the "experts" are "consultants," their salaries (totaling $5 million) have to be included in the $6.5 million limit. If that interpretation is not changed, NCI will have to lay off most of its employees in that category, or cancel most of its consultant contracts.

NCI insists the experts are not consultants but fulltime employees.

AACI "PLAN FOR NATIONAL ACTIVITY" TO STEP UP CANCER ISSUE INVOLVEMENT

The Assn. of American Cancer Institutes has adopted a "Plan for National Activity" aimed at bringing the influence of its 65 member institutions to bear on national issues related to the Cancer Program. The plan includes the retaining of a Washington lobbyist to help develop AACI positions on federal legislation, executive agency and regulatory matters and to convey those positions to members of Congress and appropriate agencies.

Gerald Murphy, retiring AACI president, said in a statement summarizing the association's progress since it was founded in 1959 that its accomplishments provide "a strong base for future plans and objectives" . . . "and our achievements permit us to step into a leadership role for future developments of the cancer field in general. In a national context, the association should accept responsibility for achieving important revisions in the National Cancer Act to assure that the country's efforts to control cancer are effective.". . . "The association should become involved in general concerns that can affect critically the strength of cancer centers, such as elements of outpatient coverage in catastrophic health insurance, social security disability benefits, and regulations regarding compensation for injury acquired during the course of research involving human subjects."

(The association's recommendations on amendments to the National Cancer Act appeared in last week's issue of ***The Cancer Letter.***)

The "Plan for National Activity" was developed by AACI's Policy & Programs Committee, chaired by R. Lee Clark, who presented it at last week's meeting of

the organization. It was approved without dissent. The plan follows:

Introduction

The member institutions of the Assn. of American Cancer Institutes participated in the development of the National Cancer Program mandated by the National Cancer Act of 1971 and are fully committed to its goals. As set forth in Article II of the association's bylaws adopted in 1974, one of AACI's objectives is "to provide information to federal, state, and local governments and civic organizations concerning cancer research, lay and professional education, medical care and rehabilitation of cancer patients".

The member institutes of the association are involved in clinical therapeutic research designed to improve cancer care and treatment, and through demonstration and education programs they seek to make these improved treatment strategies available to all patients with cancer. Through fundamental research, investigators at these institutions are attempting to learn more about the basic biology of human cancer and are incorporating this new knowledge into the clinical therapeutic programs. New knowledge is also sought concerning cancer cause and prevention and cancer control. The member institutes play a vital part in developing this new knowledge and in disseminating it to the American public.

The association's member institutes participate in all aspects of the National Cancer Program, and the association is therefore uniquely qualified to take a prominent leadership role in speaking on behalf of the program.

Assumptions

—The Assn. of American Cancer Institutes and its member institutions should speak with a strong and active voice in public issues and policymaking toward the furtherance of the National Cancer Program and the National Cancer Institute.

—AACI and its member institutions should act as a central force in the implementation of the National Cancer Plan and should serve as the most cogent cancer information resource to members of Congress, the White House staff, and the staff of federal regulatory agencies for a clear understanding and better appreciation of the cancer problem.

—AACI should strengthen its leadership role with regard to medical and public issues in the cancer community to create a broad based consensus and unanimity of action among cancer workers throughout the country.

—AACI should have effective Washington representation to achieve the association's objectives regarding public issues.

Goal

To promote the best possible care of the cancer patient and the best possible scientific base for cancer research and cancer education through specific communications, representational and advocacy actions of AACI and its member institutes, so as to establish AACI as a visible, effective, and influential voice for the furtherance of the National Cancer Program and the missions of the nation's cancer community.

Primary Objectives

1. To insure and enhance federal support for funding for the National Cancer Program and implementation of the ongoing five year plan.

Suggested activities:

1) Analyze on a continuing basis funding patterns and assess future needs for effective implementation of the ongoing five year plan.

2) Prepare and deliver association testimony, to include visual aids.

3) Lobby congressional representatives for support of requested budget.

