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DRCCA BOARD FAILS TO AGREE ON NEW GUIDELINES FOR CANCER CONTROL CORE GRANTS, WILL TRY AGAIN

With a majority of the cancer control core grants at cancer centers up for renewal this year, NCI executives had hoped that new guidelines

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In Brief

FREDRICKSON RESIGNS AS NIH DIRECTOR, SAYS HE WANTS "ONE MORE CAREER" AS SCIENTIST, PHYSICIAN

DONALD FREDRICKSON announced last Friday that he had submitted his resignation as NIH director to President Reagan and HHS Secretary Richard Schweiker, effective July 1. He said he was leaving "for personal reasons," that he had developed a good working relationship with the Reagan Administration and that politics had had nothing to do with his decision. He said he felt it was time to "shed administrative burdens lest I forget completely how to be a scientist and a physician." He said he wanted "one more career," and plans to spend a transition period as a visiting scholar at the National Academy of Sciences. Fredrickson, 56, was appointed to the position in 1975 by President Ford. He feels his major accomplishments include implementation of recombinant DNA research guidelines, development of the NIH consensus conferences, and securing agreement from Congress to stabilize the total number of NIH grants. He has been criticized by some Cancer Program advocates for trying to achieve "balance" in NIH funding by allocating smaller percentage increases—and larger percentage cuts when cuts have been made—to NCI than the other institutes. He also came under fire when he circulated a proposed bill which would have in effect repealed the National Cancer Act, an effort he quickly abandoned when it ran into near unanimous opposition. When called upon to do so before Congress, however, Fredrickson strongly defended the Cancer Program. . . . PUBLIC HEALTH Service is inviting applications for a training program in medical epidemiology. MDs, persons with doctorates in allied health professions, or PhDs in a biomedical or behavioral science are eligible. Contact Robert Gordon Jr., MD, Special Assistant to the Director, NIH, Bldg. 1 Rm. 238, Bethesda, Md. 20205. . . . SIX NCI staff members have won PHS honors for outstanding achievements. MICHAEL POTTER, head of the Immunochemistry Section in the Div. of Cancer Biology & Diagnosis, received the distinguished service medal. Meritorious service medals went to STEVEN ROSENBERG, chief of the Surgery Branch in the Div. of Cancer Treatment; STEPHEN KATZ, supervisory research medical office in DCBD; and D. JANE TAYLOR, chief of the Breast Cancer Program Coordinating Branch in DCBD. Special recognition awards went to ELI GLATSTEIN, chief of the Radiation Oncology Branch in DCT; and CHARLES LAND, health statistician in the Environmental Epidemiology Branch, DCCP.

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DRCCA BOARD DELAYS ACTION ON NEW CONCEPT FOR CONTROL CORE GRANTS

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could be developed which would help increase the effectiveness of those programs. The Div. of Resources, Centers & Community Activities Board of Scientific Counselors agreed to take on the job of writing the new guidelines.

The Board's Subcommittee on Cancer Control, chaired by Lester Breslow, presented the first draft of its efforts at the Board's recent meeting. It was greeted by so much opposition that it appears unlikely Breslow's concept will replace existing core grants, although a separate category along the lines he suggested could be established, permitting institutions to choose between the two in competing for core support.

The Breslow concept—"Cancer Control Research Unit (CCRU) grants"—would provide core support almost exclusively for epidemiological studies. An absolute requirement in the draft guidelines would limit grants to institutions with access to "defined populations." Breslow's interpretation of a defined population would exclude many existing epidemiological studies presently being conducted or planned by cancer centers.

"There should be no cancer control funds for clinical research except for research in defined populations," Breslow said. His interpretation of a defined population is one which includes all those living within a certain geographic area, or belonging to clearly established occupational, ethnic, or socioeconomic groups within a specific region. Excluded from the definition would be members of high risk or other groups voluntarily participating in screening programs. "There are several ways to define a population," Breslow said. "It should be defined in relation to the nature of the work to be undertaken."

