THE CANCER LETTER

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P.O. Box 2370 Reston, Virginia 22090 Telephone 703-620-4646

SHIFT OF $6.5 MILLION FROM CONTRACTS TO PAY CORE, P01s AT RECOMMENDED LEVELS, INCREASE R01 PAYLINE

The threat of the $17 million recision in NCI's appropriations for the current (1980) fiscal year may turn out to be a blessing in disguise for many of the institute's grantees, especially cancer centers and program projects. It will be a blessing only if the recision threat is not carried

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In Brief

MARKS' APPOINTMENT AS PRESIDENT, CHIEF EXECUTIVE OFFICER OF MEMORIAL SLOAN-KETTERING, OFFICIAL

PAUL MARKS' appointment as president of Memorial Sloan-Kettering Cancer Center (***The Cancer Letter***, May 23), has been made official. He will continue until Oct. 1 in his position as director of the Columbia Univ. Comprehensive Cancer Center but will start some work at MSK late in July. Marks will assume the title of president of MSK Cancer Center, the job brilliantly performed by Lewis Thomas, who will be named chancellor. Marks also will have the title of chief executive officer of the cancer center, Memorial Hospital and Sloan-Kettering Institute. . . . **IMPERIAL CANCER** Research Fund of the UK will provide one million pounds sterling for a collaborative clinical study of lymphoblastoid interferon with the Wellcome Foundation. Wellcome will supply enough interferon for a 12 month study with 50 to 100 patients. Wellcome issued a statement advising against "undue confidence" in interferon's therapeutic capability until more research has been done. . . . **ROSWELL PARK** Memorial Institute has received $1.4 million from the American Cancer Society to produce fibroblast interferon which ACS will distribute to investigators. ACS until now has provided only leukocyte interferon for the clinical trials the Society is supporting. . . . **1980 INTERNATIONAL** Symposium on Cancer presented by Memorial Sloan-Kettering Cancer Center and cosponsored by the American Cancer Society and NCI will "report progress made during the past 10 years since the launching of the National Cancer Program," an MSK announcement said. It will be held Sept. 13-18 at the Grand Hyatt Hotel in New York City. Contact Virginia Herlitz, Registrar, 850 Third Ave., New York 10022, phone 212-421-6900. . . . **DAVID PRESSMAN**, former associate institute director for scientific affairs at Roswell Park, died last week at age 63. . . . **INTERNATIONAL SYMPOSIUM** on Fundamental Mechanisms in Human Cancer Immunology will be held Oct. 27-29 in Galveston. The symposium is sponsored by the Univ. of Texas Medical Branch and the Univ. of Montpellier, France. Attendance will be limited to 250 investigators in the field of immunology. Contact Margie Taylor, UTMB, 111-A Basic Science Bldg., Galveston, 77550.

R01 PAYLINE RAISED FROM 215 TO 225, NUMBER FUNDED INCREASED TO 40%

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out; it appears certain now that Congress will not approve any of the NIH cuts requested by President Carter.

NCI had identified $6.5 million which could be shifted from contracts to help meet the $17 million cutback. If there is no recision, that money will not be returned to contracts; instead it will be distributed:

—$2 million added to the Centers Program to permit funding of center core grant competing renewals at their full peer review recommended levels.

—$2 million added to program projects to permit funding of competing renewals at their full peer review recommended levels.

—$2.5 million added to traditional (R01) grants, raising the pay line from 215 priority scores to 225 and the percentage of approved grants which will be funded from 34 to about 40 percent.

Both program projects and center core grants competing successfully for renewal this year originally were going to be limited to the "seven percent solution" when it became obvious that NCI's billion dollar appropriation did not include enough money in those categories. Those grants would not be funded at levels recommended by the study sections but at last year's level plus seven percent.

Acting Director Vincent DeVita later managed to switch some money to the Centers Program, permitting funding of the core grants at 50 percent of the increases recommended by the study section (the Cancer Center Support Grant Review Committee). Program projects were not due to get any such bonanza, until the decision was made to carve out the $6.5 million from contracts.

