THE CANCER LETTER

Vol. 6 No. 36

Sept. 12, 1980

Subscription $125.00 per year

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

NEW NCI SHAKEUP: O'CONOR LEAVES DCCP TO RETURN TO INTERNATIONAL OFFICE; ADAMSON ACTING DIRECTOR

Gregory O'Conor, who has been director of NCI's Div. of Cancer Cause & Prevention for the past three years, has given up that position to return to his former job as director of the Office of International Affairs. NCI Director Vincent DeVita announced that Richard Adam-

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In Brief

HELLMAN TO HEAD DCT BOARD; GARB JOINS COLORADO ONCOLOGY GROUP; NCI MAY SUPPORT DEATH INDEX

SAMUEL HELLMAN, director of the Center for Radiotherapy Studies at Harvard, is the new chairman of NCI's Div. of Cancer Treatment Board of Scientific Counselors, replacing John Ultmann. Other new members of the DCT Board are Joseph Byron, professor of pharmacology and experimental therapeutics at the Univ. of Maryland; Gertrude Elion, head of experimental therapeutics for Burroughs Wellcome; and Paul Marks, president of Memorial Sloan-Kettering Cancer Center. Leaving the Board in addition to Ultmann are Harris Busch, Baylor; Charles Heidelberger, Univ. of Southern California; and James Holland, Mount Sinai. . . . **SOLOMON GARB** has left the AMC Cancer Research Center to accept the position of clinical coordinator for the Colorado Oncology Group. Garb is chairman of the Citizens Committee for the Conquest of Cancer. . . . **NATIONAL DEATH** Index, a project to capture information obtained in the 1980 census, will be on the agenda for the October meeting of the National Cancer Advisory Board. NCI's participation, to get cancer related information, would cost about $6 million. The agenda also will include reports on the Biological Response Modifiers Program, Frederick Cancer Research Center, and the latest version of the cancer center core grant guidelines. The November NCAB meeting will be devoted entirely to a review of the new Div. of Resources, Centers & Community Activities and its various programs. . . . **MEETINGS:** M.D. Anderson's 25th annual clinical conference, this year on gastrointestinal cancer, Nov. 5-7 at the Shamrock Hilton in Houston. Joseph Burchenal, Memorial Sloan-Kettering, will deliver the Jeffrey A. Gottlieb Memorial Lecture. "Relation of Carcinogen Action on DNA Cell Transformation," Nov. 18, Jefferson Medical College, sponsored by the ICRDB CIDAC-Carcinogenesis. Contact Anne Scott, Franklin Research Center, Philadelphia 19103. "Caring for the Care Giver," Nov. 14, Dallas Marriott, sponsored by American College of Radiology, St. Paul Hospital of Dallas, and American College of Surgeons. Symposium will deal with recognition and management of stress in those caring for seriously ill patients. Contact Dale Fuller, 214-689-2699.

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ZIEGLER REPLACES BAILAR AS EDITOR OF JNCI; CHABNER ACTING COP HEAD

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son, chief of the Laboratory of Chemical Pharmacology in the Div. of Cancer Treatment, would be acting director of DCCP.

In other major staff changes, DeVita has named John Ziegler, director of the intramural Clinical Oncology Program in DCT, as editor in chief of the *Journal of NCI.* He replaces John Bailar, who has accepted an appointment to the faculty of the Harvard School of Public Health.

Bruce Chabner, chief of DCT's Clinical Pharmacology Branch, was named acting director of the Clinical Oncology Program. He also will assume the position of deputy clinical director of NCI. DeVita is clinical director.

With O'Conor's departure from DCCP, four of the five divisions are being run by acting directors. Alan Rabson, director of the Div. of Cancer Biology & Diagnosis, is the only holdover from prior regimes. He was appointed to that position by Frank Rauscher in 1975.

All the division director jobs are Senior Executive Service positions, requiring a nationwide effort to find candidates and a search committee to screen them.

DeVita's memo announcing the DCCP change:

"Dr. Gregory T. O'Conor, who las led the Div. of Cancer Cause & Prevention since September 1977, will return to his previous position as associate director international affairs, effective Sept. 8. Dr. Richard Adamson, chief of the Laboratory of Chemical Pharmacology in the Div. of Cancer Treatment, will serve as acting director of DCCP until a permanent director is appointed.

