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THE CANCER LETTER

Vol. 7 No. 11

March 13, 1981

Subscription $125.00 per year

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INSTITUTIONAL TRAINING AWARDS HARDEST HIT AS NEW BUDGET CUTS WILL SLASH INTO NONCOMPETING GRANTS

President Reagan finally dropped the other shoe this week, releasing details of his massive cuts in both the 1981 and 1982 fiscal year budgets—details carefully guarded as long as possible to delay the response from program advocates and defuse lobbying efforts to pressure

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In Brief

ETHICS COMMISSION TO CONSIDER STAFF PROPOSAL FOR COMPENSATION PROGRAM AT FUTURE MEETING

ETHICS COMMISSION, which almost buried the injured research subjects compensation issue at its last meeting, will bring it up again at a future meeting, probably in April. The commission staff is putting together a proposal for a pilot program, as directed by the commission. Considering the fact that the commission came within one vote of dropping the entire matter, it does not seem likely that HHS Secretary Richard Schweiker will agree to spend any money to test a program most of the experts say is not needed and is unworkable even if it were. Schweiker, in fact, could save a couple of million dollars a year by shutting down the commission entirely—it is due to go out of existence at the end of 1982 anyway. . . . WILLIAM LUCY, secretary-treasurer of the American Federation of State, County & Municipal Employees, pledged organized labor's support of efforts to protect environmental and occupational health programs against budget cutters and the anti-regulation movement. "We will work very hard for the agencies whose work supports the work of OSHA (Occupational Safety & Health Administration): programs in EPA, the National Institutes of Health, and the National Institute for Occupational Safety & Health," Lucy said. "The budgets and personnel of the chemical testing programs in the government are an endangered species in these times of budget cutting." . . . ELIZABETH WEISBURGER, chief of the Laboratory of Carcinogen Metabolism in NCI's Div. of Cancer Cause & Prevention, will receive the Garvan Medal from the American Chemical Society and the Hillebrand Prize from the Chemical Society of Washington. The Garvan Medal, established to honor U.S. women chemists, consists of $2,000 and a gold medal. The Hillebrand Prize, with a cash award of $1,000, has been presented every year since 1925 to a scientist who has made outstanding contributions to basic chemical research. . . . TAKASHI SUGIMURA, director of the National Cancer Center Research Institute of Japan, has received the Ernst W. Bertner Memorial Award for his pioneering work in the process of carcinogenesis in natural food products. The award was presented at M.D. Anderson's Symposium on Fundamental Research.

NATIONAL CANCER INSTITUTE'S PRESENT BUDGET STATUS

(In Thousands of Dollars)

	1980	1981[1]	1982[2]	1982[3]
RESEARCH GRANTS				
Research Projects				
Non-Competing	218,307	246,182	257,156	253,455
Administrative Supplementals	10,652	7,883	6,334	6,334
Competing				
Renewals	45,802	44,257	55,977	55,177
New	45,304	47,556	48,654	47,934
Supplementals	1,261	1,473	1,640	1,640
Sub-Total, Competing	92,367	93,286	106,271	104,751
Research Centers				
Exploratory Grants	221	200	200	200
Core Grants	67,421	69,835	74,931	74,931
Sub-Total, Research Centers	67,642	70,035	75,131	75,131
Other Research				
Research Career Programs	4,720	4,973	4,493	4,973
Organ Site Programs	17,554	15,300	15,300	15,300
Clinical Education Programs	10,906	8,000	6,000	6,000
Clinical Cooperative Programs	36,884	35,459	38,000	38,000
Other Research Related	4,492	3,510	3,386	3,386
Sub-Total, Other Research	74,446	67,242	67,179	67,659
Total, Research Grants	**463,524**	**484,628**	**512,071**	**507,330**
TRAINING				
Individual Awards				
Non-Competing	1,948	2,243	2,581	2,077
Administrative Supplementals	214			
Competing				
Renewals	133			
New	1,792	538	1,913	826
Sub-Total, Individual	4,087	2,781	4,494	2,903
Institutional Awards				
Non-Competing	11,640	13,971	21,274	15,271
Administrative Supplementals	1,934			
Competing				
Renewals	8,574	1,249	3,380	507
New	1,000	104	814	658
Supplementals	25			
Sub-Total, Institutional	23,173	15,324	25,468	16,436
Total Training	**27,260**	**18,105**	**29,962**	**19,339**
RESEARCH & DEVELOPMENT CONTRACTS	231,346	203,630	205,130	203,630
INTRAMURAL RESEARCH	144,009	161,779	176,856	176,831
DIRECT OPERATIONS	38,868	41,759	44,096	43,739
PROGRAM MANAGEMENT	10,615	11,515	12,023	11,954
CANCER CONTROL	66,993	56,553	57,623	57,623
CONSTRUCTION	15,432	5,000	4,000	5,500
TOTAL NCI	**998,047**	**982,969**	**1,041,761**	**1,025,946**

1. With the deferral of $13.5 million from the appropriation approved by Congress; without a supplemental appropriation for salary increases.
2. The Carter budget request.
3. Reagan's budget request.

R01s TO TAKE SOME CUTS; CENTERS, GROUPS, CONTROL UNTOUCHED FOR NOW

(Continued from page 1)

Congress into restoring the cuts.

The total for NCI in the President's 1982 budget request sent to Congress is as reported last week—$1.026 billion (actually, $1 billion, 25.946 million). That is $15.8 million under the amount requested in Jimmy Carter's 1982 budget.

The big issue is the distribution of nearly $16 million in cuts, along with the latest distributions in the 1981 budget. Although much of the 1981 money already has been spent or committed, changes still can be made right up to the end of the fiscal year, Sept. 30, as Director Vincent DeVita and division and program directors assess changing needs.

NCI faced up to the realization that it probably will not get a supplemental appropriation in 1981 to cover the cost of pay raises granted by Congress last fall. The new total for FY '81 is $982,969,000. Unless Congress overturns the President's deferral of $13.5 million, this will be the first year since the National Cancer Act of 1971 was implemented that NCI will get less money than it did in a previous year.

Research training bears the brunt of the cuts in both years, with $8.5 million slashed from the 1981 budget and $10.6 million from the 1982 projection in the Carter budget—about two thirds of the total reductions in both years. That does not include the cuts already made in the clinical education programs, down $2.9 million (from $10.9 million in 1980) for 1981 and down another $2 million for 1982. No further reductions in clinical education were made in the latest budgets.

Institutional training awards are the hardest hit, dropping $7.3 million from the previous projection for 1981 and $9 million in 1982.

The bulk of the 1981 institutional cuts—almost $6 million—will be taken from noncompeting grants, usually thought of at NIH as "moral commitments." There have been precedents for funding ongoing grants at reduced levels when budget emergencies have occurred, but those cuts were spread around. This one will hit one category especially hard.

The cuts will involve omitting 8 percent in indirect costs and elimination of the institutional allowances of $3,000 for each predoctoral trainee and $5,000 for each postdoctoral trainee. Individual stipends, tuition, fees, and trainee travel will not be affected, and the total number of trainees supported will be reduced only slightly, by 80 in 1981 and 175 in 1982.

There is no question that the slashes in institutional allowances will hurt the training program. Those funds support faculty salaries, purchase of supplies and equipment, honoraria for speakers, and other elements which make it more than a fellowship program. The burden of providing quality cancer research training programs will be shifted to a large extent to the universities.

Individual training awards will be cut about $600,000 each year under previous projections for 1981 and 1982, but still will be increased over the 1980 level.

Research grants take the next biggest cuts, down $3.2 million from earlier projections for 1981 and $4.7 million in 1982. Those reductions come almost entirely out of the traditional R01 category, as NIH went along with DeVita's reluctant conclusion that R01s would have to suffer some cuts along with the rest of the institute's activities. Instead of maintaining the total number of competing (new and renewal) grants NIH-wide at 5,000, the figure now will be closer to 4,800 this year and 4,900 in 1982.

Competition for R01 awards probably will be the most intense in history. NCI expects to be able to fund only about 30 percent of approved competing grants both years, at maximum priority scores of about 190.

The news was not totally bad, although few funding categories will be getting enough to cover inflation or as much as their constituents would like. The budgets for cancer centers, organ site programs and Cooperative Groups were untouched in the latest projections.

Centers will get $69,835,000 for core grants, with another $200,000 set aside for exploratory grants, in 1981. That will increase to $74.9 million for core grants, and 200,000 for exploratory grants, in 1982. Despite the increases, NCI does not expect to be able to fund competing core grants at recommended levels either year. The pattern probably will be something like the current level plus 10 percent.

Program projects may do a little better. NCI expects now to fund competing P01s this year and next at their recommended levels.

Cooperative Groups are still scheduled to take a slight cut in 1981 from the $36.9 million they received in 1980, down to $35.5 million. The Div. of Cancer Treatment still may add some for 1981, but at the moment, those groups up for renewal this year are being funded at only 70 percent of recommended levels.

Cancer Control, which took a whopping $10.4 million cut in 1981 from the nearly $67 million it received in 1980, suffered no further reductions. The control figure remains at $56.6 million in 1981 and $57.6 million in 1982.

Organ site programs, also reduced from the 1980 level, remain as previously projected, at $15.3 million for both 1981 and 1982.

Research and development contracts, cut a massive $26 million from the 1980 level in earlier budget projections for 1981 and 1982, go down another $1.5 million for both years. It was largely through the re-

duction in contracts that funds were made available for the total increase for research grants from 1980 to 1981 despite a decrease in the overall NCI budget.

The construction category was increased $1.5 million for 1981 and again for 1982, but that apparently will not beef up the $1 million earmarked for construction grants. The extra money will be needed to pay for renovations at Frederick Cancer Research Center, and NCI's share of construction costs in the addition to the NIH Clinical Center and the new cancer facilities at the Naval Medical Center.

Budgets for inhouse operations were adjusted downward, but only slightly, in the categories of intramural research, direct operations, and program management.

DCT BOARD AGREES TO USE OF PROGRAM ANNOUNCEMENT FOR NEW SURGERY GRANTS

The Board of Scientific Counselors of NCI's Div. of Cancer Treatment approved at its meeting last October a new effort to stimulate development of academic programs in surgical oncology, with $5 million earmarked from the 1982 budget to fund it (*The Cancer Letter*, Oct. 10, 1980). The Board's action then specifically asked that the new initiative be launched with publication of an RFA (request for applications). Applications would be encouraged for planning grants, which if successful could evolve into program projects, supplements to cancer center core grants or other activities to enhance surgical oncology.

The issue came up again at the Board's February meeting when member Walter Lawrence, chairman of the Board's Surgical Oncology Research Development Subcommittee, offered two motions dealing with the review of applications the new program is expected to generate.

Lawrence asked that an ad hoc study section "with significant surgical oncology representation" be established to review the planning grants. The Board approved that motion unanimously, but not before the original action calling for an RFA was changed to include program announcements.

An RFA carries with it the commitment of a definite amount of money to fund grants it generates. A program announcement is a statement of NCI's interest in a specific area but has no specific monetary obligation. RFA induced grant applications compete only among themselves for funding while those responding to program announcements must compete with all others in the R01 grants pool. NCI reserves the right to withhold some or all of the RFA commitment if the applications are not of high enough quality to justify spending the entire amount.

With the more solid commitment to funding implicit with use of an RFA, Lawrence resisted NCI's decision—reached after the October meeting—that the new effort in surgical oncology would be more appropriately stimulated with a program announcement.

"We want guaranteed money," Lawrence said.

"A program announcement makes more sense," NCI Director Vincent DeVita said. The initial phase will involve planning grants, and it would be difficult to establish a dollar figure for planning, he insisted.

"We did allocate that specific amount ($5 million) for the purpose of stimulating interest," Lawrence said. "If it is not allocated, it will be less appealing. That is not what we ended up with last October."

Use of a program announcement "doesn't make it less likely for the effort to succeed but more likely," DeVita argued. Answering Lawrence's demand for "guaranteed money," DeVita said that would require "guaranteed priority scores. If we get 1,000 applications which score 100 each, I guarantee you that many of them will be funded. If they score 450, I guarantee none will be."

Board Chairman Samuel Hellman read the motion the Board had approved in October, noting that it called for an RFA for planning grants as well as other grants.

"RFA is mentioned four times," Lawrence said.

"If the Board wants to hold us to that, okay," DeVita said.

Board member Enrico Mihich suggested that a program announcement be issued for planning grants, followed by an RFA for other mechanisms, with the cost of funding the planning grants deducted from the $5 million.

"There is a wide range in the degree of planning sophistication," Lawrence said. "Some will be for program projects, some will fund special resources to expand surgical oncology. Planning is a fuzzy term."

"We are having trouble with words," DeVita said. "If this were to be a contract, we would put out a sources sought announcement. There is nothing to stop anyone in surgical oncology to submit application now for a planning grant." He suggested that "what we could do, when the initial grants have been reviewed, is bring the entire package to the Board, take a look at it, and see if that is what we had in mind."

Board member Philip DiSaia pointed out that in approving the concept of the new program, the Board recognized "we have a need for upgrading academically oriented surgical oncology. We will do this through planning grants, to stimulate development of centers of research excellence in surgical oncology, to increase the number of academically oriented surgical oncologists."

Board member Carlos Perez said he thought the Board's decision to use an RFA was to give applicants "privileged status so even if they can't compete (against all other grants) they can get funded."

"We felt they eventually would have to compete, but that this needed some initial emphasis," Hellman

said. "We targeted $5 million, not just for planning grants but for the entire effort."

"I suggest we drop the issue of RFA vs. program announcement," Board member Sydney Salmon said. "We used an RFA the last time and it didn't work out the way we intended." He was referring to a previous effort to generate grants in surgical oncology supported by DCT which resulted in the award of some grants to surgeons but did not provide the desired impetus for surgical oncology.

Lawrence agreed the motion could include reference to both the RFA and program announcement. Another issue was the makeup of the ad hoc committee which would review the applications. Lawrence insisted that it should include "significant representation of surgical oncologists," and the Board agreed. Since this will be an NCI study section, NCI can determine its membership.

Lawrence offered another motion calling on NIH to establish a permanent study section for the specific purpose of reviewing grants in clinical cancer research and that approximately one third of its membership be surgical oncologists. DCT Acting Director Saul Schepartz pointed out that the NIH Div. of Research Grants had already established an ad hoc clinical cancer research study section "with two or three surgical oncologists on it."

"There is one surgeon on that study section and it is a study section not recognized as permanent," Lawrence said.

Schepartz said that DRG frequently starts with an ad hoc study section, making it permanent if enough grants come in to justify it. The membership reflects the type of applications being reviewed, he said.

Schepartz said DCT negotiates with DRG on the makeup of the study section and would attempt to secure appointment of an adequate number of surgeons if there are enough applications in surgery to warrant it. Lawrence accepted that assurance and did not ask for a vote on his motion.

NCAB APPROVES "CONCEPT" OF $1 MILLION STUDY ON HEALTH EFFECTS OF FALLOUT

Under NCI's policy of requiring concept approval of new initiatives by an outside advisory group, the four Boards of Scientific Counselors review the concepts proposed by their respective divisions. Several sizeable programs are operated out of NCI Director Vincent DeVita's office, and he decided to assign concept review of them to the National Cancer Advisory Board.

Those scientific counselors who have struggled with the concept of "concept review" will be happy to learn that NCAB members were just as uncomfortable when they were given their first such task at their last meeting.

The NCAB approved, but not without considerable argument, a noncompetitive contract with the Univ. of Utah to undertake a five year, $1 million assessment of leukemia and thyroid disease in relation to radiation fallout from the 1950-62 nuclear tests in Nevada.

The project is the result of a decision by former HHS Secretary Patricia Harris to assign NCI as one of five federal agencies to negotiate with scientists in Utah, Nevada and Arizona for the conduct of research on the possible health effects of radioactive fallout from the testing of nuclear weapons. NCI was given the task of sponsoring research on leukemia and thyroid disease.

A description of the project prepared by Oddvar Nygaard, who heads the Radiation Research Planning Office, noted that three factors "severely restrict prospects for useful health studies:

"1. Lack of precise dosimetry measurements for individual exposed persons.

"2. It is unlikely that radiogenic health effects can be detected given the sample size limitations and projections of dose response relationships at the levels of current estimates of fallout dose.

"3. So far there is no firm evidence that previous fallout dose estimate in high exposure areas were greatly inaccurate. In order for statistically significant increases in leukemia to be readily detectable in the populations exposed, the external exposure would have to have been greatly underestimated."

Nevertheless, Nygaard said, "it may still be useful to conduct some epidemiologic investigations concerning the two most sensitive health effect end points—thyroid neoplasia and leukemia—in view of the role of these tumors in past studies and the level of public concern in the fallout area. Whether or not a health problem can be detected from fallout does not depend on dosimetry information on individual study subjects. If a health problem is uncovered, however, to establish a dose response relationship will require greatly improved dosimetry. This might be done by means of detailed dosimetric study of exposed cases and randomly selected nonexposed individuals who are members of the appropriate study group."

The prospective difficulties with the study impressed Board members.

"There are two questions to be answered," William Powers noted. "Are there health effects? If so, are they due to fallout?"

"The major problem is to decide whether this is research and therefore which agency should fund it," commented Maureen Henderson. "There is the age old problem with epidemiology. One view is that epidemiology is research and the other that it is service. In my judgment, you're not going to learn new information about doses in relation to cancer. This is a process of trying to count numbers, exactly what the Center for Disease Control would do. If an ex-

cessive number of cancer cases are found, then the research would begin. I'm not sure this is the responsibility of NCI, and I certainly can't see it as high priority for NCI. This is CDC's job."

"In this application, the science is weak," Gale Katterhagen said. "It only might come up with a cancer connection. I don't see any merit in the study."

"Even with all the information, nothing will come out of this," said F. Kash Mostofi. "There are no controls."

LaSalle Leffall disagreed. "There American Cancer Society has wrestled with this. It seems to me it clearly falls into what we should be doing."

"I'm persuaded by Dr. Leffall's argument about the need to get some answers," Sheldon Samuels said. "If something is wrong with the protocol, NCI should help correct that."

"We're not judging the scientific merit," Board Chairman Henry Pitot said. "Only the worth of the idea of doing the study."

DeVita said the study was being done "in recognition of public concern and the department's acknowledgement of that. It has relevance to NCI. We have a program on the biological effects of low level radiation and this seems to fit."

"But this report is full of reasons why we shouldn't do it," Harold Amos said.

"This will end up costing us a lot more than $1 million," Mostofi said.

"Why assume we're the only source of support?" Samuels asked. "There may be some local support available, such as the Mormon Church."

Samuels asked who would do the merit (technical) review of the contract and insisted that no Atomic Energy Commission or Dept. of Defense employees be involved. NCI will convene an ad hoc committee for that purpose.

"We have the right to say that no more money will be spent than committed here unless this is brought back to us," Pitot commented.

"We're being led down a garden path," Amos said. "Once we say okay today, we'll have to continue spending whatever it takes to complete the study."

"Not without your approval," DeVita said.

"There is great public interest in this," Robert Hickey commented. "There are other related issues, in connection with nuclear energy plants. I agree that it is underfunded at $1 million. I think we should have in the back of our minds requesting a special appropriation from Congress."

"We're not voting yea or nay on the dangers of exploding bombs above ground," Katterhagen argued. "We're talking about a sole source contract, whose work scope indicates it won't get the work done. I would rather see an RFA. Let's open it up to competition and get some new ideas on the problem."

"I don't see how the insitute can lend its name to a study where every indication is that it will be poorly done," Rose Kushner said.

"We are conscious of the fact that it probably will cost more," Nygaard admitted.

Samuels returned to the question of who will do the review. "I would vote for this only if I'm assured there will be no government employees on the merit review."

Pitot suggested a motion to approve the concept, limiting the funding to $1 million, prohibiting government employees from serving on the merit review committee, and calling for "review by the NCAB of the merit review."

"I'm against excluding government employees," Amos said. "For the kind of individual who would be asked to be on that committee, his integrity should not be impugned."

"Government employees are no less honorable than anyone else," Samuels said. "But this is a hot political issue. The best thing we can do for government people is to take them out of this peer review and eliminate the appearance of a conflict of interest."

Mostofi suggested that it would be proper for former government employees to participate in the review, and Samuels agreed. Nygaard commented that the best epidemiologists are at NCI and thus would be excluded.

"I believe that radiation is harmful," Katterhagen said. "There is a sense of haste and waste here. There was a certain political climate 60-90 days ago for this, but that climate has changed. The science is weak. Let's strengthen it through competition and put out eithern an RFA or RFP."

NCI justified the noncompetitive procurement by contending that the Univ. of Utah conducted earlier studies on the fallout dangers, and its geographic location and access to records of the Mormon Church "make it uniquely qualified to conduct the study."

The vote to approve was 6-4, with Kushner, Samuels, Leffall, Powers, Hickey, and Ann Landers voting for it. Amos, Janet Rowley, Henderson, and Katterhagen voted against.

FORD, CARTER IGNORED CONGRESS INTENT IN CANCER ACT, ALAN DAVIS CHARGES

The Reagan Administration, Congress and the American public should be made aware of the fact that much of the intent of Congress expressed in the National Cancer Act of 1971 has been forgotten or ignored by previous administrations, representatives of various cancer related organizations agreed at a

recent meeting of the Coalition for Cancer Issues.

"Unless we call it to their attention, the new administration will assume that's the way it's supposed to be," commented Alan Davis, vice president for governmental relations of the American Cancer Society.

"This is the ideal time for the organizations represented here to insist that the original intent of Congress in the National Cancer Act be honored and adhered to," Davis said.

The most obvious and harmful deviation from the Act has been in the budget process. "The Carter and Ford Administrations chose not to implement the budget bypass," Davis said. "It reflected their lack of interest in cancer. The new administration is concerned with government efficiency and the best use of funds. We have a real opportunity in the face of massive cuts in that the National Cancer Program is one which is providing a return on the investment and ought to be looked on differently than welfare abuses, etc." Davis said figures prove that the Cancer Program is returned $1.50 for every $1 invested, in reduced costs of medical care "and the cost to society" of cancer.

The legislators who wrote the Cancer Act were aware that competing demands for health funds would make it difficult for officials in the department standing between NCI and the White House to resist inroads on an increased cancer budget. They thought they could get around the danger by requiring that NCI's budget be submitted directly to the President (actually, the President's Office of Management & Budget) without interference by NIH or HEW (now HHS). NIH and the department were permitted to see NCI's budget request and could comment on it but could not change it.

This came to be known as NCI's "bypass budget," a unique authority in the federal government. Congress conferred this authority on NCI because the intent was to permit the development of the strongest Cancer Program without permitting it to be nibbled (or gobbled) away by others.

It wasn't long before those competing interests and their advocates within NIH, HEW and OMB figured out how to derail the bypass.

NCI was permitted to make up its own budget request and submit it directly to OMB, as the law requires. But OMB directed NCI to draw up another budget, using the maximum figure assigned by the department and NIH—a figure substantially lower than the maximum authorizations in the Cancer Act and its subsequent renewals. This second budget is the only one OMB has paid any attention to in developing the President's annual budget request submitted to Congress. It is the budget which, as the writers of the Cancer Act feared, has been looted by competing health forces. And it is the budget which the NCI director is forced to defend when he goes before the congressional appropriations committees.

The bypass budget is not a total loss. It is available to the public and to Congress and can be used to show what NCI could do if it had that much money. As a tool to sell Congress on the need for more money, however, it has not been used as effectively as it might.

Two other provisions in the National Cancer Act, creating the President's Cancer Panel and providing for Presidential appointment of members of the National Cancer Advisory Board, also have been eroded, Davis charged.

CCI Chairman John Potter asked if the Panel has functioned as effectively in recent years as it did immediately following implementation of the Act.

"It's certainly different now than it was in the days of Benno Schmidt (first chairman of the Panel)," NCI Director Vincent DeVita said. "He's a remarkable person. Dr. (Joshua) Lederberg (present chairman) views the role of the Panel somewhat differently. It depends in part on the attitude of the Administration."

The Carter Administration's attitude was that the Panel was not very important. The Nixon and Ford Administrations listened to Schmidt, and he and his fellow Panel members were able to bring about several important policy changes. But after Carter's election, Schmidt was about as welcome at the White House as another Billy crisis.

Davis pointed out that the Panel was created to give NCI and Cancer Program advocates direct access to the White House. The Panel chairman should be someone with a deep interest in the Cancer Program and who does not hesitate to use his position when necessary, either to make representations to the White House and Congress or go to the public, when appropriate. Schmidt did all of those.

"Dr. Lederberg has demonstrated a lack of interest," Davis said. "He hasn't even shown up for the last two meetings of the Panel."

Lederberg's term expired last month, but he will continue to be carried as Panel chairman until he is replaced.

Presidential appointment of NCAB members rather than by the department secretary was intended to give the Board more visibility and prestige. Another factor, intended by Congress or not, was to further solidify the Board's independence of the department and NIH. That was subverted when President Carter permitted the department secretary to select not only NCAB members but also members of the Panel and the director of NCI when the position twice came open during his administration. The President announced the appointments but the selections were made by Joe Califano, Patricia Harris, and to a large extent, NIH Director Donald Fredrickson.

Not that their choices were bad—most were excellent, in fact—but the intent of Congress was not followed.

"The Reagan Administration may not know how it is supposed to be done," Davis said. "If someone doesn't tell them the way it should be done, the downgrading of the NCAB, the Panel and the Cancer Program could be institutionalized."

CCI Chairman John Potter, after considerable discussion, said, "There seems to be a consensus here that intent of Congress in the National Cancer Act, representing the will of the people, has been forgotten. Exceptional scientific advances have been made, and mortality from cancer is decreasing, reflecting the benefits of the Act. It is cost effective and these advances can be documented. But we have been guilty of not effectively educating the public about the substantial strides which have been made."

DeVita had been asked to the CCI meeting to discuss the current state of the Cancer Program.

"The people who put together the Cancer Act did so with a great deal of wisdom," DeVita said. "We are in a position, with all the necessary elements, for a successful attack on cancer. The question is, can we preserve those elements?"

Potter suggested that CCI members go on record asking President Reagan to retain DeVita as NCI director and "overwhelmingly endorse your inspired leadership of the Cancer Program and NCI."

"Thank you. I hope you keep that in mind when I have to cut your budget," DeVita cracked.

The group later approved a resolution "strongly supporting Dr. DeVita as director of NCI and the National Cancer Program."

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. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs to the individual named, the Blair Building room number shown, National Cancer Institute, 8300 Colesville Rd., Silver Spring, Md. 20910. RFP announcements from other agencies reported here will include the complete mailing address at the end of each.

RFP N01-CP-05713-58

Title: *Resource for xenotransplantation and evaluation of human tissues and cells in athymic mice*

Deadline: *May 11*

NCI is interested in establishing a resource contract involving the use of human tissues (bronchus, pancreatic duct, esophagus, colon, etc.) to study the development of preneoplastic (and possibly neoplastic) lesions induced by chemical carcinogens and to study the ability of selected agents to modify the effects of chemical carcinogens on human tissue. Human epithelial tissues exposed in vitro to chemical carcinogens, as well as to anticarcinogens, are to be transplanted and maintained in vitro in athymic nude mice as xenographs.

A pyrogen-free, enclosed and unshared colony of athymic nude mice (600-800 animals) is required as the source of the experimental recipients of the human tissues described.

The NCI project officer will be responsible for experimental protocols, for obtaining the human tissue, and exposing it to carcinogens, as well as to the anticarcinogens, in organ culture at the NIH reservation.

The contractor should have proven capabilities for performing animal surgery, long term maintenance of experimental animals, and preparation of tissues for high resolution histology (i.e., one micron sections of plastic embedded tissues). Close collaboration with investigators at NCI, including picking up biological specimens at the NIH reservation, and preservation of the viability of the human tissue, require that the contractor be within 35 miles of the NIH in Bethesda.

A four year contract is anticipated in the effective pursuit of this project. The yearly level of effort will include the part time efforts of a principal investigator, a biologist at 75 percent effort and 150 percent of technician effort.

Contract Specialist: Roland Castle
RCB Blair Bldg Rm 2A07
301-427-8764

RFP N01-CO-954473

Title: *Field test of breast cancer patient education unit*

Deadline: *April 20*

Porter Novelli & Associates Inc., under contract to NCI's Office of Cancer Communications, is seeking to award a subcontract to a medical center to field test educational materials for breast cancer patients.

Contact:
Terry Baugh
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Washington, D.C. 20007
202-342-7025

The Cancer Letter _Editor Jerry D. Boyd

Published fifty times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter.