THE CANCER LETTER

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HOOGSTRATEN RESIGNATION SIDETRACKS KANSAS' MOVE TO COMPREHENSIVE STATUS, THREATENS CORE GRANT

Barth Hoogstraten has resigned as director of the Mid-America Cancer Center in a development which not only sidetracks the Univ. of Kansas institution's effort to seek recognition as a comprehensive cancer center but also jeopardizes its NCI core grant.

Hoogstraten told ***The Cancer Letter*** he had resigned because "there is insufficient reason to believe that there will be a successful cancer center here." He did not elaborate. However, translated, that means the UK Health Sciences Center in Kansas City is unwilling or unable to commit the resources and/or authorities NCI requires of comprehensive

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In Brief

PHIL WEBB, FORMER NCI CONTRACTS OFFICIAL, DIES; MINIMAL BREAST CANCER WORKSHOP SET

PHILIP WEBB, who retired only a month ago as acting chief of the Biology & Diagnosis Contracts Section in NCI's Research Contracts Branch, died this week in Florida. Charles Fafard, chief of the Biological Carcinogenesis & Field Studies Contract Section, is serving as acting chief of the Biology & Diagnosis Section until a replacement is appointed. . . . **"MINIMAL BREAST** Cancer: Diagnostic and Prognostic Aspects" is the title of a workshop sponsored by the Breast Cancer Task Force scheduled for March 11-12 at NIH. Hanne Jensen, Univ. of California (Davis) is workshop chairperson. Participants will discuss the morphometric definition of minimal breast cancers, advances in diagnostic techniques for the identification of these lesions and research into techniques for predicting their malignant potential. Everett Sugarbaker, Univ. of Miami, will be the moderator. Deborah Powell, Univ. of Kentucky, is a member of the organizing committee. The workshop will start at 8:30 a.m. both days, in Wilson Hall, NIH Bldg 1. Contact Dr. Mary Sears, NCI, Landow Bldg 4A04, phone 301-496-6773 for an advance tentative agenda. . . . **THIRD INTERNATIONAL** Symposium on Cancer Therapy by Hyperthermia, Drugs and Radiation at Colorado State Univ. is scheduled for June 22-26. Contact Office of Conferences & Institutes, Rockwell Hall, CSU, Fort Collins 80523, or the Colorado Regional Cancer Center, Suite 200, 234 Columbine St., Denver 80206. . . . **MICHAEL RYAN JR.** has been appointed director of development for the Ephraim McDowell Cancer Research Foundation, which is raising funds for a cancer center in Lexington, Ky. . . . **FRED CONRAD** has been named to the new position of vice president for patient care at M.D. Anderson. He is associate professor of medicine. . . . **PRESIDENT'S CANCER** Panel term of Elizabeth Miller expired last month. "Based on past experience, I wouldn't hold my breath waiting for a new appointment," commented Panel Chairman Joshua Lederberg. "But the legislation provides for her continuation until an appointment is made."

KANSAS VOWS TO CONTINUE CANCER CENTER DESPITE LOSING DIRECTOR

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centers. It also could mean that the university is not giving the center enough support to warrant renewal this year of its core grant, at least in Hoogstraten's opinion.

James Lowman, dean of the UK School of Medicine, acknowledged that Hoogstraten's departure "will set us back" but insisted the university will continue its commitment to the cancer center. "I haven't heard anyone say otherwise," Lowman said. "We have to regroup, and we may have to revise our time schedule." If the core grant is not renewed, the university will provide more funds from its own sources, Lowman said.

Hoogstraten said that in addition to resigning as director of the center, he has notified the university of his intention to leave UK entirely. He is director of clinical oncology and American Cancer Society professor of medical oncology. He has been at the university 10 years.

Hoogstraten also is chairman of the Southwest Oncology Group, a job he would like to keep. That will be possible only if he goes to an institution which is a member of SWOG. "I'm available. I'll listen to offers," he said.