"Dr. O'Conor deserves the commendation of all of us for his dedicated leadership and performance as director of DCCP during a difficult time of extensive policy change and reorganization within the division. He may be justly proud of his many accomplishments.

"His wide experience and knowledge of international matters will be invaluable assets to his work in the position to which he returns. In the 1960s, Dr. O'Conor worked with the World Health Organization for two years, helping organize and develop the International Agency for Cancer Research. Dr. O'Conor organized NCI's Office of International Affairs in the early days of the National Cancer Program, and his efforts brought considerable emphasis and stature to programs involving international cooperation in cancer research. His interest in this area was such that he continued to head the office for a long period after becoming division director.. Dr. O'Conor has sustained his commitment to international cooperation, and recently he expressed the wish to devote more time to it than his position as division director would permit.

"Dr. Joseph F. Saunders, who recently has served as acting associate director for international affairs, has my thanks and appreciation for his excellent performance. He very ably and efficiently continued the programs and activities of that office.

"Dr. Adamson's accomplishments in cancer research and his interest in and knowledge of carcinogenesis are widely known and qualify him well for his position as acting division director. He will continue to serve as chief of the Laboratory of Chemical Pharmacology in addition to his new duties.

"I have asked Dr. James M. Sontag, NCI's assistant director for interagency affairs, to lead a search committee for a permanent division director. He will begin that work promptly and, of course, would appreciate any nominations that staff members and others would like to make for this position."

DeVita's memo on the *JNCI* change:

"Dr. John C. Bailar III, editor in chief of the *Journal of the National Cancer Institute* since 1974, will soon be leaving to accept a full time faculty appointment at the Harvard School of Public Health. Dr. Bailar has served the NCI and, in particular, the *Journal* in an outstanding manner and I know you join me in wishing him well.

"I am pleased to announce that Dr. John L. Ziegler has accepted the position of editor in chief. For the past four years Dr. Ziegler has served as the associate director for the Clinical Oncology Program, DCT, and will therefore bring to the *Journal* a broad background of personal experience in cancer research. Dr. Ziegler will be assuming his new position on Monday, Sept. 8, and his office will be located in the Westwood Bldg., Room 848A; he may be reached at 496-7187."

DCT Acting Director Saul Schepartz made this announcement on Chabner's appointment:

"I am pleased to announce the appointment of Dr. Bruce Chabner as acting associate director, COP, effective Sept. 8. In addition, Dr. DeVita has appointed Dr. Chabner as acting deputy clinical director. Dr. Chabner originally came to NCI as a clinical associate in the Laboratory of Chemical Pharmacology in 1967. After receiving further training at Yale Univ. during 1969-71, he returned to NCI and has been chief of the Clinical Pharmacology Branch, COP, since 1976.

Dr. Chabner will be located in Bldg. 10 Room 6B-15, and can be reached on 496-4251."

O'Conor was out of the country when the announcement was made and not available for comment.

HOUSE-SENATE SHOWDOWN COMING OVER NEW AUTHORIZATION BILLS FOR NCI, NIH

Approval by the House of the Health Research Act of 1980 (H.R. 7036) by an overwhelming 292-48

margin has set up the inevitable confrontation with the Senate over the legislation which will provide authorization for NIH, including NCI. The Senate had passed a similar bill, the Health Sciences Promotion Act of 1980 (S. 988) last June by an even more overwhelming margin, 82-0.

There are numerous and significant differences between the two measures, but only a few which would directly affect the Cancer Program:

- The House provides specific dollar authorizations for each institute for the next three fiscal years, while the Senate avoids monetary authorizations.
- The House bill includes for the first time a dollar authorization as a line item for cancer centers, while the Senate does not.
- The Senate bill, since it contains no dollar authorizations, drops the line item for cancer control, which was initiated in the National Cancer Act of 1971 and continued in subsequent renewals. The House bill continues the cancer control line item authorization.

