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THE

# CANCER LETTER

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## FCRC RECOMPETITION TO BE SPLIT INTO TWO MAJOR CONTRACTS, FOR RESEARCH AND "EVERYTHING ELSE"

Recompetition of the contract for the operation of Frederick Cancer Research Center will be split into two major components and a few smaller ones designed for small business set asides, NCI Director Vincent DeVita and his staff decided last week.

The major components are research "and everything else" except the set asides, DeVita said. Everything else includes resource produc-  
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### In Brief

#### JUNQUEIRA OF BRAZIL NAMED NEXT UICC PRESIDENT, MURPHY GETS ANOTHER TERM AS SECRETARY GENERAL

GERALD MURPHY, director of Roswell Park Memorial Institute, has been reelected to another four year term as secretary general of the International Union Against Cancer (UICC). His present term expires in 1982. The UICC Council, meeting in Oslo last month, also named A.C.C. Junqueira, from the Instituto Central do Cancer in Sao Paulo, Brazil, president elect. He will take office in September, 1982, at the 13th International Cancer Congress in Seattle. Umberto Veronesi of Italy is the current president. . . . UICC COUNCIL accepted the format for the scientific program of the Seattle Congress as presented by Edwin Mirand, secretary general of the Congress (*The Cancer Letter*, June 27)

. . . . STAFF RECRUITING is still one of his major problems, NCI Director Vincent DeVita told the President's Cancer Panel last week. DeVita asked Panel members, and anyone else, to submit names of prospects to him. He needs a deputy director, directors of three divisions (Div. of Extramural Activities, Div. of Resources, Centers & Community Activities, Div. of Cancer Treatment), and an executive officer. Send suggestions directly to DeVita or to the search committee chairman—Saul Schepartz for NCI deputy director, William Terry for DEA, Gregory O'Connor for DRCCA, and Calvin Baldwin for executive officer. NCI, Bethesda, Md. 20205. . . . NOMINATIONS ARE being accepted for the fourth annual Bristol-Myers Award for Distinguished Achievement in Cancer Research. Winner of the \$25,000 prize will be selected by a panel of judges from cancer research centers at Baylor, Univ. of Chicago, Johns Hopkins, Stanford, Yale, Istituto Nazionale per lo Studio e La Cura dei Tumori in Italy, and Institute for Cancer Research at the Royal Marsden Hospital in England. Alan Sartorelli of Yale is the selection committee chairman. Nominations will be accepted from medical schools, free standing hospitals and cancer research centers until Dec. 15, only one per institution. Forms may be obtained from Secretary, Awards Committee, Bristol-Myers, 345 Park Ave., Room 43-30, New York 10154.

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## SAMUELS FINDS NO "SKULLDUGGERY" AT FCRC, SAYS HE'LL "EAT CROW"

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tion—animals, viruses, anticancer agents—which are supplied to investigators at the center, NCI labs elsewhere and to NCI grantees and contractors.

NCI also intends to proceed with its long range plan of gradually phasing down the contract supported operations at FCRC with a corresponding increase in the size of NCI intramural (and other NIH) contingent there. NCI has already moved one of its major labs, the Laboratory of Viral Carcinogenesis headed by George Todaro, to FCRC. The new Biological Modifiers Program, which will be directed by Robert Oldham, will be headquartered there.

FCRC has been operated by Litton Bionetics Inc. under contract with NCI since 1972, when the former Army Biological Warfare Center at Frederick, Md., was made available to the National Cancer Program. The contract was recompeted in 1977, but after initial interest was shown by other firms, all withdrew from the bidding and NCI had no choice but to negotiate renewal of the contract with LBI.

Not that NCI executives were unhappy with Litton, but they would have much preferred a competitive situation all the way. The decision to split up the contract was based in part on the hope it would encourage more organizations to submit proposals. DeVita has said he hopes that a university or consortium of universities will be interested in going after the contract for the research program.