The contract reductions will affect some ongoing contracts which will be reduced in size; some proposed contract supported programs and some recompetitions which will be dropped; and a few projects for which RFPs have already been issued but which now will be canceled. One in that category, for development of programs of instruction in oncology rehabilitation nursing (RFP N01-CN-95440-05), had generated proposals and the reviews had been completed. The Div. of Cancer Control & Rehabilitation had planned to make three or four awards through that RFP.

Intramural support contracts as well as other resource and research contracts are among those included in the cutbacks.

The extra money will permit NCI to fund some R01s and program projects as "exception grants"—those with high program relevance but which otherwise would not be funded because they did not score high enough in peer review. No center core grants are in that category—two which were approved but with low scores will not be funded.

The situation for core grants and program projects in FY 1981 still is grim, unless Congress adds money to the budget requests in the impending appropriations subcommittee markups. At least four core grants would not be renewed, and those that are will not even get the seven percent solution, with funding at or below the 1980 levels. Program projects would get the seven percent increase.

Although the 45 day limit had expired on the President's recision request, the possibility still existed this week that Congress could approve it. The House had already acted on the 1980 supplemental appropriations bill which included some recisions but did not contain the cuts requested for NIH. If the Senate's action on the supplemental also excluded the NIH cuts, then there would be nothing to resolve in the conference and the NIH recision would be dead.

The Senate HHS Appropriations Subcommittee Monday reported out the supplemental bill without including the NIH recision. Unless that recision is added on the Senate floor, an extremely unlikely event, there will be no recision this year for NIH.

Meanwhile, congressional action on 1981 HHS appropriations is on hold. The House HHS Appropriations Subcommittee does not plan to mark up its bill until late July, and the Senate subcommittee will not schedule its markup until the House bill has been completed.

KING, BALDWIN TO LEAVE NCI FOR JOBS WITH KENNEDY ETHICS INSTITUTE, NIH

Thomas King and Calvin Baldwin, key NCI senior executives and major figures in the institute's implementation of the National Cancer Program during the 1970s, have accepted prestigious positions elsewhere and will leave this summer.

King, director of the Div. of Cancer Research Resources & Centers (Div. of Extramural Activities in the reorganization), will become director of the Kennedy Institute of Ethics at Georgetown Univ. Aug. 1. He also will hold an academic appointment of professor in the Georgetown department of obstetrics and gynecology.

Baldwin, who as NCI executive officer answered only to the director, will move up to a similar position at NIH. He will become associate director for administration under NIH Director Donald Fredrickson. The appointment has yet to be confirmed by HHS Secretary Patricia Harris, but it does not seem likely she would overrule Fredrickson.

Baldwin's Office of Administrative Management at NCI included the Administrative Services, Financial Management, Management Policy, Personnel Management, and Research Contracts branches. He has long been recognized as the outstanding admini-

strative officer at NIH, having pulled NCI through its hectic surge of growth in the 1970s with a minimum of bureaucratic hassles.

Baldwin, 54, has been NCI executive officer since 1970. He was executive officer of the National Institute of Child Health & Human Development for seven years, has been at NIH since 1953 and the Public Health Service since 1951. He has a master of public administration degree from Harvard.

King, 59, was appointed DCRRC director in 1974, replacing Palmer Saunders two years after joining the division as associate director for research programs. He had a distinguished research and teaching career in developmental biology before joining NCI, culminating as professor of biology at Georgetown. He received his PhD from New York Univ.

The Kennedy Institute was founded in 1971 with a grant from the Joseph P. Kennedy Jr. Foundation. Its first director, Andre Hellegers, who died last year, assembled an interdisciplinary faculty of research scholars to deal with a wide range of ethical and related policy issues in medicine, biology, population, and economic development. The Institute consists of the Center for Bioethics, the Center for Population Research and the Laboratories for Reproductive Biology.

When King became DCRRC director in 1974, it had NCI's largest budget, with program responsibility for all of the institute's grants. A year later, the Cooperative Groups were moved to the Div. of Cancer Treatment, and cancer control grants were shifted to the Div. of Cancer Control & Rehabilitation. King gracefully accepted the diminution of his responsibilities, refusing to engage in backbiting tactics bureaucrats sometimes use to protect their turf.

The bottom really fell out of King's division when Arthur Upton decided in 1978 to transfer program responsibility for all grants to the appropriate divisions and to completely separate program from review. King's responsibility thus was limited to review activities, a vital role but not the type of challenge he had undertaken when he accepted the job in 1974. His move to a position which combined more science with administrative duties became inevitable.

Both Baldwin and King expressed regret at leaving NCI just when Vincent DeVita (whose official appointment is imminent) is taking over. They agree that DeVita is the best possible choice for the job and have been impressed with the enthusiasm and decisiveness with which he has run the institute as acting director. NCI staff morale, which dipped noticeably during the uncertain period following the reorganization announcement and Upton's widely known impending departure, has regained much of its zeal.

DeVita now will have three division directorships to fill (his own at DCT, King's, and the new Div. of Centers, Community Activities & Resources which replaces DCCR) as well as the vitally important executive officer position. Alan Rabson, Div. of Cancer Biology & Diagnosis, and Gregory O'Conor, Div. of Cancer Cause & Prevention, are the only two remaining division directors with permanent appointments. William Terry is acting director of DCCR, and Saul Schepartz is acting DCT director.

KENNEDY BILL RENEWING CANCER PROGRAM, OTHER HEALTH AUTHORITY, BREEZES 82-0

The Senate last week passed S. 988, the "Health Sciences Promotion Act of 1979," by an 82-0 vote with practically no debate. Although the bill extends the National Cancer Program for another three years with a few modifications, not one word has mentioned about NCI or the Cancer Program in what little floor debate occurred.

Primary feature of the bill as far as NCI is concerned is that it does not establish dollar authorization levels, permitting "such sums as may be necessary" to be determined in appropriations bills. Sen. Edward Kennedy and his Health Subcommittee had concluded that the authorization levels had become ceilings rather than goals, and they had the support of the American Cancer Society in that position.

The feature in the bill opposed by ACS and a number of other Cancer Program advocates is the creation of the "President's Council for the Health Sciences." This body would prepare a "national health sciences research plan," recommend budget ranges for health science research, identify those areas "relatively underfunded or underdeveloped," and could award grants and contracts to improve "methodology" of health science research evaluation, fund allocation, and measuring disease burdens. ACS and others fear the Council would diminish the influence of the National Cancer Advisory Board, weaken NCI's budget bypass atuhority, and give Cancer Program critics a means—if they could gain control of the Council—to throttle cancer research efforts.

Kennedy feels the Council is the centerpiece of the legislation and intends to fight to keep it in the bill in conference with the House.

The House compansion measure, H.R. 7036, has been reported out by the Health Subcommittee's parent Commerce Committee. At press time this week, it was still bottled up in the Rules Committee. It contains specific authorization levels, including for the first time a figure for cancer center core grants along with cancer control, in addition to the overall level for NCI research. It has drawn opposition from NCI because it would require NCAB (as well as other institute council) review and approval of contracts.

The House and Senate bills renew all biomedical research authorities and both, for the first time, write into law specific authorization for the National Institutes of Health and the component institutes. Only NCI and the National Heart, Lung & Blood Institute

have statutory authorizations; the rest have been established through general provisions of the Public Health Service Act.

BENNETT GLOOMY ON COOPERATIVE GROUP STUDIES; SIMONE NEW CCIRC CHAIRMAN

"Most clinical studies are not realizing their goals. They are reviewed, approved, and then terminated in six to eight months because of poor accession of patients."

John Bennett, professor of oncology in medicine at the Univ. of Rochester Cancer Center, bowed out this week as chairman of the Cancer Clinical Investigation Review Committee with a somewhat gloomy view of the state of the Cooperative Group Program.

"I am increasingly concerned about the complexity of multimodal cancer care," Bennett said after reviewing the shift by the groups from emphasis on medical oncology to multimodality trials in the past five years. "We have set up the mechanism, but a look at early studies shows there are enormous problems. The issue now is disease free survival rather than response. That means you set up a study and then don't get an answer for 10 years. Many of us won't be around to look at the results. If we are to make major strides, we need to make them in patients with minimum disease, but that causes enornous problems. There is tremendous competition for patients. Group members say they want to do those studies, but they can't convince their colleagues when they go back to their own institutions.

"Where are the patients? Where are the researchers? We seem to find them just in pediatric and medical oncology. I'm afraid we are in a period of stagnation and not dynamic movement. Funding is not a factor. Given a budget of $40 million this year, we would be no further along than we are at $32-33 million."

The CCIRC's major function is as the primary review committee for Cooperative Group grants. Bennett commented that "a second function could be to serve in ad advisory role to the Div. of Cancer Treatment director. We have not taken advantage of this opportunity, except in merit review and with our symposia."

CCIRC member Clara Bloomfield said she thought Bennett's comments were "unduly pessimistic, and impatient." The switch to emphasis on multimodal studies was started only five years ago, "and that involved major changes. I think we've seen remarkable progress toward multimodal treatment. It was a tremendous revolution in what the groups are like."

"I agree," Bennett said. "The structure is there, set up to do the job." But recent decisions by two groups to drop a number of studies because of poor patient accrual "has raised the question—can we conduct good multimodal studies?"

CCIRC member Roy Weiner said that "another cause for optimism is that radiation oncologists have only recently been exposed to multimodal studies," yet are participating with enthusiasm.

CCIRC member Hugh Davis commented that another cause for optimism is the integration of pathologists into clinical trials. The result is "that we are asking important biological questions. It is a scientific plus for the groups and will get them into the 21st Century."

"I'm optimistic," said CCIRC member Ralph Vogler. "This takes some time. In the last year or so we are starting to click, and are beginning to generate multimodal protocols."

CCIRC member Alfred Bartolucci said that "in terms of technology transfer, the groups are a good mechanism to demonstrate biostatistical techniques. These are being used around the country in clinical trials outside the Cooperative Groups."

Joseph Simone, associate director for clinical research at St. Jude Children's Research Hospital, has been appointed to a two year term as CCIRC chairman and will preside at the committee's next meeting in November.

BOSTON GLOBE REPORTEDLY PLANS TO USE STORY ON CLINICAL TRIAL DATA ALTERING

"Here it is, time to mark up the appropriations bills including money for the Cancer Program, and the critics are coming out from under the rocks, right on schedule."

That comment was expressed last week by a Cancer Program advocate, who with some justification may be getting a bit paranoid. Much of the criticism has surfaced when Congress has been writing appropriations bills, and very little of it has involved legitimate challenges to NCI's budget. Two of the latest which may come up this week:

* The Boston *Globe* has had a story ready to publish for the past week, and supposedly plans to use it June 29, on a two year old incident in which clinical trial data allegedly was falsified.

* The Food & Drug Administration reportedly was preparing to go public with a complaint about NCI's handling of a renal toxicity report from a methyl CCNU study.

The Boston incident came up in June, 1978, when Boston Univ. officials notified the Eastern Cooperative Oncology Group that records of an ECOG study in which BU was participating as a member of the group had been falsified. BU had been a member of ECOG since 1968.

BU officials notified ECOG Chairman Paul Carbone a few days later that the principal investigator of the study had been relieved of his duties. Carbone responded by forbidding BU to accrue any more patients into ECOG protocols. The ECOG executive committee followed by suspending BU's participation in ECOG.

An ECOG site visit team consisting of Hugh Davis, Janet Wolter and Arnold Mittleman confirmed that the allegation of altered records was well documented. Patient ages and dates of surgery had been changed, they reported. However, they could not determine who was responsible for the alterations.

BU was formally dropped from ECOG membership in November 1978. By then, the principal investigator had left the university and joined another institution.

The methyl CCNU study was conducted by the Brain Tumor Study Group. In June, 1978, the BTSG coordinator notified NCI of the occurrence of renal toxicity in a patient treated with the drug. This was not considered an emergency, since the alleged toxicity was chronic in nature, not acute. The role of methyl CCNU in contributing to the toxicity was not clear. Other BTSG investigators were notified and asked if other cases had been seen. No positive responses were received.

In January 1979, NCI received a letter from William Harmon providing information on additional cases of renal toxicity. NCI submitted an adverse drug report in February, 1979, and all investigators using MeCCNU were informed of the nephrotoxicity. The guidelines for the use of MeCCNU were amended to reflect the problem of nephrotoxicity. Requests were sent to other investigators using the drug asking for toxicity information.

FDA expressed interest in the MeCCNU situation later in the year, and NCI furnished information requested.

The next chapter apparently will be written by FDA.

PROGRAM COMMITTEE DEVELOPS FORMAT FOR 13TH CANCER CONGRESS IN SEATTLE

Plans for the 13th International Cancer Congress in Seattle Sept. 8-15, 1982, sponsored by the International Union Against Cancer, are going forward under the direction of William Hutchinson, president of the Congress; Edwin Mirand, secretary general; and Enrico Mihich, chairman of the National Program Committee.

The Program Committee has developed the following format for the Congress:

General symposia: Traditional symposia on broad and basic topics covering the state of the art in oncology. These symposia will be held after registration begins, but before the opening ceremony. Nine such symposia are being organized to provide up to date information on areas such as cellular and molecular events in carcinogenesis; gene expression and its regulation; concepts in approaches to chemotherapy; recent advances in clinical cancer immunology, advances in specific therapeutic modalities; cancer prevention, screening, and early detection; and human values and ethics, including rehabilitation.

Specialized symposia: Forty-five traditional symposia on specific topics will be held between Sept. 10 and Sept. 15. These symposia provide the opportunity for specialized presentations in selected areas of biochemistry; chemical carcinogenesis; cell biology and viral oncology; preclinical pharmacology and therapeutics; medical oncology, radiotherapy and therapeutics; immunology; surgical oncology; diagnostics and pathology; epidemiology; community medicine, allied health, and psychosocial factors; professional education; and public education and cancer control.

Plenary lectures: The NPC anticipates that these will be keynote presentations on selected subjects of universal interest in oncology that would be given by outstanding leaders in the field.

Sessions on public issues: These sessions will consist of 10 special discussions dedicated to the diverse topics of sociological, governmental, public and physician-patient interest; and professional and public education.

Post-graduate courses: Formal continuing education events that are structured as advanced courses with relatively little audience participation. In the 20 such courses planned, the description of the advances made since the last International Congress in the management of specific tumor types will be given major emphasis.

Seminars: Although didactic in nature, the 22 seminar topics planned may be more controversial than the state of the art covered in the post-graduate courses. The format may allow for a greater dialogue with the audience during a discussion panel.

Roundtable discussions: Informal in nature, the 30 discussions of this type that are planned will be based on debate among experts invited to participate with ample audience participation. The topics may be very controversial and may also reflect new leads which, although unproven, are promising.

Proffered papers, poster sessions, panels: In addition to these scheduled events, it is expected that about 100 proffered paper sessions, 20 poster sessions, and 30 panels will be organized based on the abstracts submitted. The panels will be special proffered paper sessions clustered around a very specific subject and preceded by a critical review of the subject by the panel chairman. Scientific films and exhibits will also be part of the program.

The NPC decided to remain flexible when identifying specific topics and components for these events so that new developments in oncology between now and 1982 may be introduced into the program.

NPC members emphasized the international aspect of the Congress and that international involvement be encouraged in the selection of invited participants.

According to Mihich, registration would begin on Sept. 8. There would be two days of general symposia (Sept. 8 and 9) culminating with the opening cere-

mony on Thursday evening, Sept. 9.

Each of the next five days of the Congress will consist of general symposia, specialized symposia, plenary lectures, sessions on public issues, post-graduate courses, seminars, roundtable discussions, proffered films, and scientific exhibits among other activities.

Sunday, Sept. 12, midpoint in the Congress, has been designated a free day thus enabling the participants to tour Seattle and vicinity.

The NPC has established the tentative deadline for the submission of abstracts as Jan. 1, 1982.

Mirand pointed out areas that the UICC considered should be emphasized at the upcoming Congress:

–Quality control of the various programs sessions.

–Appropriate screening mechanisms for the selection of proffered papers.

–International involvement in the program so as to provide an international impact.

–Meeting the needs of the UICC member organizations.

In addition, the UICC Council felt that substantial emphasis be placed on authoritative presentations on cancer control, prevention and early diagnosis, allied health and public education programs, services to cancer patients provided by voluntary agencies.

NCI CONTRACT AWARDS

Title: Screening, indexing and abstracting of published cancer-related literature
Contractor: Franklin Institute, $4,844,432.

Title: Biological characterization studies of animal mammary tumors, continuation
Contractor: EG&G/Mason Research Institute, $170,051.

Title: Long-term follow-up of the breast cancer screening project participants
Contractor: Virginia Mason Research Center, $665,689.

Title: Studies of immune stimulants in patients receiving radiation therapy
Contractor: Univ. of California (San Francisco), $45,178.

Title: Natural occurrence of RNA tumor viruses (genomes), continuation
Contractor: Jackson Laboratory, $400,000.

Title: Search for genetic material in human cancer and studies on mechanisms of oncogenesis, continuation
Contractor: St. Louis Univ. School of Medicine, $250,000.

Title: Adjuvant tumor specific active immunotherapy of squamous cell carcinoma of the lung
Contractor: Roswell Park, $54,469.

Title: Support services for the Laboratory of Tumor Virus Genetics
Contractor: Meloy Laboratories, $3,254,878.

Title: Support services for the tumor virus detection section, Laboratory of Viral Carcinogenesis
Contractor: Meloy Laboratories, $2,563,792.

Title: Support services for the Laboratory of Viral Carcinogenesis
Contractor: Meloy Laboratories, $3,339,575.

Title: Influence of virus related genes on susceptibility to cancer, continuation
Contractor: Sloan-Kettering Institute for Cancer Research, $361,655.

Title: Immunoprevention of spontaneously occurring neoplasia, continuation
Contractor: Microbiological Associates, $99,982.

Title: Establishment and development of a Connecticut Cancer Epidemiology Program, continuation
Contractor: Yale Univ., $470,655.

Title: Population based cancer epidemiology research center in Iowa, continuation
Contractor: Univ. of Iowa, $740,864.

Title: Application of Epstein Barr virus markers to diagnosis and prognosis of nasopharynx area in U.S.A., continuation
Contractor: Mayo Foundation, $43,340.

Title: Feasibility study of the risk of cancer in x-ray technologists
Contractor: Univ. of Minnesota, $22,758.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR JULY AND AUGUST

Czechoslovak Congress of Phthisiology & Pneumonology–July 1-4, Prague.
Criteria of Response in the Treatment of Prostate Cancer–July 3, Paris.
Second International Congress of Toxicology–July 7-11, Brussels.
Symposium on Cancer & Genetics–July 12-13, Sapporo, Japanese Cancer Assn.
NIH Consensus Conference on Adjuvant Chemotherapy of Breast Cancer–July 14-16, Masur Auditorium, 9 a.m., open.
Fourth International Congress of Immunology–July 21-26, Paris.
Fourth International Cyclic Nucleotide Conference–July 22-26, Brussels.
NIH Consensus Conference on Cervical Cancer Screening: The Pap Smear–July 23-25, Masur Auditorium, 9 a.m., open.
Fourth International Symposium on Prevention & Detection of Cancer–July 26-Aug. 1, London.
Breast Cancer Task Force Committee Overview Meeting–July 28-29, NIH Bldg 1 Wilson Hall, 8:30 a.m., open.
Symposium on Trends in Cancer Incidence–Aug. 6-7, Oslo, Norwegian Cancer Society.
Special Session on Highlights in Cancer Epidemiology–Aug. 11-12, Helsinki.

Biometry & Epidemiology Contract Review Committee—Aug. 14-15, NIH Bldg 31 Rm 7, open Aug. 14 9:30—10:30 a.m.
NCAB Working Group on Agenda & Board Activities—Aug. 28, NIH.
Sixth International Congress on Histochemistry & Cytochemistry—Aug. 17-22, Brighton, UK.
Subcellular Methodology Forum on Cancer Cell Organelles—Aug. 27-30, Univ. of Surrey, England.
Second International Congress on Cell Biology—Aug. 31-Sept. 5, Berlin.

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.

RFP NCI-CP-FS-01040-65

Title: *Support services for a long-term mortality study of workers in the furniture manufacturing industry*
Deadline: *July 31*

The Div. of Cancer Cause & Prevention, NCI, Environmental Epidemiology Branch, is seeking technical, managerial, and clerical support to conduct a followup mortality study of workers employed in the furniture manufacturing industry. The study is designed to relate the mortality experience of furniture workers to workplace exposures as determined by job titles and type of furniture manufactured. The duration of the contract is expected to be three years.

Prospective contractors must have experience in conducting all phases of cohort mortality studies including design of data collection documents; abstracting, keying, editing, updating, and recording data; tracing of individuals to determine their vital status; creating and manipulating data files; developing estimates of historical workplace exposures; and obtaining death certificates for deceased subjects.

Personnel required include: (a) a data manager who will serve as the principal investigator (100 percent time for years one and two, and 50 percent time for year three; (b) an industrial hygienist to develop historical workplace exposure scales (50 percent time for year one and 20 percent time for years two and three); (c) a computer programmer (30 percent time for years one, two and three); and (d) abstractors, coders, keyers, and clerical help as necessary to complete the study.

Contracting Officer: Sydney Jones
Biological Carcinogenesis & Field Studies
301-496-1781

RFP NCI-CP-FS-01044-65

Title: *Support services for epidemiologic studies*
Deadline: *July 31*

The Div. of Cancer Cause & Prevention of NCI, Environmental Epidemiology Branch, is seeking technical, managerial, and clerical support for its Environmental Studies Program.

Prospective contractors must have experience and expertise in all phases of support for epidemiologic studies, such as the design of data collection, tracing of members of established cohorts, procuring of death certificates, creation and manipulation of computer files, and generation of basic statistics. The personnel required includes: nine full time permanent persons (1 program manager, 1 program analyst, 3 study managers, 2 nurses, 1 nosologist, 1 coding supervisor).

The contractor must have, at the time of submission of a proposal, permanently established offices within 50 miles of the NIH off-campus Landow Building, 7910 Woodmont Ave., Bethesda, Md. 20205, in which the Environmental Epidemiology Branch is located.

Contracting Officer: Sydney Jones
Biological Carcinogenesis & Field Studies
301-496-1781

SOURCES SOUGHT

PROJECT NCI-CP-FS-01042-77

Title: *Radiation risk estimation in children irradiated for tinea capitis*
Deadline: *July 18 for statement of qualifications*

NCI proposes to contract with the Chaim Sheba Medical Center, Israel, to assess the risk of cancer in children following irradiation for tinea capitis (ringworm of the scalp) between 1949 and 1960. The assessment is to evaluate the adverse health effects of ionizing radiation in a potentially sensitive population with minimal exposure to other carcinogens such as cigarettes or occupational toxins. Over 10,000 irradiated children, 10,000 non-exposed children chosen from the general population, and 5,000 siblings will be followed for up to 30 years and the incidence of all cancers determined. The assessment is to include followup of at least 95 percent of the population studied, complete review of all pathology records to determine and confirm the occurrence of cancers, and detailed radiation dosimetry to determine organ doses.

The potential contractor must supply evidence

that he has access to a population of at least 10,000 irradiated tinea capitis patients and 15,000 comparable non-exposed persons. In addition he must have the ability to determine radiation exposure histories, to trace the identified population, and to determine the occurrence of cancer without personally contacting the study subjects. Evidence must be provided that experts in disciplines including epidemiology, medical radiation physics and pathology will participate in the study. The contractor will provide all necessary medical, radiation, followup and cancer information to NCI for analysis.

Organizations who feel they possess the necessary capabilities and who can meet the criteria listed below must supply the following required information:

1. Evidence of access to a population of at least 10,000 children irradiated for tinea capitis, in the 1940s and 1950s and at least 15,000 comparable non-exposed persons; each group followed for at least 10 years.

2. Evidence of staff qualifications in areas of radiation epidemiology and followup and management of similar studies as requested in this Sources Sought. Curriculum vitae and other appropriate supporting documentation are required.

3. Access to and demonstrated evidence of collaboration with experts in biomedical disciplines required in the study. A list of consultants and/or collaborators and their project involvement for the preceding 12 months will be required.

Ten copies of the resume of experience and capabilities must be submitted.

SOURCES SOUGHT

PROJECT NCI-CP-FS-01029-77

Title: *Risk of cancer following multiple chest fluoroscopies for tuberculosis*

Deadline: *July 18 for statement of qualifications*

NCI proposes to contract with Yale Univ. to determine the long term health effects of multiple low dose radiation exposures to men and women treated for pulmonary tuberculosis between 1930-1954 in a state contiguous to Massachusetts. The study is to estimate the risk of radiation induced leukemia, lung cancer, and breast cancer in approximately 20,000 tuberculosis patients treated by pneumothorax or pneumoperitoneum which required periodic monitoring of lung collapse by fluoroscopy for as long as five years.

All incident cancers are to be determined as well as all causes of death. The assessment is to include followup of at least 95 percent of the population studied and complete ascertainment of incident cancers. Because the patients were treated in the 1930s and 1940s, accurate determination of cancers in this period, especially leukemia, is essential and the existence of a population based tumor registry during these years would be advantageous. The data will be merged with information obtained from similar ongoing studies in Massachusetts to determine whether low dose fractionated exposures are as effective in producing cancers as single high dose exposures.

The potential contractor must supply evidence that records of tuberculosis patients treated between 1930-1954 exist in a state contiguous to Massachusetts and that he has permission to evaluate this population. In addition, the contractor must have the ability to abstract information for medical records (particularly regarding fluoroscopy exposures), to trace the identified population, to determine the occurrence of cancer and all causes of death. Evidence must be provided that experts in disciplines including epidemiology, environmental health, tuberculosis and pathology will participate in the study.

Organizations who believe they possess the necessary capabilities and who can meet the criteria listed below must supply the following information:

1. Evidence of the existence and permission to evaluate at least 20,000 records of tuberculosis patients discharged alive from sanatoria in a state contiguous to Massachusetts between 1930-1954.

2. Evidence of the ability to determine accurately cancer diagnoses in all years after 1930 but especially 1930-1949.

3. Evidence of staff qualifications in areas of epidemiology and patient location and management of similar studies as requested in this Sources Sought. Curriculum vitae and other appropriate supporting documentation are required.

4. Access to and demonstrated evidence of collaboration with experts in biomedical disciplines required in the study. A list of consultants and/or collaborators and their project involvement for the preceding 12 months will be required.

Ten copies of the resume of experience and capabilities must be submitted.

Contract Specialist for above two projects:

Patrick Williams
Biological Carcinogenesis & Field Studies
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