2. To insure the continuing renewal of the National Cancer Act of 1971 with funding authorizations to adequately support the National Cancer Program, and to secure amendments to the act necessary to effectively carry out the Program.

Suggested activities:

1) Analyze in depth the present statute and determine needed amendments.

2) Draft legislation incorporating recommended changes in the act.

3) Secure congressional sponsors.

4) Analyze other proposed amendments to the act.

5) Prepare and deliver association testimony in support of the recommended changes, and in opposition to amendments determined to be detrimental to the National Cancer Program and to cancer centers.

6) Lobby congressional representatives for support of amendments and reauthorization.

3. To encourage representation of cancer experts on national study groups and advisory bodies to insure the continued viability and excellence of the National Cancer Program.

Suggested activities:

1) Determine current membership of national study groups and advisory bodies.

2) Determine vacancies and submit nominations of qualified experts.

3) Solicit support for nominees.

4. To develop an informational base, the capability to monitor national health issues and legislative and regulatory activity, and a method for alerting member institutions and initiating timely and effective association responses to insure that such legislative and regulatory actions have the most positive impact on the nation's cancer effort.

Suggested activities:

1) Subscribe to and review a variety of informational documents and publications dealing with national health issues, congressional activity, and regulatory actions.

2) Compile data on key congressional committees, members, and staff.

3) Maintain resource files on national health issues.

4) Develop and strengthen congressional, agency, and organizational contacts.

Secondary Objectives

1. To develop legislation and enlist sponsors for a broad range of topics vital to the interests of the National Cancer Program and the cancer community.

Suggested activities:

1) Identify public issues of paramount concern and with greatest potential for impact on the National Cancer Program and cancer centers; develop AACI working position papers on these issues.

2) Where indicated, draft legislation, enlist sponsors, and work for passage (including development and presentation of testimony and activation of lobby effort).

2. To actively support/oppose legislation developed and/or sponsored by others.

Suggested activities:

1) Identify issues and develop association positions.

2) Develop strategies for supporting or opposing legislation.

3. To influence the writing of federal regulations impinging on health care, education, and research, particularly with regard to cancer.

Suggested activities:

1) Develop strategies for opposing or changing regulations determined to be detrimental to the National Cancer Program and/or cancer centers.

2) Prepare and deliver testimony at public hearings on proposed regulations.

3) Submit written comments on proposed regulations.

4. To continue strengthening the association's working relationship with the President's Cancer Panel, the National Cancer Advisory Board, and the Director and staff of the National Cancer Program and the activities of the National Cancer Institute and to assure AACI a voice in matters of

interest and importance to centers.

Suggested activities:

1) Designate members of AACI to interface more actively with the President's Cancer Panel, National Cancer Advisory Board and the NCI (attend meetings when appropriate, convey AACI positions, etc.).

5. To continue strengthening the association's working relationship with voluntary, professional and academic health organizations (e.g., ACS, ACCC, AMA, AHA, AAMC, etc.), supporting their cancer related programs and coordinating efforts when appropriate.

Suggested activities:

1) Assess the activities, representation and positions of voluntary, professional, and academic health organizations with similar interests and goals for the possibility of cooperative or coordinated efforts and participate in coalitions of interested associations when appropriate.

2) Designate members of AACI to interface more actively with voluntary, professional, and academic health organizations through service on organization committees and other mechanisms.

3) Support public issues activities of such organizations (e.g., efforts to enhance funding for undergraduate and graduate biomedical, allied health, and nurse training programs) and lend expertise when requested (e.g., assisting in development of positions on issues such as saccharin and nitrite bans, ionizing radiation, etc.).

Suggested General Activities

1. Survey AACI membership to determine acquaintance with members of Congress, NCI staff, staff of other federal agencies; public issues priorities; interest in contributing expertise to AACI position papers and working actively in AACI national effort; and other organizational roles (e.g., ACS, ASCO, ACCC, etc.).