"I'm personally very sorry and concerned Barth has left the cancer center and is leaving the university," Lowman said. "We take some steps forward and some backward." He indicated that other commitments have prevented the university from extending the required support to the cancer center.

The problems in Kansas are not unique to the central Midwest, where other comprehensive and would-be comprehensive cancer centers have encountered rough going.

The Colorado Regional Cancer Center did manage to achieve comprehensive status, but that is in peril now since the center lost its core grant. A site visit team of NCI staff and National Cancer Advisory Board members is scheduled to review the center this spring to determine if it should continue to have comprehensive recognition.

The effort by Missour Cancer Programs, a coalition of institutions around the state, to develop into a comprehensive center collapsed in 1978 when its director, John Yarbro, resigned. Yarbro felt the member institutions had not lived up to their obligations to the center.

That part of the country which lies between the comprehensive centers in Illinois, Wisconsin and Minnesota and the three on the West Coast "badly needs a strong cancer center," Hoogstraten said. "I had hoped we could build one in Kansas."

DEVITA EMPHASIZES NCI PREVENTION EFFORTS IN APPROPRIATIONS STATEMENT

The Senate's continuing interest in interferon was evident when NCI Acting Director Vincent DeVita appeared before the HEW Appropriations Subcommittee to testify on the 1981 fiscal year budget.

Sen. Richard Schweiker (R.-Pa.) questioned whether the $13.5 million NCI is spending this year on the Biological Response Modifiers Program is enough (that is the amount specifically in the budget for various phases of the program; NCI has identified another $20 million in grants which is supporting research in that field).

DeVita insisted that $13.5 million is enough for this year, and Schweiker did not press for more.

DeVita's formal statement to the subcommittee emphasized NCI's efforts in prevention:

"A major reorganization of the National Cancer Institute has been proposed to improve, among other things, coordination in prevention research, chemical testing and related activities. We have arranged funding priorities to give greater emphasis to prevention activities. A new division will incorporate cancer control, centers, and training and education activities. This division will devote a major portion of its budget to applied prevention.

"The Institute's smoking and nutrition programs illustrate further how the reorganization has emphasized prevention activities. Both have been made institute-wide programs. The new Smoking, Cancer & Health program emphasizes prevention activities rather than development of a less hazardous cigarette. Coordination of the Diet, Nutrition & Cancer Program was discussed before this committee last year. The potential for prevention of cancer by dietary means continues to receive NCI's strong support. Last October, NCI issued simple, prudent, interim dietary principles that may minimize one's cancer risk.

Occupational Factors

"NCI collaborates with the National Institute for Occupational Safety & Health to explore opportunities for cancer prevention in the workplace. Altogether 68 projects are in progress; some 30 of these concern specific industries, such as beryllium, paint trades and pesticide formulation.

"Epidemiologists in our intramural program continue to pursue leads on occupational and other factors that appear associated with cancer, using clues generated from the survey of cancer death rates for the period 1950 to 1969 in all continental U.S. counties. This survey indicated a higher cancer rate among male residents of 39 counties where the primary industry was petroleum manufacture.

"Through the Oil, Chemical and Atomic Workers Union, NCI scientists gained access to employee health records at five specific plants in Texas. They found increased frequencies of cancer of the brain

and central nervous system in a large petroleum refinery where most of the employees are production workers. In another plant that also produces sulfuric acid, the scientists found increased frequencies of stomach, skin and kidney cancers. In a third refinery, the number of brain and lung cancer deaths observed was greater than expected. No excesses of cancer were found in the other two plants.

"NCI epidemiologists are now examining workers' records in detail for clues to a common workplace exposure that may account for the increase in cancers.

Low-Level Radiation

"Concerns about the effects of low-level radiation were heightened by the accident at the Three Mile Island nuclear plant. NCI led a committee to assess the need for followup studies of the health effects on the off-site populations resulting from the releases of radioactive material during the accident.

"NCI epidemiologists initiated a new intramural program to examine the risk of cancer in populations exposed to ionizing radiation, especially at low dose levels. The NCI group also collaborates with other government agencies involved in radiation research.

Testing Chemicals

"NCI continues its program of animal testing for carcinogenicity of suspected environmental chemicals. Functioning now as part of the HEW National Toxicology Program, the program will initiate about 75 tests in 1980, and plans to increase that number in 1981.

"When properly performed, tests on laboratory animals are reliable predictors of cancer causing potential in man. The artificial sweeteners provide an excellent example. Results of the recently completed NCI/FDA epidemiological study on 9,000 Americans are consistent with earlier animal studies showing the artificial sweeteners to be weak carcinogens and enhancers of the carcinogenic action of other chemicals. This epidemiological study used our existing SEER (Surveillance, Epidemiology and End Results) Program to help identify the nearly 3,000 bladder cancer patients who participated."

DeVita referred only briefly to NCI's activities in detection and treatment research. He mentioned specifically "a powerful research tool" discovered by English scientists "that holds great promise for the early detection and possibly the treatment of cancer.

"The British scientists created 'hybridomas' by causing antibody-producing spleen cells from mice to fuse with cells that grow continuously in tissue culture. Such hybrid cells secrete large quantities of a single kind of antibody, which is called monoclonal antibody.

"This technology is being used in fundamental research funded by NCI to understand the mechanisms of cancer causation. But it also may allow us to take advantage of unique antigens that occur on cancer cells to detect cancer at a stage earlier than ever before. Because the body's immune system is exquisitely sensitive, this technology enables us to label cancer cells anywhere in the body. Scientists have already demonstrated that monoclonal antibodies labeled with radioactive iodine can be used to test for the presence of cancer cells in mice. Hybridoma technology also holds promise for cancer therapy. About half of the pending grant applications in NCI's Immunology Program include work with hybridomas and/or monoclonal antibodies.

"Successful treatment of cancer is cure. We define cure in a very strict way. A patient is considered cured if he or she remains free of disease and has the same life expectancy as a person who never had the disease. Of the more than one million Americans who develop cancer this year, 58 percent can expect to be cured of their disease using currently available techniques. Even if one subtracts the 400,000 patients with the easily curable skin cancers and in situ cancers of the uterine cervix from the total, approximately 41 percent of patients with serious cancers can still be cured by using one or more of the three main approaches to treatment: surgery, radiotherapy and chemotherapy.

"The National Cancer Institute has been in the forefront of anticancer drug development since 1955 when Congress appropriated funds for such a program. Aclacinymucin A is a second cousin to the very active drug adriamycin, but the analogue is devoid of the troublesome side effects of hair loss and cardiotoxicity. It came from Japan and is one of the drugs that was put into clinical trials this year. A major effort of the NCI program is development of drugs like aclacinomycin A that are analogues of active drugs but have less toxicity. We term these 'second generation' anticancer drugs.

In NCI's continuing search for improved forms of treatment, three U.S. medical institutions were awarded support for construction of neutron generators and for clinical trials on 3,000 cancer patients to evaluate this promising new high energy form of radiotherapy. Neutrons have an advantage over conventional x-rays because their effect is less dependent on oxygen, thus offering a possibility of activity against large tumors that have oxygen-deficient regions."

DeVita wrapped up his statement with a short description of the Biological Response Modifiers Program, in which he said NCI would purchase enough interferon to treat 400 patients, and a reference to cancer centers ("More than 90 percent of the U.S. population now live within 200 miles of a comprehensive or clinical cancer center.").

COOPERATIVE GROUP CHAIRMEN BLAST CUT IN '81 BUDGET, ASK DCT TO RECONSIDER

Cooperative Group chairmen lashed out at NCI funding priorities at their meeting in Bethesda this week, blasting the decision to cut group funds from $35.5 million this year to $32.8 million as shown in

the President's budget request for the 1981 fiscal year.

James Holland, chairman of Cancer & Leukemia Group B, made the point that apportioning of funds among the various programs was done by NCI staff and criticized the resulting cut of 7.6 percent in Cooperative Group support while cutting the Organ Site Program by only 4.4 percent.

Holland also was critical of the recommended 8 percent cut (totaling $5 million) in cancer control funds from 1980 to 1981 and suggested that a further cut be considered to provide more money for clinical trials.

Holland and other chairmen also criticized the Div. of Cancer Treatment for continuing the contract support clinical trials groups such as the Brain and GI Cancer Study Groups.

"Organ site and cancer control are prime areas to be tapped," Holland said. "The Organ Site Program is living high on the hog compared with Cooperative Groups, with desultory accomplishments."

DCT Acting Director Saul Schepartz pointed out that DCT has no control over the organ site or cancer control programs, which are in other divisions. "At the recent meeting of the National Cancer Advisory Board, the acting NCI director [Vincent DeVita] raised the spectre of making substantial changes in the Organ Site Program, either because some of them have accomplished their missions or for other reasons."

John MacDonald, director of the Cancer Therapy Evaluation Program, noted that Organ Site Program participants are supported by R01 (traditional) grants and are more heavily involved in basic research than clinical trials. "I was told that the contract groups were started to do work that the Cooperative Groups could not do."

When Barth Hoogstraten, chairman of the Southwest Oncology Group, objected, Holland interrupted, "Don't blame Jack. He only knows the fables he was told when he came here six months ago."

Paul Carbone, chairman of the Eastern Cooperative Oncology Group, said, "For the record, I was an associate director at NCI when the contract groups were started. They were started because the Cooperative Groups were in another division then. DCT wanted to get some things done, and the two divisions weren't talking to each other."

Marvin Zelen, who heads the Cancer Clinical Coordinating Center which provides statistical support for ECOG and the Radiation Therapy Oncology Group, said, "If I wanted to snuff out a large part of the Cooperative Groups, I would propose the budget that NCI has proposed. It is expanding funds for contract research, and cutting back on the groups, in a year when RTOG, ECOG, SWOG and the Children's Cancer Study Group are coming up for renewal. With the President's budget, ECOG would be snuffed out."

Zelen said he felt that "the slack can be taken up by cutting off some of the fat in the contract supported groups without hurting the quality of their work."

'I'm feeling a little paranoid," Carbone said. "The same groups caught in the squeeze this year were caught in the same squeeze three years ago when we had a level budget."

Schepartz acknowledged that "if the President's budget holds up in Congress, we'll be in serious trouble. We will try to identify areas where money can be reprogrammed." He pointed out that DCT did just that for the current year, adding $1.5 million to the $34 million originally budgeted for Cooperative Groups.

Schepartz said that in the "bypass budget" which NCI had submitted to the White House for 1981, the $1.177 billion total NCI budget included $38 million for Cooperative Groups. That was when NCI was estimating $34 million for the groups in 1980.

"When you and your colleagues marked that up," Holland said, "you were asking for a 17 percent increase for NCI but only 11 percent for the groups. I'm beginning to think we don't complain enough."

Most of the 17 percent increase was for prevention, particularly the National Toxicology Program, Schepartz answered.

'We feel your emphasis in clinical research should be through the Cooperative Groups, not cancer control, organ sites, or contract supported groups," Holland said.

The committee approved a motion directed to the DCT Board of Scientific Counselors, expressing concern over the President's budget and its impact on the Cooperative Group Program and asking the Board to reconsider its priorities and where the groups stand in priorities.

GROUP CHAIRMEN BALK AT DCT BOARD'S RECOMMENDATIONS FOR CLINICAL TRIALS

Following the review of clinical trials by the NCI Div. of Cancer Treatment Board of Scientific Counselors last year, the Board assigned the task of developing recommendations for the organization of clinical trials in the 1980s based on results of the review to a committee chaired by Board member Sydney Salmon. The Salmon committee recommendations were presented to the Board at its fall meeting, and were approved by the Board (***The Cancer Letter***, Nov. 9).

The recommendations were:

—That a new study section be established to review individual investigator initiated clinical cancer research.

—That a new funding mechanism (still not approved or implemented by the government), the cooperative agreement, be negotiated between DCT and the Cooperative Groups. This recommendation provided for review of group protocols; suggested that groups be limited in size to no more than 12-15

institutions; suggested that institutions be limited to membership in one group; provided for satellite institution group membership; suggested that groups could contract with additional institutions for case contributions, pathology review and other services.

—That funds be transferred from the Cancer Control Program to DCT for Cooperative Group phase 3 trials.

John Durant, chairman of the Cooperative Group Chairmen's Committee who heads the Southeastern Cancer Study Group, called a meeting of the committee's Executive Committee to consider the Salmon recommendations. NCI staff was present. Following is Durant's report of that meeting:

"The purpose of this meeting was to discuss the status of the Salmon report and the concerns of the group chairmen as well as those of NCI staff. It was recognized that the report of the document in ***The Cancer Letter*** and the appearance that the conclusions were final and likely to be implemented raised confusion and anxiety in the general extramural community.

"These concerns were in a number of areas. The first was that the review of the program was scientific, not administrative, but that most of the suggestions in the document are administrative. This is viewed with particular concern by a number of people because page three of the document says that a complete review of clinical trials research has not been possible. However, not only do the recommendations of the Salmon report affect the Cooperative Groups but also other mechanisms of supporting clinical trials.

"Two, there was general agreement that specific numbers of members, percentages of types of members, geographic distributions, etc., might be used as firm quotas rather than guidelines. There is a general belief that all specific numbers should be stricken from the recommendation.

"There was also concern raised about possible implications of centralization of power within NCI and the group chairmen by the cooperative agreement. Dr. DeVita was asked to provide specific details about this mechanism, but at the moment, this is not possible since guidelines have not been finalized.

"There was also concern expressed about the apparent emphasis on cancer centers. There is a general feeling that altough cancer centers play an important role in Cooperative Group programs, it is by no means essential that a good member necessarily be a funded NCI center. It seems worth addressing this particular issue in further discussion.

"In regard to cancer control, it was generally believed that funds to support the involvement of the community physician were useful, but there continues to be enormous confusion about just precisely what cancer control really is. A move in this direction would need to be carefully thought out.

"There was also a general belief that what wasn't said in the document could be more important than what was said. The chairmen, in general, believed that some statement should be included concerning the value of specific achievements which were outlined, if only to add to the growing number of documents attesting to the value of therapeutic research.

"Secondly, it was believed by some that some sort of notion regarding the general, but not specific, scientific direction that should be taken also might improve the document. There was also concern that such things as funding for five years, which most of the chairmen believe to be very important, were not discussed at all.

Furthermore, there is some concern with the quality of the current peer review, which appears to be performed by more and more junior people. These issues seem to be related to one another. If there were approval for longer periods of time NCI might be able to attract more senior investigators to review sections because of the reduced work load.

"These comments are not meant to be critical of either the process of the review by the Board of Scientific Counselors nor the authors of the document, but rather to point out that the administrative concerns expressed above were not the subject of the review. The group chairmen believe that a number of administrative issues could not be addressed. This is particularly so because all of the above mentioned solutions proposed are not entirely practical.

"In response to these concerns, the chairmen were assured by NCI staff that the document as it is now constituted is only a draft and that this would be apparent from a review of the minutes of the Board of Scientific Counselors which were made available to each of the members of the Executive Committee. They have not, however, yet been read by the members of the Executive Committee attending the meeting. It was stated by Dr. DeVita that the results of the scientific presentations were sufficiently convincing to most everyone on the board that a written review of the achievements of the groups seemed not to be appropriate, but rather ways to address their administrative functioning so as to develop a more unified and productive approach. Thus, the document represents this consensus.

"He clearly stated that the Executive Committee and the group chairmen, as a whole, would have opportunities to make input to staff concerning the document. Staff agreed that several steps would be taken to diminish the concerns of the community as a whole regarding the draft document."

John MacDonald, Cancer Therapy Evaluation Program director, said at this week's meeting of group chairmen that "the report is a draft. It touches on ideas, in a relatively scanty manner. We want input and comments from group chairmen. The charge to the Salmon committee was to prepare a document to help DCT plan for clinical trials in the 80s."

DCT Acting Director Saul Schepartz said that HEW

has revised guidelines for the cooperative agreement mechanism several times since the Salmon report was written. Marvin Zelen objected to including the mechanism in the recommendations when it was not certain then, and still is not, what the final guidelines will be.

"This is a terrible document," said Barth Hoogstraten. "It's flimsy."

Durant suggested that DCT's decision to recompete the contract supported clinical groups (see preceding story) "has set the bureaucratic wheels into motion for locking out this recommendation (on cooperative agreements) for five years."

"No way," MacDonald said. "These are contracts, not grants. We're not committed to five years. We have said all along we would phase those contracts into cooperative agreements when cooperative agreements are available. They would be reviewed then by the CCIRC (Clinical Cancer Investigation Review Committee, which reviews Cooperative Group grants)."

"Are you prepared to put them in the same scientific review and on the same basis as groups?" James Holland asked. "I would like to hear their response when you tell them they will have to go from $4-5,000 per patient (which Holland said contract supported research costs NCI) to $1200 a patient (which he says is the Cooperative Group cost)."

"In principle, yes," MacDonald answered.

Schepartz agreed that DCT staff would like to see all clinical research reviewed by the same body.

"Is that the view of DCT?" Zelen asked. "I've heard Vince say it. Jack, you just said it. If there is no disagreement in NCI, what is to prevent you from implementing that right now?"

"Right on," Holland said.

"This would go a long way to give us confidence that NCI will attempt to correct what we regard as serious problems in clinical trials," Zelen said.

Giulio D'Angio, chairman of the Wilm's Tumor Study Group and former CCIRC chairman, said that was one of the recommendations of the Potomac Conference (in 1975) and that CCIRC went along, not feeling it would be too much work.

However, CCIRC Executive Secretary Dorothy Macfarlane pointed out that CCIRC was chartered only to review grants. To change the charter is a long process.

"What is the obstacle to telling the other groups that they must be reviewed as grants?" Durant asked. "We can overcome the problem of the charter."

"We had not considered this because we expected the cooperative agreement to be available by now," Schepartz said.

Holland noted that "there is a contract review group chaired by a distinguished oncologist (the Clinical Trials Review Committee, chaired by Alan Aisenberg, Massachusetts General) and the CCIRC (chaired by John Bennett, Univ. of Rochester). There is no reason why they couldn't meet as one. When they are reviewing grants, the CCIRC chairman would chair the meeting; when reviewing contracts, the contract committee chairman would chair the meeting."

"There is a basic difference," Larry Davis, representing RTOG, pointed out. "The budget is not in the purview of the contract committee. They have little opportunity even to comment on the budget."

Paul Carbone expressed his opposition to the cooperative agreement mechanism. "I don't think it will help us one bit. It may be a negative factor. It puts too much power in one guy, and hides a lot of people. I would just as soon everyone stand on his own."

The chairmen's committee agreed to a motion to submit the Salmon recommendation to the Board of Scientific Counselors along with other documents derived from the clinical trials review, comments by individual group members and NCI staff.

COLUMBIA TO HOST JOINT US-CHINA CANCER CONFERENCE MARCH 28-29

Columbia Univ. will host six Chinese scientists, as well as American cancer specialists from across the country, in a two day "Conference on Cancer in the United States and the People's Republic of China."

The joint conference will include presentations by former NCI Director Arthur Upton and current Acting Director Vincent DeVita, and by leaders of the Academia Sinica (The Chinese Academy of Sciences) in Shanghai, the Chinese Academy of Medical Sciences in Beijing and the Chung Shan Medical School in Kwangchow.

The conference will be held March 28 from 9 a.m. to 5 p.m. and March 29 from 9 to 3 p.m. in room 401 of the Julius and Armand Hammer Health Sciences Center, 701 W. 168th St. in Manhattan. Attendance will be by registration only. Contact: Jim Quirk.

Opening remarks by Paul Marks, vice president for the health sciences and director of the Columbia Univ. Cancer Center; William McGill, president of the university;Lai Ya-Li, Ambassador to the United Nations from the People's Republic of China; and Armand Hammer of the Armand Hammer Foundation.

Scientific sessions will follow on aspects of cancer epidemiology, cell biology, viral and environmental carcinogenesis, and cancer therapy in the two countries. Particular attention will be paid to the incidence and treatment of breast, liver and nasopharyngeal cancers, and to studies of interferon and harringtonine.

NCI CONTRACT AWARDS

Title: Cancer Control program for Clinical Cooperative Groups, four month extension

Contractor: American College of Radiology, $188,000.

NEW PUBLICATIONS AVAILABLE

"A Comprehensive Guide for Cancer Patients and Their Families," by Ernest and Isadora Rosenbaum. Bull Publishing, P.O. Box 208, Palo Alto, Calif. 94302, $19.95 clothbound, $11.95 hardback.

"Compilation of Clinical Protocol Summaries," 1979 edition, published by NCI's International Cancer Research Data Bank Program, Blair Bldg Rm 114, 8300 Colesville Rd., Silver Spring, Md. 20910. No charge while they last.

"Everything Doesn't Cause Cancer," 12-page booklet by NCI that describes research conducted to identify agents that are potential causes of cancer in humans. Office of Cancer Communications, NCI, Bethesda, Md. 20205, or phone toll free Cancer Information Service number 800-638-6694. No charge.

"Proceedings of the Conference on the Primary Prevention of Cancer: Assessment of Risk Factors and Future Directions," held at the American Health Foundation in June 1979, published in the March issue of *Preventive Medicine* (Vol. 9 No. 2, 1980). Individual copies $6.50 from Preventive Medicine, AHF, 320 E. 43rd St., New York 10017.

"Complications of Cancer: Diagnosis and Management," edited by Martin Abeloff, Johns Hopkins Univ. Press, Baltimore Md. 21218, $30.

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 ANNOUNCEMENTS

RFP N01-CP-05638-72

Title: *Monograph preparation: Evaluation of Carcinogenic Risk*

Deadline: *March 14 for submission of resumes*

NCI is interested in obtaining the services of an internationally recognized scientific organization for the purpose of preparing, in cooperation with other countries, the well known monographs on chemicals entitled "Evaluation of Carcinogenic Risk of Chemicals to Man." Additionally, this international organization should have the capability and facilities for working with many governments to prepare from a worldwide survey the "Information Bulletins on the Survey of Chemicals Being Tested for Carcinogenicity," the data for this being acquired from various laboratories around the world that are engaged in carcinogenesis bioassay.

Responding organizations should have not only staff experienced in preparation of these internationally authoritative monographs but have a mechanism for convening working groups and committees of outstanding scientists in the field of carcinogenesis who can evaluate many reports and collectively engage in proper assessment of data and findings for inclusion in these monographs. Also, evidence should be submitted that the respondent can provide a workable mechanism to insure responsiveness by national laboratories in many countries that data for the information bulletins on the survey of chemicals being tested for carcinogenicity could be obtained and this goal achieved. Excellence and assured performance for this type of international scientific endeavor will be the benchmarks for evaluation of any proposal from a respondent.

Interested organizations should submit a resume of experience, capabilities and facilities to perform this task for a projected period of three years. Most significant would be a prospectus of mechanisms planned to achieve this mission which is somewhat unique with respect to a collaborative task that is international in scope.