Other differences could affect the Cancer Program but not so directly. The Senate measure would create a powerful President's Council for the Health Sciences which would have a strong voice in allocation of biomedical research funds. The Senate bill also gets more involved in grants policy than does the House version. The House bill, on the other hand, requires NIH advisory councils, including the National Cancer Advisory Board, to review contracts which will exceed $500,000 and permits them to review lesser contracts at their option. Advisory councils now are limited to review of grants.

Both bills continue NCI's special authorities, including the all-important budget bypass. The President's Cancer Panel is included in both, appointment of NCAB members by the President is continued (all other councils are appointed by the HHS secretary), and NCI would be permitted to hire up to 150 experts for up to two years without regard to personnel ceilings.

While both measures would for the first time give statutory authority to all NIH institutes (which is enjoyed now only by NCI and the National Heart, Lung & Blood Institute), the major philosophical difference over dollar authorizations must be resolved. The Senate authorizing committee, the Committee on Labor and Human Resources and its Subcommittee on Health & Scientific Research, are willing to leave it up to the Appropriations Committee to establish the scope of each institute.

Members of the House authorizing committee, the Committee on Interstate & Foreign Commerce and its Subcommittee on Health & Environment, were adamant during hearings on the bill about continuing to exercise their right to include dollar limits in their authorizations.

The American Cancer Society and some other Cancer Program advocates feel that the authorization figure for NCI, which from 1972 to about 1976 served as goals and helped increase the appropriation totals, has now become a lid.

Members of the Assn. of American Cancer Institutes and their allies, the Assn. of Community Cancer Centers, prefer the specific authorizations if the totals are set high enough. It was their efforts which persuaded the House subcommittee, headed by Henry Waxman (D.-Calif.) to include the line item for centers. It authorizes $90 million for centers for the 1981 fiscal year (centers would have about $70 million in the appropriations bill just passed by the House for 1981), $108 million for 1982 and $130 million for 1983.

The line item for cancer control would be $80.5 million in 1981, $91.5 million in 1982, and $103 million for 1983. The 1981 House appropriations bill has $56 million for cancer control.

For all other NCI programs, the House authorization bill establishes limits of $1.074 billion for 1981, $1.220 billion for 1982, and $1.376 billion for 1983.

The total authorized for 1981 would be $1.3445 billion, certainly far enough above the actual $1.001 billion the House has voted not to be considered a limiting factor. NCI's budget bypass request for 1981 was only $1.177 billion.

That portion of the bill relating to NCI follows:

Subpart 1—National Cancer Institute

Purpose of Institute

Sec. 411. The general purpose of the National Cancer Institute (herinafter in this subpart referred to as the "institute') is the conduct and support of research, training, health information, and related programs with respect to the cause, diagnosis, prevention, and treatment of cancer.

National Cancer Program

Sec. 412. The National Cancer Program shall consist of (1) an expanded, intensified and coordinated cancer research program encompassing the research programs conducted and supported by the Institute and the related research programs of the other national research institutes and including an expanded and intensified research program for the prevention of cancer caused by occupational or environmental exposure to carcinogens, and (2) the other programs and activities of the Institute.

Cancer Control Programs

Sec. 413. The Director of the Institute shall establish and support demonstration, education, and other programs for the detection, diagnosis, prevention, and treatment of cancer and for rehabilitation and counseling respecting cancer. Programs established and supported under this section shall include—

(1) locally initiated education and demonstration programs (and regional networks of such programs) to transmit research results and to disseminate information respecting the detection, diagnosis, prevention, and treatment of cancer and rehabilitation and counseling respecting cancer to physicians and other health professionals who provide care to individuals who have cancer;

(2) the demonstration of and the education of health professionals in—

(A) effective methods for the prevention and early detection of cancer and the identification of individuals with a high risk of developing cancer, and

(B) improved methods of patient referral to appropriate centers for early diagnosis and treatment of cancer; and

(3) the demonstration of new methods for the dissemination of information to the general public concerning the prevention, early detection, diagnosis, and treatment and control of cancer and information concerning unapproved and ineffective methods, drugs, and devices for the diagnosis, prevention, treatment, and control of cancer.