2. Develop documents reflecting the history and accomplishments of cancer centers and the direction of the future.

3. Institute a Congressional Awareness Program to counteract criticism of the National Cancer Program, stressing the fundamental nature of the cancer problem and how it has been addressed, the achievements of the National Cancer Program and cancer centers, the role of congressional leaders, and what needs to be done. Such an awareness program might be carried out through publication of concise and informative brochures, cancer center profiles abstracting the problem at home, newsletters summarizing activities and progress around the country and commenting on national issues such as the NCI budget; an annual Legislators Cancer Conference held in Washington where cancer center directors report on the state of the art; planned visits by center directors and staff to congressional offices and visits by congressmen to centers.

4. Encourage each AACI member to develop public issues awareness and programs at the institutional level, planning its own goals and utilizing its own resources in coordination with the objectives of the association. Such programs should include local, county, and state, as well as national, public issues activity and should seek to involve the staff, patients, and philanthropic supporters of the institution.

Such programs should be guided by a top-level administrator with a keen interest in and knowledge of public issues who would become the institution's main contact person. An AACI working cadre composed of these contact persons should coordinate institutional public issues activity throughout the association, regularly reporting to the Board of Directors.

5. Encourage each AACI member to develop educational resources for public, professional, scientific, governmental, and international audiences. Such resources should reflect the paramount role of the AACI member institution and should be presented in an institutional catalog or in an AACI joint directory.

6. Compile a directory of AACI member institutions to include items such as affiliations, major programs with descriptions of activities and facilities, patient statistics, budget (sources of income), personnel, departments, etc.

Conclusions

* For AACI to assume the prominent leadership role in speaking on behalf of the National Cancer Program, active participation in public issues and an investment of both time and funds are required. The commitment of resources represents a relatively small assessment when compared to the potential benefits to be received, not only through success in winning more realistic levels of support from Congress but in insuring the most appropriate and positive outcomes in a broad range of federal legislative and regulatory actions affecting biomedical research and training and health care, and cancer research, education and care specifically.

* The objectives and activities outlined in this plan require the involvement of members interested in public issues who are willing to lend their time and expertise to the association's efforts.

* Implementation of the plan also requires the expertise of a Washington based representative to provide guidance, assistance, and on site support for AACI's activities.

* Federal funds should not be expended in the implementation of this plan. It is necessary, therefore, that the portion of membership dues to AACI, travel costs to AACI meetings, and any other activity relating to this plan, be paid from sources other than federal funds.

Recommendations

1. After approval by the Board of Directors of AACI, this plan should be distributed to the association's membership.

2. The plan should be implemented by the Policy & Programs Committee. The membership of this committee should be composed of persons with expressed interest in public issues activity.

2. The association should employ a Washington based representative to guide and assist in the implementation of the plan. Factors to consider in selecting a representative should include other groups represented; conflicts of interest; knowledge of the problems of cancer, the National Cancer Program, and cancer centers; record of accomplishment and reputation; services offered; and fees.

4. The Board of Directors of the association should request each member institute to designate a staff person responsible for public issues activity.

5. The association should consider the establishment of a full time central AACI office which would facilitate the work of the Washington representative, as well as provide other support services to the membership and conduct the day to day business of the association. Until such an office can be established, the association should continue to rely on its member institutions to carry out these activities, providing reimbursement for any expenses incurred.

AACI PROPOSES GUIDELINES FOR CONTROL DEVELOPMENT, OUTREACH PROJECT GRANTS

The Assn. of American Cancer Institutes Cancer Control Committee has completed writing proposed guidelines for cancer control developmental grants and for cancer control community outreach grants. AACI members approved them last week and they will be submitted to NCI for its consideration in the adoption of formal guidelines to be applied to cancer control grants.

The committee is chaired by Joseph Painter, Univ. of Texas System Cancer Center.

Following is a summary of the proposed develop-

mental grants guidelines:

Purpose of this type of grant is to provide stable funding for five years for development of cancer control programs by cancer centers and medical centers with commitments to cancer control. The grant is basically for funding of a central corps of personnel qualified in planning, development, evaluation, and administration to meet defined cancer control objectives. It also should provide support for access to shared resources. Funds to determine the feasibility of new projects and to assist in the start up must be included.