DeVita told the President's Cancer Panel last week that with the concurrence of a National Cancer Advisory Board ad hoc subcommittee established last May to study the situation, NCI had decided to re-compete the contract for five years. The LBI contract will not expire until September, 1982, but the complexity of the contract requires a long lead time.

DeVita said the new contracts would be awarded at a level approximately 20 percent less than the total \$23.7 million a year with the present contract. The plan will be to permit some small growth, with the effort at the end of five years 10 percent under the present level.

"The mix of NCI and contract research at Frederick is a good one," DeVita said. "In 1985, we will have to decide again what to do. If it is working (with the increasing government presence) we could continue with another recompetition."

By moving existing NCI staff members to FCRC while reducing the scope of the contract operations, savings can be effected while still making optimal use of the facilities, DeVita pointed out. "The quality of research, which is very good, will not be damaged."

The decision on the recompetition was taken after a meeting of the NCAB subcommittee last week, when the members concurred in the long range goal

of turning FCRC into "NIH North." The subcommittee is chaired by Sheldon Samuels and includes Janet Rowley, Harold Amos and Morris Schrier. NCAB Chairman Henry Pitot also participated.

Samuels has been a critic of FCRC-Litton Bionetics operation, citing alleged irregularities found in a House Appropriations Committee staff investigation. But after spending most of the summer conducting his own investigation, Samuels told *The Cancer Letter*, "I'm going to have to eat crow. There is no skullduggery. I am convinced there is no major ripoff. There might be a minor ripoff but no more than with other contracts. The quality of work is good and is being handled in an orderly way."

Samuels said he would publicly "eat crow" when he makes his report to the NCAB at its October meeting.

Samuels said, "There is no FCRC. What there really is is an NIH North. The government will make increasing use of it, and why not? It is a government facility. It is not a national laboratory like Los Alamos or Argonne."

The subcommittee went along with the concept of reducing the size of the operation. Samuels emphasized that the phase down would be over a period of time long enough to permit reduction through attrition, and that no one would lose his job. "With a level budget and inflation, they've already been squeezed."

The subcommittee received DeVita's assurance that the Board would participate "in every stage of the recompetition," Samuels said. Only those members whose institutions plan to participate in the recompetition will be excluded.

"We're concerned that the recompetition not be strictly on a dollars and cents basis," Samuels said. "Professional employees there are paid more than their government counterparts. But the hourly and blue collar employees are paid less than those on the NIH campus. We don't want to encourage that kind of cutthroat competition." Samuels, a union leader, noted that this issue was brought up not by himself but by Amos, a Harvard scientist. Schrier, a business executive, concurred. "The principle is something the Board ought to consider. We won't accept unrealistic bids," Samuels said.

Another factor is the safety and health of employees, Samuels said. "Litton gave the place a clean up before we went there (for an NCAB session in May). But there are some things you can't clean up if they are not right. My observation is that Litton runs a clean operation. We want to be careful that if we split up the contract, we do not get someone who is not careful."

Samuels said he did not think the "Board would tolerate breaking up the research team" at FCRC. "If another contractor comes in, they would be protected. We're talking about scientific investigators,

not sheets and towels."

The subcommittee will recommend to the Board that the Board support dividing the contract "if NCI feels that is the way to go," Samuels said. The decision by NCI to split it was made two days after the subcommittee meeting. The subcommittee did not reach a consensus on how many contracts could be awarded.

Michael Hanna, who as FCRC director is Litton Bionetics' top-ranking employee there, said he was pleased by the decision to re-compete the contract.

"When you consider that one of the alternatives was to not continue with any contract and close the center, this alternative is not bad. It will preserve the integrity of the center for five more years, seven more years from now. As a scientist, I have never had that much security. Seven years is a lot of security for any scientist. I want competition. I'm not concerned with how they set it up. The scientific staff will be preserved however it happens."

If another organization did prevail in competing for the research contract, the scientific staff almost certainly would be invited to join the new firm or institution. That probably would be a condition insisted upon by NCI. Hanna agreed that most of the staff members probably would make the switch "if the new system is well organized and the team is kept intact."

Hanna said the budget reduction "is only a matter of fine tuning. I've already cut a million dollars with fine tuning."

Hanna sees no problems in moving more NIH and NCI scientists to FCRC. The addition of Todaro's lab has enhanced the center and it will be the same with the Biological Response Modifiers Program "and I'm delighted with the fellow they picked to run it," Hanna said. A small clinical facility will be developed as part of that program; it will be the first at FCRC.

Hanna was not so pleased with the decision to divide the contract. "I can't see how it will be more cost effective," he said. "We've been working to centralize things. I don't see how it will make anything better. If it is competition they want, having two major contracts will do that."

Some significant questions remain to be answered; NCI refused to discuss them until the RFP announcements are published. They include:

- Will an organization, institution or consortium be permitted to compete for both the research and "everything else" contracts?
- How will the cost cuts be apportioned among the research, resources and support operations?
- Will provisions be made for central services and management?
- Which operations will be offered as small business set asides (precluding both Litton Bionetics and academic institutions from competing for them)?

## DEVITA DEFENDS CHOP AWARD TOTALS, INSISTS PROGRAM HAS HIGH PRIORITY

NCI Director Vincent DeVita, emphasizing the high priority he accords the Community Hospital Oncology Program, defended the institute's decisions regarding the number of contracts awarded in discussing the controversy with the President's Cancer Panel.

NCI plans to award 13 contracts in the single institution category, nine multi-institution and one rural. The Assn. of Community Cancer Centers has objected, contending that NCI should fund more multi-institution proposals (*The Cancer Letter*, Aug. 8 and 15).

ACCC contends that NCI encouraged the submission of urban multi-institution proposals; that more of those proposals were generated (33 vs. 22 single institution); and that many more than the nine NCI proposes to fund received high marks in review. ACCC further argued that urban consortia proposals were split into two distinct groups—from relatively small urban communities and major metropolitan areas. CHOP, like its successful predecessor, the Community Oncology Program, was not aimed at the large cities.

NCI statisticians determined that eight to 10 projects in each category would be enough to demonstrate the programs' worth, but ACCC feels the large city consortium approach should be considered a separate category. That would justify funding of at least seven more proposals in the multi-institution category, bringing the total funded to 30, a figure NCI offered originally as a goal.

DeVita acknowledged that the "RFP language encouraged the consortium approach. . . but the key point in the controversy is that we planned to fund up to 10 in each category." He explained that the decision to fund 13 and nine was based on breaking points in priority scores assigned by reviewers. In the single institution category, that was between 13 and 14, and in the multi-institution group, between nine and 10—"smack in the middle of the eight to 10 we had said would be needed."

Of the four rural hospital proposals received, three were found unacceptable, and the other will be funded.

"We could have funded 10, 10 and none," DeVita told the Panel, pointing out this would have totaled only 20, whereas 23 will be funded. "We were hampered by the fact that one category was almost non-existent. The critics say we have reneged, but I don't feel we have."

DeVita noted that NCI originally committed \$13-17 million to CHOP (over the three and a half years of the contracts) when the budget for the Div. of Resources, Centers & Community Activities was \$69.6 million. That budget has been reduced to \$56.4 mil-

lion, "but despite that, we are funding exactly what we said we would. We are giving it a high priority. That shows our heart is in the right place."

Panel member Bernard Fisher expressed some reservations about the program. "One of the concerns I have is that is this a problem (upgrading of cancer care at the community level) really beyond what we're trying to do? Also, the end points ought to be crisp. In the cancer control programs I've been exposed to, the end points have not really been defined. There originally was no understanding of what was to be done."

DeVita suggested that Fisher was referring to the Community Based Cancer Control Program. "There was no end point, and it was a real problem. It was NCI's fault."

"The \$13 million (in CHOP) is not going to upgrade cancer care in the United States," Fisher said. "It might tell you the mechanism of what might be done."

DeVita said CHOP "is a critical experiment in matching those who design clinical protocols with those who deliver clinical care."

Referring to concerns expressed by Fisher on previous occasions about "locking in" current treatment methods, DeVita said, "We're torn in doing this over the tendency to fix therapy at the present level. We should view the present level as archaic, as bows and arrows. . . . But community physicians feel we don't pay enough attention to them. We feel what we're doing with this program shows we have not forgotten them."

Panel member Harold Amos said, "This could be a very important program. Here (NCI) and at academic centers we sometimes forget about all those at community hospitals, with their thousands of patients."

Panel Chairman Joshua Lederberg did not attend the meeting.

#### **APPROPRIATIONS, WAXMAN BILLS PASS HOUSE; NCI FIGURE AT \$1.001 BILLION**

The House passed both the 1981 fiscal year appropriations bill for the Dept. of Health and Human Services, which includes NCI's funds, and H.R. 6522, the Waxman bill authorizing biomedical research programs including renewal of the National Cancer Act.

The Waxman bill now will go to conference with the Senate, which has approved an authorization measure by Sen. Edward Kennedy that differs significantly in several areas. The Senate has not yet acted on an HHS appropriations bill; the Subcommittee on HHS Appropriations has not yet scheduled a markup on its bill.

As usual, it will be up to the Senate to get any substantial increase for the Cancer Program—any increase at all over FY 1980, in fact. The House figure for NCI is \$1.001 billion (that's \$1 billion, 1 million,

not the \$11 million over a billion reported in *The Cancer Letter* Aug. 8). NCI's appropriation for FY 1980 is \$1 billion even; the House figure would amount to a decrease of at least 10 percent, considering inflation.

The House Appropriations Committee claimed it had added \$36 million to the President's budget for NCI. The White House originally had asked for \$7 million over \$1 billion, but revised that to \$965 million in the panicky anti-inflation effort in March. The committee did not acknowledge that NCI's real budget request—the bypass budget—had asked for \$1.172 billion.

Congressman David Obey used the General Accounting Office report on its investigation of five Cancer Control Program contracts to justify transferring \$5 million from the program to other NCI programs. Obey told the House:

"At HHS there have been some cases of waste and mismanagement which have been brought to our attention and which are addressed in this bill. A GAO report, for instance, which studied the Cancer Control Program at the National Cancer Institute, came to the conclusion that significant problems existed in its operation. I think the report leaves little doubt that those involved in decision making in cancer control have not had a clear idea of what they specifically expected to achieve with their \$70 million expenditure. Consequently, this bill transfers \$5 million from the cancer control operation at NCI to other parts of the Cancer Institute, and adds an additional \$11 million for areas within NCI where we have been getting good results. Especially in something as critical as cancer research, we need to see to it that each and every dollar is spent wisely."

The committee report directed that of the \$36 million over the budget request it was giving NCI, \$6,530,000 be used to restore research training to the 1980 level. NCI had not budgeted for any new NRSA starts at the \$965 million level. The additional money will permit the funding of 1,550 full time equivalent trainees.

The committee also directed that \$16 million be added to cancer treatment research budget, of which \$5 million would be the amount transferred from cancer control.

There were no further specific dollar earmarks, although the report said the committee expects that part of the additional \$36 million would go into investigator initiated research and cancer centers. The report also noted "the committee's interest in interferon and supports the use of increased funds for research on interferon and other biological response modifiers." Additional money also should be put into research on chemoprevention and identifying high risk populations which chemoprevention could help, the report said.

The report urged increased emphasis on preven-

tion, carcinogenesis testing, and search for new treatment methods.

The House figure for NIH was \$126 million over the revised budget request and \$187 million over the 1980 total. The other institutes averaged an increase of 5.5 percent while NCI's increase was only 1 percent, the smallest percentage increase for any institute.

Subcommittee Chairman William Natcher (D.-Ky.), aided by Obey, Silvio Conte (R.-Mass.) and other subcommittee members, fought off an amendment offered by Clarence Miller (R.-Ohio) that would have reduced the bill two percent across the board.