Special authorities of the Secretary and the Director

Sec. 414. (a) The Secretary, acting through the Director of the Institute, shall establish an information and education center to collect, identify, analyze, and disseminate on a timely basis, through publications and other appropriate means, to cancer patients and their families, physicians and other health professionals, and the general public, information on cancer research, diagnosis, prevention and treatment (including information respecting nutrition programs for cancer patients and the relationship between nutrition and cancer). The Director of the Institute may take such action as may be necessary to insure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the Institute and other scientific, medical, and biomedical disciplines and organizations nationally and internationally.

(b) The Director of the Institute in carrying out the National Cancer Program—

(1) may establish or support the largescale production or distribution of specialized biological materials and other therapeutic substances for cancer research and set standards of safety and care for persons using such materials;

(2) may, with the approval of the advisory council for the Institute, support (A) research in the cancer field outside the United States by highly qualified foreign nationals which research can be expected to inure to the benefit of the American people, (B) collaborative research involving American and foreign participants, and (C) the training of American scientists abroad and foreign scientists in the United States;

(3) may, with the approval of the advisory council for the Institute, support appropriate programs of education (including continuing education) and training;

(4) may encourage and coordinate cancer research by industrial concerns where such concerns evidence a particular capability for such research;

(5) may obtain (with the approval of the Institute's advisory council and in accordance with section 3109 of title 5, United States Code, but without regard to the limitation in such section on the number of days or the period of such service) the services of not more than one hundred and fifty-one experts or consultants who have scientific or professional qualifications;

(6) (A) may—

(i) with the approval of the Institute's advisory council, acquire and construct, and

(ii) improve, repair, operate, and maintain, such laboratories, other research facilities, equipment, and other real or personal property (including patents) as the Director deems necessary;

(B) may make grants for new construction or renovation of facilities; and

(C) may acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or otherwise through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia for the use of the Institute for a period not to exceed ten years;

(7) may, with the approval of the Institute's advisory council, appoint one or more advisory committees composed of such private citizens and officials of Federal, State and local governments as he deems desirable to advise him with respect to his functions;

(8) may, subject to section 407(b) (2), enter into such contracts, leases, cooperative agreements, or other transactions, without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529, 41 U.S.C. 5), as may be necessary in the conduct of his functions, with any public agency, or with any person, firm, association, corporation, or educational institution; and

(9) (A) shall prepare and submit, directly to the President for review and transmittal to Congress, an annual budget estimate (including an estimate of the number and type of personnel needs for the Institute) for the National Cancer Program, after reasonable opportunity for comment (but without change) by the Secretary, the Director of NIH, and the Institute's advisory council; and (B) may receive from the President and the Office of Management and Budget directly all funds appropriated by Congress for obligation and expenditure by the Institute.

National cancer research and demonstration centers

Sec. 415. The Director of the Institute, under policies established by the Director of NIH and after consultation with the Institute's advisory council, is authorized to enter into cooperative agreements with public or private nonprofit agencies or institutions to pay all or part of the cost of planning, establishing, or strengthening, and providing basic operating support for existing or new centers for basic and clinical research into, training in, and demonstration of advanced diagnostic, prevention, and treatment methods for cancer. Federal payments under this subsection in support of such cooperative agreements may be used for (1) construction (notwithstanding any limitation under section 473), (2) staffing and other basic operating costs, including such patient care costs as are required for research, (3) training, including training for allied health professionals, continuing education for health professionals and allied health professions personnel, and information programs for the public respecting cancer, and (4) demonstration purposes. As used in this section, the term 'construction' does not include acquisition of land, and the term 'training' does not include research training for which fellowship support may be provided under section 461. Support of a center under this section may be for a period of not to exceed five years and such period may be extended by the Director for additional periods of not more than five years each after review of the operations of such center by an appropriate scientific review group established by the Director.

President's Cancer Panel

Sec. 416. (a) (1) The President's Cancer Panel (hereinafter in this section referred to as the 'Panel') shall be composed of three persons appointed by the President, who by virtue of their training, experience, and background are exceptionally qualified to appraise the National Cancer Program.

(2) (A) Members of the Panel shall be appointed for three-year terms, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed only for the remainder of such term. A member who has been appointed for a term of three years may not be reappointed to the Panel before two years from the date of the expiration of such term of office. If a vacancy occurs in the Panel, the President shall make an appointment to fill the vacancy not later than ninety days from the date the vacancy occurred.