Contract Specialist: Jackie Matthews
Carcinogenesis
301-427-8764

RFP N01-CP-05600-56

Title: *Synthesis of new retinoids for chemoprevention of epithelial cancer*

Deadline: *April 15*

NCI is interested in establishing a contract for the synthesis of new retinoids which NCI will be able to test in appropriate assay systems for desired activity in control of epithelial cell differentiation, both normal and premalignant. A four year cost reimbursement contract is anticipated for effective pursuit of this project.

Contract Specialist: Ann Peale
Carcinogenesis
301-427-8764

RFP N01-CP-05602-56

Title: *Chemoprevention of epithelial cancer by retinoids*

Deadline: *May 15*

NCI is interested in establishing a contract for the evaluation of the efficacy of retinoids of differing chemical structures to prevent the development of epithelial cancer during its preneoplastic period. A number of target sites for such chemoprevention are anticipated: respiratory tract, urinary bladder, breast, and colon.

Appropriate animal models are currently available

for these organ sites. Necessary carcinogens and retinoids for these studies will be provided in most instances by NCI as available and in accordance with program priorities. Close coordination and mutual consultation by contractor and NCI is expected in reaching the objectives of this contract.

A five year cost-reimbursement contract is anticipated for the effective pursuit of this project.

Contract Specialist: Ann Peale
Carcinogenesis
301-427-8764

RFP N01-CP-05609-58

Title: *Nutritional and other in vitro growth requirements of cultured human epithelial cells*

Deadline: *Approximately April 1*

NCI is interested in obtaining a three year contract with organizations having both the technical capability and interest to isolate normal human epithelial cells from bronchus, cervix-uterus, pancreas (endocrine, exocrine, and/or ductal), gastrointestinal tract, liver, bladder, skin, mammary gland, and prostate. These isolates of specific epithelial cell types must be suitable for in vitro cultivation and for determination of the conditions of maintenance and growth which minimize alterations in the defined 'normal' cellular characteristics and maximize the longevity of the cultures.

These studies involve (1) the obtainment of viable normal human tissue from surgical resection and/or autopsy; (2) development of practical and reproducible methods for the establishment of epithelial cell lines from normal human organs; (3) development of defined media for normal human epithelial cells; (4) development of dissociation methods for culture and subculture of human epithelial cells, and (5) application of existing or development of new techniques to identify cell lines as normal, epithelial and possessing properties unique to a given organ.

It is estimated that the level of effort will be approximately five person-years including professional and nonprofessional categories.

Contract Specialist: Mary Armstead
Carcinogenesis
301-427-8764

RFP NCI-CB-04338-37

Title: *Evaluation of the impact of the estrogen receptor assay on the treatment of human breast cancer*

Deadline: *April 21*

NCI is interested in establishing a contract with an organization having the capability to carry out an evaluation survey which will: (1) determine the extent that estrogen receptor assays are being performed on human breast cancer tissues, and (2) determine the extent that estrogen receptor assay results influence the clinical management of patients with breast cancer.

The study population must be sufficiently large to provide reliable estimates of proportions and must show a variety in its ethnic and socioeconomic composition. Access to medical records and tumor registry data is essential. Interested organizations should be able to complete the survey and statistical analyses in 12 to 18 months.

Contract Specialist: Robert Stallings
Biology & Diagnosis
301-496-5565

RFP NHLBI-HB-18

Title: *Research on the technology of human leukocyte interferon production and purification*

Deadline: *Approximately April 9*

The goal is to improve the technology of large-scale human leukocyte interferon production and purification in an effort to maximize interferon yields and reduce production costs. Investigations aimed at increasing the efficiency of all phases of the production and purification process in order to reduce the cost per million units of interferon are encouraged.

Proposals may address approaches ranging from modification and improvement of the existing Cantell methods to the development of entirely new methods. The program will consist of an initial laboratory scale research phase followed by phases in which the new techniques developed during the initial research phase will be scaled up to a pilot size operation.

The pilot scale procedure should be capable of processing a minimum of 200 leukocyte units (buffy coats) or leukocyte unit equivalents per week for 12 weeks. Request for copies of the RFP should include three non-franked mailing labels and must cite the RFP number shown above.

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