Board member Charles Moertel suggested two examples of studies which he felt would be properly funded by cancer control. One would randomize persons with polypoidosis to receive vitamin A or not, with long term followup to determine if the incidence of colon cancer was affected. The other would do the same with smokers, using retinoids, to find out if lung cancer incidence was reduced.

Breslow said those groups would not fit his definition of defined populations, "on the grounds that those people coming to the center are self defined, by volunteering."

Board member Anthony Miller, who worked with Breslow in writing the draft, said the problem with Moertel's examples is that "you will not, in the end, find out how much this reduces the incidence of disease in the community."

"The fallacy in Dr. Moertel's example is that he doesn't know how many at risk are not coming to the

clinic, and thus if he reduces the incidence among those who do, it is not extrapolatable to the population as a whole," Board member Charles Cobau suggested.

"That is correct," Miller said.

"The problem with taking volunteers in a cancer control effort is that you don't know the extent to which you are missing people with the same risk," Breslow said.

"I have no problem in limiting CCRUs to defined population studies," Board member Harry Eagle said. "But it would be a mistake to say that all cancer control money should be limited to defined populations." Breslow agreed with him.

DRCCA Acting Director William Terry said the intent of the new guidelines would be to provide central support for the units and some pilot projects. Most research projects would have to be supported by other mechanisms, including NCI cancer control grants and contracts competed for separately.

Board members met for an entire evening to discuss the guidelines but failed to resolve their differences. Terry said work on them would continue and a new draft probably would be presented to the Board at its fall meeting.

Excerpts from the draft guidelines follow:

General Purpose: To support a limited number of geographically dispersed units designed to:

- a. Plan and implement cancer control research in defined populations, and
- b. Serve as a resource for the cancer control prevention and treatment research of the National Cancer Program.

Scope: Cancer control research can be divided into prevention (primary prevention and screening) and treatment (diagnoses, pre-treatment evaluation, treatment, rehabilitation, and continuing care). Cancer Control Research Units (CCRUs) may address only prevention, only treatment, or both.

Eligibility: Nonprofit institutions within the United States may apply. Applicant institutions must have staff with appropriate training and experience to develop high quality programs of cancer control prevention and treatment research. It is also highly desirable for them to have currently established programs of control research supported by funds obtained through competitive national peer review. The CCRU must have access to defined populations for control research and must have or establish suitable interactions with community hospitals, community organizations and/or state health departments.

Because of the regional nature of control research, and because NCI will fund only a limited number of CCRUs, potential applicant institutions that are physically close to one another should seriously consider joint applications, either through one of the institutions, or through the creation of a consortium. If multiple applications are competitive for the same

regions and defined populations and more than one application achieves a fundable priority, NCI will make an award to only one of the competitors.

Essential Characteristics of a CCRU: A properly functioning CCRU should be engaged in the planning and implementation of cancer control research within a region containing defined populations that are accessible to the unit and for which adequate data bases exist. The unit should be directed by a professional with demonstrated research competence in a relevant area of research, and should be staffed by individuals with training and research experience appropriate to the mission of the unit. The CCRU should interact vigorously with relevant community institutions and organizations and, where appropriate, with state health departments.

Not all CCRUs will meet all of these characteristics at the outset. One purpose of the CCRU grant is to facilitate evolution toward the ideal.

Allowable Budget Items: The purpose of this grant is to support a unit to develop and implement cancer control research, not to fund the research itself. Specific research projects must seek independent funding from NIH (cancer control individual project grants and program project grants), from other government agencies or from nongovernment organizations, such as the American Cancer Society. Budget items in the CCRU grant are limited to personnel, administration, shared resources, travel, supplies, equipment, and developmental funds.

Personnel. This may pay salaries for the director of the CCRU and additional investigators with expertise in, for example, epidemiology, biostatistics, clinical, surgical, and/or radiation oncology, oncology nursing, data management, behavioral science, occupational health, nutrition, health economics, health planning, community health, professional education, public education, and communication. Salaries for secretarial support personnel may also be requested.

The specific personnel required for a CCRU will vary with the objectives of the unit, and the proposal must justify the personnel requested. Grants to single institutions will pay salaries for up to approximately six full time equivalents, including the director of the unit, but excluding secretarial personnel. Some consortium grants may request a larger number of personnel, but there must be strong justification for all personnel requests. Full salaries for the indicated number of full time equivalents may be requested; alternatively, partial salaries for larger numbers of personnel may be requested.

Shared resources, travel costs, and developmental funds (up to \$50,000 a year for pilot projects that have passed internal peer review) could be supported from the grants. New grants would be limited to three years, renewals to five years and would be renewable.

DRCCA BOARD OKAYS CONCEPTS FOR FIVE PROJECTS, DISAPPROVES TWO OTHERS

The DRCCA Board of Scientific Counselors approved the concept of two new contract supported projects and one being recompeted; approved the noncompetitive extension for two more years of the data management and analysis contract for the Breast Cancer Detection Demonstration Project; approved a one-year extension of a contract with Vanderbilt Univ., at no cost to the government, for BCDDP pathology control; and disapproved continuation of two existing projects proposed for sole source renewal.

New projects which will be developed into RFPs were:

—Technical management and logistical support services for the division, with services to include data collection, analysis and documentation; conference coordination and logistical management; and report documentation and editorial services. It will be competed as a three year contract, at an estimated \$375,000 a year.

—Biomedical computing software services in support of the division, to provide data management, statistical computer programming and related data processing services to intramural research projects. It will be competed as a three year contract, with an estimated first year cost of \$200,000. The budget is expected to increase for subsequent years. The Board asked that as projects are implemented, they be brought before the Board again for concept approval if there are significant estimated cost increases.

—Support to the Diet, Nutrition & Cancer Program, providing scientific and technical support. DRCCA has been assigned coordinator for the DNCP, which involves treatment, etiology, prevention, resources, demonstration, education, and information dissemination throughout NCI. Andrew Chiarodo, chief of the Organ Sites Branch, is heading the division's coordination of DNCP. This will be competed as a three year contract, estimated at \$300,000 a year.

The Board rejected a one year continuation of the contract to develop protocols for worker notification and information programs; and a two year renewal of a contract for development of a data base for public health strategies in cancer prevention.

NCI BRANCH CHIEFS, AACI JOIN SUPPORT FOR DEVITA AS "EXTREMELY EFFECTIVE"

Ninety NCI branch and laboratory chiefs and program directors signed a letter to HHS Secretary Richard Schweiker expressing their support for Vincent DeVita.

The letter said;

"We, the undersigned directors and heads of the research laboratories and clinics of the National

Cancer Institute with sustained professional contact with Dr. Vincent DeVita, the director of the National Cancer Institute, are dismayed by the impressions reflected in the press following the recent hearings by the Senate Committee on Labor & Human Resources.

"Dr. DeVita served as acting director from January 1980 until July 1980, when he was appointed director of the National Cancer Institute. In this short period of time he has already managed to reorganize ongoing research programs by strengthening those which were most innovative, dismantling those with less promise, and redistributing personnel and resources to take best advantage of promising avenues of research. These changes restored a sense of purpose, boosted morale, and created an environment more conducive to research and clinical progress than has been evident in many, many years.

"He has proved to be an excellent manager of scientists and scientific resources, and above all, a dynamic leader. We feel confident that the national scientific community in the areas of cancer research and treatment view Dr. DeVita with the same high regard. Dr. DeVita's personal contributions in the area of cancer treatment can hardly be overstated. He was one of the pioneers in developing protocols which can now be credited with saving thousands of lives.

"He understands and effectively implements the needs of basic cancer research and its clinical applications, and has the conviction and motivation to recognize and move programs of greatest promise for the cancer patient. He is, in our opinion, an extremely effective director of the National Cancer Institute."

The Assn. of American Cancer Institutes sent the following telegram to Schweiker:

"The Assn. of American Cancer Institutes urges immediate confirmation of Dr. Vincent DeVita as director of the National Cancer Institute. Dr. DeVita is an outstanding scientist administrator known throughout the world, and he has led the Institute with great wisdom and in keeping with the highest ethical standards. Failure to confirm him would be a severe blow to the National Cancer Program and to the entire biomedical research community. His confirmation is important to the continuity and stability of the National Cancer Program."

The telegram was signed by Richard Steckel, director of the UCLA Jonsson Comprehensive Cancer Center who is AACI president, and Alvin Mauer, director of St. Jude Children's Research Hospital, chairman of the AACI Board.

Support for DeVita also has come from the National Cancer Advisory Board and the President's Cancer Panel. Fifteen NCAB members contacted by Chairman Henry Pitot signed a telegram to President

Reagan, and all three members of the Panel backed DeVita in a message to the White House.

NEBRASKA LEGISLATURE PUTS NEW LIFE INTO EPPLEY WITH CIGARETTE TAX MONEY

The Nebraska legislature has given embattled Eppley Institute a new lease on life.

The legislature passed a bill by a 40-5 vote, which was signed by the governor, allotting \$500,000 this year to Eppley for general expenses and another \$400,000 in grants and contracts for research on cancer and other smoking related diseases. The revenue will come from a one cent per pack increase in the state tax on cigarettes.

It appears to be the intent of the legislature to provide continued support of Eppley with the cigarette tax.

Eppley's funding had come primarily from the Eppley Foundation and the large carcinogenesis research contract from NCI which was phased out last year. The Foundation support also expired, leaving the Institute with no core funding although individual grants and contracts amounted to about \$1.5 million a year. It was predicted by some that the Institute would be forced to close, since unlike its parent institution, the Univ. of Nebraska, it had no state support.

Norman Cromwell, interim director of the Institute, said that the new funds will support personnel between grant periods and provide certain core services.

Eppley is the only cancer research institute in Nebraska.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR JULY, AUGUST, FUTURE

Social Work in Cancer Care—July 2-3, Pittsfield, Mass., sponsored by Social Work Oncology Group, Sidney Farber Cancer Institute, 44 Binney St., Boston 02115, phone 617-732-3150.

Cancer Special Programs Advisory Committee—July 13-14, Bethesda Marriott. Open July 13, 9-10 a.m.

Conference on Gastrointestinal Cancer—July 13-17, Brisbane. Pathology, early diagnosis, management of carcinoma of stomach and large bowel. Contact N. Davis, c/o Colorectal Project, Princess Alexandra Hospital, Brisbane 04102, Australia.

12th International Congress of Chemotherapy—July 19-24, Florence. Contact Organizing & Scientific Secretariat, 12th International Congress of Chemotherapy, Via della Scala, 10, 50123 Florence, Italy.

Physiology: The Next Decade Functional Regulation at the Cellular and Molecular Levels—July 20-23, Ithaca, N.Y. Contact Dr. Robert Corradino, Div. of Biological Sciences, Cornell Univ., Ithaca 14853, phone 607-256-7626.

Gynecologic Oncology Group—July 23-25, Sheraton West Hotel, Indianapolis, business meeting.

Biometry & Epidemiology Contract Review Committee—July 30-31, NIH Bldg 31 Rm 9, open July 31, 9-9:30 a.m.

Cancer Center Support Grant Review Committee—July 30-Aug. 1, NIH Bldg 31 Rm 6, open July 30, 8:30-10 a.m.

18th Tutorial on Clinical Cytology—Aug. 16-23, Chicago, International Academy of Cytology. Contact Committee on

Continuing Education, 5841 Maryland Ave., Rm 449, Chicago 60637.

Asian Regional Smoking Control Workshop—Aug. 23-24, Nagoya, Japan. UICC, Aichi Cancer Center. Contact K. Aoki, Div. of Epidemiology, Aichi Cancer Center, 81 Kanokoden, Tashiro-cho, Chikusaku, Nagoya 464.

Cell Proliferation: Hormone Dependent Growth and Defined Media—Aug. 24-30, Cold Spring Harbor, N.Y. Contact Dr. Brian Kimes, Tumor Biology Branch, DCBD, NCI, Westwood Bldg. Rm 10A11, Bethesda, Md. 20205, phone 301-496-7028.

1st UICC Conference on Cancer Prevention in Developing Countries—Aug. 25-29, Nagoya, Japan. Same contact as above for smoking workshop.

Symposium on Biologically Active Molecules—Aug. 26-28, Buffalo. Contact W. Duax, Medical Foundation of Buffalo, 73 High St., Buffalo, N.Y. 14203.

8th Congress of the European Society of Pathology—Aug. 30-Sept. 4, Helsinki. Contact K. Franssilia, Pathology Dept., Helsinki Univ., Haartmaninkatu 3, 00290, Helsinki 29 Finland.

International Conference on Prostaglandins in Cancer 1981—Aug. 31-Sept. 2, Washington D.C. Sponsored by Institute of Cancer Research, London; Royal Marsden Hospital, London; Memorial Sloan-Kettering Cancer Institute; and Vincent Lombardi Cancer Research Center. Contact Yvonne Maddox, Dept. of Physiology & Biophysics, Georgetown Univ. Medical Center, Washington, D.C. 20007.

10th International Symposium on Comparative Research on Leukemia and Related Diseases—Aug. 31-Sept. 4, Los Angeles. Contact Dr. David Yohn, 410 W. 12th Ave., Suite 302, Columbus, Ohio 43210.

FUTURE MEETINGS

Midwest Cancer Seminar—Sept. 17-19, Madison, Wisc. Sponsored by the Wisconsin Clinical Cancer Center at the Univ. of Wisconsin. The meeting will be held at the Concourse Hotel in Madison. Sixteen faculty from the U.S. and Europe will participate in the seminar for physicians engaged in primary care and oncology related specialties. Contact Paul Tracy, MD, Wisconsin Clinical Cancer Center, 1900 University Ave., Madison 53705, phone 608-263-2855.

Piedmont Oncology Assn.—Oct. 14-15, Winston-Salem, N.C., second annual conference. Simultaneous sessions will be held for oncology nurses and physicians, with the nurses offered an optional second day Oct. 15 to learn specific techniques of physical assessment. A guest faculty will discuss new drug developments and present an appraisal of therapy and management in malignant disease during the physicians' program. Nurses will hear discussions of bone marrow transplantation, sperm banking, dealing with stress and physical assessment. Registration fee, nurses, \$40 one day, \$65 two days; physicians, POA members \$50, nonmembers \$75. Physicians may contact Dr. Douglas White, Oncology Research Center, Bowman Gray School of Medicine, 300 S. Hawthorne Rd., Winston-Salem, N.C. 27103, phone 919-748-4380. Nurses may contact Cheryl Lane, RN, same address, phone 919-748-4354.

Fourth Annual Breast Cancer Symposium—Nov. 6-7, San Antonio, Texas, La Mansion del Norte. Contact Marilyn Rennels, Office of Continuing Education, Univ. of Texas Health Science Center, 7703 Floyd Curl Dr., San Antonio 78284, phone 512-691-6295.

From Gene to Protein: Translation into Biotechnology—Jan. 11-15, Miami. 14th Miami Winter Symposium, sponsored by the Univ. of Miami and the Papanicolaou Cancer Research Institute. Contact Sandra Black, Miami Winter Symposium, PO Box 016129, Miami 33101, phone 305-547-6265.

American Society of Preventive Oncology—March 25-26, Bethesda, Md. Holiday Inn. Annual meeting. Contact Curtis Mettlin, PhD, Program Chairman, Roswell Park Memorial Institute, 666 Elm St., Buffalo 14263.

SURGICAL ONCOLOGY RFA, PROGRAM ANNOUNCEMENT AVAILABLE FROM NCI

The long awaited RFA (request for research grant applications) and program announcement in surgical oncology were finally released this week by NCI's Div. of Cancer Treatment.

The RFA seeks applications for exploratory studies grants, not to exceed \$100,000 each, and DCT hopes to fund at least five of them with money set aside specifically for this project. The goal is to develop permanent programs in surgical oncology research at cancer centers, hospitals, or medical schools which would be able to compete for program project grants or other mechanisms of support.

The program announcement is intended to stimulate individual research project and program project grant applications. No amount of money has been earmarked for these grants, and they would have to compete against the entire R01 and P01 pool.

The RFA and program announcement included identical statements explaining the need for increased emphasis on surgical oncology:

"The treatment of cancer has evolved as a multidisciplinary effort involving (but not limited to) the disciplines of medical oncology, pediatric oncology, surgical oncology, and radiation oncology. The disciplines of medical oncology, pediatric oncology, and radiation oncology have developed strong cadres of academic investigators but academic development in surgical oncology has often not kept pace. It is felt that surgical oncology is not keeping pace in recruiting new young investigators. Continued development of multidisciplinary treatment of cancer is the long range objective of the Div. of Cancer Treatment and the attainment of this goal requires sufficient academic strength in surgical oncology."

Excerpts from the RFA and program announcement follow.

RFA NCI DCT CTEP CIB 81-3

SURGICAL ONCOLOGY RESEARCH

Deadline for Applications: Oct. 15, 1981

(This announcement invites applications for exploratory studies grants (P20s).)

Exploratory studies must include the definition of the missions and objectives, organizational structure, program development, personnel, facilities, equipment, costs, and sources of funds. Examples of exploratory studies that NCI considers for support include:

—Planning the establishment of specialized resources and facilities oriented to the problem of cancer in man.

—Feasibility studies that permit the applicant to gather data to determine the potential of an idea,

and to explore the validity of various approaches to a problem.

It is important to note that the award of an exploratory studies grant does not imply a commitment by NCI to future funding of any program planned and developed with the support of such a grant. Separate applications must be submitted for such projects which are then reviewed on the basis of merit.

The title of the grant application should be "Exploratory Studies in Surgical Oncology Research." The applications must be submitted on form PHS 398 and should follow the instructions included with that form. The proposal should contain information on the following points:

- Planning mission—its goals and objectives.
- Relevance of the program to the National Cancer Program.
- Institutional organization to implement the goals of the planning mission.
- Description of the programs to be included.
- Interrelationship with other institutions and the scientific and medical communities.

Although there is no specific limitation on the amount of a grant request, NCI program staff anticipate that awards will not exceed \$100,000 direct costs per award. It is the intent of DCT to make approximately five awards if sufficient meritorious applications are received. This number may be increased depending on the availability of resources and applications.

Allowable direct costs may include salaries for planning staff, travel required to carry out the approved project, including an annual trip to Bethesda for a principal investigators' meeting with the NCI surgical oncology program director, supplies relative to the planning effort, other related costs, and payment of consultation and technical assistance needed for feasibility surveys and identification of special problems and alternatives. Costs of alteration and renovation are not allowed.

Application kits containing form PHS 398 and the necessary instructions are available in most institutional business offices or from the Div. of Research Grants, NIH. The original and six copies of the application must be sent to: Div. of Research Grants, NIH, Westwood Bldg., Rm. 240, Bethesda, Md. 20205. The face page of the application should be labeled, "In response to program announcement on surgical oncology research, RFA NIH-NCI-DCT-CTEP-CIB-81-3." An additional copy of the application should be sent to: Bimal Ghosh, MD, FACS, Head, Surgery Section, Clinical Investigations Branch, DCT, NCI, Landow Bldg., Rm. 4C29, Bethesda, Md. 20205.

REVIEW CRITERIA

NCI review criteria are subject to continuous refinement. The following outline is representative of

the information sought by reviewers in determining the merit of proposals where applicable:

- a. Objectives: Clarity and appropriateness of the applicant's planning mission; applicability of the proposal to the National Cancer Program.
- b. Planning: Definition and scope of the planning mission; composition and competence of the planning group; adequacy of the applicant's consideration of patient loads and referral patterns, staff recruitment, needs and utilization of space (clinical, laboratory, etc.), including a schedule for the utilization of facilities in relation to the recruitment of personnel, community interest, financial resources, construction or alteration of facilities, and scope of projects in conformance with objectives.
- c. Applicant's commitment to cancer programs: Background of applicant organization's commitment to cancer programs with reference to program content, personnel, facilities, and financial obligations and commitments; current priority of the cancer program with reference to such organizational or managerial requirements as those relating to delegation of authority, role of the cancer program within the organization, and commitment of personnel, facilities, and funds; current organization of interdisciplinary cancer programs.

PROGRAM ANNOUNCEMENT SURGICAL ONCOLOGY RESEARCH

(This announcement invites applications for individual research project (R01) and program project (P01) grants.)

DCT is seeking applications for research grants concerned with the surgical treatment of cancer. Other related studies include mechanisms of metastases, effect of surgery on tumor cell kinetics, and host responses to surgery. Research from all of the surgical specialties is encompassed in this program. Categories of research include:

1. Therapeutic studies, including new surgical approaches including studies of limited surgery and comparison of alternatives to extensive surgery; comparisons between surgical techniques; combined modality studies in which the major emphasis is the impact of the surgical intervention; and studies of reconstruction after cancer surgery.
2. Supportive care programs aimed at improved recovery from surgery.
3. Pathophysiologic studies related to surgery and cancer, including studies of the pathophysiology of metastases, studies of neovascularization of tumors and tumor blood supply, studies dealing with the effects of surgery on tumor cell kinetics, and studies on the effects of surgery on normal host responses such as immunologic reactivity.
4. Laboratory studies contributing to the selection of the surgical treatment of cancer.
5. Studies relevant to staging of patients and

identifying prognostic factors relevant to the surgical treatment of cancer patients.

6. Regional chemotherapy (infusion, perfusion, etc.) when it is linked to a surgical question or involves surgical placement of catheters.

7. Hyperthermia when it is administered by a surgical technique.

In making this program announcement it is not the intent of NCI to make or imply any delimitation of investigator initiated research in clinical treatment.

Applications should be submitted on form PHS 398. The phrase, "Prepared in response to program announcement on Surgical Oncology Research" should be typed across the top of the first page of the application. Additionally a brief covering letter should accompany the application indicating it is being submitted in response to this program announcement.

The original and six copies of the application should be sent or delivered to: Application Receipt Office, Div. of Research Grants, National Institutes of Health, Westwood Bldg., Rm. 240, Bethesda, Md. 20205.

To alert the DCT to the submission of the proposals with primary thrust directed to surgical oncology research, a copy of the covering letter and an additional copy of the application should be sent under separate cover to Dr. Ghosh at the address shown in the RFA announcement. Ghosh may be contacted by phone at 301-496-4844.

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-CN-15535-09

Title: *Cancer Communications Network*

Deadline: *Aug. 18*

The Div. of Resources, Centers & Community Activities, NCI, is issuing an RFP for a three year program to:

a. Provide the lay public with accurate and up-to-date information on all aspects of cancer by:

1. Establishing a communications office to plan, administer, promote, develop support materials, and evaluate contract activities.

2. Developing and maintaining a resource directory of cancer related agencies, organizations, and services available to the general public and patients and

their families within a designated service area.

3. Establishing and operating a telephone information service to provide the lay public with immediate access to answers on cancer related questions.

4. Identifying, developing, implementing, and evaluating a limited number of information/education projects designed to meet specific needs within the designated service area.

b. To identify and test alternative strategies for information dissemination and education.

c. To evaluate program activities in terms of efficiency, effectiveness, and impact.

This RFP will be sent to 18 comprehensive cancer centers who are incumbent contractors and who possess the following characteristics:

1. Capability and experience in developing and performing public information/education programs at the community and state/region levels.

2. Ongoing access to medical and other health professionals who have cancer-related expertise in the areas of prevention, screening and early detection, diagnosis, treatment, continuing care, rehabilitation, and who act as backup information resources in responding to public inquiries and subject matter specialists/technical advisors for cancer information/education projects.

3. Knowledge of and experience in working with the public media, with emphasis on public affairs programming.

4. Capability and experience in working with a wide variety of community organizations and agencies.

5. Capability and experience in conducting educational, social, evaluative, or communication research.

NCI anticipates that approximately 15-20 awards may be made under this RFP.

Contract Specialist: William Roberts
RCB Blair Bldg Rm 1A03A
301-427-8745

RFP NCI-CM-27509-19

Title: *Phase 1 and 2 studies of new anticancer agents*

Deadline: *Aug. 17*

The Cancer Therapy Evaluation Program, Div. of Cancer Treatment, NCI, is seeking organizations having capabilities and facilities to conduct and report the clinical evaluation of investigational new anticancer agents in phase 1 and phase 2 clinical trial studies.

All offerors must propose to conduct phase 1 studies. In addition they may choose to propose to conduct in depth clinical pharmacology studies and/or phase 2 studies. However, all phase 1 studies may include an evaluation of clinical pharmacokinetics.

It is planned to make multiple awards for the

phase 1 clinical portions of this project, with or without phase 2 studies. Of those offerors receiving phase 1 clinical or phase 1/2 awards, a limited number (possibly only one) will be selected for award of the in depth clinical pharmacology studies portion of the project. It is anticipated that incrementally funded contracts will be awarded for a period of three years and six months.

Contract Specialist: Kristina Mott
RCB Blair Bldg. Rm. 228
301-427-8737

RFP N01-CM-97217

Title: *Conduct investigations on the induction of tumors in nonhuman primates and the therapy of induced tumors*

Deadline: July 27

NCI is soliciting proposals to provide support for investigations concerning the induction of tumors in nonhuman primates by various chemicals. The project will be concerned with breeding macaques and rearing the newborns or procuring the macaques as juveniles, administration of test chemicals to these primates, and assessing the longterm carcinogenic potential of the chemicals which include known rodent carcinogens, environmental agents, food additives, and antitumor drugs. In addition, studies will be conducted on the response of these tumors to chemotherapy, immunotherapy and surgery.

The contractor's facilities must be within a 50 mile radius of the main campus of NIH so that daily consultation and visits may be made by the government project officer. This is a recompetition of research efforts currently being conducted by Hazleton Laboratories Inc.

It is expected that one award will be made for a three year period.

Contract Specialist: Karlene Wakefield
RCB Blair Bldg. Rm. 212A
301-427-8737

RFP NCI-CM-27507

Title: *Services in support of drug screening program*

Deadline: *Approximately Aug. 14*

NCI is seeking organizations having the necessary experience, scientific and technical personnel, to assist the DTP staff in the evaluation of results of the testing of new materials as anticancer agents. Contractor will assist the staff of the Screening Section, Drug Evaluation Branch, DPT, DCT, in maintaining an orderly flow of materials to screening

laboratories and evaluating screening test results for adequacy of testing and compliance with quality control procedures.

Support will also be provided for various DTP meetings. Since compounds of a confidential nature will be reviewed, pharmaceutical and chemical companies are specifically excluded from this project.

NCI screening data is maintained in electronic data systems, so the respondents must have automated data entry experience and related capabilities.

To be considered for award of a contract, respondents must meet the following criteria: 1) The principal investigator must have management experience with a large scale drug screening program. Large scale is defined as at least 25,000 data processed tests per year. 2) The project team should have knowledge and experience with Drug Evaluation Branch protocols. 3) The organization should have experience with large scale drug screening and the management and evaluation of test data.

It is anticipated that one award for a three year period will be made. Also, it is anticipated that the level of effort for the first year will be 6.7 staff years and that the level of effort will decrease to 6.4 and 6.1 staff years in the second and third years respectively.

Contracting Officer: RCB Blair Bldg. Rm. 228
301-427-8737

RFP N01-CP-15774-50

Title: *National Toxicology Program support*

Deadline: July 28

The purpose of this RFP is to obtain a support contractor to continue the operations, statistical, systems analysis, and programming support for the Bioassay Program of the National Toxicology Program. Operations support includes forms handling and storage, input preparation, coding of histopathological diagnoses using a pathology coding system, error correction, keypunch and key to tape support, systems operation, user training, report production and validation of reports to insure accuracy.

Statistical support includes providing statistical expertise in the development of computer programs to perform statistical analyses. Systems analysis and programming support includes maintenance of six existing application systems, development of new applications including new reports when required, and assistance in the conversion to new systems.

Contract Specialist: Dave Monk
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The Cancer Letter _ Editor Jerry D. Boyd

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