(B) The President shall designate one of the members to serve as the chairman of the Panel for a term of one year.

(C) Members of the Panel shall each be entitled to receive the daily equivalent of the annual rate of basic pay in effect for grade GS-18 of the General Schedule for each day (including travel time) during which they are engaged in the actual performance of duties vested in the Panel.

(3) The Panel shall meet at the call of the chairman, but not less often than four times a year. A transcript shall be kept of

the proceedings of each meeting of the Panel, and the chairman shall make such transcript available to the public.

(b) The Panel shall monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President. Any delays or blockages in rapid execution of the Program shall immediately be brought to the attention of the President. The Panel shall submit to the President periodic progress reports on the Program and shall submit to the President, the Secretary, and the Congress an annual evaluation of the efficacy of the Program and suggestions for improvements, and shall submit such other reports as the President shall direct.

HOUSE MEMBERS EXPRESS CANCER PROGRAM SUPPORT IN DEBATE ON WAXMAN'S BILL

Tim Lee Carter, A Kentucky physician who as the top ranking Republican on the House Health Subcommittee was one of the principal architects of the National Cancer Act of 1971, has continued to support the Cancer Program at every opportunity. He will retire from Congress at the end of this session, and the House debate on the Health Research Act of 1980 was his last opportunity to participate in formulating legislation affecting NCI and NIH.

Carter, whose son died of leukemia three years ago, said, "Sometimes we look at the funds we spend, and we wonder what good they are doing. If we look at, for instance, in cancer, in leukemia, we will find that in cases of acute lymphocytic leukemia, just a few years ago the mortality was 100 percent. Now, at least 50 percent of the youngsters with the disease are going into remission. We owe some of the physicians in this country a great deal of credit for this.

"One of them is Dr. Emil Frei of Harvard, and he is now a physician with the Farber Institute. Sidney Farber was a renowned cancer specialist over the years. Another physician prominent in the cancer field is Dr. Emil Freireich. It is an unusual thing that these two men, Emil Frei and Emil Freireich, were in the same class at Harvard, and both of them are well known and tremendously dedicated oncologists.

"I would also like to remind the Members of Dr. (James) Holland of Mount Sinai, who has been so helpful in this area.

"Just this morning we received a report that one of the cancers, acute myelogenous leukemia, which has been resistant to treatment, now is being treated successfully on an experimental basis. These cases are going into remission under treatment approximately 40 percent of the time, and soon they may well be cured.

"I want to commend the appointment of Dr. Vincent DeVita as director of the National Cancer Institute. Few people know that his son, although he did not suffer from cancer, suffered from an incurable disease, aplastic anemia, in which his body could not fight off any type of infection, and he had to live in a laminar flow unit for years and years. . . .

"I would say that if we ever had a man who has the right to be dedicated, it is a man who has had a family member under such treatment and suffering such a condition over such a long period of time. I know that Dr. DeVita will be a dedicated man. With such men, I am sure that we can go forward. There will be breakthroughs in this area."

Subcommittee Chairman Henry Waxman pointed out that "two of our colleagues are retiring this year, and much of the great work of the National Institutes of Health and so many other of our health programs, are due to their efforts. The first is Dr. Tim Lee Carter. The other is the very distinguished chairman of the Interstate and Foreign Commerce Committee, the gentleman from West Virginia (Harley Staggers). They have fought over the years for a strong and effective NIH program to conquer disease."

The bill included an amendment offered by Carter which authorizes an additional $100 million to fund any unexpected breakthroughs that might occur. Another amendment, by subcommittee member Richardson Preyer (D.-N.C.), extends the three year NIH and NCI renewals an extra year automatically if renewal legislation is not enacted in 1983.

Congressman Claude Pepper (D.-Fla.) expressed concern that the three year authorization might make NIH "subject to the vagaries of changing political situations." He proposed that the three year authorizations be adopted as written in the bill but that language be added which authorizes "such sums as may be necessary" for each of the institutes for the subsequent seven fiscal years. "This would carry us through the decade sure in the knowledge that the institutes indeed would exist. It would give assurances to the biomedical research community that the institutes would have stability. At the time you would ordinarily reauthorize the institutes under the current provisions of your bill, you could attach specific authorization levels for these out years."