Although Miller said "it would be foolish to reduce the high priority health items in the bill such as cancer, heart and arthritis research, and I would be ashamed if my committee did that," Obey was incensed.

"I know it is like attacking motherhood to suggest that there is something wrong with an across the board cut in an appropriation," Obey said, "but let me suggest to you that there is. I think the fundamental problem facing this House is that through the years we have lost too much respect for ourselves and our legislative ability to make decisions. I think we demean the House and we weaken the institutions within the House that make it able to function when we adopt clumsy amendments like this and totally ignore what has been developed each and every year in the committee system. . . .

"This committee has held months of hearings on this bill. I want to ask you a question: How many of you wrote our subcommittee and said, 'Hey, boys, I want more money for cancer. I want more money for arthritis. I want more money for muscular dystrophy. I want more money for impact aid. I want more money for handicapped education.'?"

"How many of you had guts enough to write us on those amendments, and then are going to vote for an amendment which makes across the board reductions in all of those items?"

"Now, whenever somebody back home in my district says to me, 'What's the matter with you, Obey? Can't you vote to cut a lousy two percent from that bill?' My answer is that the rational way to legislate is to have the people who know the most about the programs decide where that money is going to go, and then you argue the programs on the merits. We adopted a budget resolution in this House, and this bill is \$6 million below that budget resolution for those items. Now, in my judgment that means that this committee has been extremely responsible. . . .

"I do not think you want to cut cancer by \$50 million. I do not think those of you who wrote to us on impact aid want to cut impact aid by \$40 million. I do not think you want to cut handicapped education by \$55 million. I do not think you want to cut

student aid by \$167 million. . . . If you want to cut individual items, have the guts to propose what those reductions ought to be."

Miller's amendment was defeated by a voice vote.

## NEW PUBLICATIONS

"Eating Hints: Recipes and Tips for Better Nutrition During Treatment," by the Yale-New Haven Medical Center staff and reprinted by NCI. Free from NCI, Office of Cancer Communications, Bethesda, Md. 20205.

"Report of the Urban Environment Foundation/NCI Workgroup on Environmental & Occupational Cancer Information/Education." Free from NCI-UEF Workgroup Report, NCI, Bldg 31 Room 10A18, Bethesda, Md. 20205.

"Prostate Cancer," a series of workshops on the biology of human cancer, report No. 9. Edited by Donald Coffey and John Isaacs, published by UICC. 20 Swiss Francs plus postage and packaging, from The Managing Editor, UICC, 3 rue du Conseil-General, CH 1205 Geneva, Switzerland.

"The Ostomy Book: Living Comfortably with Colostomies, Ileostomies and Urostomies," by Barbara Mullen and Kerry McGinn. Bull Publishing Co., P.O. Box 208, Palo Alto, Calif. 94302, \$7.95.

"Cancer Biology Reviews, Vol. I," edited by John Marchalonis, Michael Hanna and Isaiah Fidler. Marcel Dekker Inc., 270 Madison Ave., New York 10016, \$44.50.

"Breast Self Examination," by Albert Milan, an illustrated how to do it book for women. Workman Publishing, 1 West 39th St., New York 10018, \$3.50.

"The Cancer Reference Book: Direct and Clear Answers to Everyone's Questions," by Paul Levitt and Elissa Guralink, with Robert Kagan and Harvey Gilbert. Dell Publishing Co., 1 Dag Hammarskjold Plaza, 245 E. 47th St., New York 10017.

"Innovations in Cancer Risk Assessment," symposium proceedings edited by Jeffrey Staff and Myron Mehlman, \$29; and "Cancer and the Environment," symposium proceedings edited by H.B. Demopoulos and Myron Mehlman, \$33. Both from Pathotox Publishers Inc., 2405 Bond St., Park Forest South, Ill. 60466.

The following are available from Raven Press, 1140 Ave. of the Americas, New York 10036:

"Role of Medroxyprogesterone in Endocrine Related Tumors," edited by S. Lacobelli and A. Di-Marco, \$14.50.

"Perspectives in Steroid Receptor Research," edited by Francesco Bresciani, \$27.

"Advances in Neuroblastoma Research," edited by Audrey Evans, \$35.

"Control Mechanisms in Animal Cells," edited by L. Jimenez de Asua, R. Levi-Montalcini, R. Shields, and S. Lacobelli, \$34.

"Status of the Curability of Childhood Cancers,"

edited by Jan van Eys and Margaret Sullivan, \$36.

"Proteinases and Tumor Invasion," edited by Peter Strauli, Alan Barrett, and Antonio Baici, \$25.

#### 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 Contracting Officer or Contract Specialist named, Research Contracts Branch, National Cancer Institute, Blair Building, 8300 Colesville Rd., 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-CO-04349-38

**Title:** *Technical support services for the International Cancer Research Data Bank (ICRDB)*

**Deadline:** *Oct. 27*

NCI intends to issue an RFP to obtain the services of an organization with demonstrated capability of providing the ICRDB Program with technical support services. These support services are to be performed in close collaboration with NCI. The contractor's facility must be within a 25-mile radius of NIH.

Work to be accomplished will be in the nine following areas:

1. Obtaining background information and preparing documents needed for planning or implementing specific ICRDB/DCCP functions.
2. Monitoring the quality of products and services produced by the ICRDB Program.
3. Developing and implementing methods to evaluate the usefulness of ICRDB products and services.
4. Updating special publications or compiling new publications as needed by the ICRDB Program.
5. Taking steps to make potential users aware of ICRDB products and services.
6. Preparing and/or disseminating documents, reports letters and other representations as requested by the ICRDB Program.
7. Developing and implementing methods and documents for responding to requests for information.
8. Providing required support for meetings sponsored by the ICRDB Program.
9. Documenting contract activities.

**Contract Specialist:** Barbara Mercer  
Biology & Diagnosis  
301-427-8877

#### RFP NCI-CP-FS-01032-77

##### *Biomedical computing support services*

The date for receipt of proposals has been reset to the close of business 5 p.m. local time on Monday, Sept. 29, 1980. This is a small business set aside for companies with 500 or fewer employees; this is unchanged from the solicitation.

#### NCI CONTRACT AWARDS

**Title:** Long term mortality study of Minnesota iron-ore miners, continuation

**Contractor:** Univ. of Minnesota, \$62,789.

**Title:** Detroit population based cancer registry, continuation

**Contractor:** Michigan Cancer Foundation, \$138,000.

**Title:** Etiologic studies of cancer in New Jersey, continuation

**Contractor:** New Jersey Dept. of Health, \$424,334.

**Title:** Iron ore miners study, continuation

**Contractor:** Univ. of Minnesota, \$62,789.

**Title:** Study of the relationship between conjugated estrogens and the risk of breast cancer among oophorectomized women, continuation

**Contractor:** Kaiser Foundation Research Institute, Oakland, Calif., \$47,309.

**Title:** Japan Hawaii study, continuation

**Contractor:** Kuakini Medical Center, Honolulu, \$27,369.

**Title:** Production, purification and concentration of potentially oncogenic DNA viruses, continuation

**Contractor:** Life Sciences Inc., \$44,980.

**Title:** Support services for field studies, continuation

**Contractor:** Westat Inc., \$98,390.

**Title:** Renal cell carcinomas associated with a chromosomal translocation

**Contractor:** Univ. of Minnesota, \$34,605.

**Title:** Breast Cancer Detection Demonstration Project

**Contractor:** Good Samaritan Hospital & Medical Center, Portland, Ore., \$40,960.

**Title:** Carcinogenicity of drugs and medical procedures

**Contractor:** Tracor Jitco Inc., \$167,417.

**Title:** Data support project for cervical cancer screening

**Contractor:** Small Business Administration (Evaluation Technologies, Inc., subcontractor), \$575,005.

### **The Cancer Letter** \_ Editor Jerry D. Boyd

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