THE CANCER LETTER

Vol. 7 No. 21

May 22, 1981

Subscription $125.00 per year

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

NCOG STILL ALIVE, BUT NOT WITHOUT FIGHT ON NCAB IN TEST OF REGIONAL COOPERATIVE GROUP CONCEPT

The Northern California Oncology Group is still alive, with its grant extended for two years at 70 percent of the Group's $1,097,000 1981 funding and with the understanding that it will have to go through review again at the end of that period.

The National Cancer Advisory Board, meeting in closed session, in effect overturned with a series of votes the decision by the Clinical

(Continued to page 2)

In Brief

NCI GRANTS GET MORE MONEY, PAY LINE BOOSTED TO 193 FOR R01s, 195 FOR P01s; CENTER FUNDS UP BY $600,000

R01, P01 GRANTS will benefit from an NCI reallocation from the director's reserve of FY 1981 funds. R01 grants will be paid to priority scores of 193 at full recommended levels, P01s to 195 with a seven percent increase above previous year levels for those being renewed. Director Vincent DeVita told the National Cancer Advisory Board Monday that an additional $600,000 will be put into the cancer centers budget to fund one more core grant. . . . **LABORATORY OF EXPERIMENTAL** Pathology in the Div. of Cancer Cause & Prevention is being reorganized and portions of it will be moved to the Frederick Cancer Research Center, including Lab Chief Umberto Saffiotti and the Perinatal Carcinogenesis Section headed by Jerry Rice. DCCP Acting Director Richard Adamson will discuss details of the reorganization with the division Board of Scientific Counselors at its meeting May 28-29. . . . **JOHN HIGGINSON**, executive director of the International Agency for Research on Cancer, the World Health Organization's epidemiology agency, will resign next year. WHO is undertaking a search for a new director and its governing council will make a selection Oct. 16, 1981. Nominations, with CVs and bibliographies, may be sent to WHO or to NCI for transmission to WHO. . . . **FCRC CONTRACT** recompetition will be accomplished with three RFPs, DeVita told the NCAB—one for science, one for the support functions, and one for the animal facilities. It had previously been decided that the contract would be recompeted with a reduction of 20 percent from the current $25 million level, but DeVita said that had been increased to 29 percent with the impending phase out of the biologic markers research effort. Raymond Ruddon, who heads that program, is returning to the Univ. of Michigan where he will continue that work. DeVita said the 29 percent reduction would still permit start up of a new genetic engineering program under the recompeted contract. . . . **CONDICT MOORE**, Univ. of Louisville, was elected chairman of the executive committee of the Society of Surgical Oncology at the Society's annual meeting last week.

NCAB FIRST VOTES TO ABANDON NCOG, THEN TO CONTINUE IT FOR TWO YEARS

(Continued from page 1)

Cancer Investigation Review Committee to put NCOG out of business. The NCAB's action came after a "bloody" struggle, according to one witness.

The Board first voted 6-5 to accept the CCIRC majority decision, ingoring the request by NCI staff to accept instead the minority report which could have renewed NCOG's grant for three years. The staff's recommendation included the suggestion that NCOG's funding be limited to 70 percent of the current level.

The argument among NCAB members raged on after the first vote. It was pointed out by some that NCI was in the process of establishing a "CCIRC B" which would be charged with reviewing the regional groups (and probably also the contract supported clinical trials groups when they are converted to cooperative agreements). The present CCIRC is composed largely of members of the national Cooperative Groups, whose leaders in general have opposed funding of new groups, seeing them as threats to their own budgets and possibly as competitors for patients and other resources.

Presumably, a majority of CCIRC B membership would not be affiliated with the national groups.

One NCAB member noted that in the future, regional groups will be reviewed by CCIRC B, and Director Vincent DeVita confirmed that statement. That would include NCOG, the Board member commented, apparently implying that the new body would provide a more fair review or at least one more inclined to overlook some of the alleged inherent deficiencies of regional groups.

That argument may have been decisive in turning the Board around. Board member Morris Schrier moved that the first action be overturned, and his motion was approved by a solid majority.

Schrier then moved to fund NCOG for a two year "phase out" period at 70 percent of the current level, and this motion also was approved (one report was that both of Schrier's motions carried by 6-2 margins).

The NCAB action thus keeps alive the network of university and community physicians put together by Stephen Carter, director of the Northern California Cancer Program, which extends throughout the northern half of the state and the northwestern portion of Nevada. It was the prototype regional cooperative group which DeVita has seen as one of the answers to the problem of declining patient entry into university based clinical protocols.

The only other regional group presently funded by NCI, the North Central Cancer Treatment Group, will be reviewed by the CCIRC next month. Names for membership in CCIRC B have been submitted to NCI's Div. of Extramural Activities. Whether the new committee can be organized in time for the NCCTG review is problematical. It will be organized first as an ad hoc review committee, ultimately will have to be chartered if it is to be permanent.

The NCAB decision on NCOG had been anticipated as a test of support for the regional group concept among Board members. The first vote accepting the majority decision indicates that members are reluctant to overlook peer review. The subsequent votes might be interpreted as (1) acknowledgement that peer review may not always produce the correct decision; (2) support for the regional cooperative group concept; (3) reluctance to abandon a resource which if given time might develop into a valuable component of the Cancer Program; or (4) combinations of some or all of the above.

SHUBIK ENDS SILENCE, WARNS NCAB MEMBERS THEY MAY BE NEXT TARGETS

Philippe Shubik, who had not commented publicly on the investigation of Eppley Institute and himself, warned members of the National Cancer Advisory Board this week that new congressional probes now under way may pose similar threats to them.

Shubik's comments were prompted by a discussion at a President's Cancer Panel meeting of the investigation being conducted by Sen. Orrin Hatch's Labor & Human Resources Committee. The committee staff is reviewing the General Accounting Office and HEW Inspector General investigations of NCI contract management, which included the contract with Eppley for carcinogenesis research. Shubik took exception to accounts of the Panel meeting which appeared in the newsletter, the *Blue Sheet.*

"As members of this Board will know, I have refrained from discussing the series of investigations of the Epply Institute and myself at NCAB meetings," Shubik said. "Unfortunately these matters have surfaced once again, this time with much wider implications. Since I am no longer director of the Eppley Institute and since it is apparent that the tactics used to bring about a probable total destruction of the Eppley Institute may now have much wider repercussions, it occurs to me that my experiences could at the least be used to assist all of us and to save the Cancer Program from added unnecessary sidetracking.

"In this vein, I should like to draw your attention to some mis-statements in a recent *Blue Sheet* and at a meeting of the President's Cancer Panel. One purports to be a report of the other but I know this is not strictly the case. I was initially delighted to read that I had been exonerated of federal criminal charges until I remembered that I had never been charged with federal crimes. It was said that I was a member of the NCAB when the Eppley contract was awarded. Were it not for the fact that the Eppley contract was awarded four years or more prior to the establish-

ment of this Board that suggestion might have upset me.

"The limelight has been thrown on me once again, this time by the director of NCI who diverted a large proportion of a meeting of the Panel to me and Eppley. Having been privileged to be able to resume my efforts in cancer research, I now find myself again fighting diversions and feel that I should recommend steps that we should take jointly, and here I mean all of us. We must save ourselves from the embarrassments of investigations. To confound our critics we must act first.

"It was in no way embarrassing for me to make my personal life public. In fact, it always was so. None of my family cared if our tax returns, our bank accounts, etc. were made public and I am sure that none of the members of the NCAB would feel otherwise. Our response to the various innuendoes heaped upon this Board should be answered, as soon as possible, by all of us making all our affairs public. I believe that all of us should reveal all our associations and interests, and were we to do this we would never be vulnerable to political attack again.

"I may not have enjoyed the various investigations to which I was subjected, but after they were ended I may say that I was given a sense of security that I believe is quite enviable," Shubik concluded.

The GAO investigation of the NCI contract with Eppley was initiated in 1976 at the request of Congressman David Obey (D.-Wisc.), a member of the House Labor-HHS Appropriations Subcommittee. Prior to requesting that investigation, Obey questioned at a budget hearing then Div. of Cancer Cause & Prevention Director James Peters on Shubik's NCAB membership at the same time he was principal investigator on a multimillion dollar contract with NCI. Obey implied that Shubik's position was a possible conflict of interest, although most other NCAB members either were PIs on NCI contracts or grants or were affiliated with institutions heavily involved with NCI supported programs.

Obey later backed away from conflict of interest charges, and GAO did not include that as one of the problems the agency said existed in the management of the contract. Problems which did exist, GAO said in its controversial and highly disputed report, included failure to meet reporting requirements and other deficiencies on the part of Eppley; mismanagement by NCI due in large part to lack of adequate numbers of NCI contract personnel, a failure GAO blamed on Congress and the White House; performance by Eppley employees of non-NCI work (mostly contract work for private industry) using NCI supplied facilities, without reimbursing the government; and performance by Eppley of work under the NCI contract not specifically authorized by the contract.

The HEW inspector general followed up with another investigation of NCI contracting practices, including the Eppley contract, and various alleged deficiencies were reported, many of which NCI disputed.

The Dept. of Justice got into the act and launched an investigation looking for criminal violations. A federal grand jury in Omaha conducted a probe and eventually dropped it with a statement that completely cleared Shubik and Eppley of violating any federal laws.

In the meantime, NCI decided to phase out the Eppley contract, that decision due more to the ascendency of the philosophy that most research should be supported with grants instead of contracts, rather than the claimed deficiencies in the contract's management. Even before that decision was made, Shubik resigned as principal investigator of the contract. Later, he took a leave of absence to serve as a visiting professor at the Univ. of Heidelberg, and ultimately resigned his position at Eppley. He is presently engaged in research at Oxford Univ.

Eppley had other problems not related to the NCI contract, including a murder charge against a former employee of the institute who allegedly committed the crime with poisonous chemicals stolen from an Eppley lab.

"Nineteen years ago Ken Endicott (then NCI director) came to us and said we should get into carcinogenesis research, and we received a contract," Shubik said. "We trained people. We developed methods to study the mechanism of carcinogenesis. We were given leeway to do the work. The investigations (by GAO and IG) made no effort to look at our output. I think we had a larger scientific output than anyone else."

Shubik noted that his group was the first to demonstrate that vitamin C prevents the formation of nitrosamine. "That was one of the programs we were not supposed to do. Another was the study of nitrosamine and pancreatic cancer. That led to a number of large grants to others, but we weren't supposed to do that study because we didn't fill out the right forms."

The investigations contended that Eppley had proceeded with studies which were not authorized by the contract and in fact had been explicitly disallowed by the review committee when the contract had been recompeted. Shubik contends that those studies were initiated only after extensive discussion with NCI staff and that in fact they had been approved verbally by the project officer (who then was Gio Gori). HHS is considering action against Eppley to recover about $1.5 million spent on the "unauthorized" projects.

Shubik's comments were made immediately before and during a discussion on changes in NCI contracting practices by Director Vincent DeVita. A major cause of some of the problems, DeVita acknowledged, is that "we often were dealing with contracts

as if they were grants." The contract mechanism as used by the federal government was developed "to buy battleships. We buy science, ideas."

In the late 1960s and early 1970s, when NCI got into research contracts in a big way, considerable criticism was generated over the issue of grants vs. contracts, and NCI program directors responded in some cases by deliberately loosening the reins on contracts, trying to give investigators as much freedom as they would have with grants.

NCAB member William Powers agreed that the Eppley situation had been distorted. On the issue of a research institution supported in part by government doing work for industry at the same time, Powers said, "My position is that if the scientific community can't be made available to industry without threatening the integrity of scientists, we are in trouble."

Harold Amos, member of both the Cancer Panel and the NCAB, suggested that the question Shubik was raising was an approach "to a larger problem. GAO was confused about what went on there. . . . The GAO report refers to the kinds of problems many of us have."

DeVita told Shubik that the Hatch investigation had been brought up at an open meeting of the Panel and that he had responded to questions on their extent. "I apologize if it caused embarrassment."

The Hatch committee hearings, in which DeVita and others will be confronted with the investigation findings, are now tentatively set to start June 2.

Two members of the President's Cancer Panel—Amos and Bernard Fisher—met with Hatch staff member Frank Silby, who is heading the investigation. Panel members, including Chairman Joshua Lederberg, had agreed to seek a meeting with Hatch to discuss the extent of the investigation and the tactics of his staff (***The Cancer Letter,*** April 24).

Amos declined to discuss that meeting and a previous one he had had with Silby.

Silby told ***The Cancer Letter*** that he had attempted to answer every question asked by Amos and Fisher. "I assured them that we did not want to harm NCI or to interfere with cancer research. We are solely concerned with how the money is being monitored and spent."

Silby denied that he or others on his staff had made unreasonable demands upon NCI for documents, and he emphatically denied that he or his staff had been abusive. "Every courtesy has been extended to NCI. Every request was made in a responsible, courteous manner. When NCI was unable to respond promptly and asked for time extensions, they were granted. There is no ideological cast to this investigation, no assumption of guilt. Sen. Hatch is scrupulously fair and honest and has insisted that the investigation be scrupulously honest."

Silby said that requests for documents from NCI have been scaled down and that less than 12 boxes have been supplied.

Although the Panel members did not meet with Hatch, Silby said there is no reason why they cannot if they so desire.

The other half of the NCI investigation by the Hatch committee—that under the auspices of Sen. Paula Hawkins (R.-Fla.), who heads the committee's Investigations and General Oversight Subcommittee—was scheduled to open its hearings this week. The Hawkins probe is concentrating on NCI priorities.

FITTING ROUND IDEAS INTO SQUARE SYSTEMS: CONTRACT PROCESS SHAPED UP

The audit of NCI contracting practices by the HEW (now HHS) Inspector General, originally conducted in 1978 and followed up two years later, was off base in some respects and reflected the inexperience of the investigators in others. NCI challenged some of the conclusions, and the IG has yet to submit a final report.

Neither Vincent DeVita nor his staff will contend, however, that the audits found a pure, pristine, and perfectly functioning system. They agree that there was plenty of room for improvement, and in fact have been working almost since the day DeVita became director to make those improvements.

Here are the deficiencies the IG said existed, and which NCI does not refute:

- Project officers and contracting officers were not working together closely enough.
- Contract monitoring was too informal or ineffective.
- Time allocation reports of contractors were inadequate.
- Project officers did not always review program reports.
- Project officers sometimes provided oral approval to contractors without the contracting officers' knowledge.
- Contracting officers sometimes did not take action after learning that reports had been received.
- Project officers did not follow up on their site visit recommendations to contractors (DeVita told the NCAB that in some cases followup had been accomplished but had not been documented).

Project officers are representatives of the program, branch, lab, etc., which initiated the contract. Contract officers are members of the Research Contracts Branch and are responsible for the technical management of the contract.

DeVita said that an effort is being made to train project officers more thoroughly on their responsibilities. "Because they have a tendency to deal with contracts as if they were grants, that is likely to make problems for contract officers. It is an attitudinal problem. It comes up in justifications for noncom-

petitive procurements. The (program) staff gets comfortable with a contractor and justifiably feel that continuing with that contractor (at renewal time) is the best use of research funds. But they can't meet JNCP (justification for noncompetitive procurement) requirements."

Because of criticism in previous years over failure of contract officers and project officers to work closely, contract officers were located in the same building as the program staff, or at least with the project officers. "They were too close," DeVita said. "Contract officers frequently were coerced into bending rules. Now we have gone the other way, and we will be getting some criticism for not working closely enough."

The entire Research Contracts Branch is located now in one place, the Blair Building, located about five miles from the nearest project officer on the main campus. Being in one place, all contract officers and their section chiefs can be better "monitored" (DeVita's term) by Branch Chief James Graalman.

Here are the corrective actions DeVita said have been taken during the past year:

June, 1980—Establishment of internal surveillance team in the Research Contracts Branch; to monitor and assist contract specialists in contract administration duties, to identify specific problems before they become serious, and to improve staff performance.

July—Consolidation of Research Contracts Branch staff in one geographic location to improve the performance and supervision of the contract specialists.

August—Establishment of a uniform, Institute-wide system of concept review for contracts.

September—Publication of guidelines for project officers, contract specialists, and principal investigators to improve performance.

December—First of series of talks to the NCAB about contracts and the contracting process. Establishment of procedure to tie NCAB oversight to the activities of the Boards of Scientific Counselors that oversee each programmatic division.

February, 1981—Establishment of a new unit in the Div. of Extramural Activities (DEA) to manage technical merit review of all NCI contracts; review of research, resource, or intramural support contracts transferred to DEA.

April—Creation of positions in each division for chief project officers to monitor work of several project officers. Consolidation in the Executive Office of all business functions related to grant and contract administration previously conducted in the divisions, creating focal point of business expertise and providing high degree of independence of business manager from program administrators.

The guidelines for project officers, contract specialists and principal investigators are presently being prepared for distribution and will be made widely available, DeVita said.

"How do project officers get together now with contract officers?" Harold Amos asked.

"They don't," DeVita said. "They work through the division directors." Meeting reporting requirements is the ultimate responsibility of the division director. If they are not met, the contract will be canceled, DeVita said.

"We need a year to get the entire system up and operating so that we can be so shiny clean we can stand any investigation and be proud of the results," DeVita said.

Board member Irving Selikoff expressed concern that the use of grants, through RFAs and program announcements, may not be able to stimulate research in areas considered important. He cited examples in which responses to RFAs fared poorly in study section review. Before contracts to support basic research became unfashionable, they were used very effectively to get work started in new areas. "How can this system (just described by DeVita) be used to beat the bushes, attract top people?"

"That is when we have to make a square idea fit into a round system," DeVita said. "When the system is not reacting appropriately, we have a choice—to fund something out of line with normal scores, usually not allowing too much deviation, or return the money to the pool and drop the project. If no one is out there to respond, the problem is how to get the people. The answer may be training."

Selikoff insisted the problem is "how do we get first rate scientists to look at problems we feel are important? To look at new areas?"

"The first thing is to clean up the system so scientists will have confidence it is fair and workable," DeVita said.

"The system has worked well in many cases," Amos said. "I've been waiting for (fellow Board member) Bruce Ames to speak up. He is a wonderful example of where it did."

"One way is to encourage scientists who have a good track record," Ames said. "Fund them on the basis of that record, not on the basis of a single proposal. Support people who want to change fields."

"We are sympathetic to that," DeVita said, "but the research community is not. NIH would like to fund grants for five years, but we are in the minority."

"We attempted that in the 60s and got into serious trouble with Congress," Board member Frederick Seitz commented. "We picked three institutions and funded them on the track record without examining the details."

Board member Rose Kushner pointed out that research career awards in essence did what Ames was suggesting. DeVita agreed but said that the number of such awards has been diminishing.

"It's still done, but bootlegged from something else," Ames said.

"Then you will get into trouble with Congress," Kushner remarked.

"Only if it's done on a contract," DeVita said. "Grantees know how to do that very well."

M-AMSA, THC, ESTRAMUSTINE, PLATINUM FOR BLADDER CANCER ON FDA AGENDA

The FDA Oncologic Drugs Advisory Committee will consider at its meeting scheduled for June 25 NCI's request to add M-AMSA to its Group C distribution list for treatment of leukemia.

Group C drugs are those demonstrated effective in treating one or more forms of cancer but which are not approved for marketing by FDA. NCI makes Group C drugs available free to physicians who file the necessary forms and agree to the minimum reporting requirements.

Also on the agenda for the June meeting will be NCI's request to add radiotherapy induced nausea and vomiting as an approved indication for use of THC. NCI had intended for radiotherapy to be included with chemotherapy when approval was sought last year for distribution of THC through a revised Group C distribution system, but language which came out in FDA's approval referred only to anticancer drugs.

NCI will report on the status of THC distribution—more than 350 hospital pharmacies have been approved so far, and an additional 200 have asked to be included. NCI is collecting efficacy data from physicians who are obtaining THC through the mechanism, although that is not a Group C requirement. A preliminary report may be made at the June meeting.

Another effort will be made to convince the committee that an NDA for estramustine should be approved for treatment of prostatic cancer. The committee rejected NDA approval last year despite hearing evidence from a number of studies that the drug significantly improved treatment results. Charles Moertel argued that none of those studies had concurrent control arms and that NDA approval should await results of ongoing studies which did. Representatives of Hoffmann LaRoche, the drug's sponsor, angrily threatened to drop further work on it but did not.

Bristol Laboratories will seek NDA approval for the addition of bladder cancer as an indication for use of cis-platinum.

DCBD APPROVES ONE CONTRACT CONCEPT, SENDS ANOTHER BACK TO DRAWING BOARD

The Board of Scientific Counselors of NCI's Div. of Cancer Biology & Diagnosis gave concept approval to one proposed new contract supported project but deferred action on another at its meeting last week.

The Board approved a request by the Immunology Branch for a mouse holding contract at an estimated cost of $125-150,000 a year. The mice will be used in several experiments—inoculated with infectious murine viruses (e.g. influenza, vaccinia, Sendai, murine cytomegalovirus); lethally irradiated and adoptively transplanted with murine hemopoietic cells; injected with a variety of murine tumors, some of which carry viruses; inoculated with cells transformed with murine recombinant DNA; and any combination of the above.

Requirements of the contract will include: 2,000-2,500 square foot facility capable of housing 5,000-6,000 mice; special requirements for air handling in the animal rooms; and small, adequately equipped laboratories adjacent to the animal rooms. Equipment would include a ^{137}Cs-irradiation source, biohazard hoods, centrifuges, incubators, refrigerators, a -70°C freezer, microscopes, all of which could cost in the vicinity of $80,000-$100,000.

The contractor would have to pick up mice from NIH and deliver sterile tissues and cells for in vitro work to NIH on a twice a day basis. The facility would need to be supplied with cages and accessories, including cage racks, a cage cleaning system and an autoclave of moderate size.

NCI estimated that two or three full time animal caretakers and two other persons trained as technicians for viral work would be needed. One of the technicians would serve as the facility supervisor.

Gene Shearer, senior investigator with the Immunology Branch, presented the justification for the contract:

"Recent immunological studies indicate that: a) genes coded within the murine major histocompatibility complex (MHC) regulate immune responses; b) foreign antigens are recognized in association with the host's own MHC determinants; c) intrathymic and extrathymic host environmental factors greatly influence the way in which foreign antigens plus self MHC is recognized; d) natural resistance to normal and neoplastic hemopoietic cells can be influenced by viral infections; and e) recombinant DNA studies appear to be promising as a means for understanding and possibly influencing MHC antigen expression.

"The research of a number of Immunology Branch investigators has been at the forefront of these discoveries (both in murine and human systems), and a large portion of the branch's research interests and efforts are currently being focused in this direction. Due to restrictions on the introduction and use of infectious agents in NIH on campus animal facilities, such studies have been limited to the use of chemical haptenic antigens or to a few viral studies limited to in vitro biohazard conditions. Thus, we have been unable to pursue in vivo viral studies which could be more relevant for the immunogenetic aspects of disease.

"With a facility such as the one proposed, immune

responses to infections, with or without adoptive transfer of hemopoietic spleen cells in irradiated hosts, as well as introduction of murine cells possessing recombinant DNA can be investigated to better understand the immunogenetic parameters associated with (a) through (e) listed above."

The Board displayed very little enthusiasm for a program which would require $226,000 a year for a two year contract for cytogenetic evaluation of cells from neurodegenerative diseases with hypersensitivity to DNA-damaging agents.

Jay Robbins, an investigator with the Dermatology Branch, described the proposed contract:

"The Dermatology Branch would like to obtain a contract for the performance of cytogenetic studies on human cells in tissue culture which have been treated with DNA-damaging agents by methods which we and our collaborators have established and which are in use in our laboratory. The studies are designed to detect, by conventional cytogenetic techniques, the chromosomal abnormalities induced in the patients' cells by the DNA-damaging agents.

"The cytogenetic studies must be performed by a team highly qualified and experienced in the following: a) conventional cytogenetic techniques (including banding) for evaluating chromosome breakage, sister chromatid exchange, and chromosome rearrangements in human diploid fibroblasts, lymchocytes and lymphoid lines from normal persons and from patients with diseases of DNA repair; b) culture methods, growth characteristics, cyrogenic storage, and cytogenetic studies of the aforesaid human cells in the absence of antibiotics and fungicidal agents; c) preventing and detecting bacterial, mycoplasma, and other infectious contaminants; d) the safe handling, mechanism of action, and effect on human cells of DNA-damaging agents such as MNNG and other chemical mutagens.

"It is estimated that the following personnel would be needed: three full time cytogenetics technicians (for banding, conventional staining, and sister chromatid exchange studies), one full time tissue culture technician to culture cells, and one half-time somatic cell geneticist to perform cell survival studies. These personnel will be supervised by a highly qualified cytogeneticist."

David Korn, Board chairman, said, "I am opposed to this concept. It is important, but that is a huge amount of money to be asking for something for which the elementary background is not yet available. Linkage of damage to stimuli is only hypothetical. I can't see that anyone would use a test such as this and seriously advise a patient that she is carrying a potentially defective fetus. I would be much more willing to support research to document the feasibility first."

"I agree with you," Robbins said, "but the only way to determine if this works is to go ahead with this project. It has to be done by a highly trained cytogeneticist. Success does not require a positive result. We can get a negative answer in one to two years."

Robbins said that the branch can't do the work because the positions are not available to hire the number of highly qualified persons required. "If we don't approach this with adequate personnel, it would take four to five years."

Korn said he would be more willing to support the project "if I could see a set of discrete questions which could be answered by the study. I think if you would reformulate the proposal, and describe exactly what you hope to accomplish, it might be better received."

Korn's suggestion that action be deferred and that Robbins be asked to draw up a new proposal was approved unanimously.

NEW PUBLICATIONS

"Cancer: Principles & Practice of Oncology," edited by Vincent DeVita, Samuel Hellman, and Steven Rosenberg, with nine associate editors and 103 contributors. Considers the integrated management of the cancer patient. The publisher describes it as "a balanced multidisciplinary view of all treatment modalities—surgery, radiation therapy, and chemotherapy—with information previously available only from multiple resources." Available December 1981, $95. J.B. Lippincott, East Washington Square, Philadelphia 19105.

"Carcinogens in Industry and the Environment," edited by James Sontag. An up to date multidisciplinary account of information on environmental carcinogens. Marcel Dekker Inc., 270 Madison Ave., New York 10016.

"Carcinogens and Related Substances," edited by Malcolm Bowman. Analytical chemistry for toxicological research. Dekker, address above, $34.50.

"Pretesting in Health Communications," methods, examples and resources for improving health messages and materials. NCI Office of Cancer Communications, Bethesda, Md. 20205. No charge.

"Experimental Evaluation of Antitumor Drugs in the USA and USSR and Clinical Correlations," edited by Abraham Goldin and Ira Kline for the U.S. and Zoya Sofina and Anatoli Syrkin for the Soviet Union. This monograph encompasses the testing of 30 American and 28 Soviet drugs in a spectrum comprised of a diversity of experimental tumor types. May be purchased only from the Government Printing Office, Washington D.C. 20402, $11 in U.S., Canada and Mexico, $13.75 elsewhere. Make checks payable to Supt. of Documents, and specify Number 017-042-00144-7.

"Occurence of Tumors in Domestic Animals," Another NCI monograph (No. 54), assembled primarily as a source of information on spontaneous

neoplasms for oncologists, veterinarians, and other allied health personnel. Specify GPO stock number 017-042-00145-5, same address as above. Price $8.50 in U.S., Canada and Mexico, $10.65 elsewhere.

"Cancer Risks by Site," edited by T. Hirayama, J.A.H. Waterhouse, Joseph Fraumeni Jr. UICC Technical Report Series Vol. 41. Presents important known factors affecting cancers of various sites. Available from International Union Against Cancer (UICC), rue du Conseil-General 3, CH 1205 Geneva, Switzerland. 20 Swiss francs plus postage and packaging.

"Public Education about Cancer—Recent Research and Current Programs," edited by Patricia Hobbs. Tenth of a series, this volume has screening as its main theme. UICC, address above. 10 Swiss francs.

"Basic Concepts in Cancer Nursing," edited by V. Barckley. Intended for professional nurses who work in general hospitals, agencies or homes in developing countries, and personnel under their supervision. Practicality is emphasized. Teaching of self care to patients ready for discharge, for example, is based on how they live and what is possibel for them to do. UICC, address above, 10 Swiss francs.

"International Catalogue of Films, Filmstrips, and Slides on Public Education about Cancer." First supplement, prepared by the UICC Program on Cancer Campaign and Organization. In English, French and Spanish. Address above, 25 Swiss francs.

"Compilation of Experimental Cancer Therapy Protocol Summaries." Summaries of open experimental clinical cancer therapy protocols from countries around the world. Single copies available at no charge, although the quantity is limited, from NCI, International Cancer Research Data Bank, Room 10A18, Westwood Bldg., Bethesda, Md. 20205.

"Carcinoma of the Bladder," edited by John Connolly. A comprehensive discussion of the etiology. pathology, and management of bladder cancer. Raven Press, 1140 Ave. of the Americas, New York 10036. $27.

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 NCI-CP-FS-11024-65

Title: *Stomach and colon cancer incidence and mortality among Puerto Ricans in New York City*

Deadline: *July 1*

The Div. of Cancer Cause & Prevention of NCI, Biometry Branch, would like to contract with an organization with a record of experience in conducting studies in the area of cancer epidemiology and with experience in carrying out health related studies among the Puerto Rican population in New York City. The contractor will be required to collect incidence and mortality data on cancer of the colon, rectum and stomach occurring among Puerto Ricans.

It is anticipated that the analysis of the incidence data in conjunction with the contractor's assessment of completeness and quality of the data will provide a basis for determining the feasibility of conducting analytic studies of colon, rectal and stomach cancer among Puerto Ricans in New York City and in Puerto Rico. The duration of the contract is expected to be two years.

The prospective contractors must be able to document the following experience and capabilities:

1. Experience in carrying out studies in the field of cancer epidemiology.
2. Knowledge of the migration patterns, demographic characteristics, mobility and medical care utilization practices of the Puerto Rican population in New York and of the problems in carrying out a descriptive study of cancer in this population.
3. Experience with obtaining death certificates from the New York City Health Dept. and abstracting information from them.
4. Evidence that the proposer will be able to obtain data on newly reported cases of stomach, colon and rectal cancer from the cancer registry in the New York State Health Dept. in Albany.
5. A demonstrated record of success in gaining access to the medical records of hospitals in New York City, particularly those that serve a substantial number of Puerto Ricans.
6. Detailed knowledge of cancer as described in medical records and of techniques used for identifying cancer cases in hospital records systems.

Key personnel required include 1) an epidemiologist (M.D.), as principal investigator at 15 percent time; and 2) a health or medical professional, 60 percent time.

Contracting Officer: Sydney Jones
RCB Blair Bldg. Rm. 114
301-427-8888

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.