Pepper did not offer his proposal as an amendment but asked that it be considered as an alternative in the conference with the Senate.

Congressman Andrew Maguire (D.-N.J.), a proponent for greater emphasis on cancer prevention by NCI, said, "There can be no doubt that health research is a very proper province for the wise expenditure of government funds. But, as was made abundantly clear in our subcommittee's hearing sessions, the National Institutes of Health could stand some more vigorous oversight and perform better if subjected to the congressional authorization process (arguing for individual authorization of the 11 institutes. . . .

"I am particularly pleased that the legislation retains some of the language which I added to the Public Health Service Act through the Biomedical Research Amendments of 1978. These amendments brought some much needed focus on the environ-

mental causes of cancer to NCI's research. I would like to take some of the committee's time to discuss the need for NCI—and in fact all of our nation's consumer protection agencies—to devote thought and action to environmental carcinogenesis.

"Cancer is the only major cause of death that has continued to rise since 1900. It is now second only to heart disease as a cause of death and is responsible for the loss of 400,000 lives each year.

"One of the most important cancer related discoveries over the past few years is that perhaps 60 to 90 percent of all cancers may be induced by agents in the environment. The Environmental Protection Agency recently listed 43,000 chemicals in its inventory of chemicals subject to the Toxic Substances Control Act. About 500 new chemicals or compounds are introduced each year.

"Some progress in government policy is being made. The National Toxicology Program recently released a two volume report which focuses on 26 human carcinogens to which Americans are exposed on a daily basis. This 'First Annual Report on Carcinogens,' which was mandated by one of my amendments, compiles an updated report on these carcinogenic substances, the nature of their human exposures, the toxicity of the agents, the degree to which they act synergistically, and other important data.

"But more must be done. We must recognize that although we have spent billions on cancer research that the incidence of this disease still is on the upswing. The annual costs of cancer are about $30 billion, but the human cost can never be quantified and this is why our task in curing and preventing cancer is so urgent. That is why Congress must be very wary of arguments about 'safe thresholds' or 'acceptable exposures' to substances known to be carcinogenic. In the wise words of the Toxic Substances Control Committee:

" 'Methods do not now exist for determining a safe threshold level of exposures to carcinogens. Uncertainties in the dose response relationship between specific exposures and cancer risk, unknown factors that influence individual susceptibility to cancer, and unpredictable interactions among cancer causing agents prevent determination of safe levels for human exposure to a carcinogen. Any exposure, however small, is regarded as an addition to the total carcinogenic risk.'

"Ideological cost benefit analyses are no substitute for effective research and cancer prevention," Maguire continued. "By retaining the language pertaining to environmental carcinogenesis, the Health Research Act of 1980 will continue to direct our cancer research efforts in a balanced direction that will truly benefit the citizens of our nation."

Maguire expressly thanked Waxman and "Dr. Carter, a true gentleman who has always written legislation as if people mattered."

FIRMS CAN COMPETE FOR BOTH FCRC CONTRACTS; RFP TO BE OUT NEXT JUNE

Organizations will be permitted to compete for both major contracts in the recompetition for operations at Frederick Cancer Research Center, ***The Cancer Letter*** has learned.

That was one of the questions which arose when NCI decided to split the recompetition into two major contracts—one for the management of scientific research and the other for management of research resources and support (***The Cancer Letter***, Sept. 5). It was a question which vitally interested the present contractor, Litton Bionetics Inc., which has operated FCRC for NCI since 1972. LBI has indicated it will compete for both of the major contracts.

NCI hopes that by splitting up the contract, other organizations and institutions will be encouraged to compete. The research contract could interest a university or consortium of universities, Director Vincent DeVita has commented.

In addition to the two major contracts, some of the operations will be split out in the recompetition and reserved for small businesses (firms with less than 500 employees and less than $5 million annual gross). Neither Litton Bionetics nor a university would qualify for that category. Those operations would include activities related to environmental control, employee health and possibly some computer services.

The support contract will include central services and personnel management for the entire center.

A key issue still to be resolved is how a 20 percent reduction from the present annual level of about $24 million will be distributed. NCI has decided that its support of FCRC will be reduced by that amount at the start of the new contract epriod in September, 1982. NCI staff members are scrutinizing the operation for tiems which can be cut.

Members of the National Cancer Advisory Board have indicated they feel it is important to keep intact the Litton Bionetics scientific research team at FCRC. Michael Hanna, FCRC director, has expressed concern that a substantial reduction in the contract supported research might discourage his staff scientists and lead some of them to look elsewhere for employment.

In a letter to Sheldon Samuels, chairman of the NCAB ad hoc subcommittee which has been studying the FCRC recompetition, DeVita indicated that eventual reduction or even total phaseout of the contract supported research is being considered.

DeVita described two of the four options being considered (the other two involved replacing the entire 840 Litton Bionetics workforce with government employees, options not considered feasible in the foreseeable future):

"Option 1. Transfer to FCRC from Bethesda approximately 340 NCI/NIH employees/slots and their

respective budgets, to replace only those FCRC contractor personnel engaged in research; but maintain (a) facility mangement, administrative support, general services and (b) research resources and services under two separate contracts. The result—a cost savings to the government of approximately $10 million.

"Option 2. Restructure the contract into three parts as in Option 1, but: (a) reduce the size of the contract research effort, (b) move a certain number of NCI/NIH scientific staff from Bethesda to FCRC to replace some of the 340 contractor research staff and (c) develop the contract research effort with a university consortium responsible for its operation, thus co-locating NCI/NIH scientists with university scientists. Operate in this manner for a five year period at which time a decision can be made regarding effectiveness. The cost savings realized would be less than in Option 1 since some research would be retained under contract."

DeVita continued in his letter to Samuels, "All factors considered, Options 1 and 2 represent the most practicable and realistic way to proceed gradually through a series of carefully planned phases. By virtue of this approach, the following benefits could be realized:

"1. There would be no need to request additional personnel slots (for NCI, a request virtually certain to be denied by the White House), since the NCI/NIH personnel transferring to Frederick would simply have their present slots transferred. All other labor requirements would be for management, resources, and support services which would continue to be obtained by contract.

"2. The space crunch at Bethesda would be somewhat alleviated.

"3. Gradual phaseout (Option 1) or reduction (Option 2) of contractor basic research at FCRC would be consistent with NCI/NIH expressed policy concerning the performance of basic research by contract. This would also be consistent with the House Surveys and Investigations staff report of FCRC which recommended that NCI not use the contract mechanism to acquire basic research.

"4. A 'hard' savings would be realized in an amount equal to that portion of the contract which is 'phased out.'

"5. If the preponderance of research work at FCRC were to be performed by government employees, and the management, resources, and support services would continue to be obtained by contract, the shape of such future contract work could perhaps be subdivided into three contracts. By so doing, contract competition would be greatly enhanced, and small business concerns and universities would have the capability to compete. Award to several contractors, and a smaller total amount being spent under contract, would diminish much of the outside criticism of NCI's award of a very big single contract to a large business concern for the operation of FCRC."

DeVita's Option 2 is closest to the recommendation Samuels' subcommittee will make to the NCAB, with these variations:

—Competition for management of the research effort will not be limited to universities. Commercial firms, including the present contractor, will be permitted to submit proposals, as will the so-called "not for profit" organizations.

—Use of the term "to replace" some of Litton Bionetics' 340 research staff with NCI intramural scientists is misleading. NCI already is moving one of its intramural labs, the Laboratory of Viral Carcinogenesis with more than 100 employees, to FCRC. It also will establish the headquarters for the Biological Response Modifiers Program there (***The Cancer Letter***, Sept. 5).

NCI scientists involved in those moves will not "replace" members of Litton Bionetics' staff in the sense that they will move into space now occupied by Litton scientists and pick up the research presently being performed under the contract. Litton scientists are not being terminated to make room for those NCI staff members.

Samuels' recommendation to the Board will be that the Litton scientific team be kept intact, whether the team members continue to work for Litton Bionetics or move to another organization which may win the contract. How that recommendation can be accommodated to the "gradual phaseout" of contractor basic research remains to be seen.

A sources sought announcement describing briefly the recompetition probably will be published next week. NCI does not intend to have the RFP ready for distribution before June, 1981.

NCAB members will be invited to help write the RFP. Those whose institutions might be interested in participating in the recompetition will be advised to absent themselves from those discussions.

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 N01-CM-05720-57

Title: *Preclinical canine bone marrow transplantation*

Deadline: *Oct. 20*

The Experimental Hematology Section with the

Clinical Oncology Program, Div. of Cancer Treatment of NCI is seeking an organization qualified to support services for the development of techniques for hematological reconstitution of patients receiving ablative regimens for the treatment of cancer by autologous stem cell infusions.

The required techniques will be developed through utilization of canine models. These services will include providing courier services for daily pickup and delivery of blood samples, weekly meetings with Experimental Hematology Section staff, granulocyte collection from intravenous shunted dogs by Aminco cell separator, irradiation of dogs for dose establishment for infusion, and maintain and provide daily care, treatment and medical support for dogs under study.

The offeror must be located in close proximity to NIH and turnaround time must be within one hour because of need of fresh samples for experiments at NCI. It is anticipated that the project will require approximately six technical and support man-years of effort per year.

Contracting Officer: Damian Crane
Cancer Treatment
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SOURCES SOUGHT

Reference Number NCI-CB-14336-67

Title: *Development of protocol for increased accuracy of cancer diagnosis*

Deadline for statement of capabilities: *Approximately Oct. 1*

The Cancer Diagnosis Research Program, Div. of Cancer Biology & Diagnosis, NCI, is issuing this announcement to identify organizations with facilities, active experience and key personnel to carry out studies leading to development of a protocol to increase accuracy of cancer diagnosis by improving human/diagnostic system performance.

The diagnostic systems which could be studied include all varieties of medical imaging systems such as x-ray, emission, heavy ion, ultrasound, and NMR as well as thermographic and microwave sensing systems and viewing or sensing systems used in cytology. Such a protocol would provide a systematic approach to the complex problem of improving performance of diagnostic systems and of the diagnosticians using those systems.

This proposed work is regarded as an appropriate addition to the other contracts and grants in the present Diagnosis Program concerned with improvement of existing diagnostic systems and development of new ones. Based on valid replies to this announcement NCI will determine whether the problem should be pursued at this time. This announcement is not a request for proposal and does not commit NCI to award a contract now or in the future. No RFP is available for distribution at this time.

Interested organizations are invited to respond. Prospective respondents should have an established group of key personnel with appropriate facilities for psychophysical studies and a positive record of productiveness. Responses should include a brief description of the diagnostic systems to be used as study models and accessibility of those systems and their clinical product (e.g. films, digital imaging data or similar material) to respondent; the proposed participation with the respondent of clinical and diagnostic consultants; and a summary of the general approach to be used in such a study.

Respondents should limit their responses to five pages, and submit 10 copies.

SOURCES SOUGHT

Reference Number NCI-CB-14337-67

Title: *Study microbuble contrast agents for improved ultrasonic tumor detection*

Deadline for statement of capabilities: *Approximately Oct. 1*

The Cancer Diagnosis Research Program is issuing this announcement to identify organizations with appropriate facilities, active experience, key personnel, and access to supplies of microbubble materials suitable for ultrasonic imaging, to carry out animal studies designed to improve ultrasonic tumor imaging.

The Diagnosis Program is currently supporting, through grants and contracts, research to improve tumor diagnosis with ultrasound. Based on replies to this announcement NCI will determine whether experimental work of the type outlined above will be pursued. This announcement is not a request for proposal and does not commit NCI to award a contract now or in the future. No RFP is available at this time.

Interested organizations are invited to respond to this announcement. Responses should include sufficient information to demonstrate capability and facilities of the respondent to carry out the animal studies; the source and nature of the microbubbles to be used; the animal models; the ultrasonic imaging system; and a summary of the experimental approach.

Respondents should limit their responses to five pages and submit 10 copies.

Contracting Officer for above two announcements: Dorothy Coleman
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Published fifty times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter.