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DEVITA'S APPOINTMENT REPORTEDLY ON CARTER'S DESK, MAY BE MADE OFFICIAL BY END OF MONTH

The recommendation from Patricia Harris that Vincent T. DeVita Jr. be appointed director of the National Cancer Institute is on President Carter's desk, ***The Cancer Letter*** has learned. The appointment could be made at any time, possibly before the end of the month.

Harris, secretary of the Dept. of Health & Human Services (now officially the department's name), accepted the strong recommendation of the search committee she had established to find a successor to Arthur Upton. The search committee included NIH Director Donald Fredrickson, Asst. Secretary for Health Julius Richmond, and Undersecretary Nathan Stark.

(Continued to page 2)

In Brief

PAY RAISE MUST COME FROM INTRAMURAL FUNDS, NOT EXTRAMURAL, ADMINISTRATION SAYS

NCI HAS BEEN told by the Administration that the $3.2 million still needed to cover 1980 fiscal year pay increases will have to come out of the intramural budget now that Congress has refused to go along with a supplemental appropriation bill for that purpose. Money being saved by attrition and the hiring freeze has already been figured in; squeezing out another $3 million will mean further tightening on purchase of supplies and equipment and on staff travel. NCI executives say they will do what they can, but if that amount has not been made up by the end of the fiscal year, they may have to take the rest out of the extramural budget anyway and accept a wrist slap from OMB. . . . **THE GOVERNMENT** has dropped its investigation of Larry Callan in the New Mexico Cancer Control Program scandal. Callan, deputy director of the program, was implicated in the alleged misuse of $4,000 which according to the charges was paid to another employee for work that was supposed to have been done by a computer firm. It turned out that the firm did not exist, the work was done by the employee himself, and he billed the program in the name of the fictitious company. Callan admitted authorizing the employee to contract for the work but denied knowing the employee did the work himself and was paid for it. Callan has resigned from the Univ. of New Mexico staff "for personal reasons" and is available for employment. He has a PhD in public health administration and education. . . . **FDA ONCOLOGIC** Drugs Advisory Committee will meet June 26, 9 a.m., in the Parklawn Building in Rockville, Md., conference room G. The entire meeting will be open. . . . **BERNARD KEELE** has left the Univ. of Kansas and is now the assistant director for medical center public affairs at the Univ. of Rochester. He was formerly a special assistant to the director of the NCI Cancer Centers Program.

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DEVITA'S APPOINTMENT WOULD TRIGGER REORGANIZATION OK, KEY STAFF HIRING

(Continued from page 1)

DeVita has been serving as acting director since Upton left last Dec. 31. He represented NCI at key congressional hearings on renewal of the National Cancer Act and 1981 appropriations and at various other functions. He has had to proceed with several program and budget decisions although preferring to leave decisions with long range impact to the permanent director. Once the appointment becomes official, DeVita can be expected to move quickly on the long range decisions:

* Implementation of the reorganization of NCI initiated by Upton. This has been approved all the way up to Harris, but she reportedly has been holding up her approval until the NCI director question is settled. Presumably, she will give DeVita one final opportunity to submit his alterations, if he has any.

* With the reorganization approved, DeVita could start the search for a director of the new Div. of Centers, Community Activities & Resources. William Terry, acting director of the Div. of Cancer Control & Rehabilitation which will be incorproated into the new division, is undoubtedly a leading prospect for the job if he wants it. If he doesn't, DeVita probably would attempt to recruit someone from outside government.

* A new permanent director of the Div. of Cancer Treatment will be needed. DCT Deputy Director Saul Schepartz has been acting director, with the prospect that DeVita would return if he did not get the NCI director's job on a permanent basis. The list of possible candidates would include Schepartz and the three DCT program directors—John Ziegler, who heads the Clinical Oncology Program (intramural clinical research); Vincent Oliverio, director of the Developmental Therapeutics Program; and John MacDonald, director of the Cancer Therapy Evaluation Program.

Another prospect might be former DCT Deputy Director Stephen Carter, who now heads the Northern California Cancer Program. Carter was DeVita's choice as his deputy when he took over DCT in 1974 and has received high marks for the job he has done in California.

* The position of NCI deputy director has been vacant since Guy Newell left more than a year ago. Upton did not want to fill it knowing he was leaving, and DeVita couldn't, as acting director. There are enormous demands on the director, and his deputy has to be able to fill in on a wide variety of occasions, spend a lot of time on the road, and take on tough new projects Congress or the department frequently drop in the director's lap.

The selection of a deputy could come from those mentioned above, with many other possibilities.

For the record, those mentioned above were named because of their current or past positions. DeVita has not discussed staff appointments with ***The Cancer Letter.***

DeVita also refused to discuss his own situation. ***The Cancer Letter's*** information came from sources in the White House, HHS headquarters, and elsewhere. The possibility remains that his appointment could be withdrawn, but that does not seem likely. DeVita's qualifications for the job are superior, and it would be an extremely popular appointment, among NCI staff and Cancer Program participants around the country.

KUSHNER, A COLUMNIST AND FOUR OTHERS NAMED TO NCAB; LASKER NOT REAPPOINTED

Dear Cancer Letter:

I have just been appointed to the National Cancer Advisory Board. Here is my problem: How should I know if a grant in molecular biology with a priority score of 217 should be funded while a program project in virology with a score of 210 is not? Also, do they really expect us to read 10,000 pages of grant applications the night before the meeting?

Concerned in Chicago

Dear Concerned:

The fact that you recognize you have a problem means you are halfway to the solution. You need professional help. You may even need a psychiatrist before you complete your term on the Board. Hang in there, dear, and let us know how it works out.

Ann Landers didn't really ask ***The Cancer Letter*** for some advice after President Carter appointed her and five others to the National Cancer Advisory Board last week. But if the syndicated columnist had switched to the receiving end of the advice business, here is what we might have told her:

"Don't be intimidated by the science and scientists. Don't be afraid to ask questions; if you don't understand what the hell they are talking about, chances are that most of the rest of us don't either.

"Most important, dear Ann Landers, when the time is right, use your column to drum up support for the Cancer Program, as you did in 1971 when mountains of mail from your readers helped convince Congress to pass the National Cancer Act."

Landers long has been interested in the cancer problem. She writes frequently on the dangers of tobacco use and has served as honorary chairman of the American Cancer Society Annual Crusade.

The other NCAB appointees are Rose Kushner, author, former cancer patient and Washington D.C. area activist in cancer patient counseling, the other lay appointee; Robert Hickey, director of M.D. Anderson Hospital & Tumor Institute; Gale Katterhagen, Tacoma medical oncologist, past president of the Assn. of Community Cancer Centers, and current-

ly a member of the Cancer Control & Rehabilitation Advisory Committee; LaSalle Lefall, chairman of the department of surgery at Howard Univ. and immediate past president of the American Cancer Society; and William Powers, Wayne State Univ. radiotherapist, chairman of the Committee for Radiation Oncology Studies, and the only Board member with an expiring term this year to be reappointed.

Kushner and Landers fill the seats held by Mary Lasker, whose lobbying efforts played the key role in establishing the National Cancer Program and in the continuing battle to fund it adequately; and William Baker, president of Bell Telephone Laboratories.

Lasker has been a member of the Board since it was created by the Act. She was reappointed once, but her involvement with the Presidential campaign of Ted Kennedy probably assured she would not be again.

Katterhagen was named as the result of two massive lobbying drives by ACCC members—the first, to get written into the last Cancer Act renewal the provision that the Board include at least two practicing physicians who treat cancer patients; the second, to get Katterhagen named to one of those seats. ACCC also asked that another of its former presidents, John Nelson of Jacksonville, be named to the second spot. The Administration declined, evidently contending that at least one of the other members meets the requirements of the amendment.

Other members not reappointed include Denman Hammond, director of the USC Comprehensive Cancer Center; John Ogura, head of the department of otolaryngology at Washington Univ.; and William Shingleton, director of the Duke Univ. Comprehensive Cancer Center.

Board Chairman Henry Pitot has asked the retiring Board members to attend the May 19-21 meeting. Although they will not be able to vote, they will be asked to participate in the discussions.

GUIDELINES BATTLE: NCI WILL PROCEED UNLESS STIFF NCAB OPPOSITION SURFACES

The cancer center core grant guidelines issue is building up to another sharp confrontation between NCI Centers Program staff and cancer center directors when the issue is brought to the National Cancer Advisory Board May 19.

Unless adamant opposition to the new proposals develops among Board members, the staff intends to proceed with implementation of the guidelines, probably without giving the Board another crack at them at the October meeting. The staff is determined not to let opposition from the centers deter adoption of the guidelines, as happened in 1977.

Discussion of the proposals has been alloted only 30 minutes on the Board's crowded agenda. The Assn. of American Cancer Institutes has asked for an opportunity to present its case, generally in opposition to the new guidelines.

NCI has already made changes which may soften some of the AACI opposition. The proposal to base eligibility and maximum awards on an institution's total NCI support has been broadened to include other cancer related research support. A slim majority of AACI members voting on the issue last week supported the limit if it were broadened to include non-NCI figures in the base.

Richard Steckel, UCLA, AACI vice president, was designated to present the association's position to the Board. Should the Board be unable to reach a consensus, the matter could be referred to the Board's Subcommittee on Centers for further study and a report at the October meeting. NCI executives feel, however, that writing the guidelines is a staff function and not that of a Board subcommittee.

The President's Cancer Panel meeting scheduled for May 19 following that day's NCAB session has been postponed. Chairman Joshua Lederberg will be unable to attend, although he will be present at the Board meeting. It probably will be rescheduled for sometime during the summer.

DCCP BOARD OKAYS MAJOR NEW PROGRAMS IN CARCINOGENESIS, CHEMOPREVENTION

The $64,000 question—in fact, the multimillion, multibillion dollar question—in the regulation of carcinogens has involved the issue of extrapolation of test data from animals to humans. At present, the law assumes that if a substance causes cancer in one mammalian species, it probably can cause cancer in some humans. Dose, route of exposure, site of malignancy and other pertinent questions are not considered.

NCI's Div. of Cancer Cause & Prevention has decided that the time is right for a major new effort in the field of interspecies comparisons in carcinogenesis and plans to commit millions of dollars over the next five years, at least, to support that effort.

The DCCP Board of Scientific Counselors last week approved the concept of the new program. The sum of $3.4 million was listed in the narrative describing the program as the amount proposed for total first year awards but the precise total has yet to be determined.

Thaddeus Domanski, chief of the Extramural Chemical and Physical Carcinogenesis Branch, said he hopes as many as 20 R01s (traditional individual grants) could be awarded. The problem might also be appropriate for a multidisciplinary approach through program projects, and available funds might support two of those. The awards could range up to five years, depending on study section recommendations.

The narrative:

"A very large amount of additional research is needed if we are to achieve even a moderate level of

confidence in the extrapolation of experimental animal data on chemical carcinogenesis, to humans. Established similarities between the actions of chemical carcinogens in experimental animals and humans are largely represented by the qualitative finding that nearly all of the substances identified as being carcinogenic in humans are also carcinogenic in one or more species of experimental animals. Also it would appear that the metabolism of chemical carcinogens in human tissues is qualitatively similar to that observed in studies on tissues derived from experimental animals; however, this is based on fragmentary data.

"Other efforts at extrapolation between species soon encounter an acute shortage of information, particularly quantitative information. Some of the areas in which research emphasis is needed are: quantitative relationships between DNA-adducts and the carcinogenesis process, as well as knowledge of the background level of those adducts, if any; rates of repair of DNA; dose/carcinogenesis response relationships; rates and pathways of metabolism of carcinogens by human tissues; quantitative relationships pertaining to carcinogen activation/inactivation reactions; and role of tumor promoters and cofactors in carcinogenesis.

"The present proposal constitutes a broad program of research vectored at the development of facts and understandings fundamental to the extrapolation of carcinogenesis data between species, with the emphasis on the extrapolation of experimental animal data to people. The intended program would include the following representative endeavors: (1) use of human tissues and body fluids in chemical carcinogenesis research encompassing, as a minimum, pathways of metabolism of carcinogens; metabolic activation and inactivation; formation and repair of adducts with informational cellular macromolecules; pharmacodynamics in cells, tissues, and organ culture; induction of mutagenesis and malignant transformation in cells, tissues, and organ culture; detection and quantitation of tissue nucleophile-adducts in body fluids and excreta of humans exposed (e.g., workplace, therapy) to low levels of carcinogens; and comparative studies on the metabolism of drugs and carcinogens by human liver preparations; (2) studies on the effects of different doses of carcinogens on rates and pathways of metabolism in experimental animals, including studies under conditions of chronic exposure; (3) qualitative and quantitative studies on the relationships of adduct formation to carcinogenesis in experimental animals; (4) studies to test the existence of proportionality of blood/tissue levels of carcinogens to dose, as well as studies on the relationship of blood level of carcinogen to carcinogenic response; (5) development of analytical methods sufficiently sensitive to quantitate very low concentrations of carcinogens and their metabolites during chronic administration studies and in humans; (6) purification of both human and experimental animal P-450s and other carcinogen metabolizing enzymes; (7) role of tumor promoters and cofactors in carcinogenesis; (8) examination of genes and gene products related to cell transformation by chemical carcinogens."

"This is a realistic outline of what we would be doing," Domanski said.

The RFA which will invite R01 applications will include many but probably not all of the elements described above. It also will establish a certain amount of money for which applicants will compete.

P01 (program project) applications will not be solicited through the RFA and may be submitted through the usual process.

The RFA will be published soon. Domanski said that to be eligible for 1981 fiscal year funds, the deadline for submission of applications will have to be Nov. 1, 1980. Applications must include the RFA number and title and be submitted to the offices listed in the RFA. ***The Cancer Letter*** will publish the RFA when it is available.

"We do not now have the kind of information the regulators need (regarding extrapolation of test data)," Domanski said. "But I do not feel at all pessimistic about our ability to provide that information in the future."

Domanski brought in nongovernment scientists to help him develop the program. Board member Lloyd Old said, "Dr. Domanski is to be congratulated for the way he went about this, bringing the scientific community into it in the best way. It should be a model for new programs."

The Board also approved the concept of a new grant program with an estimated $2 million to be set aside for first year awards in mechanisms of chemoprevention of carcinogenesis.

The narrative describing the new program:

"Strategies for cancer prevention involving reduction or elimination of human exposure to environmental carcinogens may not always be possible. In this regard, a large number of studies on experimental animals have demonstrated the feasibility of inhibition of chemical carcinogenesis, based on the administration of selected chemical compounds. However, very little is now known concerning the mechanisms of action of these chemopreventive agents.

"The proposed studies would seek to enhance present understandings concerning the mechanisms of action of representative members of the following categories of chemopreventive agents:

"(1) Antioxidants, flavonoids, disulfiram and coumarins. These chemically diverse inhibitors appear to act by preventing carcinogens from reaching or reacting with critical target sites, when given prior to

and/or simultaneously with exposure to neoplastic substances. Inhibition of tumorigenesis at many organ sites has been demonstrated, such as liver and lung, large and small intestine, breast, skin, bladder and forestomach. Proposed research would include studies on effects of these inhibitors on detoxification systems, scavenging effects on active molecular species of carcinogens, inhibitor-induced changes in cellular permeability or transport of carcinogens, and competitive inhibition for carcinogen receptors; also, inhibitor structure/activity relationships, and inhibitor metabolism.

"(2) Retinoids. These compounds have been shown to effectively inhibit cancer development in bladder, breast, skin and respiratory tract in experimental animals, and to suppress malignant and phenotypic transformation in vitro whether caused by chemical carcinogens, ionizing radiation, or polypeptide transforming factors derived from virally transformed cells. Additional studies are particularly needed in such areas as: retinoid metabolism and pharmacokinetics; retinoid binding proteins; effects of retinoids on cellular differentiation; effects of retinoids on membrane topology, cell surface biochemistry, cellular interactions, and biochemical processes linked to carcinogenesis.

"(3) Protease inhibitors. These compounds have been shown to inhibit tumorigenesis in skin, colon, esophagus, and mammary gland, suppress both radiation induced and chemical carcinogen induced transformation in culture; and inhibit both UV and carcinogen induced bacterial mutagenesis. Proposed studies would include effects of protease inhibitors on the cell surface, DNA synthesis, growth control mechanisms, and gene activation and repression."

Domanski said he would shoot for a November deadline for responses to this RFA also.

The Board declined to approve at this time the concept of a new contract program in the epidemiology of cancer patient survival. DCCP staff had estimated three contracts would be funded at a first year total of $1 million.

The narrative describing this program:

"A number of tumor and host factors determine the length of survival following cancer diagnosis. Among these are histologic type, histologic grade, anatomic extent of disease, age, race, sex, and socioeconomic status. Further research is needed for many cancer sites to answer questions concerning the natural history of the cancerous process and the interrelationships among prognostic factors and their effect on length of time to recurrence or until death. For example, it has been suggested that the observed variation in survival with respect to race may be explainable on the basis of differences in socioeconomic status. There is some evidence that this may be true and the next level of research is to investigate candidate factors that underline the socioeconomic phenomenon."

Board member Brian Henderson suggested that the proposal be more sharply defined by the DCCP staff and brought back for the Board's consideration at a later meeting. The rest of the Board agreed.

The Board approved a three year, $150,000 first year support contract to provide management information services to the division. The narrative:

"This concept covers support for projects that facilitate management activities of DCCP. Only one project is contemplated at present.

"This division will administer the expenditure of approximately $230 million in FY 1980, including support for about 325 contracts and 760 grants. Responsible management of these public funds requires that DCCP maintain (a) systems for providing accurate and up to date information on administrative aspects of each project; (b) information on the scientific content of the projects; and (c) support for analyzing, monitoring, and summarizing program activities and program progress.

"The initial project to be undertaken is support of an automated system (previously developed by the division) designed to provide information required for tracking the progress of each contract through the increasingly complex and time consuming steps in the procurement process, for reviewing present and future funding plans, and for monitoring the timely accomplishment of contract objectives.

"Features to be incorporated into the system will make it possible to more accurately link budget data to the scientific content of each project or group of projects. This will greatly enhance the ability of the division to respond to information requests from higher levels of the department, congressmen, the news media, and others interested in DCCP programs. Such information is also essential for budget preparation, program planning, and program analysis activities."

John Cooper, DCCP assistant director for extramural activities, said that a management information system had been designed and set up several years ago. "With the constant reorganization we have been experiencing, it fell into disuse," Cooper said.

"If it is just a matter of convenience and you have done without it, why not put that money into research?" Henderson asked.

"If we blow a milestone, or let a contract lapse when it should be renewed because we are not on top of things, it could be costly," Cooper said.

"It is insurance. But that is a big premium," Henderson said.

"If it gets prosaic information someone needs without me spending my time looking it up, I can spend my time on more fruitful work," Domanski said.

"So you can spend your time on the phone with people like me talking about our grants," Board

Chairman Peter Magee commented. "This will benefit research." The Board approved the concept without objection.

DCCP BOARD QUESTIONS SEER PROGRAM COST, METHODS; REVIEW IS SCHEDULED

NCI's SEER (for Surveillance, Epidemiology & End Results) Program has been a highly visible and generally unquestioned effort to pinpoint cancer incidence and to measure patient survival. NCI executives, investigators around the country, members of Congress and various other federal agencies refer frequently to SEER produced statistics and have seemed to consider them of value.

The Div. of Cancer Cause & Prevention Board of Scientific Counselors, however, has raised some questions about the program's cost (nearly $11 million a year), methods, and the type of information it provides.

The Board wrestled again last week with "concept review" of DCCP programs, still not completely understanding what is required of the concept of grant and contract programs by the appropriate advisory bodies before awards can be made. The process is relatively new and the DCCP Board was the last divisional advisory group at NCI to become involved in the task.

Concept review is intended to be applied to new programs, and those being recompeted, before any grants or contracts are awarded, and in fact before RFAs, RFPs or program announcements are drawn up. But DCCP has a substantial number of ongoing programs which have never received concept approval. As such, the word came down that unless the DCCP Board granted such approval last week, no further payments would be made on those grants and contracts.

Board members went along grudgingly with pro forma approval when DCCP Director Gregory O'Conor assured them they would have the opportunity for a thorough review of each program as the contracts and grants come up for renewal.

The SEER Program has 11 contracts with cancer registries plus one for training and quality control review with the Univ. of California (San Francisco) and another with Yale Univ. for data analysis. The cancer registry contracts are with state health departments and universities. The contracts do not have common expiration dates, so a one time, yes or no concept review could be made at any time.

Here is the DCCP narrative description of the SEER program:

"Cancer incidence in the United States is measured on an ongoing basis through a series of 11 population based cancer registries in the SEER Program. In addition, cancer patient survival is measured through this program. While these registries do not represent a random sample of the U.S. population, they constitute a reasonable representation of it.

"All new cases of cancer are identified among residents of each of the registry areas and information is abstracted from hospital records, pathology laboratories, radiation treatment centers and death certificates. Vital status is determined annually for all the active patients in the registry through active follow-up. Copies of updated computer tapes, representing the entire registry file, are sent to NCI annually for analysis.

"Data are used to assess trends in cancer incidence and patient survival, to identify unusual changes for specific forms of cancer, to detect differences between population subgroups, geographic areas, etc., and to serve as a basis for epidemiologic studies. The SEER Program also provides a mechanism for carrying out epidemiologic case control studies.

"A small number of foreign cancer registries are supported to provide data that can be compared with those in the SEER Program. These are selected for their potential for identifying possible risk factors through studies of ethnic groups in these foreign areas and their counterparts in the United States."

Board Chairman Peter Magee appointed Seymour Jablon, a member of the Board and director of the Medical Followup Agency of the National Academy of Sciences, to chair a subcommittee to review the SEER Program in depth.

Board member Philip Cole had some reservations about the program's cost. The contracts will cost NCI $10.1 million in the 1980 fiscal year. NCI staff working with the program add another $500,000 to the cost, and approximately $400,000 in computer support services is required.

"That is too large in relation to the program," Cole said. "That amounts to 50 percent of the Field Studies & Statistics budget."

"This is more than a division program," O'Conor said. "It is more than an institute program. It is a national resource. Out of a billion dollar budget, I'm not sure that $10 million is too large."

"The burden of proof is on the staff to justify the budget," Cole said. He suggested that a $10 million program should have a permanent advisory group watching over it.

"I find approval of the concept as written difficult to accept," Brian Henderson commented. He objected to the concept of measuring incidence and survival through tumor registries.

Pointing out that it would be impossible to terminate contracts before the Board's next meeting, O'Conor asked that temporary approval be given, pending a report from Jablon's subcommittee in October.

Jablon said the subcommittee probably could have an interim report ready by October but could not promise a complete one with recommendations.

"I'm not against the SEER Program," Cole said. "My concern is that there may be alternative ways which have not been adequately explored. Maybe 11 tumor registries are not enough, or maybe we could do it with a smaller sampling, costing $1-2 million."

Cole referred to the study of the program performed by the Norris Cotton Cancer Center at Dartmouth on a SEER contract. The report suggested that three alternative approaches might be considered. NCI staff is in the process of developing a response to that report; the feeling in SEER offices is that none of the three alternatives would be satisfactory.

"Your problem is with the $10 million," Magee said to Cole.

"And with the other things that are not being done," Cole said.

"You have given us a warning for next year," O'Conor said.

"We will have a report with recommendations within a year, with a progress report at the October meeting," Magee said.

The Board refused to approve the concept of a veterinary studies program which has been in existence at NCI since 1964, although agreeing to reconsider it later if DCCP staff can make a better case for it.

The studies involve two noncompetitive contracts–one, for the purchase of data provided by a consortium of 14 veterinary medical schools, and the other, smaller one for a cattle surveillance program by a Florida veterinary school. The cost in 1980 is $161,-500. Here is how DCCP described the program:

"This concept involves identifying patterns of cancer and associated disease among domestic animals who share their general environment with man. Study groups are derived from abstracts of hospital records from (1) veterinary teaching hospitals, (2) tumor registries, and (3) other sources of disease information pertaining to domestic animals (e.g. state health department animal data).

"Hospital prevalence, proportional morbidity, proportional mortality and case control comparisons are used to analyze the study groups. Followup studies are conducted when sufficient data are present. The animal experience is usually compared to that in man (geographically specific, if possible) to show areas of similarity.

"Veterinary studies have provided many new leads about the origins of cancer in man. For instance, present studies show that pet dogs may be a sentinel for identifying geographic areas where environmental hazards are carcinogenic to man."

"The relevance stretches my imagination," Henderson commented. "The dog doesn't eat food off the table, go to work, smoke. He does drink the water, but he doesn't drink artificially sweetened drinks."

Robert Hoover, chief of DCCP's Environmental Studies Section, said, "There have been exciting observations on environmental causes of cancer. You don't have to worry about the confounding observations of smoking or occupation exposure. It is an opportunity to see if there are specific locales with high incidence not affected by lifestyle."

Magee called for a motion to approve, but none was made. "Many of us feel discomfort about this," Jablon said. "There's not much information here. We don't know enough to say kill it."

O'Conor said that the 1980 funds had been committed but promised the program would not be funded in 1981 without the Board's approval.

"Such studies can be valuable," Old said. "The question is the approach."

The Board went along with a study on long term effects of cancer treatment which would cost $1.25 million if the program is fully funded.

DCCP published a sources sought announcement and received responses from five organizations it considered qualified to do the work. If the money is available, all five will be funded. If not, the five will compete for whatever number of contracts available money will fund.

FISHER, HELLMAN TO LECTURE AT ANNUAL ASCO/AACR MEETINGS IN SAN DIEGO

Bernard Fisher and Samuel Hellman will deliver the two lectures at the ASCO/AACR meetings in San Diego this month.

Fisher, chairman of the department of surgery at the Univ. of Pittsburgh and chairman of the National Surgical Adjuvant Breast Project, will present the 11th annual David A. Karnofsky Memorial Lecture May 27 at the American Society of Clinical Oncology 16th annual meeting. His topic will be, "Laboratory and Clinical Research in Breast Cancer: A Personal Adventure."

Hellman, chairman of the department of radiation therapy at Harvard Medical School, will present the Richard and Hinda Rosenthal Foundation Award Lecture May 28 at the American Assn. for Cancer Research 71st annual meeting. His subject: "Improving the Therapeutic Index in Cancer Treatment."

The Rosenthal award is presented to the scientist or scientific group whose recent (or current) work (or the body of whose work) has made or given high promise of soon making a notable contribution to improved clinical care in the field of cancer.

The AACR Presidential Address by Paul Carbone, director of the Univ. of Wisconsin Comprehensive Cancer Center, will be given May 29 on "Cancer Biology and Cancer Cures: Reflections of a Clinical Investigator."

The two organizations will present a joint session on the morning of May 28 on clinical pharmacology and clinical trials. This session will include a report

on preliminary results of the American Cancer Society sponsored trial of human leukocyte interferon in multiple myeloma. E.F. Osserman, W.H. Sherman, R. Alexander, J.U. Gutterman and R.L. Humphrey will collaborate on the report.

Another interferon trial will be reported, the phase 2 trial of human leukocyte interferon in non small cell lung cancer, by S.E. Krown, M.B. Stoopler, S. Cunningham-Rundles, and H.F. Oettgen.

Still another report will be given on interferon in recurrent breast carcinoma, a preliminary report on the ACS program, by E.C. Gorden, T.L. Dao, J.F. Holland, J.U. Gutterman and T. Merigan.

The Fifth Annual Congress of the Oncology Nursing Society, also in San Diego, will overlap the ASCO and AACR meetings, May 28 to 30. Margretta Styles, dean of the School of Nursing at the Univ. of California (San Francisco) will deliver the keynote address.

The ASCO and AACR meetings will be in the Town & Country Hotel, the ONS meetings in the Sheraton Harbor Island Hotel.

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 contract 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

Title: *Immunogenetic and virological studies of leukemogenesis in the AKR mouse*
Deadline: *May 16 for statement of qualifications*

NCI is seeking sources qualified to perform the third and final year of a three-year project cited above. The first two years of this research are being conducted by the incumbent contractor, the Sloan-Kettering Institute for Cancer Research, Lloyd Old, principal investigator, and will be completed by him unless better qualified sources are willing to continue these investigations.

Organizations interested in this project should submit resumes of capability, including curricula vitae of key personnel and evidence of previous and current immunogenetic and virological research on leukomogenesis in the AKR mouse.

This is not a request for proposals, and cost and price information should not be included. RFP not available.

Contracting Officer: J. Thomas Lewin
Biological Carcinogenesis & Field Studies
301-496-1781

RFP NCI-CP-VO-01039

Title: *Performance of chemical carcinogenesis studies in small laboratory animals*
Deadline: *June 12*

NCI is seeking the support services of a contractor to perform chemical carcinogenicity studies in small laboratory animals. The contractor's facility must be located within 35 miles of the NIH campus in Bethesda, Md.

Experiments would involve large numbers of rats (up to 2,000) and fewer numbers of mice (approximately 500). Space must be provided for 1,000 rats at any one time for feeding studies and 1,000 rats for injection and skin painting with chemical carcinogens.

Contract Specialist: Elizabeth Osinski
Biological Carcinogenesis & Field Studies
301-496-1781

NCI CONTRACT AWARDS

Title: Collection of sera from populations with high cancer risk
Contractor: Philadelphia Geriatric Center, $33,153.

Title: Support services for the Laboratory of Viral Carcinogenesis, continuation
Contractor: Meloy Laboratories, $78,000.

Title: Support services for the Laboratory of Viral Carcinogenesis, continuation
Contractor: Meloy Laboratories, $62,000.

Title: Long term followup of the Breast Cancer Screening Project participants
Contractor: Mountain States Tumor Institute, $494,224.

Title: Breast Cancer Detection Demonstration Project, six month extension
Contractor: St. Vincent's Medical Center, Jacksonville, Fla., $18,013.

Title: Mouse typing and diagnostic reagents, continuation
Contractor: Microbiological Associates, $31,300.

The Cancer Letter _Editor Jerry D. Boyd
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