Essential staff support should include a director, at least two investigators for cancer control activities and at least two other staff members, one trained in community relations and one in evaluation techniques.

Basic requirements should include a detailed description of the proposed cancer control program, and if it is already established, of accomplishments, plans to augment programmatic and fiscal support with peer reviewed programs, projects and activities. Evidence of involvement, participation and endorsement of institutions, agencies, associations, and individuals in the geographic area to be served should be included.

Criteria by which the grants would be reviewed include:

* Statement of goals and objectives–Integration with the center's total program, relevance to the National Cancer Program.
* Institutional commitment to the center and its cancer control program.
* Qualifications of personnel in oncology, community medicine and public health.
* Relationships between the basic and clinical research programs of the center and their potential application by the cancer control program to meet community needs.
* State of development of the center and cancer control program–continuity of leadership, excellence of basic and clinical research programs and patient care.
* Regional and/or community needs for cancer control programs.
* Evidence of regional support.

Following is a summary of the proposed community outreach project grant guidelines:

The outreach project grant is specifically designed to provide support to the center and/or community personnel for the planning, development, implementation, administration and evaluation of defined cancer control intervention activities. These are projects which have been developed in collaboration with cancer center resource personnel, cancer control corps staff, and the involved community professionals and organizations. Thus, this type of grant will provide a mechanism to facilitate the diffusion of existing and new biomedical technology, skills and knowledge from cancer centers to communities; identify cancer control methods and techniques, and field test and evaluate their applicability in the community; demonstrate the methods and techniques found applicable; and promote appropriate and widespread use of valuable methods and techniques.

Community outreach projects should focus on one or more of the following–prevention, screening, detection, diagnosis, treatment, continuing care, rehabilitation.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR FEBRUARY, MARCH

Cancer Research Manpower Review Committee–Feb. 2, NIH Bldg 31 Rm 4, open 9 a.m.–adjournment.
Committee on Cytology Automation–Feb. 7-8, NIH Bldg 31 Rm 8, closed intermittently throughout.
Complications in Cancer Patients: Paraneoplastic Syndrome–Feb. 8, Roswell Park continuing education in oncology.
Clearinghouse on Environmental Carcinogens Chemical Selection Subgroup–Feb. 14, Landow Bldg Rm A, 9 a.m., open.
Clearinghouse Data Evaluation/Risk Assessment Subgroup–Feb. 15, Landow Bldg Rm A, 9 a.m., open.
Third International Conference on Integrated Cancer Management–Feb. 20-22, Phoenix, Ariz., Resort Hotel.
St. Jude Children's Research Hospital 14th Annual Clinical Symposium–Feb. 22-23, Memphis.
Cancer Clinical Investigation Review Committee–Feb. 25-26, NIH Bldg 31 Rm 6, open Feb. 25, 8:30 a.m.–noon, mini-symposium on The Role of Radiotherapy in Cooperative Clinical Trials.
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.
Cancer Control Grant Review Committee–March 2-4, NIH Bldg 31 Rm 8, open March 2, 3–3:30 p.m.
Genes, Chromosomes & Neoplasia–March 4-7, 33rd annual symposium on cancer research; Houston Shamrock Hilton, sponsored by M.D. Anderson.
Seminar on Bone and Soft Tissue Malignancy–March 7, Roswell Park continuing education in oncology.
Assn. of Community Cancer Centers–March 7-9, 6th annual meeting, Shoreham Americana Hotel, Washington D.C.
Cancer Special Program Advisory Committee–March 13-14, NIH Bldg 31 Rm 10, open March 13, 9-10 a.m.
Pharmaceutical Aspects of Cancer Care–March 15-16, 15th annual San Francisco symposium, Hyatt on Union Square Hotel, sponsored by West Coast Cancer Foundation.
Cancer Centers Support Review Committee–March 20-21, NIH Bldg 31 Rm 6, open March 20, 8:30–10 a.m.
Cancer Prevention & Detection: Update for the Community–March 20, Roswell Park continuing education in oncology.
Regulation of Cell Proliferation–March 20, Univ. of North Carolina School of Medicine, Chapel Hill.
Clinical Cancer Program Project Review Committee–March 24-26, NIH Bldg 31 Rm 6, open March 24, 8:30–10 a.m. and 4–5 p.m.
Div. of Cancer Treatment Board of Scientific Counselors–March 24-25, NIH Bldg 31 Rm 10, 8:30 a.m. both days, open except for March 24 evening session.
Clinical Trials Committee–March 26-27, NIH Bldg 31 Rm 7, open March 26, 9–9:30 a.m.
Tumor Immunology Committee–March 28, Landow Bldg Rm A, open 9–9:30 a.m.
Management of Breast Carcinoma: Controversies and Current Concepts–March 28-29, Wayne State Univ., Detroit.

Management of Patients with Terminal Cancer—March 29-30, Shoreham Americana Hotel, Washington D.C., for physicians and other health professionals, sponsored by Lombardi Cancer Research Center, Georgetown Univ.

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.

SOURCES SOUGHT

SS No. N01-CP-FS-01004-77

Title: *Multifaceted in vitro study of the genetic and cellular biology of cells from patients at high risk of cancer*

Deadline for statement of capabilities: *Approximately Feb. 6*

NCI's Clinical Epidemiology Branch believes that the only organization that can meet the requirements of this sources sought announcement is the Institute of Medical Research, Camden, N.J., which has performed similar tasks and has already demonstrated its expertise and capabilities for this project.

The project is a comprehensive in vitro investigation of human fibroblasts, lymphocyte cultures, and other cell lines obtained by the branch during clinical investigations of persons at high risk because of peculiarities in their personal, environmental, or family history. Clinical material is to be supplied for the project by the branch only.

The organization must have, at the time of this announcement, the capability, experience, and facilities required to begin the project immediately, without further training of staff or purchase of equipment. The planned contract will not pay for equipment or training. The project contains no provisions for introducing, developing, or standardizing assays not already performed by the organization. Each assay must be on-line on the day this announcement is published.

Minimal required activities are:

1. Facilitate biopsy and safe transport of specimens to assure maximal viability and establish in culture.

2. Screen specimens for microbial and cellular contamination, log in, and bank safely.

3. Establish short- and long-term lymphoblast lines on peripheral blood samples.

4. In one contiguous geographic location, perform five standard assays on similarly passaged human cells, usually fibroblasts—

a. Karyotypes with standard G- and C- banding.

b. Karyotypes strained for sister chromatid exchanges with and without incubation with a mutagenic agent.

c. In vitro transformation of cells after exposure to SV40 virus.

d. In vitro assays for DNA repair and cellular sensitivity to radiation and radiomimetic agents.

e. In vitro mutagenicity assay, using induction of azoguanine- and/or thioquanine-resistant mutant after exposure to a standard mutagen.

5. From intramural staff, provide expert computer support services and data management to aid in logging in and tracking specimens and supplying results and analysis.

6. Distribute specimens to additional investigators immediately on request of project officer.

Minimal acceptable qualifications are:

1. The organization must be located within a distance from the Landow Bldg of NCI, Bethesda, Md., which would allow for the safe and reliable acquisition, transport, and delivery of biological specimens. Transport time should not exceed three hours, door-to-door, preferably utilizing automobile transportation, not air transport in accordance with government regulations.

2. The principal investigator must have a doctorate degree (or equivalent) in human somatic cell genetics and over 10 years of experience in related laboratory investigations, as documented by publications in the referred biomedical literature of research findings using such assays. Similarly, each intramural scientist who will perform an assay must have prior publication of research results using the assay.

3. The organization must have nationally acknowledged expertise in tissue culture techniques, cell banking, and distribution of specimens to other scientists.

An organization which believes that its capabilities meet all of the above minimal qualifications and activities is invited to submit a description of its location, experience, capabilities, principal investigator, and other personnel to work on the project, facilities, and other necessary aspects. For each separate minimal activity the response must contain in tabular form:

1. Literature citation of method to be used.

2. Room number, telephone number and extension of laboratory where assay will be performed.

3. Name of intramural scientist(s) who will perform and be responsible for assay.

4. Citation of publication(s) in the biomedical literature of research findings using such techniques, and written by the intramural scientist who will be responsible for the assay for this project.

This is not a request for proposal, but for a de-

tailed statement of capabilities. Responses should not include cost or pricing information. Twelve copies of this response must be submitted (please cite project number). NCI will evaluate all responses and unqualified organizations will be notified. The government reserves to right to reject offers limited to a portion of the overall work and to cancel this announcement without further notification. No NCI scientist is to be contacted regarding this announcement. All communications are to be directed to the contract specialist.

Contract Specialist: Patrick Williams
Biological Carcinogenesis & Field Studies
301-496-1781

RFP NCI-CM-07348-26

Title: *Therapy of patients with brain tumors*
Deadline: *March 17*

This is an amendment to the announcement which appeared in ***The Cancer Letter***, Dec. 14, 1979.

The project is retitled, "Therapy of patients with brain tumors and neuropathology coordinating center to support the clinical trials." The sentence which reads, "In addition, the neuropathology department of one of the selected contractors may be selected to function as the Neuropathology Coordinating Center for the group," is changed to read, "In addition to the clinical trials, separate proposals are solicited for the operation of a Neuropathology Coordinating Center to support the above mentioned clinical trials."

In addition, the clinical contractors will send all neuropathological specimens to the neuropathology coordinating center for standardization of critieria of histopathological cell type. Offerors may submit proposals for either the clinical trials or neuropathology coordinating center, or both. There will be separate review of clinical trial proposals and those for the neuropathology coordinating center.

Contract Specialist: Carolyn Swift
Cancer Treatment
301-427-8737

RFP NCI-CM-07363

Title: *Iso-antigenic typing of mouse strains*
Deadline: *Approximately April 1*

The Drug Research & Development Program of the Div. of Cancer Treatment is seeking the services of organizations having the necessary scientific and technical personnel and physical facilities to conduct iso-antigenic typing of mouse strains. The activities involved in performance of this project are divided into two areas as follows:

Skin grafts will be exchanged between NIH reference mice and corresponding sublines. Mice will be observed for 90 days following skin transplants. It is estimated that approximately 1,000 individual skin transplants will be required per year.

Skin grafts will also be exchanged between reference mice and special mice supplied by the government. The purpose of this study will be to compare the sensitivity of skin grafting vs. other histocompatibility tests in detecting breeding errors, genetic drift, etc. It is estimated that approximately 200 individual skin grafts per year will be required for this study. These mice will also be held for 90 days following skin transplantation. Comparative histocompatability testing will be conducted by NIH.

Candidate organizations must have experience and expertise in evaluating histocompatability by use of the skin graft technique. Proposals will be invited for a two year incrementally funded contract period.

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

RFP NCI-CM-07333

Title: *Hydroponic cultivation of plants*
Deadline: *Approximately April 1*

The Div. of Cancer Treatment of NCI will make available to interested contractors a request for proposal to produce hydroponic cultivation of plants. The organization will be required to grow at least 20 plants of interest to NCI under hydroponic conditions over a three-year period and determine successful conditions for growth, and optimal production of the antineoplastic agent of interest.

The organization should have the capabilities and facilities (1) to grow at least three plants/year in approximately 1,000 square feet of controlled hydroponic fields in order to provide quantities of at least 300 lbs. (dry weight) of each plant, (2) maintain detailed and accurate records of all plants studied, (3) maintain a small greenhouse adequate for storing reference plants.

The contractor will ship plant samples for chemical analysis and extraction to other government laboratories. All plants to be studied will be determined and supplied by NCI. The principal investigator must be trained in botany and show recent experience in hydroponics research. It is anticipated that the total project will require a minimum of three staff years of effort for the first year, 2.8 staff years for the second year and 2.65 staff years for the third year.

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

The Cancer Letter _Editor Jerry D. Boyd
Published fifty times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter.